

HelloFresh
2024 Bi-Weekly Employee Contributions



Coverages Available		Bi-Weekly Employee Contribution	Bi-Weekly Employee Contributions		
Medical: Traditional OAP Plan \$1,500			Employee Life		
Employee Only	\$39.93		Age	Rate per \$10,000	Spouse Life
Emp. + Spouse	\$117.11		15-24	\$0.166	Rate per \$5,000
Emp. + Children	\$95.82		25-29	\$0.189	\$0.083
Emp. + Family	\$199.63		30-34	\$0.254	\$0.095
Medical: Traditional OAP Plan \$4,000			35-39	\$0.378	\$0.127
Employee Only	\$29.52		40-44	\$0.577	\$0.189
Emp. + Spouse	\$88.56		45-49	\$0.895	\$0.288
Emp. + Children	\$75.28		50-54	\$1.320	\$0.448
Emp. + Family	\$184.50		55-59	\$1.883	\$0.660
Medical: HDHP Plan \$1,600			60-64	\$2.418	\$0.942
Employee Only	\$0.00		65-69	\$3.443	\$1.209
Emp. + Spouse	\$0.00		70-74	\$6.512	\$1.722
Emp. + Children	\$0.00		75 or older	\$20.132	\$3.256
Emp. + Family	\$0.00				\$10.066
Dental Plan			Employee AD&D		
Employee Only	\$1.91		Rate per \$10,000		Spouse AD&D
Emp. + Spouse	\$7.42		\$0.0700		Rate per \$5,000
Emp. + Children	\$8.82				\$0.4000
Emp. + Family	\$17.26		Child Life		
Vision Plan			Age	Rate Per \$2,000	
Employee Only	\$0.66		Up to Age 19	\$0.166	
Emp. + Spouse	\$1.82		Buy-Up Long-Term Disability		
Emp. + Children	\$1.68		LTD Rate per \$100 of covered payroll		
Emp. + Family	\$2.93		Bi-Weekly Rate	\$0.0485	
			Annual Salary	(Your Annual Salary)/12 months=	Your Monthly Earnings Maximum \$16,668
			Monthly Earnings	(Your Monthly Earnings)/\$100=	Your Rate per \$100 of covered payroll
			Benefit Rates	(Your Rate per \$100 of covered payroll) x \$.0485=	Your bi-weekly deduction
			Accident Insurance		
			Low	High	Hospital Insurance
					Low
					High
Employee Only	\$3.18	\$4.10	\$3.29	\$6.01	
Emp. + Spouse	\$5.79	\$7.42	\$6.52	\$11.91	
Emp. + Children	\$7.13	\$9.28	\$4.46	\$8.13	
Emp. + Family	\$9.74	\$12.59	\$7.69	\$14.04	