

### Veolia North America Bargaining Unit CT6 **2024 Employee Contributions**

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# 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		
	<b>BI-WEEKLY</b>	WEEKLY	
HEALTH			
HIGH DEDUCTIBLE HEALTH PLAN — GOLD			
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	
HIGH DEDUCTIBLE HEALTH PLAN — SILVER			
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	
PPO			
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	
EPO			
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	

#### Dental contributions

		VNA			
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	<b>BI-WEEKLY</b>	WEEKLY	<b>BI-WEEKLY</b>	WEEKLY	
Employee Only	\$3.23	\$1.62	\$1.84	\$0.92	
Employee and Spouse	\$6.74	\$3.37	\$3.78	\$1.89	
Employee and Children	\$6.41	\$3.20	\$3.94	\$1.97	
Employee and Family	\$9.14	\$4.57	\$5.43	\$2.72	

#### Vision contributions

		VNA		
	C	CORE		Y-UP
	<b>BI-WEEKLY</b>	WEEKLY	<b>BI-WEEKLY</b>	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	Paid for by Veolia	\$0.210 per \$100

#### Life insurance

BASIC				
Employee	Paid for by Veolia			
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	<b>SUPPLEMENTAL</b> Monthly per \$1,000 of coverage
Employee Only	Paidfor by Vaplia	\$0.020
Employee and Family	Paid for by Veolia	\$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			
	<b>EMPLOYEE ONLY</b>	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		
	<b>EMPLOYEE ONLY</b>	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	