

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

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

Dental	2024 Dental Premiums		
	BASE PLAN	ENHANCED 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	PREMIUM 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	
	weekly 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