

2024 DOMESTIC FULL-TIME RATE SHEET

Monthly, pre-tax employee contribution rates are shown; divide rate by two to obtain biweekly, pre-tax rates.

MEDICAL PLAN EMPLOYEE CONTRIBUTIONS

Coverage Level	PPO Option 1	PPO Option 2	Highmark EPO / UPMC HMO	High-Deductible PPO with HSA
Employee Only				
Highmark	\$255	\$180	\$89	\$112
UPMC	\$103	\$43	\$74	\$24
Employee and 1 Child				
Highmark	\$556	\$415	\$475	\$301
UPMC	\$297	\$183	\$365	\$82
Employee and 2+ Children				
Highmark	\$640	\$481	\$593	\$354
UPMC	\$352	\$221	\$455	\$109
Employee and Spouse/Domestic Partner				
Highmark	\$726	\$550	\$710	\$409
UPMC	\$407	\$263	\$545	\$138
Family				
Highmark	\$1,068	\$816	\$1,182	\$622
UPMC	\$626	\$421	\$870	\$249

PRESCRIPTION PLAN EMPLOYEE CONTRIBUTIONS

Coverage Level	Option A	Option B
Employee Only	\$195	\$14
Employee and 1 Child	\$372	\$65
Employee and 2+ Children	\$423	\$79
Employee and Spouse/ Domestic Partner	\$473	\$93
Family	\$674	\$150

DENTAL PLAN EMPLOYEE CONTRIBUTIONS

Coverage Level	DHMO	Standard PPO	Enhanced PPO
Employee Only	\$13.28	\$13.04	\$31.94
Family	\$52.50	\$46.98	\$101.24

VISION PLAN EMPLOYEE CONTRIBUTIONS

Coverage Level	Davis Option 1	Davis Option 2	VBA Option 1	VBA Option 2
Employee	\$1.06	\$4.24	\$1.30	\$4.42
Family	\$6.36	\$17.48	\$7.78	\$18.18