



Veolia North America
Bargaining Units CAA and CT2
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

MEDICAL PLAN OPTION	VNA	
	BI-WEEKLY	WEEKLY
HIGH DEDUCTIBLE HEALTH PLAN — GOLD		
Employee Only	\$81.97	\$40.98
Employee and Spouse	\$183.31	\$91.65
Employee and Children	\$148.09	\$74.04
Employee and Family	\$240.72	\$120.36
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	\$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
EPO		
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

VNA				
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	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

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 <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