



## 2024 Bi-weekly Contribution Rates

Medical Plan (Non-Tobacco Rates)				
Coverage Tier	\$1,000 Deductible	\$1,500 Deductible	\$2,000 Deductible	\$3,200 Deductible
Employee only	\$143.17	\$105.67	\$62.22	\$53.54
Employee + Spouse	\$350.99	\$245.22	\$154.95	\$125.54
Employee + Child(ren)	\$287.35	\$203.37	\$126.00	\$106.62
Employee + Family	\$527.78	\$379.75	\$225.42	\$188.31

Dental Plan			
Coverage Tier	Basic Plus	Standard	Enhanced
Employee only	\$3.88	\$6.30	\$7.75
Employee + Spouse	\$8.24	\$14.54	\$17.93
Employee + Child(ren)	\$8.72	\$15.99	\$19.87
Employee + Family	\$13.57	\$24.72	\$30.53

Vision Plan		
Coverage Tier	Materials Only	Enhanced
Employee only	\$2.41	\$4.46
Employee + Spouse	\$4.82	\$8.92
Employee + Child(ren)	\$6.19	\$11.07
Employee + Family	\$8.00	\$14.80