

Employee costs are in Italics - Calculated at 80/20% Premium Split

Licensed Employee* Full Time - Single Policy	Plan	Employee Out-of-Pocket Maximum by Plan	HRA/HSA** Funding by Employer 2003-2027	Annual Out-of-Pocket Exposure for Employee After HRA/HSA**	Total Monthly Premium 7/1/2024	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Monthly Premium Share	Total Employee Annual Premium & Out-of-Pocket Exposure
Single	Platinum	\$2,800	\$1,900	\$900	\$1,202.97	\$14,435.64	\$10,555.30	\$3,880.34	\$323.36	\$4,780.34
Single	Gold	\$3,100	\$1,900	\$1,200	\$1,177.89	\$14,134.68	\$10,555.30	\$3,579.38	\$298.28	\$4,779.38
Single	Gold CDHP	\$2,500	\$1,900	\$600	\$1,099.51	\$13,194.12	\$10,555.30	\$2,638.82	\$219.90	\$3,238.82
Single	Silver CDHP	\$4,000	\$1,900	\$2,100	\$1,013.90	\$12,166.80	\$9,733.44	\$2,433.36	\$202.78	\$4,533.36
<i>*If you are unsure if these costs apply to you, see "What employee segment am I in?" on our website.</i>										
<i>**HSA only available on Silver Plan</i>										
<i>Employer premium contributions for the <u>Platinum and Gold Plans</u> are identical to the employer premium contribution to the <u>Gold CDHP</u>.</i>										
<i>Premiums are set on a fiscal-year basis. These rates reflect changes as of July 1, 2024.</i>										

Licensed Employee* Full Time - Self & Spouse Policy	Plan	Employee Out-of-Pocket Maximum by Plan	HRA/HSA** Funding by Employer 2003-2027	Annual Out-of-Pocket Exposure for Employee After HRA/HSA**	Total Monthly Premium 7/1/2024	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Monthly Premium Share	Total Employee Annual Premium & Out-of-Pocket Exposure
Self & Spouse	Platinum	\$5,600	\$4,000	\$1,600	\$2,405.95	\$28,871.40	\$19,823.33	\$9,048.07	\$754.01	\$10,648.07
Self & Spouse	Gold	\$6,200	\$4,000	\$2,200	\$2,355.79	\$28,269.48	\$19,823.33	\$8,446.15	\$703.85	\$10,646.15
Self & Spouse	Gold CDHP	\$5,000	\$4,000	\$1,000	\$2,064.93	\$24,779.16	\$19,823.33	\$4,955.83	\$412.99	\$5,955.83
Self & Spouse	Silver CDHP	\$8,000	\$4,000	\$4,000	\$2,027.82	\$24,333.84	\$19,467.07	\$4,866.77	\$405.56	\$8,866.77
<i>*If you are unsure if these costs apply to you, see "What employee segment am I in?" on our website.</i>										
<i>**HSA only available on Silver Plan</i>										
<i>Employer premium contributions for the <u>Platinum and Gold Plans</u> are identical to the employer premium contribution to the <u>Gold CDHP</u>.</i>										
<i>Premiums are set on a fiscal-year basis. These rates reflect changes as of July 1, 2024.</i>										

Licensed Employee* Full Time - Parent/Child(ren) Policy	Plan	Employee Out-of-Pocket Maximum by Plan	HRA/HSA** Funding by Employer 2003-2027	Annual Out-of-Pocket Exposure for Employee After HRA/HSA**	Total Monthly Premium 7/1/2024	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Monthly Premium Share	Total Employee Annual Premium & Out-of-Pocket Exposure
Parent/Child(ren)	Platinum	\$5,600	\$4,000	\$1,600	\$2,011.55	\$24,138.60	\$16,318.85	\$7,819.75	\$651.65	\$9,419.75
Parent/Child(ren)	Gold	\$6,200	\$4,000	\$2,200	\$1,971.27	\$23,655.24	\$16,318.85	\$7,336.39	\$611.37	\$9,536.39
Parent/Child(ren)	Gold CDHP	\$5,000	\$4,000	\$1,000	\$1,699.88	\$20,398.56	\$16,318.85	\$4,079.71	\$339.98	\$5,079.71
Parent/Child(ren)	Silver CDHP	\$8,000	\$4,000	\$4,000	\$1,709.17	\$20,510.04	\$16,408.03	\$4,102.01	\$341.83	\$8,102.01
<i>*If you are unsure if these costs apply to you, see "What employee segment am I in?" on our website.</i>										
<i>**HSA only available on Silver Plan</i>										
<i>Employer premium contributions for the <u>Platinum and Gold Plans</u> are identical to the employer premium contribution to the <u>Gold CDHP</u>.</i>										
<i>Premiums are set on a fiscal-year basis. These rates reflect changes as of July 1, 2024.</i>										

Licensed Employee* Full Time - Family Policy	Plan	Employee Out-of-Pocket Maximum by Plan	HRA/HSA** Funding by Employer 2003-2027	Annual Out-of-Pocket Exposure for Employee After HRA/HSA**	Total Monthly Premium 7/1/2024	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Monthly Premium Share	Total Employee Annual Premium & Out-of-Pocket Exposure
Family	Platinum	\$5,600	\$4,000	\$1,600	\$3,403.19	\$40,838.28	\$29,238.24	\$11,600.04	\$966.67	\$13,200.04
Family	Gold	\$6,200	\$4,000	\$2,200	\$3,334.30	\$40,011.60	\$29,238.24	\$10,773.36	\$897.78	\$12,973.36
Family	Gold CDHP	\$5,000	\$4,000	\$1,000	\$3,045.65	\$36,547.80	\$29,238.24	\$7,309.56	\$609.13	\$8,309.56
Family	Silver CDHP	\$8,000	\$4,000	\$4,000	\$2,885.25	\$34,623.00	\$27,698.40	\$6,924.60	\$577.05	\$10,924.60
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<i>**HSA only available on Silver Plan</i>										
<i>Employer premium contributions for the <u>Platinum and Gold Plans</u> are identical to the employer premium contribution to the <u>Gold CDHP</u>.</i>										
<i>Premiums are set on a fiscal-year basis. These rates reflect changes as of July 1, 2024.</i>										

updated 03.29.2024