Lukut 2022 Fire-LP : C								
July 1, 2022 Final Rates &	& Contributions							
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Medical - Full Time					Y23 Domestic Part	ner Rates		
	July 1, 20	022 Monthly Rates & Contri	butions		123 Domestic Fait	nei nates		
	Monthly Premium	Employee Contrib	Simmons Premium	FY23	3 Full Time Domestic Partn	er Medical Rates		
HDHP/PPO								
<\$75,000								
Individual	\$771.53	\$139.65	\$631.88	HDHP/PPO (less than 75K)	Pre-Tax	Post-tax	ER non taxable	ER Taxable
Employee + 1	\$1,541.80	\$294.48	\$1,247.32	Employee + Domestic Partner	\$139.65	\$154.84	\$631.88	\$615.43
Family \$75,000+	\$2,365.07	\$451.73	\$1,913.34	Family (including Domestic Partner)	\$294.48	\$157.24	\$1,247.32	\$666.03
	6774.52	Ć455.00	CCAC AF	HDHP/PPO (75K+)	Day Tay	Dt-t	ED was touchte	ED Tamable
Individual Employee + 1	\$771.53 \$1,541.80	\$155.08 \$325.32	\$616.45 \$1,216.48	Employee + Domestic Partner	Pre-Tax \$155.08	Post-tax \$170.24	ER non taxable \$616.45	\$600.03
Family	\$1,541.80	\$499.03	\$1,216.48	Family (including Domestic Partner)	\$325.32	\$170.24	\$1,216.48	\$649.56
HMO	\$2,363.07	\$499.05	\$1,000.04	Fairlily (including Domestic Partner)	\$525.52	\$1/5./1	\$1,210.48	\$649.56
<\$75,000								
Individual	\$846.31	\$215.81	\$630.50	HMO (Less than 75k)	Pre-Tax	Post-tax	ER non taxable	ER Taxable
Employee + 1	\$1,692.57	\$446.84	\$1,245.73	Employee + Domestic Partner	\$215.81	\$231.03	\$630.50	\$615.23
Family	\$2,596.40	\$685.45	\$1,910.95	Family (including Domestic Partner)	\$446.84	\$238.61	\$1,245.73	\$665.22
\$75,000+	\$2,550:10	Ç003.13	ψ1,510.55	ranny (mercang bornesser archer)	\$110.01	Ģ250.01	Q1,2 13.75	Ç003.EE
Individual	\$846.31	\$240.35	\$605.96	HMO (75k+)	Pre-Tax	Post-tax	ER non taxable	ER Taxable
Employee + 1	\$1,692.57	\$497.62	\$1,194.95	Employee + Domestic Partner	\$240.35	\$257.26	\$605.96	\$589.00
Family	\$2,596.40	\$763.34	\$1,833.06	Family (including Domestic Partner)	\$497.62	\$265.73	\$1,194.95	\$638.10
	1,7-7-1-1							
Medical - Part-Time								
	July 1, 20	022 Monthly Rates & Contri	butions					
	Monthly Premium	Employee Contrib	Simmons Premium					
HDHP/PPO				FY23 Part-Time Domestic Partner Medical Rates_no rate banding				
All Salaries								
Individual	\$771.53	\$489.15	\$282.38	PPO (All Salaries)	Pre-Tax	Post-tax	ER non taxable	ER Taxable
Employee + 1	\$1,541.80	\$994.46	\$547.34	Employee + Domestic Partner	\$489.15	\$505.31	\$282.38	\$264.96
Family	\$2,365.07	\$1,525.47	\$839.60	Family (including Domestic Partner)	\$994.46	\$531.01	\$547.34	\$292.26
нмо								
All Salaries								
Individual	\$846.31	\$573.80	\$272.51	HMO (All salaries)	Pre-Tax	Post-tax	ER non taxable	ER Taxable
Employee + 1	\$1,692.57	\$1,164.49	\$528.08	Employee + Domestic Partner	\$573.80	\$590.69	\$272.51	\$255.57
Family	\$2,596.40	\$1,794.11	\$802.29	Family (including Domestic Partner)	\$1,164.49	\$629.62	\$528.08	\$274.21
Dental - Full-Time								
Core		022 Monthly Rates & Contri		FY23 Full	Time Domestic Partner De	ntal Rates (all salarie	s)	
	Monthly Premium							
Individual		Employee Contrib	Simmons Premium	Core Dental Plan	Pre-Tax	Post-tax	ER non taxable	ER Taxable
	\$22.64	\$0.00	\$22.64	Employee +Domestic Partner	\$0.00	\$0.00	ER non taxable \$22.64	\$43.18
Family							ER non taxable	
,	\$22.64	\$0.00	\$22.64	Employee +Domestic Partner	\$0.00	\$0.00	ER non taxable \$22.64	\$43.18
Family Dental - Full-Time	\$22.64 \$65.82	\$0.00 \$0.00	\$22.64 \$65.82	Employee +Domestic Partner	\$0.00	\$0.00	ER non taxable \$22.64	\$43.18
	\$22.64 \$65.82 July 1, 20	\$0.00 \$0.00 222 Monthly Rates & Contri	\$22.64 \$65.82 butions	Employee +Domestic Partner Family (including Domestic Partner)	\$0.00 \$0.00	\$0.00 \$0.00	\$22.64 \$43.18	\$43.18 \$22.64
Dental - Full-Time	\$22.64 \$65.82 July 1, 20 Monthly Premium	\$0.00 \$0.00 022 Monthly Rates & Contrib	\$22.64 \$65.82 butions Simmons Premium	Employee +Domestic Partner Family (including Domestic Partner) Enhanced Dental Plan	\$0.00 \$0.00 Pre-Tax	\$0.00 \$0.00	\$22.64 \$43.18 ER non taxable	\$43.18 \$22.64 ER Taxable
Dental - Full-Time Enhanced Individual	\$22.64 \$65.82 July 1, 20 Monthly Premium \$54.20	\$0.00 \$0.00 22 Monthly Rates & Contrib Employee Contrib \$31.60	\$22.64 \$65.82 butions Simmons Premium \$22.60	Employee +Domestic Partner Family (including Domestic Partner) Enhanced Dental Plan Employee + Domestic Partner	\$0.00 \$0.00 Pre-Tax \$31.60	\$0.00 \$0.00 Post-tax \$60.21	\$22.64 \$43.18 ER non taxable \$22.60	\$43.18 \$22.64 ER Taxable \$43.07
Dental - Full-Time Enhanced	\$22.64 \$65.82 July 1, 20 Monthly Premium	\$0.00 \$0.00 022 Monthly Rates & Contrib	\$22.64 \$65.82 butions Simmons Premium	Employee +Domestic Partner Family (including Domestic Partner) Enhanced Dental Plan	\$0.00 \$0.00 Pre-Tax	\$0.00 \$0.00	\$22.64 \$43.18 ER non taxable	\$43.18 \$22.64 ER Taxable
Dental - Full-Time Enhanced Individual Family	\$22.64 \$65.82 July 1, 20 Monthly Premium \$54.20	\$0.00 \$0.00 22 Monthly Rates & Contrib Employee Contrib \$31.60	\$22.64 \$65.82 butions Simmons Premium \$22.60	Employee +Domestic Partner Family (including Domestic Partner) Enhanced Dental Plan Employee + Domestic Partner	\$0.00 \$0.00 Pre-Tax \$31.60	\$0.00 \$0.00 Post-tax \$60.21	\$22.64 \$43.18 ER non taxable \$22.60	\$43.18 \$22.64 ER Taxable \$43.07
Dental - Full-Time Enhanced Individual	\$22.64 \$65.82 July 1, 20 Monthly Premium \$54.20 \$157.48	\$0.00 \$0.00 \$0.00 \$0.22 Monthly Rates & Contrib Employee Contrib \$31.60 \$91.81	\$22.64 \$65.82 butions Simmons Premium \$22.60 \$65.67	Employee +Domestic Partner Family (including Domestic Partner) Enhanced Dental Plan Employee + Domestic Partner Family (including Domestic Partner)	\$0.00 \$0.00 Pre-Tax \$31.60 \$60.21	\$0.00 \$0.00 Post-tax \$60.21 \$31.60	ER non taxable \$22.64 \$43.18 ER non taxable \$22.60 \$43.07	\$43.18 \$22.64 ER Taxable \$43.07
Dental - Full-Time Enhanced Individual Family	\$22.64 \$65.82 July 1, 20 Monthly Premium \$54.20 \$157.48	\$0.00 \$0.00 222 Monthly Rates & Contrib \$31.60 \$91.81 222 Monthly Rates & Contri	\$22.64 \$65.82 butions Simmons Premium \$22.60 \$65.67	Employee +Domestic Partner Family (including Domestic Partner) Enhanced Dental Plan Employee + Domestic Partner Family (including Domestic Partner)	\$0.00 \$0.00 Pre-Tax \$31.60 \$60.21	\$0.00 \$0.00 Post-tax \$60.21 \$31.60	ER non taxable \$22.64 \$43.18 ER non taxable \$22.60 \$43.07	\$43.18 \$22.64 ER Taxable \$43.07 \$22.60
Dental - Full-Time Enhanced Individual Family Dental - Part-Time Core	\$22.64 \$65.82 July 1, 20 Monthly Premium \$54.20 \$157.48 July 1, 20 Monthly Premium	\$0.00 \$0.00 22 Monthly Rates & Contrib \$31.60 \$91.81 222 Monthly Rates & Contrib \$1.60 \$21.60	\$22.64 \$65.82 butions Simmons Premium \$22.60 \$65.67 butions Simmons Premium	Employee +Domestic Partner Family (including Domestic Partner) Enhanced Dental Plan Employee + Domestic Partner Family (including Domestic Partner) FY23 Part- Core Dental Plan	\$0.00 \$0.00 Pre-Tax \$31.60 \$60.21 Time Domestic Partner De	\$0.00 \$0.00 Post-tax \$60.21 \$31.60 ntal Rates (all salarie Post-tax	ER non taxable \$22.64 \$43.18 ER non taxable \$22.60 \$43.07	\$43.18 \$22.64 ER Taxable \$43.07 \$22.60
Dental - Full-Time Enhanced Individual Family Dental - Part-Time Core Individual	\$22.64 \$65.82 July 1, 20 Monthly Premium \$54.20 \$157.48 July 1, 20 Monthly Premium \$22.64	\$0.00 \$0.00 22 Monthly Rates & Contrib \$31.60 \$91.81 222 Monthly Rates & Contrib \$22.64	\$22.64 \$65.82 butions \$immons Premium \$22.60 \$65.67 butions \$immons Premium \$0.00	Employee +Domestic Partner Family (including Domestic Partner) Enhanced Dental Plan Employee + Domestic Partner Family (including Domestic Partner) FY23 Part- Core Dental Plan Employee + Domestic Partner	\$0.00 \$0.00 Pre-Tax \$31.60 \$60.21 Time Domestic Partner De Pre-Tax \$22.64	\$0.00 \$0.00 Post-tax \$60.21 \$31.60 ntal Rates (all salaries Post-tax \$43.18	ER non taxable \$22.64 \$43.18 ER non taxable \$22.60 \$43.07 ER non taxable \$22.60	\$43.18 \$22.64 ER Taxable \$43.07 \$22.60 ER Taxable \$0.00
Dental - Full-Time Enhanced Individual Family Dental - Part-Time Core	\$22.64 \$65.82 July 1, 20 Monthly Premium \$54.20 \$157.48 July 1, 20 Monthly Premium	\$0.00 \$0.00 22 Monthly Rates & Contrib \$31.60 \$91.81 222 Monthly Rates & Contrib \$1.60 \$21.60	\$22.64 \$65.82 butions Simmons Premium \$22.60 \$65.67 butions Simmons Premium	Employee +Domestic Partner Family (including Domestic Partner) Enhanced Dental Plan Employee + Domestic Partner Family (including Domestic Partner) FY23 Part- Core Dental Plan	\$0.00 \$0.00 Pre-Tax \$31.60 \$60.21 Time Domestic Partner De	\$0.00 \$0.00 Post-tax \$60.21 \$31.60 ntal Rates (all salarie Post-tax	ER non taxable \$22.64 \$43.18 ER non taxable \$22.60 \$43.07	\$43.18 \$22.64 ER Taxable \$43.07 \$22.60
Dental - Full-Time Enhanced Individual Pental - Part-Time Core Individual Family	\$22.64 \$65.82 July 1, 20 Monthly Premium \$54.20 \$157.48 July 1, 20 Monthly Premium \$22.64	\$0.00 \$0.00 22 Monthly Rates & Contrib \$31.60 \$91.81 222 Monthly Rates & Contrib \$22.64	\$22.64 \$65.82 butions \$immons Premium \$22.60 \$65.67 butions \$immons Premium \$0.00	Employee +Domestic Partner Family (including Domestic Partner) Enhanced Dental Plan Employee + Domestic Partner Family (including Domestic Partner) FY23 Part- Core Dental Plan Employee + Domestic Partner	\$0.00 \$0.00 Pre-Tax \$31.60 \$60.21 Time Domestic Partner De Pre-Tax \$22.64	\$0.00 \$0.00 Post-tax \$60.21 \$31.60 ntal Rates (all salaries Post-tax \$43.18	ER non taxable \$22.64 \$43.18 ER non taxable \$22.60 \$43.07 ER non taxable \$22.60	\$43.18 \$22.64 ER Taxable \$43.07 \$22.60 ER Taxable \$0.00
Dental - Full-Time Enhanced Individual Family Dental - Part-Time Core Individual Family Dental - Part-Time	\$22.64 \$65.82 July 1, 20 Monthly Premium \$54.20 \$157.48 July 1, 20 Monthly Premium \$22.64 \$65.82	\$0.00 \$0.00 \$0.00 22 Monthly Rates & Contrib \$31.60 \$91.81 222 Monthly Rates & Contrib Employee Contrib \$22.64 \$65.82	\$22.64 \$65.82 butions Simmons Premium \$22.60 \$65.67 butions Simmons Premium \$0.00 \$0.00	Employee +Domestic Partner Family (including Domestic Partner) Enhanced Dental Plan Employee + Domestic Partner Family (including Domestic Partner) FY23 Part- Core Dental Plan Employee + Domestic Partner	\$0.00 \$0.00 Pre-Tax \$31.60 \$60.21 Time Domestic Partner De Pre-Tax \$22.64	\$0.00 \$0.00 Post-tax \$60.21 \$31.60 ntal Rates (all salaries Post-tax \$43.18	ER non taxable \$22.64 \$43.18 ER non taxable \$22.60 \$43.07 ER non taxable \$22.60	\$43.18 \$22.64 ER Taxable \$43.07 \$22.60 ER Taxable \$0.00
Dental - Full-Time Enhanced Individual Family Dental - Part-Time Core Individual Family Dental - Part-Time	\$22.64 \$65.82 July 1, 20 Monthly Premium \$54.20 \$157.48 July 1, 20 Monthly Premium \$22.64 \$65.82	\$0.00 \$0.00 \$0.00 22 Monthly Rates & Contrib \$31.60 \$91.81 222 Monthly Rates & Contrib Employee Contrib \$22.64 \$65.82	\$22.64 \$65.82 butions Simmons Premium \$22.60 \$65.67 butions Simmons Premium \$0.00 \$0.00	Employee +Domestic Partner Family (including Domestic Partner) Enhanced Dental Plan Employee + Domestic Partner Family (including Domestic Partner) FY23 Part- Core Dental Plan Employee + Domestic Partner Family (including Domestic Partner)	\$0.00 \$0.00 Pre-Tax \$31.60 \$60.21 Time Domestic Partner De Pre-Tax \$22.64 \$43.18	\$0.00 \$0.00 Post-tax \$60.21 \$31.60 ntal Rates (all salarie Post-tax \$43.18 \$22.64	ER non taxable \$22.64 \$43.18 ER non taxable \$22.60 \$43.07 ER non taxable \$0.00 \$0.00	\$43.18 \$22.64 ER Taxable \$43.07 \$22.60 ER Taxable \$0.00 \$0.00
Dental - Full-Time Enhanced Individual Family Dental - Part-Time Core Individual Family Dental - Part-Time Enhanced	\$22.64 \$65.82 July 1, 20 Monthly Premium \$54.20 \$157.48 July 1, 20 Monthly Premium \$22.64 \$65.82	\$0.00 \$0.00 \$0.00 22 Monthly Rates & Contri Employee Contrib \$31.60 \$91.81 22 Monthly Rates & Contri Employee Contrib \$22.64 \$65.82	\$22.64 \$65.82 butions Simmons Premium \$22.60 \$65.67 butions Simmons Premium \$0.00 \$0.00 butions Simmons Premium	Employee +Domestic Partner Family (including Domestic Partner) Enhanced Dental Plan Employee + Domestic Partner Family (including Domestic Partner) FY23 Part- Core Dental Plan Employee + Domestic Partner Family (including Domestic Partner) Employee + Domestic Partner Family (including Domestic Partner)	\$0.00 \$0.00 Pre-Tax \$31.60 \$60.21 Time Domestic Partner De Pre-Tax \$22.64 \$43.18	\$0.00 \$0.00 \$0.00 Post-tax \$60.21 \$31.60 http://www.sciencesis.com/sciencesis/sciences	ER non taxable \$22.64 \$43.18 ER non taxable \$22.60 \$43.07 ER non taxable \$0.00 \$0.00 ER non taxable	\$43.18 \$22.64 ER Taxable \$43.07 \$22.60 ER Taxable \$0.00 \$0.00
Dental - Full-Time Enhanced Individual Family Dental - Part-Time Core Individual Family Dental - Part-Time Enhanced Individual	\$22.64 \$65.82 July 1, 20 Monthly Premium \$54.20 \$157.48 July 1, 20 Monthly Premium \$22.64 \$65.82 July 1, 20 Monthly Premium \$54.20	\$0.00 \$0.00 \$0.00 22 Monthly Rates & Contri Employee Contrib \$31.60 \$91.81 222 Monthly Rates & Contri Employee Contrib \$22.64 \$65.82 222 Monthly Rates & Contri Employee Contrib \$52.64	\$22.64 \$65.82 butions Simmons Premium \$22.60 \$65.67 butions Simmons Premium \$0.00 \$0.00 butions Simmons Premium \$0.00 \$0.00	Employee +Domestic Partner Family (including Domestic Partner) Enhanced Dental Plan Employee + Domestic Partner Family (including Domestic Partner) FY23 Part- Core Dental Plan Employee + Domestic Partner Family (including Domestic Partner) Employee + Domestic Partner Employee + Domestic Partner	\$0.00 \$0.00 Pre-Tax \$31.60 \$60.21 Time Domestic Partner De Pre-Tax \$22.64 \$43.18 Pre-Tax \$524.20	\$0.00 \$0.00 \$0.00 Post-tax \$60.21 \$31.60 ntal Rates (all salaries Post-tax \$43.18 \$22.64	ER non taxable \$22.64 \$43.18 ER non taxable \$22.60 \$43.07 ER non taxable \$0.00 \$0.00	\$43.18 \$22.64 ER Taxable \$43.07 \$22.60 ER Taxable \$0.00 \$0.00
Dental - Full-Time Enhanced Individual Family Dental - Part-Time Core Individual Family Dental - Part-Time Enhanced	\$22.64 \$65.82 July 1, 20 Monthly Premium \$54.20 \$157.48 July 1, 20 Monthly Premium \$22.64 \$65.82	\$0.00 \$0.00 \$0.00 22 Monthly Rates & Contri Employee Contrib \$31.60 \$91.81 22 Monthly Rates & Contri Employee Contrib \$22.64 \$65.82	\$22.64 \$65.82 butions Simmons Premium \$22.60 \$65.67 butions Simmons Premium \$0.00 \$0.00 butions Simmons Premium	Employee +Domestic Partner Family (including Domestic Partner) Enhanced Dental Plan Employee + Domestic Partner Family (including Domestic Partner) FY23 Part- Core Dental Plan Employee + Domestic Partner Family (including Domestic Partner) Employee + Domestic Partner Family (including Domestic Partner)	\$0.00 \$0.00 Pre-Tax \$31.60 \$60.21 Time Domestic Partner De Pre-Tax \$22.64 \$43.18	\$0.00 \$0.00 \$0.00 Post-tax \$60.21 \$31.60 http://www.sciencesis.com/sciencesis/sciences	ER non taxable \$22.64 \$43.18 ER non taxable \$22.60 \$43.07 ER non taxable \$0.00 \$0.00 ER non taxable	\$43.18 \$22.64 ER Taxable \$43.07 \$22.60 ER Taxable \$0.00 \$0.00
Dental - Full-Time Enhanced Individual Family Dental - Part-Time Core Individual Family Dental - Part-Time Enhanced Individual	\$22.64 \$65.82 July 1, 20 Monthly Premium \$54.20 \$157.48 July 1, 20 Monthly Premium \$22.64 \$65.82 July 1, 20 Monthly Premium \$54.20	\$0.00 \$0.00 \$0.00 22 Monthly Rates & Contri Employee Contrib \$31.60 \$91.81 222 Monthly Rates & Contri Employee Contrib \$22.64 \$65.82 222 Monthly Rates & Contri Employee Contrib \$52.64	\$22.64 \$65.82 butions Simmons Premium \$22.60 \$65.67 butions Simmons Premium \$0.00 \$0.00 butions Simmons Premium \$0.00 \$0.00	Employee +Domestic Partner Family (including Domestic Partner) Enhanced Dental Plan Employee + Domestic Partner Family (including Domestic Partner) FY23 Part- Core Dental Plan Employee + Domestic Partner Family (including Domestic Partner) Employee + Domestic Partner Employee + Domestic Partner	\$0.00 \$0.00 Pre-Tax \$31.60 \$60.21 Time Domestic Partner De Pre-Tax \$22.64 \$43.18 Pre-Tax \$524.20	\$0.00 \$0.00 \$0.00 Post-tax \$60.21 \$31.60 ntal Rates (all salaries Post-tax \$43.18 \$22.64	ER non taxable \$22.64 \$43.18 ER non taxable \$22.60 \$43.07 ER non taxable \$0.00 \$0.00	\$43.18 \$22.64 ER Taxable \$43.07 \$22.60 ER Taxable \$0.00 \$0.00
Dental - Full-Time Enhanced Individual Family Dental - Part-Time Core Individual Family Dental - Part-Time Enhanced Individual Family	\$22.64 \$65.82 July 1, 20 Monthly Premium \$54.20 \$157.48 July 1, 20 Monthly Premium \$22.64 \$65.82 July 1, 20 Monthly Premium \$54.20 \$157.48	\$0.00 \$0.00 \$0.00 22 Monthly Rates & Contri Employee Contrib \$31.60 \$91.81 222 Monthly Rates & Contri Employee Contrib \$22.64 \$65.82 222 Monthly Rates & Contri Employee Contrib \$52.64	\$22.64 \$65.82 butions Simmons Premium \$22.60 \$65.67 butions Simmons Premium \$0.00 \$0.00 butions Simmons Premium \$0.00 \$0.00	Employee +Domestic Partner Family (including Domestic Partner) Enhanced Dental Plan Employee + Domestic Partner Family (including Domestic Partner) FY23 Part- Core Dental Plan Employee + Domestic Partner Family (including Domestic Partner) Employee + Domestic Partner Employee + Domestic Partner	\$0.00 \$0.00 Pre-Tax \$31.60 \$60.21 Time Domestic Partner De Pre-Tax \$22.64 \$43.18 Pre-Tax \$524.20	\$0.00 \$0.00 \$0.00 Post-tax \$60.21 \$31.60 ntal Rates (all salaries Post-tax \$43.18 \$22.64	ER non taxable \$22.64 \$43.18 ER non taxable \$22.60 \$43.07 ER non taxable \$0.00 \$0.00	\$43.18 \$22.64 ER Taxable \$43.07 \$22.60 ER Taxable \$0.00 \$0.00
Dental - Full-Time Enhanced Individual Family Dental - Part-Time Core Individual Family Dental - Part-Time Enhanced Individual	\$22.64 \$65.82 July 1, 20 Monthly Premium \$54.20 \$157.48 July 1, 20 Monthly Premium \$22.64 \$65.82 July 1, 20 Monthly Premium \$54.20 \$157.48	\$0.00 \$0.00 \$0.00 22 Monthly Rates & Contrib \$31.60 \$91.81 22 Monthly Rates & Contrib \$22.64 \$65.82 22 Monthly Rates & Contrib \$22.64 \$65.82	\$22.64 \$65.82 butions Simmons Premium \$22.60 \$65.67 butions Simmons Premium \$0.00 \$0.00 \$0.00 \$0.00	Employee +Domestic Partner Family (including Domestic Partner) Enhanced Dental Plan Employee + Domestic Partner Family (including Domestic Partner) F723 Part- Core Dental Plan Employee + Domestic Partner Family (including Domestic Partner) Enhanced Dental Plan Employee + Domestic Partner Family (including Domestic Partner)	\$0.00 \$0.00 Pre-Tax \$31.60 \$60.21 Time Domestic Partner De Pre-Tax \$22.64 \$43.18 Pre-Tax \$54.20 \$103.28	\$0.00 \$0.00 \$0.00 Post-tax \$60.21 \$31.60 ntal Rates (all solarie Post-tax \$43.18 \$22.64 Post-tax \$103.28 \$54.20	ER non taxable \$22.64 \$43.18 ER non taxable \$22.60 \$43.07 ER non taxable \$0.00 \$0.00	\$43.18 \$22.64 ER Taxable \$43.07 \$22.60 ER Taxable \$0.00 \$0.00
Dental - Full-Time Enhanced Individual Family Dental - Part-Time Core Individual Family Dental - Part-Time Enhanced Individual Family	\$22.64 \$65.82 July 1, 20 Monthly Premium \$54.20 \$157.48 July 1, 20 Monthly Premium \$22.64 \$65.82 July 1, 20 Monthly Premium \$54.20 \$157.48	\$0.00 \$0.00 \$0.00 22 Monthly Rates & Contrib \$31.60 \$91.81 222 Monthly Rates & Contrib \$22.64 \$55.82 222 Monthly Rates & Contrib \$54.20 \$157.48	\$22.64 \$65.82 butions Simmons Premium \$22.60 \$65.67 butions Simmons Premium \$0.00 \$0.00 Simmons Premium \$0.00 \$0.00	Employee +Domestic Partner Family (including Domestic Partner) Enhanced Dental Plan Employee + Domestic Partner Family (including Domestic Partner) Core Dental Plan Employee + Domestic Partner Family (including Domestic Partner) Enhanced Dental Plan Employee + Domestic Partner Family (including Domestic Partner)	\$0.00 \$0.00 Pre-Tax \$31.60 \$60.21 Time Domestic Partner De Pre-Tax \$22.64 \$43.18 Pre-Tax \$543.18	\$0.00 \$0.00 \$0.00 Post-tax \$60.21 \$31.60 stal Retes (all salaries Post-tax \$43.18 \$22.64 Post-tax \$103.28 \$54.20	ER non taxable \$22.64 \$43.18 ER non taxable \$22.60 \$43.07 ER non taxable \$0.00 \$0.00 ER non taxable \$0.00 \$0.00	\$43.18 \$22.64 ER Taxable \$43.07 \$22.60 ER Taxable \$0.00 \$0.00 ER Taxable \$0.00 \$0.00
Dental - Full-Time Enhanced Individual Family Dental - Part-Time Core Individual Family Dental - Part-Time Enhanced Individual Family Vision - All Employees	\$22.64 \$65.82 July 1, 20 Monthly Premium \$54.20 \$157.48 July 1, 20 Monthly Premium \$22.64 \$65.82 July 1, 20 Monthly Premium \$54.20 \$157.48	\$0.00 \$0.00 \$0.00 22 Monthly Rates & Contrib \$31.60 \$91.81 22 Monthly Rates & Contrib \$22.64 \$65.82 22 Monthly Rates & Contrib \$22.64 \$65.82	\$22.64 \$65.82 butions Simmons Premium \$22.60 \$65.67 butions Simmons Premium \$0.00 \$0.00 \$0.00 butions Simmons Premium \$0.00 \$0.00	Employee +Domestic Partner Family (including Domestic Partner) Enhanced Dental Plan Employee + Domestic Partner Family (including Domestic Partner) FY23 Part- Core Dental Plan Employee + Domestic Partner Family (including Domestic Partner) Enhanced Dental Plan Employee + Domestic Partner Family (including Domestic Partner) FY23 Full Plan Employee + Domestic Partner Family (including Domestic Partner)	\$0.00 \$0.00 Pre-Tax \$31.60 \$60.21 Time Domestic Partner De Pre-Tax \$22.64 \$43.18 Pre-Tax \$54.20 \$103.28	\$0.00 \$0.00 \$0.00 Post-tax \$60.21 \$31.60 stal Rates (all salaries Post-tax \$43.18 \$22.64 Post-tax \$103.28 \$54.20 on Rates_all salaries Post-tax	ER non taxable \$22.64 \$43.18 ER non taxable \$22.60 \$43.07 ER non taxable \$0.00 \$0.00	\$43.18 \$22.64 ER Taxable \$43.07 \$22.60 ER Taxable \$0.00 \$0.00 ER Taxable \$0.00 \$0.00
Dental - Full-Time Enhanced Individual Family Dental - Part-Time Core Individual Family Dental - Part-Time Enhanced Individual Family	\$22.64 \$65.82 July 1, 20 Monthly Premium \$54.20 \$157.48 July 1, 20 Monthly Premium \$22.64 \$65.82 July 1, 20 Monthly Premium \$54.20 \$157.48	\$0.00 \$0.00 \$0.00 22 Monthly Rates & Contri Employee Contrib \$31.60 \$91.81 22 Monthly Rates & Contri Employee Contrib \$22.64 \$65.82 22 Monthly Rates & Contri Employee Contrib \$34.20 \$157.48	\$22.64 \$65.82 butions Simmons Premium \$22.60 \$65.67 butions Simmons Premium \$0.00 \$0.00 Simmons Premium \$0.00 \$0.00	Employee +Domestic Partner Family (including Domestic Partner) Enhanced Dental Plan Employee + Domestic Partner Family (including Domestic Partner) Core Dental Plan Employee + Domestic Partner Family (including Domestic Partner) Enhanced Dental Plan Employee + Domestic Partner Family (including Domestic Partner)	\$0.00 \$0.00 \$0.00 Pre-Tax \$31.60 \$60.21 Time Domestic Partner De Pre-Tax \$22.64 \$43.18 Pre-Tax \$54.20 \$103.28	\$0.00 \$0.00 \$0.00 Post-tax \$60.21 \$31.60 stal Retes (all salaries Post-tax \$43.18 \$22.64 Post-tax \$103.28 \$54.20	ER non taxable \$22.64 \$43.18 ER non taxable \$22.60 \$43.07 ER non taxable \$0.00 \$0.00 ER non taxable \$0.00 \$0.00	\$43.18 \$22.64 ER Taxable \$43.07 \$22.60 ER Taxable \$0.00 \$0.00 ER Taxable \$0.00 \$0.00