

Medical Insurance

Coverage	Employee	Bi-Weekly Deduction
Employee Only	\$0.00	\$0.00
Employee/Children	\$239.00	\$110.31
Employee/Spouse	\$314.00	\$144.92
Family	\$514.00	\$237.23

Dental Insurance

Coverage	Employee	Bi-Weekly Deduction
Employee Only	\$0.00	\$0.00
Employee/Children	\$33.45	\$16.73
Employee/Spouse	\$28.67	\$14.34
Family	\$48.99	\$24.50

Vision Insurance

Coverage	Employee	Bi-Weekly Deduction
Employee Only	\$0.00	\$0.00
Employee/Children	\$3.79	\$1.90
Employee/Spouse	\$3.59	\$1.80
Family	\$9.80	\$4.90

Annual Longevity Pay:

<u>Years of Service</u>	<u>Longevity Amount</u>
1-5 Years	2.0%
6-10 Years	2.5%
11-15 Years	3.0%
16-19 Years	3.5%
20+ Years	4.0%

Vacation/Annual Leave:

<u>Years of Service</u>	<u>Days Accrued Per Year</u>
Less than 2 Years	10
2-4 Years	12
5-9 Years	15
10-14 Years	18
15+ Years	20