

Medical, Dental, and Vision Rates for 2024 Monthly Premiums

Eligibility

Full-time employees are eligible for the medical and dental plans with a contribution from Denison. Full-time employees are eligible for the voluntary vision plan. Also, *part-time employees budgeted to work at least 15 hours per week are eligible to purchase a health care plan, dental plan, and vision plan, however, they must pay the total cost.* Below is a comparison of the 2023 and 2024 premium rates.

**For full-time employees earning \$65,000 or less per year
(≈ 80% - 20% premium share for family coverage levels)**

Medical Premium Rates

PPO

<u>2023 Total</u>	<u>2023 Denison</u>	<u>2023 Employee</u>		<u>2024 Total</u>	<u>2024 Denison</u>	<u>2024 Employee</u>		<u>Coverage</u>
\$ 857.00	\$ 753.00	\$104.00		\$1,038.00	\$ 923.00	\$115.00		Employee Only
\$1,714.00	\$1,367.00	\$347.00		\$2,076.00	\$1,694.00	\$382.00		Employee + Spouse/Partner
\$1,448.00	\$1,154.00	\$294.00		\$1,754.00	\$1,430.00	\$324.00		Employee + Children
\$2,330.00	\$1,857.00	\$473.00		\$2,822.00	\$2,301.00	\$521.00		Employee + Family

High Deductible Health Plan

<u>2023 Total</u>	<u>2023 Denison</u>	<u>2023 Employee</u>		<u>2024 Total</u>	<u>2024 Denison</u>	<u>2024 Employee</u>		<u>Coverage</u>
\$ 703.00	\$ 618.00	\$85.00		\$ 851.00	\$ 758.00	\$ 93.00		Employee Only
\$1,406.00	\$1,122.00	\$284.00		\$1,703.00	\$ 1,390.00	\$313.00		Employee + Spouse/Partner
\$1,188.00	\$ 948.00	\$240.00		\$1,439.00	\$ 1,175.00	\$264.00		Employee + Children
\$1,912.00	\$1,526.00	\$386.00		\$2,315.00	\$ 1,891.00	\$424.00		Employee + Family

**For full-time employees earning \$65,001 or more per year
(≈ 75% - 25% premium share for family coverage levels)**

Medical Premium Rates

PPO

<u>2023 Total</u>	<u>2023 Denison</u>	<u>2023 Employee</u>		<u>2024 Total</u>	<u>2024 Denison</u>	<u>2024 Employee</u>		<u>Coverage</u>
\$ 857.00	\$ 753.00	\$104.00		\$1,038.00	\$ 923.00	\$115.00		Employee Only
\$1,714.00	\$1,280.00	\$434.00		\$2,076.00	\$1,598.00	\$478.00		Employee + Spouse/Partner
\$1,448.00	\$1,081.00	\$367.00		\$1,754.00	\$1,350.00	\$404.00		Employee + Children
\$2,330.00	\$1,739.00	\$591.00		\$2,822.00	\$2,172.00	\$650.00		Employee + Family

High Deductible Health Plan

<u>2023 Total</u>	<u>2023 Denison</u>	<u>2023 Employee</u>		<u>2024 Total</u>	<u>2024 Denison</u>	<u>2024 Employee</u>		<u>Coverage</u>
\$ 703.00	\$ 621.00	\$ 85.00		\$ 851.00	\$ 762.00	\$ 93.00		Employee Only
\$1,406.00	\$1,051.00	\$355.00		\$1,703.00	\$1,312.00	\$ 391.00		Employee + Spouse/Partner
\$1,188.00	\$ 888.00	\$300.00		\$1,439.00	\$1,109.00	\$ 330.00		Employee + Children
\$1,912.00	\$1,429.00	\$483.00		\$2,315.00	\$1,784.00	\$ 531.00		Employee + Family

Medical, Dental, and Vision Rates for 2024
Monthly Premiums

Dental PPO Plan – no change from 2023

<u>2024 Total</u>	<u>2024 Denison</u>	<u>2024 Employee</u>	<i>Coverage</i>
\$43.00	\$38.00	\$ 5.00	Employee Only
\$86.00	\$67.00	\$19.00	Employee + Spouse/Partner
\$72.00	\$56.00	\$16.00	Employee + Children
\$115.00	\$90.00	\$25.00	Employee + Family

Voluntary Vision Plan

<u>2023</u>	<u>2024</u>	<i>Coverage</i>
\$ 8.46	\$ 8.46	Employee Only
\$ 14.26	\$ 14.26	Employee + Spouse/Partner
\$14.56	\$ 14.56	Employee + Children
\$23.48	\$ 23.48	Employee + Family