

# 2024 Salary Employees (Semi-Monthly)



## How to Enroll

- Log into [wfs-benefits.com](https://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

#### SEMI-MONTHLY CONTRIBUTIONS

	PPO 1	PPO 2	PPO 3	HSA
EMPLOYEE ONLY	\$117.66	\$70.67	\$15.46	\$31.96
EMPLOYEE + SPOUSE	\$323.42	\$207.93	\$78.28	\$107.86
EMPLOYEE + CHILD(REN)	\$251.55	\$161.73	\$57.50	\$83.89
EMPLOYEE + FAMILY	\$431.23	\$277.24	\$98.57	\$143.81

### ACCIDENT & SICKNESS COVERAGE – HOORAY HEALTH

#### SEMI-MONTHLY CONTRIBUTIONS

EMPLOYEE ONLY	\$28.19
EMPLOYEE + SPOUSE	\$44.04
EMPLOYEE + CHILD(REN)	\$46.04
EMPLOYEE + FAMILY	\$61.74

### DENTAL – CIGNA

### DHMO

### DPPO

#### SEMI-MONTHLY CONTRIBUTIONS

	DHMO	DPPO
EMPLOYEE ONLY	\$4.10	\$13.95
EMPLOYEE + SPOUSE	\$8.00	\$26.70
EMPLOYEE + CHILD(REN)	\$8.83	\$32.69
EMPLOYEE + FAMILY	\$13.04	\$49.57

### VISION – EYEMED

### STANDARD PLAN

### BUY-UP PLAN

#### SEMI-MONTHLY CONTRIBUTIONS

	STANDARD PLAN	BUY-UP PLAN
EMPLOYEE ONLY	\$1.75	\$2.87
EMPLOYEE + SPOUSE	\$3.49	\$5.74
EMPLOYEE + CHILD(REN)	\$3.74	\$6.14
EMPLOYEE + FAMILY	\$5.97	\$9.81



## ACCIDENT COVERAGE

### SEMI-MONTHLY CONTRIBUTIONS

EMPLOYEE ONLY	\$4.49
EMPLOYEE + SPOUSE	\$7.75
EMPLOYEE + CHILD(REN)	\$11.72
EMPLOYEE + FAMILY	\$15.00

## CRITICAL ILLNESS COVERAGE

### PLAN 1 – SEMI-MONTHLY CONTRIBUTION

EMPLOYEE'S AGE (AS OF JANUARY 1)	EMPLOYEE ONLY & EMPLOYEE + CHILD(REN)	EMPLOYEE ONLY & EMPLOYEE + SPOUSE & EMPLOYEE + FAMILY
18-24	\$2.74	\$5.48
25-29	\$3.37	\$6.75
30-34	\$4.52	\$9.03
35-39	\$6.60	\$13.19
40-44	\$8.44	\$16.87
45-49	\$11.60	\$23.20
50-54	\$15.91	\$31.81
55-59	\$20.98	\$41.96
60-64	\$31.31	\$62.63
65-69	\$44.77	\$89.53
70-74	\$60.97	\$121.93
75-79	\$80.43	\$160.86
80+	\$119.24	\$238.47

### PLAN 2 – SEMI-MONTHLY CONTRIBUTION

EMPLOYEE'S AGE (AS OF JANUARY 1)	EMPLOYEE ONLY & EMPLOYEE + CHILD(REN)	EMPLOYEE ONLY & EMPLOYEE + SPOUSE & EMPLOYEE + FAMILY
18-24	\$5.48	\$9.42
25-29	\$6.75	\$11.91
30-34	\$9.03	\$16.41
35-39	\$13.19	\$24.59
40-44	\$16.87	\$31.82
45-49	\$23.20	\$44.27
50-54	\$31.81	\$61.21
55-59	\$41.96	\$81.18
60-64	\$62.63	\$121.93
65-69	\$89.53	\$174.93
70-74	\$121.93	\$238.90
75-79	\$160.86	\$316.31
80+	\$238.47	\$471.33

## HOSPITAL INDEMNITY COVERAGE

### SEMI-MONTHLY CONTRIBUTIONS

	LOW PLAN	HIGH PLAN
EMPLOYEE ONLY	\$3.90	\$14.56
EMPLOYEE + SPOUSE	\$12.16	\$39.78
EMPLOYEE + CHILD(REN)	\$5.40	\$22.10
EMPLOYEE + FAMILY	\$13.13	\$47.06

## 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