

	You Pay	Annual Health Savings Account Contribution
Premium Plus	\$72.61	\$0.00
Premium	\$48.00	\$0.00
Basic	\$34.17	\$0.00

HMH Medical Contributions Per Paycheck | Part-Time Team Member Only

Please note: Premium Plus rates also apply to team members participating in the Out of New Jersey plan.

	You Pay	Annual Health Savings Account Contribution
Premium Plus	\$290.44	\$0.00
Premium	\$246.88	\$0.00
Basic	\$205.01	\$0.00

HMH Medical Contributions Per Paycheck | Part-Time Team Member + Spouse

Please note: Premium Plus rates also apply to team members participating in the Out of New Jersey plan.

	You Pay	Annual Health Savings Account Contribution
Premium Plus	\$254.14	\$0.00
Premium	\$216.02	\$0.00
Basic	\$179.38	\$0.00

HMH Medical Contributions Per Paycheck | Part-Time Team Member + Child(ren)

Please note: Premium Plus rates also apply to team members participating in the Out of New Jersey plan.

	You Pay	Annual Health Savings Account Contribution
Premium Plus	\$399.36	\$0.00
Premium	\$339.46	\$0.00
Basic	\$281.88	\$0.00

HMH Medical Contributions Per Paycheck | Part-Time Team Member + Family

Please note: Premium Plus rates also apply to team members participating in the Out of New Jersey plan.