



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	\$21.51	N/A	\$43.02	N/A
Basic/High Deductible	\$0.00	\$570.00	\$0.00	\$1,140.00
Out-of-Area	\$21.51	N/A	\$43.02	N/A
Team Member Salary: \$40,000-\$59,999				
OMNIA	\$26.69	N/A	\$53.37	N/A
Basic/High Deductible	\$0.00	\$410.00	\$0.00	\$810.00
Out-of-Area	\$26.69	N/A	\$53.37	N/A
Team Member Salary: \$60,000-\$119,999				
OMNIA	\$52.23	N/A	\$104.45	N/A
Basic/High Deductible	\$0.00	\$70.00	\$0.00	\$130.00
Out-of-Area	\$52.23	N/A	\$104.45	N/A
Team Member Salary: \$120,000-\$149,999				
OMNIA	\$59.85	N/A	\$119.70	N/A
Basic/High Deductible	\$4.79	0	\$9.58	0
Out-of-Area	\$59.85	N/A	\$119.70	N/A
Team Member Salary: \$150,000 and above				
OMNIA	\$94.07	N/A	\$188.13	N/A
Basic/High Deductible	\$34.52	0	\$69.05	0
Out-of-Area	\$94.07	N/A	\$188.13	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	\$37.64	N/A	\$59.16	N/A
Basic/High Deductible	\$0.00	\$1,000.00	\$0.00	\$1,570.00
Out-of-Area	\$37.64	N/A	\$59.16	N/A
Team Member Salary: \$40,000-\$59,999				
OMNIA	\$46.70	N/A	\$73.38	N/A
Basic/High Deductible	\$0.00	\$710.00	\$0.00	\$1,120.00
Out-of-Area	\$46.70	N/A	\$73.38	N/A
Team Member Salary: \$60,000-\$119,999				
OMNIA	\$91.39	N/A	\$143.62	N/A
Basic/High Deductible	\$0.00	\$110.00	\$0.00	\$180.00
Out-of-Area	\$91.39	N/A	\$143.62	N/A
Team Member Salary: \$120,000-\$149,999				
OMNIA	\$104.74	N/A	\$164.59	N/A
Basic/High Deductible	\$8.38	0	\$13.17	0
Out-of-Area	\$104.74	N/A	\$164.59	N/A
Team Member Salary: \$150,000 and above				
OMNIA	\$164.62	N/A	\$258.68	N/A
Basic/High Deductible	\$57.54	0	\$90.41	0
Out-of-Area	\$164.62	N/A	\$258.68	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	\$4.60	\$2.95	\$2.84
Team Member + Spouse	\$8.77	\$6.12	\$5.68
Team Member + Child(ren)	\$9.26	\$6.01	\$7.04
Team Member + Family	\$14.41	\$9.24	\$9.57
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	\$2.36	\$4.23
Team Member + Spouse	\$4.70	\$8.40
Team Member + Child(ren)	\$4.94	\$8.83
Team Member + Family	\$6.91	\$12.34