

2024 BI-WEEKLY PLAN RATES

MEDICAL

	NON-TOBACCO		TOBACCO	
	No Wellness Credit	Includes Wellness Credit	No Wellness Credit	Includes Wellness Credit
HSA BASIC PLAN				
EE Only	\$35	\$0	\$65	\$30
EE + SP or DP	\$125	\$90	\$185	\$150
EE + Child(ren)	\$107	\$72	\$167	\$132
Family	\$157	\$122	\$217	\$182
HSA PLUS PLAN				
EE Only	\$99	\$64	\$129	\$94
EE + SP or DP	\$173	\$138	\$233	\$198
EE + Child(ren)	\$144	\$109	\$204	\$169
Family	\$222	\$187	\$282	\$247
PPO PLAN				
EE Only	\$135	\$100	\$165	\$130
EE + SP or DP	\$244	\$209	\$304	\$269
EE + Child(ren)	\$206	\$171	\$266	\$231
Family	\$329	\$294	\$389	\$354

To learn how you can save \$910 per year on your medical premiums, please visit www.masonitebenefits.com.

DENTAL

Tier	Rate
EE Only	\$6.80
EE + SP/DP	\$13.60
EE + CH	\$15.00
Family	\$21.75

VISION

Tier	Rate
EE Only	\$2.55
EE + SP/DP	\$5.10
EE + CH	\$5.61
Family	\$8.92