

2024-2025 Benefit Package Employee Premium

Highmark BCBS of WNY - Employee Cost Share							
Coverage	Employee %	New Rates	Current Rates	DIFFERENCE	Monthly	<i>\$250 Wellness Card & Well360 Virtual Health are included</i>	
Tier	Cost Share	Per Pay	Per Pay	Per Pay	Plan Cost		
Traditional Copay-High <i>PPO 800 SBU pays 65%</i>	Ind	35%	\$147.08	\$156.48	-\$9.40		\$840.47
	Fam	35%	\$407.86	\$433.92	-\$26.06		\$2,330.63
Traditional Copay-Low <i>POS 250D SBU pays 75%</i>	Ind	25%	\$96.17	\$94.72	\$1.45		\$770.32
	Fam	25%	\$267.01	\$262.64	\$4.37		\$2,136.10
HSA Premium Plan <i>PPO HDHP SBU pays 92%</i>	Ind	8%	\$27.86	\$24.15	\$3.71		\$696.45
	Fam	8%	\$78.76	\$83.97	-\$5.21		\$1,968.85
Guardian Benefits - Premium							
Coverage	Employee %	New Rates	Current Rates	DIFFERENCE	Monthly		<i>Employee Assistance Plan Included</i>
Tier	Cost Share	Per Pay	Per Pay	Per Pay	Plan Cost		
Dental - Low	Ind	100%	\$15.33	\$14.26	\$1.07	\$30.66	
	Fam	100%	\$41.54	\$38.64	\$2.90	\$83.08	
Dental - High	Ind	100%	\$19.44	\$18.09	\$1.35	\$38.88	
	Fam	100%	\$55.08	\$51.24	\$3.84	\$110.16	
Accident - Low	<i>Emp Only</i>	100%	\$3.02	\$3.02	\$0.00	\$6.04	
	<i>Emp + Spouse</i>	100%	\$4.95	\$4.95	\$0.00	\$9.90	
	<i>Emp + Child</i>	100%	\$5.20	\$5.20	\$0.00	\$10.40	
	<i>Family</i>	100%	\$7.13	\$7.13	\$0.00	\$14.26	
Accident - High	<i>Emp Only</i>	100%	\$4.28	\$4.28	\$0.00	\$8.56	
	<i>Emp + Spouse</i>	100%	\$7.00	\$7.00	\$0.00	\$14.00	
	<i>Emp + Child</i>	100%	\$7.25	\$7.25	\$0.00	\$14.50	
	<i>Family</i>	100%	\$9.97	\$9.97	\$0.00	\$19.94	
Vision	Ind Fam	<i>SBU Pays 100% of the Premium Cost - even for Family Coverage</i>					