



PART TIME EMPLOYEES

COST OF BENEFITS COVERAGE

2024

Medical and Prescription Benefit

PPO (PART TIME)

	Total Premium Per Month	PSL Premium Per Month	Employee (EE) Cost Per Pay
Employee	\$975.57	\$410.88	\$282.35
EE & Child	\$1,560.91	\$410.88	\$575.02
EE & Children	\$2,146.25	\$410.88	\$867.69
EE & Spouse	\$2,419.41	\$410.88	\$1,004.27
EE & Spouse w/ Spousal Surcharge	\$2,419.41	\$260.88	\$1,079.27
Family	\$2,907.20	\$410.88	\$1,248.16
Family w/ Spousal Surcharge	\$2,907.20	\$260.88	\$1,323.16

EPO (PART TIME)

	Total Premium Per Month	PSL Premium Per Month	Employee (EE) Cost Per Pay
Employee	\$821.76	\$410.88	\$205.44
EE & Child	\$1,314.82	\$410.88	\$451.97
EE & Children	\$1,807.87	\$410.88	\$698.50
EE & Spouse	\$2,037.96	\$410.88	\$813.54
EE & Spouse w/ Spousal Surcharge	\$2,037.96	\$260.88	\$888.54
Family	\$2,448.84	\$410.88	\$1,018.98
Family w/ Spousal Surcharge	\$2,448.84	\$260.88	\$1,093.98

HDHP (PART TIME)

	Total Premium Per Month	PSL Premium Per Month	Employee (EE) Cost Per Pay
Employee	\$755.42	\$377.71	\$188.86
EE & Child	\$1,208.67	\$377.71	\$415.48
EE & Children	\$1,661.92	\$377.71	\$642.11
EE & Spouse	\$1,873.44	\$377.71	\$747.87
EE & Spouse w/ Spousal Surcharge	\$1,873.44	\$227.71	\$822.87
Family	\$2,251.15	\$377.71	\$936.72
Family w/ Spousal Surcharge	\$2,251.15	\$227.71	\$1,011.72

PSL Benefits Questions:
1-717-502-1868 | benefits@psl.org
 Documents and more information can be found on: [‘My HR’](#)

For more information on PSL Benefits visit: www.psl.org/benefits
 Or you may also scan the QR code.

