

AFSCME 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/PH INSURANCE PAYROLL
DEDUCTION PER 24 PAYS**

COVERAGE LEVEL	Deduction
SINGLE COVERAGE	\$58.98
2 PERSON COVERAGE	\$166.98
FAMILY COVERAGE	\$135.14

2024 COST CALCULATION: WMHIP PRIORITY HEALTH | AFSCME

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	\$626.53	\$7,518.36	\$7,702.85	(\$184.49)	\$1,600.00	\$0.00	\$58.98	\$58.98
2 PERSON COVERAGE	\$1,409.71	\$16,916.52	\$16,109.06	\$807.46	\$3,200.00	\$33.64	\$133.33	\$166.98
FAMILY COVERAGE	\$1,754.27	\$21,051.24	\$21,007.83	\$43.41	\$3,200.00	\$1.81	\$133.33	\$135.14