

# 2024 Benefit Plan Rates

Per pay period		GENERAL GOVERNMENT			MNPS EMPLOYEES	
	Coverage Level	12-month Bi-Weekly	12-month Semi-Monthly	9-month Semi-Monthly	12-month Bi-Weekly	10-month Bi-Weekly
<b>MEDICAL</b>						
<b>PPO</b>	Employee only	\$103.38	\$112.00	\$149.33	\$103.38	\$134.40
	Employee + child(ren)	\$144.92	\$157.00	\$209.33	\$144.92	\$188.40
	Employee + family	\$265.38	\$287.50	\$383.33	\$265.38	\$345.00
<b>HRA Plan</b>	Employee only	\$104.31	\$113.00	\$150.67	\$104.31	\$135.60
	Employee + child(ren)	\$149.08	\$161.50	\$215.33	\$149.08	\$193.80
	Employee + family	\$273.23	\$296.00	\$394.67	\$273.23	\$355.20
<b>DENTAL</b>						
<b>Flexible Plan</b>	Employee only	Metro provides employee only dental coverage at no cost to you				
	Employee + family	\$18.84	\$20.42	\$27.22	\$18.84	\$24.50
<b>Limited Plan</b>	Employee only	Metro provides employee only dental coverage at no cost to you				
	Employee + family	\$23.99	\$25.99	\$34.65	\$23.99	\$31.19
<b>VISION</b>						
<b>Basic Plan</b>	Employee only	\$1.36	\$1.48	\$1.97	\$1.36	\$1.77
	Employee + family	\$4.16	\$4.51	\$6.01	\$4.16	\$5.41
<b>Enhanced Plan</b>	Employee only	\$2.15	\$2.33	\$3.11	\$2.15	\$2.80
	Employee + family	\$6.87	\$7.44	\$9.92	\$6.87	\$8.93