

## 2024-25 FOREMOST GROUP INSURANCE RATES

	Monthly Plan Cost	Monthly Employer Portion	Monthly Employee Portion	SEI/AJS EE Weekly Deduction	PHC/TCT/TMG Bi-Weekly EE Deduction
Effective 12/01/2024					
Employee Only	\$822.82	\$699.39	\$123.42	\$28.48	\$56.96
Employee/Spouse	\$1,473.33	\$869.26	\$604.06	\$139.40	\$278.80
Employee/Child	\$1,289.65	\$748.00	\$541.65	\$125.00	\$249.99
Family	\$1,890.38	\$907.38	\$983.00	\$226.85	\$453.69

## VOLUNTARY VISION RATES

	Monthly Plan Cost	SEI/AJS EE Weekly Deduction	Bi-Weekly EE Deduction
Effective 12/01/2024			
Employee Only	\$5.11	\$1.18	\$2.36
Employee/Spouse	\$10.22	\$2.36	\$4.72
Employee/Child	\$10.74	\$2.48	\$4.96
Family	\$14.95	\$3.45	\$6.90

## VOLUNTARY DENTAL RATES

	Monthly Plan Cost	SEI/AJS EE Weekly Deduction	Bi-Weekly EE Deduction
Effective 8/01/2024			
Employee Only	\$28.70	\$6.62	\$13.25
Employee/Spouse	\$58.46	\$13.49	\$26.98
Employee/Child	\$64.19	\$14.81	\$29.63
Family	\$93.93	\$21.68	\$43.35

## VOLUNTARY LIFE INSURANCE RATES

	Monthly per \$10,000	SEI/AJS EE Weekly Deduction	Bi-Weekly EE Deduction
Effective 8/01/2024			
Employee Only	\$ 9.60	\$2.22	\$4.43
Age banded - see Summary	\$ 4.80	\$1.11	\$2.22

Supplemental is  
Calculated per DOB