







2024 – SCAN Benefit Premiums

 Medical Plans - California	Coverage Level	2024 Paycheck Deduction
Aetna Whole Health	EE Only	\$0.00
Aetna Whole Health	EE + Spouse	\$40.84
Aetna Whole Health	EE + Child(ren)	\$32.23
Aetna Whole Health	EE + Family	\$86.10
Aetna Value Network	EE Only	\$0.00
Aetna Value Network	EE + Spouse	\$50.84
Aetna Value Network	EE + Child(ren)	\$42.23
Aetna Value Network	EE + Family	\$96.10
Aetna HMO	EE Only	\$67.50
Aetna HMO	EE + Spouse	\$188.29
Aetna HMO	EE + Child(ren)	\$80.00
Aetna HMO	EE + Family	\$292.24
Aetna OA Manage Choice POS	EE Only	\$84.33
Aetna OA Manage Choice POS	EE + Spouse	\$213.52
Aetna OA Manage Choice POS	EE + Child(ren)	\$97.34
Aetna OA Manage Choice POS	EE + Family	\$322.73
 Medical Plans - Non California	Coverage Level	2024 Paycheck Deduction
Aetna OA Managed Choice POS/HSA	EE Only	\$0.00
Aetna OA Managed Choice POS/HSA	EE + Spouse	\$145.50
Aetna OA Managed Choice POS/HSA	EE + Child(ren)	\$80.30
Aetna OA Managed Choice POS/HSA	EE + Family	\$206.42

 Dental Plans	Coverage Level	2024 Paycheck Deduction
Aetna DMO	EE Only	\$0.00
Aetna DMO	EE + Spouse	\$0.00
Aetna DMO	EE + Child(ren)	\$0.00
Aetna DMO	EE + Family	\$0.00
Aetna PPO	EE Only	\$17.30
Aetna PPO	EE + Spouse	\$35.24
Aetna PPO	EE + Child(ren)	\$34.05
Aetna PPO	EE + Family	\$42.74

 Vision Plans	Coverage Level	2024 Paycheck Deduction
Vision Service Plan (VSP) - Exam Plus	EE Only	\$0.00
Vision Service Plan (VSP) - Exam Plus	EE + Spouse	\$0.00
Vision Service Plan (VSP) - Exam Plus	EE + Child(ren)	\$0.00
Vision Service Plan (VSP) - Exam Plus	EE + Family	\$0.00
Vision Service Plan (VSP) - Material Buy Up	EE Only	\$2.82
Vision Service Plan (VSP) - Material Buy Up	EE + Spouse	\$5.60
Vision Service Plan (VSP) - Material Buy Up	EE + Child(ren)	\$5.99
Vision Service Plan (VSP) - Material Buy Up	EE + Family	\$8.99


 Accident Insurance	Coverage Level	2024 Paycheck Deduction
Unum Accident Insurance	EE Only	\$5.16
Unum Accident Insurance	EE + Spouse	\$9.03
Unum Accident Insurance	EE + Child(ren)	\$12.69
Unum Accident Insurance	EE + Family	\$16.56


 Hospital Indemnity	Coverage Level	2024 Paycheck Deduction
Unum Hospital Indemnity	EE Only	\$6.79
Unum Hospital Indemnity	EE + Spouse	\$11.92
Unum Hospital Indemnity	EE + Child(ren)	\$9.31
Unum Hospital Indemnity	EE + Family	\$14.43

 Met Life Legal	Coverage Level	2024 Paycheck Deduction
Metlife Legal	Employee	\$9.38

Benefit deductions are taken from 24 of the 26 regular paychecks. If there is a month that has 3 pay dates; deductions are not taken from the 3rd paycheck of the month.

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 Voluntary Life Insurance	Age	Rate Per Paycheck
Supplemental Life (per \$1000)	25-29	\$0.030
	30-34	\$0.035
	35-39	\$0.055
	40-44	\$0.075
	45-49	\$0.125
	50-54	\$0.225
	55-59	\$0.390
	60-64	\$0.560
	65-69	\$0.930
	70-74	\$1.435
75+	\$3.840	
Supplemental Spouse Life (per \$1000)	<25	\$0.045
	25-29	\$0.045
	30-34	\$0.055
	35-39	\$0.090
	40-44	\$0.150
	45-49	\$0.250
	50-54	\$0.400
	55-59	\$0.555
	60-64	\$0.785
	65-69	\$1.175
70-74	\$1.960	
75+	\$4.780	
Supplemental Child Life (per Unit)		\$0.820

 Unum Critical Illness	Age	Employee Rate Per Paycheck	Spouse Rate Per Paycheck
Unum Critical Illness - \$15,000 Plan (\$7,500 Spouse)	<25	\$1.74	\$1.25
	25-29	\$2.19	\$1.48
	30-34	\$2.79	\$1.78
	35-39	\$3.76	\$2.26
	40-44	\$4.96	\$2.86
	45-49	\$6.61	\$3.69
	50-54	\$8.56	\$4.66
	55-59	\$11.64	\$6.20
	60-64	\$16.29	\$8.52
	65-69	\$23.26	\$12.01
	70-74	\$35.11	\$17.94
	75-79	\$49.59	\$25.18
Unum Critical Illness - \$30,000 Plan (\$15,000 Spouse)	80-84	\$66.61	\$33.69
	85+	\$98.11	\$49.44
	<25	\$2.71	\$1.74
	25-29	\$3.61	\$2.19
	30-34	\$4.81	\$2.79
	35-39	\$6.76	\$3.76
	40-44	\$9.16	\$4.96
	45-49	\$12.46	\$6.61
	50-54	\$16.36	\$8.56
	55-59	\$22.51	\$11.64
	60-64	\$31.81	\$16.29
	65-69	\$45.76	\$23.26
70-74	\$69.46	\$35.11	
75-79	\$98.41	\$49.59	
80-84	\$132.46	\$66.61	
85+	\$195.46	\$98.11	

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