

Insurance Premiums - OCFC - January 1, 2024

		Total Monthly Rate	Monthly Employer Contribution	Monthly Employee Contribution	24 pay cycle per pay employee Contribution
Medical DF7Y MOD(HSA) Rx C24-HSA \$4000/8000	Single	\$633.54	\$633.54	\$0.00	\$0.00
	EE/Sp	\$1,267.07	\$1,044.65	\$222.42	\$111.21
	EE/Ch	\$1,203.72	\$1,003.54	\$200.18	\$100.09
	Family	\$2,027.32	\$1,537.60	\$489.72	\$244.86
Vision	Single	\$7.11	\$0.00	\$7.11	\$3.56
	EE/Sp	\$14.22	\$0.00	\$14.22	\$7.11
	EE/Ch	\$13.51	\$0.00	\$13.51	\$6.76
	Family	\$21.23	\$0.00	\$21.23	\$10.62
Dental PPO w/Ortho	CORE				
	Single	\$22.28	\$10.00	\$12.28	\$6.14
	EE/Sp	\$50.63	\$10.00	\$40.63	\$20.32
	EE/Ch	\$49.23	\$10.00	\$39.23	\$19.62
	Family	\$79.75	\$10.00	\$69.75	\$34.88
Dental Traditional w/Ortho	BUY UP				
	Single	\$29.65	\$10.00	\$19.65	\$9.83
	EE/Sp	\$66.73	\$10.00	\$56.73	\$28.37
	EE/Ch	\$63.60	\$10.00	\$53.60	\$26.80
	Family	\$103.20	\$10.00	\$93.20	\$46.60

Approved by OCFC CFO: _____

Approved by Fiscal Court: _____