

Consociate- Health Insurance - Bronze Plan NPPE3K36				Consociate- Health Insurance - Bronze Plan NPPE3K36			
ANNUALLY	Annual Premium	Board Paid Amount	Net Employee Cost	MONTHLY	Annual Premium	Board Paid Amount	Net Employee Cost
Type of Coverage					Type of Coverage		
Employee	\$7,777.80	\$6,877.80	\$900.00	\$648.15	Employee	\$6,877.80	\$900.00
Employee + Spouse	\$17,188.20	\$6,877.80	\$10,310.40	\$1,432.35	Employee + Spouse	\$6,877.80	\$10,310.40
Employee + Child(ren)	\$15,766.44	\$6,877.80	\$8,888.64	\$1,313.87	Employee + Child(ren)	\$6,877.80	\$8,888.64
Family	\$25,176.96	\$6,877.80	\$18,299.16	\$2,098.08	Family	\$6,877.80	\$18,299.16
PER PAY			22 PAYS		PER PAY		26 PAYS
Type of Coverage	Per Pay Premium	Board Paid Amount	Net Employee Cost		Type of Coverage	Board Paid Amount	Net Employee Cost
Employee	\$353.54	\$312.63	\$40.91		Employee	\$264.53	\$34.62
Employee + Spouse	\$781.29	\$312.63	\$468.66		Employee + Spouse	\$264.53	\$396.56
Employee + Child(ren)	\$716.66	\$312.63	\$404.03		Employee + Child(ren)	\$264.53	\$341.88
Family	\$1,144.41	\$312.63	\$831.78		Family	\$264.53	\$703.82
Consociate - Health Insurance - Silver Plan - MPETIV07				Consociate - Health Insurance - Silver Plan - MPETIV07			
ANNUALLY	Annual Premium	Board Paid Amount	Net Employee Cost	MONTHLY	Annual Premium	Board Paid Amount	Net Employee Cost
Type of Coverage					Type of Coverage		
Employee	\$7,777.80	\$6,877.80	\$900.00	\$648.15	Employee	\$6,877.80	\$900.00
Employee + Spouse	\$16,288.68	\$6,877.80	\$9,410.88	\$1,357.39	Employee + Spouse	\$6,877.80	\$9,410.88
Employee + Child(ren)	\$14,941.32	\$6,877.80	\$8,063.52	\$1,245.11	Employee + Child(ren)	\$6,877.80	\$8,063.52
Family	\$23,859.24	\$6,877.80	\$16,981.44	\$1,988.27	Family	\$6,877.80	\$16,981.44
PER PAY			22 PAYS		PER PAY		26 PAYS
Type of Coverage	Per Pay Premium	Board Paid Amount	Net Employee Cost		Type of Coverage	Board Paid Amount	Net Employee Cost
Employee	\$353.54	\$312.63	\$40.91		Employee	\$264.53	\$34.62
Employee + Spouse	\$740.40	\$312.63	\$427.77		Employee + Spouse	\$264.53	\$361.96
Employee + Child(ren)	\$679.15	\$312.63	\$366.52		Employee + Child(ren)	\$264.53	\$310.14
Family	\$1,084.51	\$312.63	\$771.88		Family	\$264.53	\$653.14

2024 PREMIUMS for 22 Pay Scale

2024 PREMIUMS for 26 Pay Scale

UHC - Dental Insurance DPPO

UHC - Dental Insurance DPPO

ANNUALLY		MONTHLY	22 PAYS	
Type of Coverage	Annual Premium	Board Paid Amount	Net Employee Cost	Net Employee Cost
Employee	\$498.00	\$498.00	\$0.00	\$0.00
Employee +1	\$999.96	\$498.00	\$501.96	\$501.96
Employee + Children	\$1,368.60	\$498.00	\$870.60	\$870.60
Family	\$1,368.60	\$498.00	\$870.60	\$870.60
PER PAY			22 PAYS	
Type of Coverage	Per Pay Premium	Board Paid Amount	Net Employee Cost	Net Employee Cost
Employee	\$22.64	\$22.64	\$0.00	\$0.00
Employee +1	\$45.46	\$22.64	\$22.82	\$19.30
Employee + Children	\$62.21	\$22.64	\$39.57	\$33.48
Family	\$62.21	\$22.64	\$39.57	\$33.48

Humana - Vision Insurance

Humana - Vision Insurance

ANNUALLY		MONTHLY	26 PAYS	
Type of Coverage	Annual Premium	Board Paid Amount	Net Employee Cost	Net Employee Cost
Employee	\$170.52	\$0.00	\$170.52	\$170.52
Employee + Spouse	\$287.52	\$0.00	\$287.52	\$287.52
Employee + Child(ren)	\$293.28	\$0.00	\$293.28	\$293.28
Family	\$463.80	\$0.00	\$463.80	\$463.80
PER PAY			22 PAYS	
Type of Coverage	Per Pay Premium	Board Paid Amount	Net Employee Cost	Net Employee Cost
Employee	\$7.75	\$0.00	\$7.75	\$6.56
Employee + Spouse	\$13.07	\$0.00	\$13.07	\$11.06
Employee + Child(ren)	\$13.33	\$0.00	\$13.33	\$11.28
Family	\$21.08	\$0.00	\$21.08	\$17.84

UHC - Life and AD&D Insurance

UHC - Life and AD&D Insurance

ANNUALLY		MONTHLY	26 PAYS	
Type of Coverage	Annual Premium	Board Paid Amount	Net Employee Cost	Net Employee Cost
Employee	\$24.00	\$24.00	\$0.00	\$0.00
PER PAY			22 PAYS	
Type of Coverage	Per Pay Premium	Board Paid Amount	Net Employee Cost	Net Employee Cost
Employee	\$1.09	\$1.09	\$0.00	\$0.00

ANNUALLY		MONTHLY	26 PAYS	
Type of Coverage	Annual Premium	Board Paid Amount	Net Employee Cost	Net Employee Cost
Employee	\$498.00	\$41.50	\$0.00	\$0.00
Employee +1	\$999.96	\$83.33	\$501.96	\$501.96
Employee + Child(ren)	\$1,368.60	\$114.05	\$870.60	\$870.60
Family	\$1,368.60	\$114.05	\$870.60	\$870.60
PER PAY			22 PAYS	
Type of Coverage	Per Pay Premium	Board Paid Amount	Net Employee Cost	Net Employee Cost
Employee	\$19.16	\$19.16	\$0.00	\$0.00
Employee +1	\$38.46	\$19.16	\$19.16	\$19.30
Employee + Child(ren)	\$52.64	\$19.16	\$39.57	\$33.48
Family	\$52.64	\$19.16	\$39.57	\$33.48

ANNUALLY		MONTHLY	26 PAYS	
Type of Coverage	Annual Premium	Board Paid Amount	Net Employee Cost	Net Employee Cost
Employee	\$170.52	\$0.00	\$170.52	\$170.52
Employee + Spouse	\$287.52	\$0.00	\$287.52	\$287.52
Employee + Child(ren)	\$293.28	\$0.00	\$293.28	\$293.28
Family	\$463.80	\$0.00	\$463.80	\$463.80
PER PAY			26 PAYS	
Type of Coverage	Per Pay Premium	Board Paid Amount	Net Employee Cost	Net Employee Cost
Employee	\$6.56	\$0.00	\$6.56	\$6.56
Employee + Spouse	\$11.06	\$0.00	\$11.06	\$11.06
Employee + Child(ren)	\$11.28	\$0.00	\$11.28	\$11.28
Family	\$17.84	\$0.00	\$17.84	\$17.84

ANNUALLY		MONTHLY	26 PAYS	
Type of Coverage	Annual Premium	Board Paid Amount	Net Employee Cost	Net Employee Cost
Employee	\$24.00	\$24.00	\$0.00	\$0.00
PER PAY			26 PAYS	
Type of Coverage	Per Pay Premium	Board Paid Amount	Net Employee Cost	Net Employee Cost
Employee	\$0.92	\$0.92	\$0.00	\$0.00