



	Plan Cost Per	EE Cost Per	EE Cost per Year	Codes	EE Cost Per Check			
	Month (100%)	Month (32%)	(Monthly Cost x 12)					
					52 wks	42 wks	38 wks	26 wks
<b>DENTAL* (Town 75%; EE 25%)</b>								
ACTIVE EMPLOYEES								
Individual	\$ 31.41	\$ 7.85	\$ 94.23	24, 26	\$ 1.81	\$ 2.24	\$ 2.48	\$ 3.62
Family	\$ 117.56	\$ 29.39	\$ 352.68	25, 27	\$ 6.78	\$ 8.40	\$ 9.28	\$ 13.56
<b>CAFÉ PLAN (Employees pay 100%)</b>	\$ 1.00	\$ 1.00	\$ 12.00	29	\$ 0.23	\$ 0.29	\$ 0.32	\$ 0.46
(For pre-tax health insurance costs only. This does not cover cost of flexible spending plan)								

F:Insurance: FY2024 Payroll Health Deductions(032723)