

2024 BENEFIT PREMIUMS (BIWEEKLY)

MEDICAL	BCBSTX HDHP	BCBSTX PPO	KAISER HMO
ANNUAL BASE SALARY <\$150,000			
Employee Only	\$71.75	\$152.73	\$119.07
Employee + Spouse	\$154.78	\$311.60	\$244.76
Employee + Child(ren)	\$135.30	\$273.68	\$213.89
Family	\$213.20	\$445.88	\$341.78
ANNUAL BASE SALARY \$150,000			
Employee Only	\$91.23	\$176.30	\$145.53
Employee + Spouse	\$184.50	\$363.88	\$284.45
Employee + Child(ren)	\$160.93	\$316.73	\$249.17
Family	\$258.30	\$518.65	\$396.90
DENTAL	DELTA DENTAL PPO		DELTA DENTAL DHMO
Employee Only	\$15.50		\$7.00
Employee + Spouse	\$27.00		\$15.00
Employee + Child(ren)	\$29.00		\$17.00
Family	\$41.40		\$25.00
VISION	EYEMED	CHILD LIFE	THE HARTFORD
RATE PER \$1,000 OF BENEFIT			
Employee Only	\$4.08		\$0.046
Employee + Spouse	\$7.75		
Employee + Child(ren)	\$8.16		
Family	\$11.99		
OPTIONAL LIFE (EMPLOYEE & SPOUSE)	THE HARTFORD	OPTIONAL AD&D	THE HARTFORD
RATES/\$1,000 (BIWEEKLY)		RATES/\$1,000 (BIWEEKLY)	
Under 30	\$0.066	Employee	\$0.016
30 - 34	\$0.083	Spouse	\$0.027
35 - 39	\$0.108	Child	\$0.027
40 - 44	\$0.141	REDUCE MEDICAL PREMIUMS BY SIMPLY... Completing a Biometric Screening and receive up to \$600 annual credit for you and your spouse, if applicable.	
45 - 49	\$0.208		
50 - 54	\$0.349		
55 - 59	\$0.639		
60 - 64	\$0.797		
65 - 69	\$1.436		
70+	\$2.324		
LEGAL PLANS	LEGAL SHIELD	ID SHIELD	COMBINED
Employee Only	\$6.90	\$3.90	\$10.80
Family	\$7.36	\$7.36	\$13.34

2024 COBRA BENEFIT PREMIUMS

MEDICAL	BCBSIL HDHP	BCBSIL PPO	KAISER HMO
Employee Only	\$820.21	\$852.12	\$818.07
Employee + Spouse	\$1,722.44	\$1,789.45	\$1,734.31
Employee + Child(ren)	\$1,589.29	\$1,651.10	\$1,488.88
Family	\$2,646.21	\$2,749.13	\$2,478.74
DENTAL	DELTA DENTAL PPO	DELTA DENTAL DHMO	
Employee Only	\$45.40	\$17.17	
Employee + Spouse	\$77.97	\$34.29	
Employee + Child(ren)	\$85.07	\$37.72	
Family	\$120.51	\$56.11	
VISION	EYEMED		
Employee Only	\$9.01		
Employee + Spouse	\$17.13		
Employee + Child(ren)	\$18.02		
Family	\$26.49		