

PYE2024 Health Insurance Calculations

Employee Choice	Medical	Dental	M+D	Vision	Total M+D+V	Employee Monthly Cost	Agency Monthly Cost	Months	Employee Annual Cost	Agency Annual Cost	EAP = 2.25 LI	LI Monthly	LI + EAP	Total Agency Cost	
Dent/Vis + Sp	0.00	88.22	88.22	45.02	133.24	19.99	113.25	4.00	79.94	453.02	9.00	54.27	18.09	27.09	480.10
Dental + Vision	0.00	44.11	44.11	24.16	68.27	8.19	60.08	4.00	32.77	240.31	9.00	30.32	10.11	19.11	259.42
Dental/Vision Family	0.00	123.21	123.21	70.83	194.04	32.99	161.05	4.00	131.95	644.21	9.00	36.58	12.19	21.19	665.41
HMO	828.07	44.11	872.18	24.16	896.34	107.56	788.78	4.00	430.24	3155.12	9.00	28.53	9.51	18.51	3173.63
HMO	828.07	44.11	872.18	24.16	896.34	107.56	788.78	4.00	430.24	3155.12	9.00	57.71	19.24	28.24	3183.35
HMO	828.07	44.11	872.18	24.16	896.34	107.56	788.78	4.00	430.24	3155.12	9.00	30.74	10.25	19.25	3174.36
HMO	828.07	44.11	872.18	24.16	896.34	107.56	788.78	4.00	430.24	3155.12	9.00	33.39	11.13	20.13	3175.25
HMO	828.07	44.11	872.18	24.16	896.34	107.56	788.78	4.00	430.24	3155.12	9.00	28.53	9.51	18.51	3173.63
HMO + Children	1623.02	82.48	1705.50	24.16	1729.66	294.04	1435.62	4.00	1176.17	5742.47	9.00	36.69	12.23	21.23	5763.70
HMO + Dental	828.07	44.11	872.18	0.00	872.18	104.66	767.52	4.00	418.65	3070.07	9.00	31.21	10.40	19.40	3089.48
HMO/Vision Family	2484.21	44.11	2528.32	24.16	2552.48	433.92	2118.56	4.00	1735.69	8474.23	9.00	28.55	9.52	18.52	8492.75
PPO	942.71	44.11	986.82	24.16	1010.98	121.32	889.66	4.00	485.27	3558.65	9.00	104.98	34.99	43.99	3602.64
PPO	942.71	44.11	986.82	24.16	1010.98	121.32	889.66	1.50	181.98	1334.49	3.38	31.21	3.90	7.28	1341.77
PPO	942.71	44.11	986.82	24.16	1010.98	121.32	889.66	4.00	485.27	3558.65	9.00	35.62	11.87	20.87	3579.52
PPO	942.71	44.11	986.82	24.16	1010.98	121.32	889.66	4.00	485.27	3558.65	9.00	32.99	11.00	20.00	3578.65
PPO	942.71	44.11	986.82	24.16	1010.98	121.32	889.66	4.00	485.27	3558.65	9.00	32.15	10.72	19.72	3578.37
PPO	942.71	44.11	986.82	24.16	1010.98	121.32	889.66	4.00	485.27	3558.65	9.00	64.05	21.35	30.35	3589.00
PPO	942.71	44.11	986.82	24.16	1010.98	121.32	889.66	4.00	485.27	3558.65	9.00	33.89	11.30	20.30	3578.95
PPO	942.71	44.11	986.82	24.16	1010.98	121.32	889.66	4.00	485.27	3558.65	9.00	32.73	10.91	19.91	3578.56
PPO	942.71	44.11	986.82	24.16	1010.98	121.32	889.66	4.00	485.27	3558.65	9.00	35.75	11.92	20.92	3579.57
PPO	942.71	44.11	986.82	24.16	1010.98	121.32	889.66	4.00	485.27	3558.65	9.00	31.21	10.40	19.40	3578.05
PPO	942.71	44.11	986.82	24.16	1010.98	121.32	889.66	4.00	485.27	3558.65	9.00	33.69	11.23	20.23	3578.88
PPO + Children	1847.69	82.48	1930.17	70.83	2001.00	340.17	1660.83	4.00	1360.68	6643.32	9.00	46.03	15.34	24.34	6667.66
PPO Family	2848.11	123.21	2971.32	70.83	3042.15	517.17	2524.98	4.00	2068.66	10099.94	9.00	64.05	21.35	30.35	10130.29
PPO Family	2848.11	123.21	2971.32	70.83	3042.15	517.17	2524.98	4.00	2068.66	10099.94	9.00	59.00	19.67	28.67	10128.60
PPO Family	2828.11	123.21	2951.32	70.83	3022.15	513.77	2508.38	4.00	2055.06	10033.54	9.00	49.59	16.53	25.53	10059.07
PPO/Vision + Sp	1932.53	0.00	1932.53	45.02	1977.55	296.63	1680.92	4.00	1186.53	6723.67	9.00	33.69	11.23	20.23	6743.90
PPO+Vis	942.71	0.00	942.71	24.16	966.87	116.02	850.85	4.00	464.10	3403.38	9.00	30.32	10.11	19.11	3422.49
Vision Family	0.00	44.11	44.11	24.16	68.27	11.61	56.66	4.00	46.42	226.66	9.00	30.18	10.06	19.06	245.72
Vision Only	0.00	44.11	44.11	24.16	68.27	8.19	60.08	4.00	32.77	240.31	9.00	31.15	10.38	19.38	259.69
Vision Only	0.00	44.11	44.11	24.16	68.27	8.19	60.08	4.00	32.77	240.31	9.00	29.18	9.73	18.73	259.04
Vision Only	0.00	44.11	44.11	24.16	68.27	8.19	60.08	4.00	32.77	240.31	9.00	30.23	10.08	19.08	259.39
Vision Only	0.00	44.11	44.11	24.16	68.27	8.19	60.08	4.00	32.77	240.31	9.00	36.69	12.23	21.23	261.54
Waive	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.00	0.00	0.00	9.00	29.18	9.73	18.73	18.73
Waive	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.00	0.00	0.00	9.00	30.23	10.08	19.08	19.08
Waive	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.00	0.00	0.00	9.00	50.55	16.85	25.85	25.85
Waive	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.00	0.00	0.00	9.00	33.80	11.27	20.27	20.27
Waive	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.00	0.00	0.00	9.00	57.40	19.13	28.13	28.13
Waive	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.00	0.00	0.00	9.00	28.53	9.51	18.51	18.51
									20142.25	119512.58	345.38			850.41	120362.98
										99370.32	345.38			850.41	100566.10

Green Indicates Agency PYE2024 Health Expense for September through December
 Blue Indicates Total PDRMA Health Insurance Expense for FY2024 September through December
 Pink Indicates Employee Share Contribution for September through December