

2024 Price List (Full-Time)

Medical Plans		Employee Pre-Tax Cost			
		Tobacco		Non-Tobacco	
		Weekly	Bi-Weekly	Weekly	Bi-Weekly
Light	Single	\$17.77	\$35.54	\$6.23	\$12.46
	Employee + Spouse	\$35.42	\$70.85	\$23.88	\$47.77
	Employee + Child(ren)	\$33.21	\$66.42	\$21.67	\$43.34
	Family	\$44.05	\$88.10	\$32.51	\$65.02
Basic	Single	\$35.73	\$71.46	\$24.19	\$48.38
	Employee + Spouse	\$63.57	\$127.13	\$52.03	\$104.05
	Employee + Child(ren)	\$57.08	\$114.15	\$45.54	\$91.08
	Family	\$80.48	\$160.97	\$68.94	\$137.89
Choice Savings	Single	\$44.53	\$89.06	\$32.99	\$65.98
	Employee + Spouse	\$80.91	\$161.82	\$69.37	\$138.74
	Employee + Child(ren)	\$79.78	\$159.56	\$68.24	\$136.49
	Family	\$113.45	\$226.90	\$101.91	\$203.82
Premier	Single	\$93.45	\$186.90	\$81.91	\$163.83
	Employee + Spouse	\$182.95	\$365.89	\$171.41	\$342.82
	Employee + Child(ren)	\$165.98	\$331.95	\$154.44	\$308.88
	Family	\$262.23	\$524.46	\$250.69	\$501.38
<p>* New York State Surcharge: Employees with a New York state residence will be subject to a surcharge of \$10 Single/\$15 Employee + Spouse/\$15 Employee + Child(ren)/\$20 Family added to their monthly medical premium.</p> <p>Δ Non-tobacco discount must be re-elected each year. To apply for this discount, please agree to the non-tobacco statement when completing your online benefits enrollment.</p>					
Dental Plans		Employee Pre-Tax Cost			
		Weekly	Bi-Weekly		
Standard	Single	\$1.78	\$3.56		
	Employee + Spouse	\$3.69	\$7.38		
	Employee + Child(ren)	\$4.32	\$8.64		
	Family	\$6.29	\$12.59		
Premier	Single	\$5.64	\$11.28		
	Employee + Spouse	\$11.19	\$22.38		
	Employee + Child(ren)	\$12.69	\$25.38		
	Family	\$20.61	\$41.22		
Vision Plan		Employee Pre-Tax Cost			
		Weekly	Bi-Weekly		
Single		\$1.50	\$3.00		
Employee + Spouse		\$2.88	\$5.77		
Employee + Child(ren)		\$3.23	\$6.46		
Family		\$4.38	\$8.77		

Note: Deductions will be adjusted accordingly based on your pay cycle.

2024 Price List (Full-Time) Continued

Supplemental Disability			Employee After-Tax Cost	
Short-term: $\{(\text{Annual Benefits Salary} \times .014) \div 12\} - \20.22 core benefit = Monthly cost Example: $\{(\$52,000 \times .014) \div 12\} - \$20.22 = \$40.45$ per month Long-term: $(\text{Monthly Benefit Salary} \times \$0.20) \div 100 =$ Example: $(\$4,333 \times \$0.20) \div 100 = \$8.67$			$\$$ _____ monthly $\$$ _____ monthly	
Supplemental Life/AD&D and Dependent Life/AD&D Insurance			Employee After-Tax Cost	
Employee and Spouse rate per \$1,000		Child rate per \$1,000	Self: $\$$ _____ monthly Spouse: $\$$ _____ monthly Child: $\$$ _____ monthly	
Age < 30	\$0.156	\$0.20		
Age 30-39	\$0.210	Formula: Rate x Election \$1,000 Example: $\$0.318 \times \$50,000$ \$1,000 = \$15.90 per month		
Age 40-49	\$0.318			
Age 50-59	\$0.624			
Age 60-64	\$1.038			
Age 65-69	\$1.668			
Age 70+	\$2.694			
Employee Maximum: \$10,000 increments up to 5x annual wages (max. \$500,000). Spouse Maximum: \$5,000 increments up to ½ of employee's supp. amount (max. \$250,000). Children Maximum: \$2,000 increments up to ½ of employee's supp. amount (max. \$10,000).				
Flexible Spending Accounts			Employee Pre-Tax Cost	
Formula: $\text{Annual pledge} \div \text{months remaining in year} = \text{monthly contribution}$				
Healthcare: (minimum \$100; maximum \$3,200) Members enrolled in the Choice Savings medical plan may be automatically enrolled in an HSA, which will prevent participation in a Healthcare FSA. See your Employee Benefits Guide for details.			$\$$ _____ monthly	
Dependent Care: (minimum \$100; maximum \$5,000 or \$2,500 if married but filing separately)			$\$$ _____ monthly	

Note: Deductions will be adjusted accordingly based on your pay cycle.

Accident Insurance

Accident Rates		
Coverage Types	Weekly Rates (52 Pay Periods)	Bi-Weekly Rates (26 Pay Periods)
Employee	\$2.11	\$4.22
Employee + Spouse	\$4.22	\$8.44
Employee + Children	\$4.54	\$9.07
Family	\$6.65	\$13.30

Hospital Indemnity – Low Plan

Hospital Confinement Indemnity Rates Low Plan		
Coverage Types	Weekly Rates (52 Pay Periods)	Bi-Weekly Rates (26 Pay Periods)
Employee	\$2.17	\$4.34
Employee + Spouse	\$4.77	\$9.55
Employee + Children	\$3.83	\$7.66
Family	\$6.44	\$12.87

Hospital Indemnity – High Plan

Hospital Confinement Indemnity Rates High Plan		
Coverage Types	Weekly Rates (52 Pay Periods)	Bi-Weekly Rates (26 Pay Periods)
Employee	\$4.23	\$8.46
Employee + Spouse	\$9.30	\$18.61
Employee + Children	\$7.50	\$15.01
Family	\$12.58	\$25.16

Child(ren) birth to age 26; no limit to the number of children per family

Critical Illness

The table below shows how much you'll pay for Critical Illness insurance. Rates are dependent on your age and amount of coverage selected.

Employee: \$10,000 Spouse: \$10,000 Child(ren): \$5,000

Weekly Rates (52 Pay Periods) Includes Wellness Benefit Rider				
Attained Age	EE Only	EE+SP	EE+CH	Family
Under 30	\$0.90	\$1.80	\$1.19	\$2.09
30-39	\$1.27	\$2.54	\$1.56	\$2.83
40-49	\$2.52	\$5.03	\$2.80	\$5.32
50-59	\$4.55	\$9.09	\$4.83	\$9.38
60-64	\$7.18	\$14.35	\$7.47	\$14.64
65-69	\$7.18	\$14.35	\$7.47	\$14.64
70+	\$9.21	\$18.42	\$9.50	\$18.70

Bi-Weekly Rates (26 Pay Periods) Includes Wellness Benefit Rider				
Attained Age	EE Only	EE+SP	EE+CH	Family
Under 30	\$1.80	\$3.60	\$2.38	\$4.18
30-39	\$2.54	\$5.08	\$3.12	\$5.65
40-49	\$5.03	\$10.06	\$5.61	\$10.64
50-59	\$9.09	\$18.18	\$9.67	\$18.76
60-64	\$14.35	\$28.71	\$14.93	\$29.28
65-69	\$14.35	\$28.71	\$14.93	\$29.28
70+	\$18.42	\$36.83	\$18.99	\$37.41

Employee: \$20,000 Spouse: \$20,000 Child(ren): \$10,000

Weekly Rates (52 Pay Periods) Includes Wellness Benefit Rider				
Attained Age	EE Only	EE+SP	EE+CH	Family
Under 30	\$1.80	\$3.60	\$2.38	\$4.18
30-39	\$2.54	\$5.08	\$3.12	\$5.65
40-49	\$5.03	\$10.06	\$5.61	\$10.64
50-59	\$9.09	\$18.18	\$9.67	\$18.76
60-64	\$14.35	\$28.71	\$14.93	\$29.28
65-69	\$14.35	\$28.71	\$14.93	\$29.28
70+	\$18.42	\$36.83	\$18.99	\$37.41

Bi-Weekly Rates (26 Pay Periods) Includes Wellness Benefit Rider				
Attained Age	EE Only	EE+SP	EE+CH	Family
Under 30	\$3.60	\$7.20	\$4.75	\$8.35
30-39	\$5.08	\$10.15	\$6.23	\$11.31
40-49	\$10.06	\$20.12	\$11.22	\$21.28
50-59	\$18.18	\$36.37	\$19.34	\$37.52
60-64	\$28.71	\$57.42	\$29.86	\$58.57
65-69	\$28.71	\$57.42	\$29.86	\$58.57
70+	\$36.83	\$73.66	\$37.98	\$74.82

Employee: \$30,000 Spouse: \$30,000 Child(ren): \$15,000

Weekly Rates (52 Pay Periods) Includes Wellness Benefit Rider				
Attained Age	EE Only	EE+SP	EE+CH	Family
Under 30	\$2.70	\$5.40	\$3.57	\$6.27
30-39	\$3.81	\$7.62	\$4.67	\$8.48
40-49	\$7.55	\$15.09	\$8.41	\$15.96
50-59	\$13.64	\$27.28	\$14.50	\$28.14
60-64	\$21.53	\$43.06	\$22.40	\$43.93
65-69	\$21.53	\$43.06	\$22.40	\$43.93
70+	\$27.62	\$55.25	\$28.49	\$56.11

Bi-Weekly Rates (26 Pay Periods) Includes Wellness Benefit Rider				
Attained Age	EE Only	EE+SP	EE+CH	Family
Under 30	\$5.40	\$10.80	\$7.13	\$12.53
30-39	\$7.62	\$15.23	\$9.35	\$16.96
40-49	\$15.09	\$30.18	\$16.82	\$31.92
50-59	\$27.28	\$54.55	\$29.01	\$56.28
60-64	\$43.06	\$86.12	\$44.79	\$87.85
65-69	\$43.06	\$86.12	\$44.79	\$87.85
70+	\$55.25	\$110.49	\$56.98	\$112.22

2024 Price List (Part-Time)

Medical Plans	Employee Pre-Tax Cost	
	Weekly	Bi-Weekly
Single* Light Plan	\$23.08	\$46.15
Employee + Spouse* Light Plan	\$46.15	\$92.31
Employee + Child(ren)* Light Plan	\$46.15	\$92.31
Family* Light Plan	\$92.31	\$184.62
*New York State Surcharge: Employees with a New York state residence will be subject to a surcharge of \$10 Single/\$15 Employee + Spouse/\$15 Employee + Child(ren)/\$20 Family added to their monthly medical premium. See Glossary of Terms for more information.		

Note: Deductions will be adjusted accordingly based on your pay cycle.