

2024 Medical and Dental Insurance Premium Rates

Medical Insurance Eligibility:

1st of the month following your hire date as a FT/PT Associate, or a qualifying event (see reverse)

DURING YEAR END OPEN ENROLLMENT, CONFIRM ELECTIONS ON-LINE ULTIPRO

If you earn \$19.99/hour or less These are the Premiums 1/1-12/31/24

(Associate semi-monthly premiums taken out during 2 payrolls each month)

If you earn \$20.00/hour or more
These are the Premiums 1/1-12/31/24

BLUE PPO- HDHP with H.S.A.; First dollar deductible of \$1,600 single/\$3,200 family with \$3,000 single/\$6,000 family max IN-OOP

High Deductible Health Plan with Health Savings Account-

Thompson funds an annual contribution to your H.S.A. of up to \$500 (\$19.23/pay x 26) for a single contract and up to \$1,000 (\$38.46/pay x 26) for a family contract (2 or more enrolled)

PLAN TYPE	1/1/2024 PREMIUMS	THOMPSON MO. COST	ASSOC. MO. COST	ASSOC. SEMI-MONTHLY		EFFECTIVE COST		1/1/2024 PREMIUMS	THOMPSON MO. COST	ASSOC. MO. COST	ASSOC. SEMI-MONTHLY			EFF <u>C</u>			
						Thompson Health H.S.A. contribution x26 cycles/year									Thompson Health H.S.A. contribution x26 cycles/year		
Full time-Associate only	812.63	732.63	80.00	\$	40.00	-19.23	\$	19.17		812.63	706.63	106.00	\$	53.00	-19.23	\$	32.17
Full time-Assoc. & Spouse/DP only	1868.90	1525.90	343.00	\$	171.50	-38.46	\$	129.83		1868.90	1464.90	404.00	\$	202.00	-38.46	\$	160.33
Full time-Associate & Child(ren)	2096.17	1717.17	379.00	\$	189.50	-38.46	\$	147.83		2096.17	1653.17	443.00	\$	221.50	-38.46	\$	179.83
Full time-FAMILY	2205.80	1780.80	425.00	\$	212.50	-38.46	\$	170.83		2205.80	1712.80	493.00	\$	246.50	-38.46	\$	204.83
Part time-Associate only	812.63	660.63	152.00	\$	76.00	-19.23	\$	55.17		812.63	638.63	174.00	\$	87.00	-19.23	\$	66.17
Part time-Assoc. & Spouse/DP only	1868.90	1399.90	469.00	\$	234.50	-38.46	\$	192.83		1868.90	1346.90	522.00	\$	261.00	-38.46	\$	219.33
Part time-Associate & Child(ren)	2096.17	1551.17	545.00	\$	272.50	-38.46	\$	230.83		2096.17	1488.17	608.00	\$	304.00	-38.46	\$	262.33
Part time-FAMILY	2205.80	1616.80	589.00	\$	294.50	-38.46	\$	252.83		2205.80	1553.80	652.00	\$	326.00	-38.46	\$	284.33

BLUE PPO- HDHP with H.S.A.; First dollar deductible of \$2,500 single/\$5,000 family with \$5,000 single/\$10,000 family max IN-OOP

High Deductible Health Plan with Health Savings Account- IN ADDITION TO LOWER PREMIUMS,

Thompson funds an annual contribution to your H.S.A. of up to \$500 (\$19.23/pay x 26) for a single contract and up to \$1,000 (\$38.46/pay x 26) for a family contract (2 or more enrolled)

PLAN TYPE	1/1/2024 PREMIUMS	THOMPSON MO. COST	ASSOC. MO. COST	ASSOC. SEMI-MONTHLY			EFFECTIVE		1/1/24 PREMIUMS	THOMPSON MO. COST	ASSOC. MO. COST	ASSOC. SEMI-MONTHLY			EFFECT	
	PREIMIONIS	<u>MO. CO31</u>	MO. COST	SEIVII-	MONTHLI	Thompson Health H.S.A. contribution x26 cycles/year		COST	PREMIONS	<u>MO. CO31</u>	MO. COST	SCIVII	-MONTHLI	Thompson Health H.S.A. contribution x26 cycles/year		COST
Full time-Associate only	731.37	666.37	65.00	\$	32.50	-19.23	\$	11.67	731.37	646.37	85.00	\$	42.50	-19.23	\$	21.67
Full time-Assoc. & Spouse/DP only	1682.01	1404.01	278.00	\$	139.00	-38.46	\$	97.33	1682.01	1356.01	326.00	\$	163.00	-38.46	\$	121.33
Full time-Associate & Child(ren)	1886.55	1579.55	307.00	\$	153.50	-38.46	\$	111.83	1886.55	1529.55	357.00	\$	178.50	-38.46	\$	136.83
Full time-FAMILY	1985.23	1641.23	344.00	\$	172.00	-38.46	\$	130.33	1985.23	1586.23	399.00	\$	199.50	-38.46	\$	157.83
Part time-Associate only	731.37	608.37	123.00	\$	61.50	-19.23	\$	40.67	731.37	592.37	139.00	\$	69.50	-19.23	\$	48.67
Part time-Assoc. & Spouse/DP only	1682.01	1303.01	379.00	\$	189.50	-38.46	\$	147.83	1682.01	1261.01	421.00	\$	210.50	-38.46	\$	168.83
Part time-Associate & Child(ren)	1886.55	1446.55	440.00	\$	220.00	-38.46	\$	178.33	1886.55	1395.55	491.00	\$	245.50	-38.46	\$	203.83
Part time-FAMILY	1985.23	1510.23	475.00	\$	237.50	-38.46	\$	195.83	1985.23	1460.23	525.00	\$	262.50	-38.46	\$	220.83



DENTAL PLANS (Associate semi-monthly premiums taken out during 2 payrolls each month)

Eligibility: 1st of the month following hire date

| BASIC DENTAL | PREMIER DENTAL | Class 1 Preventative | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 1

Annual Deductible: \$50/\$150 Applies to classes 2 & 3 \$50/\$150 Applies to classes 2 & 3

Annual Maximum: \$1,000 \$2,000
Orthodontia Lifetime Max: \$1,000 \$2,000 includes adult
Tax dependents to age 26 26 26

PLAN TYPE ASSOC. ASSOC. SEMI-MO. COST SEMI-MO. COST

Single \$ 11.25 \$ 15.50 Family (2+) \$ 27.00 \$ 39.00

LOWEST COST? Use AHP Providers or Thompson Health Enhanced Benefit

Quick Reference-

<u>Shows in-</u> network only <u>HDHP with H.S.A. \$1,600/\$3,200 or \$2,500/\$5,000</u> <u>Deductible</u>

in-network information below

Office Visit Copay (PCP)

70-90% covered, subject to deductible

70-80% covered, subject to deductible

70-80% covered, subject to deductible

Network National Bluecard In-network deductible see plan deductible limit

In-network co-insurance 10-20%

In-network Out of Pocket Max. \$3,000 or \$5,000 ind./\$6,000 or \$10,000 fam.

PCP Child up to age 19 70-90% covered, subject to deductible

Well Child Visit Covered in Full Preventative Health Covered in Full

(Adult physical, Mammography, Pap Smear, GYN Exam, Prostate Cancer per recommended guidelines)

Prescriptions \$5/35/70, subject to deductible at FFTH/CMG Pharmacies (w/ mail order 3 for 2 savings-ask for brochure, or see on-line) \$15/50/95, subject to deductible at all other pharmacies

Diagnostic X-rays
Diagnostic X-rays
To-90% covered, subject to deductible
Diagnostic Labs
To-90% covered, subject to deductible
Diagnostic Hospital
To-80% covered, subject to deductible
To-80% covered, subject to deductible
To-90% covered, subject to deductible
Emergency Room
Sow covered, subject to deductible
Outpatient Surgical Care
So-90% covered, subject to deductible
Routine Vision
Sow covered, subject to deductible

Evewear Allowance none

ACA-Qualified Dependents to Age: 26

Quick Reference Summary only: PLEASE obtain plan booklet or side-by-side comparisons.

The information above describes the most common benefits. Plans are governed by Excellus BC/BS Documents

If your work status changes between full-time and part-time, or you receive a promotion/demotion, your payroll deductions will be adjusted as appropriate.

Premium based on wage in effect as of 12/17/23

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Several Methods to help you select an appropriate plan:

What you will find on the Internet/Intranet:

Medical plan comparisons Dental plan information AHP Network link HSA information

Voluntary benefit information

From Home:

https://www.thompsonhealth.com/benefits

No access? Associate Services has forms and information

www.ahpnetwork.com

1.585.784.8855 or 1.888.457.7463

LOWEST COST? Use AHP Providers or Thompson Health Enhanced Benefit

Click here for Intranet (from work)

We offer domestic partner (DP) coverage for medical and dental insurance Completed affidavit required with enrollment form; imputed income applies

Legend:

FT- FULL TIME= 70+ scheduled hours/ pay period PT- PART TIME= 40-69 scheduled hours/ pay period

When can I change my plan??

Open Enrollment Times:

Next January 1

OR within 30 days of a status change: (I.e. birth, death, adoption, marriage, divorce, loss of coverage, change of FT/PT hours)

We offer domestic partner (DP) coverage for medical and dental insurance Completed affidavit required with enrollment form; imputed income applies