

OPEN ENROLLMENT

2024 Group Insurance Biweekly Rates



TWO THOUSAND TWENTYFOUR

Medical

TIER LEVEL	First Choice Advantage HMO	Select Advantage HMO	HMO Advantage	POS Advantage
EMPLOYEE ONLY	\$0.00	\$0.00	\$75.00	\$100.00
EMPLOYEE + CHILD(REN)	\$112.02	\$141.00	\$180.17	\$285.86
EMPLOYEE + SPOUSE	\$134.71	\$166.00	\$208.35	\$344.54
EMPLOYEE + FAMILY	\$197.84	\$236.00	\$287.77	\$595.59

Dental

PLAN	EMPLOYEE ONLY		EMPLOYEE + 1		EMPLOYEE + FAMILY	
	STD	ENR	STD	ENR	STD	ENR
DELTACARE USA	\$0.00	\$0.56	\$3.00	\$3.97	\$7.04	\$9.02
DELTA DENTAL DPPO	\$0.00	\$5.19	\$12.46	\$22.70	\$27.86	\$44.40

HUMANA VISION		
	STD	ENR
EMPLOYEE ONLY	\$3.40	\$4.19
EMPLOYEE + 1	\$6.79	\$8.38
EMPLOYEE + FAMILY	\$12.20	\$15.41

FLEXIBLE SPENDING ACCOUNTS (FSA)	
	Contribution Limit
Healthcare FSA Only	\$3,050
Dependent Care FSA Only	\$5,000*

METLIFE Short Term Disability (STD)	Premium Per \$100 Weekly Benefit
Low Opt (\$500 max weekly benefit)	\$1.45
High Opt (\$1,000 max weekly benefit)	\$1.45

METLIFE Long Term Disability (LTD)	Premium Per \$100 of Covered Monthly Payroll
Low Opt (\$2,000 max monthly benefit)	\$1.75
High Opt (\$4,000 max monthly benefit)	\$2.10
Premier (\$7,000 max monthly benefit)	\$2.92

ARAG LEGAL INSURANCE	
EMPLOYEE ONLY	\$7.29
EMPLOYEE + 1	\$9.34
EMPLOYEE + FAMILY	\$9.61

