Salaried Employee Contributions

Plan Year 2024: January 1, 2024 - December 31, 2024

Medical/Rx Plan Rates (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 |
| **HDHP** | $61.39 | $119.71 | $109.89 | $168.21 |

**Dental Plan Rates (Bi-Weekly)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Plan** | **Employee Only** | **Employee + Spouse** | **Employee + Child(ren)** | **Employee + Family** |
| High Option | $0.00 | $7.77 | $15.13 | $23.15 |
| **Low Option** | $0.00 | $4.91 | $10.02 | $15.25 |

**Vision Rates (Bi-Weekly)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Only** | **Employee + Spouse** | **Employee + Child(ren)** | **Employee + Family** |
| $1.77 | $3.37 | $3.54 | $5.26 |