

2024 MONTHLY MEDICAL INSURANCE RATES AND HSA CONTRIBUTIONS

Effective 01/01/2024 THROUGH 12/31/2024

CATEGORY	CIGNA (PPO) BASE PLAN			CIGNA (PPO) BUY-UP PLAN		
	\$4000 OOP SINGLE/\$8000 OOP DEPENDENTS			\$1250 OOP SINGLE/\$2500 OOP DEPENDENTS		
	TIER 1 and 6	TIER 2 and 7	TIER 3	TIER 1 and 6	TIER 2 and 7	TIER 3
SINGLE						
PREMIUM	\$ 657.49	\$ 657.49	\$ 657.49	\$ 747.09	\$ 747.09	\$ 747.09
CITY SHARE	\$ 657.49	\$ 558.87	\$ 460.24	\$ 657.49	\$ 558.87	\$ 460.24
EMPLOYEE SHARE	\$ -	\$ 98.62	\$ 197.25	\$ 89.60	\$ 188.22	\$ 286.85
EMPLOYEE/SPOUSE						
PREMIUM	\$ 1,322.31	\$ 1,322.31	\$ 1,322.31	\$ 1,491.17	\$ 1,491.17	\$ 1,491.17
CITY SHARE	\$ 1,104.58	\$ 1,005.96	\$ 907.33	\$ 1,104.58	\$ 1,005.96	\$ 907.33
EMPLOYEE SHARE	\$ 217.73	\$ 316.35	\$ 414.98	\$ 386.59	\$ 485.21	\$ 583.84
EMPLOYEE/CHILD(REN)						
PREMIUM	\$ 1,156.11	\$ 1,156.11	\$ 1,156.11	\$ 1,305.16	\$ 1,305.16	\$ 1,305.16
CITY SHARE	\$ 992.81	\$ 894.19	\$ 795.56	\$ 992.81	\$ 894.19	\$ 795.56
EMPLOYEE SHARE	\$ 163.30	\$ 261.92	\$ 360.55	\$ 312.35	\$ 410.97	\$ 509.60
EMPLOYEE/FAMILY						
PREMIUM	\$ 1,820.93	\$ 1,820.93	\$ 1,820.93	\$ 2,049.26	\$ 2,049.26	\$ 2,049.26
CITY SHARE	\$ 1,439.90	\$ 1,341.28	\$ 1,242.66	\$ 1,439.90	\$ 1,341.28	\$ 1,242.66
EMPLOYEE SHARE	\$ 381.03	\$ 479.65	\$ 578.27	\$ 609.36	\$ 707.98	\$ 806.60
CIGNA HSA PLAN						
	\$3,200 DEDUCTIBLE & OOP SINGLE/\$6400 DEDUCTIBLE & OOP DEPENDENTS					
	TIER 1 and 6	TIER 2 and 7	TIER 3			
SINGLE						
PREMIUM	\$ 530.99	\$ 530.99	\$ 530.99			
CITY SHARE	\$ 530.99	\$ 451.34	\$ 371.69			
EMPLOYEE SHARE	\$ -	\$ 79.65	\$ 159.30			
CITY CONTRIBUTION TO EMPLOYEE HSA	\$ 126.50	\$ 107.53	\$ 88.55			
EMPLOYEE/SPOUSE						
PREMIUM	\$ 1,059.85	\$ 1,059.85	\$ 1,059.85			
CITY SHARE	\$ 886.65	\$ 807.00	\$ 727.35			
EMPLOYEE SHARE	\$ 173.20	\$ 252.85	\$ 332.50			
CITY CONTRIBUTION TO EMPLOYEE HSA	\$ 217.93	\$ 198.96	\$ 179.98			
EMPLOYEE/CHILD(REN)						
PREMIUM	\$ 927.63	\$ 927.63	\$ 927.63			
CITY SHARE	\$ 797.73	\$ 718.08	\$ 638.43			
EMPLOYEE SHARE	\$ 129.90	\$ 209.55	\$ 289.20			
CITY CONTRIBUTION TO EMPLOYEE HSA	\$ 195.08	\$ 176.11	\$ 157.13			
EMPLOYEE/FAMILY						
PREMIUM	\$ 1,456.48	\$ 1,456.48	\$ 1,456.48			
CITY SHARE	\$ 1,153.38	\$ 1,073.73	\$ 994.09			
EMPLOYEE SHARE	\$ 303.10	\$ 382.75	\$ 462.39			
CITY CONTRIBUTION TO EMPLOYEE HSA	\$ 286.52	\$ 267.55	\$ 248.57			

Tier 1, 2, 3, 4, and 5 employees are eligible for:

- Dental
- Vision
- Basic Life
- Optional Life
- Worksite
- Dependent Care
- Medical
- *Tier 4 employees only remain Tier 4 if they Opt out of Medical.

Tier 1, 2, 3, 4 & 5 employees who select the PPO plans are eligible for the following in addition to the above plans:

- FSA

Tier 1, 2, 3, and 5 employees who select the HSA plan are eligible for the following in addition to the above plans:

- HSA Savings account

Tier 6 & 7 employees are eligible for the following:

- Medical
- Dental
- Vision
- Basic Life

Tier 1: Plan subscribers are eligible for this tier if they completed the H&W and Nicotine incentive program.

Tier 2: Plan subscribers are eligible for this tier if they completed the Nicotine Incentive program but missed one or both of the other H&W incentive program requirements.

Tier 3: Plan subscribers are placed in this tier if they did not complete the Nicotine and/or H&W Incentive program requirements.

Tier 4: Is a \$100 monthly stipend to full-time employees who do not participate in the City's medical insurance plan

Tier 5: Plan subscribers are placed in this tier if they are the City Administrator

Tier 6: Plan subscribers are eligible for this tier if they are an elected official that does not use Nicotine products.

Tier 7: Plan subscribers are eligible for this tier if they are an elected official that use Nicotine products.

In Tiers 1 through 3 and 6 through 7 of the Base Plan, the City pays 67.25% of dependent medical insurance coverage; the employee pays 32.75%. Tier 4 has no dependent coverage.

*new employees (for their partial first year) and elected officials are placed in tier 1 provided they qualify as a non-nicotine user.

2024 MONTHLY DENTAL, LIFE, AD&D AND VISION RATES

Effective 01/01/2024 through 12/31/2024

CIGNA DENTAL

SINGLE Tiers 1, 2, 3, 4, 6, & 7

PREMIUM	\$31.00
CITY SHARE	\$31.00
EMPLOYEE SHARE	\$0.00

EMPLOYEE/SPOUSE

PREMIUM	\$62.00
CITY SHARE	\$31.00
EMPLOYEE SHARE	\$31.00

EMPLOYEE/CHILD(REN)

PREMIUM	\$68.60
CITY SHARE	\$31.00
EMPLOYEE SHARE	\$37.60

EMPLOYEE/FAMILY

PREMIUM	\$92.61
CITY SHARE	\$31.00
EMPLOYEE SHARE	\$61.61

TRANSAMERICA BASIC GROUP TERM LIFE/ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

THE CITY OF BRANSON PROVIDES ALL FULL-TIME EMPLOYEES WITH BASIC GROUP TERM LIFE INSURANCE AT ONE-TIMES THEIR ANNUAL SALARY AS REPORTED JANUARY 1, ROUNDED UP TO THE NEXT THOUSAND DOLLARS, TO A MAXIMUM OF \$150,000. THE RATE IS \$.107 PER \$1,000 OF SALARY FOR LIFE AND AD&D. THE CITY PAYS THE ENTIRE PREMIUM.

(Tiers 1, 2, 3, 4, 5, 6 & 7)

TRANSAMERICA OPTIONAL GROUP TERM LIFE/AD&D INSURANCE

OPTIONAL EMPLOYEE AND DEPENDENT COVERAGE IS AVAILABLE.

RATES ARE BASED ON AGE BRACKET AND AMOUNT OF COVERAGE ELECTED.

100% OF PREMIUMS ARE PAID BY THE EMPLOYEE.

(Tiers 1, 2, 3, 4, 5)

CIGNA VISION (Premiums are paid by the Subscriber) Tiers 1, 2, 3, 4, 5, 6, & 7

EMPLOYEE ONLY	\$6.23
EMPLOYEE + SPOUSE	\$11.67
EMPLOYEE + CHILD(REN)	\$13.25
EMPLOYEE + FAMILY	\$19.31

WORKSITE (SUPPLEMENTAL) INSURANCE AND FLEXIBLE SPENDING ACCOUNT

VARIOUS SUPPLEMENTAL INSURANCE PLANS ARE AVAILABLE. SUBSCRIBER PAYS 100% OF THESE PREMIUMS.

NEW EMPLOYEES HIRED AFTER NOV. 27, 2018 WILL HAVE ACCESS TO AMERICAN FIDELITY POLICIES ONLY.

EMPLOYEES HIRED BEFORE NOV. 27, 2018 WILL HAVE ACCESS TO NO NEW AFLAC POLICIES (ONLY CURRENT) AND TO ALL AMERICAN FIDELITY POLICIES. ALL FLEXIBLE SPENDING IS THROUGH AMERICAN FIDELITY UP TO THE IRS MAXIMUM LIMIT PER YEAR, WITH A \$610 MAXIMUM ANNUAL CARRYOVER.

(Tiers 1, 2, 3, 4, & 5)