

2024 COMPANY PLAN DENTAL/VISION PREMIUM SCHEDULE

DENTAL

	TOTAL MONTHLY PREMIUM	EMPLOYEE PAYS (Monthly)		EMPLOYER PAYS (Montly)	COBRA (Monthly)	Deduction Per Pay Check (24 pp)	Deduction Per Pay Check (52 pp)
NON-BARGAINING REGULAR							
Active Employees							
Employee Only	\$ 52.71	\$ 26.36	50.00%	\$ 26.36	\$ 53.76	\$13.18	\$6.08
Employee w/Spouse	\$ 102.26	\$ 51.13	50.00%	\$ 51.13	\$ 104.31	\$25.57	\$11.80
Employee w/Child(ren)	\$ 109.11	\$ 54.56	50.00%	\$ 54.56	\$ 111.29	\$27.28	\$12.59
Employee w/Family	\$ 160.77	\$ 80.39	50.00%	\$ 80.39	\$ 163.99	\$40.19	\$18.55
Individual Cobra Coverage							
Child Only	\$ 52.71				\$ 53.76		
Spouse Only	\$ 52.71				\$ 53.76		
Spouse and One Child	\$ 109.11				\$ 111.29		
Spouse and 2+Children	\$ 109.11				\$ 111.29		

VISION

	TOTAL MONTHLY PREMIUM	EMPLOYEE PAYS (Monthly)		EMPLOYER PAYS (Montly)	COBRA (Monthly)	Deduction Per Pay Check (24 pp)	Deduction Per Pay Check (52 pp)
Active Employees							
Employee Only	\$ 7.61	\$ 3.81	50.00%	\$ 3.81	\$ 7.76	\$1.90	\$0.88
Employee w/Spouse	\$ 15.22	\$ 7.61	50.00%	\$ 7.61	\$ 15.52	\$3.81	\$1.76
Employee w/Child(ren)	\$ 16.28	\$ 8.14	50.00%	\$ 8.14	\$ 16.61	\$4.07	\$1.88
Employee w/Family	\$ 26.02	\$ 13.01	50.00%	\$ 13.01	\$ 26.54	\$6.51	\$3.00
Individual Cobra Coverage							
Child Only	\$ 7.61				\$ 7.76		
Spouse Only	\$ 7.61				\$ 7.76		
Spouse and One Child	\$ 16.28				\$ 16.61		
Spouse and 2+Children	\$ 16.28				\$ 16.61		