

# Benefits Contribution Rate Summary Sheet

## Calendar Year 2023

# RIT

Below are the calendar year rates for your benefit options based on deductions over 19 pay periods. Refer to the detailed plan information to determine which plan is right for you.

### DENTAL AND VISION RATES FOR 9-MONTH DEDUCTIONS

---- PER PAY PERIOD EMPLOYEE CONTRIBUTION ----

PLAN	LEVEL OF COVERAGE	FULL-TIME (19 Deductions)	PART-TIME (19 Deductions)
<b>Dental-Standard Plan</b>	• Individual	\$6.65	\$10.11
	• 2 Person	\$15.56	\$23.63
	• Family	\$23.67	\$35.96
<b>Dental-Enhanced Plan</b>	• Individual	\$12.35	\$15.81
	• 2 Person	\$29.78	\$37.85
	• Family	\$45.63	\$57.92
<b>Vision</b>	• Individual	\$6.09	\$6.09
	• 2 Person	\$12.16	\$12.16
	• Family	\$19.59	\$19.59