

**January 1, 2024 - December 31, 2024
Transportation**

Gold Plan

*Single = \$1,000 deductible - \$2,500 Total Out of Pocket Expense per calendar year
Family = \$3,000 deductible - \$5,000 Total Out of Pocket Expense per calendar year*

Coverage (18 Pay ONLY)	Cost	Monthly Contribution		Per Paycheck (18)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$1,360.79	\$1,292.75	\$68.04	\$646.37	\$34.02	\$11,634.74	\$612.35
Single + Child	\$2,260.53	\$1,359.42	\$901.11	\$679.71	\$450.56	\$12,234.74	\$8,110.02
Single + Spouse	\$2,562.03	\$1,359.42	\$1,202.62	\$679.71	\$601.31	\$12,234.74	\$10,823.55
Family	\$2,949.69	\$1,359.42	\$1,590.27	\$679.71	\$795.14	\$12,234.74	\$14,312.45

Silver Plan

*Single = \$2,000 deductible - \$5,000 Total Out of Pocket Expense per calendar year
Family = \$6,000 deductible - \$10,000 Total Out of Pocket Expense per calendar year*

Coverage (18 Pay ONLY)	Cost	Monthly Contribution		Per Paycheck (18)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$1,199.65	\$1,139.67	\$59.98	\$569.83	\$29.99	\$10,257.00	\$539.84
Single + Child	\$1,979.76	\$1,206.33	\$773.43	\$603.17	\$386.71	\$10,857.00	\$6,960.83
Single + Spouse	\$2,244.58	\$1,206.33	\$1,038.25	\$603.17	\$519.12	\$10,857.00	\$9,344.22
Family	\$2,692.86	\$1,206.33	\$1,486.52	\$603.17	\$743.26	\$10,857.00	\$13,378.70

HSA High Deductible Plan

*Single = \$2,800 deductible - \$5,600 Total Out of Pocket Expense per calendar year
Family = \$5,600 deductible - \$11,200 Total Out of Pocket Expense per calendar year*

Coverage (18 Pay)	Cost	Monthly Contribution		Per Paycheck (18)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$1,193.92	\$1,134.23	\$59.70	\$567.11	\$29.85	\$10,208.05	\$537.27
Single + Child	\$1,970.30	\$1,200.89	\$769.41	\$600.45	\$384.70	\$10,808.05	\$6,924.68
Single + Spouse	\$2,233.84	\$1,200.89	\$1,032.95	\$600.45	\$516.47	\$10,808.05	\$9,296.53
Family	\$2,679.98	\$1,200.89	\$1,479.09	\$600.45	\$739.54	\$10,808.05	\$13,311.79

Bronze High Deductible Plan

*Single = \$3,350 deductible - \$6,450 Total Out of Pocket Expense per calendar year
Family = \$6,450 deductible - \$12,900 Total Out of Pocket Expense per calendar year*

Coverage (18 Pay ONLY)	Cost	Monthly Contribution		Per Paycheck (18)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$1,033.75	\$982.07	\$51.69	\$491.03	\$25.84	\$8,838.59	\$465.19
Single + Child	\$1,691.01	\$0.00	\$1,691.01	\$0.00	\$845.51	\$0.00	\$15,219.13
Single + Spouse	\$1,919.14	\$0.00	\$1,919.14	\$0.00	\$959.57	\$0.00	\$17,272.25
Family	\$2,439.20	\$0.00	\$2,439.20	\$0.00	\$1,219.60	\$0.00	\$21,952.78