

Salaried Employee Contributions

Plan Year 2023: January 1, 2023 - December 31, 2023

MEDICAL/RX PLAN RATES (BI-WEEKLY)

Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Premium	\$129.78	\$267.91	\$245.92	\$376.48
Preferred	\$49.50	\$111.38	\$102.24	\$156.50
Economy	\$9.82	\$34.02	\$31.21	\$47.81

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