

**MEDICAL, DENTAL AND VISION MONTHLY CONTRIBUTIONS
JANUARY 2024 - DECEMBER 2024**

LEVEL OF COVERAGE	MEDICAL				DENTAL		VISION	
	SDHP	PPO	EPO	NON-NETWORK	BASIC	PLUS	BASIC	PLUS
EMPLOYEE								
Employee Only	\$8.00	\$102.00	\$129.00	\$102.00	\$10.00	\$17.00	\$6.38	\$16.16
Employee and Spouse	\$23.00	\$260.00	\$329.00	\$260.00	\$17.00	\$30.00	\$12.24	\$30.94
Employee and Child(ren)	\$21.00	\$242.00	\$308.00	\$242.00	\$18.00	\$33.00	\$12.78	\$32.32
Employee and Family	\$36.00	\$401.00	\$509.00	\$401.00	\$28.00	\$35.00	\$19.72	\$49.86
RETIREE/SURVIVING SPOUSE NOT ELIGIBLE FOR MEDICARE								
Retiree Only or Surviving Spouse Only or Surviving Child Only	\$66.00	\$232.00	\$339.00	\$232.00	\$45.00	\$49.00	\$6.38	\$16.16
Retiree and Spouse	\$129.00	\$462.00	\$680.00	\$462.00	\$78.00	\$91.00	\$12.24	\$30.94
Retiree and Child(ren) or Surviving Spouse and Child(ren) or Surviving Children Only	\$109.00	\$394.00	\$580.00	\$394.00	\$79.00	\$92.00	\$12.78	\$32.32
Retiree and Family	\$151.00	\$554.00	\$816.00	\$554.00	\$114.00	\$127.00	\$19.72	\$49.86
DISABILITY RETIREE ELIGIBLE FOR MEDICARE								
Retiree on Medicare Only or Surviving Spouse on Medicare Only	N/A	N/A	N/A	\$148.00	\$45.00	\$49.00	\$6.38	\$16.16
Retiree on Medicare and Spouse	N/A	N/A	N/A	\$240.00	\$78.00	\$91.00	\$12.24	\$30.94
Retiree on Medicare and Child(ren) or Surviving Spouse on Medicare and Child(ren)	N/A	N/A	N/A	\$229.00	\$79.00	\$92.00	\$12.78	\$32.32
Retiree on Medicare and Family	N/A	N/A	N/A	\$321.00	\$114.00	\$127.00	\$19.72	\$49.86
RRA RETIREE /SPLIT RRA DEPENDENTS NOT ELIGIBLE FOR MEDICARE								
Retiree Only or Spouse Only	\$52.00	\$246.00	\$295.00	\$246.00	\$45.00	\$49.00	\$6.38	\$16.16
Child(ren) Only	\$36.00	\$126.00	\$142.00	\$126.00	\$34.00	\$43.00	\$6.38	\$16.16
Retiree and Child(ren) or Spouse and Child(ren)	\$87.00	\$376.00	\$436.00	\$376.00	\$79.00	\$92.00	\$12.78	\$32.32