

2024 Hourly Employees (Bi-Weekly)



How to Enroll

- Log into wfs-benefits.com and register.
Company code is WFSBenefits.
- Review your 2024 Benefits.
- Start your enrollment.
- Review and finalize your elections.

MEDICAL – CIGNA

PPO 1

PPO 2

PPO 3

HSA

BI-WEEKLY CONTRIBUTIONS

	PPO 1	PPO 2	PPO 3	HSA
EMPLOYEE ONLY	\$108.60	\$65.23	\$14.27	\$29.50
EMPLOYEE + SPOUSE	\$298.54	\$191.94	\$72.26	\$99.56
EMPLOYEE + CHILD(REN)	\$232.20	\$149.28	\$53.08	\$77.43
EMPLOYEE + FAMILY	\$398.05	\$255.91	\$90.99	\$132.74

ACCIDENT & SICKNESS COVERAGE – HOORAY HEALTH

BI-WEEKLY CONTRIBUTIONS

EMPLOYEE ONLY	\$26.02
EMPLOYEE + SPOUSE	\$40.65
EMPLOYEE + CHILD(REN)	\$42.49
EMPLOYEE + FAMILY	\$56.99

DENTAL – CIGNA

DHMO

DPPO

BI-WEEKLY CONTRIBUTIONS

	DHMO	DPPO
EMPLOYEE ONLY	\$3.78	\$12.88
EMPLOYEE + SPOUSE	\$7.38	\$24.64
EMPLOYEE + CHILD(REN)	\$8.15	\$30.18
EMPLOYEE + FAMILY	\$12.03	\$45.75

VISION – EYEMED

STANDARD PLAN

BUY-UP PLAN

BI-WEEKLY CONTRIBUTIONS

	STANDARD PLAN	BUY-UP PLAN
EMPLOYEE ONLY	\$1.61	\$2.65
EMPLOYEE + SPOUSE	\$3.22	\$5.29
EMPLOYEE + CHILD(REN)	\$3.45	\$5.67
EMPLOYEE + FAMILY	\$5.51	\$9.06



ACCIDENT COVERAGE

BI-WEEKLY CONTRIBUTIONS

EMPLOYEE ONLY	\$4.14
EMPLOYEE + SPOUSE	\$7.15
EMPLOYEE + CHILD(REN)	\$10.81
EMPLOYEE + FAMILY	\$13.84

CRITICAL ILLNESS COVERAGE

PLAN 1 – BI-WEEKLY CONTRIBUTION

EMPLOYEE'S AGE (AS OF JANUARY 1)	EMPLOYEE ONLY & EMPLOYEE + CHILD(REN)	EMPLOYEE ONLY & EMPLOYEE + SPOUSE & EMPLOYEE + FAMILY
18-24	\$2.54	\$5.06
25-29	\$3.12	\$6.24
30-34	\$4.18	\$8.34
35-39	\$6.10	\$12.18
40-44	\$7.80	\$15.58
45-49	\$10.72	\$21.42
50-54	\$14.70	\$29.38
55-59	\$19.38	\$38.74
60-64	\$28.90	\$57.82
65-69	\$41.32	\$82.64
70-74	\$56.28	\$112.56
75-79	\$74.24	\$148.48
80+	\$110.08	\$220.14

PLAN 2 – BI-WEEKLY CONTRIBUTION

EMPLOYEE'S AGE (AS OF JANUARY 1)	EMPLOYEE ONLY & EMPLOYEE + CHILD(REN)	EMPLOYEE ONLY & EMPLOYEE + SPOUSE & EMPLOYEE + FAMILY
18-24	\$4.34	\$8.70
25-29	\$5.50	\$11.00
30-34	\$7.56	\$15.16
35-39	\$11.34	\$22.70
40-44	\$14.68	\$29.38
45-49	\$20.44	\$40.88
50-54	\$28.24	\$56.50
55-59	\$37.46	\$74.94
60-64	\$56.26	\$112.56
65-69	\$80.74	\$161.48
70-74	\$110.26	\$220.54
75-79	\$146.00	\$291.98
80+	\$217.54	\$435.08

HOSPITAL INDEMNITY COVERAGE

BI-WEEKLY CONTRIBUTIONS

	LOW PLAN	HIGH PLAN
EMPLOYEE ONLY	\$3.60	\$6.72
EMPLOYEE + SPOUSE	\$11.22	\$18.36
EMPLOYEE + CHILD(REN)	\$4.98	\$10.20
EMPLOYEE + FAMILY	\$12.12	\$21.72

VOLUNTARY LIFE INSURANCE

RATES/\$1,000 (MONTHLY)

AGE (AS OF JANUARY 1)	EMPLOYEE
Less than 25	\$0.060
25-29	\$0.060
30-34	\$0.085
35-39	\$0.095
40-44	\$0.100
45-49	\$0.160
50-54	\$0.250
55-59	\$0.450
60-64	\$0.680
65-69	\$1.320
70-74	\$2.140
75-79	\$2.140
80 and older	\$2.140

Your coverage amount will reduce by 35% when you reach age 65 and an additional 15% of the original amount when you reach age 70.

VOLUNTARY AD&D INSURANCE

PREMIUM RATES – PER \$1,000

\$0.02

VOLUNTARY CHILD LIFE INSURANCE

COVERAGE AMOUNT	MONTHLY PREMIUM
\$2,000	\$0.40
\$4,000	\$0.80
\$6,000	\$1.20
\$8,000	\$1.60
\$10,000	\$2.00

VOLUNTARY STD

AGE (AS OF JANUARY 1)

AGE RANGE	3-MONTH BENEFIT OPTION	6-MONTH BENEFIT OPTION
Under 24 to 29	\$0.400	\$0.521
30-34	\$0.400	\$0.521
35-39	\$0.400	\$0.521
40-44	\$0.417	\$0.543
45-49	\$0.429	\$0.559
50-54	\$0.437	\$0.569
55-59	\$0.447	\$0.582
60-64	\$0.485	\$0.631
65-69	\$0.502	\$0.653
70+	\$0.502	\$0.068