

# RATES

## 2024 EMPLOYEE CONTRIBUTIONS



Your contributions toward the cost of medical, dental and vision coverage are automatically deducted from your paycheck before taxes.

### MEDICAL COVERAGE

Coverage Tier	Monthly Employee Contribution			
	Traditional PPO Plan			
	\$16.00/hour \$33,280/annual	\$20.00/hour \$41,600/annual	\$24.00/hour \$49,920/annual	\$49,920/annual
Employee Only	\$178.35	\$246.84	\$315.34	\$360.99
Employee + Spouse/DP	\$375.62	\$512.60	\$649.59	\$740.91
Employee + Child(ren)	\$321.03	\$444.32	\$567.60	\$649.79
Family	\$481.19	\$686.67	\$892.15	\$1,029.12

  

Coverage Tier	Monthly Employee Contribution			
	Standard HDHP/HSA Plan			
	\$16.00/hour \$33,280/annual	\$20.00/hour \$41,600/annual	\$24.00/hour \$49,920/annual	\$49,920/annual
Employee Only	\$157.75	\$221.92	\$275.38	\$275.38
Employee + Spouse/DP	\$288.82	\$417.14	\$550.81	\$550.81
Employee + Child(ren)	\$267.98	\$383.47	\$495.75	\$495.75
Family	\$378.57	\$571.06	\$763.54	\$784.93

  

Coverage Tier	Monthly Employee Contribution			
	Catastrophic HDHP/HSA Plan			
	\$16.00/hour \$33,280/annual	\$20.00/hour \$41,600/annual	\$24.00/hour \$49,920/annual	\$49,920/annual
Employee Only	\$94.60	\$134.17	\$167.32	\$167.32
Employee + Spouse/DP	\$181.34	\$264.74	\$351.36	\$351.36
Employee + Child(ren)	\$167.59	\$243.51	\$316.23	\$316.23
Family	\$262.92	\$388.04	\$513.15	\$527.06



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### DENTAL COVERAGE

Coverage Tier	Monthly Employee Contribution
Employee Only	\$17.72
Employee + Spouse/DP	\$35.82
Employee + Child(ren)	\$41.39
Family	\$68.11

### VOLUNTARY VISION COVERAGE

Coverage Tier	Monthly Employee Contribution
Employee Only	\$5.02
Employee + Spouse/DP	\$10.05
Employee + Child(ren)	\$10.26
Family	\$15.28

**Domestic Partner (DP) Contributions:** Your contributions to cover an DP are the same as those to cover a legal spouse. However, because of Internal Revenue Code (IRC) restrictions, in most cases, the fair market value of your DP's or DP's children's (if they are not federal tax dependents) healthcare coverage will be taxable to you as imputed income. This value is determined by the amount that The Company pays in premium for DP coverage. This amount raises your taxable gross income. Also, the payroll deductions to cover an DP must be taken on an after-tax basis.

### VOLUNTARY ACCIDENT INSURANCE

Coverage Tier	Monthly Employee Contribution
Employee Only	\$4.84
Employee + Spouse/DP	\$7.73
Employee + Child(ren)	\$8.79
Family	\$13.82

### VOLUNTARY HOSPITAL INDEMNITY INSURANCE

Coverage Tier	Monthly Employee Contribution	
	\$500 Benefit	\$1,000 Benefit
Employee Only	\$7.86	\$13.06
Employee +	\$15.98	\$26.59
Employee +	\$13.26	\$22.62
Family	\$22.75	\$38.57

### VOLUNTARY LIFE/AD&D

Monthly Employee Contribution					
Employee/Spouse Rates per \$1,000 of coverage					
Age	Rate	Age	Rate	Age	Rate
<34	\$0.057	50-54	\$0.323	70-74	\$2.157
35-39	\$0.067	55-59	\$0.580	75+	\$2.157
40-44	\$0.114	60-64	\$0.941	AD&D	\$0.017
45-49	\$0.190	65-69	\$1.425		
Child Rates per \$1,000 of coverage					
Child Life \$0.240			CH A&D: \$0.051		



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### VOLUNTARY CRITICAL ILLNESS

Monthly Employee Contribution				
\$10,000 Plan				
Age	Employee Only	Employee + Spouse/DP	Employee + Child(ren)	Family
18-24	\$2.10	\$3.05	\$2.43	\$3.83
25-29	\$2.80	\$4.20	\$3.13	\$4.53
30-34	\$3.60	\$5.40	\$3.93	\$5.73
35-39	\$4.90	\$7.30	\$5.23	\$7.63
40-44	\$7.40	\$11.10	\$7.73	\$11.43
45-49	\$11.50	\$17.25	\$11.83	\$17.58
50-54	\$16.00	\$24.20	\$16.33	\$24.53
55-59	\$22.40	\$32.85	\$22.73	\$33.18
60-64	\$31.30	\$46.60	\$31.63	\$46.93
65-59	\$46.90	\$65.75	\$47.23	\$66.08
70-74**	\$29.30	\$42.70	\$29.63	\$43.03
75-79**	\$43.30	\$57.93	\$43.63	\$58.25
\$20,000 Plan				
Age	Employee Only	Employee + Spouse/DP	Employee + Child(ren)	Family
18-24	\$4.20	\$6.10	\$4.85	\$6.75
25-29	\$5.60	\$8.40	\$6.25	\$9.05
30-34	\$7.20	\$10.80	\$7.85	\$11.45
35-39	\$9.80	\$14.60	\$10.45	\$15.25
40-44	\$14.80	\$22.20	\$15.45	\$22.85
45-49	\$23.00	\$34.50	\$23.65	\$35.15
50-54	\$32.00	\$48.40	\$32.65	\$49.05
55-59	\$44.80	\$65.70	\$45.45	\$66.35
60-64	\$62.60	\$93.20	\$63.25	\$93.85
65-59	\$93.80	\$131.50	\$94.45	\$132.15
70-74**	\$58.60	\$85.40	\$59.25	\$86.05
75-79**	\$86.60	\$115.85	\$87.25	\$116.50

\*Deductions for Accident, Hospital Indemnity, Critical Illness and Voluntary Life/AD&D are taken from your paycheck after taxes.

\*\*50% benefits reduction is applied for ages 70+

