



YOUR 2024 BENEFIT PREMIUMS

2024 Monthly Medical Premiums

COVERAGE	MEDICAL PROGRAM OPTION		
	HSA CORE	HSA VALUE	COPAY ADVANTAGE
Employee Only	\$555.49	\$614.99	\$673.48
Employee + Spouse	\$1,166.53	\$1,291.48	\$1,414.32
Employee + Child(ren)	\$1,118.85	\$1,234.14	\$1,304.98
Family	\$1,792.14	\$1,984.10	\$2,172.82

2024 Monthly Dental and Vision Premiums

COVERAGE	DENTAL PROGRAM OPTION		VISION PROGRAM OPTION	
	METLIFE PPO	METLIFE PPO PLUS	EYEMED	EYEMED ENHANCED
Employee Only	\$28.62	\$46.06	\$6.03	\$18.04
Employee + Spouse	\$57.21	\$92.11	\$11.02	\$32.95
Employee + Child(ren)	\$55.77	\$89.79	\$10.72	\$32.08
Family	\$84.39	\$135.84	\$14.83	\$44.37