

AFSCME 2024 RATES

<i>12-MONTH</i>	Plan	
	PPO	QHDHP
Individual	112.00	30.00
Family	321.00	107.00
Employee/Partner	307.00	102.00
Parent/Child(ren)	281.00	94.00

<i>10-MONTH</i>	Plan	
	PPO	QHDHP
Individual	134.40	36.00
Family	385.20	128.40
Employee/Partner	368.40	122.40
Parent/Child(ren)	337.20	112.80

Note: spouses and domestic partners employed by another school district, intermediate unit, or vocational technical school; the Mount Nittany Medical Center/Physicians' Group and other, similar medical facilities/groups; an institution of higher education; a federal/state/local government and/or its respective agencies; or Wegmans who are eligible for health insurance coverage through their employer will be eligible for coverage under the District's health insurance only if the employee pays the full premium cost differential for such spouse/domestic partner.