

**ATTACHMENT 1**  
**CITY SPONSORED PROGRAM PREMIUMS**

Medical Plans	Monthly Premium
<b>Cigna Open Access (PPO)</b>	
Single	\$1,168.95
Two Party	\$2,456.33
Family	\$3,510.79
<b>Cigna Full Network (HMO)</b>	
Single	\$911.23
Two Party	\$1,913.64
Family	\$2,733.78
<b>Cigna Select Network (HMO)</b>	
Single	\$737.51
Two Party	\$1,548.79
Family	\$2,212.53
<b>Kaiser</b>	
Single	\$706.03
Two Party	\$1,412.06
Family	\$1,998.06
Dental Plans	Monthly Premium
<b>Delta Dental PPO</b>	
Single	\$52.72
Two Party	\$105.44
Family	\$131.80
<b>Delta Dental HMO</b>	
Single	\$15.52
Two Party	\$31.03
Family	\$45.78

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Vision Plans	Monthly Premium
<b>VSP</b>	
Single	\$8.05
Two Party	\$12.21
Family	\$22.31
<b>The Standard - Basic Life/AD&amp;D</b>	
Life rate per \$1,000	\$.09/covered lives
AD&D rate per \$1,000	\$.02/covered lives
<b>The Standard - Long Term Disability</b>	
Rate per \$100 of monthly payroll covered	\$.60/covered lives
<b>CIGNA Employee Assistance Program (EAP)</b>	
5 face to face visits	\$2.02/covered lives