

2024 Health Plans Rate Sheet

MONTHLY PLAN PREMIUMS

Benefit Plan	Monthly Teammate Premium	Monthly Teammate Premium
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MEDICAL

Medical Full-time Monthly Rates (30 scheduled hours or greater per week)	Health Savings PLAN	Co-Pay PLAN
Teammate	\$59.58	\$138.67
Teammate + Spouse	\$320.67	\$433.33
Teammate + Working Spouse	\$429.00	\$541.67
Teammate + Children	\$210.17	\$338.00
Family	\$437.67	\$580.67
Family with Working Spouse	\$546.00	\$689.00
Medical Part-time Monthly Rates (20-29 scheduled hours per week)	Health Savings PLAN	Co-Pay PLAN
Teammate	\$83.81	\$195.05
Teammate + Spouse	\$394.97	\$533.74
Teammate + Working Spouse	\$503.30	\$642.07
Teammate + Children	\$261.12	\$419.94
Family	\$536.19	\$711.38
Family with Working Spouse	\$644.52	\$819.71

DENTAL

Dental Full-time Monthly Rates (30 scheduled hours or greater per week)	Enhanced	Standard
Teammate	\$23.83	\$17.33
Teammate + Spouse	\$62.83	\$49.83
Teammate + Children	\$73.67	\$58.50
Family	\$106.17	\$84.50
Dental Part-time Monthly Rates (20-29 scheduled hours per week)	Enhanced	Standard
Teammate	\$31.78	\$23.11
Teammate + Spouse	\$77.91	\$61.79
Teammate + Children	\$95.77	\$76.05
Family	\$135.79	\$108.08

VISION

Vision Full & Part-time Monthly Rates	
Teammate	\$13.31
Teammate + One Dependent	\$25.64
Teammate + 2 or More Dependents	\$38.39

TOBACCO USER SURCHARGE	
One Tobacco User	\$54.17
Two or more Tobacco Users	\$108.33



Now part of ADVOCATEHEALTH

Atrium Health Benefits: 704-631-1500, Option 1