

## 2024 Rate Schedule - Laity

Monthly direct billing rates	Standard PPO Plan	High-Deductible PPO Plan
<i>Active Employee (a)</i>		
Employee	\$ 0.00	\$ 0.00
Employee & Spouse	\$ 850.00	\$ 600.00
Employee & Children	\$ 300.00	\$ 200.00
Family	\$1,150.00	\$ 800.00

(a) Amounts for active employee direct billing rates exclude the employer paid portion of the monthly premium. The employer paid-portion of the premium is \$650.00 (Standard Plan) and \$450.00 (High-Deductible Plan) per month.

## 2024 Rate Schedule – Voluntary Dental and Vision Plan for Laity

	Dental PPO	Vision
Employee only	\$29.29	\$7.28
Employee & Spouse	\$65.31	\$14.53
Employee & Children	\$62.61	\$13.82
Employee & Family	\$100.46	\$21.73