

Union
2026 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	\$30.00	\$234.68	\$289.49
Dental	Employee	Employee Plus 1	Family
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	\$14.11	\$21.52	\$29.83
SEBF Comprehensive (Service & Maint)	\$0.00	\$2.74	\$7.52
Vision	Employee	Employee Plus 1	Family
Davis Vision Plan	\$1.77	\$3.07	\$8.33
SEBF Vision Plan	\$0.00	NA	\$0.00

SEBF Short Term Disability	w/Dental	w/o Dental
	\$12.51	\$15.28

Employee cost for family coverage under the Select with Master Medical Plan for employees earning \$24.00 or less will be as follows:

<u>Rate of Pay</u>	<u>Bi-Weekly Employee Premium Contribution</u>
\$19.00 - \$20.00	\$75.00
\$20.01 - \$21.00	\$85.00
\$21.01 - \$22.00	\$95.00
\$22.01 - \$23.00	\$105.00
\$23.01 - \$24.00	\$110.00

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

Union
2026 Employee Contributions - Per Paycheck
Part - Time Employees Working Less than 20 hours per week

Medical	Employee	Employee Plus 1	Family
Crouse Select with Master Medical Plan	\$212.86	\$447.01	\$681.16
Dental	Employee	Employee Plus 1	Family
Crouse Preventative Dental Plan	\$4.37	NA	\$13.75
Crouse Comprehensive Dental Plan	\$20.90	NA	\$63.00
SEBF Basic	\$12.91	\$18.86	\$29.76
SEBF Comprehensive	\$17.01	\$24.32	\$33.71

Vision	Employee	Employee & 1	Family
Davis Vision Plan	\$7.00	\$9.50	\$12.00
SEBF Vision Plan	\$0	NA	\$0

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