

## 2023 EMPLOYEE CONTRIBUTIONS

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Benefit Plan	24 Pay Period Contributions	19 Pay Period Contributions
<b>MEDICAL/KELSEY UHC CHARTER</b>		
Employee	\$80.23	\$101.34
Employee + Spouse	\$248.39	\$313.76
Employee + Child(ren)	\$221.67	\$280.00
Family	\$328.59	\$415.06
<b>MEDICAL/NEXUS</b>		
Employee	\$88.67	\$112.00
Employee + Spouse	\$287.61	\$363.30
Employee + Child(ren)	\$245.00	\$309.47
Family	\$380.47	\$480.59
<b>MEDICAL/CHOICE PLUS</b>		
Employee	\$101.97	\$128.80
Employee + Spouse	\$330.75	\$417.79
Employee + Child(ren)	\$281.75	\$355.89
Family	\$437.54	\$552.68
<b>MEDICAL/CHOICE HRA</b>		
Employee	\$52.92	\$66.85
Employee + Spouse	\$194.16	\$245.25
Employee + Child(ren)	\$136.08	\$171.89
Family	\$247.78	\$312.99
<b>MEDICAL/CHOICE HIGH DEDUCTIBLE</b>		
Employee	\$31.05	\$39.22
Employee + Spouse	\$174.74	\$220.72
Employee + Child(ren)	\$122.73	\$155.03
Family	\$223.00	\$281.68
<b>DENTAL PPO NETWORK ACCESS PLAN AND VALUE PLAN</b>		
Employee	\$26.07	\$32.93
Employee + 1	\$52.13	\$65.85
Family	\$78.19	\$98.76
<b>DENTAL HMO</b>		
Employee	\$5.36	\$6.76
Employee + 1	\$8.90	\$11.24
Family	\$16.57	\$20.93
<b>VISION</b>		
Employee	\$4.93	\$6.22
Employee + 1	\$7.89	\$9.96
Employee + Children	\$8.53	\$10.77
Family	\$12.98	\$16.40
<b>LEGAL SERVICES ONLY</b>		
Employee Only	\$7.48	\$9.45
Employee + Family	\$7.98	\$10.08
<b>IDENTITY THEFT SERVICES ONLY</b>		
Employee Only	\$4.23	\$5.34
Employee + Family	\$7.98	\$10.08
<b>LEGAL AND ID SHIELD COMBINED</b>		
Employee Only	\$11.70	\$14.78
Employee + Family	\$14.45	\$18.25