



Understand Your Costs

Full-time team member

	Team Member Only		Team Member + Spouse	
	You Pay	Annual HSA Contribution from HMH	You Pay	Annual HSA Contribution from HMH
Team Member Salary: \$39,999 and below				
OMNIA	\$22.59	N/A	\$45.17	N/A
Basic/High Deductible	\$0.00	\$570.00	\$0.00	\$1,140.00
Out-of-Area	\$22.59	N/A	\$45.17	N/A
Team Member Salary: \$40,000-\$59,999				
OMNIA	\$28.02	N/A	\$56.04	N/A
Basic/High Deductible	\$0.00	\$410.00	\$0.00	\$810.00
Out-of-Area	\$28.02	N/A	\$56.04	N/A
Team Member Salary: \$60,000-\$119,999				
OMNIA	\$54.84	N/A	\$109.68	N/A
Basic/High Deductible	\$0.00	\$70.00	\$0.00	\$130.00
Out-of-Area	\$54.84	N/A	\$109.68	N/A
Team Member Salary: \$120,000-\$149,999				
OMNIA	\$62.84	N/A	\$125.69	N/A
Basic/High Deductible	\$5.03	0	\$10.05	0
Out-of-Area	\$62.84	N/A	\$125.69	N/A
Team Member Salary: \$150,000 and above				
OMNIA	\$98.77	N/A	\$197.53	N/A
Basic/High Deductible	\$36.25	0	\$72.50	0
Out-of-Area	\$98.77	N/A	\$197.53	N/A

Please note: OMNIA rates also apply to team members participating in the Out-of-Area.



Understand Your Costs

Full-time team member

	Team Member + Child(ren)		Team Member + Family	
	You Pay	Annual HSA Contribution from HMH	You Pay	Annual HSA Contribution from HMH
Team Member Salary: \$39,999 and below				
OMNIA	\$39.52	N/A	\$62.12	N/A
Basic/High Deductible	\$0.00	\$1,000.00	\$0.00	\$1,570.00
Out-of-Area	\$39.52	N/A	\$62.12	N/A
Team Member Salary: \$40,000-\$59,999				
OMNIA	\$49.04	N/A	\$77.05	N/A
Basic/High Deductible	\$0.00	\$710.00	\$0.00	\$1,120.00
Out-of-Area	\$49.04	N/A	\$77.05	N/A
Team Member Salary: \$60,000-\$119,999				
OMNIA	\$95.96	N/A	\$150.80	N/A
Basic/High Deductible	\$0.00	\$110.00	\$0.00	\$180.00
Out-of-Area	\$95.96	N/A	\$150.80	N/A
Team Member Salary: \$120,000-\$149,999				
OMNIA	\$109.97	N/A	\$172.82	N/A
Basic/High Deductible	\$8.80	0	\$13.83	0
Out-of-Area	\$109.97	N/A	\$172.82	N/A
Team Member Salary: \$150,000 and above				
OMNIA	\$172.85	N/A	\$271.61	N/A
Basic/High Deductible	\$63.44	0	\$99.68	0
Out-of-Area	\$172.85	N/A	\$271.61	N/A

Please note: OMNIA rates also apply to team members participating in the Out-of-Area.



Understand Your Costs

Part-time team member

Team Member Only	
OMNIA	\$72.61
Basic/High Deductible	\$34.17
Out-of-Area	\$72.61

Team Member + Spouse	
OMNIA	\$290.44
Basic/High Deductible	\$205.01
Out-of-Area	\$290.44

Team Member + Child(ren)	
OMNIA	\$254.14
Basic/High Deductible	\$179.38
Out-of-Area	\$254.14

Team Member + Family	
OMNIA	\$399.36
Basic/High Deductible	\$281.88
Out-of-Area	\$399.36

Please note: OMNIA rates also apply to team members participating in the Out-of-Area.

Understand Your Costs

Dental Plan Premiums



	Horizon Dental Option Plan (Dental PPO)	Horizon Dental Choice Plan E (Dental HMO)	Healthplex (Dental HMO)
Full-Time Team Members			
Team Member Only	\$4.83	\$3.10	\$2.99
Team Member + Spouse	\$9.21	\$6.42	\$5.97
Team Member + Child(ren)	\$9.72	\$6.31	\$7.39
Team Member + Family	\$15.13	\$9.70	\$10.05
Part-Time Team Members			
Team Member Only	\$7.67	\$4.92	\$4.74
Team Member + Spouse	\$14.62	\$10.19	\$9.47
Team Member + Child(ren)	\$15.43	\$10.02	\$11.73
Team Member + Family	\$24.02	\$15.41	\$15.96

Vision Plan Premiums



	One-Pair Option	Two-Pair Option
Full-Time and Part-Time Team Members		
Team Member Only	\$2.55	\$4.56
Team Member + Spouse	\$5.08	\$9.07
Team Member + Child(ren)	\$5.34	\$9.54
Team Member + Family	\$7.46	\$13.32