



# CROWN LINEN

## 2024 PLAN RATES

Please see the plan overviews on the following pages and refer to the Summaries of Benefits and Coverage for more detailed information.

MEDICAL RATES				
Plan	Employee	Employee + Spouse	Employee + Child(ren)	Family
DU19-M HSA	\$62.50	\$137.59	\$120.75	\$202.29
DU1N-M	\$81.08	\$174.58	\$153.33	\$256.17
DUYU-M	\$115.01	\$245.83	\$216.10	\$360.00
DU48-M	\$134.69	\$287.16	\$252.51	\$420.23

GAP RATES				
Plan	Employee 18-54 / 55+	Employee + Spouse 18-54 / 55+	Employee + Child(ren) 18-54 / 55+	Family 18-54 / 55+
DU19-M & DU1N-M ONLY	\$13.33 / \$19.99	\$26.65 / \$39.98	\$27.40 / \$34.07	\$40.73 / \$54.05
DUYU-M & DU48-M ONLY	\$9.09 / \$13.63	\$18.18 / \$27.26	\$18.67 / \$23.22	\$27.77 / \$36.84

DENTAL RATES				
Plan	Employee	Employee + Spouse	Employee + Child(ren)	Family
DHMO	\$6.50	\$11.38	\$14.09	\$17.88
DPPO	\$17.34	\$33.12	\$33.42	\$51.53

VISION RATES				
Plan	Employee	Employee + Spouse	Employee + Child(ren)	Family
VISION	\$2.36	\$4.73	\$4.49	\$7.05