

The Children's Gym
 Premium contribution detail
 Bi-Weekly (26)
 July 1, 2025 to June 30, 2026

Providence Balance 4000 Silver and Domestic Partner				
	Total	Employer monthly	Employee monthly	Employee bi-weekly
	Premium	Contribution	Contribution	Contribution
Single	\$677.10	\$440.12	\$236.98	\$109.37
Single + Spouse	\$1,354.20	\$440.12	\$914.08	\$421.89
Family	\$1,929.75	\$440.12	\$1,489.63	\$687.52
Single + Children	\$1,252.65	\$440.12	\$812.53	\$375.01

Companion Life Dental Plan \$2,000 Max				
	Total	Employer monthly	Employee monthly	Employee bi-weekly
	Premium	Contribution	Contribution	Contribution
Single	\$45.18	\$27.11	\$18.07	\$8.34
	\$90.35	\$27.11	\$63.24	\$29.18
Family	\$144.70	\$27.11	\$117.59	\$54.27
Single + Children	\$97.43	\$27.11	\$70.32	\$32.45

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 65% for employee and 0% for dependents for the medical plan

Employer pays 60% for employee and 0% for dependents for the dental plan