

2024 Monthly Medical Contributions

Coverage Level	HRA Plan	HSA Plan	Primary Plan
Employee Only (EE Only)	\$177	\$159	\$101
Employee + Spouse/Domestic Partner (EE + SP/DP)	\$471	\$426	\$296
Employee + Child/Children (EE + CH)	\$389	\$352	\$244
Family	\$598	\$540	\$375