

**Non Union
2020 Employee Contributions - Per Paycheck
Full Time and Part Time Employees working 20 or More Hours Per Week**

Medical	Employee	Employee + 1	Family
Crouse Choice Plan	\$40.00	\$80.00	\$155.00
Medical Opt - Out Benefit	\$23.00	\$23.00	\$23.00
Dental	Employee	Employee + 1	Family
Crouse Preventative Dental Plan (LBS)	\$5.00	\$12.00	\$18.00
Crouse Comprehensive Dental Plan (LBS)	\$18.00	\$33.00	\$53.00
Dental Opt - Out Benefit	\$5.00	\$5.00	\$5.00
Vision	Employee	Employee + 1	Family
Davis Vision Plan	\$5.00	\$7.00	\$10.00

Per paycheck; there are 26 pay periods annually on a pretax basis