



# WMC Medical Benefits Plan (Non-Grandfathered) 2024 Employee Premiums for Eligible Staff

This material describes premiums that employees pay via payroll deduction to enroll in the Westchester Medical Center (WMC) Medical Benefits Plan. Separate rates apply for full-time eligible and part-time eligible employees. Employees enrolled in the WMC Medical Benefits Plan are also able to participate in the Health Premium Reduction Plan.

## Premiums for Full-time Employees

For full-time eligible employees budgeted to work 35 hours per week or more, your premium depends upon the number of family members you enroll, whether you choose to participate in the Premium Reduction Plan, and whether a spouse/domestic partner surcharge applies. If your spouse/domestic partner has medical coverage available with another employer and does not work for WMC, or you do not complete the **2024 Surcharge Verification Form**, a surcharge of \$46.15 per pay period is added to the amounts below. See link at: <https://wmchealth.tfaforms.net/273>.

For Eligible Full-time Employees & Level of Coverage You Choose: (includes medical, prescription drugs, dental, and vision benefits)	Your 2024 Bi-weekly Premium if You:	
	<u>Do Not</u> participate in Health Premium Reduction Plan	Participate in the Health Premium Reduction Plan
Employee Only	\$39.23/bi-weekly	\$27.69/bi-weekly
Employee + 1 Dependent	\$78.46/bi-weekly	\$55.38/bi-weekly
Employee + 2 Dependents	\$117.69/bi-weekly	\$83.07/bi-weekly
Employee + 3 or More Dependents	\$156.92/bi-weekly	\$110.77/bi-weekly

## Premiums for Part-time Employees

For part-time eligible employees budgeted to work 17.5 hours per week but less than 35 hours per week, your premium depends upon the number of family members you enroll, whether you choose to participate in the Premium Reduction Plan, and whether a spouse/domestic partner surcharge applies. If your spouse/domestic partner has medical coverage available with another employer and does not work for WMC, or you do not complete the **2024 Surcharge Verification Form**, a surcharge of \$46.15 per pay period is added to the amounts below.

For Eligible Part-time Employees & Level of Coverage You Choose: (includes medical, prescription drugs, dental, and vision benefits)	Your 2024 Bi-weekly Premium if You:	
	<u>Do Not</u> participate in Health Premium Reduction Plan	Participate in the Health Premium Reduction Plan
Employee Only	\$110.64/bi-weekly	\$99.10/bi-weekly
Employee + 1 Dependent	\$276.59/bi-weekly	\$253.51/bi-weekly
Employee + 2 Dependents	\$276.59/bi-weekly	\$241.97/bi-weekly
Employee + 3 or More Dependents	\$276.59/bi-weekly	\$230.44/bi-weekly

### ***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 take-home 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.

### **2024 Health Premium Reduction Plan**

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).

WMC is pleased to continue to offer the health premium monthly discount for eligible staff to \$25 per person enrolled (capped at \$100 per month or \$1,200 per year for a family of 4 or more). 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.**