

Assurant Benefits Program

2024 Health, Dental and Vision Plan

Full-Time Employees Per-Pay Period Rates*



Non-tobacco users will receive a separate credit of \$18.46 per paycheck under the Assurant Health Plan, lowering your total contribution.

Coverage Level	EE Only		EE + SP		EE + CH		EE + SP + CH		EE + DP		EE + CP + CH		EE + DP + CP + CH		EE + DP + CH	
	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax
Purple	\$96.08	0.00	\$269.65	0.00	\$248.09	0.00	361.29	0.00	\$96.08	\$173.57	\$96.08	\$152.01	\$96.08	\$265.21	\$248.09	\$113.20
Blue	\$160.98	0.00	\$399.79	0.00	\$361.74	0.00	\$552.19	0.00	\$160.98	\$238.81	\$160.98	\$200.76	\$160.98	\$391.21	\$361.71	\$190.45
Green	\$91.41	0.00	\$238.08	0.00	\$215.89	0.00	\$325.69	0.00	\$91.41	\$146.67	\$91.41	\$124.49	\$91.41	\$234.29	\$215.89	\$109.80
Orange	\$49.61	0.00	\$113.94	0.00	\$106.91	0.00	\$142.40	0.00	\$49.61	\$64.34	\$49.61	\$57.30	\$49.61	\$92.79	\$106.91	\$35.49
Dental Low Pan	\$4.52	0.00	\$8.94	0.00	\$11.13	0.00	\$15.81	0.00	\$4.52	\$4.42	\$4.52	\$6.61	\$4.52	\$11.29	\$11.13	\$4.68
Dental High Plan	\$7.86	0.00	\$15.56	0.00	\$19.38	0.00	\$27.52	0.00	7.86	\$7.70	7.86	\$11.52	7.86	\$19.66	\$19.38	\$8.14
Vision Plan	3.12	0.00	6.25	0.00	6.41	0.00	9.53	0.00	3.12	3.12	3.12	3.29	3.12	6.41	6.41	3.12

Part-Time Employees Per-Pay Period Rates*

Coverage Level	EE Only		EE + SP		EE + CH		EE + SP + CH		EE + DP		EE + CP + CH		EE + DP + CP + CH		EE + DP + CH	
	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax
Purple	\$175.43	0.00	\$404.35	0.00	\$368.43	0.00	\$552.07	0.00	\$175.43	\$228.92	\$175.43	\$193.00	\$175.43	\$376.65	\$368.43	\$183.65
Blue	\$241.65	0.00	\$537.05	0.00	\$485.25	0.00	\$744.39	0.00	\$241.65	\$295.40	\$241.65	\$243.60	\$241.65	\$502.74	\$485.25	\$259.14
Green	\$172.63	0.00	\$382.09	0.00	\$346.38	0.00	\$524.07	0.00	\$172.63	\$209.46	\$172.63	\$173.76	\$172.63	\$351.44	\$346.38	\$177.69
Orange	\$65.51	0.00	\$260.48	0.00	\$238.98	0.00	\$346.68	0.00	\$65.51	\$194.97	\$65.51	\$173.47	\$65.51	\$281.16	\$238.98	\$107.70
Dental Low Pan	\$6.24	0.00	\$12.33	0.00	\$15.36	0.00	\$21.81	0.00	\$6.24	\$6.09	\$6.24	\$9.12	\$6.24	\$15.57	\$15.36	\$6.45
Dental High Plan	\$9.58	0.00	\$18.95	0.00	\$23.60	0.00	\$33.53	0.00	\$9.58	\$9.37	\$9.58	\$14.02	\$9.58	\$23.95	\$23.60	\$9.93
Vision Plan	3.12	0.00	6.25	0.00	6.41	0.00	9.53	0.00	3.12	3.12	3.12	3.29	3.12	6.41	6.41	3.12

*Your deductions may differ slightly due to rounding

EE=Employee SP=Spouse CH=Employee Child DP=Domestic Partner CP= Domestic Partner Child