



# Contribution Amounts

Medical

★ **Preventive Care Exam Incentive:**

Employees will earn a medical premium discount for completing a preventive care exam. Date of exam must occur between May 1, 2024 and March 31, 2025. Forms must be completed and returned by April 15, 2025.

Monthly Rates for the Medical PPO Plan			
	ChemDesign Pays	Without Preventive Care Exam Incentive	With Preventive Care Exam Incentive
Employee Only	\$841.04	\$168.21	\$49.21
Employee + Spouse	\$2,018.50	\$403.70	\$284.70
Employee + Child(ren)	\$1,597.98	\$319.60	\$200.59
Family	\$2,607.23	\$521.45	\$402.44

Weekly Rates for the Medical PPO Plan			
	ChemDesign Pays	You Pay Base Rate	All Wellness Activities
Employee Only	\$194.09	\$38.82	\$11.36
Employee + Spouse	\$465.81	\$93.16	\$65.70
Employee + Child(ren)	\$368.76	\$73.75	\$46.29
Family	\$601.67	\$120.33	\$92.87

Monthly Rates for the Medical HDHP Plan			
	ChemDesign Pays	Without Preventive Care Exam Incentive	With Preventive Care Exam Incentive
Employee Only	\$793.35	\$119.00	\$0.00
Employee + Spouse	\$1,904.03	\$285.60	\$166.60
Employee + Child(ren)	\$1,507.36	\$226.10	\$107.10
Family	\$2,459.36	\$368.90	\$249.90

Weekly Rates for the Medical HDHP Plan			
	ChemDesign Pays	You Pay Base Rate	All Wellness Activities
Employee Only	\$183.08	\$27.46	\$0.00
Employee + Spouse	\$439.39	\$65.91	\$38.45
Employee + Child(ren)	\$347.85	\$52.18	\$24.72
Family	\$567.54	\$85.13	\$57.67



# Contribution Amounts

## Dental and Vision

Monthly Rates for the Dental Low Plan		
	ChemDesign Pays	You Pay
Employee Only	\$29.04	\$7.84
Employee + Spouse	\$58.08	\$15.68
Employee + Child(ren)	\$61.37	\$16.57
Family	\$101.38	\$27.37
Weekly Rates for the Dental Low Plan		
	ChemDesign Pays	You Pay
Employee Only	\$6.70	\$1.81
Employee + Spouse	\$13.40	\$3.62
Employee + Child(ren)	\$14.16	\$3.82
Family	\$23.40	\$6.32
Monthly Rates for the Dental High Plan		
	ChemDesign Pays	You Pay
Employee Only	\$33.18	\$13.27
Employee + Spouse	\$66.36	\$26.54
Employee + Child(ren)	\$90.87	\$36.35
Family	\$167.90	\$67.16
Weekly Rates for the Dental High Plan		
	ChemDesign Pays	You Pay
Employee Only	\$7.66	\$3.06
Employee + Spouse	\$15.31	\$6.13
Employee + Child(ren)	\$20.97	\$8.39
Family	\$38.74	\$15.50

Monthly Rates for the Vision Plan	
	You Pay
Employee Only	\$6.66
Employee + Spouse	\$13.33
Employee + Child(ren)	\$15.04
Family	\$23.27
Weekly Rates for the Vision Plan	
	You Pay
Employee Only	\$1.54
Employee + Spouse	\$3.08
Employee + Child(ren)	\$3.47
Family	\$5.37

