

## 2024 COMPANY PLAN MEDICAL PREMIUM SCHEDULE

### PPO

TOTAL MONTHLY PREMIUM	EMPLOYEE PAYS (Monthly)	EMPLOYER PAYS (Monthly)	COBRA (Monthly)	Deduction Per Pay Check (24 pp)	Deduction Per Pay Check (52 pp)
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### NON-BARGAINING REGULAR

#### Active Employees

Employee Only	\$ 1,028.84	\$ 210.91	20.50%	\$ 817.93	\$ 1,049.42	<b>\$105.46</b>	<b>\$48.67</b>
Employee w/Spouse	\$ 2,057.64	\$ 462.97	22.50%	\$ 1,594.67	\$ 2,098.79	<b>\$231.48</b>	<b>\$106.84</b>
Employee w/Child(ren)	\$ 1,851.89	\$ 416.68	22.50%	\$ 1,435.21	\$ 1,888.93	<b>\$208.34</b>	<b>\$96.16</b>
Employee w/Family	\$ 2,880.69	\$ 648.16	22.50%	\$ 2,232.53	\$ 2,938.30	<b>\$324.08</b>	<b>\$149.57</b>

#### Individual Cobra Coverage

Child Only	\$ 1,028.84				\$ 1,049.42		
Spouse Only	\$ 1,028.84				\$ 1,049.42		
Spouse and One Child	\$ 1,851.89				\$ 1,888.93		
Spouse and 2+Children	\$ 1,851.89				\$ 1,888.93		

### HIGH DEDUCTIBLE

TOTAL MONTHLY PREMIUM	EMPLOYEE PAYS (Monthly)	EMPLOYER PAYS (Monthly)	COBRA (Monthly)	Deduction Per Pay Check (24 pp)	Deduction Per Pay Check (52 pp)
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\$ 880.85	\$ 118.91	13.50%	\$ 761.94	\$ 898.47	<b>\$59.46</b>	<b>\$27.44</b>
\$ 1,761.70	\$ 281.87	16.00%	\$ 1,479.83	\$ 1,796.93	<b>\$140.94</b>	<b>\$65.05</b>
\$ 1,585.53	\$ 253.68	16.00%	\$ 1,331.85	\$ 1,617.24	<b>\$126.84</b>	<b>\$58.54</b>
\$ 2,466.35	\$ 394.62	16.00%	\$ 2,071.73	\$ 2,515.68	<b>\$197.31</b>	<b>\$91.07</b>

\$ 880.85				\$ 898.47		
\$ 880.85				\$ 898.47		
\$ 1,585.53				\$ 1,617.24		
\$ 1,585.53				\$ 1,617.24		

### KAISER

TOTAL MONTHLY PREMIUM	EMPLOYEE PAYS (Monthly)	EMPLOYER PAYS (Monthly)	COBRA (Monthly)	Deduction Per Pay Check (24 pp)	Deduction Per Pay Check (52 pp)
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#### Active Employees

Employee Only	\$ 710.95	\$ 159.96	22.50%	\$ 550.99	\$ 725.17	<b>\$79.98</b>	<b>\$36.91</b>
Employee w/Spouse	\$ 1,471.66	\$ 367.92	25.00%	\$ 1,103.75	\$ 1,501.09	<b>\$183.96</b>	<b>\$84.90</b>
Employee w/Child(ren)	\$ 1,379.24	\$ 344.81	25.00%	\$ 1,034.43	\$ 1,406.82	<b>\$172.41</b>	<b>\$79.57</b>
Employee w/Family	\$ 2,168.39	\$ 542.10	25.00%	\$ 1,626.29	\$ 2,211.76	<b>\$271.05</b>	<b>\$125.10</b>

#### Individual Cobra Coverage

Child Only	\$ 710.95				\$ 725.17		
Spouse Only	\$ 710.95				\$ 725.17		
Spouse and One Child	\$ 1,379.24				\$ 1,406.82		
Spouse and 2+Children	\$ 1,379.24				\$ 1,406.82		

### LOW PREMIUM HIGH DEDUCTIBLE

TOTAL MONTHLY PREMIUM	EMPLOYEE PAYS (Monthly)	EMPLOYER PAYS (Monthly)	COBRA (Monthly)	Deduction Per Pay Check (24 pp)	Deduction Per Pay Check (52 pp)
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\$ 863.60	\$ 56.13	6.50%	\$ 807.47	\$ 880.87	<b>\$28.07</b>	<b>\$12.95</b>
\$ 1,727.18	\$ 155.45	9.00%	\$ 1,571.73	\$ 1,761.72	<b>\$77.72</b>	<b>\$35.87</b>
\$ 1,554.46	\$ 139.90	9.00%	\$ 1,414.56	\$ 1,585.55	<b>\$69.95</b>	<b>\$32.28</b>
\$ 2,418.05	\$ 217.62	9.00%	\$ 2,200.43	\$ 2,466.41	<b>\$108.81</b>	<b>\$50.22</b>

\$ 863.60				\$ 880.87		
\$ 863.60				\$ 880.87		
\$ 1,554.46				\$ 1,585.55		
\$ 1,554.46				\$ 1,585.55		