

# 2024 Health Plans Rate Sheet

## Atrium Health Navicent

### 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 health plan you choose: for medical, **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		Part-Time Teammate		Full-Time Teammate		Part-Time Teammate	
	Under \$35K	Over \$35K	Under \$35K	Over \$35K	Under \$35K	Over \$35K	Under \$35K	Over \$35K
Teammate-Only	\$19.35	\$27.50	\$27.22	\$38.68	\$32.72	\$47.50	\$55.05	\$66.81
Teammate + Spouse	\$90.89	\$126.00	\$111.95	\$155.20	\$101.63	\$140.00	\$132.09	\$172.44
Teammate + Child(ren)	\$68.15	\$95.00	\$84.67	\$118.03	\$75.86	\$106.00	\$101.08	\$131.70
Family	\$131.35	\$181.00	\$160.92	\$221.75	\$144.79	\$200.00	\$184.62	\$245.02

\*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.

### Dental Plan Premiums

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

	Basic PLAN		Standard PLAN	
	Full-Time Teammate	Part-Time Teammate	Full-Time Teammate	Part-Time Teammate
Teammate-Only	\$6.52	\$10.87	\$8.10	\$13.50
Teammate + Spouse	\$12.72	\$21.19	\$15.79	\$26.32
Teammate + Child(ren)	\$13.04	\$21.74	\$16.20	\$26.99
Family	\$19.24	\$32.06	\$23.89	\$39.81



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## 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 and Part-Time Teammate	
Teammate-Only	\$2.66
Teammate + Spouse	\$4.53
Teammate + Child(ren)	\$5.52
Family	\$7.86

### Working Spouse Surcharge

Working Spouse Rate applies if your covered spouse is eligible for medical coverage through their employer (not applicable if your spouse works for Atrium Health Navicent), but you choose to enroll them in one of the Health Plans. Working Spouse Surcharge is \$75 per pay period.

### Tobacco User Surcharge

Tobacco Surcharge is \$25 per tobacco user per pay period. For more information about Tobacco Cessation programs, visit [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 800-964-4780, Option 2.**

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