

2024 team member benefits contributions - Medical benefits



Corewell Health East - Common law employer: William Beaumont, Oakwood Healthcare, Inc, Botsford General Hospital, Beaumont Health Foundation, Botsford Continuing Care Corporation, Oakwood Health Promotions, Inc., Beaumont Medical Group – Hospital Based Services, Beaumont Medical Group - Specialty Services or Beaumont Medical Group - Primary Care Services

Medical benefits		Per pay period	
		Not enrolled in Healthy Lifestyles	
Coverage level		HMO	HSA/POS
Full time (72-80 hours per pay period)	Team member	\$76.40	\$44.89
	Team member+spouse	\$138.07	\$68.76
	Team member+child(ren)	\$132.94	\$66.77
	Team member+family	\$179.19	\$84.66
Part time (40-71 hours per pay period)	Team member	\$102.10	\$54.78
	Team member+spouse	\$194.61	\$90.51
	Team member+child(ren)	\$186.90	\$87.54
	Team member+family	\$256.29	\$114.34

Healthy Lifestyles Rewards

If you enroll in Healthy Lifestyles and are also enrolled in the medical plan at Corewell Health, you will be able to elect a medical plan premium credit OR a lifestyles spending account (LSA). Here are the rates for the medical plan based on the elected Healthy Lifestyles Reward:

Enrolled in Healthy Lifestyles: with the medical plan premium credit reward (net cost reflected)			
Coverage level		Per pay period	
		HMO	HSA/POS
Full time (72-80 hours per pay period)	Team member	\$51.40	\$19.89
	Team member+spouse	\$113.07	\$43.76
	Team member+child(ren)	\$107.94	\$41.77
	Team member+family	\$154.19	\$59.66
Part time (40-71 hours per pay period)	Team member	\$77.10	\$29.78
	Team member+spouse	\$169.61	\$65.51
	Team member+child(ren)	\$161.90	\$62.54
	Team member+family	\$231.29	\$89.34

Enrolled in Healthy Lifestyles: with the Lifestyle Spending Account (LSA) reward
The LSA is a Corewell Health funded account that can be used for goods or services to support your well-being. These funds can be used toward eligible expenses. You will receive reimbursement for up to \$650 a year in eligible expenses. Note: this reward can only be elected during annual open enrollment.
If the Healthy Lifestyles - Lifestyle Spending Account (LSA) reward is elected you will pay the medical cost above. By electing this reward you will not receive the \$25 per pay period medical plan premium credit. You will receive your \$650 reward through reimbursement of eligible expenses.

The amounts reflected above are net cost after the \$25 credit. For example, if you enroll in the HMO team member only plan you will see a deduction of \$76.40 AND a (\$25.00) credit resulting in a cost of \$51.40. - if there is no reward elected this is the default reward, reward is up to \$650 per year.

2024 team member benefits contributions - other benefits



Dental benefits		Per pay period	
		Basic	Enhanced
Full time (72-80 hours per pay period)	Team member	\$7.09	\$14.83
	Team member+spouse	\$14.18	\$29.67
	Team member+child(ren)	\$15.60	\$32.64
	Team member+family	\$22.68	\$47.47
Part time (40-71 hours per pay period)	Team member	\$12.54	\$20.48
	Team member+spouse	\$25.07	\$40.97
	Team member+child(ren)	\$27.58	\$45.06
	Team member+family	\$40.11	\$65.55

Vision benefits		Per pay period	
		Basic	Enhanced
Full time (72-80 hours per pay period)	Team member	\$4.51	\$5.21
	Team member+spouse	\$7.17	\$8.27
	Team member+child(ren)	\$7.32	\$8.45
	Team member+family	\$11.82	\$13.62
Part time (40-71 hours per pay period)	Team member	\$4.51	\$5.21
	Team member+spouse	\$7.17	\$8.27
	Team member+child(ren)	\$7.32	\$8.45
	Team member+family	\$11.82	\$13.62

Supplemental life & Spouse life		
Monthly rate per \$1,000 of coverage		
Age	member	Spouse
<25 years	\$0.025	\$0.026
25-29 years	\$0.031	\$0.032
30-34 years	\$0.040	\$0.041
35-39 years	\$0.046	\$0.047
40-44 years	\$0.056	\$0.057
45-49 years	\$0.076	\$0.078
50-54 years	\$0.117	\$0.119
55-59 years	\$0.219	\$0.223
60-64 years	\$0.336	\$0.343
65-69 years	\$0.647	\$0.660
70-74 years	\$1.050	\$1.071
75+ years	\$1.050	\$1.071

Supplemental AD&D		
Monthly rate per \$1,000 of coverage		
	member	+family
	\$0.015	\$0.029

Buy-up long-term disability (LTD)		
Monthly rate per \$100 of coverage		
	member	Physicians, Residents, Fellows
	\$0.251	\$0.679

Voluntary benefits			
Per pay period		Group hospital indemnity	Group Accident
	Coverage level		
	Team member	\$7.75	\$3.46
	Team member+spouse	\$14.16	\$6.69
	Team member+child(ren)	\$12.66	\$6.92
	Team member+family	\$19.07	\$10.15

Child life		
Per pay period		
	Coverage amount	
	\$10,000 per child	\$0.460
	\$15,000 per child	\$0.690
	\$20,000 per child	\$0.920
	\$25,000 per child	\$1.150

Voluntary benefits - Group Critical Illness		
Per pay period		
	Coverage level	
	Low: \$10,000/\$10,000/\$5,000	Rate will be in Workday, based on coverage, age and tobacco use.
	Middle: \$20,000/\$20,000/\$10,000	
	High: \$30,000/\$30,000/\$15,000	