



## Veolia North America: Milwaukee Unions 2023 Employee Contributions



The 2023 employee contributions show what you'll pay for coverage under the Veolia North America benefits plans.

Questions? Call the Veolia Benefits Center at 1-844-690-0918, Monday through Friday from 7:30 a.m. to 6:00 p.m. CST to speak with a representative.

### Medical Contributions

	VNA	
	BI-WEEKLY	WEEKLY
<b>HEALTH</b>		
<b>HIGH DEDUCTIBLE HEALTH PLAN — GOLD</b>		
Employee Only	\$78.96	\$39.48
EE + Spouse	\$161.88	\$80.94
Employee & Children	\$153.98	\$76.99
EE + Family	\$219.53	\$109.76
<b>HIGH DEDUCTIBLE HEALTH PLAN — SILVER</b>		
Employee Only	\$18.50	\$9.25
EE + Spouse	\$49.35	\$24.67
Employee & Children	\$38.56	\$19.28
EE + Family	\$60.75	\$30.37
<b>PPO</b>		
Employee Only	\$76.46	\$38.23
EE + Spouse	\$156.74	\$78.37
Employee & Children	\$138.24	\$69.12
EE + Family	\$212.55	\$106.28
<b>EPO</b>		
Employee Only	\$79.72	\$39.86
EE + Spouse	\$163.43	\$81.72
Employee & Children	\$155.46	\$77.73
EE + Family	\$221.63	\$110.81
<b>MILWAUKEE UNION EPO</b>		
Employee Only	\$103.04	\$51.52
EE + Spouse	\$211.23	\$105.62
Employee & Children	\$200.93	\$100.47
EE + Family	\$286.45	\$143.23

## Dental Contributions

	VNA	
DELTA DENTAL	BI-WEEKLY	WEEKLY
Employee Only	\$5.21	\$2.61
EE + Spouse	\$12.54	\$6.27
Employee & Children	\$10.33	\$5.17
EE + Family	\$16.89	\$8.45
CAREPLUS		
Employee Only	\$6.67	\$3.33
EE + Spouse	\$14.03	\$7.01
Employee & Children	\$12.63	\$6.32
EE + Family	\$26.73	\$13.37

## Vision Contributions

	VNA			
	BASE <i>Paid for by Veolia</i>		BUY-UP <i>Paid for by Employee</i>	
	BI-WEEKLY	WEEKLY	BI-WEEKLY	WEEKLY
Employee Only	\$0.00	\$0.00	\$4.80	\$2.40
EE + Spouse	\$0.00	\$0.00	\$9.66	\$4.83
Employee & Children	\$0.00	\$0.00	\$10.37	\$5.18
EE + Family	\$0.00	\$0.00	\$16.45	\$8.22

## Long-Term Disability Insurance

	CORE	BUY-UP
Employee Only	<i>Paid for by Veolia</i>	\$0.178 per 100

## Life Insurance

BASIC	
Employee	<i>Paid for by Veolia</i>
SUPPLEMENTAL EMPLOYEE AND SPOUSE/SAME-GENDER DOMESTIC PARTNER	
Age (of employee or spouse as of January 1, 2023)	Monthly per \$1,000 of coverage
< 25	\$0.050
25-29	\$0.060
30-34	\$0.080
35-39	\$0.090
40-44	\$0.100
45-49	\$0.150
50-54	\$0.230
55-59	\$0.430
60-64	\$0.660
65-69	\$1.270
70 +	\$2.060
SUPPLEMENTAL DEPENDENT CHILD	
\$25,000 per child	\$0.050

## Accidental Death and Dismemberment Insurance

BASIC		SUPPLEMENTAL <i>Monthly per \$1,000 of coverage</i>
Employee Only	<i>Paid for by Veolia</i>	\$0.020
Employee + Family		\$0.035

## Voluntary Group Legal

	MONTHLY
Standard	\$18.00
Standard + Parent	\$23.00

## Voluntary Identity Theft Protection

	MONTHLY
Employee Only	\$8.95
Employee + Family	\$16.95

## Voluntary Critical Illness

*\$20,000 Coverage Rates (\$10,000 Child coverage included in Employee + Child and Family tiers)*

	MONTHLY			
	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD	EMPLOYEE + FAMILY
Ages 18-25	\$6.86	\$13.22	\$6.86	\$13.22
Ages 26-30	\$9.03	\$17.56	\$9.03	\$17.56
Ages 31-35	\$10.68	\$20.87	\$10.68	\$20.87
Ages 36-40	\$14.04	\$27.58	\$14.04	\$27.58
Ages 41-45	\$16.91	\$33.32	\$16.91	\$33.32
Ages 46-50	\$20.18	\$39.86	\$20.18	\$39.86
Ages 51-55	\$31.35	\$62.21	\$31.35	\$62.21
Ages 56-60	\$30.93	\$61.37	\$30.93	\$61.37
Ages 61-65	\$63.03	\$125.56	\$63.03	\$125.56
Ages 66+	\$110.52	\$220.54	\$110.52	\$220.54

*\$10,000 Coverage Rates (\$5,000 Child coverage included in Employee + Child and Family tiers)*

	MONTHLY			
	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD	EMPLOYEE + FAMILY
Ages 18-25	\$4.15	\$8.05	\$4.15	\$8.05
Ages 26-30	\$5.24	\$10.23	\$5.24	\$10.23
Ages 31-35	\$6.06	\$11.87	\$6.06	\$11.87
Ages 36-40	\$7.74	\$15.23	\$7.74	\$15.23
Ages 41-45	\$9.18	\$18.11	\$9.18	\$18.11
Ages 46-50	\$10.81	\$21.37	\$10.81	\$21.37
Ages 51-55	\$16.40	\$32.55	\$16.40	\$32.55
Ages 56-60	\$16.19	\$32.13	\$16.19	\$32.13
Ages 61-65	\$32.23	\$64.22	\$32.23	\$64.22
Ages 66+	\$55.98	\$111.71	\$55.98	\$111.71

## Voluntary Group Hospital Indemnity

	MONTHLY	
	HIGH PLAN	LOW PLAN
Employee Only	\$20.02	\$10.02
Employee + Spouse	\$40.54	\$20.28
Employee + Children	\$33.02	\$16.50
Employee + Family	\$53.54	\$26.76

## Voluntary Accident Insurance

	MONTHLY	
	HIGH PLAN	LOW PLAN
Employee Only	\$10.37	\$5.73
Employee + Spouse	\$17.40	\$9.87
Employee + Children	\$20.92	\$11.77
Employee + Family	\$27.95	\$15.91