

# 2023 Benefit Premiums for Bargaining Unit Team Members

with an hourly rate of \$16.50 and UNDER\*

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



## Healthy Living

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

	WellSpan Plus		WellSpan Standard		WellSpan HDHP	
	With Wellness Incentive*	Without Wellness Incentive	With Wellness Incentive*	Without Wellness Incentive	With Wellness Incentive*	Without Wellness Incentive
<b>Full-Time</b>						
Employee	\$ 32.07	\$ 45.92	\$ 17.53	\$ 31.38	\$ 12.46	\$ 26.31
Employee + Children	\$ 96.00	\$109.85	\$ 75.23	\$ 89.08	\$ 37.84	\$ 51.69
Employee + Spouse	\$120.00	\$133.85	\$ 94.15	\$108.00	\$ 67.84	\$ 81.69
Family	\$127.38	\$141.23	\$102.00	\$115.85	\$ 85.38	\$ 99.23
<b>Part-Time 1 and Weekend Option</b>						
Employee	\$ 87.69	\$101.54	\$ 66.00	\$ 99.23	\$ 59.07	\$ 72.92
Employee + Children	\$194.52	\$208.37	\$198.92	\$212.77	\$143.53	\$157.38
Employee + Spouse	\$235.81	\$249.66	\$228.00	\$241.85	\$175.38	\$189.23
Family	\$246.96	\$260.81	\$245.53	\$259.38	\$210.00	\$223.85
<b>Part-Time 2 and PRN</b>						
Employee	\$281.07	\$294.92	\$204.46	\$218.31	\$138.00	\$151.85
Employee + Children	\$606.46	\$620.31	\$474.46	\$488.31	\$331.84	\$345.69
Employee + Spouse	\$689.07	\$702.92	\$538.15	\$552.00	\$395.53	\$409.38
Family	\$742.15	\$756.00	\$579.23	\$593.00	\$424.61	\$438.46

\*Team members who meet the requirements for the Wellness Incentive receive \$13.85 per paycheck towards the cost of medical plan premiums.

## Dental Plan (Before-Tax)

	Delta Dental	Population Health Dental
	<b>Full-Time</b>	
Employee	\$ 3.69	\$ 4.61
Employee + Spouse	\$ 8.08	\$ 10.17
Employee + Children	\$ 11.54	\$ 14.52
Family	\$ 16.15	\$ 20.34
<b>Part-Time 1 and Weekend Option</b>		
Employee	\$ 9.20	\$ 13.81
Employee + Spouse	\$ 16.71	\$ 17.33
Employee + Children	\$ 23.87	\$ 24.74
Family	\$ 33.42	\$ 34.64
<b>Part-Time 2 and PRN</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	\$ 1.10	\$ 2.60
Employee + Spouse	\$ 2.60	\$ 6.51
Employee + Children	\$ 2.60	\$ 6.51
Family	\$ 2.60	\$ 6.51
<b>Part-Time 1 and Weekend Option</b>		
Employee	\$ 1.74	\$ 3.24
Employee + Spouse	\$ 4.04	\$ 7.95
Employee + Children	\$ 4.04	\$ 7.95
Family	\$ 4.04	\$ 7.95
<b>Part-Time 2 and PRN</b>		
Employee	\$ 2.92	\$ 3.50
Employee + Spouse	\$ 6.86	\$ 9.09
Employee + Children	\$ 6.86	\$ 9.09
Family	\$ 6.86	\$ 9.09



\*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."





## Money Matters

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

Per \$1,000 of coverage (rounded)	
Your Age	
Under 25	\$0.03
25-29	\$0.03
30-34	\$0.04
35-39	\$0.05
40-44	\$0.05
45-49	\$0.08
50-54	\$0.12
55-59	\$0.22
60-64	\$0.33
65-69	\$0.64
70 and older	\$1.03

### Spouse Life Insurance (After-Tax)

Per \$1,000 of coverage (rounded)	
Your Spouse's Age	
Under 25	\$0.03
25-29	\$0.04
30-34	\$0.05
35-39	\$0.05
40-44	\$0.06
45-49	\$0.09
50-54	\$0.13
55-59	\$0.25
60-64	\$0.38
65-69	\$0.73
70 and older	\$1.19

### Child Life Insurance (After-Tax)

Coverage	
\$ 2,500	\$ 0.20
\$ 5,000	\$ 0.40
\$ 10,000	\$ 0.80

### AD&D (After-Tax)

<b>Spouse</b>	\$0.0125 per \$1,000 of benefit coverage
<b>Child</b>	\$0.0125 per \$1,000 of benefit coverage
<b>Supplemental Employee</b>	\$0.011 per \$1,000 of benefit coverage

### Long Term Disability Buy-Up (After-Tax)

\$0.065 per \$100 of monthly covered income

### 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.

*Note that 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.*



## Balanced Lifestyle

### MetLife Legal (After-Tax)

High Plan: \$7.62	Low Plan: \$3.81
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# 2023 Benefit Premiums for Bargaining Unit Team Members with an hourly rate of \$16.51 to \$33.66\*

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



## Healthy Living

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

	WellSpan Plus		WellSpan Standard		WellSpan HDHP	
	With Wellness Incentive*	Without Wellness Incentive	With Wellness Incentive*	Without Wellness Incentive	With Wellness Incentive*	Without Wellness Incentive
<b>Full-Time</b>						
Employee	\$ 36.34	\$ 50.19	\$ 18.00	\$ 31.85	\$ 12.92	\$ 26.77
Employee + Children	\$103.38	\$117.23	\$ 76.61	\$ 90.46	\$ 38.77	\$ 52.62
Employee + Spouse	\$128.30	\$142.15	\$ 95.53	\$109.38	\$ 69.23	\$ 83.08
Family	\$137.86	\$151.71	\$103.84	\$117.69	\$ 86.77	\$100.62
<b>Part-Time 1 and Weekend Option</b>						
Employee	\$ 94.15	\$108.00	\$ 66.00	\$ 99.69	\$ 59.53	\$ 73.38
Employee + Children	\$208.83	\$222.68	\$199.84	\$213.69	\$144.46	\$158.31
Employee + Spouse	\$249.65	\$263.50	\$229.38	\$243.23	\$176.30	\$190.15
Family	\$260.78	\$274.63	\$246.92	\$260.77	\$210.92	\$224.77
<b>Part-Time 2 and PRN</b>						
Employee	\$282.92	\$296.77	\$205.38	\$219.23	\$138.92	\$152.77
Employee + Children	\$610.61	\$624.46	\$476.77	\$490.62	\$333.69	\$347.54
Employee + Spouse	\$694.15	\$708.00	\$540.92	\$554.77	\$397.38	\$411.23
Family	\$747.23	\$761.08	\$582.00	\$595.85	\$426.92	\$440.77

\*Team members who meet the requirements for the Wellness Incentive receive \$13.85 per paycheck towards the cost of medical plan premiums.

## Dental Plan (Before-Tax)

	Delta Dental	Population Health Dental
	<b>Full-Time</b>	
Employee	\$ 3.69	\$ 4.61
Employee + Spouse	\$ 8.08	\$ 10.17
Employee + Children	\$ 11.54	\$ 14.52
Family	\$ 16.15	\$ 20.34
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Employee	\$ 9.20	\$ 13.81
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Employee + Children	\$ 23.87	\$ 24.74
Family	\$ 33.42	\$ 34.64
<b>Part-Time 2 and PRN</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	\$ 1.10	\$ 2.60
Employee + Spouse	\$ 2.60	\$ 6.51
Employee + Children	\$ 2.60	\$ 6.51
Family	\$ 2.60	\$ 6.51
<b>Part-Time 1 and Weekend Option</b>		
Employee	\$ 1.74	\$ 3.24
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Family	\$ 4.04	\$ 7.95
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Employee	\$ 2.92	\$ 3.50
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Employee + Children	\$ 6.86	\$ 9.09
Family	\$ 6.86	\$ 9.09

\*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."





## Money Matters

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

Per \$1,000 of coverage (rounded)	
Your Age	
Under 25	\$0.03
25-29	\$0.03
30-34	\$0.04
35-39	\$0.05
40-44	\$0.05
45-49	\$0.08
50-54	\$0.12
55-59	\$0.22
60-64	\$0.33
65-69	\$0.64
70 and older	\$1.03

### Spouse Life Insurance (After-Tax)

Per \$1,000 of coverage (rounded)	
Your Spouse's Age	
Under 25	\$0.03
25-29	\$0.04
30-34	\$0.05
35-39	\$0.05
40-44	\$0.06
45-49	\$0.09
50-54	\$0.13
55-59	\$0.25
60-64	\$0.38
65-69	\$0.73
70 and older	\$1.19

### Child Life Insurance (After-Tax)

Coverage	
\$ 2,500	\$ 0.20
\$ 5,000	\$ 0.40
\$ 10,000	\$ 0.80

### AD&D (After-Tax)

<b>Spouse</b>	\$0.0125 per \$1,000 of benefit coverage
<b>Child</b>	\$0.0125 per \$1,000 of benefit coverage
<b>Supplemental Employee</b>	\$0.011 per \$1,000 of benefit coverage

### Long Term Disability Buy-Up (After-Tax)

\$0.065 per \$100 of monthly covered income

### 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.

*Note that 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.*



## Balanced Lifestyle

### MetLife Legal (After-Tax)

High Plan: \$7.62	Low Plan: \$3.81
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# 2023 Benefit Premiums for Bargaining Unit Team Members with an hourly rate of \$33.67 to \$72.12\*

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



## Healthy Living

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

	WellSpan Plus		WellSpan Standard		WellSpan HDHP	
	With Wellness Incentive*	Without Wellness Incentive	With Wellness Incentive*	Without Wellness Incentive	With Wellness Incentive*	Without Wellness Incentive
<b>Full-Time</b>						
Employee	\$ 43.45	\$ 57.30	\$ 18.92	\$ 32.77	\$ 13.38	\$ 27.23
Employee + Children	\$128.71	\$142.56	\$ 78.46	\$ 92.31	\$ 39.23	\$ 53.08
Employee + Spouse	\$155.03	\$168.88	\$ 98.30	\$112.15	\$ 69.69	\$ 83.54
Family	\$166.90	\$180.75	\$106.61	\$120.46	\$ 87.69	\$101.54
<b>Part-Time 1 and Weekend Option</b>						
Employee	\$107.07	\$120.92	\$ 66.00	\$101.08	\$ 60.00	\$ 73.85
Employee + Children	\$239.07	\$252.92	\$203.07	\$216.92	\$144.92	\$158.77
Employee + Spouse	\$291.23	\$305.08	\$232.61	\$246.46	\$177.23	\$191.08
Family	\$287.07	\$300.92	\$250.61	\$264.46	\$212.30	\$226.15
<b>Part-Time 2 and PRN</b>						
Employee	\$289.84	\$303.69	\$208.61	\$222.46	\$139.38	\$153.23
Employee + Children	\$624.92	\$638.77	\$484.15	\$498.00	\$335.07	\$348.92
Employee + Spouse	\$710.31	\$724.15	\$549.23	\$563.08	\$399.69	\$413.54
Family	\$764.77	\$778.62	\$591.23	\$605.08	\$429.23	\$443.08

\*Team members who meet the requirements for the Wellness Incentive receive \$13.85 per paycheck towards the cost of medical plan premiums.

## Dental Plan (Before-Tax)

	Delta Dental	Population Health Dental
	<b>Full-Time</b>	
Employee	\$ 3.69	\$ 4.61
Employee + Spouse	\$ 8.08	\$ 10.17
Employee + Children	\$ 11.54	\$ 14.52
Family	\$ 16.15	\$ 20.34
<b>Part-Time 1 and Weekend Option</b>		
Employee	\$ 9.20	\$ 13.81
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	Standard Plan	Buy-Up Plan
	<b>Full-Time</b>	
Employee	\$ 1.10	\$ 2.60
Employee + Spouse	\$ 2.60	\$ 6.51
Employee + Children	\$ 2.60	\$ 6.51
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Employee	\$ 1.74	\$ 3.24
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Employee + Children	\$ 4.04	\$ 7.95
Family	\$ 4.04	\$ 7.95
<b>Part-Time 2 and PRN</b>		
Employee	\$ 2.92	\$ 3.50
Employee + Spouse	\$ 6.86	\$ 9.09
Employee + Children	\$ 6.86	\$ 9.09
Family	\$ 6.86	\$ 9.09

\*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."





## Money Matters

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

Per \$1,000 of coverage (rounded)	
Your Age	
Under 25	\$0.03
25-29	\$0.03
30-34	\$0.04
35-39	\$0.05
40-44	\$0.05
45-49	\$0.08
50-54	\$0.12
55-59	\$0.22
60-64	\$0.33
65-69	\$0.64
70 and older	\$1.03

### Spouse Life Insurance (After-Tax)

Per \$1,000 of coverage (rounded)	
Your Spouse's Age	
Under 25	\$0.03
25-29	\$0.04
30-34	\$0.05
35-39	\$0.05
40-44	\$0.06
45-49	\$0.09
50-54	\$0.13
55-59	\$0.25
60-64	\$0.38
65-69	\$0.73
70 and older	\$1.19

### Child Life Insurance (After-Tax)

Coverage	
\$ 2,500	\$ 0.20
\$ 5,000	\$ 0.40
\$ 10,000	\$ 0.80

### AD&D (After-Tax)

<b>Spouse</b>	\$0.0125 per \$1,000 of benefit coverage
<b>Child</b>	\$0.0125 per \$1,000 of benefit coverage
<b>Supplemental Employee</b>	\$0.011 per \$1,000 of benefit coverage

### Long Term Disability Buy-Up (After-Tax)

\$0.065 per \$100 of monthly covered income

### Employment Status Definitions

**Full-time employees:** have a regular schedule of at least 70 hours per pay period (FTE of .875 to 1.0).

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*Note that 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.*



## Balanced Lifestyle

### MetLife Legal (After-Tax)

High Plan: \$7.62	Low Plan: \$3.81
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# 2023 Benefit Premiums for Bargaining Unit Team Members with an hourly rate of \$72.13 and ABOVE\*

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



## Healthy Living

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

	WellSpan Plus		WellSpan Standard		WellSpan HDHP	
	With Wellness Incentive*	Without Wellness Incentive	With Wellness Incentive*	Without Wellness Incentive	With Wellness Incentive*	Without Wellness Incentive
Full-Time						
Employee	\$ 50.26	\$ 64.11	\$ 20.77	\$ 34.62	\$ 15.23	\$ 29.08
Employee + Children	\$137.51	\$151.36	\$ 84.00	\$ 97.85	\$ 42.92	\$ 56.77
Employee + Spouse	\$164.89	\$178.74	\$104.30	\$118.15	\$ 76.15	\$ 90.00
Family	\$177.25	\$191.10	\$113.53	\$127.38	\$ 95.53	\$109.38
Part-Time 1 and Weekend Option						
Employee	\$115.84	\$129.69	\$ 66.00	\$102.00	\$ 60.46	\$ 74.31
Employee + Children	\$268.61	\$282.46	\$205.38	\$219.23	\$146.77	\$160.62
Employee + Spouse	\$311.07	\$324.92	\$235.38	\$249.23	\$179.07	\$192.92
Family	\$334.61	\$348.46	\$253.38	\$267.23	\$214.61	\$228.46
Part-Time 2 and PRN						
Employee	\$295.84	\$309.69	\$210.92	\$224.77	\$141.23	\$155.08
Employee + Children	\$637.38	\$651.23	\$489.23	\$503.08	\$338.77	\$352.62
Employee + Spouse	\$724.15	\$738.00	\$554.77	\$568.62	\$403.84	\$417.69
Family	\$780.00	\$793.85	\$597.23	\$611.08	\$433.38	\$447.23

\*Team members who meet the requirements for the Wellness Incentive receive \$13.85 per paycheck towards the cost of medical plan premiums.

## Dental Plan (Before-Tax)

	Delta Dental	Population Health Dental
	Full-Time	
Employee	\$ 3.69	\$ 4.61
Employee + Spouse	\$ 8.08	\$ 10.17
Employee + Children	\$ 11.54	\$ 14.52
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Employee + Spouse	\$ 6.86	\$ 9.09
Employee + Children	\$ 6.86	\$ 9.09
Family	\$ 6.86	\$ 9.09



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## Money Matters

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

Per \$1,000 of coverage (rounded)	
Your Age	
Under 25	\$0.03
25-29	\$0.03
30-34	\$0.04
35-39	\$0.05
40-44	\$0.05
45-49	\$0.08
50-54	\$0.12
55-59	\$0.22
60-64	\$0.33
65-69	\$0.64
70 and older	\$1.03

### Spouse Life Insurance (After-Tax)

Per \$1,000 of coverage (rounded)	
Your Spouse's Age	
Under 25	\$0.03
25-29	\$0.04
30-34	\$0.05
35-39	\$0.05
40-44	\$0.06
45-49	\$0.09
50-54	\$0.13
55-59	\$0.25
60-64	\$0.38
65-69	\$0.73
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### Child Life Insurance (After-Tax)

Coverage	
\$ 2,500	\$ 0.20
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<b>Spouse</b>	\$0.0125 per \$1,000 of benefit coverage
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\$0.065 per \$100 of monthly covered income

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