

**MWHS Health, Dental, and Vision
Premiums 2024**

	EE Cost Month	EE Cost Pay Period
Cigna LP		
EE only	\$ 75.49	\$ 37.75
EE+spouse	\$ 253.65	\$ 126.83
EE+child(ren)	\$ 215.16	\$ 107.58
Family	\$ 362.36	\$ 181.18

Cigna OAP		
EE only	\$ 132.44	\$ 66.22
EE+Spouse	\$ 381.11	\$ 190.56
EE+Child(ren)	\$ 329.28	\$ 164.64
Family	\$ 544.46	\$ 272.23

Delta Dental		
EE only	\$ 5.21	\$ 2.61
EE+1 (SP or CH)	\$ 14.28	\$ 7.14
Family	\$ 21.57	\$ 10.78

VSP		
EE Only	\$ 0.59	\$ 0.30
EE+ 1	\$ 1.90	\$ 0.95
EE+ Children	\$ 1.87	\$ 0.93
Family	\$ 3.09	\$ 1.54