



2025 CITY COUNCIL HEALTH INSURANCE RATES

	Monthly Premium	City Monthly Contribution	Employee Monthly Contribution	Employee Per Pay Period Contribution	Employee Monthly Contribution with \$350 Flex Credit	Employee Per Pay Period Contribution with \$350 Flex Credit
Cigna PPO						
Single	\$1,365.02	\$450.00	\$915.02	\$457.51	\$565.02	\$282.51
2 Party	\$2,874.16	\$925.00	\$1,949.16	\$974.58	\$1,599.16	\$799.58
Family	\$4,110.26	\$1,300.00	\$2,810.26	\$1,405.13	\$2,460.26	\$1,230.13
Cigna Full Network HMO						
Single	\$1,068.23	\$450.01	\$618.22	\$309.11	\$268.22	\$134.11
2 Party	\$2,243.31	\$925.01	\$1,318.30	\$659.15	\$968.30	\$484.15
Family	\$3,204.73	\$1,300.01	\$1,904.72	\$952.36	\$1,554.72	\$777.36
Cigna Select Network HMO						
Single	\$864.54	\$450.00	\$414.54	\$207.27	\$64.54	\$32.27
2 Party	\$1,815.56	\$925.00	\$890.56	\$445.28	\$540.56	\$270.28
Family	\$2,593.62	\$1,300.00	\$1,293.62	\$646.81	\$943.62	\$471.81
Kaiser Permanente HMO						
Single	\$748.04	\$450.00	\$298.04	\$149.02	\$0.00	\$0.00
2 Party	\$1,496.09	\$925.01	\$571.08	\$285.54	\$221.08	\$110.54
Family	\$2,116.96	\$1,300.00	\$816.96	\$408.48	\$466.96	\$233.48
Delta Dental PPO						
Single	\$50.48	\$45.78	\$4.70	\$2.35		
2 Party	\$101.46	\$45.78	\$55.68	\$27.84		
Family	\$132.78	\$45.78	\$87.00	\$43.50		
Delta Dental HMO						
Single	\$15.52	\$15.52	\$0.00	\$0.00		
2 Party	\$31.03	\$31.03	\$0.00	\$0.00		
Family	\$45.78	\$45.78	\$0.00	\$0.00		
VSP						
Single	\$7.86	\$7.86	\$0.00	\$0.00		
2 Party	\$11.92	\$11.92	\$0.00	\$0.00		
Family	\$21.78	\$21.78	\$0.00	\$0.00		