Union 2023 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	\$224.46
Dental	Employee	Employee Plus 1	Family
Crouse Preventative Dental Plan Crouse Comprehensive Dental Plan SEBF Basic SEBF Comprehensive SEBF Comprehensive (Service & Maint)	\$0.00 \$11.28 \$0.00 \$13.08 \$0.00	NA NA \$0.00 \$15.92 \$1.52	\$0.00 \$43.96 \$0.00 \$18.75 \$3.03
Vision	Employee	Employee Plus 1	Family
Davis Vision Plan SEBF Vision Plan	\$1.27 \$0.00	\$3.07 NA	\$4.86 \$0.00

SEBF Short Term Disability	w/Dental	w/o Dental	
	\$10.46	\$12.78	

Employee cost for family coverage under the Select with Master Medical Plan for employees earning \$19.00 or less will be as follows:

Rate of Pay	Bi-Weekly Employee Premium Contribution
\$13.00 - \$14.50	\$30.00
\$14.51 - \$16.00	\$40.00
\$16.01 - \$17.00	\$50.00
\$17.01 - \$18.00	\$60.00
\$18.01 - \$19.00	\$75.00

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