	IN OF GRAD	
TOWN OF GRANBY	E SE	
Employee Cost Sheet	- C	
Medical/Dental/Vision	EST. 1788	
Fiscal 2025/26		
11304(2020/20		
Annual total plan cost		
Single	2 Person	Family
16,319.04	33,260.16	
Bi-Weekly Payroll Deduction		
GMEA		
Single	2 Person	Family
\$ 65.90	\$ 134.32	\$ 164.76
UPSEU (Dispatchers & DPW)		
Single	2 Person	Family
\$ 94.15	\$ 191.89	\$ 235.37
IBPO		
Single	2 Person	Family
\$ 94.15	\$ 191.89	\$ 235.37
Non-union		
Single	2 Person	Family
\$ 69.04	\$ 140.72	\$ 172.60