



**January 1, 2024 Plan Year
Medical, Dental and Vision Employee Contributions**

** If your Spouse or Domestic Partner has other healthcare coverage and you cover them on the Taurus/National Flood Services Plan, a \$100 per Month surcharge will apply (Medical Only)*

PPO Plan			
Medical - BCBS MT			
Tier	Annual	Monthly	Bi-Weekly
EE Only	\$4,859.28	\$404.94	\$186.90
EE + Spouse*	\$10,664.28	\$888.69	\$410.16
EE + Children	\$9,216.00	\$768.00	\$354.46
Family*	\$15,021.12	\$1,251.76	\$577.74

HDHP Plan			
Medical - BCBS MT			
Tier	Annual	Monthly	Bi-Weekly
EE Only	\$768.00	\$64.00	\$29.54
EE + Spouse*	\$2,400.00	\$200.00	\$92.31
EE + Children	\$2,304.00	\$192.00	\$88.62
Family*	\$3,564.00	\$297.00	\$137.08

Gold Plan			
Dental - BCBS MT			
Tier	Annual	Monthly	Bi-Weekly
EE Only	\$456.00	\$38.00	\$17.54
EE + Spouse	\$912.00	\$76.00	\$35.08
EE + Children	\$1,008.84	\$84.07	\$38.80
Family	\$1,602.00	\$133.50	\$61.62

Bronze Plan			
Dental - BCBS MT			
Tier	Annual	Monthly	Bi-Weekly
EE Only	\$132.00	\$11.00	\$5.08
EE + Spouse	\$264.00	\$22.00	\$10.15
EE + Children	\$348.00	\$29.00	\$13.38
Family	\$432.00	\$36.00	\$16.62

Premier Plan			
Vision - EyeMed			
Tier	Annual	Monthly	Bi-Weekly
EE Only	\$54.00	\$4.50	\$2.08
EE + Spouse	\$102.00	\$8.50	\$3.92
EE + Children	\$108.00	\$9.00	\$4.15
Family	\$168.00	\$14.00	\$6.46

Core Plan			
Vision - EyeMed			
Tier	Annual	Monthly	Bi-Weekly
EE Only	\$18.00	\$1.50	\$0.69
EE + Spouse	\$36.00	\$3.00	\$1.38
EE + Children	\$36.00	\$3.00	\$1.38
Family	\$60.00	\$5.00	\$2.31



January 1, 2024 Plan Year

Voluntary Life/AD&D, Accident, Hospital Indemnity and Critical Illness Employee Contributions

Employee, Spouse* and Child(ren)	
Voluntary Life - Unum	
Age Band	Monthly Life Rate Per \$1,000
<25	\$0.053
25 - 29	\$0.060
30 - 34	\$0.080
35 - 39	\$0.090
40 - 44	\$0.118
45 - 49	\$0.176
50 - 54	\$0.270
55 - 59	\$0.504
60 - 64	\$0.772
65 - 69	\$1.480
70+	\$2.410
Child(ren)	\$0.088

* Spouse Rate is based on Employee's age

Employee, Spouse and Child(ren)	
Voluntary AD&D - Unum	
Coverage Tier	Monthly AD&D Rate Per \$1,000
Employee	\$0.015
Spouse	\$0.015
Child(ren)	\$0.015

High Plan	
Voluntary Accident - MetLife	
Tier	Monthly
EE Only	\$8.07
EE + Spouse	\$15.83
EE + Children	\$18.91
Family	\$22.37

Low Plan	
Voluntary Accident - MetLife	
Tier	Monthly
EE Only	\$5.20
EE + Spouse	\$10.25
EE + Children	\$12.27
Family	\$14.51

High Plan	
Voluntary Hospital Indemnity - MetLife	
Tier	Monthly
EE Only	\$22.97
EE + Spouse	\$44.52
EE + Children	\$36.38
Family	\$57.93

Low Plan	
Voluntary Hospital Indemnity - MetLife	
Tier	Monthly
EE Only	\$12.48
EE + Spouse	\$24.20
EE + Children	\$19.77
Family	\$31.49

Critical Illness Plan			
Voluntary Critical Illness - MetLife			
Age Band	Employee Monthly Rate per \$1,000	Spouse Monthly Rate per \$1,000	Child(ren)* Monthly Rate per \$1,000
<30	\$0.55	\$0.55	\$0.00
30-39	\$0.66	\$0.66	\$0.00
40-49	\$1.12	\$1.10	\$0.00
50-59	\$2.09	\$2.08	\$0.00
60-69	\$3.66	\$3.66	\$0.00
70+	\$6.73	\$6.72	\$0.00

*Eligible Dependent Child(ren) are covered at no additional charge. MetLife requires records of enrolled Dependent Children elected.