



2024 Medical Plans Employee Monthly/Annual Premium Cost

		Medical Insurance		
		2024 Monthly Employee Premium	2024 Bi-Weekly Employee Premium	2024 Annual Employee Premium
Spending Account Option	SB 3500/7000 HDHP Rx-Generics & Brand Name			
	Employee Only	\$162.20	\$74.86	\$1,946.40
	Employee & Child(ren)	\$470.55	\$217.18	\$5,646.60
	Employee & Spouse	\$568.87	\$262.56	\$6,826.44
	Family	\$618.18	\$285.31	\$7,418.16

		Medical Insurance		
		2024 Monthly Employee Premium	2024 Bi-Weekly Employee Premium	2024 Annual Employee Premium
Spending Account Option	SB 1800/3600 HDHP Rx-Generics & Brand Name			
	Employee Only	\$241.49	\$111.46	\$2,897.88
	Employee & Child(ren)	\$589.15	\$271.92	\$7,069.80
	Employee & Spouse	\$679.82	\$313.76	\$8,157.84
	Family	\$740.99	\$342.00	\$8,891.88

		Medical Insurance		
		2024 Monthly Employee Premium	2024 Bi-Weekly Employee Premium	2024 Annual Employee Premium
Spending Account Option	SB 40-1000 Rx-Generics Only			
	Employee Only	\$328.25	\$151.50	\$3,939.00
	Employee & Child(ren)	\$777.04	\$358.63	\$9,324.48
	Employee & Spouse	\$888.29	\$409.98	\$10,659.48
	Family	\$962.20	\$444.09	\$11,546.40

Health Savings Accounts (HSA): 2024 Annual Limits: \$4,150 - Single, \$8,350 - Family
Catch up Contribution (age 55+): \$1,000 additional

Flexible Spending Accounts (FSA): Annual Limits: \$3,050 - Medical FSA*
\$5,000 Dependent Care FSA

**For those who are enrolled in Medicare and an HDHP medical plan, a Medical FSA can be utilized because of being ineligible for an HSA.*

		Dental Insurance		
		2024 Monthly Employee Premium	2024 Bi-Weekly Employee Premium	2023 Annual Employee Premium
Spending Account Option	Excellus Dental - Low			
	Employee Only	\$31.18	\$14.39	\$374.16
	Employee & Children	\$68.62	\$31.67	\$823.44
	Employee & Spouse	\$62.39	\$28.80	\$748.68
	Family	\$93.58	\$43.19	\$1,122.96

		Dental Insurance		
		2024 Monthly Employee Premium	2024 Bi-Weekly Employee Premium	2023 Annual Employee Premium
Spending Account Option	Excellus Dental - High			
	Employee Only	\$40.54	\$18.71	\$486.48
	Employee & Children	\$89.21	\$41.17	\$1,070.52
	Employee & Spouse	\$81.09	\$37.43	\$973.08
	Family	\$121.62	\$56.13	\$1,459.44

		Vision Insurance		
		2024 Monthly Employee Premium	2024 Bi-Weekly Employee Premium	2023 Annual Employee Premium
Spending Account Option	EyeMed Vision Plan			
	Employee Only	\$6.25	\$2.88	\$75.00
	Employee & Child(ren)	\$11.86	\$5.47	\$142.32
	Employee & Spouse	\$11.23	\$5.18	\$134.76
	Family	\$18.74	\$8.65	\$224.88

		Life & AD&D Insurance		
		2024 Monthly Employee Premium	2024 Bi-Weekly Employee Premium	2023 Annual Employee Premium
Spending Account Option	Voluntary Life & Accidental Death Insurance			
	Rate per \$1,000 elected	Depends on Coverage Amt & Age		
	Dependent Spouse Life Insurance			
	\$5,000 or \$10,000 options	\$0.79 or \$1.57		\$9.48 or \$18.84
	Dependent Child(ren) Life Insurance			
\$2,000 or \$4,000 options	\$0.31 or \$0.63		\$3.72 or \$7.56	

		Cancer Protection		
		2024 Monthly Employee Premium	2024 Bi-Weekly Employee Premium	2023 Annual Employee Premium
Spending Account Option	Aflac Classic Plan			
	Employee/Emp & Child(ren)	\$32.89	\$15.18	\$394.68
	Employee/Spouse or Family	\$56.29	\$25.98	\$675.48