CROWN LINEN

2026 BI-WEEKLY PLAN DEDUCTIONS

Please see the plan overviews and refer to the Summaries of Benefits and Coverage for more detailed information.

MEDICAL				
Plan	**Employee**	**Employee + Spouse**	**Employee + Child(ren)**	**Family**
EY7Y-M3 / EPO	$88.67	$221.12	$194.81	$322.21
EY9S-M / EPO	$132.15	$277.51	$244.47	$404.37
EY92-M2 / POS	$180.66	$379.39	$334.23	$552.82

GAP					
GAP	**Plan**	**Employee 18-54 / 55+**	**Employee + Spouse 18-54 / 55+**	**Employee + Child(ren) 18-54 / 55+**	**Family 18-54 / 55+**
1000/300	**EY92-M2**	$9.09 / $13.63	$18.18 / $27.26	$18.67 / $23.22	$27.77 / $36.84
3000/300	**EY7Y-M3 & EY9S-M**	$13.33 / $19.99	$26.65 / $39.98	$27.40 / $34.07	$40.73 / $54.05
5000/1000	**EY7Y-M3 & EY9S-M**	$26.81 / $40.21	$53.61 / $80.43	$55.09 / $68.50	$81.90 / $108.71
7000/1000	**EY7Y-M3**	$29.70 / $44.53	$59.38 / $89.08	$61.03 / $75.88	$90.72 / $120.41

DENTAL				
Plan	**Employee**	**Employee + Spouse**	**Employee + Child(ren)**	**Family**
DHMO	$6.83	$11.95	$14.79	$18.77
DPPO	$18.94	$36.18	$36.50	$56.29

VISION				
Plan	**Employee**	**Employee + Spouse**	**Employee + Child(ren)**	**Family**
VISION	$2.36	$4.73	$4.49	$7.05

Brown & Brown