

2024 Cost Sharing: Monthly & Bi-Weekly



SAINT LOUIS
UNIVERSITY.
— EST. 1818 —

Plan	Monthly Premium Non-Wellness	Monthly Premium Wellness	Bi-Weekly Premium Non-Wellness	Bi-Weekly Premium Wellness
Plus Plan				
Employee Only	\$201.00	\$141.00	\$92.77	\$65.08
Employee and Spouse	\$538.00	\$448.00	\$248.31	\$206.77
Employee and Child(ren)	\$470.00	\$410.00	\$216.92	\$189.23
Family	\$740.00	\$650.00	\$341.54	\$300.00
Plus Plan—Employees Earning up to \$42,078				
Employee Only	\$74.00	\$0.00	\$34.15	\$0.00
Employee and Spouse	\$392.00	\$302.00	\$180.92	\$139.38
Employee and Child(ren)	\$326.00	\$266.00	\$150.46	\$122.77
Family	\$586.00	\$496.00	\$270.46	\$228.92
Plus Plan—Employees Earning \$150,000 or more				
Employee Only	\$218.00	\$158.00	\$100.62	\$72.92
Employee and Spouse	\$588.00	\$498.00	\$271.28	\$229.85
Employee and Child(ren)	\$512.00	\$452.00	\$236.31	\$208.62
Family	\$806.00	\$716.00	\$372.00	\$330.46
Qualified High-Deductible Health Plan				
Employee Only	\$117.00	\$60.00	\$54.00	\$27.69
Employee and Spouse	\$361.00	\$271.00	\$166.62	\$125.08
Employee and Child(ren)	\$310.00	\$250.00	\$143.08	\$115.38
Family	\$487.00	\$397.00	\$224.77	\$183.23
Qualified High-Deductible Health Plan—Employees Earning \$150,000 or more				
Employee Only	\$136.00	\$78.00	\$62.77	\$36.00
Employee and Spouse	\$406.00	\$316.00	\$187.38	\$145.85
Employee and Child(ren)	\$346.00	\$286.00	\$159.69	\$132.00
Family	\$549.00	\$459.00	\$253.38	\$211.85

Note: Rates will be reduced \$60 for employees completing their biometric screening and an additional \$30 for covered spouses