2024 Employee Payroll Deductions

Medical Plans – Semi Monthly (24) Payroll Deductions			
Medical	**HSA RBP**	**Premium RBP**	**PPO Plan**
EE Only	$12.60	$49.99	$142.25
EE + Spouse	$257.11	$398.93	$536.39
EE + Child(ren)	$202.70	$365.68	$523.45
EE + Family	$477.44	$817.30	$970.99

Dental & Vision Plans – Semi Monthly (24) Payroll Deductions			
	Dental Low Plan	**Dental High Plan**	**Vision Plan**
EE Only	$12.17	$21.61	$3.60
EE + Spouse	$28.04	$49.74	$6.05
EE + Child(ren)	$26.93	$52.18	$6.17
EE + Family	$42.78	$81.15	$9.75

Worksite Plans – Semi Monthly (24) Payroll Deductions					
	Accident Plan	**Cancer Low Plan**	**Cancer High Plan**	**Hospital Plan NON HSA**	**Hospital Plan HSA**
EE Only	$7.00	$5.06	$10.06	$15.29	$5.00
EE + SP	$11.83	$9.93	$19.73	$29.94	$18.55
EE + Child(ren)	$11.82	$6.03	$12.14	$24.56	$15.25
EE + Family	$16.66	$10.90	$21.80	$39.21	$24.29

Legal & Identity Plans – Semi Monthly (24) Payroll Deductions			
	LegalShield	**IDShield**	**Combined**
Individual	$7.97	$4.47	$12.45
Family (up to 8 minors)	$7.97	$9.47	$15.45

Short Term Disability
Rates vary based on your salary. Your semi-monthly payroll deductions will be shown in the UKG portal. To calculate your semi-monthly deduction, the rate formula is as follows: (Note: if your salary over $86,666.66, then note $86,666.66 as your salary below)

Annual Salary / 52 x .60 = $_____ Weekly Benefit Amount, THEN: Your Weekly Benefit Amount /10 x .165 = Your Semi-Monthly Premium

Examples:

Annual Salary	**Premium/check**
$30,000	$5.71
$40,000	$7.62
$50,000	$9.52
$86,666.66	$16.50

Voluntary Life Insurance
Rates vary based on age and the amount of coverage you elect. Your semi-monthly premium will be shown in UKG.

Life & Long Term Disability Insurance
SEU pays for employee coverage.