



## 2023 Bi-weekly Contribution Rates

Medical Plan (Non-Tobacco Rates)				
Coverage Tier	\$500 Deductible	\$1,000 Deductible	\$1,850 Deductible	\$3,000 Deductible
Employee only	\$130.15	\$97.85	\$58.15	\$50.77
Employee + Spouse	\$313.38	\$222.92	\$142.15	\$118.62
Employee + Child(ren)	\$261.23	\$188.31	\$120.00	\$101.08
Employee + Family	\$471.23	\$345.23	\$203.08	\$177.69

Dental Plan			
Coverage Tier	Basic Plus	Standard	Enhanced
Employee only	\$3.69	\$6.00	\$7.38
Employee + Spouse	\$7.85	\$13.85	\$17.08
Employee + Child(ren)	\$8.31	\$15.23	\$18.92
Employee + Family	\$12.92	\$23.54	\$29.08

Vision Plan		
Coverage Tier	Materials Only	Enhanced
Employee only	\$2.85	\$5.28
Employee + Spouse	\$5.70	\$10.55
Employee + Child(ren)	\$7.32	\$13.08
Employee + Family	\$9.46	\$17.49