



2024 Wellness Compliant Rates

Medical

If paid monthly	Option A	Option B	Option C
Employee only	\$17.44	\$49.83	\$108.14
Employee and child(ren)	\$74.19	\$143.96	\$276.91
Employee and spouse	\$89.70	\$178.28	\$350.17
Employee and family	\$114.06	\$260.23	\$504.84
Domestic partner*	\$508.20	\$565.30	\$614.45

If paid bi-weekly	Option A	Option B	Option C
Employee only	\$8.72	\$24.92	\$54.07
Employee and child(ren)	\$37.09	\$71.98	\$138.46
Employee and spouse	\$44.85	\$89.14	\$175.09
Employee and family	\$57.03	\$130.12	\$252.42
Domestic partner*	\$254.10	\$282.65	\$307.23

Note: The medical rates above include the premium credit. If you did not meet the requirements to earn the premium credit, please add \$33.33 per month or \$16.67 bi-weekly to the amounts shown above. If you also cover your spouse or domestic partner and neither you nor your spouse or domestic partner met the requirements to earn the premium credit, please add \$66.67 per month or \$33.33 bi-weekly to the amounts shown above.

Dental

	If paid monthly	If paid bi-weekly
Employee only	\$11.88	\$5.94
Employee and child(ren)	\$32.92	\$16.46
Employee and spouse	\$23.97	\$11.99
Employee and family	\$40.79	\$20.40
Domestic partner*	\$40.37	\$20.19

Vision

	If paid monthly	If paid bi-weekly
Employee only	\$4.02	\$2.01
Employee and child(ren)	\$8.10	\$4.05
Employee and spouse	\$9.10	\$4.55
Employee and family	\$11.10	\$5.55
Domestic partner*	\$8.04	\$4.02

* You may enroll your eligible domestic partner in medical, dental and vision coverage. You pay the entire cost of your domestic partner's coverage on an after-tax basis; there is no company subsidy. Coverage is available only for your domestic partner; his or her dependents are not eligible. These contributions are added to the medical, dental and vision contribution rates shown to cover yourself, or yourself and your dependent children.

Long-Term Disability (LTD)

	Per \$100 of Monthly Base Pay
Pre-tax	
50% (Company paid)	\$0.000
60%	\$0.062
70%	\$0.149
After-tax	
65%	\$0.544

Sample Calculation of LTD Contribution

	Calculation of Contribution
Pre-tax	
50% LTD of \$60,000 salary	No contribution (company-paid)
60% LTD of \$60,000 salary	$(\$60,000/12) \times 0.00062 = \3.100 , rounded to nearest penny = \$3.10 per month
70% LTD of \$60,000 salary	$(\$60,000/12) \times 0.00149 = \7.450 , rounded to nearest penny = \$7.45 per month
After-tax	
65% LTD of \$60,000 salary	$(\$60,000/12) \times 0.00544 = \27.200 , rounded to nearest penny = \$27.20 per month

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Employee Life Insurance

(Monthly cost, after-tax)

Basic	Per \$1,000 of Coverage
1x Pay (Company-paid)	\$0.00
Supplemental	1-10x Per \$1,000 of Coverage
Employee's Age on January 1, 2024	
<25	\$0.026
25-29	\$0.034
30-34	\$0.043
35-39	\$0.051
40-44	\$0.068
45-49	\$0.111
50-54	\$0.180
55-59	\$0.316
60-64	\$0.556
65-69	\$0.958
70+	\$1.351

Sample Calculation of Employee Life Insurance Contribution

- Employee is 28 years old as of January 1 of the current plan year.
- Annual base pay is \$60,000.

	Calculation of Contribution	
Basic		
1x	\$60,000	No contribution (company-paid)
Supplemental		
1x	$(\$60,000 \times \$0.034) / \$1,000$	= \$2.04 per month
2x	$(\$120,000 \times \$0.034) / \$1,000$	= \$4.08 per month
3x	$(\$180,000 \times \$0.034) / \$1,000$	= \$6.12 per month
4x	$(\$240,000 \times \$0.034) / \$1,000$	= \$8.16 per month
5x	$(\$300,000 \times \$0.034) / \$1,000$	= \$10.20 per month
6x	$(\$360,000 \times \$0.034) / \$1,000$	= \$12.24 per month
7x	$(\$420,000 \times \$0.034) / \$1,000$	= \$14.28 per month
8x	$(\$480,000 \times \$0.034) / \$1,000$	= \$16.32 per month
9x	$(\$540,000 \times \$0.034) / \$1,000$	= \$18.36 per month
10x	$(\$600,000 \times \$0.034) / \$1,000$	= \$20.40 per month

Note: Basic Life Insurance coverage is equal to your annual base pay (rounded to the next \$1,000). Maximum Basic and Supplemental Life Insurance combined coverage is 11 times annual base pay.

Dependent Life Insurance

(Monthly cost, after-tax)

Spouse or Domestic Partner**	Per \$1,000 of Coverage
Spouse or Domestic Partner's Age on January 1, 2024	
<25	\$0.02
25-29	\$0.03
30-34	\$0.04
35-39	\$0.05
40-44	\$0.07
45-49	\$0.10
50-54	\$0.17
55-59	\$0.29
60-64	\$0.49
65-69	\$0.84
70+	\$1.18
Coverage Amount for Child(ren)**	Flat Rate
\$2,500	\$0.15
\$5,000	\$0.30
\$10,000	\$0.60
\$15,000	\$0.90
\$20,000	\$1.20
\$25,000	\$1.50

Sample Calculation of Dependent Life Insurance Contribution

	Calculation of Contribution
Spouse or Domestic Partner's Age and Coverage	
<ul style="list-style-type: none"> Spouse or domestic partner is 28 years old as of January 1 of the current plan year. \$50,000 of coverage is selected. 	$(\$50,000 \times 0.03) / \$1,000 = \$1.50$ per month

** You can select \$5,000, \$10,000, \$25,000, \$50,000, \$100,000, \$150,000, \$200,000 or \$250,000 of spouse or domestic partner life insurance coverage. Coverage cannot exceed 100% of the life insurance amount you select for yourself.

*** Covers all eligible dependent children.