

# 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: $\{(Annual\ Benefits\ Salary \times .014) \div 12\} - \$20.22\ core\ benefit = Monthly\ cost$ Example: $\{(\$52,000 \times .014) \div 12\} - \$20.22 = \$40.45\ per\ month$ Long-term: $(Monthly\ Benefit\ Salary \times \$0.20) \div 100 = Example: (\$4,333 \times \$0.20) \div 100 = \$8.67$		\$ _____ monthly \$ _____ monthly
Supplemental Life/AD&D and Dependent Life/AD&D Insurance		Employee After-Tax Cost
Employee and Spouse rate per \$1,000		Self: \$ _____ monthly Spouse: \$ _____ monthly Child: \$ _____ monthly
Age < 30	\$0.156	
Age 30-39	\$0.210	
Age 40-49	\$0.318	
Age 50-59	\$0.624	
Age 60-64	\$1.038	
Age 65-69	\$1.668	
Age 70+	\$2.694	
Child rate per \$1,000		
Formula: Rate x Election \$1,000 Example: \$0.318 x \$50,000 \$1,000 = \$15.90 per month		
Employee Maximum: \$10,000 increments up to 5x annual wages (max. \$500,000). Spouse Maximum: \$5,000 increments up to 1/2 of employee's supp. amount (max. \$250,000). Children Maximum: \$2,000 increments up to 1/2 of employee's supp. amount (max. \$10,000).		
Flexible Spending Accounts		Employee Pre-Tax Cost
Formula: Annual pledge ÷ months remaining in year = monthly contribution		
Healthcare: (minimum \$100; maximum \$3,050) 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.