

Paying For Benefits – 2024

Plan	Your Monthly Cost
\$2,000 Deductible PPO	
Employee Only	\$938.99
Employee + Spouse	\$2,065.78
Employee + Child(ren)	\$1,971.87
Employee + Spouse + Child(ren)	\$3,004.77
\$3,200 Deductible HDHP	
Employee Only	\$858.91
Employee + Spouse	\$1,889.60
Employee + Child(ren)	\$1,803.72
Employee + Spouse + Child(ren)	\$2,748.53
\$5,000 Deductible HDHP	
Employee Only	\$824.18
Employee + Spouse	\$1,813.21
Employee + Child(ren)	\$1,648.39
Employee + Spouse + Child(ren)	\$2,637.42
Dental Plan	
Individual Coverage	\$44.12
Two Persons	\$86.22
Family Coverage	\$119.11
Vision Plan	
Individual Coverage	\$6.41
Two Persons	\$12.81
Family Coverage	\$20.62