

# RATES

## 2024 Bi-Weekly EMPLOYEE CONTRIBUTIONS

JANUARY 1 – DECEMBER 31, 2024

Your contributions toward the cost of medical, dental, and vision coverage are automatically deducted from your paycheck before taxes.

### MEDICAL COVERAGE

| Coverage Tier  | Bi-Weekly Employee Contribution |                  |          |            |
|----------------|---------------------------------|------------------|----------|------------|
|                | PPO \$1,500 Plan                | PPO \$2,000 Plan | HSA Plan | Basic Plan |
| Employee Only  | \$238.55                        | \$150.69         | \$120.00 | \$106.15*  |
| Employee + One | \$604.73                        | \$377.10         | \$238.14 | \$418.91   |
| Family         | \$738.46                        | \$461.54         | \$336.92 | \$534.64   |

\*Not to exceed 8.39% of the employee's income for the bi-weekly pay period in 2024.

### DENTAL COVERAGE

| Coverage Tier  | Bi-Weekly Employee Contribution |
|----------------|---------------------------------|
|                | Delta Dental Plan               |
| Employee Only  | \$7.82                          |
| Employee + One | \$15.02                         |
| Family         | \$28.83                         |

### VISION COVERAGE

| Coverage Tier  | Bi-Weekly Employee Contribution |
|----------------|---------------------------------|
|                | VSP Plan                        |
| Employee Only  | \$3.52                          |
| Employee + One | \$5.37                          |
| Family         | \$9.63                          |