

Rates are effective January 1, 2024 - December 31, 2024

Rates are illustrated on a Monthly and per Pay Period Basis

Benefit Level	Rates Prior to Boutique Air Contribution	Employee Pays per Month 2024	Employee Pays per Pay Period	Boutique Air Pays per Month
<b>Evolution Healthcare / Anthem PPO \$500 Base Medical Plan</b>				
Employee Only	\$ 651.56	\$ 325.78	\$ 162.89	\$ 325.78
Total for Employee + Spouse	\$ 1,368.29	\$ 684.15	\$ 342.07	\$ 684.15
Total for Employee + Children	\$ 1,238.00	\$ 619.00	\$ 309.50	\$ 619.00
Total for Employee + Family	\$ 1,954.69	\$ 977.35	\$ 488.67	\$ 977.35
<b>Evolution Healthcare / Anthem PPO \$2,000 Medical Plan</b>				
Employee Only	\$ 559.78	\$ 279.89	\$ 139.95	\$ 279.89
Total for Employee + Spouse	\$ 1,175.50	\$ 587.75	\$ 293.88	\$ 587.75
Total for Employee + Children	\$ 1,063.55	\$ 531.78	\$ 265.89	\$ 531.78
Total for Employee + Family	\$ 1,679.31	\$ 839.66	\$ 419.83	\$ 839.66
<b>Evolution Healthcare / Anthem PPO \$3,000 HSA Medical Plan</b>				
Employee Only	\$ 497.51	\$ 199.00	\$ 99.50	\$ 298.51
Total for Employee + Spouse	\$ 1,044.71	\$ 417.88	\$ 208.94	\$ 626.83
Total for Employee + Children	\$ 645.23	\$ 258.09	\$ 129.05	\$ 387.14
Total for Employee + Family	\$ 1,492.47	\$ 596.99	\$ 298.49	\$ 895.48
<b>Principal Dental PPO \$1,000 Annual Max Plan</b>				
Employee Only	\$ 20.68	\$ 6.20	\$ 3.10	\$ 14.48
Total for Employee + Spouse	\$ 41.50	\$ 24.94	\$ 12.47	\$ 16.56
Total for Employee + Children	\$ 47.03	\$ 29.92	\$ 14.96	\$ 17.11
Total for Employee + Family	\$ 70.99	\$ 51.48	\$ 25.74	\$ 19.51
<b>Principal Dental PPO \$2,000 Annual Max Plan</b>				
Employee Only	\$ 29.16	\$ 8.75	\$ 4.37	\$ 20.41
Total for Employee + Spouse	\$ 58.55	\$ 35.20	\$ 17.60	\$ 23.35
Total for Employee + Children	\$ 73.58	\$ 48.73	\$ 24.36	\$ 24.85
Total for Employee + Family	\$ 109.48	\$ 81.04	\$ 40.52	\$ 28.44
<b>Principal - VSP Choice Network Vision</b>				
Employee Only	\$ 4.90	\$ 1.47	\$ 0.74	\$ 3.43
Total for Employee + Spouse	\$ 10.46	\$ 6.47	\$ 3.24	\$ 3.99
Total for Employee + Children	\$ 10.94	\$ 6.91	\$ 3.45	\$ 4.03
Total for Employee + Family	\$ 17.72	\$ 13.01	\$ 6.50	\$ 4.71

Employer sponsors 50% towards the employee cost and 50% towards dependents for PPO 500 & 2000 medical coverage

Employer sponsors 60% towards the employee cost and 60% towards dependents for PPO 3000 HSA medical coverage

Employer sponsors 70% towards the employee cost and 10% towards dependents for Dental & Vision coverage