



COMPASS FAMILY SERVICES - Employee Contributions Effective 1/1/2024

Kaiser HMO HRA Medical				
	Total Monthly Premium	Employer Monthly Contribution	Employee Monthly Contribution	Deduction Amount
Employee Only	\$625.78	\$625.78	\$0.00	\$0.00
Employee + Spouse	\$1376.73	\$625.78	\$750.95	\$750.95
Employee + Child (ren)	\$1251.57	\$1,251.57	\$0.00	\$0.00
Family	\$1877.35	\$1,251.57	\$625.78	\$625.78
Direct Dental				
	Total Monthly Premium	Employer Monthly Contribution	Employee Monthly Contribution	Deduction Amount
Employee Only	\$40.98	\$40.98	\$0.00	\$0.00
Employee + Spouse	\$79.09	\$40.98	\$38.11	\$38.11
Employee + Child (ren)	\$89.74	\$89.74	\$0.00	\$0.00
Family	\$125.80	\$89.74	\$36.06	\$36.06
Superior Vision				
	Total Monthly Premium	Employer Monthly Contribution	Employee Monthly Contribution	Deduction Amount
Employee Only	\$5.54	\$5.54	\$0.00	\$0.00
Employee + Spouse	\$11.08	\$5.54	\$5.54	\$5.54
Employee + Child (ren)	\$13.01	\$13.01	\$0.00	\$0.00
Family	\$19.95	\$13.01	\$6.94	\$6.94
*Full monthly premiums are deducted from mid-month paycheck				