

**January 1, 2024 - December 31, 2024  
Dental Plan**

*\$25 deductible per person - \$50.00 deductible maximum per family  
Dental Calendar Year Maximum Benefit - \$1000 per person*

| Coverage (24 Pay) | Cost     | Monthly Contribution |          | Per Paycheck (24) |          | Annual     |          |
|-------------------|----------|----------------------|----------|-------------------|----------|------------|----------|
|                   |          | Board                | Employee | Board             | Employee | Board      | Employee |
| Single            | \$39.00  | \$31.20              | \$7.80   | \$15.60           | \$3.90   | \$374.40   | \$93.60  |
| Family            | \$106.37 | \$85.10              | \$21.27  | \$42.55           | \$10.64  | \$1,021.17 | \$255.29 |

  

| Coverage (18 Pay) | Cost     | Monthly Contribution |          | Per Paycheck (18) |          | Annual     |          |
|-------------------|----------|----------------------|----------|-------------------|----------|------------|----------|
|                   |          | Board                | Employee | Board             | Employee | Board      | Employee |
| Single            | \$52.00  | \$41.60              | \$10.40  | \$20.80           | \$5.20   | \$374.40   | \$93.60  |
| Family            | \$141.83 | \$113.46             | \$28.37  | \$56.73           | \$14.18  | \$1,021.17 | \$255.29 |

**January 1, 2024 - December 31, 2024  
Vision Plan**

*Examination copay - \$10  
Material copay - \$25  
Lenses copay - \$25  
Frames copay - \$0; \$130 allowance; 20% of balance over \$130  
Benefit frequency: Examination 12 months, lenses/contacts 12 months, frames 24 months*

| Coverage (24 Pay)   | Cost    | Monthly Contribution |          | Per Paycheck (24) |          | Annual   |          |
|---------------------|---------|----------------------|----------|-------------------|----------|----------|----------|
|                     |         | Board                | Employee | Board             | Employee | Board    | Employee |
| Single              | \$5.33  | \$4.26               | \$1.07   | \$2.13            | \$0.53   | \$51.17  | \$12.79  |
| Single + Spouse     | \$10.13 | \$8.10               | \$2.03   | \$4.05            | \$1.01   | \$97.25  | \$24.31  |
| Single + Child(ren) | \$10.66 | \$8.53               | \$2.13   | \$4.26            | \$1.07   | \$102.34 | \$25.58  |
| Family              | \$15.68 | \$12.54              | \$3.14   | \$6.27            | \$1.57   | \$150.53 | \$37.63  |

  

| Coverage (18 Pay)   | Cost    | Monthly Contribution |          | Per Paycheck (18) |          | Annual   |          |
|---------------------|---------|----------------------|----------|-------------------|----------|----------|----------|
|                     |         | Board                | Employee | Board             | Employee | Board    | Employee |
| Single              | \$7.11  | \$5.69               | \$1.42   | \$2.84            | \$0.71   | \$51.17  | \$12.79  |
| Single + Spouse     | \$13.51 | \$10.81              | \$2.70   | \$5.40            | \$1.35   | \$97.25  | \$24.31  |
| Single + Child(ren) | \$14.21 | \$11.37              | \$2.84   | \$5.69            | \$1.42   | \$102.34 | \$25.58  |
| Family              | \$20.91 | \$16.73              | \$4.18   | \$8.36            | \$2.09   | \$150.53 | \$37.63  |