

2024 Premiums

Medical Plan / Tier	Participant Share per Month (medical only)
B1000	
Employee Only	\$250
Employee and One Dependent	\$474
Family	\$650
C2000 w/ HRA	
Employee Only	\$209
Employee and One Dependent	\$397
Family	\$544
C3000 w/ HRA	
Employee Only	\$83
Employee and One Dependent	\$158
Family	\$216
H2000 w/ HSA	
Employee Only	\$185
Employee and One Dependent	\$351
Family	\$480
H2500 w/ HSA	
Employee Only	\$51
Employee and One Dependent	\$96
Family	\$131
H5000 w/ HSA	
Employee Only	\$0
Employee and One Dependent	\$0
Family	\$0

Dental Plan / Tier	2024 Monthly Rate
None	\$0
Passive PPO 2000	
Employee Only	\$48
Employee and One Dependent	\$95
Family	\$143
Dental PPO	
Employee Only	\$40
Employee and One Dependent	\$78
Family	\$118
Dental HMO	
Employee Only	\$16
Employee and One Dependent	\$30
Family	\$53

Vision Plan / Tier	2024 Monthly Rate
Exam Core	\$0
Full Service	
Employee Only	\$8.00
Employee and One Dependent	\$13.00
Family	\$20.00
Premier	
Employee Only	\$14.00
Employee and One Dependent	\$23.00
Family	\$36.00