

2024 Employee Premiums for WMC Health Plan for NYSNA Eligible Staff Hired Before January 5, 2017

This material describes the premiums that NYSNA eligible staff hired before 1/5/2017 pay via payroll deduction to enroll in the health plan.

NYSNA Full-time Eligible Staff Hired Before 1/5/2017 and Grandfathered NYSNA Part-timers

For full-time eligible employees, no premium is required to enroll in the grandfathered health plan. Also, grandfathered part-timers hired prior to 7/1/99 do not pay premiums to enroll in the grandfathered health plan.

Premiums for NYSNA Part-time Eligible Staff for Single Coverage

For part-time NYSNA eligible staff hired before 1/5/2017 and budgeted to work 15 hours per week but less than 37.5 hours per week, your premium for single coverage depends if you enroll in the grandfathered NYSNA plan or choose to switch to the same plan provided to Non-Represented employees with the applicable premiums.

For Eligible Part-time NYSNA Eligible	Your 2024 Bi-weekly Premium for Single Coverage			
Staff Hired before 1/5/2017 & Level of Coverage You Choose: (includes medical, prescription drugs, dental, and vision benefits)	Continue with NYSNA Grandfathered Plan	Option 1: Elect Non-Rep Plan, but do <u>not</u> Participate in Health Premium Reduction Plan	Option 2: Elect Non-Rep Plan, and Participate in the Health Premium Reduction Plan	
15.00 Hours Worked per Week	\$265.53/bi-weekly	\$110.64/bi-weekly	\$99.10/bi-weekly	
18.75 Hours Worked per Week	\$221.27/bi-weekly	\$110.64/bi-weekly	\$99.10/bi-weekly	
22.50 Hours Worked per Week	\$177.02/bi-weekly	\$110.64/bi-weekly	\$99.10/bi-weekly	
26.25 Hours Worked per Week	\$132.76/bi-weekly	\$110.64/bi-weekly	\$99.10/bi-weekly	
30.00 Hours Worked per Week	\$88.51/bi-weekly	\$110.64/bi-weekly	\$99.10/bi-weekly	
33.72 Hours Worked per Week	\$44.25/bi-weekly	\$110.64/bi-weekly	\$99.10/bi-weekly	

Premiums for NYSNA Part-time Eligible Staff for Family Coverage

For part-time NYSNA eligible staff hired before 1/5/2017 and budgeted to work 15 hours per week but less than 37.5 hours per week, your premium for family coverage depends upon if you enroll in the grandfathered NYSNA plan or choose to switch to the same plan provided to Non-Represented employees with the applicable premiums.

For Eligible Part-time NYSNA	Your 2024 Bi-weekly Premium for Family Coverage					
Staff Hired before 1/5/2017 & Level of Coverage You Choose: (includes medical, prescription drugs, dental, and vision	Continue with NYSNA Grandfathered	Option 1: Elect Non-Rep Plan, but do <u>not</u> Participate in Health Premium Reduction Plan		2: Elect Non-Rep Plan, and he Health Premium Reduction Plan		
benefits)	Plan		Employee + 1	Employee + 2	Employee + 3	
15.00 Hours Worked per Week	\$663.81/bi-weekly	\$276.59/bi-weekly	\$253.51/bi-weekly	\$241.97/bi-weekly	\$230.43/bi-weekly	
18.75 Hours Worked per Week	\$553.18/bi-weekly	\$276.59/bi-weekly	\$253.51/bi-weekly	\$241.97/bi-weekly	\$230.43/bi-weekly	
22.50 Hours Worked per Week	\$442.54/bi-weekly	\$276.59/bi-weekly	\$253.51/bi-weekly	\$241.97/bi-weekly	\$230.43/bi-weekly	
26.25 Hours Worked per Week	\$331.91/bi-weekly	\$276.59/bi-weekly	\$253.51/bi-weekly	\$241.97/bi-weekly	\$230.43/bi-weekly	
30.00 Hours Worked per Week	\$221.27/bi-weekly	\$276.59/bi-weekly	\$253.51/bi-weekly	\$241.97/bi-weekly	\$230.43/bi-weekly	
33.72 Hours Worked per Week	\$110.64/bi-weekly	\$276.59/bi-weekly	\$253.51/bi-weekly	\$241.97/bi-weekly	\$230.43/bi-weekly	

Option 1 and Option 2: If your spouse/domestic partner has medical coverage available with another employer and does not work for WMCHealth, or you do not complete the 2024 Surcharge Verification Form, a surcharge of \$46.15 per pay period is added to the premium amounts above. See link at: https://wmchealth.tfaforms.net/273.

The Pre-Tax Advantage

The Internal Revenue Code permits employees to pay their premiums for health care benefits on a pre-tax basis via payroll deduction. This means that your health premiums are not subject to federal tax (and, in most cases, no state or local income taxes). As a rule, pre-tax deductions save you the amount of the deduction multiplied by your marginal tax rate. The net result is that you will have a higher takehome pay than if you purchased the same coverage on an after-tax basis. For example, if you pay premiums of \$30 on a "pre-tax" basis and your tax rate is 33%, your net after tax cost is \$20, depending upon your tax filing status. Different rules apply for domestic partners.

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2024 Health Premium Reduction Plan (for part-timers choosing Option 2 above)

Enrolling in the Health Premium Reduction Plan and completing the biometric screening is very valuable; it reduces your premium by \$25 per month per person enrolled (\$300 a year), up to a maximum of \$100 per month (\$1,200 a year). To be eligible for the premium discount, you have a choice of three activities, to complete early in 2024:

- a) Complete a Wellness Screening onsite, or go directly to a local Quest center using the Quest Wellness screening form,
- b) Take a physical exam with your primary physician completing the Quest Wellness screening form, or
- c) Complete a private health risk assessment and registering with the Aetna site to help you reflect upon healthy action steps you can take in 2024.

More details will follow early in 2024. Please note that only employees need to participate, not their spouse or children enrolled, to earn the full premium reduction.

Note: You must complete the participation form for the premium reduction during Open Enrollment by December 1, 2023. If you do not enroll during open enrollment, you will not be able to join later for 2024. Finally, if you enroll for the premium discount and do not complete the 2024 healthy action steps, your premiums increase to the higher level had you not joined the premium discount plan.

Remember if you do not sign up for the Health Premium Reduction during open enrollment, you will pay the higher premium shown in the tables above.

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