## Crystal Industries, Inc. Premium contribution Summary Bi-weekly Payroll (26 pay periods annually) June 1, 2024 through May 31, 2025

Providence Connect 9450 Bronze				
	Total	Employer monthly	Employee monthly	Employee bi-weekly
	Premium	Contribution	Contribution	Contribution
Single	\$397.25	\$397.25	\$0.00	\$0.00
Single + Spouse	\$794.50	\$397.25	\$397.25	\$183.35
Family	\$1,132.15	\$397.25	\$734.90	\$339.18
Single + Children	\$734.90	\$397.25	\$337.65	\$155.84

Providence Total Enhanced 5500 Gold				
	Total	Employer monthly	Employee monthly	Employee bi-weekly
	Premium	Contribution	Contribution	Contribution
Single	\$611.25	\$397.25	\$214.00	\$98.76
Single + Spouse	\$1,222.50	\$397.25	\$825.25	\$380.88
Family	\$1,742.05	\$397.25	\$1,344.80	\$620.68
Single + Children	\$1,130.80	\$397.25	\$733.55	\$338.56

Providence Total Enhanced 500 Platinum				
	Total	Employer monthly	Employee monthly	Employee bi-weekly
	Premium	Contribution	Contribution	Contribution
Single	\$810.10	\$397.25	\$412.85	\$190.55
Single + Spouse	\$1,620.20	\$397.25	\$1,222.95	\$564.44
Family	\$2,308.80	\$397.25	\$1,911.55	\$882.25
Single + Children	\$1,498.70	\$397.25	\$1,101.45	\$508.36

Companion Life Dental PPO 1500 Voluntary				
	Total	Employer monthly	Employee monthly	Employee bi-weekly
	Premium	Contribution	Contribution	Contribution
Single	\$44.35	\$0.00	\$44.35	\$20.47
Single + Spouse	\$88.70	\$0.00	\$88.70	\$40.94
Family	\$142.05	\$0.00	\$142.05	\$65.57
Single + Children	\$95.65	\$0.00	\$95.65	\$44.15

Some monthly employee premium contributions are not divisible by two, so a .01 rounding is included in employer cost

This page is provided as a guide to employee premium contributions. Confirm rates used with carrier contracted rates

Employee contributions may be taken on a pre-tax basis provided compliance and eligibility criteria are met

Employer pays 100% for employee only on the Bronze level health plan. Dental plan is voluntary and is 100% employee paid.