

**Full-Time and Part-Time
All Salaries**

		----- PER PAY PERIOD EMPLOYEE CONTRIBUTION -----			
		FULL-TIME		PART-TIME	
Plan	Coverage Level	<u>Semi-Monthly</u>	<u>Bi-Weekly</u>	<u>Semi-Monthly</u>	<u>Bi-Weekly</u>
		<u>Payroll</u>	<u>Payroll</u>	<u>Payroll</u>	<u>Payroll</u>
		Jan-Dec	Jan-Dec	Jan-Dec	Jan-Dec
Dental Coverage - Standard Plan	● Individual	\$5.27	\$4.86	\$8.00	\$7.38
	● 2 Person	\$12.32	\$11.37	\$18.71	\$17.27
	● Family	\$18.74	\$17.30	\$28.47	\$26.28
Dental Coverage - Enhanced Plan	● Individual	\$9.78	\$9.03	\$12.52	\$11.55
	● 2 Person	\$23.58	\$21.76	\$29.97	\$27.66
	● Family	\$36.12	\$33.34	\$45.85	\$42.32
Vision Care	● Individual	\$4.82	\$4.45	\$4.82	\$4.45
	● 2 Person	\$9.63	\$8.89	\$9.63	\$8.89
	● Family	\$15.51	\$14.31	\$15.51	\$14.31
Legal Services	● Employee and Family	\$9.38	\$8.65	\$9.38	\$8.65
Identity Theft Protection-UltraSecure ⁽¹⁾	● Per Adult	\$4.98	\$4.59	\$4.98	\$4.59
Identity Theft Protection-UltraSecure+ Credit ⁽¹⁾	● Per Adult	\$8.48	\$7.82	\$8.48	\$7.82

BENEFLEX

Dependent Day Care Spending Account - \$5,000 (IRS maximum for all employers, per family)

Health Care Spending Account - \$3,050 (IRS maximum per employee)

(1) You can cover dependent children age 25 years and younger who live with you under ChildWatch protection at no additional cost (designed for minors and young adults). Or, you can elect Adult coverage for your child who is age 18 to 25 at the "per