

## 2024 International Medical, Dental & Vision Monthly Premiums Effective 01/01/24

| Cigna Global Heath 1500 (HSA Qualified)<br>Medical Coverage Rates |                       |                 |                 |                   |
|---|-----------------------|-----------------|-----------------|-------------------|
|   | Employee (EE)<br>Only | EE + Spouse     | EE + Child(ren) | EE + Family       |
| <b>Work Funds</b>   | <b>\$340.73</b>       | <b>\$681.46</b> | <b>\$647.39</b> | <b>\$1,022.19</b> |
| <b>Personal Cost</b>  | \$0.00                | \$0.00          | \$0.00          | \$0.00            |
| <b>Total Cost</b>   | \$340.73              | \$681.46        | \$647.39        | \$1,022.19        |
| <b>MCP* Cost</b>  | \$347.54              | \$695.09        | \$660.34        | \$1,042.63        |

| Cigna Global Heath 3500<br>Medical Coverage Rates |                       |                 |                 |                 |
|---|-----------------------|-----------------|-----------------|-----------------|
|   | Employee (EE)<br>Only | EE + Spouse     | EE + Child(ren) | EE + Family     |
| <b>Work Funds</b>                                 | <b>\$324.52</b>       | <b>\$649.04</b> | <b>\$616.59</b> | <b>\$973.56</b> |
| <b>Personal Cost</b>                              | \$0.00                | \$0.00          | \$0.00          | \$0.00          |
| <b>Total Cost</b>                                 | \$324.52              | \$649.04        | \$616.59        | \$973.56        |
| <b>MCP* Cost</b>                                  | \$331.01              | \$662.02        | \$628.92        | \$993.03        |

| Cigna Global Dental (Long Term only)<br>Dental Coverage Rates |                       |             |                 |             |
|---|-----------------------|-------------|-----------------|-------------|
|   | Employee (EE)<br>Only | EE + Spouse | EE + Child(ren) | EE + Family |
| <b>Personal Cost</b>  |                       |             |                 |             |
| <b>Plus Plan</b>  | \$33.95               | \$70.59     | \$70.95         | \$121.14    |
| <b>MCP* Cost</b>  | \$34.63               | \$72.00     | \$72.37         | \$123.56    |
| <b>Basic Plan</b>   | \$25.16               | \$49.99     | \$50.24         | \$91.87     |
| <b>MCP* Cost</b>  | \$25.66               | \$50.99     | \$51.24         | \$93.71     |

| VSP (Long Term Only)<br>Vision Coverage Rates |                       |          |        |             |
|---|-----------------------|----------|--------|-------------|
|   | Employee (EE)<br>Only | EE + One |        | EE + Family |
| <b>Personal Cost</b>                          |                       |          |        |             |
| <b>VSP Choice</b>                             | \$8.04                | \$11.65  |        | \$20.90     |
| <b>MCP* Cost</b>                              | \$8.20                | \$11.88  | \$0.00 | \$21.32     |

\*MCP is Medical Continuation Provision program for the continuation of coverage for terminating employees under age 65.

10/17/23