



2024 ACTIVE FULL-TIME EMPLOYEE BENEFIT RATES

ACTIVE FULL-TIME EMPLOYEE MEDICAL PLAN(S) RATES (12) MONTHLY / (24) BI-WEEKLY RATES			
COVERAGE ELECTION	LOW DEDUCTIBLE		HIGH DEDUCTIBLE
EMPLOYEE ONLY	(12) Monthly \$75.00 (24) Bi-Weekly \$37.50	(12) Monthly \$-0- (24) Bi-Weekly \$-0-	
EMPLOYEE & SPOUSE	(12) Monthly \$220.00 (24) Bi-Weekly \$110.00	(12) Monthly \$80.00 (24) Bi-Weekly \$40.00	
EMPLOYEE & CHILD/CHILDREN	(12) Monthly \$210.00 (24) Bi-Weekly \$105.00	(12) Monthly \$70.00 (24) Bi-Weekly \$35.00	
EMPLOYEE & FAMILY	(12) Monthly \$355.00 (24) Bi-Weekly \$177.50	(12) Monthly \$150.00 (24) Bi-Weekly \$75.00	

ACTIVE FULL-TIME EMPLOYEE DENTAL PLAN(S) RATES (12) MONTHLY / (24) BI-WEEKLY RATES			
COVERAGE ELECTION	DHMO	PPO LOW PLAN	PPO HIGH PLAN
EMPLOYEE ONLY	(12) Monthly \$11.67 (24) Bi-Weekly \$5.81	(12) Monthly \$19.49 (24) Bi-Weekly \$9.75	(12) Monthly \$56.60 (24) Bi-Weekly \$28.30
EMPLOYEE & 1 DEP	(12) Monthly \$23.34 (24) Bi-Weekly \$11.67	(12) Monthly \$38.71 (24) Bi-Weekly \$19.36	(12) Monthly \$85.15 (24) Bi-Weekly \$42.58
EMPLOYEE & FAMILY	(12) Monthly \$33.95 (24) Bi-Weekly \$16.98	(12) Monthly \$57.17 (24) Bi-Weekly \$28.59	(12) Monthly \$147.53 (24) Bi-Weekly \$73.77

ACTIVE FULL-TIME EMPLOYEE VISION PLAN(S) RATES (12) MONTHLY / (24) BI-WEEKLY RATES		
COVERAGE ELECTION	LOW PLAN (12/12/24)	HIGH PLAN (12/12/12)
EMPLOYEE ONLY	(12) Monthly \$6.94 (24) Bi-Weekly \$3.47	(12) Monthly \$9.21 (24) Bi-Weekly \$4.61
EMPLOYEE + FAMILY	(12) Monthly \$17.47 (24) Bi-Weekly \$8.74	(12) Monthly \$21.36 (24) Bi-Weekly \$10.68

Active Full-Time Employee Disability Plan(s) Rates			
Weekly Benefit	Up to \$2000 a week	Benefits are tax free to the employee	
Employee:	Weekly Benefit:	Elimination Period:	Maximum Benefit :
Option	Percentage	Injury/Sickness	Duration
Choice 1	50%	30/30 days	9 weeks
Choice 2	60%	14/14 days	11 weeks
Choice 3	66.6667%	0/7 days	13 weeks

Rates are based on: Employee age, salary and benefit selected. Employees that do not enroll when first eligible can apply during annual enrollments based EOI form.



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ACTIVE FULL-TIME EMPLOYEE LIFE INSURANCE RATES (12) MONTHLY / (24) BI-WEEKLY RATES	
Basic Group Term Life & Accidental Death & Dismemberment (Employer paid) \$20,000. - To age 70 \$13,000. - 35% coverage reduction @ age 70 thru 74 \$10,000. - 50% coverage reduction @ age 75 & older **For eligible full-time employees only**	\$ -0- (Employer Paid)
Basic Dependent Term Life / Life Coverage only, no AD&D Spouse-\$2,000 Child- \$1,000	(12) Monthly \$0.62 (24) Bi-Weekly \$0.31
Voluntary Term Life Coverage / Life coverage only, no AD&D age 30 and under \$.09 Rate X \$1,000 of Salary 31-39 \$.14 Rate X \$1,000 of Salary 40-45 \$.23 Rate X \$1,000 of Salary 46-50 \$.38 Rate X \$1,000 of Salary 51-55 \$.61 Rate X \$1,000 of Salary 56-60 \$.97 Rate X \$1,000 of Salary 61-65 \$ 1.39 Rate X \$1,000 of Salary 66-69 \$ 2.29 Rate X \$1,000 of Salary * 70 + \$ 3.63 Rate X \$1,000 of Salary * 35% coverage reduction @ age 70 thru 74 and 50% coverage reduction @ age 75 & older	Coverage is based on age range & coverage selection. The maximum amount offered is the lesser of 5x annual salary or \$5000.
Dependent Spouse Life Based on age range of employee and selected amount (Cannot exceed 50% of employee benefit selection) Eligible to increase in increments of \$5k	When first eligible a dependent spouse is guaranteed insurability up to \$25k (no EOI)
Dependent Child/ren Life Newborns to 15 days old will be covered for \$1000 16 days and older will be covered for \$10k	When first eligible a dependent child/ren is guaranteed insurability with no EOI
ACTIVE FULL-TIME EMPLOYEE CRITICAL ILLNESS	
Eligible Individuals	Benefit Amount
Employee	\$10k, \$20k, \$30k, \$40k and \$50k
Spouse	50% of the employee initial benefit
Child(ren)	50% of the employee initial benefit
Rates are based on age of the employee and amount of coverage selection. No EOI Required	

ACTIVE FULL-TIME EMPLOYEE ACCIDENT INSURANCE	
Eligibility	Bi-Weekly Rate
Employee	\$3.70
Employee + Spouse	\$7.27
Employee + Child/Children	\$8.75
Employee + Family	\$10.32
No EOI Required	



2024 ACTIVE FULL-TIME EMPLOYEE BENEFIT RATES

ACTIVE FULL-TIME EMPLOYEE I.R.S. SECTION 125 CAFETERIA PLAN PARTICIPATION FEES (12) MONTHLY / (24) BI-WEEKLY RATES	
PREMIUM ACCOUNT	(12) Monthly \$0.85 (Employer Paid) (24) Bi-Weekly \$0.43 (Employer Paid)
FLEXIBLE SPENDING ACCOUNT (BENNY CARD)	(12) Monthly \$1.75 (24) Bi-Weekly \$0.88
DEPENDENT DAYCARE REIMBURSEMENT ACCOUNT	(12) Monthly \$1.75 (24) Bi-Weekly \$0.88

I.R.S. SECTION 457 OPTIONAL DEFERRED COMPENSATION PLAN FULL-TIME ACTIVE EMPLOYEES
CONTRIBUTIONS ARE PAID 100% BY THE PARTICIPATING EMPLOYEE THROUGH PAYROLL DEDUCTION ACROSS ALL PAY PERIODS IN THE CALENDAR YEAR

SHORT TERM DISABILITY Premium based on Salary and the Benefit Period Selected (Post Tax) (12) Monthly & (24) Bi-Weekly Deductions			
EE ONLY COVERAGE ELECTION	50% Benefit	60% Benefit	66% Benefit
LONG TERM DISABILITY Premium based on Salary and the Benefit Period Selected (Post Tax) (12) Monthly & (24) Bi-Weekly Deductions			
EE ONLY COVERAGE ELECTION	50% Benefit	60% Benefit	66% Benefit

EMPLOYEE ASSISTANCE PROGRAM (ACTIVE FULL-TIME EMPLOYEES AND RETIREES PARTICIPATING IN MEDICAL PLAN)	
8 Visits per issue	\$ -0- (Employer Paid)

COBRA MEDICAL COVERAGE Effective 1.01.2024 MONTHLY RATES		
COVERAGE ELECTION	LOW DEDUCTIBLE	HIGH DEDUCTIBLE
EMPLOYEE ONLY	\$1576	\$1493
EMPLOYEE + SPOUSE	\$1821	\$1582
SPOUSE ONLY	\$1597	\$1463
EMPLOYEE + CHILD/CHILDREN	\$1806	\$1567
CHILD/CHILDREN ONLY	\$1687	\$1638
EMPLOYEE + FAMILY	\$2164	\$1657
FAMILY ONLY	\$1866	\$1612

SEE NEXT PAGE FOR RETIREE MEDICAL PLAN RATES



2024 RETIREE MEDICAL PLAN RATES

RETIREE MEDICAL PLAN RATES (QUALIFIES UNDER 15 OR 25 YR REQUIREMENTS)		
MONTHLY RATES		
COVERAGE ELECTION	LOW DEDUCTIBLE	HIGH DEDUCTIBLE
EMPLOYEE ONLY	\$76.00	\$0-
EMPLOYEE & SPOUSE	\$224.00	\$81.00
EMPLOYEE & CHILD/CHILDREN	\$213.00	\$71.00
EMPLOYEE & FAMILY	\$361.00	\$152.00

RETIREE MEDICAL PLAN RATES (DOES NOT QUALIFY UNDER 15 OR 25 YR REQUIREMENTS)		
MONTHLY RATES		
COVERAGE ELECTION	LOW DEDUCTIBLE	HIGH DEDUCTIBLE
EMPLOYEE ONLY	\$1237	\$ 1030
EMPLOYEE & SPOUSE	\$1515	\$1175
EMPLOYEE & CHILD/CHILDREN	\$1494	\$1154
EMPLOYEE & FAMILY	\$1762	\$1309