



# YOUR 2024 BENEFIT PREMIUMS

## 2024 Monthly Medical Premiums

COVERAGE	MEDICAL PROGRAM OPTION		
	HSA CORE	HSA VALUE	COPAY ADVANTAGE
Employee Only	\$639.58	\$709.57	\$782.45
Employee + Spouse	\$1,389.85	\$1,536.84	\$1,643.15
Employee + Child(ren)	\$1,285.38	\$1,421.02	\$1,516.12
Family	\$2,114.50	\$2,340.33	\$2,524.38

## 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