



Veolia North America: Milwaukee Unions  
**2024 Employee Contributions**



The 2024 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	\$68.86	\$34.43
Employee and Spouse	\$144.61	\$72.31
Employee and Children	\$123.96	\$61.98
Employee and Family	\$199.70	\$99.85
<b>HIGH DEDUCTIBLE HEALTH PLAN — SILVER</b>		
Employee Only	\$18.50	\$9.25
Employee and Spouse	\$49.35	\$24.67
Employee and Children	\$38.56	\$19.28
Employee and Family	\$60.75	\$30.37
<b>PPO</b>		
Employee Only	\$75.53	\$37.76
Employee and Spouse	\$158.61	\$79.30
Employee and Children	\$135.95	\$67.98
Employee and Family	\$219.03	\$109.52
<b>EPO</b>		
Employee Only	\$75.84	\$37.92
Employee and Spouse	\$159.27	\$79.63
Employee and Children	\$136.51	\$68.26
Employee and Family	\$219.94	\$109.97
<b>MILWAUKEE UNION EPO</b>		
Employee Only	\$103.04	\$51.52
Employee and Spouse	\$211.23	\$105.62
Employee and Children	\$200.93	\$100.47
Employee and Family	\$286.45	\$143.23

## Dental Contributions

	VNA			
	DPPO		CAREPLUS	
	BI-WEEKLY	WEEKLY	BI-WEEKLY	WEEKLY
Employee Only	\$4.69	\$2.34	\$6.67	\$3.33
Employee and Spouse	\$11.29	\$5.65	\$14.03	\$7.01
Employee and Children	\$9.30	\$4.65	\$12.63	\$6.32
Employee and Family	\$15.20	\$7.60	\$26.73	\$13.37

## Vision Contributions

	VNA			
	BASE		BUY-UP	
	BI-WEEKLY	WEEKLY	BI-WEEKLY	WEEKLY
Employee Only	\$1.52	\$0.76	\$5.21	\$2.61
Employee and Spouse	\$3.03	\$1.52	\$10.41	\$5.21
Employee and Children	\$3.25	\$1.63	\$11.14	\$5.57
Employee and Family	\$5.16	\$2.58	\$17.68	\$8.84

## Long-Term Disability Insurance

	CORE	BUY-UP
Employee Only	<i>Paid for by Veolia</i>	\$0.210 per \$100

## Life Insurance

BASIC	
Employee	<i>Paid for by Veolia</i>
SUPPLEMENTAL EMPLOYEE AND SPOUSE/DOMESTIC PARTNER	
Age (of employee or spouse as of January 1, 2024)	Monthly per \$1,000 of coverage
<29	\$0.048
30-34	\$0.076
35-39	\$0.086
40-44	\$0.095
45-49	\$0.143
50-54	\$0.219
55-59	\$0.409
60-64	\$0.627
65-69	\$1.207
70+	\$1.957
SUPPLEMENTAL DEPENDENT CHILD	
\$25,000 per child	\$1.250

## Accidental Death and Dismemberment Insurance

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

## Voluntary Group Legal

	MONTHLY
Standard	\$18.00
Standard and Parent	\$23.00

## Voluntary Identity Theft Protection

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

## Voluntary Critical Illness

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

	MONTHLY			
	EMPLOYEE ONLY	EMPLOYEE AND SPOUSE	EMPLOYEE AND CHILD	EMPLOYEE AND 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 and Child and Family tiers)*

	MONTHLY			
	EMPLOYEE ONLY	EMPLOYEE AND SPOUSE	EMPLOYEE AND CHILD	EMPLOYEE AND 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 and Spouse	\$40.54	\$20.28
Employee and Children	\$33.02	\$16.50
Employee and Family	\$53.54	\$26.76

## Voluntary Accident Insurance

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