2024 Premium rates

## 

# Medical (continued)

# Kaiser (for employees in California)

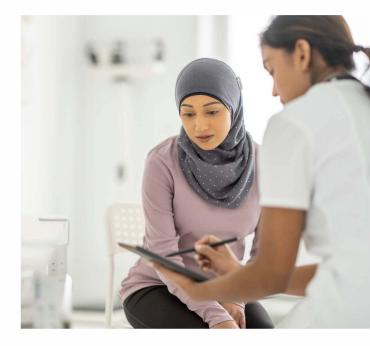
Plans & coverage tiers	Biweekly rates <sup>1</sup>			
\$500 Deductible				
Employee Only	\$163.23			
Employee + Spouse/ Partner <sup>2</sup>	\$395.05			
Employee + Child(ren) <sup>2</sup>	\$325.20			
Employee + Family <sup>2</sup>	\$543.41			
\$900 Deductible Plan (PPO)				
Employee Only	\$97.82			
Employee + Spouse/Partner <sup>2</sup>	\$236.53			
Employee + Child(ren) <sup>2</sup>	\$194.58			
Employee + Family <sup>2</sup>	\$325.23			
\$1,800 Deductible Plan (High Deductible)				
Employee Only	\$60.08			
Employee + Spouse/Partner <sup>2</sup>	\$146.22			
Employee + Child(ren) <sup>2</sup>	\$120.84			
Employee + Family <sup>2</sup>	\$201.57			
\$3,200 Deductible Plan (High Deductible)				
Employee Only	\$17.78			
Employee + Spouse/Partner <sup>2</sup>	\$42.96			
Employee + Child(ren) <sup>2</sup>	\$35.32			
Employee + Family <sup>2</sup>	\$59.04			

<sup>&</sup>lt;sup>1</sup>Rates do not include relevant surcharges.

## Kaiser (for employees in Hawaii)

Plans & coverage tiers	Biweekly rates <sup>1</sup>
Employee Only	\$24.54
Employee + Spouse/Partner <sup>2</sup>	\$273.53
Employee + Child(ren) <sup>2</sup>	\$211.65
Employee + Family <sup>2</sup>	\$392.76





<sup>&</sup>lt;sup>2</sup> Includes partner and/or partner's child(ren).

<sup>&</sup>lt;sup>1</sup>Rates do not include relevant surcharges. <sup>2</sup>Includes partner and/or partner's child(ren).



## Medical (continued)

### Surcharges

#### Tobacco

Chubb medical plans include a tobacco premium surcharge for employees and/or covered spouses/partners who use tobacco products.

Coverage tiers	Monthly	Biweekly
Employee Only	\$50	\$23.08
Employee + Spouse/Partner	\$100	\$46.15

#### **Spousal**

If an employee covers a spouse/partner who has access to medical coverage through his/her employer, a surcharge will be applied to your medical plan premiums.

	Monthly	Biweekly
Chubb	\$100	\$46.15

#### Wellness

The annual surcharge for not completing the biometric screening by the annual deadline is \$625 for employees or \$1,250 for an employee plus spouse/partner.

	Annual	Biweekly
Employee did not complete biometric screening	\$625	\$24.04
Spouse did not complete biometric screening	\$625	\$24.04
Employee + Spouse/Partner	\$1,250	\$48.07

