

2024 Health, Dental, Vision and Accident Plan Premiums

(Effective January 1, 2024)



Non-High Deductible Health Plans	Single (monthly)	Single (biweekly)	Family (monthly)	Family (biweekly)
IYC Plan with Dental	\$115.00	\$57.50	\$286.00	\$143.00
IYC Plan without Dental	\$112.00	\$56.00	\$276.00	\$138.00
Access with Dental	\$270.00	\$135.00	\$673.00	\$336.50
Access without Dental	\$267.00	\$133.50	\$663.00	\$331.50
Access with Dental (required to work out of state)	\$173.00	\$86.50	\$438.00	\$219.00
Access without Dental (required to work out of state)	\$170.00	\$85.00	\$428.00	\$214.00

High Deductible Health Plans	Single (monthly)	Single (biweekly)	Family (monthly)	Family (biweekly)
HDHP Plan with Dental	\$42.00	\$21.00	\$107.00	\$53.50
HDHP Plan without Dental	\$39.00	\$19.50	\$97.00	\$48.50
HDHP Access with Dental	\$197.00	\$98.50	\$494.00	\$247.00
HDHP Access without Dental	\$194.00	\$97.00	\$484.00	\$242.00
HDHP Access with Dental (required to work out of state)	\$100.00	\$50.00	\$259.00	\$129.50
HDHP Access without Dental (required to work out of state)	\$97.00	\$48.50	\$249.00	\$124.50

2024 Premiums	Employee (monthly)	Employee (biweekly)	Employee + Spouse (monthly)	Employee + Spouse (biweekly)	Employee + Child(ren) (monthly)	Employee + Child(ren) (biweekly)	Family (monthly)	Family (biweekly)
Delta Dental PPO – Select Plan	\$9.08	\$4.54	\$18.16	\$9.08	\$12.24	\$6.12	\$21.76	\$10.88
Delta Dental PPO – Select Plus Plan	\$21.60	\$10.80	\$43.22	\$21.61	\$40.12	\$20.06	\$66.20	\$33.10
Delta Dental – Preventive (no health)	\$36.10	\$18.05	n/a	n/a	n/a	n/a	\$90.28	\$45.14
DeltaVision	\$5.72	\$2.86	\$11.42	\$5.71	\$12.88	\$6.44	\$20.58	\$10.29
Accident Plan	\$3.72	\$1.86	\$5.32	\$2.66	\$7.16	\$3.58	\$10.46	\$5.23