



# YOUR 2024 BENEFIT PREMIUMS

## 2024 Monthly Medical Premiums

COVERAGE	MEDICAL PROGRAM OPTION		
	HSA CORE	HSA VALUE	COPAY ADVANTAGE
Employee Only	\$521.71	\$585.73	\$648.84
Employee + Spouse	\$1,095.59	\$1,230.04	\$1,362.57
Employee + Child(ren)	\$1,010.89	\$1,134.94	\$1,257.23
Family	\$1,683.16	\$1,889.71	\$2,093.32

## 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