

# 2024 MEDICAL PREMIUM RATES

COVERAGE	PAY CYCLE	PPO	HSA 1600	HSA 3200
<b>Employee Only</b>	Annual	\$2,149.68	\$1954.20	\$926.28
	Semi-Monthly	\$89.57	\$81.43	\$38.60
	Bi-Weekly	\$82.68	\$75.16	\$35.63
	Weekly	\$41.34	\$37.58	\$17.81
<b>Employee + Spouse/ Domestic Partner</b>	Annual	\$3,553.08	\$3,230.04	\$1,248.36
	Semi-Monthly	\$148.08	\$134.59	\$52.02
	Bi-Weekly	\$136.66	\$124.23	\$48.84
	Weekly	\$68.33	\$62.12	\$24.01
<b>EE + Child(ren)</b>	Annual	\$3,106.80	\$2,824.32	\$1,087.80
	Semi-Monthly	\$129.45	\$117.68	\$45.33
	Bi-Weekly	\$119.49	\$108.63	\$41.84
	Weekly	\$59.75	\$54.31	\$20.92
<b>Employee + Family</b>	Annual	\$4,527.00	\$4,115.40	\$1,409.73
	Semi-Monthly	\$188.63	\$171.48	\$58.74
	Bi-Weekly	\$174.12	\$159.28	\$54.22
	Weekly	\$87.06	\$79.14	\$27.11