Financial Considerations for the Employees of:

**Catie Food Systems / Shirley May Restaurant Group**

**\*\*\*\*\*\*effective January 1, 2025\*\*\*\*\***

**Total Monthly Bi-Weekly (26X) Monthly Amount Paid By per pay period Premium Employer Cost to Employee**

**Medical Plans**

**Option #1 4000/70** Some Copays, $4,000 Deductible, 70% Coverage to Max Out of PocketEE Only $ 920.25 $500.00 $193.96 EE/Spouse $2227.01 $500.00 $797.08 EE/Child(ren) $1661.99 $500.00 $536.30 EE/Family $3065.83 $500.00 $1184.23

**Option #2 5000/70** Some Copays, $5,000 Deductible, 70% Coverage to Max Out of Pocket VIRGINIA EMPLOYEES ONLY-NO NC EMPLOYEES ELIGIBLE

EE Only $871.85 $500.00 $171.62 EE/Spouse $2109.88 $500.00 $743.02 EE/Child(ren) $1574.58 $500.00 $495.96 Family $2904.59 $500.00 $1109.81 **Option #3 6700** NO Copays, $6,700 Deductible $6700 Coverage to Max Out of Pocket (EMPLOYEE DEDUCTION BASED ON SALARY----AHCA COMPLIANT POLICY)

EE Only $781.99 $500.00 $ 59.53 - $130.15 EE/Spouse $1892.42 $500.00 $542.33 - $612.94 EE/Child(ren) $1412.29 $500.00 $328.27 - $398.88 Family $2605.22 $500.00 $860.12 - $930.74

**Dental Plan – DELTA DENTAL - LO PLAN – NO MAJOR SERVICES HI PLAN-MAJOR LO PLAN - HI PLAN LO PLAN - HI PLAN**

EE Only $ 19.70 $32.16 $ 1.78 $ 7.47 EE/Child(ren) $ 43.52 $71.02 $ 6.90 $18.33 EE/Spouse $ 42.04 $68.63 $ 7.25 $19.53 EE/Family $ 67.13 $109.56 $ 20.09 $33.13