



**EMPLOYEE SEMI-MONTHLY
PAYROLL DEDUCTIONS**
JUN 1, 2026 – MAY 31, 2027

MEDICAL INSURANCE

WELLNET	BASE PLAN \$6,000 Ded	MID PLAN \$4,000 Ded	HIGH PLAN \$2,500 Ded
Employee Only	\$ 59.92	\$ 237.43	\$ 288.79
Employee + Spouse	\$ 442.25	\$ 661.26	\$ 730.29
Employee + Child(ren)	\$ 382.33	\$ 583.96	\$ 639.02
Employee + Family	\$ 578.42	\$ 933.79	\$ 981.25

GAP

APL	\$3000/\$1500	\$6000/\$3000
Employee Only	\$ 23.62	\$ 48.07
Employee + Spouse	\$ 50.11	\$ 96.10
Employee + Child(ren)	\$ 39.41	\$ 78.82
Employee + Family	\$ 66.74	\$ 137.38

DENTAL INSURANCE

METLIFE	PPO LOW	PPO HIGH
Employee Only	\$ 9.86	\$ 22.11
Employee + Spouse	\$ 19.74	\$ 44.94
Employee + Child(ren)	\$ 20.52	\$ 47.15
Employee + Family	\$ 32.08	\$ 71.46

VISION INSURANCE

METLIFE	VISION
Employee Only	\$ 3.53
Employee + Spouse	\$ 6.71
Employee + Child(ren)	\$ 7.07
Employee + Family	\$ 10.38

Please refer to your charts for the pricing of Voluntary Life and Other Supplemental Policies available.