

2024 Health Plans Rate Sheet

Atrium Health Greater Charlotte

Medical Plan Premiums

Bi-weekly premiums (teammate contributions) for 2024 medical and Rx coverage under the Health Savings Plan or Co-Pay Plan provided by MedCost are shown in the table below.

- The contributions you pay will be based on four factors:
 - The medical plan you choose: **Health Savings Plan** or **Co-Pay Plan**
 - The level of coverage you choose — Teammate-Only, Teammate + Spouse, Teammate + Child(ren) or Family
 - Your annual base salary*
 - Whether the Working Spouse and/or Tobacco Surcharges will apply

	Health Savings PLAN			Co-Pay PLAN		
	Full-Time Teammate	Full-Time Teammate Earning ≤ \$38,000	Part-Time Teammate	Full-Time Teammate	Full-Time Teammate Earning ≤ \$38,000	Part-Time Teammate
Teammate-Only	\$27.50	\$17.35	\$38.68	\$64.00	\$53.85	\$90.02
Teammate + Spouse	\$148.00	\$137.85	\$182.29	\$200.00	\$189.85	\$246.34
Teammate + Child(ren)	\$97.00	\$86.85	\$120.52	\$156.00	\$145.85	\$193.82
Family	\$202.00	\$191.85	\$247.47	\$268.00	\$257.85	\$328.33

Dental Plan Premiums

Bi-weekly premiums (teammate contributions) for 2024 dental coverage under the Standard Plan or Enhanced Plan provided by Delta Dental are shown in the table below.

	Standard PLAN		Enhanced PLAN	
	Full-Time Teammate	Part-Time Teammate	Full-Time Teammate	Part-Time Teammate
Teammate-Only	\$8.00	\$10.67	\$11.00	\$14.67
Teammate + Spouse	\$23.00	\$28.52	\$29.00	\$35.96
Teammate + Child(ren)	\$27.00	\$35.10	\$34.00	\$44.20
Family	\$39.00	\$49.88	\$49.00	\$62.67

*Because your premiums are based on your annual base salary, premiums are subject to change during the year if you experience a change in your annual base salary that changes your salary band.

Vision Plan Premiums

Bi-weekly premiums (teammate contributions) for 2024 vision coverage under CEC Vision Plan are shown in the table below.

	Vision PLAN	
	Full-Time Teammate	Part-Time Teammate
Teammate-Only	\$6.14	\$6.14
Teammate + 1 Dependent	\$11.83	\$11.83
Teammate + 2 Dependents	\$17.72	\$17.72

Working Spouse Surcharge

Working spouse surcharge is \$50 per bi-weekly pay period. It applies if your covered spouse is eligible for medical coverage through their employer (not applicable if your spouse works for Atrium Health), but you choose to enroll them in one of the LiveWELL Health Plans. You will then choose either the Teammate + Working Spouse or Teammate + Working Spouse + Child(ren) coverage options. The rates for these options are higher, in order to offset the increased cost of covering spouses who have access to other coverage.

Tobacco User Surcharge

Tobacco user surcharge applies to Atrium Health Health Plan members who use tobacco. The surcharge is \$25 for one tobacco user per bi-weekly pay period, and \$50 for two or more tobacco users per bi-weekly pay period. Atrium Health provides access to a Tobacco Cessation program at no cost to you. More information may be found at [Teammates.AtriumHealth.org/Livewell/Personal-Well-Being/Tobacco-Cessation](https://teammates.AtriumHealth.org/Livewell/Personal-Well-Being/Tobacco-Cessation).

Pretax Contribution

Premiums (teammate contributions) for medical, dental and vision coverage will be deducted from your pay each pay period on a pretax basis. This means that your cost for coverage is deducted from your pay before federal, state and Social Security taxes are calculated. This reduces your taxable income and, in turn, the taxes you pay.

If you have questions, please contact the Benefits Service Center at 704-631-1500, Option 1.

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BENEFITS 2024