



Veolia Water Technologies 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

HEALTH	VNA BI-WEEKLY	
	(VWT WITHOUT WELLNESS)	(VWT WITH WELLNESS)
HIGH DEDUCTIBLE HEALTH PLAN — GOLD		
Employee Only	\$81.97	\$65.58
Employee and Spouse	\$183.31	\$146.64
Employee and Children	\$148.09	\$118.47
Employee and Family	\$240.72	\$192.57
HIGH DEDUCTIBLE HEALTH PLAN — SILVER		
Employee Only	\$18.50	\$18.50
Employee and Spouse	\$49.35	\$49.35
Employee and Children	\$38.56	\$38.56
Employee and Family	\$60.75	\$60.75
PPO		
Employee Only	\$81.31	\$65.05
Employee and Spouse	\$184.83	\$147.87
Employee and Children	\$145.15	\$116.12
Employee and Family	\$241.60	\$193.28
EPO		
Employee Only	\$108.55	\$86.84
Employee and Spouse	\$242.97	\$194.37
Employee and Children	\$196.11	\$156.89
Employee and Family	\$319.00	\$255.20

Dental Contributions

	VNA	
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DELTA DENTAL	BI-WEEKLY	
Employee Only	\$4.69	\$1.82
Employee and Spouse	\$11.29	\$3.42
Employee and Children	\$9.30	\$3.42
Employee and Family	\$15.20	\$5.42

Vision Contributions

	VNA	
	CORE	BUY-UP
	BI-WEEKLY	
Employee Only	\$1.52	\$5.21
Employee and Spouse	\$3.03	\$10.41
Employee and Children	\$3.25	\$11.14
Employee and Family	\$5.16	\$17.68

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 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