

### 2024 SLEBC Monthly Insurance Rates

Medical	2024 Premium**	Employee Responsibility	State Responsibility	Bi-Weekly Employee Responsibility	Bi-Weekly State Responsibility	COBRA
Employee	\$1,111.32	\$188.92	\$922.40	\$94.46	\$461.20	\$1,133.55
Employee + Spouse	\$2,208.92	\$375.52	\$1,833.40	\$187.76	\$916.70	\$2,253.10
Employee + Child(ren)	\$1,879.64	\$319.54	\$1,560.10	\$159.77	\$780.05	\$1,917.23
Family	\$2,758.70	\$468.98	\$2,289.72	\$234.49	\$1,144.86	\$2,813.87

Dental	2024 Premium**	Employee Responsibility	State Responsibility	Bi-Weekly Employee Responsibility	Bi-Weekly State Responsibility	COBRA
Employee	\$38.61	\$22.61	\$16.00	\$11.30	\$8.00	\$39.38
Employee + Spouse	\$75.76	\$53.76	\$22.00	\$26.88	\$11.00	\$77.28
Employee + Child(ren)	\$109.90	\$87.90	\$22.00	\$43.95	\$11.00	\$112.10
Family	\$118.81	\$90.81	\$28.00	\$45.41	\$14.00	\$121.19

Vision	2024 Premium**	Employee Responsibility	Bi-Weekly Employee Responsibility	COBRA
Employee	\$15.24	\$15.24	\$7.62	\$15.54
Employee + Spouse	\$24.38	\$24.38	\$12.19	\$24.87
Employee + Child(ren)	\$24.89	\$24.89	\$12.45	\$25.39
Family	\$40.13	\$40.13	\$20.07	\$40.93

\*\* Retirees pay full monthly premium.

\*\*Bi-Weekly includes 2 premium holidays per year based on calendar.