January 1, 2024 - December 31, 2024 All rates are based on monthly amounts **Contribution Amounts CARRIER** 2 Party Family Single Rate Rate Rate **Employee** 91.69 175.98 186.50 **Blue Shield PPO MEDICAL** City 1091.64 2095.38 2,220.41 **Employee** 0.21 24.65 58.87 DENTAL Aetna PPO/DMO City 39.14 57.82 87.22 **Employee** 0.00 0.00 0.00 **VSP** VISION City 13.42 13.42 13.42 **Aetna Resources for Living EAP City Provided** and Counseling Team LIFE **New York Life** \$50,000 coverage / City Provided **NOTES** Rates above are monthly amounts