

2024 MEDICAL PLAN RATES

These 2024 Medical Plan Rates are applicable to you if you are an employee classified on payroll as a US regular employee of Marsh McLennan or any subsidiary or affiliate of Marsh McLennan (other than Marsh & McLennan Agency LLC and any of its subsidiaries). For Marsh & McLennan Agency LLC participants, these 2024 Medical Plan Rates are applicable to you if you are an employee classified on payroll as a US regular employee of Marsh & McLennan Agency LLC - Corporate, Marsh & McLennan Agency LLC – Alaska or Marsh & McLennan Agency LLC – Private Client Services.

The employee contributions listed here are generally for active employees who participate in the Company's health care program. Contributions that apply to other participants (such as retirees, those who have elected COBRA and employees of companies with different contribution structures) will be communicated separately.

MEDICAL PLAN CONTRIBUTIONS FOR AETNA								
Coverage Level	Employee		Employee + Spouse/ Domestic Partner		Employee + Child/ Children		Employee + Family (Spouse/Domestic Partner + Children)	
Option	Broad Network	Narrow Network	Broad Network	Narrow Network	Broad Network	Narrow Network	Broad Network	Narrow Network
\$1,600 Deductible Plan	\$40.21 per week	\$32.17 per week	\$106.40 per week	\$85.13 per week	\$80.42 per week	\$64.33 per week	\$150.64 per week	\$120.51 per week
	\$87.13 per pay period	\$69.70 per pay period	\$230.54 per pay period	\$184.44 per pay period	\$174.24 per pay period	\$139.39 per pay period	\$326.39 per pay period	\$261.11 per pay period
	\$2,091.12 per year	\$1,672.80 per year	\$5,532.96 per year	\$4,426.56 per year	\$4,181.76 per year	\$3,345.36 per year	\$7,833.24 per year	\$6,266.52 per year
\$3,200 Deductible Plan	\$15.34 per week	\$12.28 per week	\$50.92 per week	\$40.74 per week	\$34.56 per week	\$27.64 per week	\$69.92 per week	\$55.94 per week
	\$33.25 per pay period	\$26.60 per pay period	\$110.32 per pay period	\$88.27 per pay period	\$74.87 per pay period	\$59.90 per pay period	\$151.50 per pay period	\$121.20 per pay period
	\$797.88 per year	\$638.40 per year	\$2,647.68 per year	\$2,118.36 per year	\$1,796.88 per year	\$1,437.48 per year	\$3,636.00 per year	\$2,908.68 per year

Note: Per-pay-period rates are semimonthly.

MEDICAL PLAN CONTRIBUTIONS FOR ANTHEM

Coverage Level	Employee	Employee + Spouse/ Domestic Partner	Employee + Child/ Children	Employee + Family (Spouse/Domestic Partner + Children)
Broad Network				
\$1,600 Deductible Plan	\$40.21 per week	\$106.40 per week	\$80.42 per week	\$150.64 per week
	\$87.13 per pay period	\$230.54 per pay period	\$174.24 per pay period	\$326.39 per pay period
	\$2,091.12 per year	\$5,532.96 per year	\$4,181.76 per year	\$7,833.24 per year
\$3,200 Deductible Plan	\$15.34 per week	\$50.92 per week	\$34.56 per week	\$69.92 per week
	\$33.25 per pay period	\$110.32 per pay period	\$74.87 per pay period	\$151.50 per pay period
	\$797.88 per year	\$2,647.68 per year	\$1,796.88 per year	\$3,636.00 per year

Note: Per-pay-period rates are semimonthly.

MEDICAL PLAN CONTRIBUTIONS FOR SUREST

Coverage Level	Employee	Employee + Spouse/ Domestic Partner	Employee + Child/ Children	Employee + Family (Spouse/Domestic Partner + Children)
Surest Copay Plan	\$81.74 per week	\$204.24 per week	\$163.48 per week	\$294.16 per week
	\$177.11 per pay period	\$442.53 per pay period	\$354.22 per pay period	\$637.35 per pay period
	\$4,250.64 per year	\$10,620.60 per year	\$8,501.16 per year	\$15,296.40 per year

Note: Per-pay-period rates are semimonthly.

MEDICAL PLAN CONTRIBUTIONS FOR KAISER

Coverage Level	Employee	Employee + Spouse/ Domestic Partner	Employee + Child/ Children	Employee + Family (Spouse/Domestic Partner + Children)
\$1,600 Deductible Plan	\$40.21 per week	\$106.40 per week	\$80.42 per week	\$150.64 per week
	\$87.13 pay period	\$230.54 per pay period	\$174.24 per pay period	\$326.39 per pay period
	\$2,091.12 per year	\$5,532.96 per year	\$4,181.76 per year	\$7,833.24 per year
\$3,200 Deductible Plan	\$15.34 per week	\$50.92 per week	\$34.56 per week	\$69.92 per week
	\$33.25 per pay period	\$110.32 per pay period	\$74.87 per pay period	\$151.50 per pay period
	\$797.88 per year	\$2,647.68 per year	\$1,796.88 per year	\$3,636.00 per year

Note: Per-pay-period rates are semimonthly.

MEDICAL PLAN CONTRIBUTIONS FOR HMSA HEALTH PLAN (HAWAII RESIDENTS ONLY)

Coverage Level	Employee	Employee + Spouse/Domestic Partner	Employee + Child/ Children	Employee + Family (Spouse/ Domestic Partner + Children)
Hawaii Plus HMO (Hawaii HMO)	\$10.09 per week	\$225.69 per week	\$177.47 per week	\$325.06 per week
	\$21.87 per pay period	\$489.01 per pay period	\$384.52 per pay period	\$704.29 per pay period
	\$524.88 per year	\$11,736.12 per year	\$9,228.48 per year	\$16,902.96 per year
HMSA Preferred Provider Plan (Hawaii PPP)	\$10.09 per week	\$169.69 per week	\$133.83 per week	\$243.29 per week
	\$21.87 pay period	\$367.67 per pay period	\$289.96 per pay period	\$527.13 per pay period
	\$524.88 per year	\$8,823.96 per year	\$6,958.92 per year	\$12,651.00 per year

Note: Per-pay-period rates are semimonthly.

2024 DENTAL PLAN AND VISION PLAN RATES

The chart below shows the rates for each coverage level available in 2024.

DENTAL PLAN AND VISION PLAN CONTRIBUTIONS				
Coverage Level	Employee	Employee + Spouse/Domestic Partner	Employee + Child/Children	Employee + Family (Spouse/Domestic Partner + Children)
Dental Plan – Standard	\$3.84 per week	\$9.22 per week	\$7.68 per week	\$13.45 per week
	\$8.33 per pay period	\$19.99 per pay period	\$16.65 per pay period	\$29.15 per pay period
	\$199.92 per year	\$479.64 per year	\$399.60 per year	\$699.48 per year
Dental Plan – Premier	\$6.29 per week	\$15.10 per week	\$12.59 per week	\$22.02 per week
	\$13.63 per pay period	\$32.72 per pay period	\$27.27 per pay period	\$47.72 per pay period
	\$327.12 per year	\$785.28 per year	\$654.48 per year	\$1,145.28 per year
Vision Care Plan – Low Option	\$1.56 per week	\$3.75 per week	\$3.12 per week	\$5.47 per week
	\$3.38 per pay period	\$8.13 per pay period	\$6.77 per pay period	\$11.85 per pay period
	\$81.12 per year	\$195.00 per year	\$162.48 per year	\$284.40 per year
Vision Care Plan – High Option	\$2.52 per week	\$6.05 per week	\$5.04 per week	\$8.83 per week
	\$5.47 per pay period	\$13.12 per pay period	\$10.93 per pay period	\$19.13 per pay period
	\$131.28 per year	\$314.76 per year	\$262.20 per year	\$459.12 per year

Note: Per-pay-period rates are semimonthly.

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