

COMPASSION HEALTH CARE

EMPLOYEE'S COST FOR GROUP INSURANCE

Rates effective March 1, 2024- February 28, 2025

Amounts below are per pay period (26 times per year)

TYPE OF COVERAGE	CIGNA - Premium Plan	CIGNA - Basic Plan	CIGNA - HSA PLAN	CIGNA Dental	CIGNA Vision
EMPLOYEE	\$0.00	\$0.00	\$0.00	\$0.00	\$2.82
EMPLOYEE & SPOUSE	\$441.05	\$416.94	\$307.35	\$16.43	\$5.36
EMPLOYEE & CHILDREN	\$374.15	\$351.71	\$250.28	\$23.36	\$6.29
EMPLOYEE & FAMILY	\$924.36	\$888.16	\$721.24	\$42.91	\$8.85

You do NOT have to choose the same type of coverage for health and dental.

Enrollment in the Vision plan is voluntary and premiums are paid by the employee

Voluntary Life Insurance is available to all eligible employees, however, the rate is based on individual criteria such as age. Please log into Employee Navigator for selection and rates.