

# 2024 BI-WEEKLY MEDICAL PREMIUMS

2024 Medical Plan Rates								
	<\$50k		\$50k-\$100k		\$100k-\$150k		\$150k>	
	Employee cost	Employer cost						
<b>CDHP1</b>								
Employee Only	\$39.55	\$259.14	\$55.97	\$242.72	\$69.99	\$228.70	\$81.68	\$217.02
Employee + Spouse	\$124.61	\$490.03	\$130.73	\$483.91	\$163.51	\$451.14	\$190.82	\$423.83
Employee + Child(ren)	\$112.46	\$442.23	\$117.97	\$436.72	\$147.55	\$407.14	\$172.20	\$382.49
Employee + Family	\$178.71	\$702.78	\$187.47	\$694.02	\$234.48	\$647.01	\$273.64	\$607.85
<b>CDHP2</b>								
Employee Only	\$22.61	\$252.30	\$34.32	\$240.58	\$41.33	\$233.58	\$48.23	\$226.68
Employee + Spouse	\$82.34	\$481.21	\$86.37	\$477.18	\$103.99	\$459.56	\$121.36	\$442.20
Employee + Child(ren)	\$74.30	\$434.28	\$77.94	\$430.63	\$93.84	\$414.73	\$109.53	\$399.05
Employee + Family	\$118.07	\$690.15	\$123.87	\$684.36	\$149.14	\$659.08	\$174.05	\$634.18
<b>PPO</b>								
Employee Only	\$62.15	\$268.50	\$73.46	\$257.19	\$113.40	\$217.25	\$133.51	\$197.14
Employee + Spouse	\$186.46	\$491.38	\$226.97	\$450.87	\$267.28	\$410.56	\$314.23	\$363.60
Employee + Child(ren)	\$175.16	\$436.54	\$203.50	\$408.20	\$239.84	\$371.86	\$282.23	\$329.47
Employee + Family	\$226.01	\$746.10	\$271.22	\$700.89	\$382.38	\$589.73	\$449.73	\$522.38



# ADDITIONAL 2024 BI-WEEKLY PREMIUMS

Dental						
	Low Plan		High Plan <\$100k		High Plan >\$100k	
	Employee cost	Employer cost	Employee cost	Employer cost	Employee cost	Employer cost
Employee Only	\$8.21	\$6.61	\$9.71	\$9.01	\$11.23	\$7.48
Employee + Spouse	\$15.82	\$13.77	\$18.82	\$18.53	\$21.79	\$15.56
Employee + Child(ren)	\$17.91	\$16.09	\$21.55	\$21.38	\$24.95	\$17.98
Employee + Family	\$25.72	\$23.04	\$30.67	\$30.91	\$35.52	\$26.06

Vision	
Employee Only	\$3.87
Employee + Spouse	\$5.81
Employee + Child(ren)	\$6.12
Employee + Family	\$9.68

Hospital Indemnity	
Employee Only	\$4.99
Employee + Spouse	\$12.36
Employee + Child(ren)	\$8.51
Employee + Family	\$15.60

Legal	
Cost to employee	\$7.27

Accident		
	Low Plan	High Plan
Employee Only	\$1.79	\$3.44
Employee + Spouse	\$3.17	\$6.08
Employee + Child(ren)	\$3.40	\$6.55
Employee + Family	\$4.29	\$8.25

Identity Protection	
Employee	\$3.90
Employee + Family	\$6.44

Critical Illness								
Attained Age	Employee Only		Employee + Spouse		Employee + Child(ren)		Employee + Spouse / Child(ren)	
	\$20,000	\$10,000	\$20,000	\$10,000	\$20,000	\$10,000	\$20,000	\$10,000
<25	\$2.68	\$1.34	\$4.71	\$2.35	\$4.89	\$2.45	\$6.83	\$3.42
25-29	\$2.86	\$1.43	\$4.89	\$2.45	\$4.98	\$2.49	\$7.02	\$3.51
30-34	\$3.69	\$1.85	\$6.09	\$3.05	\$5.82	\$2.91	\$8.31	\$4.15
35-39	\$5.08	\$2.54	\$8.03	\$4.02	\$7.20	\$3.60	\$10.25	\$5.12
40-44	\$7.57	\$3.78	\$11.72	\$5.86	\$9.69	\$4.85	\$13.85	\$6.92
45-49	\$11.17	\$5.58	\$16.89	\$8.45	\$13.29	\$6.65	\$19.02	\$9.51
50-54	\$16.52	\$8.26	\$24.18	\$12.09	\$18.65	\$9.32	\$26.31	\$13.15
55-59	\$23.63	\$11.82	\$33.88	\$16.94	\$25.85	\$12.92	\$36.09	\$18.05
60-64	\$33.69	\$16.85	\$47.63	\$23.82	\$35.82	\$17.91	\$49.85	\$24.92
65-69	\$49.85	\$24.92	\$69.60	\$34.80	\$51.97	\$25.98	\$71.72	\$35.86
70+	\$69.42	\$34.71	\$97.85	\$48.92	\$71.63	\$35.82	\$99.97	\$49.98

# ADDITIONAL 2024 BI-WEEKLY PREMIUMS

Bi-weekly Employee & Spouse Supplemental Life Insurance Rates		
Age	Employee & Spouse Rate Non-Nicotine	Employee & Spouse Rate Nicotine
Under 25	\$0.014	\$0.023
25-29	\$0.017	\$0.028
30-34	\$0.023	\$0.037
35-39	\$0.025	\$0.042
40-44	\$0.035	\$0.059
45-49	\$0.056	\$0.096
50-54	\$0.085	\$0.148
55-59	\$0.152	\$0.249
60-64	\$0.207	\$0.346
65-69	\$0.355	\$0.586
70 +	\$0.654	\$1.056

Bi-weekly Dependent Child(ren) Life Insurance Rate	
Child	\$0.085

Bi-weekly Voluntary AD&D Insurance Rates	
Employee	\$0.010
Spouse	\$0.011
Child	\$0.013

