

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

Medical	Employee	Employee Plus 1	Family
Crouse Select with Master Medical Plan	\$23.08	NA	\$202.44
Crouse Super with Master Medical Plan	\$340.00	NA	\$625.00
Dental	Employee	Employee Plus 1	Family
Crouse Preventative Dental Plan (LBS)	\$0.00	NA	\$0.00
Crouse Comprehensive Dental Plan (LBS)	\$18.00	NA	\$53.00
SEBF Basic	\$0.00	\$0.00	\$0.00
SEBF Comprehensive	\$12.58	\$15.42	\$18.25
SEBF Comprehensive (Service & Maint)	\$0.00	\$1.27	\$2.53
Vision	Employee	Employee Plus 1	Family
Davis Vision Plan	\$1.27	\$3.07	\$4.86
SEBF Vision Plan	\$0.00	\$0.00	\$0.00

SEBF Short Term Disability	w/Dental	w/o Dental
	\$9.96	\$12.16

Employee cost for family coverage under the Select with Master Medical Plan for employees earning \$18.00 or less will be as follows:

<u>Rate of Pay</u>	<u>Bi-Weekly Employee Premium Contribution</u>
\$12.01- \$13.00	\$25.00
\$13.01 - \$14.50	\$30.00
\$14.51 - \$16.00	\$40.00
\$16.01- \$17.00	\$50.00
\$17.01- \$18.00	\$60.00

Employee deductions are taken each pay check on a pre-tax basis 26 times a year.