

**Union**  
**2025 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 Plus 1</b>	<b>Family</b>
Crouse Select with Master Medical Plan	\$23.08	NA	\$249.95
<b>Dental</b>	<b>Employee</b>	<b>Employee Plus 1</b>	<b>Family</b>
Crouse Preventative Dental Plan	\$0.00	NA	\$0.00
Crouse Comprehensive Dental Plan	\$11.28	NA	\$43.96
SEBF Basic	\$0.00	\$0.00	\$0.00
SEBF Comprehensive	\$13.08	\$15.92	\$18.75
SEBF Comprehensive (Service & Maint)	\$0.00	\$1.52	\$3.03
<b>Vision</b>	<b>Employee</b>	<b>Employee Plus 1</b>	<b>Family</b>
Davis Vision Plan	\$1.27	\$3.07	\$4.86
SEBF Vision Plan	\$0.00	NA	\$0.00

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

Employee cost for family coverage under the Select with Master Medical Plan for employees earning \$21.00 or less will be as follows:

<u>Rate of Pay</u>	<u>Bi-Weekly Employee Premium Contribution</u>
\$15.00 - \$16.00	\$40.00
\$16.01 - \$17.00	\$50.00
\$17.01 - \$18.00	\$60.00
\$18.01 - \$19.00	\$75.00
\$19.01 - \$20.00	\$85.00
\$20.01 - \$21.00	\$95.00

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