

## Health Rates for the 2024 Benefit Year

### .75 FTE - 1.0 FTE

Plan	Coverage	Total Cost Health Plan per pay period	Riverside's Contribution per pay period	Employee's Contribution per pay period	Non-REACH Employee Contribution	Cobra Cost Per Month
ENHANCED HSA	Option 1 - Single	\$360.00	\$310.00	\$50.00	\$80.00	\$780.00
	Option 2 - Employee & Spouse	\$705.00	\$600.00	\$105.00	\$155.00	\$1,527.50
	Option 3 - Employee & Child(ren)	\$640.00	\$566.00	\$74.00	\$104.00	\$1,386.67
	Option 4 - Family	\$1,125.00	\$994.00	\$131.00	\$181.00	\$2,437.50
COMPREHENSIVE HSA	Option 1 - Single	\$320.00	\$283.00	\$37.00	\$67.00	\$693.33
	Option 2 - Employee & Spouse	\$620.00	\$547.00	\$73.00	\$123.00	\$1,343.33
	Option 3 - Employee & Child(ren)	\$588.00	\$525.00	\$63.00	\$93.00	\$1,274.00
	Option 4 - Family	\$1,015.00	\$908.00	\$107.00	\$157.00	\$2,199.17
TRADITIONAL PPO	Option 1 - Single	\$455.00	\$353.00	\$102.00	\$132.00	\$985.83
	Option 2 - Employee & Spouse	\$852.00	\$663.00	\$189.00	\$239.00	\$1,846.00
	Option 3 - Employee & Child(ren)	\$832.00	\$666.00	\$166.00	\$196.00	\$1,802.67
	Option 4 - Family	\$1,415.00	\$1,147.00	\$268.00	\$318.00	\$3,065.83

### .5 to .74 FTE\*

Plan	Coverage	Total Cost Health Plan per pay period	Riverside's Contribution per pay period	Employee's Contribution per pay period	Non-REACH Employee Contribution	Cobra Cost Per Month
ENHANCED HSA	Option 1 - Single	\$360.00	\$196.00	\$164.00	\$194.00	\$780.00
	Option 2 - Employee & Spouse	\$705.00	\$392.00	\$313.00	\$363.00	\$1,527.50
	Option 3 - Employee & Child(ren)	\$640.00	\$383.00	\$257.00	\$287.00	\$1,386.67
	Option 4 - Family	\$1,125.00	\$738.00	\$387.00	\$437.00	\$2,437.50
COMPREHENSIVE HSA	Option 1 - Single	\$320.00	\$184.00	\$136.00	\$166.00	\$693.33
	Option 2 - Employee & Spouse	\$620.00	\$364.00	\$256.00	\$306.00	\$1,343.33
	Option 3 - Employee & Child(ren)	\$588.00	\$370.00	\$218.00	\$248.00	\$1,274.00
	Option 4 - Family	\$1,015.00	\$670.00	\$345.00	\$395.00	\$2,199.17
TRADITIONAL PPO	Option 1 - Single	\$455.00	\$232.00	\$223.00	\$253.00	\$985.83
	Option 2 - Employee & Spouse	\$852.00	\$441.00	\$411.00	\$461.00	\$1,846.00
	Option 3 - Employee & Child(ren)	\$832.00	\$471.00	\$361.00	\$391.00	\$1,802.67
	Option 4 - Family	\$1,415.00	\$786.00	\$629.00	\$679.00	\$3,065.83

**Additional costs may apply: Spousal Surcharge \$70 / Tobacco Surcharge \$15**

**Dental and Vision Rates for the 2024 Benefit Year**

*Full time employee .90 FTE - 1.0 FTE*

<b>DELTA DENTAL</b>					
		<b>Employee Contribution</b>	<b>Hospital Contribution</b>	<b>Total Cost</b>	<b>Cobra Cost/month</b>
PLAN A	Option 1 - Single	\$9.91	\$7.28	\$17.19	\$37.99
	Option 2 - Employee & Spouse	\$23.01	\$10.21	\$33.22	\$73.42
	Option 3 - Employee & Child(ren)	\$22.88	\$9.00	\$31.88	\$70.45
	Option 4 - Family	\$43.43	\$12.71	\$56.14	\$124.30
PLAN B	Option 1 - Single	\$6.91	\$4.22	\$11.13	\$24.60
	Option 2 - Employee & Spouse	\$13.90	\$7.57	\$21.47	\$47.45
	Option 3 - Employee & Child(ren)	\$12.12	\$8.58	\$20.70	\$45.75
	Option 4 - Family	\$22.62	\$13.00	\$35.62	\$78.76

*Part time employee .50 FTE - .89 FTE*

<b>Plan</b>		<b>Employee Contribution</b>	<b>Hospital Contribution</b>	<b>Total Cost</b>	<b>Cobra Cost/month</b>
PLAN A	Option 1 - Single	\$17.17	\$0.02	\$17.19	\$37.99
	Option 2 - Employee & Spouse	\$30.79	\$2.43	\$33.22	\$73.42
	Option 3 - Employee & Child(ren)	\$30.66	\$1.22	\$31.88	\$70.45
	Option 4 - Family	\$53.05	\$3.09	\$56.14	\$124.30
PLAN B	Option 1 - Single	\$10.73	\$0.40	\$11.13	\$24.60
	Option 2 - Employee & Spouse	\$21.24	\$0.24	\$21.48	\$47.47
	Option 3 - Employee & Child(ren)	\$20.70	\$0.00	\$20.70	\$45.75
	Option 4 - Family	\$30.56	\$5.06	\$35.62	\$78.76

**VISION (VSP) Part and Full Time .50 FTE - 1.0 FTE**

VSP	Option 1 - Single	4.63	\$0.00	\$4.63	\$10.23
	Option 2 - Employee & Spouse	7.23	\$0.00	\$7.23	\$15.98
	Option 3 - Employee & Child(ren)	7.38	\$0.00	\$7.38	\$16.31
	Option 4 - Family	11.91	\$0.00	\$11.91	\$78.76