J. J. Keller & Associates, Inc. 2024 Monthly Health and Dental Insurance Premiums Full-Time

Неа							
Standard Plan							
		Asso	ciate Pre	mium Po	ortion		
Sin	gle		Health A	Health Assessment Participation			
\$742	2.90	Base	Level 1	Level 2	Level 3		
		\$371.45	\$321.45	\$271.45	\$204.78		
Associate + Child(ren)		Asso	ociate Pre	emium Po	ortion		
			Health Assessment Participation				
\$1,28		Base	Level 1	Level 2	Level 3		
		\$643.44	\$593.44	\$543.44	\$476.77		
		Associate					
Far \$1,98	nily 83.96		Health A	ssessment P	articipation		
Ψ- , 5.		Base	Level 1	Level 2	Level 3		
	Base	\$991.98	\$941.98	\$891.98	\$825.31		
Constant	Level 1	\$941.98	\$891.98	\$841.98	\$775.31		
Spouse	Level 2	\$891.98	\$841.98	\$791.98	\$725.31		
	Level 3	\$825.31	\$775.31	\$725.31	\$658.65		

lt	th Plan								
		ŀ	ligher Deductible Plan						
			Associate Premium Portion						
	Sin	gle		Health Assessment Participation					
	\$66	0.33	Base	Level 1	Level 2	Level 3			
			\$264.13	\$214.13	\$164.13	\$97.47			
			Asso	ciate Pren	nium Porti	ion			
	Associate & Child(ren) \$1,152.96			Health Assessment Participation					
			Base	Level 1	Level 2	Level 3			
			\$461.18	\$411.18	\$361.18	\$294.52			
			Associate						
		nily 55.08	Health Assessment Participation						
	Ψ-)/-		Base	Level1	Level2	Level3			
		Base	\$702.03	\$652.03	\$602.03	\$535.37			
	Spouse	Level 1	\$652.03	\$602.03	\$552.03	\$485.37			
		Level 2	\$602.03	\$552.03	\$502.03	\$435.87			
		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		
Standard Plan							
		As	sociate Pre	emium Po	rtion		
Sin	gle		Health	Assessment P	articipation		
\$74	2.60	Base	Level 1	Level 2	Level 3		
		\$473.84	\$423.84	\$373.84	\$307.18		
		As	sociate Pre	emium Po	rtion		
Associate +Child(ren) \$1,286.88			Health Assessment Participation				
		Base	Level 1	Level 2	Level 3		
		\$881.83	\$831.83	\$781.83	\$715.16		
_	_	Associate					
	nily 33.96		Health Assessment Participation				
. , .		Base	Level 1	Level 2	Level 3		
	Base	\$1,321.30	\$1,271.30	\$1,221.30	\$1,154.64		
Level 1		\$1,271.30	\$1,221.30	\$1,171.30	\$1,104.64		
Spouse	Spouse Level 2		\$1,171.30	\$1,121.30	\$1054.64		
	Level 3	\$1,154.64	\$1,104.64	\$1054.64	\$987.97		

rian								
Higher Deductible Plan								
		Associate Premium Portion						
Sing	gle		Health Assessment Participation					
\$660	0.33	Base	Level 1	Level 2	Level 3			
		\$312.86	\$262.86	\$212.86	\$146.20			
		Asso	ciate Pren	nium Port	tion			
	Associate & Child(ren)		Health Assessment Participatio					
\$1,15	-	Base	Level 1	Level 2	Level 3			
		\$608.44	\$558.44 \$508.44		\$441.78			
		Associate						
Fam \$1,75	•		Health Assessment Participatio					
Ψ2,73	5.00	Base	Level 1	Level 2	Level 3			
	Base		\$836.38	\$786.38	\$719.71			
Cmausa	Level 1	\$836.38	\$786.38	\$736.38	\$669.71			
Spouse	Level 2	\$786.38	\$736.38	\$686.38	\$619.71			
	Level 3	\$719.71	\$669.71	\$619.71	\$553.05			

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				

J. J. Keller & Associates, Inc. 2024 Monthly Health and Dental Insurance Premiums Part-Time 2

Health Plan											
Standard Plan						Higher Deductible Plan					
		As				Associate Premium Portion					
Sin	gle		Health A	ssessment Part	ticipation	Sin	gle		Health As	sessment Part	icipation
\$742	2.90	Base	Level 1	Level 2	Level 3	\$660	0.33	Base	Level 1	Level 2	Level 3
		\$576.23	\$526.23	\$476.23	\$409.57			\$361.60	\$311.60	\$261.60	\$194.93
		As	sociate Pre	mium Port	ion			Ass	ociate Prer	nium Porti	on
Assoc Child			Health A	ssessment Part	ticipation	Associ		Health Assessment Participation			icipation
\$1,28		Base	Level 1	Level 2	Level 3	Child(ren) \$1,152.96		Base	Level 1	Level 2	Level 3
		\$1,120.21	\$1070.21	\$1020.21	\$953.55			\$755.70	\$705.70	\$655.70	\$589.03
_			Asso	ciate					Assoc	iate	
Far \$1,98	mily 33.96		Health A	ssessment Part	icipation	Fan \$1,75	•	Health Assessment Participat		icipation	
. ,		Base	Level 1	Level 2	Level 3	7-/		Base	Level 1	Level 2	Level 3
	Base	\$1,650.63	\$1,600.63	\$1,550.63	\$1,483.96	Base		\$1070.73	\$1020.73	\$970.73	\$904.06
Spouse	Level 1	\$1,600.63	\$1,550.63	\$1,500.63	\$1,433.96	Spouse 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				