TEAMSTERS RATE SHEETS

Corr Sergeants

Medical		2024		
Plan A	\$	1,609.60		
Plan B	\$	1,451.80		
Plan Z	\$	1,374.70		
Employee Life/AD&D and Dependent Life				
Plan A \$30,000/\$3,000	\$	8.60		
Plan B \$15,000/\$1500	\$	4.40		
Plan C \$5,000/\$500	\$	1.60		
Employee Time Loss				
Plan E \$500/wk	\$	30.00		
Plan A \$400/wk	\$	18.00		
Plan B \$300/wk	\$	11.00		
Plan C \$200/wk	\$	6.00		
Piaii C 3200/ WK	>	6.00		
Plan D \$100/wk	\$	3.00		
	\$			
Plan D \$100/wk	\$			
Plan D \$100/wk 9-Month Disability Waiver of Contribution	\$ s Extension	3.00		
Plan D \$100/wk 9-Month Disability Waiver of Contribution Medical Plans Only	\$ s Extension	3.00		
Plan D \$100/wk 9-Month Disability Waiver of Contribution Medical Plans Only Dental Plan A	s Extension \$	3.00		
Plan D \$100/wk 9-Month Disability Waiver of Contribution Medical Plans Only Dental	s Extension \$	3.00 11.40 120.50		
Plan D \$100/wk 9-Month Disability Waiver of Contribution Medical Plans Only Dental Plan A Plan B Plan C	s Extension \$	3.00 11.40 120.50 87.50		
Plan D \$100/wk 9-Month Disability Waiver of Contribution Medical Plans Only Dental Plan A Plan B	s Extension \$	3.00 11.40 120.50 87.50		
Plan D \$100/wk 9-Month Disability Waiver of Contribution Medical Plans Only Dental Plan A Plan B Plan C Vision Plan EXT	\$ Extension \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	11.40 120.50 87.50 41.55		
Plan D \$100/wk 9-Month Disability Waiver of Contribution Medical Plans Only Dental Plan A Plan B Plan C Vision	\$ Extension \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	11.40 120.50 87.50 41.55		
Plan D \$100/wk 9-Month Disability Waiver of Contribution Medical Plans Only Dental Plan A Plan B Plan C Vision Plan EXT Domestic Partners	\$ Extension \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	3.00 11.40 120.50 87.50 41.55		

	Per Pay Cycle	Per month	
Employee Contribution	\$ 44.35	\$	88.70
Employer Contribution	\$ 842.65	\$	1,685.30
	Total Benefits:	\$	1,774.00

Total: \$ 1,774.00