

**Non Union**  
**2023 Employee Contributions - Per Paycheck**  
**Full Time and Part Time Employees working 20 or More Hours Per Week**

<b>Medical</b>	<b>Employee</b>	<b>Employee + 1</b>	<b>Family</b>
Crouse Choice Plan	\$44.00	\$88.00	\$160.00
Medical Opt - Out Benefit	\$23.00	\$23.00	\$23.00
<b>Dental</b>	<b>Employee</b>	<b>Employee + 1</b>	<b>Family</b>
Crouse Preventative Dental Plan	\$8.46	\$17.61	\$29.41
Crouse Comprehensive Dental Plan	\$16.75	\$36.19	\$62.77
Dental Opt - Out Benefit	\$5.00	\$5.00	\$5.00
<b>Vision</b>	<b>Employee</b>	<b>Employee + 1</b>	<b>Family</b>
Davis Vision Plan	\$5.00	\$7.00	\$10.00

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