



# 2024 RATE SHEET

## 2024 Health and Welfare Plan Rates

### 2024 Medical and Prescription Drug Plan Rates

Covered Persons	Non-Tobacco User Weekly	Non-Tobacco User Semi-Monthly	Non-Tobacco User Monthly
<b>Basic CDHP</b>			
You Only	\$12.72	\$27.56	\$55.12
You + Spouse	\$69.45	\$150.48	\$300.96
You + Spouse + 1 Child	\$87.77	\$190.17	\$380.33
You + Spouse + 2 or More Children	\$106.08	\$229.85	\$459.70
You + 1 Child	\$45.03	\$97.56	\$195.12
You + 2 or More Children	\$63.35	\$137.25	\$274.50
<b>Enhanced CDHP</b>			
You Only	\$29.26	\$63.39	\$126.78
You + Spouse	\$76.32	\$165.36	\$330.72
You + Spouse + 1 Child	\$96.67	\$209.46	\$418.91
You + Spouse + 2 or More Children	\$116.77	\$253.00	\$506.00
You + 1 Child	\$49.61	\$107.49	\$214.97
You + 2 or More Children	\$69.71	\$151.03	\$302.06
<b>PPO</b>			
You Only	\$35.64	\$77.21	\$154.42
You + Spouse	\$92.76	\$200.98	\$401.95
You + Spouse + 1 Child	\$115.03	\$249.24	\$498.48
You + Spouse + 2 or More Children	\$137.31	\$297.50	\$594.99
You + 1 Child	\$57.91	\$125.47	\$250.94
You + 2 or More Children	\$80.18	\$173.73	\$347.46
<b>All Plans</b>			
Tobacco Use Additional Charge	\$9.23	\$20.00	\$40.00

If you and/or any of your covered dependents use tobacco, you will pay an additional \$40 per month for medical coverage. If you enroll in the company medical plan for 2024, you will be required to indicate your tobacco user status at the time you make your elections.

## 2024 Dental Plan Rates

Covered Person(s)	Weekly	Semi-Monthly	Monthly
<b>Base DPPO</b>			
You Only	\$2.27	\$4.91	\$9.82
You + Spouse	\$4.53	\$9.81	\$19.62
You + Spouse + 1 Child	\$7.25	\$15.71	\$31.41
You + Spouse + 2 or More Children	\$7.25	\$15.71	\$31.41
You + 1 Child	\$6.57	\$14.23	\$28.45
You + 2 or More Children	\$6.57	\$14.23	\$28.45
<b>Buy-Up DPPO</b>			
You Only	\$3.61	\$7.82	\$15.64
You + Spouse	\$7.47	\$16.20	\$32.39
You + Spouse + 1 Child	\$12.74	\$27.61	\$55.22
You + Spouse + 2 or More Children	\$12.74	\$27.61	\$55.22
You + 1 Child	\$11.44	\$24.78	\$49.56
You + 2 or More Children	\$11.44	\$24.78	\$49.56

## 2024 Vision Plan Rates

Covered Person(s)	Weekly	Semi-Monthly	Monthly
You Only	\$0.69	\$1.49	\$2.97
You + Spouse	\$1.37	\$2.97	\$5.94
You + Spouse + 1 Child	\$1.89	\$4.09	\$8.17
You + Spouse + 2 or More Children	\$1.89	\$4.09	\$8.17
You + 1 Child	\$1.71	\$3.72	\$7.43
You + 2 or More Children	\$1.71	\$3.72	\$7.43

## 2024 Legal Services Plan Rates

Covered Person	Weekly	Semi-Monthly	Monthly
You Only	\$3.63	\$7.88	\$15.75



# 2024 Life, Supplemental, and Disability

## 2024 Long-Term Disability Insurance Rates

Option	Monthly Rates per \$100 of Covered Payroll	Example	
50% Option	\$0.360	Frozen earnings:	\$27,400
		Benefit:	50% option
60% Option	\$0.901	Annual Premium:	$\$27,400/100 = \$274.00 \times \$0.360 = \$98.64$ $\$98.64/52 = \$1.90$ per weekly pay period or $\$98.64/24 = \$4.11$ per semi-monthly pay period

You must provide evidence of insurability before you can be approved for coverage if you have no LTD coverage and you elect the 50% or 60% benefit option. Employee currently enrolled in the 50% LTD plan may elect to increase to the 60% LTD plan without EOI.

## 2024 Supplemental Life Insurance Rates

Age	Monthly Rates per \$1,000 of Coverage	
	Non-Tobacco User	Tobacco User
Under 25	\$0.034	\$0.060
25-29	\$0.043	\$0.068
30-34	\$0.060	\$0.085
35-39	\$0.068	\$0.102
40-44	\$0.077	\$0.111
45-49	\$0.111	\$0.170
50-54	\$0.170	\$0.255
55-59	\$0.315	\$0.476
60-64	\$0.476	\$0.731
65-69	\$0.918	\$1.403
70 Plus	\$1.488	\$2.355

### EXAMPLE

To calculate your cost:

$$\frac{\text{Coverage amount}}{1,000} \times \text{rate} = \text{Monthly rate}$$

$$\frac{\text{Monthly Rate} \times 12}{52} = \text{Weekly deduction}$$

$$\frac{\text{Monthly rate}}{2} = \text{Semi-monthly deduction}$$

If you are currently enrolled, Evidence of Insurability (EOI) is required for any amount that exceeds an increase of 1x your salary or is above the Guarantee Issue amount of the lesser of 5x your salary or \$1,000,000. For late entrant (enrolling after waiving during initial eligibility), all amounts require EOI. Elected amounts in excess of the guaranteed issue limit is subject to EOI. Elected coverage cannot exceed \$2,000,000 combined between Basic and Supplemental Life.

## 2024 Supplemental Dependent Life Insurance Rates—Spouse

Coverage Level*	Weekly	Semi-Monthly	Monthly
\$15,000	\$0.88	\$1.91	\$3.81
\$25,000	\$1.47	\$3.18	\$6.35
\$50,000	\$2.93	\$6.35	\$12.70
\$75,000	\$4.40	\$9.53	\$19.05
\$100,000	\$5.86	\$12.70	\$25.40

## 2024 Supplemental Dependent Life Insurance Rates—Child(ren)

Coverage Level	Weekly	Semi-Monthly	Monthly
\$2,000	\$0.05	\$0.10	\$0.20
\$5,000	\$0.12	\$0.25	\$0.50
\$10,000	\$0.23	\$0.50	\$1.00
\$15,000	\$0.35	\$0.75	\$1.50
\$25,000	\$0.58	\$1.25	\$2.50

\* If you are currently enrolled, Evidence of Insurability (EOI) is required for any amount that exceeds an increase of 1 increment or is above the Guarantee Issue amount of \$50,000. For late entrant (enrolling after waiving during initial eligibility), EOI is required for all amounts elected. Elected amounts in excess of the plan guarantee issue limit is subject to EOI. Please note that there is no EOI required for supplemental dependent child life coverage at any level.

## 2024 Supplemental Accidental Death and Dismemberment Insurance Rates

Coverage	Weekly		Semi-Monthly	
	You	You + Family	You	You + Family
\$20,000	\$0.07	\$0.11	\$0.15	\$0.23
\$30,000	\$0.10	\$0.16	\$0.23	\$0.35
\$40,000	\$0.14	\$0.21	\$0.30	\$0.46
\$50,000	\$0.17	\$0.27	\$0.38	\$0.58
\$60,000	\$0.21	\$0.32	\$0.45	\$0.69
\$70,000	\$0.24	\$0.37	\$0.53	\$0.81
\$80,000	\$0.28	\$0.42	\$0.60	\$0.92
\$90,000	\$0.31	\$0.48	\$0.68	\$1.04
\$100,000	\$0.35	\$0.53	\$0.75	\$1.15
\$150,000	\$0.52	\$0.80	\$1.13	\$1.73
\$200,000	\$0.69	\$1.06	\$1.50	\$2.30
\$250,000	\$0.87	\$1.33	\$1.88	\$2.88
\$300,000	\$1.04	\$1.59	\$2.25	\$3.45
\$350,000	\$1.21	\$1.86	\$2.63	\$4.03
\$400,000	\$1.38	\$2.12	\$3.00	\$4.60
\$450,000	\$1.56	\$2.39	\$3.38	\$5.18
\$500,000	\$1.73	\$2.65	\$3.75	\$5.75
\$550,000	\$1.90	\$2.92	\$4.13	\$6.33
\$600,000	\$2.08	\$3.18	\$4.50	\$6.90
\$650,000	\$2.25	\$3.45	\$4.88	\$7.48
\$700,000	\$2.42	\$3.72	\$5.25	\$8.05
\$750,000	\$2.60	\$3.98	\$5.63	\$8.63

The maximum amount of coverage for you is \$750,000.

