

True Sky Credit Union

Payroll Deduction Information

Tier	Employee contribution biweekly-WITH surcharge
Medical/MOBAP0022 Blue Advantage PPOSM 0022	
Employee Only	\$50.00
Employee + Spouse	\$185.00
Employee + Children	\$125.00
Family	\$275.00
Contributions include \$50 Spousal Surcharge	
Medical/MOBPF0052 Blue Preferred PPOSM 0052	
Employee	\$80.00
Employee + One	\$252.00
Employee + Child(ren)	\$190.00
Family	\$395.00
Contributions include \$50 Spousal Surcharge	

If your spouse has medical insurance available through their employer and elects to be on True Sky's medical plan instead, there will be a \$50.00 pay period surcharge to have him/her on the plan. In order to apply for a waiver of the spousal surcharge, you must submit an affidavit form and the appropriate documents to the Human Resources Department.

Dental Premiums		
Tier	Monthly Plan Cost	Employee Contributions Per Pay Period (26)
Employee Only	\$29.48	\$10.00
Employee & Spouse	\$58.95	\$20.00
Employee & Child(ren)	\$73.97	\$30.00
Family	\$113.65	\$40.00

Vision Premiums		
Tier	Monthly Plan Cost	Employee Contributions Per Pay Period (26)
Employee Only	\$10.72	\$4.95
Employee & Spouse	\$17.15	\$7.92
Employee & Child(ren)	\$17.51	\$8.08
Family	\$28.23	\$13.03