

THE HARTFORD 2024 PLAN OPTIONS

2024 Bi-weekly Contributions

HEALTH PLAN OPTION*	SALARY: \$0-\$44,999.99				SALARY: \$45,000 - \$59,999.99				SALARY: \$60,000 - \$99,999.99				SALARY: \$100,000 - \$149,999.99				SALARY: \$150,000 AND OVER			
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
MyChoice Core (\$3,600/\$7,200 HDHP)	\$35.15	\$52.35	\$47.93	\$65.01	\$38.82	\$54.53	\$49.75	\$68.20	\$41.35	\$59.97	\$54.30	\$76.17	\$45.90	\$69.76	\$62.50	\$90.51	\$50.44	\$79.51	\$70.66	\$104.79
MyChoice Plus (\$1,800/\$3,600 HDHP)	\$66.03	\$117.35	\$102.33	\$160.23	\$71.47	\$124.72	\$108.51	\$171.03	\$80.04	\$143.16	\$123.95	\$198.05	\$95.48	\$176.35	\$151.73	\$246.67	\$107.05	\$209.42	\$179.43	\$295.13
MyChoice Select (\$300/\$600 PPO)	\$77.18	\$137.02	\$118.80	\$189.05	\$81.35	\$145.98	\$126.31	\$202.17	\$91.76	\$168.34	\$145.04	\$234.95	\$110.48	\$208.62	\$178.75	\$293.95	\$129.14	\$248.73	\$212.33	\$352.72
Hawaii - PPO	\$25.96	\$198.59	\$170.20	\$293.15	\$25.96	\$198.59	\$170.20	\$293.15	\$34.62	\$211.81	\$181.57	\$312.69	\$57.69	\$258.16	\$221.28	\$381.09	\$57.69	\$258.16	\$221.28	\$381.09

DENTAL PLAN OPTION All Salary Bands	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Enhanced Plan (\$50 Deductible)	\$10.13	\$20.27	\$27.85	\$37.98
Basic Plan (\$100 Deductible)	\$5.94	\$11.88	\$16.33	\$22.26

VISION PLAN OPTION	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
EyeMed Vision	\$3.52	\$6.14	\$6.67	\$10.19

* To be eligible to receive well-being credits, you must be enrolled in The Hartford's High Deductible Health Plan (MyChoice Core / MyChoice Plus) or MyChoice Select plan options. Dependents, and plan members on long-term disability or COBRA, are not eligible for well-being credits. In addition, to receive well-being credits you and your covered spouse/partner, if applicable, must be registered on My Wellness at Work.



THE HARTFORD 2024 PLAN OPTIONS

2024 Semi-monthly Contributions

HEALTH PLAN OPTION*	SALARY: \$0-\$44,999.99				SALARY: \$45,000 - \$59,999.99				SALARY: \$60,000 - \$99,999.99				SALARY: \$100,000 - \$149,999.99				SALARY: \$150,000 AND OVER			
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
MyChoice Core (\$3,600/\$7,200 HDHP)	\$38.08	\$56.71	\$51.92	\$70.42	\$42.05	\$59.08	\$53.89	\$73.88	\$44.79	\$64.97	\$58.82	\$82.51	\$49.72	\$75.58	\$67.71	\$98.06	\$54.64	\$86.14	\$76.55	\$113.53
MyChoice Plus (\$1,800/\$3,600 HDHP)	\$71.54	\$127.13	\$110.86	\$173.58	\$77.43	\$135.12	\$117.55	\$185.28	\$86.71	\$155.09	\$134.28	\$214.55	\$103.44	\$191.05	\$164.38	\$267.23	\$115.97	\$226.88	\$194.38	\$319.72
MyChoice Select (\$300/\$600 PPO)	\$83.61	\$148.43	\$128.71	\$204.80	\$88.13	\$158.14	\$136.83	\$219.02	\$99.40	\$182.37	\$157.12	\$254.53	\$119.69	\$226.00	\$193.65	\$318.44	\$139.90	\$269.46	\$230.03	\$382.11
Hawaii - PPO	\$28.13	\$215.14	\$184.39	\$317.57	\$28.13	\$215.14	\$184.39	\$317.57	\$37.50	\$229.46	\$196.70	\$338.75	\$62.50	\$279.68	\$239.72	\$412.85	\$62.50	\$279.68	\$239.72	\$412.85

DENTAL PLAN OPTION All Salary Bands	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Enhanced Plan (\$50 Deductible)	\$10.97	\$21.96	\$30.17	\$41.15
Basic Plan (\$100 Deductible)	\$6.43	\$12.87	\$17.69	\$24.12

VISION PLAN OPTION	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
EyeMed Vision	\$3.81	\$6.65	\$7.23	\$11.04

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2024 Monthly Contributions

HEALTH PLAN OPTION*	SALARY: \$0-\$44,999.99				SALARY: \$45,000 - \$59,999.99				SALARY: \$60,000 - \$99,999.99				SALARY: \$100,000 - \$149,999.99				SALARY: \$150,000 AND OVER			
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
MyChoice Core (\$3,600/\$7,200 HDHP)	\$76.17	\$113.43	\$103.84	\$140.85	\$84.10	\$118.16	\$107.79	\$147.76	\$89.58	\$129.94	\$117.65	\$165.03	\$99.45	\$151.15	\$135.42	\$196.11	\$109.29	\$172.28	\$153.09	\$227.06
MyChoice Plus (\$1,800/\$3,600 HDHP)	\$143.07	\$254.25	\$221.72	\$347.16	\$154.85	\$270.23	\$235.10	\$370.56	\$173.42	\$310.18	\$268.56	\$429.10	\$206.88	\$382.09	\$328.76	\$534.46	\$231.93	\$453.75	\$388.76	\$639.44
MyChoice Select (\$300/\$600 PPO)	\$167.22	\$296.87	\$257.41	\$409.60	\$176.26	\$316.28	\$273.67	\$438.04	\$198.80	\$364.75	\$314.25	\$509.05	\$239.38	\$452.01	\$387.29	\$636.89	\$279.81	\$538.92	\$460.05	\$764.23
Hawaii - PPO	\$56.25	\$430.27	\$368.78	\$635.15	\$56.25	\$430.27	\$368.78	\$635.15	\$75.00	\$458.93	\$393.39	\$677.49	\$125.00	\$559.35	\$479.45	\$825.70	\$125.00	\$559.35	\$479.45	\$825.70

DENTAL PLAN OPTION All Salary Bands	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Enhanced Plan (\$50 Deductible)	\$21.95	\$43.91	\$60.34	\$82.30
Basic Plan (\$100 Deductible)	\$12.87	\$25.73	\$35.38	\$48.24

VISION PLAN OPTION	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
EyeMed Vision	\$7.62	\$13.30	\$14.45	\$22.07

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