

## Salaried Employee Contributions

### Plan Year 2020: January 1, 2020 - December 31, 2020

#### MEDICAL/RX PLAN RATES (BI-WEEKLY)

Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
<b>Premium</b>	\$114.16	\$235.66	\$216.32	\$331.15
<b>Preferred</b>	\$43.54	\$97.97	\$89.93	\$137.66
<b>Economy</b>	\$8.64	\$29.93	\$27.45	\$42.06

#### DENTAL PLAN RATES (BI-WEEKLY)

Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
<b>High Option</b>	\$0.00	\$7.77	\$15.13	\$23.15
<b>Low Option</b>	\$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