2023-2024 Contribution Schedule for All Employees

Please fill out each sheet on this workbook with the appropriate contributions as applicable to you. Contact benefits@wrmllc.com with any questions or concerns.

Health Plan PPO 0727	Total Cost	Employer Monthly Cost	Employee Monthly Cost	Employee Semi-Monthly Cost
EE	$ 1,090.25	$ 1,041.19	$ 49.06	$ 24.53
EE/Spouse	$ 2,102.36	$ 1,547.24	$ 555.12	$ 277.56
EE/Child	$ 1,918.27	$ 1,455.19	$ 463.08	$ 231.54
EE/Family	$ 2,746.42	$ 1,869.28	$ 877.14	$ 438.57

Health Plan BO 03559	Total Cost	Employer Monthly Cost	Employee Monthly Cost	Employee Semi-Monthly Cost
EE	$ 1,041.19	$ 1,041.19	$ -	$ -
EE/Spouse	$ 1,974.15	$ 1,507.67	$ 466.48	$ 233.24
EE/Child	$ 1,804.51	$ 1,422.85	$ 381.66	$ 190.83
EE/Family	$ 2,567.87	$ 1,804.53	$ 763.34	$ 381.67

Health Plan BO 05901	Total Cost	Employer Monthly Cost	Employee Monthly Cost	Employee Semi-Monthly Cost
EE	$ 857.84	$ 857.84	$ -	$ -
EE/Spouse	$ 1,654.20	$ 1,347.70	$ 306.50	$ 153.25
EE/Child	$ 1,509.36	$ 1,275.28	$ 234.08	$ 117.04
EE/Family	$ 2,160.97	$ 1,601.07	$ 559.90	$ 279.95

Vision Plan NVA	Total Cost	Employer Monthly Cost	Employee Monthly Cost	Employee Semi-Monthly Cost
EE	$ 5.24	$ -	$ 5.24	$ 2.62
EE/Spouse	$ 9.83	$ -	$ 9.83	$ 4.92
EE/Child	$ 8.18	$ -	$ 8.18	$ 4.09
EE/Family	$ 16.19	$ -	$ 16.19	$ 8.10
Dental **High**	**Total Cost**	**Employer Monthly Cost**	**Employee Monthly Cost**	**Employee Semi-Monthly Cost**
EE	$ 31.97	$ 31.97	$ -	$ -
EE/Spouse	$ 63.94	$ 47.96	$ 15.98	$ 7.99
EE/Child	$ 57.73	$ 44.85	$ 12.88	$ 6.44
EE/Family	$ 102.64	$ 67.30	$ 35.34	$ 17.67