

# Millington Municipal Schools

## 2024 Active Health Premiums (effective 1/1/2024)

Deductions: 20-Pay Periods

Benefits: 12-Monthly (7/1/23-6/30/24)

HEALTH PLANS	BCBST S/ CIGNA LOCAL PLUS					BCBST NETWORK P/CIGNA OPEN ACCESS			
	ANNUAL PREMIUM	1/20th Amount	1/20TH EMPLOYEE PREMIUM	MONTHLY DISTRICT COST 80%/75%		ANNUAL PREMIUM	1/20th Amount	1/20TH EMPLOYEE PREMIUM	MONTHLY DISTRICT COST 80%/75%
PREMIER PPO									
Employee Only	\$8,556.00	\$427.80	\$85.56	\$570.40		\$9,456.00	\$472.80	\$94.56	\$630.40
Employee + Child(ren)	\$14,100.00	\$705.00	\$176.25	\$881.25		\$15,120.00	\$756.00	\$189.00	\$945.00
Employee + Spouse	\$19,248.00	\$962.40	\$240.60	\$1,203.00		\$21,048.00	\$1,052.40	\$263.10	\$1,315.50
Employee + Spouse + Child(ren)	\$22,224.00	\$1,111.20	\$277.80	\$1,389.00		\$24,024.00	\$1,201.20	\$300.30	\$1,501.50
STANDARD PPO									
Employee Only	\$7,944.00	\$397.20	\$79.44	\$529.60		\$8,844.00	\$442.20	\$88.44	\$589.60
Employee + Child(ren)	\$13,104.00	\$655.20	\$163.80	\$819.00		\$14,124.00	\$706.20	\$176.55	\$882.75
Employee + Spouse	\$17,880.00	\$894.00	\$223.50	\$1,117.50		\$19,680.00	\$984.00	\$246.00	\$1,230.00
Employee + Spouse + Child(ren)	\$20,652.00	\$1,032.60	\$258.15	\$1,290.75		\$22,452.00	\$1,122.60	\$280.65	\$1,403.25
LIMITED PPO									
Employee Only	\$7,500.00	\$375.00	\$75.00	\$500.00		\$8,400.00	\$420.00	\$84.00	\$560.00
Employee + Child(ren)	\$12,372.00	\$618.60	\$154.65	\$773.25		\$13,392.00	\$669.60	\$167.40	\$837.00
Employee + Spouse	\$16,884.00	\$844.20	\$211.05	\$1,055.25		\$18,684.00	\$934.20	\$233.55	\$1,167.75
Employee + Spouse + Child(ren)	\$19,500.00	\$975.00	\$243.75	\$1,218.75		\$21,300.00	\$1,065.00	\$266.25	\$1,331.25
LOCAL CDHP/HSA									
Employee Only	\$6,552.00	\$327.60	\$65.52	\$436.80		\$7,452.00	\$372.60	\$74.52	\$496.80
Employee + Child(ren)	\$10,800.00	\$540.00	\$135.00	\$675.00		\$11,820.00	\$591.00	\$147.75	\$738.75
Employee + Spouse	\$14,736.00	\$736.80	\$184.20	\$921.00		\$16,536.00	\$826.80	\$206.70	\$1,033.50
Employee + Spouse + Child(ren)	\$17,028.00	\$851.40	\$212.85	\$1,064.25		\$18,828.00	\$941.40	\$235.35	\$1,176.75

DENTAL PLANS	ANNUAL PREMIUM	PPDN	CIGNA DHMO PLAN	District Cost		ANNUAL PREMIUM	PDON	DELTA DENTAL DPPO PLAN	District Cost
Employee Only	\$170.28	SDPB1	\$8.51	N/A		\$240.24	SDPA1	\$12.01	N/A
Employee + Child(ren)	\$353.64	SDPB2	\$17.68	N/A		\$638.76	SDPA2	\$31.94	N/A
Employee + Spouse	\$301.80	SDPB3	\$15.09	N/A		\$472.44	SDPA3	\$23.62	N/A
Employee + Spouse + Child(ren)	\$414.96	SDPB4	\$20.75	N/A		\$978.36	SDPA4	\$48.92	N/A
VISION PLANS	ANNUAL PREMIUM		BASIC PLAN	District Cost		ANNUAL PREMIUM		EXPANDED PLAN	District Cost
Employee Only	\$38.16		\$1.91	N/A		\$75.60		\$3.78	N/A
Employee + Child(ren)	\$76.20		\$3.81	N/A		\$151.20		\$7.56	N/A
Employee + Spouse	\$72.36		\$3.62	N/A		\$143.76		\$7.19	N/A
Employee + Spouse + Child(ren)	\$111.96		\$5.60	N/A		\$222.48		\$11.12	N/A