



Veolia North America  
 Bargaining Units University of Minnesota (MN1)  
**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                               | \$81.97   | \$40.98  |
| Employee and Spouse                         | \$180.77  | \$90.38  |
| Employee and Children                       | \$148.09  | \$74.04  |
| Employee and Family                         | \$240.72  | \$120.36 |
| <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                               | \$81.31   | \$40.66  |
| Employee and Spouse                         | \$184.83  | \$92.42  |
| Employee and Children                       | \$145.15  | \$72.58  |
| Employee and Family                         | \$241.60  | \$120.80 |
| <b>EPO</b>                                  |           |          |
| Employee Only                               | \$94.80   | \$47.40  |
| Employee and Spouse                         | \$199.08  | \$99.54  |
| Employee and Children                       | \$170.64  | \$85.32  |
| Employee and Family                         | \$274.92  | \$137.46 |

## Dental Contributions

| DENTAL PPO - DELTA    | VNA       |        |           |        |
|-----------------------|-----------|--------|-----------|--------|
|                       | DPPO      |        | Aetna DMO |        |
|                       | BI-WEEKLY | WEEKLY | BI-WEEKLY | WEEKLY |
| Employee Only         | \$4.69    | \$2.34 | \$1.82    | \$0.91 |
| Employee and Spouse   | \$11.29   | \$5.65 | \$3.42    | \$1.71 |
| Employee and Children | \$9.30    | \$4.65 | \$3.42    | \$1.71 |
| Employee and Family   | \$15.20   | \$7.60 | \$5.42    | \$2.71 |

## Vision Contributions

| DENTAL PPO - DELTA    | VNA       |        |           |        |
|-----------------------|-----------|--------|-----------|--------|
|                       | CORE      |        | 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<br><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 Plan | \$18.00 |
| Plus 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  |