

Fritz Cutting & Coring, LLC
 Premium contribution Summary
 Bi-weekly Payroll (26 pay periods annually)
 April 1, 2024 to March 31, 2025

Providence Standard Bronze				
	Total	Employer monthly	Employee monthly	Employee bi-weekly
	Premium	Contribution	Contribution	Contribution
Single	\$367.00	\$367.00	\$0.00	\$0.00
Single + Spouse	\$734.00	\$367.00	\$367.00	\$169.38
Family	\$1,045.95	\$367.00	\$678.95	\$313.36
Single + Children	\$678.95	\$367.00	\$311.95	\$143.97

Providence Advantage Access Dental				
	Total	Employer monthly	Employee monthly	Employee bi-weekly
	Premium	Contribution	Contribution	Contribution
Single	\$48.55	\$48.55	\$0.00	\$0.00
Single + Spouse	\$97.73	\$48.55	\$49.18	\$22.69
Family	\$166.03	\$48.55	\$117.48	\$54.22
Single + Children	\$112.31	\$48.55	\$63.76	\$29.42

Some monthly employee premium contributions are not divisible by two, so a .01 rounding is included in employer cost

This page is provided as a guide to employee premium contributions. Confirm rates used with carrier contracted rates

Employee contributions may be taken on a pre-tax basis provided compliance and eligibility criteria are met

Employer pays 100% for employee and 0% for dependents for the medical plan

Employer pays 100% for employee and 0% for dependents on the dental plan