



YOUR 2024 BENEFIT PREMIUMS

2024 Monthly Medical Premiums

COVERAGE	MEDICAL PROGRAM OPTION		
	HSA CORE	HSA VALUE	COPAY ADVANTAGE
Employee Only	\$693.51	\$769.08	\$843.36
Employee + Spouse	\$1,456.38	\$1,615.06	\$1,771.06
Employee + Child(ren)	\$1,386.29	\$1,532.70	\$1,634.14
Family	\$2,237.44	\$2,481.22	\$2,720.88

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