

2024 Health Care Contributions



Your Health Plan employee contributions will be deducted from your pay on a pretax basis and determined based on your annual base salary as of December 31, 2023.

MEDICAL CONTRIBUTIONS

WEEKLY	HSA BASIC		HSA PLUS		PPO	
	Less than \$50k	\$50k or more	Less than \$50k	\$50k or more	Less than \$50k	\$50k or more
WITH TOBACCO-FREE PLEDGE						
Employee Only	\$13.85	\$20.77	\$28.15	\$42.23	\$71.31	\$106.85
Employee + Child(ren)	\$21.69	\$32.31	\$44.31	\$66.23	\$112.15	\$168.46
Employee + Spouse*	\$27.00	\$40.62	\$55.62	\$82.38	\$136.15	\$204.00
Family	\$41.54	\$62.31	\$75.00	\$117.46	\$171.00	\$256.62
WITHOUT TOBACCO-FREE PLEDGE						
Employee Only	\$18.00	\$27.00	\$36.69	\$54.92	\$92.77	\$138.69
Employee + Child(ren)	\$28.15	\$42.23	\$57.69	\$86.08	\$146.08	\$218.77
Employee + Spouse*	\$35.08	\$52.62	\$67.38	\$107.08	\$177.00	\$265.38
Family	\$54.00	\$81.00	\$92.31	\$152.77	\$222.23	\$333.46

BI-WEEKLY	HSA BASIC		HSA PLUS		PPO	
	Less than \$50k	\$50k or more	Less than \$50k	\$50k or more	Less than \$50k	\$50k or more
WITH TOBACCO-FREE PLEDGE						
Employee Only	\$27.69	\$41.54	\$56.31	\$84.46	\$142.62	\$213.69
Employee + Child(ren)	\$43.38	\$64.62	\$88.62	\$132.46	\$224.31	\$336.92
Employee + Spouse*	\$54.00	\$81.23	\$111.23	\$164.77	\$272.31	\$408.00
Family	\$83.08	\$124.62	\$150.00	\$234.92	\$342.00	\$513.23
WITHOUT TOBACCO-FREE PLEDGE						
Employee Only	\$36.00	\$54.00	\$73.38	\$109.85	\$185.54	\$277.38
Employee + Child(ren)	\$56.31	\$84.46	\$115.38	\$172.15	\$292.15	\$437.54
Employee + Spouse*	\$70.15	\$105.23	\$134.77	\$214.15	\$354.00	\$530.77
Family	\$108.00	\$162.00	\$184.62	\$305.54	\$444.46	\$666.92

SEMI-MONTHLY	HSA BASIC		HSA PLUS		PPO	
	Less than \$50k	\$50k or more	Less than \$50k	\$50k or more	Less than \$50k	\$50k or more
WITH TOBACCO-FREE PLEDGE						
Employee Only	\$30.00	\$45.00	\$61.00	\$91.50	\$154.50	\$231.50
Employee + Child(ren)	\$47.00	\$70.00	\$96.00	\$143.50	\$243.00	\$365.00
Employee + Spouse*	\$58.50	\$88.00	\$120.50	\$178.50	\$295.00	\$442.00
Family	\$90.00	\$135.00	\$162.50	\$254.50	\$370.50	\$556.00
WITHOUT TOBACCO-FREE PLEDGE						
Employee Only	\$39.00	\$58.50	\$79.50	\$119.00	\$201.00	\$300.50
Employee + Child(ren)	\$61.00	\$91.50	\$125.00	\$186.50	\$316.50	\$474.00
Employee + Spouse*	\$76.00	\$114.00	\$146.00	\$232.00	\$383.50	\$575.00
Family	\$117.00	\$175.50	\$200.00	\$331.00	\$481.50	\$722.50

* Employees that choose to cover a spouse will be required to certify that the spouse does not have coverage available through another employer. If your spouse has other coverage available and you enroll him/her in the Watts Water medical plan, there will be a \$50 per month surcharge for enrollment.

DENTAL

	WEEKLY	BI-WEEKLY	SEMI-MONTHLY
Employee Only	\$2.54	\$5.08	\$5.50
Employee + Child(ren)	\$4.96	\$9.92	\$10.75
Employee + Spouse	\$7.38	\$14.77	\$16.00
Family	\$9.92	\$19.85	\$21.50

VISION

	WEEKLY	BI-WEEKLY	SEMI-MONTHLY
Employee Only	\$2.28	\$4.55	\$4.93
Employee + Child(ren)	\$3.66	\$7.32	\$7.93
Employee + Spouse	\$3.58	\$7.17	\$7.77
Family	\$5.90	\$11.80	\$12.78