



***MONTHLY Employee premiums - effective January 1, 2024***

<b>2024 Premium Rates by Salary Bands</b>						
<b>Medical PPO</b>	<b>&lt;\$50,000</b>	<b>\$50,000 to \$75,000</b>	<b>\$75,000 to \$100,000</b>	<b>\$100,000 to \$150,000</b>	<b>\$150,000 to \$200,000</b>	<b>&gt;\$200,000</b>
Employee Only	\$170.15	\$178.66	\$187.17	\$195.67	\$212.69	\$229.70
Employee+Spouse	\$308.25	\$323.66	\$339.08	\$354.49	\$385.31	\$416.14
Employee+Child(ren)	\$301.33	\$316.40	\$331.46	\$346.53	\$376.66	\$406.80
Family	\$492.55	\$517.18	\$541.81	\$566.43	\$615.69	\$664.94

<b>2024 Premium Rates by Salary Bands</b>						
<b>Medical QHDHP</b>	<b>&lt;\$50,000</b>	<b>\$50,000 to \$75,000</b>	<b>\$75,000 to \$100,000</b>	<b>\$100,000 to \$150,000</b>	<b>\$150,000 to \$200,000</b>	<b>&gt;\$200,000</b>
Employee Only	\$40.93	\$42.98	\$45.02	\$47.07	\$51.16	\$55.26
Employee+Spouse	\$177.43	\$186.30	\$195.17	\$204.04	\$221.79	\$239.53
Employee+Child(ren)	\$235.93	\$247.73	\$259.52	\$271.32	\$294.91	\$318.51
Family	\$391.39	\$410.96	\$430.53	\$450.10	\$489.24	\$528.38

<b>DENTAL</b>	<b>w/Medical enrollment</b>	<b><u>without Medical enrollment</u></b>	<b>VISION</b>	<b>w/Medical enrollment</b>	<b><u>without Medical enrollment</u></b>
Employee Only	\$19.16	\$38.31	Employee Only	\$3.45	\$6.90
Employee+Spouse	\$35.30	\$70.60	Employee+Spouse	\$6.56	\$13.11
Employee+Child(ren)	\$33.88	\$67.75	Employee+Child(ren)	\$6.90	\$13.80
Family	\$52.42	\$104.83	Family	\$10.14	\$20.28