

2024 Benefits Contribution Schedule: Holy Cross Hospital, Florida

Coverage Election	Employment Status	Colleague Contribution (These premiums are deducted bi-weekly for 26 weeks)			
Medical Coverage <i>Annual base salary below the 2023 SSTWB of \$160,200</i>		EE Only	EE + Spouse/ Eligible Adult	EE + Child(ren)	Family
Traditional Plan – Aetna	Full-Time	\$ 67.46	\$ 188.52	\$ 132.82	\$ 235.65
	Part-Time	\$ 127.63	\$ 328.91	\$ 231.73	\$ 411.14
Health Savings Plan - Aetna	Full-Time	\$ 50.44	\$ 147.95	\$ 104.24	\$ 184.94
	Part-Time	\$ 110.96	\$ 273.71	\$ 192.84	\$ 342.14
Essential Plan – Aetna	Full-Time	\$ 30.97	\$ 102.19	\$ 71.99	\$ 127.73
	Part-Time	\$ 83.61	\$ 224.81	\$ 158.39	\$ 281.01
Medical Coverage <i>Annual base salary above the 2023 SSTWB of \$160,020</i>		EE Only	EE + Spouse/ Eligible Adult	EE + Child(ren)	Family
Traditional Plan – Aetna	Full-Time	\$ 103.92	\$ 268.74	\$ 189.34	\$ 335.93
	Part-Time	\$ 164.09	\$ 409.13	\$ 288.25	\$ 511.42
Health Savings Plan - Aetna	Full-Time	\$ 84.06	\$ 221.93	\$ 156.36	\$ 277.41
	Part-Time	\$ 144.59	\$ 347.69	\$ 244.96	\$ 434.61
Essential Plan – Aetna	Full-Time	\$ 61.93	\$ 170.31	\$ 119.99	\$ 212.89
	Part-Time	\$ 114.57	\$ 292.93	\$ 206.38	\$ 366.17
Dental Coverage		EE Only	EE + Spouse/ Eligible Adult	EE + Child(ren)	Family
High Plan – Delta Dental	Full-Time	\$ 8.98	\$ 19.39	\$ 21.81	\$ 31.51
	Part-Time	\$ 11.49	\$ 24.37	\$ 27.42	\$ 39.60
Standard Plan – Delta Dental	Full-Time	\$ 5.85	\$ 12.68	\$ 14.27	\$ 20.61
	Part-Time	\$ 7.61	\$ 16.22	\$ 18.25	\$ 26.36
Vision Coverage		EE Only	EE + Spouse/ Eligible Adult	EE + Child(ren)	Family
High Plan – United Healthcare	Full/Part-Time	\$ 6.24	\$12.95	\$ 13.59	\$ 19.14
Standard Plan – United Healthcare	Full/Part-Time	\$ 3.17	\$ 5.81	\$ 6.11	\$ 8.43

*NOTE: Premium contributions may vary from the amount shown on your pay advice due to rounding.

Supplemental Life Insurance Rates		
Age	Colleague Life Cost Per \$1,000	Spouse Life* Cost Per \$1,000
Under 25	\$ 0.022	\$ 0.050
25 – 29	\$ 0.025	\$ 0.059
30 – 34	\$ 0.033	\$ 0.082
35 – 39	\$ 0.037	\$ 0.093
40 – 44	\$ 0.042	\$ 0.108
45 – 49	\$ 0.064	\$ 0.164
50 – 54	\$ 0.101	\$ 0.273
55 – 59	\$ 0.186	\$ 0.471
60 – 64	\$ 0.291	\$ 0.758
65 – 69	\$ 0.538	\$ 1.412
70 – 74	\$ 0.893	\$ 2.717
75+	\$ 1.200	\$ 2.157

Child Life: The monthly cost per \$1,000 increment for all eligible children is a flat \$0.100.

*Costs for spouse life are based on the **colleague's** age as of Jan. 1, 2024.

Premium Calculation Example:

- Assume an employee is 35 years of age, earns \$22,300 per year, and elects supplemental life insurance at 2 x their annual salary:
 Step 1: $\$22,300 \times 2 = \$44,600$
 (round to the next higher \$1,000 = \$45,000)
 Step 2: $\$45,000 / 1,000 = 45$
 Step 3: $45 \times .037$ (from table) = \$1.67 monthly
- Assume the same employee selects \$50,000 coverage for his/her spouse:
 Step 1: $\$50,000 / 1,000 = 50$
 Step 2: $50 \times .037$ (based on colleague's age) = \$1.85 monthly

Supplemental AD&D Rates
Colleague Supplemental AD&D: The monthly cost per \$1,000 increment for all ages is a flat \$0.011.