

NON-UNION STAFF CALENDAR YEAR 2024

Payroll Deduction Period: January-December

Bi-monthly deduction - will not be deducted on the third pay of a month

**WMHIP/PRIORITY HEALTH INSURANCE
PAYROLL DEDUCTION PER 24 PAYS**

COVERAGE LEVEL	Deduction
SINGLE COVERAGE	\$58.50
2 PERSON COVERAGE	\$165.91
FAMILY COVERAGE	\$133.82

2024 COST CALCULATION: WMHIP PRIORITY HEALTH | NON-UNION

COVERAGE LEVEL	MONTHLY PREMIUM	ANNUAL PREMIUM	2024 CAP EMPLOYER MAXIMUM	ANNUAL EMPLOYEE PREMIUM SHARE	2024 HSA DEDUCTIBLE DEPOSIT MAXIMUM	PER PAY EMPLOYEE PREMIUM + HSA SHARE DISTRIBUTION (OVER CAP)		TOTAL DEDUCTION 24 PAYS
SINGLE COVERAGE	\$625.58	\$7,506.96	\$7,702.85	(\$195.89)	\$1,600.00	\$0.00	\$58.50	\$58.50
2 PERSON COVERAGE	\$1,407.57	\$16,890.84	\$16,109.06	\$781.78	\$3,200.00	\$32.57	\$133.33	\$165.91
FAMILY COVERAGE	\$1,751.62	\$21,019.44	\$21,007.83	\$11.61	\$3,200.00	\$0.48	\$133.33	\$133.82

**GSRP Associate Teachers and full-time Aides are eligible for employee only medical.*