

FY2024 BI-WEEKLY MEDICAL AND DENTAL RATES

For the plan year that runs July 1, 2023 - June 30, 2024

Full-time Employee (30 - 40 hours per week)

Employer Medical (No HSA): \$557.20 **Employer Dental: \$15.71**

Employer Medical (HSA Single): \$536.37 and \$20.83 HSA Contribution

Employer Medical (HSA Family): \$515.54 and \$41.66 HSA Contribution

	Employee Only	Employee and Spouse	Employee and Child	Employee and Children	Employee, Spouse and Child	Employee, Spouse and Children
PPO	\$32.50	\$98.80	\$56.00	\$88.51	\$121.09	\$162.24
Traditional	\$42.50	\$131.75	\$73.28	\$117.90	\$161.76	\$217.15
High Deductible	\$0.00	\$23.97	\$8.27	\$20.25	\$32.03	\$46.91
Dental	\$5.90	\$18.90	\$18.34	\$36.51	\$31.34	\$53.41

Part-time Employee (20 - 29.9 hours per week)

Employer Medical (No HSA): \$445.76 **Employer Dental: \$12.57**

Employer Medical (HSA Single): \$424.93 and \$20.83 HSA Contribution

Employer Medical (HSA Family): \$404.10 and \$41.66 HSA Contribution

	Employee Only	Employee and Spouse	Employee and Child	Employee and Children	Employee, Spouse and Child	Employee, Spouse and Children
PPO	\$75.13	\$228.40	\$129.45	\$204.61	\$279.92	\$375.05
Traditional	\$98.25	\$304.57	\$169.40	\$272.55	\$373.94	\$501.98
High Deductible	\$16.77	\$72.18	\$35.89	\$63.58	\$90.81	\$125.21
Dental	\$6.73	\$21.56	\$20.92	\$41.65	\$35.75	\$60.92