

West Coast Paving Health Plans
2023 Cost by Plan to Employee for Dependent Coverage
(Employee Premiums 100% Paid by WCP)

Hometown Health Plan HMO
(Age Based Premiums)

| Age | HHP BANN Gold 20 HMO | |
|------|----------------------|-------------------|
| | Cost Per Month | Cost Per Paycheck |
| 0-20 | \$220.24 | \$50.82 |
| 21 | \$247.19 | \$57.04 |
| 22 | \$252.04 | \$58.16 |
| 23 | \$257.15 | \$59.34 |
| 24 | \$262.53 | \$60.58 |
| 25 | \$268.17 | \$61.89 |
| 26 | \$274.09 | \$63.25 |
| 27 | \$280.27 | \$64.68 |
| 28 | \$286.74 | \$66.17 |
| 29 | \$293.50 | \$67.73 |
| 30 | \$300.56 | \$69.36 |
| 31 | \$307.94 | \$71.06 |
| 32 | \$315.64 | \$72.84 |
| 33 | \$323.69 | \$74.70 |
| 34 | \$332.11 | \$76.64 |
| 35 | \$340.92 | \$78.67 |
| 36 | \$350.14 | \$80.80 |
| 37 | \$359.80 | \$83.03 |
| 38 | \$396.93 | \$91.60 |
| 39 | \$380.55 | \$87.82 |
| 40 | \$391.69 | \$90.39 |
| 41 | \$399.05 | \$92.09 |
| 42 | \$406.10 | \$93.72 |
| 43 | \$415.91 | \$95.98 |
| 44 | \$428.17 | \$98.81 |
| 45 | \$442.57 | \$102.13 |
| 46 | \$459.73 | \$106.09 |
| 47 | \$479.04 | \$110.55 |
| 48 | \$501.11 | \$115.64 |
| 49 | \$522.87 | \$120.66 |
| 50 | \$547.39 | \$126.32 |
| 51 | \$571.60 | \$131.91 |
| 52 | \$598.27 | \$138.06 |
| 53 | \$625.24 | \$144.29 |
| 54 | \$654.36 | \$151.01 |
| 55 | \$683.47 | \$157.72 |
| 56 | \$715.04 | \$165.01 |
| 57 | \$746.92 | \$172.37 |
| 58 | \$780.94 | \$180.22 |
| 59 | \$797.79 | \$184.11 |
| 60 | \$831.81 | \$191.96 |
| 61 | \$861.24 | \$198.75 |
| 62 | \$880.55 | \$203.20 |
| 63 | \$904.76 | \$208.79 |
| >63 | \$919.47 | \$212.19 |

Dental Coverage
Cost to Employee for Dependent Coverage

| | Cost Per Month | |
|---------------------|----------------|---------|
| | Current | Renewal |
| Employee | \$0.00 | \$0.00 |
| Employee + Spouse | \$35.62 | \$35.62 |
| Employee + Children | \$40.75 | \$40.75 |
| Family | \$79.26 | \$79.26 |

| | Cost Per Paycheck | |
|---------------------|-------------------|---------|
| | Current | Renewal |
| Employee | \$0.00 | \$0.00 |
| Employee + Spouse | \$8.22 | \$8.22 |
| Employee + Children | \$9.40 | \$9.40 |
| Family | \$18.29 | \$18.29 |

Vision Coverage
Cost to Employee for Dependent Coverage

| | Cost Per Month | |
|---------------------|----------------|---------|
| | Current | Renewal |
| Employee | \$0.00 | \$0.00 |
| Employee + Spouse | \$6.94 | \$6.60 |
| Employee + Children | \$7.76 | \$7.38 |
| Family | \$16.25 | \$15.45 |

| | Cost Per Paycheck | |
|---------------------|-------------------|---------|
| | Current | Renewal |
| Employee | \$0.00 | \$0.00 |
| Employee + Spouse | \$1.60 | \$1.52 |
| Employee + Children | \$1.79 | \$1.70 |
| Family | \$3.75 | \$3.57 |