LFUCG

2024 Payroll Deductions

2024 Annual Gross Premiums

	PPO 1	PPO 2	HSA 1	HSA 2
Employee	\$758.91	\$561.61	\$511.15	\$501.48
Employee + Spouse	\$1,388.29	\$1,027.36	\$935.04	\$797.53
Employee + Child(ren)	\$1,292.68	\$956.60	\$870.66	\$745.04
Family	\$1,633.69	\$1,208.96	\$1,100.34	\$928.74

Payroll Deductions - 26 Pay Periods

NON-BARGAINING

Employee			
La la cellina delle	Non-Tobacco	Tobacco	
PPO 1	\$139.92	\$151.46	
PPO 2	\$48.86	\$60.40	
HSA 1	\$25.57	\$37.11	
HSA 2	\$21.11	\$32.65	

Employee/Child(ren)			
	Non-Tobacco	Tobacco	
PPO 1	\$374.74	\$386.28	
PPO 2	\$219.63	\$231.17	
HSA 1	\$179.96	\$191.50	
HSA 2	\$121.98	\$133.52	

Employee/Spouse				
	Both Non-Tobacco	Both Tobacco	One Tobacco	
PPO 1	\$407.33	\$430.41	\$418.87	
PPO 2	\$240.75	\$263.82	\$252.29	
HSA 1	\$198.14	\$221.22	\$209.68	
HSA 2	\$134.67	\$157.75	\$146.21	

Family			
	Both Non-Tobacco	Both Tobacco	One Tobacco
PPO 1	\$474.44	\$497.52	\$485.98
PPO 2	\$278.41	\$301.49	\$289.95
HSA 1	\$228.28	\$251.35	\$239.82
HSA 2	\$149.08	\$172.15	\$160.62

How to Calculate payroll deduction:

Monthly Premium - Supplement - Flex Credit - Tobacco Credit X 12 months / 26 pay periods = Payroll Deduction

Non-Bargaining	Supplement	Flex Credit	Tobacco Credit
Employee	\$75	\$355.74	\$25
Employee/Spouse	\$100	\$355.74	\$25/\$25
Employee/Child(ren)	\$100	\$355.74	\$25
Family	\$200	\$355.74	\$25/\$25

BARGAINING

Employee				
	Non-Tobacco	Tobacco		
PPO 1	\$93.77	\$105.31		
PPO 2	\$2.71	\$14.25		
HSA 1	(\$20,58)	(\$9.04)		
HSA 2	(\$25.04)	(\$13.50)		

Employee/Child(ren)			
	Non-Tobacco	Tobacco	
PPO 1	\$293.97	\$305.51	
PPO 2	\$138.86	\$150.40	
HSA 1	\$99.19	\$110.73	
HSA 2	\$41.22	\$52.75	

Employee/Spouse				
Both Non-Tobacco Both Tobacco One T				
PPO 1	\$326.56	\$349.64	\$338.10	
PPO 2	\$159.98	\$183.06	\$171.52	
HSA 1	\$117.37	\$140.45	\$128.91	
HSA 2	\$53.90	\$76.98	\$65.44	

Family			
	Both Non-Tobacco	Both Tobacco	One Tobacco
PPO 1	\$393.67	\$416.75	\$405.21
PPO 2	\$197.64	\$220.72	\$209.18
HSA 1	\$147.51	\$170.58	\$159.05
HSA 2	\$68.31	\$91.38	\$79.85

^{**} Negative number for payroll deduction indicates the amount of flex credit money available to purchase other eligible benefits

Bargaining	Supplement	Flex Credit	Tobacco Credit
Employee	\$0	\$530.74	\$25
Employee/Spouse	\$100	\$530.74	\$25/\$25
Employee/Child(ren)	\$100	\$530.74	\$25
Family	\$200	\$530.74	\$25/\$25