|  |  |  |  |
| --- | --- | --- | --- |
|  | **Saint John Neumann 2022-2023**  |  |  |
|   | **employee contributions** |   |  |
|  |  |  |  |  |  |  |  |
| **medical**  |   |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | level |   | monthly |   | per pay |  |  |
|  | employee | $114.10  |  | $57.05  |  |  |
|  | emp/spouse | $274.20  |  | $137.10  |  |  |
|  | emp/child | $500.00  |  | $250.00  |  |  |
|  | emp/chldrn | $500.00  |  | $250.00  |  |  |
|  | family |  | $500.00  |  | $250.00  |  |  |
|  |  |  |  |  |  |  |  |
| **dental**  | Delta Dental  |  |  |  |  |  |
|  | Level  |   | monthly |   | per pay |  |  |
|  | employee | $37.19  |  | $18.60  |  |  |
|  | emp/spouse | $68.16  |  | $34.08  |  |  |
|  | emp/child | $60.89  |  | $30.45  |  |  |
|  | emp/chldrn | $60.89  |  | $30.45  |  |  |
|  | family |  | $94.84  |  | $47.42  |  |  |
|  |  |  |  |  |  |  |  |
| **vision** | Davis Vision |  |  |  |  |  |
|  | level |   | monthly |   | per pay |  |  |
|  | employee | $5.38  |  | $2.69  |  |  |
|  | emp/spouse | $13.98  |  | $6.99  |  |  |
|  | emp/child | $13.98  |  | $6.99  |  |  |
|  | emp/chldrn | $13.98  |  | $6.99  |  |  |
|  | family |  | $13.98  |  | $6.99  |  |  |
|  |  |  |  |  |  |  |  |
| **vision** | Vision Benefits of America  |  |  |  |  |
|  | level |   | monthly |   | per pay |  |  |
|  | employee | $9.70  |  | $4.85  |  |  |
|  | emp/spouse | $16.40  |  | $8.20  |  |  |
|  | emp/child | $16.40  |  | $8.20  |  |  |
|  | emp/chldrn | $22.80  |  | $11.40  |  |  |
|  | family |  | $22.80  |  | $11.40  |  |  |