

# 2024 RATES PER PAYCHECK

RATES ARE PER PAY PERIOD, BASED ON 24 PAYCHECKS PER YEAR.



## AETNA MEDICAL PLANS

	Memorial Hermann ACO	HDHP (High Deductible Health Plan)	Choice POS
Employee Only	\$54.50	\$38.50	\$96.50
Employee + Spouse	\$411.00	\$370.00	\$531.50
Employee + Child(ren)	\$202.00	\$169.50	\$300.00
Employee + Family	\$412.00	\$359.00	\$637.50



## DENTAL PLANS

	High Plan	Low Plan
Employee Only	\$24.31	\$7.04
Employee + Spouse	\$49.34	\$13.18
Employee + Child(ren)	\$44.25	\$10.01
Employee + Family	\$62.36	\$17.21



## LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

SUPPLEMENTAL LIFE AND AD&D (RATES ARE PER \$10,000)										
Your age January 1 of plan year	< 30	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70+
Rate	\$0.30	\$0.35	\$0.40	\$0.45	\$0.65	\$0.90	\$1.30	\$2.00	\$2.95	\$4.65

SPOUSE LIFE										
Rate based on Employee Age on January 1 of plan year	< 30	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70+
Benefit Level \$10,000	\$0.20	\$0.25	\$0.30	\$0.35	\$0.55	\$0.80	\$1.20	\$1.90	\$2.85	\$4.55
Benefit Level \$20,000	\$0.40	\$0.50	\$0.60	\$0.70	\$1.10	\$1.60	\$2.40	\$3.80	\$5.70	\$9.10
Benefit Level \$35,000	\$0.70	\$0.88	\$1.05	\$1.23	\$1.93	\$2.80	\$4.20	\$6.65	\$9.98	\$15.93

CHILD LIFE		
Benefit Level	Rate	
\$5,000	\$0.20	
\$10,000	\$0.40	



## CRITICAL ILLNESS

		Your age January 1 of plan year						
		18 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70+	
Employee Only	\$5,000	\$1.19	\$1.90	\$3.05	\$6.02	\$13.29	\$17.83	
	\$10,000	\$2.39	\$3.81	\$6.10	\$12.05	\$26.58	\$35.67	
	\$15,000	\$3.58	\$5.71	\$9.15	\$18.07	\$39.87	\$53.50	
	\$20,000	\$4.77	\$7.61	\$12.20	\$24.09	\$53.15	\$71.33	
	\$25,000	\$5.96	\$9.51	\$15.25	\$30.12	\$66.44	\$89.17	
	\$30,000	\$7.16	\$11.42	\$18.30	\$36.14	\$79.73	\$107.00	
Spouse	\$5,000	\$1.19	\$1.90	\$3.05	\$6.02	\$13.29	\$17.83	
	\$7,500	\$1.79	\$2.85	\$4.58	\$9.04	\$19.93	\$26.75	
	\$10,000	\$2.39	\$3.81	\$6.10	\$12.05	\$26.58	\$35.67	
	\$12,500	\$2.98	\$4.76	\$7.63	\$15.06	\$33.22	\$44.58	
	\$15,000	\$3.58	\$5.71	\$9.15	\$18.07	\$39.87	\$53.50	



## VISION PLAN

	Rate
Employee Only	\$4.32
Employee + 1	\$7.26
Employee + Family	\$10.92



## DISABILITY COVERAGE

Elimination period	Rate
STD (14 day waiting period)	\$0.554 per \$10 covered benefit
LTD (90 day waiting period)	\$0.446 per \$100 frozen* salary

If you enroll in both plans, you will be charged a combination of both premiums. \*Annual salary is frozen every October of the previous plan year. This is the amount your premiums are based on.



## LEGAL PROTECTION PLAN

	Rate
Employee	\$7.25



## IDENTITY THEFT PROTECTION

	Rate
Employee Only	\$3.97
Employee + Family	\$6.97



## ACCIDENT INSURANCE

	Rate
Employee Only	\$6.07
Employee + Spouse	\$10.34
Employee + Child(ren)	\$10.84
Employee + Family	\$15.11



## HOSPITAL INDEMNITY

	Rate
Employee Only	\$12.35
Employee + Spouse	\$21.68
Employee + Child(ren)	\$19.35
Employee + Family	\$28.68



## EMERGENCY TRANSPORT

	Emergent Plus	Platinum
Employee + Family	\$7.00	\$19.50