



Medical, Dental, Vision, Life and AD&D Benefits

Effective January 1, 2024

MVP Option 1	Monthly Premium	Hospital Share 75%	Employee Share 25%	Bi-Weekly Contrib. (24 PP's)	With FSA Contrib. to Cover Deductible (24 PP's)
Individual	\$1,402.14	\$1051.60	\$350.54	\$175.27	\$201.31
Family	\$3,628.18	\$2,721.13	\$907.05	\$453.52	\$505.60
\$2,500 Individual / \$5,000 Family Deductible / 75% contribution by ERH for full time – pro-rated for part time					
Out of Network: After deductible met, 40% covered					

MVP Option 2	Monthly Premium	Hospital Share 75%	Employee Share 25%	Bi-Weekly Contrib. (24 PP's)	With FSA Contrib. to Cover Deductible (24 PP's)
Individual	\$770.97	\$578.23	\$192.74	\$96.37	\$148.45
Family	\$2,563.63	\$1,922.72	\$640.91	\$320.46	\$424.62
\$5,000 Individual / \$10,000 Family Deductible / 75% contribution by ERH for full time – pro-rated for part time					
In-Network coverage only					
<i>We offer minimal essential coverage as required by the ACA for all eligible employees.</i>					

Flexible Spending Account (FSA)
Employees may elect to contribute up to \$3,200 in 2024. Employees can roll over up to \$610 of unused 2023 contributions to 2024.

Guardian Voluntary Dental Plans	Base Plan Monthly	Base Plan Bi-Weekly (24 PP's)	Enhanced Plan Monthly	Enhanced Plan Bi-Weekly (24 PP's)
Employee	\$43.98	\$21.99	\$53.82	\$26.91
Emp. & Spouse	\$81.90	\$40.95	\$100.25	\$50.13
Emp. & Child(ren)*	\$100.41	\$50.21	\$109.66	\$54.83
Family*	\$138.32	\$69.16	\$166.99	\$83.50

* include orthodontia benefit

Guardian Voluntary Vision Plan	Monthly	Bi-Weekly (24 PP's)
Employee	\$5.49	\$2.75
Emp. & Spouse	\$9.24	\$4.62
Emp. & Child(ren)	\$9.41	\$4.71
Family*	\$14.90	\$7.45

Guardian Voluntary Life & AD&D Plans
Access Benefits Portal for rates