

St. Luke's Employee Benefits

2024 Employee Contribution Rates

Semi-monthly Payroll Deductions



MEDICAL

FT = min .75 FTE

PT = min .4 FTE

Employee

*Employee +
Spouse

Employee +
Children

*Family

Basic

Full Time

\$33.24	\$154.03	\$126.08	\$196.76
\$126.08	\$266.92	\$218.92	\$385.08

Part Time

Premium

Full Time

\$87.57	\$251.09	\$209.42	\$326.53
\$203.09	\$439.41	\$363.98	\$539.11

Part Time

High Deductible

Full Time

\$18.99	\$85.99	\$71.22	\$121.86
\$97.06	\$204.15	\$168.28	\$292.24

Part Time

*Additional semi-monthly charge for Spousal Coverage when other coverage is available **+\$75.00**
or Spousal Affidavit/Certification is not received



DENTAL

FT = min .9 FTE

PT = min .4 FTE

Employee

Employee +
Spouse

Employee +
Children

Family

Basic

Full Time

\$2.65	\$10.14	\$8.21	\$18.66
\$6.68	\$16.57	\$13.56	\$26.00

Part Time

Premium

Full Time

\$7.24	\$22.89	\$18.71	\$36.34
\$13.87	\$31.75	\$26.00	\$46.18

Part Time



VISION

FT = min .9 FTE

PT = min .4 FTE

Employee

Employee +
Spouse

Employee +
Children

Family

Basic

Full Time & Part Time

\$2.20	\$5.16	\$5.52	\$8.02
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Premium

Full Time & Part Time

\$4.32	\$9.92	\$10.60	\$13.85
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Critical Illness and Accident premiums are not listed. Individualized rates are determined by age, selections made and smoking status. Rates will display during on-line enrollment.

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Monthly Payroll Deductions

LONG TERM DISABILITY

Age Group	Basic	Premium
		Rate per \$100 of Monthly Salary
Less than 25	Provided by St. Luke's at no cost to you	\$0.029
25-29		\$0.036
30-34		\$0.071
35-39		\$0.108
40-44		\$0.161
45-49		\$0.218
50-54		\$0.301
55-59		\$0.319
60-64		\$0.337
65-69		\$0.350
70+		\$0.359

To calculate monthly premium: Hourly Rate x 174 x FTE ÷ 100 x LTD Rate

EMPLOYEE SUPPLEMENTAL LIFE

Attained Age	Full Time Rate per \$1,000 of Annual Salary	Part Time Rate per \$10,000 Unit
Less than 25	\$0.050	\$0.50
25 – 29	\$0.060	\$0.60
30 – 34	\$0.080	\$0.80
35 – 39	\$0.090	\$0.90
40 – 44	\$0.122	\$1.22
45 – 49	\$0.202	\$2.02
50 – 54	\$0.298	\$2.98
55 – 59	\$0.537	\$5.37
60 – 64	\$0.926	\$9.26
65 – 69	\$1.532	\$15.32
70 – 74	\$2.351	\$23.51
75 – 79	\$3.607	\$36.07
80 - 84	\$3.607	\$36.07
85+	\$5.184	\$51.84

Calculate Monthly Premium

Salary x # increments = (round up \$) divide by 1,000 = then multiply that amt. by age amt on table above =
Monthly Cost \$ _____

Dependent Life

Plan	Cost Per Month
\$20,000 Spouse / \$10,000 Child	\$2.35
5,000 Spouse / \$2,500 Child	\$1.17