



# 2024 INSURANCE PREMIUM COSTS

Premiums are deducted bi-weekly

Insurance Plan	Coverage Level	Full Premium payroll deduction	Cost after Benefit Credits*	Cost after Benefit Credits* and Wellness Credit**
<b>MEDICAL</b>				
Empower HRA***	Employee	\$275.00	<b>\$35.00</b>	<b>\$5.25</b>
	Family	\$609.85	<b>\$369.85</b>	<b>\$340.10</b>
Empower HSA***	Employee	\$245.25	<b>\$5.25</b>	<b>\$(24.50)</b>
	Family	\$395.00	<b>\$155.00</b>	<b>\$125.25</b>
<b>Delta Dental PPO Plus Premier***</b>	Employee	\$16.00	<b>\$0.00</b>	
	Spouse or Child(ren)	\$37.62	<b>\$21.62</b>	
	Family	\$49.95	<b>\$33.95</b>	
<b>Basic Life and AD&amp;D \$50,000***</b>	Employee	\$3.22	<b>\$0.00</b>	
	Employee	\$5.60	<b>\$0.00</b>	
	Employee	\$5.60	<b>\$0.00</b>	
<b>EyeMed Vision***</b>	Employee	<b>\$2.43</b>		
	Plus One	<b>\$4.62</b>		
	Family	<b>\$6.78</b>		
<b>Supplemental Life and AD&amp;D</b>	Employee / Spouse	<b>Determined by age of covered person and coverage amount</b>	<u>Monthly Rate</u>	
			<u>per \$1,000 of Coverage:</u>	
			\$0.111	Under 30
			\$0.120	30-34
			\$0.138	35-39
			\$0.192	40-44
			\$0.299	45-49
			\$0.468	50-54
			\$0.709	55-59
			\$1.084	60-61
\$1.913	65-69			
\$3.499	70 and over			
Child(ren)		\$0.141	covers all enrolled children	

## \*BENEFIT CREDITS

SEH Benefit Credits provide an additional \$3.38 per hour to help reduce your benefit costs:

\$3.00	Medical
\$0.20	Dental
\$0.04	Basic Life and AD&D
\$0.07	Short Term Disability
\$0.07	Long Term Disability

**If working 40 hours per week, then \$270.40 in Benefit Credits are provided to reduce your insurance premium costs:**

\$240.00	Medical
\$ 16.00	Dental
\$ 3.22	Basic Life and AD&D
\$ 5.60	Short Term Disability
\$ 5.60	Long Term Disability

\*\*Wellness Credit value is \$29.75 per pay period and automatically given to first-time SEH Medical enrollees.

\*\*\*Premiums are deducted pre-tax.

Domestic partner premiums are deducted post-tax and the value of the coverage is taxed per IRS regulations.