

Employer/Employee Contribution Split Dollar Amounts

Please select from the following option	ease select	from	the	fol	lowing	options
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☐ Do NOT show rates on WEBT Portal

X

Do show rates on WEBT Portal

- Dollar amounts will be entered on the WEBT Online Portal, so please complete contribution amounts (in dollars) below.
- If you have contribution splits other than outlined below, please email the details to your WEBT representative.

Medical Plan(s)

 Deductible:
 3500
 Employer
 Employee

 Single
 \$ 857.62
 \$ 125.38

	- 05 1. 02	-	107.20	
2 Adults	\$ 1709.94	\$	231.06	
Adult + Dep	\$ 1483.14	\$	205.86	
Family	\$ 2337 74	\$	334.24	

Deductible:

	Employer	Employee
Single	\$	\$
2 Adults	\$	\$
Adult + Dep	\$	\$
Family	\$	\$

Deductible:

	Employer	Employee
Single	\$	\$
2 Adults	\$	\$
Adult + Dep	\$	\$
Family	\$	\$

Dental Plan

	Employer	Employee
Single	\$	\$ 36.00
2 Adults	\$	\$ 92.00
Adult + Dep	\$	\$ 74.00
Family	\$	\$ 109.00

Vision Plan

	Er	nployer	Employee
Employee	\$	7.40	\$
Employee + 1		11	
(Child or Spouse)	\$	10.43	\$
EE + 2 or More			
Children	\$	10.43	\$
Family	\$	18.69	\$

Employer Paid Life

Life and AD&D	3.38
Dependent Life	1.25

The above employer/employee contribution splits will remain in effect from July 1, 2025 through June 30, 2026. If any changes are made, you must notify your WEBT representative.

Group Name <u>City of Lander</u>	Branch	WEBT
Authorized by	Date	