

2024 UVM plus Employee Cost

Rates Effective 1/1/2024	Non-union Staff, Staff United, UAFT, UAPT (Grandfathered), Teamsters, & UE Total Monthly Cost			
	Employee	Employee plus Spouse	Employee plus Children	Employee plus Family
Retirees: Medicare Advantage Medi-Comp III.	\$134.97	\$269.94	N/A	N/A
Retirees: Medicare Advantage J Plan	\$148.59	\$297.18	N/A	N/A
Retirees: J Grandfathered	\$1,464.38	N/A	\$2,926.98	N/A
BCBSVT VHP Open Access Plan	\$1,157.27	\$2,314.55	\$2,405.42	\$3,338.76
Northeast Delta Dental Base Plan	\$43.92	\$88.41	\$72.02	\$133.49
Northeast Delta Dental High Option #2 Plan	\$54.67	\$109.70	\$95.33	\$168.04
Monthly Employee Premium for High Option #2 Dental	\$10.75	\$21.29	\$23.31	\$34.55
VSP Vision Plan (100% Employee Paid)	\$7.26	\$14.51	\$13.68	\$22.77
COBRA: BCBSVT VHP Open Access Plan	\$1,180.41	\$2,360.84	\$2,453.53	\$3,405.53
COBRA: Northeast Delta Dental Base Plan	\$44.80	\$90.18	\$73.46	\$136.16
COBRA: Northeast Delta Dental High Option #2 Plan	\$55.76	\$111.89	\$97.24	\$171.40
COBRA: VSP Vision Plan (100% Employee Paid)	\$7.41	\$14.80	\$13.95	\$23.23