

## 2024 Benefit Premiums

# Hourly rate of \$18.50 and under

Premiums are shown per paycheck, deducted 26 pay periods per year.



■ **Medical Plan (Before-Tax)** Includes prescription and behavioral health coverage.

	WellSpan Plus		WellSpan Standard		WellSpan HDHP	
	Wellness Incentive*	no Wellness Incentive	Wellness Incentive*	no Wellness Incentive	Wellness Incentive*	no Wellness Incentive
<b>Full-Time</b>						
Employee	\$32.08	\$57.08	\$17.54	\$42.54	\$12.46	\$37.46
Employee + Spouse	\$120.00	\$145.00	\$94.15	\$119.15	\$67.85	\$92.85
Employee + Children	\$96.00	\$121.00	\$75.23	\$100.23	\$37.85	\$62.85
Family	\$127.38	\$152.38	\$102.00	\$127.00	\$85.38	\$110.38
<b>Part-Time 1 and Weekend Option</b>						
Employee	\$87.69	\$112.69	\$85.38	\$110.38	\$59.08	\$84.08
Employee + Spouse	\$235.81	\$260.81	\$228.00	\$253.00	\$175.38	\$200.38
Employee + Children	\$194.52	\$219.52	\$198.92	\$223.92	\$143.54	\$168.54
Family	\$246.96	\$271.96	\$245.54	\$270.54	\$210.00	\$235.00
<b>Part-Time 2</b>						
Employee	\$281.08	\$306.08	\$204.46	\$229.46	\$138.00	\$163.00
Employee + Spouse	\$689.08	\$714.08	\$538.15	\$563.15	\$395.54	\$420.54
Employee + Children	\$606.46	\$631.46	\$474.46	\$499.46	\$331.85	\$356.85
Family	\$742.15	\$767.15	\$579.23	\$604.23	\$424.62	\$449.62

\*Team Members who meet the requirements for the Wellness Incentive receive \$25.00 per paycheck towards the cost of medical plan premiums.

■ **Dental Plan (Before-Tax)**

	Delta Dental	Population Health Dental
<b>Full-Time</b>		
Employee	\$4.06	\$4.61
Employee + Spouse	\$8.88	\$10.17
Employee + Children	\$12.69	\$14.52
Family	\$17.77	\$20.34
<b>Part-Time 1 and Weekend Option</b>		
Employee	\$10.12	\$13.81
Employee + Spouse	\$18.38	\$17.33
Employee + Children	\$26.26	\$24.74
Family	\$36.76	\$34.64
<b>Part-Time 2</b>		
Employee	\$12.94	\$20.54
Employee + Spouse	\$25.88	\$41.07
Employee + Children	\$29.76	\$44.15
Family	\$42.06	\$58.53

■ **Vision Plan (Before-Tax)**

	Standard Plan	Buy-Up Plan
<b>Full-Time</b>		
Employee	\$1.05	\$2.62
Employee + Spouse	\$2.47	\$7.21
Employee + Children	\$2.47	\$7.21
Family	\$2.47	\$7.21
<b>Part-Time 1 and Weekend Option</b>		
Employee	\$1.58	\$3.15
Employee + Spouse	\$3.70	\$8.44
Employee + Children	\$3.70	\$8.44
Family	\$3.70	\$8.44
<b>Part-Time 2</b>		
Employee	\$2.63	\$4.20
Employee + Spouse	\$6.17	\$10.91
Employee + Children	\$6.17	\$10.91
Family	\$6.17	\$10.91

### ■ Supplemental Employee Life Insurance (After-Tax)

Per \$1,000 of coverage (rounded)	
Your Age	
Under 25	\$0.023
25 – 29	\$0.028
30 – 34	\$0.037
35 – 39	\$0.042
40 – 44	\$0.046
45 – 49	\$0.069
50 – 54	\$0.106
55 – 59	\$0.198
60 – 64	\$0.305
65 – 69	\$0.586
70 and older	\$0.951

### ■ Spouse Life Insurance (After-Tax)

Per \$1,000 of coverage (rounded)	
Your Spouse's Age	
Under 25	\$0.027
25 – 29	\$0.032
30 – 34	\$0.042
35 – 39	\$0.048
40 – 44	\$0.053
45 – 49	\$0.080
50 – 54	\$0.122
55 – 59	\$0.228
60 – 64	\$0.350
65 – 69	\$0.674
70 and older	\$1.093

### ■ Child Life Insurance (After-Tax)

Coverage	
\$ 2,500	\$0.18
\$ 5,000	\$0.37
\$10,000	\$0.74

### ■ AD&D (After-Tax)

Spouse	\$0.012 per \$1,000 of benefit coverage
Child	\$0.012 per \$1,000 of benefit coverage
Supplemental Employee	\$0.010 per \$1,000 of benefit coverage

### ■ LTD Buy-Up (After-Tax)

\$0.050 per \$100 of monthly covered income
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### ■ MetLife Legal (After-Tax)

High Plan	\$3.81	Low Plan	\$1.91
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## Employment Status Definitions

- **Full-time employees:** have a regular schedule of at least 70 hours per pay period (FTE of .875 to 1.0).
- **Part-time 1 employees:** have a regular schedule of 32 to 69 hours per pay period (FTE at least .40 but less than .875).
- **Part-time 2 employees:** have a regular schedule of less than 32 hours per pay period (FTE less than .40).
- **Weekend Option employees:** have a regular schedule with a specified time commitment for weekend coverage.
- **PRN employees:** do not have a regular schedule but work on an “as needed” basis.

All team members are eligible to pay the full-time rates for the medical plan if they have an FTE of .75 or worked an average of 30 hours per week during the prior year. HR counts your hours each September and will let you know if you qualify for the upcoming plan year.

**NOTE:** If you aren't sure what your hourly rate is, you can find it by logging onto Lawson and going to your individual Dashboard, found under *My Position Information*.

## 2024 Benefit Premiums

# Hourly rate of \$18.51 to \$33.66

Premiums are shown per paycheck, deducted 26 pay periods per year.



■ **Medical Plan (Before-Tax)** Includes prescription and behavioral health coverage.

	WellSpan Plus		WellSpan Standard		WellSpan HDHP	
	Wellness Incentive*	no Wellness Incentive	Wellness Incentive*	no Wellness Incentive	Wellness Incentive*	no Wellness Incentive
<b>Full-Time</b>						
Employee	\$36.35	\$61.35	\$18.00	\$43.00	\$12.92	\$37.92
Employee + Spouse	\$128.31	\$153.31	\$95.54	\$120.54	\$69.23	\$94.23
Employee + Children	\$103.38	\$128.38	\$76.62	\$101.62	\$38.77	\$63.77
Family	\$137.86	\$162.86	\$103.85	\$128.85	\$86.77	\$111.77
<b>Part-Time 1 and Weekend Option</b>						
Employee	\$94.15	\$119.15	\$85.85	\$110.85	\$59.54	\$84.54
Employee + Spouse	\$249.66	\$274.66	\$229.38	\$254.38	\$176.31	\$201.31
Employee + Children	\$208.83	\$233.83	\$199.85	\$224.85	\$144.46	\$169.46
Family	\$260.79	\$285.79	\$246.92	\$271.92	\$210.92	\$235.92
<b>Part-Time 2</b>						
Employee	\$282.92	\$307.92	\$205.38	\$230.38	\$138.92	\$163.92
Employee + Spouse	\$694.15	\$719.15	\$540.92	\$565.92	\$397.38	\$422.38
Employee + Children	\$610.62	\$635.62	\$476.77	\$501.77	\$333.69	\$358.69
Family	\$747.23	\$772.23	\$582.00	\$607.00	\$426.92	\$451.92

\*Team Members who meet the requirements for the Wellness Incentive receive \$25.00 per paycheck towards the cost of medical plan premiums.

■ **Dental Plan (Before-Tax)**

	Delta Dental	Population Health Dental
<b>Full-Time</b>		
Employee	\$4.06	\$4.61
Employee + Spouse	\$8.88	\$10.17
Employee + Children	\$12.69	\$14.52
Family	\$17.77	\$20.34
<b>Part-Time 1 and Weekend Option</b>		
Employee	\$10.12	\$13.81
Employee + Spouse	\$18.38	\$17.33
Employee + Children	\$26.26	\$24.74
Family	\$36.76	\$34.64
<b>Part-Time 2</b>		
Employee	\$12.94	\$20.54
Employee + Spouse	\$25.88	\$41.07
Employee + Children	\$29.76	\$44.15
Family	\$42.06	\$58.53

■ **Vision Plan (Before-Tax)**

	Standard Plan	Buy-Up Plan
<b>Full-Time</b>		
Employee	\$1.05	\$2.62
Employee + Spouse	\$2.47	\$7.21
Employee + Children	\$2.47	\$7.21
Family	\$2.47	\$7.21
<b>Part-Time 1 and Weekend Option</b>		
Employee	\$1.58	\$3.15
Employee + Spouse	\$3.70	\$8.44
Employee + Children	\$3.70	\$8.44
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<b>Part-Time 2</b>		
Employee	\$2.63	\$4.20
Employee + Spouse	\$6.17	\$10.91
Employee + Children	\$6.17	\$10.91
Family	\$6.17	\$10.91

### ■ Supplemental Employee Life Insurance *(After-Tax)*

Per \$1,000 of coverage (rounded)	
Your Age	
Under 25	\$0.023
25 – 29	\$0.028
30 – 34	\$0.037
35 – 39	\$0.042
40 – 44	\$0.046
45 – 49	\$0.069
50 – 54	\$0.106
55 – 59	\$0.198
60 – 64	\$0.305
65 – 69	\$0.586
70 and older	\$0.951

### ■ Spouse Life Insurance *(After-Tax)*

Per \$1,000 of coverage (rounded)	
Your Spouse's Age	
Under 25	\$0.027
25 – 29	\$0.032
30 – 34	\$0.042
35 – 39	\$0.048
40 – 44	\$0.053
45 – 49	\$0.080
50 – 54	\$0.122
55 – 59	\$0.228
60 – 64	\$0.350
65 – 69	\$0.674
70 and older	\$1.093

### ■ Child Life Insurance *(After-Tax)*

Coverage	
\$ 2,500	\$0.18
\$ 5,000	\$0.37
\$10,000	\$0.74

### ■ AD&D *(After-Tax)*

Spouse	\$0.012 per \$1,000 of benefit coverage
Child	\$0.012 per \$1,000 of benefit coverage
Supplemental Employee	\$0.010 per \$1,000 of benefit coverage

### ■ LTD Buy-Up *(After-Tax)*

\$0.050 per \$100 of monthly covered income
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### ■ MetLife Legal *(After-Tax)*

High Plan	\$3.81	Low Plan	\$1.91
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## Employment Status Definitions

- **Full-time employees:** have a regular schedule of at least 70 hours per pay period (FTE of .875 to 1.0).
- **Part-time 1 employees:** have a regular schedule of 32 to 69 hours per pay period (FTE at least .40 but less than .875).
- **Part-time 2 employees:** have a regular schedule of less than 32 hours per pay period (FTE less than .40).
- **Weekend Option employees:** have a regular schedule with a specified time commitment for weekend coverage.
- **PRN employees:** do not have a regular schedule but work on an “as needed” basis.

All team members are eligible to pay the full-time rates for the medical plan if they have an FTE of .75 or worked an average of 30 hours per week during the prior year. HR counts your hours each September and will let you know if you qualify for the upcoming plan year.

**NOTE:** If you aren't sure what your hourly rate is, you can find it by logging onto Lawson and going to your individual Dashboard, found under *My Position Information*.

## 2024 Benefit Premiums

# Hourly rate of \$33.67 to \$72.12

Premiums are shown per paycheck, deducted 26 pay periods per year.



■ **Medical Plan (Before-Tax)** Includes prescription and behavioral health coverage.

	WellSpan Plus		WellSpan Standard		WellSpan HDHP	
	Wellness Incentive*	no Wellness Incentive	Wellness Incentive*	no Wellness Incentive	Wellness Incentive*	no Wellness Incentive
<b>Full-Time</b>						
Employee	\$43.45	\$68.45	\$18.92	\$43.92	\$13.38	\$38.38
Employee + Spouse	\$155.04	\$180.04	\$98.31	\$123.31	\$69.69	\$94.69
Employee + Children	\$128.71	\$153.71	\$78.46	\$103.46	\$39.23	\$64.23
Family	\$166.90	\$191.90	\$106.62	\$131.62	\$87.69	\$112.69
<b>Part-Time 1 and Weekend Option</b>						
Employee	\$107.08	\$132.08	\$87.23	\$112.23	\$60.00	\$85.00
Employee + Spouse	\$291.23	\$316.23	\$232.62	\$257.62	\$177.23	\$202.23
Employee + Children	\$239.08	\$264.08	\$203.08	\$228.08	\$144.92	\$169.92
Family	\$296.31	\$321.31	\$250.62	\$275.62	\$212.31	\$237.31
<b>Part-Time 2</b>						
Employee	\$289.85	\$314.85	\$208.62	\$233.62	\$139.38	\$164.38
Employee + Spouse	\$710.31	\$735.31	\$549.23	\$574.23	\$399.69	\$424.69
Employee + Children	\$624.92	\$649.92	\$484.15	\$509.15	\$335.08	\$360.08
Family	\$764.77	\$789.77	\$591.23	\$616.23	\$429.23	\$454.23

\*Team Members who meet the requirements for the Wellness Incentive receive \$25.00 per paycheck towards the cost of medical plan premiums.

■ **Dental Plan (Before-Tax)**

	Delta Dental	Population Health Dental
<b>Full-Time</b>		
Employee	\$4.06	\$4.61
Employee + Spouse	\$8.88	\$10.17
Employee + Children	\$12.69	\$14.52
Family	\$17.77	\$20.34
<b>Part-Time 1 and Weekend Option</b>		
Employee	\$10.12	\$13.81
Employee + Spouse	\$18.38	\$17.33
Employee + Children	\$26.26	\$24.74
Family	\$36.76	\$34.64
<b>Part-Time 2</b>		
Employee	\$12.94	\$20.54
Employee + Spouse	\$25.88	\$41.07
Employee + Children	\$29.76	\$44.15
Family	\$42.06	\$58.53

■ **Vision Plan (Before-Tax)**

	Standard Plan	Buy-Up Plan
<b>Full-Time</b>		
Employee	\$1.05	\$2.62
Employee + Spouse	\$2.47	\$7.21
Employee + Children	\$2.47	\$7.21
Family	\$2.47	\$7.21
<b>Part-Time 1 and Weekend Option</b>		
Employee	\$1.58	\$3.15
Employee + Spouse	\$3.70	\$8.44
Employee + Children	\$3.70	\$8.44
Family	\$3.70	\$8.44
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### ■ Supplemental Employee Life Insurance *(After-Tax)*

Per \$1,000 of coverage (rounded)	
Your Age	
Under 25	\$0.023
25 – 29	\$0.028
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40 – 44	\$0.046
45 – 49	\$0.069
50 – 54	\$0.106
55 – 59	\$0.198
60 – 64	\$0.305
65 – 69	\$0.586
70 and older	\$0.951

### ■ Spouse Life Insurance *(After-Tax)*

Per \$1,000 of coverage (rounded)	
Your Spouse's Age	
Under 25	\$0.027
25 – 29	\$0.032
30 – 34	\$0.042
35 – 39	\$0.048
40 – 44	\$0.053
45 – 49	\$0.080
50 – 54	\$0.122
55 – 59	\$0.228
60 – 64	\$0.350
65 – 69	\$0.674
70 and older	\$1.093

### ■ Child Life Insurance *(After-Tax)*

Coverage	
\$ 2,500	\$0.18
\$ 5,000	\$0.37
\$10,000	\$0.74

### ■ AD&D *(After-Tax)*

Spouse	\$0.012 per \$1,000 of benefit coverage
Child	\$0.012 per \$1,000 of benefit coverage
Supplemental Employee	\$0.010 per \$1,000 of benefit coverage

### ■ LTD Buy-Up *(After-Tax)*

\$0.050 per \$100 of monthly covered income
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### ■ MetLife Legal *(After-Tax)*

High Plan	\$3.81	Low Plan	\$1.91
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## Employment Status Definitions

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## 2024 Benefit Premiums

# Hourly rate of \$72.13 and above

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■ **Medical Plan (Before-Tax)** Includes prescription and behavioral health coverage.

	WellSpan Plus		WellSpan Standard		WellSpan HDHP	
	Wellness Incentive*	no Wellness Incentive	Wellness Incentive*	no Wellness Incentive	Wellness Incentive*	no Wellness Incentive
<b>Full-Time</b>						
Employee	\$52.77	\$77.77	\$20.77	\$45.77	\$15.23	\$40.23
Employee + Spouse	\$173.13	\$198.13	\$104.31	\$129.31	\$76.15	\$101.15
Employee + Children	\$144.39	\$169.39	\$84.00	\$109.00	\$42.92	\$67.92
Family	\$186.12	\$211.12	\$113.54	\$138.54	\$95.54	\$120.54
<b>Part-Time 1 and Weekend Option</b>						
Employee	\$115.85	\$140.85	\$88.15	\$113.15	\$60.46	\$85.46
Employee + Spouse	\$311.08	\$336.08	\$235.38	\$260.38	\$179.08	\$204.08
Employee + Children	\$268.62	\$293.62	\$205.38	\$230.38	\$146.77	\$171.77
Family	\$334.62	\$359.62	\$253.38	\$278.38	\$214.62	\$239.62
<b>Part-Time 2</b>						
Employee	\$295.85	\$320.85	\$210.92	\$235.92	\$141.23	\$166.23
Employee + Spouse	\$724.15	\$749.15	\$554.77	\$579.77	\$403.85	\$428.85
Employee + Children	\$637.38	\$662.38	\$489.23	\$514.23	\$338.77	\$363.77
Family	\$780.00	\$805.00	\$597.23	\$622.23	\$433.38	\$458.38

\*Team Members who meet the requirements for the Wellness Incentive receive \$25.00 per paycheck towards the cost of medical plan premiums.

■ **Dental Plan (Before-Tax)**

	Delta Dental	Population Health Dental
	<b>Full-Time</b>	
Employee	\$4.06	\$4.61
Employee + Spouse	\$8.88	\$10.17
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### ■ Spouse Life Insurance *(After-Tax)*

Per \$1,000 of coverage (rounded)	
Your Spouse's Age	
Under 25	\$0.027
25 – 29	\$0.032
30 – 34	\$0.042
35 – 39	\$0.048
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45 – 49	\$0.080
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60 – 64	\$0.350
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### ■ Child Life Insurance *(After-Tax)*

Coverage	
\$ 2,500	\$0.18
\$ 5,000	\$0.37
\$10,000	\$0.74

### ■ AD&D *(After-Tax)*

Spouse	\$0.012 per \$1,000 of benefit coverage
Child	\$0.012 per \$1,000 of benefit coverage
Supplemental Employee	\$0.010 per \$1,000 of benefit coverage

### ■ LTD Buy-Up *(After-Tax)*

\$0.050 per \$100 of monthly covered income
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### ■ MetLife Legal *(After-Tax)*

High Plan	\$3.81	Low Plan	\$1.91
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