

2024 Benefit Rates

What you pay each pay period for insurance depends on how many people you cover and which plan you choose. The grids show what you would pay each pay period for each plan in 2024.

Medical Rates

Tobacco-free Premiums

Your Cost Per Pay Period (Every Two Weeks)

| | Employee | Employee + Spouse/DP | Employee + Children | Family |
|-----------------------------------|----------|----------------------|---------------------|--------|
| CORE High Deductible Plan* | 43.56 | 152.45 | 137.93 | 217.78 |
| Choice Plus High Deductible Plan* | 45.26 | 209.13 | 189.21 | 298.75 |
| CORE Copay Plan | 47.29 | 165.52 | 149.76 | 236.45 |
| Choice Plus Copay Plan | 50.39 | 232.80 | 210.62 | 332.57 |

Tobacco User Premiums

Your Cost Per Pay Period (Every Two Weeks)

| | Employee | Employee + Spouse/DP | Employee + Children | Family |
|-----------------------------------|----------|----------------------|---------------------|--------|
| CORE High Deductible Plan* | 47.60 | 166.61 | 150.74 | 238.02 |
| Choice Plus High Deductible Plan* | 49.47 | 228.56 | 206.79 | 326.52 |
| CORE Copay Plan | 51.68 | 180.90 | 163.67 | 258.42 |
| Choice Plus Copay Plan | 55.07 | 254.43 | 230.20 | 363.47 |

* Up to a \$500 Fairview matching contribution (\$1,000 for families) if you contribute to an HSA

MNA Medical Rates

Tobacco-free Premiums

Your Cost Per Pay Period (Every Two Weeks)

| | Employee | Employee + Spouse/DP | Employee + Children | Family |
|--------|----------|----------------------|---------------------|----------|
| MNA I | 106.89 | 699.87 | 699.87 | 851.57 |
| MNA II | 156.58 | 3,128.64 | 3,128.64 | 3,777.10 |

Tobacco User Premiums

Your Cost Per Pay Period (Every Two Weeks)

| | Employee | Employee + Spouse/DP | Employee + Children | Family |
|--------|----------|----------------------|---------------------|----------|
| MNA I | 110.35 | 703.33 | 703.33 | 855.03 |
| MNA II | 160.04 | 3,132.10 | 3,132.10 | 3,780.56 |

Dental Rates

Your Cost Per Pay Period (Every Two Weeks)

| | Employee | Employee + Spouse/DP | Employee + Children | Family |
|----------------------------|----------|----------------------|---------------------|--------|
| Delta Dental Base Plan | 0.00 | 13.77 | 24.49 | 38.27 |
| Delta Dental Enhanced Plan | 0.00 | 18.74 | 33.31 | 52.05 |

Vision Rates

Your Cost Per Pay Period (Every Two Weeks)

| | Employee | Employee + Spouse/DP | Employee + Children | Family |
|-----------------|----------|----------------------|---------------------|--------|
| VSP Vision Plan | 1.52 | 3.05 | 3.26 | 5.22 |

Voluntary Benefits

Your Cost Per Pay Period (Every Two Weeks)

Critical Illness Plans – MetLife (Low Plan \$15,000)

| Age | Employee | Employee + Spouse/DP | Employee + Children | Family |
|-------|----------|----------------------|---------------------|--------|
| <25 | 2.22 | 4.43 | 3.05 | 5.26 |
| 25-29 | 2.35 | 4.85 | 3.18 | 5.68 |
| 30-34 | 3.12 | 6.16 | 3.95 | 6.99 |
| 35-39 | 3.53 | 7.13 | 4.36 | 7.96 |
| 40-44 | 4.02 | 8.65 | 4.85 | 9.48 |
| 45-49 | 5.68 | 12.67 | 6.51 | 13.50 |
| 50-54 | 7.82 | 18.14 | 8.65 | 19.04 |
| 55-59 | 10.73 | 25.41 | 11.56 | 26.24 |
| 60-64 | 14.19 | 34.55 | 15.02 | 35.38 |
| 65-69 | 19.25 | 47.98 | 20.08 | 48.81 |
| 70+ | 28.66 | 69.37 | 29.49 | 70.27 |

Critical Illness Plans – MetLife (High Plan \$30,000)

| Age | Employee | Employee + Spouse/DP | Employee + Children | Family |
|-------|----------|----------------------|---------------------|--------|
| <25 | 4.43 | 8.86 | 6.09 | 10.52 |
| 25-29 | 4.71 | 9.69 | 6.37 | 11.35 |
| 30-34 | 6.23 | 12.32 | 7.89 | 13.98 |
| 35-39 | 7.06 | 14.26 | 8.72 | 15.92 |
| 40-44 | 8.03 | 17.31 | 9.69 | 18.97 |
| 45-49 | 11.35 | 25.34 | 13.02 | 27.00 |
| 50-54 | 15.65 | 36.28 | 17.31 | 38.08 |
| 55-59 | 21.46 | 50.82 | 23.12 | 52.48 |
| 60-64 | 28.38 | 69.09 | 30.05 | 70.75 |
| 65-69 | 38.49 | 95.95 | 40.15 | 97.62 |
| 70+ | 57.32 | 138.74 | 58.98 | 140.54 |

Accident Plans - MetLife

| | Employee | Employee + Spouse/DP | Employee + Children | Family |
|-----------|----------|----------------------|---------------------|--------|
| Low Plan | 1.20 | 2.50 | 2.59 | 3.24 |
| High Plan | 2.12 | 4.37 | 4.51 | 5.65 |

Hospital Indemnity Plans - MetLife

| | Employee | Employee + Spouse/DP | Employee + Children | Family |
|-----------|----------|----------------------|---------------------|--------|
| Low Plan | 3.80 | 6.85 | 6.00 | 9.05 |
| High Plan | 7.50 | 13.52 | 11.83 | 17.85 |

Identity Theft Plan – Allstate

| | Employee | Family |
|---------------------|----------|--------|
| Identity Theft Plan | 3.67 | 6.44 |

Legal Plan - ARAG

| | Family |
|------------|--------|
| Legal Plan | 8.82 |