

2024 Employee Contributions for Benefits

Medical, Dental and Vision

	Non Exempt Professional Staff		Exempt Professional Staff		Associate/Counsel/Chief/Senior Director	Partner
	Less Than \$80,000	\$80,000 and Higher	Less Than \$80,000	\$80,000 and Higher		
CareFirst BlueCross BlueShield HDHP 1 – 2,000/4,000						
Employee Only	\$43.14	\$64.72	\$46.74	\$70.11	\$116.85	\$934.78
Employee Plus Spouse or Domestic Partner	\$181.20	\$226.50	\$196.31	\$245.38	\$343.54	\$1,963.05
Employee Plus Child(ren)	\$163.95	\$204.93	\$177.61	\$222.01	\$310.82	\$1,776.10
Family	\$258.86	\$323.58	\$280.44	\$350.55	\$490.77	\$2,804.36
CareFirst BlueCross BlueShield HDHP 2 – 4,000/8,000						
Employee Only	\$36.30	\$54.46	\$39.33	\$59.00	\$98.33	\$786.62
Employee Plus Spouse or Domestic Partner	\$152.48	\$190.60	\$165.19	\$206.49	\$289.08	\$1,651.90
Employee Plus Child(ren)	\$137.96	\$172.45	\$149.46	\$186.83	\$261.56	\$1,494.59
Family	\$217.83	\$272.29	\$235.99	\$294.99	\$412.98	\$2,359.87
MetLife Basic Dental Plan						
Employee Only	\$5.74	\$5.74	\$6.22	\$6.22	\$6.22	\$24.89
Two-Party	\$11.01	\$11.01	\$11.93	\$11.93	\$11.93	\$47.70
Family	\$17.35	\$17.35	\$18.80	\$18.80	\$18.80	\$75.20
MetLife PPO Dental Plan						
Employee Only	\$13.35	\$13.35	\$14.47	\$14.47	\$14.47	\$57.87
Two-Party	\$28.46	\$28.46	\$30.84	\$30.84	\$30.84	\$123.34
Family	\$42.46	\$42.46	\$46.00	\$46.00	\$46.00	\$183.99
VSP Vision Plan (Monthly Deduction)						
Employee Only	\$6.93	\$6.93	\$6.93	\$6.93	\$6.93	\$6.93
Two-Party	\$15.68	\$15.68	\$15.68	\$15.68	\$15.68	\$15.68
Family	\$15.68	\$15.68	\$15.68	\$15.68	\$15.68	\$15.68
Number of Pay Periods in 2024	26	26	24	24	24	12
Cost shown is per pay period unless otherwise noted						