



**HEALTH INSURANCE RATES
RETIREE & COBRA**
For coverage effective January 1, 2024

Select your medical plan	
Cigna HDHP	You Pay Per Month
Member Only	\$512.84
Member + Spouse	\$1,025.64
Member + Child(ren)	\$974.37
Member + Family	\$1,487.18
Cigna PPO	
Member Only	\$924.29
Member + Spouse	\$1,848.54
Member + Child(ren)	\$1,756.14
Member + Family	\$2,680.39
Kaiser Permanente	
Member Only	\$842.50
Member + Spouse	\$1,685.04
Member + Child(ren)	\$1,600.77
Member + Family	\$2,443.31
Vision plan	
\$500 Vision	
Member Only	\$18.79
Member + Spouse	\$37.59
Member + Child(ren)	\$35.71
Member + Family	\$54.52
Select your dental plan	
Traditional Dental	
Member Only	\$63.39
Member + Spouse	\$126.78
Member + Child(ren)	\$120.44
Member + Family	\$183.81
Incentive Dental (Some restrictions apply)	
Member Only	\$62.75
Member + Spouse	\$125.46
Member + Child(ren)	\$119.19
Member + Family	\$181.92
Willamette Dental	
Member Only	\$49.78
Member + Spouse	\$99.40
Member + Child(ren)	\$94.45
Member + Family	\$144.18

Medical premium	_____
Vision premium	_____
Dental premium	_____
Total premium	=====