



Benefits Cost Summary

Employee Paid Portion

11/1/2024

MEDICAL - Highmark Blue Cross / Blue Shield

PPO 800 Non-Smoker Rate			
High Option			
<u>Weekly Payroll</u>		<u>Bi- Weekly Payroll</u>	
Single Coverage	\$51.12	Single Coverage	\$102.23
Employee/Spouse	\$112.17	Employee/Spouse	\$224.34
Employee/Children	\$113.54	Employee/Children	\$227.08
Full Family	\$199.41	Full Family	\$398.82

PPO 800 Non-Smoker Rate			
Low Option			
<u>Weekly Payroll</u>		<u>Bi- Weekly Payroll</u>	
Single Coverage	\$30.35	Single Coverage	\$60.70
Employee/Spouse	\$69.70	Employee/Spouse	\$139.40
Employee/Children	\$70.95	Employee/Children	\$141.90
Full Family	\$132.80	Full Family	\$265.60

POS 7200 HSA Non-Smoker Rate			
<u>Weekly Payroll</u>		<u>Bi- Weekly Payroll</u>	
Single Coverage	\$0.00	Single Coverage	\$0.00
Employee/Spouse	\$11.75	Employee/Spouse	\$23.50
Employee/Children	\$12.80	Employee/Children	\$25.60
Full Family	\$45.45	Full Family	\$90.90

POS 7200 HDHP Non-Smoker Rate			
<u>Weekly Payroll</u>		<u>Bi- Weekly Payroll</u>	
Single Coverage	\$0.00	Single Coverage	\$0.00
Employee/Spouse	\$11.60	Employee/Spouse	\$23.20
Employee/Children	\$12.50	Employee/Children	\$25.00
Full Family	\$37.80	Full Family	\$75.60

HSA Employer Contribution per plan year

Single Coverage	\$960
Employee/Spouse	\$1,920
Employee/Children	\$1,920
Full Family	\$1,920

HSA 2024 EE + ER Limits

Self-Only: \$4150
 Family: \$8300
 Catch UP age 55+ \$1,000

DENTAL - Guardian

<u>Weekly Payroll</u>		<u>Bi- Weekly Payroll</u>	
Single Coverage	\$1.73	Single Coverage	\$3.46
Employee/Spouse	\$3.35	Employee/Spouse	\$6.69
Employee/Children	\$6.69	Employee/Children	\$13.38
Full Family	\$11.08	Full Family	\$22.15

VISION - Guardian (Davis Vision)

<u>Weekly Payroll</u>		<u>Bi- Weekly Payroll</u>	
Single Coverage	\$0.00	Single Coverage	\$0.00
Employee/Spouse	\$0.80	Employee/Spouse	\$1.61
Employee/Children	\$0.84	Employee/Children	\$1.67
Full Family	\$1.85	Full Family	\$3.69

PPO 800 Smoker Rate			
High Option			
<u>Weekly Payroll</u>		<u>Bi- Weekly Payroll</u>	
Single Coverage	\$63.81	Single Coverage	\$127.62
Employee/Spouse	\$124.86	Employee/Spouse	\$249.72
Employee/Children	\$126.23	Employee/Children	\$252.47
Full Family	\$212.10	Full Family	\$424.20

PPO 800 Smoker Rate			
Low Option			
<u>Weekly Payroll</u>		<u>Bi- Weekly Payroll</u>	
Single Coverage	\$43.04	Single Coverage	\$86.09
Employee/Spouse	\$82.39	Employee/Spouse	\$164.78
Employee/Children	\$83.64	Employee/Children	\$167.28
Full Family	\$145.49	Full Family	\$290.99

POS 7200 HSA Smoker Rate			
<u>Weekly Payroll</u>		<u>Bi- Weekly Payroll</u>	
Single Coverage	\$12.69	Single Coverage	\$25.38
Employee/Spouse	\$24.44	Employee/Spouse	\$48.89
Employee/Children	\$25.49	Employee/Children	\$50.99
Full Family	\$58.14	Full Family	\$116.28

POS 7200 HDHP Smoker Rate			
<u>Weekly Payroll</u>		<u>Bi- Weekly Payroll</u>	
Single Coverage	\$12.69	Single Coverage	\$25.38
Employee/Spouse	\$24.29	Employee/Spouse	\$48.59
Employee/Children	\$25.19	Employee/Children	\$50.39
Full Family	\$50.49	Full Family	\$100.98

HDHP Employer Contribution per plan year

Single Coverage	\$1,920
Employee/Spouse	\$3,840
Employee/Children	\$3,840
Full Family	\$3,840