

## FY2024 MONTHLY 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): \$1,114.40**                      **Employer Dental: \$31.42**

Employer Medical (HSA Single): \$1,072.74 and \$41.66 HSA Contribution

Employer Medical (HSA Family): \$1,031.08 and \$83.32 HSA Contribution

	Employee Only	Employee and Spouse	Employee and Child	Employee and Children	Employee, Spouse and Child	Employee, Spouse and Children
PPO	\$65.00	\$197.60	\$112.00	\$177.02	\$242.18	\$324.48
Traditional	\$85.00	\$263.50	\$146.56	\$235.80	\$323.52	\$434.30
High Deductible	\$0.00	\$47.94	\$16.54	\$40.50	\$64.06	\$93.82
Dental	\$11.80	\$37.80	\$36.68	\$73.02	\$62.68	\$106.82

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

**Employer Medical (No HSA): \$891.52**                      **Employer Dental: \$25.14**

Employer Medical (HSA Single): \$849.86 and \$41.66 HSA Contribution

Employer Medical (HSA Family): \$808.20 and \$83.32 HSA Contribution

	Employee Only	Employee and Spouse	Employee and Child	Employee and Children	Employee, Spouse and Child	Employee, Spouse and Children
PPO	\$150.26	\$456.80	\$258.90	\$409.22	\$559.84	\$750.10
Traditional	\$196.50	\$609.14	\$338.80	\$545.10	\$747.88	\$1,003.96
High Deductible	\$33.54	\$144.36	\$71.78	\$127.16	\$181.62	\$250.42
Dental	\$13.46	\$43.12	\$41.84	\$83.30	\$71.50	\$121.84