

# 2024 DOMESTIC PART-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 |
|---|--------------|--------------|-------------------------|------------------------------|
| <b>Employee Only</b>                        |              |              |                         |                              |
| Highmark                                    | \$457        | \$386.50     | \$403.50                | \$323                        |
| UPMC  | \$308        | \$247        | \$337                   | \$211.50                     |
| <b>Employee and 1 Child</b>                 |              |              |                         |                              |
| Highmark                                    | \$838.50     | \$711.50     | \$847.50                | \$604                        |
| UPMC  | \$584        | \$475        | \$692.50                | \$380                        |
| <b>Employee and 2+ Children</b>             |              |              |                         |                              |
| Highmark                                    | \$946        | \$804        | \$978.50                | \$684.50                     |
| UPMC  | \$663        | \$539.50     | \$797                   | \$433.50                     |
| <b>Employee and Spouse/Domestic Partner</b> |              |              |                         |                              |
| Highmark                                    | \$1,055      | \$898        | \$1,108.50              | \$765                        |
| UPMC  | \$741.50     | \$605.50     | \$902                   | \$488                        |
| <b>Family</b>                               |              |              |                         |                              |
| Highmark                                    | \$1,488.50   | \$1,267      | \$1,630.50              | \$1,084                      |
| UPMC  | \$1,055.50   | \$863.50     | \$1,303.50              | \$702.50                     |

## PRESCRIPTION PLAN EMPLOYEE CONTRIBUTIONS

| Coverage Level                           | Option A | Option B |
|--|----------|----------|
| Employee Only                            | \$261    | \$86     |
| Employee and 1 Child                     | \$463.50 | \$166.50 |
| Employee and 2+ Children                 | \$522    | \$189.50 |
| Employee and Spouse/<br>Domestic Partner | \$579.50 | \$212.50 |
| Family                                   | \$810    | \$303.50 |