

Medical/Rx Employee Contributions Plan Year 2024: January 1, 2024 - December 31, 2024

SALARIED (BI-WEEKLY)

Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Premium	\$138.88	\$286.68	\$263.15	\$402.85
Preferred	\$52.97	\$119.18	\$109.40	\$167.46
Economy	\$10.51	\$36.40	\$33.39	\$51.16

<u>ATU 788</u> (WEEKLY)

	Employee	Employee +	Employee +	Employee +
Plan	Only	Spouse	Child(ren)	Family
Premium	\$73.51	\$143.34	\$131.57	\$201.43
Preferred	\$30.56	\$59.59	\$54.70	\$83.73
Economy	\$9.33	\$18.20	\$16.70	\$25.58

IBEW (WEEKLY)

	Employee Only	Employee +
Plan		Family
Premium	\$71.47	\$169.86
Preferred	\$28.52	\$73.29
Economy	\$7.29	\$25.56