

**BEACON HILL STAFFING GROUP, LLC
2024 Rates (period of 1/1/2024 to 12/31/2024)
Aetna
TEMPORARY EMPLOYEES**

**Aetna – Open Choice PPO - HDHP
(\$2,500 Single Deductible / \$5,000 EE+1 and Family Deductible)**

| | Employee Weekly Deduction | Employee Monthly Cost | Employer Monthly Cost | Total Monthly Cost | Employee Annual Cost | Employer Annual Cost | Total Annual Cost |
|--------------------|----------------------------------|------------------------------|------------------------------|---------------------------|-----------------------------|-----------------------------|--------------------------|
| Employee: | \$13.47 | 58.39 | 549.85 | 608.24 | 700.69 | 6,598.19 | 7,298.88 |
| Employee Plus One: | \$138.39 | 599.70 | 616.73 | 1,216.43 | 7,196.40 | 7,400.76 | 14,597.16 |
| Family: | \$244.97 | 1,061.54 | 710.64 | 1,772.18 | 12,738.43 | 8,527.73 | 21,266.16 |

**Aetna – Open Choice PPO
(\$2k Single Deductible / \$4k EE+1 and Family Deductible)**

| | Employee Weekly Deduction | Employee Monthly Cost | Employer Monthly Cost | Total Monthly Cost | Employee Annual Cost | Employer Annual Cost | Total Annual Cost |
|--------------------|----------------------------------|------------------------------|------------------------------|---------------------------|-----------------------------|-----------------------------|--------------------------|
| Employee: | \$21.21 | 91.90 | 555.30 | 647.20 | 1,102.83 | 6,663.57 | 7,766.40 |
| Employee Plus One: | \$151.15 | 654.97 | 639.44 | 1,291.41 | 7,859.66 | 7,673.26 | 15,532.92 |
| Family: | \$269.81 | 1,169.17 | 716.59 | 1,885.75 | 14,029.98 | 8,599.02 | 22,629.00 |

Aetna Dental Insurance

| | Employee Weekly Deduction | Employee Monthly Cost | Employer Monthly Cost | Total Monthly Cost | Employee Annual Cost | Employer Annual Cost | Total Annual Cost |
|-----------------------|----------------------------------|------------------------------|------------------------------|---------------------------|-----------------------------|-----------------------------|--------------------------|
| Employee: | \$9.04 | 39.17 | - | 39.17 | 470.04 | - | 470.04 |
| Employee Plus One: | \$18.35 | 79.53 | - | 79.53 | 954.36 | - | 954.36 |
| Employee Plus Family: | \$32.51 | 140.87 | - | 140.87 | 1,690.44 | - | 1,690.44 |

Eyemed Vision Insurance

| | Employee Weekly Deduction | Employee Monthly Cost | Employer Monthly Cost | Total Monthly Cost | Employee Annual Cost | Employer Annual Cost | Total Annual Cost |
|-----------------------|----------------------------------|------------------------------|------------------------------|---------------------------|-----------------------------|-----------------------------|--------------------------|
| Employee: | \$1.66 | 7.20 | - | 7.20 | 86.40 | - | 86.40 |
| Employee Plus Family: | \$4.24 | 18.36 | - | 18.36 | 220.32 | - | 220.32 |