



2024

COST OF COVERAGE

January 1-December 31, 2024

Contributions made from each paycheck toward your medical, dental, and vision benefit elections, as well as contributions to HSA, will automatically be deducted from your gross pay before Federal Income taxes and Social Security taxes are calculated. Since these contributions are deducted before your pay is taxed, you will end up paying lower taxes.

Voluntary Life/AD&D, Voluntary Short Term Disability, Voluntary Long Term Disability, Accident, Critical Illness, Hospital Indemnity, ID Theft, and Legal costs are deducted from your paycheck on an after tax basis.

Medical/Rx

Anthem	Bi-Weekly Rate		
	PPO 5000	HSA 3200	PPO 1500
Employee Only	\$34.62	\$48.92	\$61.85
Employee + Spouse	\$96.01	\$135.69	\$202.15
Employee + Child(ren)	\$77.40	\$109.38	\$197.54
Family	\$130.30	\$184.15	\$281.08

Anthem	Weekly Rate		
	PPO 5000	HSA 3200	PPO 1500
Employee Only	\$17.31	\$24.46	\$30.92
Employee + Spouse	\$48.00	\$67.85	\$101.08
Employee + Child(ren)	\$38.70	\$54.69	\$98.77
Family	\$65.15	\$92.08	\$140.54

Spouses that have coverage through their own employer will cost an additional \$100 per month if enrolled.

Vision

Anthem	Bi-Weekly Rate	Weekly Rate
Employee Only	\$3.31	\$1.65
Employee + Spouse	\$6.39	\$3.20
Employee + Child(ren)	\$7.09	\$3.55
Family	\$11.19	\$5.59

Dental

Anthem	Bi-Weekly Rate	
	Low	High
Employee Only	\$11.92	\$14.80
Employee + Spouse	\$24.31	\$30.23
Employee + Child(ren)	\$27.53	\$35.67
Family	\$41.85	\$51.97

Anthem	Weekly Rate	
	Low	High
Employee Only	\$5.96	\$7.40
Employee + Spouse	\$12.16	\$15.11
Employee + Child(ren)	\$13.77	\$17.84
Family	\$20.92	\$25.99



Voluntary Accident

Lincoln	Bi-Weekly Rate	Weekly Rate
Employee Only	\$4.62	\$2.31
Employee + Spouse	\$7.52	\$3.76
Employee + Child(ren)	\$8.01	\$4.00
Family	\$10.87	\$5.43

Hospital Indemnity

Lincoln	Bi-Weekly Rate	Weekly Rate
Employee Only	\$11.96	\$5.98
Employee + Spouse	\$26.04	\$13.02
Employee + Child(ren)	\$18.83	\$9.42
Family	\$34.37	\$17.18

Legal

ARAG	Bi-Weekly Rate	Weekly Rate
UltimateAdvisor	\$7.98	\$3.99
UltimateAdvisorPlus	\$10.82	\$5.41

ID Theft

LifeLock	Bi-Weekly Rate		Weekly Rate	
	Base	Premier	Base	Premier
Employee	\$3.23	\$3.69	\$1.61	\$1.84
Family	\$6.45	\$6.91	\$3.23	\$3.46

Rates depend on your age, and the coverage amount you elect for Voluntary Life/AD&D, Short Term Disability, Long Term Disability, and Critical Illness. Costs for this coverage will be provided in Paylocity during the enrollment process.



This Benefit Enrollment Guide is only intended to highlight some of the major benefit provisions of the Company plan and should not be relied upon as a complete detailed representation of the plan. Please refer to the plan's Summary Plan Descriptions for further detail. Should this guide differ from the Summary Plan Descriptions, the Summary Plan Descriptions prevail.