

City of Cedar Park

Budget and Contribution Rates Effective 11/1/2024 through 10/31/2025

Active EE: Aetna - Medical HDHP						
Coverage Level	Employee Contribution		CP Funding %	Employer Contribution		Total Monthly Premium*
	Pay Period	Monthly		Pay Period	Monthly	
EE Only	\$ 15.00	\$ 30.00	97%	\$ 485.52	\$ 971.04	\$ 1,001.04
EE + SP	\$ 200.00	\$ 400.00	74%	\$ 565.79	\$ 1,131.59	\$ 1,531.59
EE + CH	\$ 148.00	\$ 296.00	79%	\$ 542.72	\$ 1,085.44	\$ 1,381.44
EE + FAM	\$ 340.00	\$ 680.00	65%	\$ 631.00	\$ 1,262.01	\$ 1,942.01

\* Does not include Employer contribution to the HSA.

Active EE: Aetna - Medical PPO						
Coverage Level	Employee Contribution		CP Funding %	Employer Contribution		Total Monthly Premium
	Pay Period	Monthly		Pay Period	Monthly	
EE Only	\$ 25.00	\$ 50.00	95%	\$ 516.75	\$ 1,033.50	\$ 1,083.50
EE + SP	\$ 240.00	\$ 480.00	72%	\$ 626.80	\$ 1,253.61	\$ 1,733.61
EE + CH	\$ 180.00	\$ 360.00	77%	\$ 600.12	\$ 1,200.25	\$ 1,560.25
EE + FAM	\$ 395.00	\$ 790.00	64%	\$ 710.18	\$ 1,420.35	\$ 2,210.35

Delta Dental - Dental						
Coverage Level	Employee Contribution		CP Funding %	Employer Contribution		Total Monthly Premium
	Pay Period	Monthly		Pay Period	Monthly	
EE Only	\$ -	\$ -	100%	\$ -	\$ 33.09	\$ 33.09
EE + SP	\$ 19.28	\$ 38.56	46%	\$ 16.55	\$ 33.09	\$ 71.65
EE + CH	\$ 30.59	\$ 61.17	35%	\$ 16.55	\$ 33.09	\$ 94.26
EE + FAM	\$ 48.82	\$ 97.64	25%	\$ 16.55	\$ 33.09	\$ 130.73

Active EE: EYEMED - Vision		
Coverage Level	Employee Contribution	
	Pay Period	Monthly
EE Only	\$ 2.43	\$ 4.85
EE + SP	\$ 4.61	\$ 9.21
EE + CH	\$ 4.84	\$ 9.68
EE + FAM	\$ 7.13	\$ 14.25