



TransDigm 2024 Benefits Highlights & Rates

This page summarizes the 2024 Benefits Plan changes, reminders and the employee contribution rates for the TransDigm Medical plans for the 2024 plan year.

2024 Benefits Highlights & Reminders

- ◆ Open Enrollment will be from November 3rd - November 17th. To enroll, change or review your benefits, go to www.TransDigmBenefits.com or call 833-874-1592.
- ◆ If you take no action during Open Enrollment, the benefits you currently have for 2023 will roll over to the 2024 plan year, with the exception of any Health Savings Account, Flexible Spending Account and Parking/Transit Account elections. You will have to re-elect those benefits if you wish to have them in the 2024 plan year.
- ◆ Medical premiums will be changing for the 2024 plan year. Dental and vision premiums are remaining the same.
- ◆ The Anthem and Kaiser \$3,000 plan will change to the \$3,200 plan, to accommodate IRS deductible regulations. The individual deductible will change to \$3,200 and the family deductible to \$6,400.
- ◆ Vision Allowances will increase to \$150 for frames and contacts.
- ◆ HSA Contribution limit is increasing: Individual - \$4,150, Family - \$8,300.
- ◆ Remember, if you are enrolled in an Anthem medical plan you have the ability to utilize SurgeryPlus **at no additional cost**. SurgeryPlus offers high-quality surgeons at **a lower cost** for non-emergency, pre-planned surgical procedures. More information is provided in the enrollment guide. You can also go to <http://transdigm.surgeryplus.com/> or call 833-814-5699.
- ◆ Open Enrollment is a great time to verify or update your beneficiaries!

Anthem Blue Cross Blue Shield Plans - Monthly Premiums

	\$400 DEDUCTIBLE	\$900 DEDUCTIBLE	\$1,850 DEDUCTIBLE	\$3,200 DEDUCTIBLE	\$4,500 DEDUCTIBLE
EMPLOYEE ONLY	\$379.33	\$211.81	\$98.13	\$72.22	\$33.18
EMPLOYEE + SPOUSE	\$893.60	\$456.28	\$212.26	\$151.79	\$69.67
EMPLOYEE + CHILD(REN)	\$800.78	\$401.70	\$186.86	\$134.12	\$63.03
EMPLOYEE + FAMILY	\$1,276.56	\$651.58	\$303.88	\$223.03	\$99.53

Kaiser Permanente - Monthly Premiums (California Only)

	HMO MEDIUM PLAN	\$3,200 DEDUCTIBLE	\$4,500 DEDUCTIBLE
EMPLOYEE ONLY	\$250.54	\$94.96	\$71.75
EMPLOYEE + SPOUSE	\$526.14	\$171.82	\$131.93
EMPLOYEE + CHILD(REN)	\$476.03	\$162.02	\$123.92
EMPLOYEE + FAMILY	\$751.62	\$261.88	\$199.82