

J. J. Keller & Associates, Inc.

2024 Monthly Health and Dental Insurance Premiums

Full-Time

Health Plan										
Standard Plan					Higher Deductible Plan					
Single \$742.90	Associate Premium Portion				Single \$660.33	Associate Premium Portion				
	Health Assessment Participation					Health Assessment Participation				
	Base	Level 1	Level 2	Level 3		Base	Level 1	Level 2	Level 3	
	\$371.45	\$321.45	\$271.45	\$204.78	\$264.13	\$214.13	\$164.13	\$97.47		
Associate + Child(ren) \$1,286.88	Associate Premium Portion				Associate & Child(ren) \$1,152.96	Associate Premium Portion				
	Health Assessment Participation					Health Assessment Participation				
	Base	Level 1	Level 2	Level 3		Base	Level 1	Level 2	Level 3	
	\$643.44	\$593.44	\$543.44	\$476.77	\$461.18	\$411.18	\$361.18	\$294.52		
Family \$1,983.96	Associate				Family \$1,755.08	Associate				
	Health Assessment Participation					Health Assessment Participation				
	Base	Level 1	Level 2	Level 3		Base	Level1	Level2	Level3	
Spouse	Base	\$991.98	\$941.98	\$891.98	\$825.31	Base	\$702.03	\$652.03	\$602.03	\$535.37
	Level 1	\$941.98	\$891.98	\$841.98	\$775.31	Level 1	\$652.03	\$602.03	\$552.03	\$485.37
	Level 2	\$891.98	\$841.98	\$791.98	\$725.31	Level 2	\$602.03	\$552.03	\$502.03	\$435.87
	Level 3	\$825.31	\$775.31	\$725.31	\$658.65	Level 3	\$535.37	\$485.37	\$435.37	\$368.70

To determine monthly family premium, follow Associate level column and Spouse level row until they intersect. That is the monthly premium for family coverage.

Dental Plan	
Monthly Premium	Associate Portion
Single \$50.71	\$15.72
Family \$118.66	\$36.78

Voluntary Accident Plan	
Coverage	Associate Monthly Premium
Single	\$9.93
Associate + Child(ren)	\$20.00
Associate + Spouse	\$17.37
Family	\$27.44

J. J. Keller & Associates, Inc.

2024 Monthly Health and Dental Insurance Premiums

Part-Time 1

Health Plan											
Standard Plan					Higher Deductible Plan						
Single \$742.60	Associate Premium Portion				Health Assessment Participation						
	Base	Level 1	Level 2	Level 3							
	\$473.84	\$423.84	\$373.84	\$307.18	Single \$660.33	Associate Premium Portion					
Health Assessment Participation				Base		Level 1	Level 2	Level 3			
				\$312.86		\$262.86	\$212.86	\$146.20			
Associate +Child(ren) \$1,286.88	Associate Premium Portion				Health Assessment Participation						
	Base	Level 1	Level 2	Level 3							
	\$881.83	\$831.83	\$781.83	\$715.16	Associate & Child(ren) \$1,152.96	Associate Premium Portion					
Health Assessment Participation				Base		Level 1	Level 2	Level 3			
				\$608.44		\$558.44	\$508.44	\$441.78			
Family \$1,983.96	Associate				Health Assessment Participation						
	Base	Level 1	Level 2	Level 3							
	\$1,321.30	\$1,271.30	\$1,221.30	\$1,154.64	Family \$1,755.08	Associate					
Health Assessment Participation				Base		Level 1	Level 2	Level 3			
				\$886.38		\$836.38	\$786.38	\$719.71			
Spouse	Base	\$1,271.30	\$1,221.30	\$1,171.30	\$1,104.64	Spouse	Base	\$836.38	\$786.38	\$736.38	\$669.71
	Level 1	\$1,221.30	\$1,171.30	\$1,121.30	\$1054.64		Level 1	\$786.38	\$736.38	\$686.38	\$619.71
	Level 2	\$1,154.64	\$1,104.64	\$1054.64	\$987.97		Level 2	\$719.71	\$669.71	\$619.71	\$553.05
	Level 3	\$1,104.64	\$1054.64	\$987.97	\$987.97		Level 3	\$553.05	\$503.05	\$453.05	\$393.05

To determine monthly family premium, follow Associate level column and Spouse level row until they intersect. That is the monthly premium for family coverage.

Dental Plan	
Monthly Premium	Associate Portion
Single \$50.71	\$23.58
Family \$118.66	\$55.18

Voluntary Accident Plan	
Coverage	Associate Monthly Premium
Single	\$9.93
Associate + Child(ren)	\$20.00
Associate + Spouse	\$17.37
Family	\$27.44

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2024 Monthly Health and Dental Insurance Premiums

Part-Time 2

Health Plan											
Standard Plan					Higher Deductible Plan						
Single \$742.90	Associate Premium Portion					Single \$660.33	Associate Premium Portion				
		Health Assessment Participation						Health Assessment Participation			
	Base	Level 1	Level 2	Level 3			Base	Level 1	Level 2	Level 3	
	\$576.23	\$526.23	\$476.23	\$409.57			\$361.60	\$311.60	\$261.60	\$194.93	
Associate + Child(ren) \$1,286.88	Associate Premium Portion					Associate & Child(ren) \$1,152.96	Associate Premium Portion				
		Health Assessment Participation						Health Assessment Participation			
	Base	Level 1	Level 2	Level 3			Base	Level 1	Level 2	Level 3	
	\$1,120.21	\$1070.21	\$1020.21	\$953.55			\$755.70	\$705.70	\$655.70	\$589.03	
Family \$1,983.96	Associate					Family \$1,755.08	Associate				
		Health Assessment Participation						Health Assessment Participation			
	Base	Level 1	Level 2	Level 3			Base	Level 1	Level 2	Level 3	
Spouse	Base	\$1,650.63	\$1,600.63	\$1,550.63	\$1,483.96	Spouse	Base	\$1070.73	\$1020.73	\$970.73	\$904.06
	Level 1	\$1,600.63	\$1,550.63	\$1,500.63	\$1,433.96		Level 1	\$1020.73	\$970.73	\$920.73	\$854.06
	Level 2	\$1,550.63	\$1,500.63	\$1,450.63	\$1,383.96		Level 2	\$970.73	\$920.73	\$870.73	\$804.06
	Level 3	\$1,483.96	\$1,433.96	\$1,383.96	\$1,317.29		Level 3	\$904.06	\$854.06	\$804.06	\$737.40

To determine monthly family premium, follow Associate level column and Spouse level row until they intersect. That is the monthly premium for family coverage.

Dental Plan	
Monthly Premium	Associate Portion
Single \$50.71	\$31.44
Family \$118.66	\$73.56

Voluntary Accident Plan	
Coverage	Associate Monthly Premium
Single	\$9.93
Associate + Child(ren)	\$20.00
Associate + Spouse	\$17.37
Family	\$27.44