



# **RATES**

### **2024 EMPLOYEE CONTRIBUTIONS -**

NON-UNIFORM PART TIME

JANUARY 1 - DECEMBER 31, 2024

Your contributions toward the cost of medical, dental and vision coverage are automatically deducted from your paycheck before taxes.

#### **MEDICAL COVERAGE**

	Monthly Employee Contribution			
Coverage Tier	\$250 Ded PPO	HDHP HSA PPO	City HSA Contribution	
			Monthly	Annual
Employee Only	\$7.17	\$0.00	\$282.91	\$3,386.54
Employee + Spouse/RDP*	\$851.87	\$269.57	\$282.91	\$3,386.54
Employee + Child	\$430.71	\$0.00	\$282.91	\$3,386.54
Employee + Children	\$777.50	\$221.02	\$282.91	\$3,386.54
Family (1 child)	\$1,275.40	\$546.25	\$282.91	\$3,386.54
Family (children)	\$1,622.19	\$772.81	\$282.91	\$3,386.54

### **DENTAL COVERAGE**

Coverage Tier	Monthly Employee Contribution Delta Dental PPO
Employee Only	\$0.00
Employee + Spouse/RDP*	\$44.01
Employee + Child	\$44.01
Employee + Child(ren)	\$96.78
Family	\$96.78

## **VISION COVERAGE**

Coverage Tier	Monthly Employee Contribution Vision Service Provider (VSP)	
Employee Only	\$0.00	
Employee + Spouse/RDP*	\$3.95	
Employee + Child	\$3.95	
Employee + Child(ren)	\$7.90	
Family	\$7.90	

## **OPT-OUT INCENTIVE AMOUNTS**

Category	Monthly	Annual
Employee	\$150	\$1,800
Spouse	\$0	\$0
1 Child	\$0	\$0
2nd + Child	\$0	\$0

Payable as a taxable benefit

<sup>\*</sup>Registered Domestic Partner (RDP) Contributions: Your contributions to cover an RDP are the same as those to cover a legal spouse. However, because of Internal Revenue Code (IRC) restrictions, in most cases, the fair market value of your RDP's or RDP's children's (if they are not federal tax dependents) healthcare coverage will be taxable to you as imputed income. This value is determined by the amount that The Company pays in premium for RDP coverage. This amount raises your taxable gross income. Also, the payroll deductions to cover an RDP must be taken on an after-tax basis.