



YOUR 2024 BENEFIT PREMIUMS

2024 Monthly Medical Premiums

COVERAGE	MEDICAL PROGRAM OPTION		
	HSA CORE	HSA VALUE	COPAY ADVANTAGE
Employee Only	\$581.92	\$654.52	\$726.62
Employee + Spouse	\$1,222.02	\$1,374.50	\$1,525.91
Employee + Child(ren)	\$1,170.05	\$1,310.74	\$1,407.94
Family	\$1,877.40	\$2,111.65	\$2,344.26

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