

# RATES

## 2024 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	Weekly Employee Contribution			
	PPO \$1,500 Plan	PPO \$2,000 Plan	HSA Plan	Basic Plan
Employee Only	\$119.28	\$75.35	\$60.00	\$53.08*
Employee + One	\$302.36	\$188.55	\$119.07	\$209.45
Family	\$369.23	\$230.77	\$168.46	\$267.32

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

### DENTAL COVERAGE

Coverage Tier	Weekly Employee Contribution
	Delta Dental Plan
Employee Only	\$3.91
Employee + One	\$7.51
Family	\$14.42

### VISION COVERAGE

Coverage Tier	Weekly Employee Contribution
	VSP Plan
Employee Only	\$1.76
Employee + One	\$2.68
Family	\$4.81