

2024 Health Plan Premiums

Effective July 1, 2024

BU 05: ACTIVE EMPLOYEES FORMERLY UNDER THE HSTA VEBA

BENEFIT PLAN	Type of Enrollment	Semi-monthly Employee Contribution	Monthly Employee Contribution	Monthly Employer Contribution	Percent Employer	Total
Medical Plans						
HSTA VB – PPO – 90/10 Plan – HMSA Medical and Chiropractic, CVS Caremark Prescription Drug, VSP Vision	Self	\$216.95	\$433.90	\$458.98	51.4%	\$892.88
	Two-Party	\$525.91	\$1,051.82	\$1,112.26	51.4%	\$2,164.08
	Family	\$670.48	\$1,340.96	\$1,417.50	51.4%	\$2,758.46
HSTA VB – PPO – 80/20 Plan – HMSA Medical and Chiropractic, CVS Caremark Prescription Drug, VSP Vision	Self	\$153.00	\$306.00	\$458.98	60.0%	\$764.98
	Two-Party	\$370.76	\$741.52	\$1,112.26	60.0%	\$1,853.78
	Family	\$472.50	\$945.00	\$1,417.50	60.0%	\$2,362.50
HSTA VB – HMO – Kaiser Permanente Comprehensive Medical, Drug, Chiropractic, and VSP Vision	Self	\$135.20	\$270.40	\$458.98	62.9%	\$729.38
	Two-Party	\$328.87	\$657.74	\$1,112.26	62.8%	\$1,770.00
	Family	\$420.38	\$840.76	\$1,417.50	62.8%	\$2,258.26
Dental Plan						
HSTA VB – HDS Dental	Self	\$8.09	\$16.18	\$24.28	60.0%	\$40.46
	Two-Party	\$16.19	\$32.38	\$48.54	60.0%	\$80.92
	Family	\$26.63	\$53.26	\$79.88	60.0%	\$133.14
HSTA VB – HDS Supplemental Dental	Self	\$3.78	\$7.56	\$11.32	60.0%	\$18.88
	Two-Party	\$7.55	\$15.10	\$22.66	60.0%	\$37.76
	Family	\$11.33	\$22.66	\$33.98	60.0%	\$56.64
Vision Plan						
HSTA VB – VSP Vision	Self	\$0.84	\$1.68	\$2.52	60.0%	\$4.20
	Two-Party	\$1.57	\$3.14	\$4.68	59.8%	\$7.82
	Family	\$2.05	\$4.10	\$6.12	59.9%	\$10.22
Life Insurance						
HSTA VB – Securian Life Insurance	Employee	\$0.00	\$0.00	\$4.12	100.0%	\$4.12