

Medical and Dental Costs Effective 1/1/2024

Employee Cost	Employee Choice Medical			Basic Health Plan* Medical		
	Annual	Monthly	Per Pay Period	Annual	Monthly	Per Pay Period
Single	\$200.64	\$16.72	\$8.36	\$3,900.24	\$325.02	\$162.51
Single + 1	\$2,260.32	\$188.36	\$94.18	\$17,567.28	\$1,463.94	\$731.97
Single + 2	\$2,874.24	\$239.52	\$119.76			
Single + 3	\$3,085.44	\$257.12	\$128.56			
Single + 4	\$3,262.56	\$271.88	\$135.94			

*No tiered dependent coverage. Dep coverage not supplemented by City.

Employee Cost	Dental		
	Annual	Monthly	Per Pay Period
Single	\$0.00	\$0.00	\$0.00
Single + 1	\$1,313.52	\$109.46	\$54.73
Single + 2	\$1,434.72	\$119.56	\$59.78
Single + 3	\$1,553.04	\$129.42	\$64.71
Single + 4	\$1,674.00	\$139.50	\$69.75