

**2024 PREMIUM CONTRIBUTION COMPARISON CHART FULL-TIME FACULTY & LIBRARIAN**

	HEALTH MATE COAST TO COAST STANDARD PLAN (No Deductible)				HEALTHMATE PPO				HEALTH MATE COAST TO COAST Deductible Plan			
	INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY	
TOTAL MO PREMIUM	\$ 1,013.44		\$ 2,498.35		\$ 1,111.76		\$ 2,741.98		\$ 908.63		\$ 2,240.77	
% PREMIUM SHARE	EMPLOYEE / MO		EMPLOYEE / MO		EMPLOYEE / MO		EMPLOYEE / MO		EMPLOYEE / MO		EMPLOYEE / MO	
\$0-59,999.99	15%	\$152.02	15%	\$ 374.75	15%	\$166.76	15%	\$ 411.30	15%	\$136.29	15%	\$ 336.12
\$60,000 - 69,999.99	20%	\$202.69	20%	\$ 499.67	20%	\$222.35	20%	\$ 548.40	20%	\$181.73	20%	\$ 448.15
\$70,000 - 79,999.99	23%	\$233.09	23%	\$ 574.62	23%	\$255.70	23%	\$ 630.65	23%	\$208.99	23%	\$ 515.38
\$80,000 - 89,999.99	29%	\$293.90	29%	\$ 724.52	29%	\$322.41	29%	\$ 795.17	29%	\$263.50	29%	\$ 649.82
\$90,000 - 99,999.99	34%	\$344.57	34%	\$ 849.44	34%	\$378.00	34%	\$ 932.27	34%	\$308.93	34%	\$ 761.86
\$100,000 - 109,999.99	42%	\$425.64	42%	\$ 1,049.31	42%	\$466.94	42%	\$ 1,151.63	42%	\$381.63	42%	\$ 941.12
\$110,000 - 119,999.99	44%	\$445.91	44%	\$ 1,099.27	44%	\$489.17	44%	\$ 1,206.47	44%	\$399.80	44%	\$ 985.94
\$120,000 +	48%	\$486.45	48%	\$ 1,199.21	48%	\$533.64	48%	\$ 1,316.15	48%	\$436.14	48%	\$ 1,075.57

**2024 DENTAL PREMIUM CONTRIBUTION CHART FULL-TIME FACULTY & LIBRARIAN**

	STANDARD PLAN			
	INDIVIDUAL		FAMILY	
TOTAL MO PREMIUM	\$ 24.96		\$ 84.45	
	EMPLOYEE / MO		EMPLOYEE / MO	
	0%	\$0.00	DIFFERENCE	\$ 59.49