

## 2023 PRICE LIST (FULL-TIME)

Medical Plans		Employee Pro	Employee Pre-Tax Cost		
		Tobacco		Non-Tobacco	
		Weekly	Bi-Weekly	Weekly	Bi-Weekly
Light	Single	\$15.69	\$31.38	\$4.15	\$8.31
	Employee + Spouse	\$32.31	\$64.62	\$20.77	\$41.54
	Employee + Child(ren)	\$30.38	\$60.76	\$18.84	\$37.68
	Family	\$39.81	\$79.62	\$28.27	\$56.54
Basic	Single	\$35.25	\$70.51	\$23.72	\$47.43
	Employee + Spouse	\$62.55	\$125.09	\$51.01	\$102.01
	Employee + Child(ren)	\$56.18	\$112.37	\$44.64	\$89.29
	Family	\$79.13	\$158.26	\$67.59	\$135.18
Choice Savings	Single	\$43.88	\$87.77	\$32.34	\$64.69
	Employee + Spouse	\$79.55	\$159.10	\$68.01	\$136.02
	Employee + Child(ren)	\$78.44	\$156.89	\$66.90	\$133.81
	Family	\$111.45	\$222.90	\$99.91	\$199.83
Premier	Single	\$91.85	\$183.69	\$80.31	\$160.62
	Employee + Spouse	\$179.59	\$359.17	\$168.05	\$336.10
	Employee + Child(ren)	\$162.95	\$325.90	\$151.41	\$302.82
	Family	\$257.31	\$514.62	\$245.77	\$491.55

<sup>\*</sup> New York State Surcharge: Employees with a New York state residence will be subject to a surcharge of \$10 Single/\$15 Employee + Spouse/\$15 Employee + Child(ren)/\$20 Family added to their monthly medical premium.

 $\Delta$  Non-tobacco discount must be re-elected each year. To apply for this discount, please agree to the non-tobacco statement when completing your online benefits enrollment.

Dental Plans		Employee Pre-Tax Cost		
		Weekly	Bi-Weekly	
Standard	Single	\$1.68	\$3.36	
	Employee + Spouse	\$3.48	\$6.96	
	Employee + Child(ren)	\$4.08	\$8.16	
	Family	\$5.94	\$11.88	
Premier	Single	\$5.32	\$10.65	
	Employee + Spouse	\$10.56	\$21.12	
	Employee + Child(ren)	\$11.98	\$23.95	
	Family	\$19.46	\$38.91	
Vision Plan		Employee Pre	Employee Pre-Tax Cost	
		Weekly	Bi-Weekly	
Single		\$1.50	\$3.00	
Employee + Spouse		\$2.88	\$5.77	
Employee + Child(ren)		\$3.23	\$6.46	
Family		\$4.38	\$8.77	

Note: Deductions will be adjusted accordingly based on your pay cycle.



## 2023 Price List (Full-Time) Continued

Supplemental Disability			Employee After-Tax Cost	
Short-term: {(Annual Benefits				
Example: {(\$52,000 x .014) ÷	\$monthly			
Long-term: (Monthly Benefit Salary x \$0.20) ÷ 100 = Example: (\$4,333x \$0.20) ÷ 100 = \$8.67			\$monthly	
Supplemental Life/AD&D and Dependent Life/AD&D Insurance			Employee After-Tax Cost	
Employee and Spouse rate pe	er \$1,000	Child rate per \$1,000		
Age < 30	\$0.156	\$0.20		
Age 30-39	\$0.210	Formula:		
Age 40-49	\$0.318	Rate x Election		
Age 50-59	\$0.624	\$1,000	Self: \$monthly	
Age 60-64	\$1.038	Example:	Spouse: \$monthly	
Age 65-69	\$1.668	\$0.318 x \$50,000	Child: \$monthly	
Age 70+	\$2.694	\$1,000	Offind: \$\psi	
		= \$15.90 per month		
Spouse Maximum: \$5,000 inc	increments up to 5x annual wag rements up to ½ of employee's s crements up to ½ of employee's			
Flexible Spending Accounts			Employee Pre-Tax Cost	
Formula: Annual pledge ÷ months remaining in year = monthly contribution				
Healthcare: (minimum \$100; maximum \$3,050)				
	ce Savings medical plan may be ipation in a Healthcare FSA. See	\$monthly		
		if married but filing separately)	\$ monthly	

Note: Deductions will be adjusted accordingly based on your pay cycle.

## 2023 Price List (Part-Time)

Medical Plans	Employee Pre-Tax Cost		
	Weekly	Bi-Weekly	
Single* Light Plan	\$23.08	\$46.15	
Employee + Spouse* Light Plan	\$46.15	\$92.31	
Employee + Child(ren)* Light Plan	\$46.15	\$92.31	
Family* Light Plan	\$92.31	\$184.62	

\*New York State Surcharge: Employees with a New York state residence will be subject to a surcharge of \$10 Single/\$15 Employee + Spouse/\$15 Employee + Child(ren)/\$20 Family added to their monthly medical premium. See Glossary of Terms for more information.

Note: Deductions will be adjusted accordingly based on your pay cycle.