

EMPLOYEE BENEFITS 2024 RATES

Effective Jan. 1, 2024 – Dec. 31, 2024



For ALL Employees Electing Group Medical & Dental Coverage with **Allied Benefits**

Basic Option: Medical Plan Weekly Contribution

Plan Choice	Monthly Premium Employer/Employee Combined	Weekly Company Rate	Weekly Employee Rate (Pre-Tax)	Weekly Employee Rate w/ Tobacco Free Credit (Pre-Tax)
Employee Only	\$560	\$85*	\$45*	\$40
Employee + 1	\$1,028	\$145*	\$93*	\$88
Family	\$1,511	\$193*	\$156*	\$151

*Cost will be \$5 less each week if non tobacco certification is signed, otherwise full.

PPO Option: Medical Plan Weekly Contribution

Plan Choice	Monthly Premium Employer/Employee Combined	Weekly Company Rate	Weekly Employee Rate (Pre-Tax)	Weekly Employee Rate w/ Tobacco Free Credit (Pre-Tax)
Employee Only	\$782	\$106*	\$74*	\$69
Employee + 1	\$1,434	\$195*	\$136*	\$131
Family	\$2,178	\$285*	\$218*	\$213

*Cost will be \$5 less each week if non tobacco certification is signed, otherwise full.

Dental Plan Weekly Contribution

Plan Choice	Monthly Premium	Weekly Company Rate	Weekly Employee Rate (Pre-tax)
Employee Only	\$52	\$3	\$9
Employee + 1	\$104	\$9	\$15
Family	\$152	\$11	\$24

*TeamCraft Roofing reserves the right to change rates and/or contribution levels at any time.