

2024 FINAL BOH INSURANCE RATE SHEET

Medical/Rx Plan					
Wellness Rate*					
	Total Monthly Premium	Monthly(81%) Employer Share	Monthly(19%) Employee Share	Bi-Weekly Employee Share	
Employee Only	\$773.92	\$627.02	\$146.90	\$73.45	
Employee + 1 Dependent	\$1,543.20	\$1,250.28	\$292.92	\$146.46	
Family (Employee + 2 or More Dependents)	\$2,276.96	\$1,844.76	\$432.20	\$216.10	
Medical/Rx Plan					
Non-Wellness Rate*					
	Health Evaluation Completion	Total Monthly Premium	Monthly Employer Share	Monthly Employee Share	Bi-Weekly Employee Share
Employee Only	EE Did Not Complete	\$773.92	\$467.49	\$206.42+ \$100 = \$306.42	\$153.21
Employee Plus 1 Dependent (Child)	EE Did Not Complete	\$1,543.20	\$1031.62	\$411.58 + \$100 = \$511.58	\$255.79
Employee Plus 1 Dependent (Spouse)	Employee OR Spouse Did Not Complete	\$1,543.20	\$1031.62	\$411.58 + \$100 = \$511.58	\$255.79
Employee Plus 1 Dependent (Spouse)	Employee AND Spouse Did Not Complete	\$1,543.20	\$931.62	\$411.58+ \$200 = \$611.58	\$305.79
Family (Employee + Two or More Children)	EE Did Not Complete	\$2,276.96	\$1,569.70	\$607.26+ \$100 = \$707.26	\$353.63
Family (Employee + Two or More Dependents Including Spouse)	Employee OR Spouse Did Not Complete	\$2,276.96	\$1,569.70	\$607.26+ \$100 = \$707.26	\$353.63

Family (Employee + Two or More Dependents Including Spouse)	Employee AND Spouse Did Not Complete	\$2,276.96	\$1,469.70	\$707.26+ \$200 = \$807.26	\$403.63
Dental Plan					
	Total Monthly Premium	Monthly Em ployer Share	Monthly Em ployee Share	Bi-Weekly Em ployee Share	
Em ployee Only	\$24.48	\$19.76	\$4.72	\$2.36	
Em ployee + 1 Dependent	\$48.72	\$39.34	\$9.38	\$4.69	
Family (Em ployee + 2 or More Dependents)	\$79.70	\$64.36	\$15.34	\$7.67	
Vision Plan					
	Total Monthly Premium	Monthly Em ployer Share	Monthly Em ployee Share	Bi-Weekly Em ployee Share	
Em ployee Only	\$6.38	\$5.22	\$1.16	\$0.58	
Em ployee + 1 Dependent	\$9.74	\$7.96	\$1.78	\$0.89	
Family (Em ployee + 2 or More Dependents)	\$17.46	\$14.28	\$3.18	\$1.59	

This packet brought to you by the benefit specialists at HORAN. It is intended to provide a brief overview of your employee benefits. If there is a discrepancy between the enclosed documents and the certificate of coverage, the certificate of coverage for each plan will be the final determining document. Modified by CCHD