

# 2024 Benefit Premium - SAMWACOG

The charts below summarize County and Employee benefit premiums for coverage in 2024.

## MEDICAL & PRESCRIPTION COVERAGE

	Employee Bi-Weekly	Employer Bi-Weekly
<u>Medical Mutual PPO Advantage</u>	Single	\$44.25
	Family	\$119.16

	Employee Bi-Weekly	Employer Bi-Weekly
<b>Medical Mutual MedFlex Plan</b>	Single	\$15.27
	Family	\$41.12

	Employee Bi-Weekly	Employer Bi-Weekly
<u>Medical Mutual Maximum Value Plan (HSA)</u>	Single	\$15.02
	Family	\$40.45

## DENTAL COVERAGE

	Employee Bi-Weekly	Employer Bi-Weekly
MetLife Dental PPO & MAC Plans	Single	n/a
	Family	n/a

## VISION COVERAGE

	Employee Bi-Weekly	Employer Bi-Weekly
Davis Vision	Single	\$1.98
	Family	\$5.46

Cash Waiver Incentive Program – County employees have a cash option that may be exercised if they decline medical and prescription coverage and provide proof that they are covered under another medical plan outside the County's program. County employees that are married or a dependent to each other and elect County coverage under one employee are not eligible for the waiver. Those opting out will receive \$50 per month. You will still be eligible for the other employee benefit programs. Employees are subject to the applicable terms of their collective bargaining agreement.