2024 EMPLOYEE BENEFITS PACKAGE

BASIC

30 DAY WAITING

Medical Plans

- UMR Select EPO
- UMR Preferred PPO
- UMR Choice PPO

Dental and Vision:

No cost to client. Employee paid.

- If employee makes \$22.97/hour or less, client contribution increases to \$414/month per employee to comply with ACA affordability regulations. Please refer to ACA Cost Guide <u>HERE</u>.
- For employees working in SF, refer to this guide HERE.
- For employees who reside in Hawaii, refer to this guide <u>HERE</u>.

MEDICAL - 50% CLIENT CONTRIBUTION TO EE ONLY LOWEST COST PLAN SELECT EPO Client Cost EE Monthly EE Weekly Employee Only \$250.00 \$250.72 \$57.86 EE + Spouse \$250.00 \$751.42 \$173.40 EE + Child(ren) \$250.00 \$726.39 \$167.63 EE + Family \$250.00 \$1,317.23 \$303.98 PREFERRED PPO Client Cost EE Monthly EE Weekly \$250.00 **Employee Only** \$385.73 \$89.01 EE + Spouse \$250.00 \$1,021.45 \$235.72 EE + Child(ren) EE \$250.00 \$989.66 \$228.38 \$250.00 \$1,739.83 \$401.50 + Family CHOICE PPO Client Cost EE Monthly EE Weekly **Employee Only** \$250.00 \$283.13 \$65.34 EE + Spouse \$250.00 \$816.29 \$188.37 EE + Child(ren) EE \$250.00 \$774.63 \$178.76 + Family \$250.00 \$1,418.73 \$327.40

DENTAL - EMPLOYEE PAID		NO COST TO CLIENT			
Dental HMO Client Cost EE Monthly EE Weekly					
Employee Only	\$0.00	\$11.17	\$2.58		
EE + Spouse	\$0.00	\$21.22	\$4.90		
EE + Child(ren)	\$0.00	\$23.47	\$5.42		
EE + Family	\$0.00	\$31.29	\$7.22		
Dental PPO Client Cost EE Monthly EE Weekly					
Employee Only	\$0.00	\$39.99	\$9.23		
EE + Spouse	\$0.00	\$80.18	\$18.50		
EE + Child(ren)	\$0.00	\$97.89	\$22.59		
EE + Family	\$0.00	\$143.86	\$33.20		

VISION - EMPLOYEE PAID		NO COST TO CLIENT			
VSP Vision Client Cost EE Monthly EE Weekly					
Employee Only	\$0.00	\$8.25	\$1.90		
EE + Spouse	\$0.00	\$14.12	\$3.26		
EE + Child(ren)	\$0.00	\$14.40	\$3.32		
EE + Family	\$0.00	\$23.24	\$5.36		

EE = Employee **EE Monthly** = Employee Monthly Cost **EE Weekly** = Employee Weekly Cost

