



**Glacial Community YMCA  
Benefit Plan Rates  
Effective January 1, 2024**

**Health & Vision Plan**

	Total Monthly Premium	60% paid by YMCA	40% paid by Employee	RALLY SURVEY COMPLETE	\$ per paycheck	NOT COMPLETE	\$ per paycheck
<b>HDHP 2750</b>							
Family	2257.20	1354.32	902.88		451.44		677.16
Employee / Spouse	1652.40	991.44	660.96		330.48		495.72
Employee / Child (ren)	1360.40	816.24	544.16		272.08		408.12
Employee Only	755.60	453.36	302.24		151.12		226.68
<b>NEW in 2024 Surest Gold</b>							
	Total Monthly Premium	65% paid by YMCA	35% paid by Employee		\$ per paycheck		\$ per paycheck
Family	2121.80	1379.17	742.63		371.32		477.41
Employee / Spouse	1553.60	1009.84	543.76		271.88		349.56
Employee / Child (ren)	1278.60	831.09	447.51		223.76		287.69
Employee Only	710.40	461.76	248.64		124.32		159.84
<b>HDHP 4000</b>							
	Total Monthly Premium	75% paid by YMCA	25% paid by Employee		\$ per paycheck		\$ per paycheck
Family	1679.20	1259.40	419.80		209.90		377.82
Employee / Spouse	1230.20	922.65	307.55		153.78		276.80
Employee / Child (ren)	1010.60	757.95	252.65		126.33		227.39
Employee Only	561.60	421.20	140.40		70.20		126.36

Our Y earns premium credits for on-line Rally Health survey participation by individuals 19 years of age and older and covered by a Y plan. Without everyone's participation, our ability to earn the maximum credit allowed is diminished and therefore those not participating in the survey, will be required to pay a greater portion of their monthly premium.

To receive full benefit of premiums paid by the Y, all eligible participants\* are required to complete the survey on or before **January 15, 2024**. Employees not meeting this requirement will pay a larger portion of monthly premium as noted here beginning in February, 2024.

\*Eligible participants: employee, spouse, 19-25 year old children covered on plan as of 1/1/24.

Refer to benefits page on Employee Portal for instructions and link to the survey.

**Dental Plan**

	Total Monthly Premium	70% paid by YMCA	30% paid by Employee	\$ per paycheck
<b>CIGNA Dental</b>				
Family	121.50	85.05	36.45	18.23
Employee / Spouse	88.80	62.16	26.64	13.32
Employee / Child (ren)	73.40	51.38	22.02	11.01
Employee Only	40.70	28.49	12.21	6.11

**Optional Life Insurance**

Age	Premium Rate per \$1,000 of coverage (2 times salary)
< 25	0.05
25 - 39	0.06
40 - 44	0.08
45 - 49	0.12
50 - 54	0.18
55 - 59	0.29
60 - 64	0.48
65 - 69	0.89
70	1.90