BASS PRO GROUP 2024 Benefit Plan Funding Employee Premiums Per WEEKLY Pay Period

Medical		С	HOICE I	PPO PLA	N	HDHP CORE PLAN			HDHP VALUE PLAN				
			Мес	lical	T	Medical				Medical			
Salary Range		Fully Discounted	Add Spousal Premium Differential	Add Tobacco Premium Differential	Non- Discounted both Premium Differentials	Fully Discounted	Add Spousal Premium Differential	Add Tobacco Premium Differential	Non- Discounted both Premium Differentials	Fully Discounted	Add Spousal Premium Differential	Add Tobacco Premium Differential	Non- Discounted both Premium Differentials
For annual pay \$45,000 and less	Employee only: Employee + spouse: Employee + child(ren): Employee + family	\$33.97 \$77.01 \$53.03 \$94.36	\$33.97 \$107.01 \$53.03 \$124.36	\$73.97 \$117.01 \$93.03 \$134.36	\$73.97 \$127.01 \$93.03 \$144.36	\$19.03 \$55.78 \$40.99 \$65.31	\$19.03 \$85.78 \$40.99 \$95.31	\$59.03 \$95.78 \$80.99 \$105.31	\$59.03 \$105.78 \$80.99 \$115.31	\$14.01 \$37.32 \$33.43 \$44.71	\$14.01 \$67.32 \$33.43 \$74.71	\$54.01 \$77.32 \$73.43 \$84.71	\$54.01 \$87.32 \$73.43 \$94.71
For annual pay over \$45,000 to \$90,000	Employee only: Employee + spouse: Employee + child(ren): Employee + family:	\$42.40 \$92.52 \$70.26 \$117.03	\$42.40 \$122.52 \$70.26 \$147.03	\$82.40 \$132.52 \$110.26 \$157.03	\$82.40 \$142.52 \$110.26 \$167.03	\$28.89 \$69.11 \$52.60 \$85.38	\$28.89 \$99.11 \$52.60 \$115.38	\$68.89 \$109.11 \$92.60 \$125.38	\$68.89 \$119.11 \$92.60 \$135.38	\$16.67 \$44.41 \$39.77 \$53.22	\$16.67 \$74.41 \$39.77 \$83.22	\$56.67 \$84.41 \$79.77 \$93.22	\$56.67 \$94.41 \$79.77 \$103.22
For annual pay over \$90,000	Employee only: Employee + spouse: Employee + child(ren): Employee + family:	\$54.64 \$124.59 \$89.97 \$150.52	\$54.64 \$154.59 \$89.97 \$180.52	\$94.64 \$164.59 \$129.97 \$180.52	\$94.64 \$174.59 \$129.97 \$200.52	\$35.35 \$89.63 \$64.16 \$105.85	\$35.35 \$119.63 \$64.16 \$135.85	\$75.35 \$129.63 \$104.16 \$145.85	\$75.35 \$139.63 \$104.16 \$155.85	\$19.34 \$51.52 \$46.14 \$61.73	\$19.34 \$81.52 \$46.14 \$91.73	\$59.34 \$91.52 \$86.14 \$101.73	\$59.34 \$101.52 \$86.14 \$111.73

Dental	2024 Dental	2024 Dental Premiums					
		BASE PLAN	PLAN				
All salary levels	Employee only:	\$4.12	\$5.57				
	Employee + spouse:	\$7.24	\$9.81				
	Employee + child(ren):	\$7.52	\$10.09				
	Employee + family:	\$10.02	\$13.70				

Vision	2024 Vision Premiums				
		BASE PLAN	PLAN		
All salary levels	Employee only:	\$1.08	\$1.80		
	Employee + spouse:	\$2.14	\$3.58		
	Employee + child(ren):	\$2.35	\$3.94		
	Employee + family:	\$3.75	\$6.28		

Hospital Indemnity	2024 Hospital Indemnity			
		Premiums		
All salary levels	Employee only:	\$6.58		
	Employee + spouse:	\$15.44		
	Employee + child(ren):	\$10.55		
	Employee + family:	\$19.41		

Accident	2024 Accident			
		Weekly Premiums		
All salary levels	Employee only:	\$1.20		
	Employee + spouse:	\$2.00		
	Employee + child(ren):	\$2.46		
	Employee + family:	\$3.26		