Salaried Employee Contributions

Plan Year 2019: January 1, 2019 - December 31, 2019

Medical/Rx Plan Rates (Bi-Weekly)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Plan** | **Employee Only** | **Employee + Spouse** | **Employee + Child(ren)** | **Employee + Family** |
| Premium | $114.16 | $235.66 | $216.32 | $331.15 |
| **Preferred** | $43.54 | $97.97 | $89.93 | $137.66 |
| **Economy** | $8.64 | $29.93 | $27.45 | $42.06 |

**Dental Plan Rates (Bi-Weekly)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Plan** | **Employee Only** | **Employee + Spouse** | **Employee + Child(ren)** | **Employee + Family** |
| High Option | $0.00 | $7.77 | $15.13 | $23.15 |
| **Low Option** | $0.00 | $4.91 | $10.02 | $15.25 |

**Vision Rates (Bi-Weekly)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Only** | **Employee + Spouse** | **Employee + Child(ren)** | **Employee + Family** |
| $1.81 | $3.44 | $3.62 | $5.33 |