

## **FY24 CEA Employee Health Insurance Premiums**

FTE	Per Payroll Premium	Total Premium
<b>Medical A/Dental B Plan</b>		
.875 - 1.0	\$ 442.80	\$ 7,970.40
.75 - .874	\$ 779.00	\$ 14,022.00
.49 - .74	\$ 1,115.20	\$ 20,073.60
<b>Medical C/Dental B Plan</b>		
.875 - 1.0	\$ 335.47	\$ 6,038.46
.75 - .874	\$ 671.67	\$ 12,090.06
.49 - .74	\$ 1,007.87	\$ 18,141.66
<b>Medical F/Dental B Plan</b>		
.875 - 1.0	\$ 277.14	\$ 4,988.52
.75 - .874	\$ 598.75	\$ 10,777.50
.49 - .74	\$ 759.59	\$ 13,672.62
<b>High Deductible Health Plan</b>		
.875 - 1.0	\$ 207.70	\$ 3,739.80
.75 - .874	\$ 512.49	\$ 9,224.82
.49 - .74	\$ 816.82	\$ 14,702.76

**NOTE:** The premium rates are based on our current negotiated agreement. When we ratify a new agreement, there may be a new rate structure as well as an opportunity to change your plan without penalty.