

SPECIAL EDUCATION TRAINERS

Effective **April 1, 2021** the costs to you on a monthly basis
for the Medical & Prescription benefit are:

Medical/Prescription			
Employee Cost Share is: 18% (Single Coverage)			
Employee Cost Share is: 27% (2-Person or Family Coverage)			
	TOTAL COST	EMPLOYER COSTS	EMPLOYEE COSTS
Single	\$ 978.02	\$ 801.94	\$ 176.08
Employee + 1	\$ 2,096.30	\$ 1,530.26	\$ 566.04
Family	\$ 2,714.80	\$ 1,981.76	\$ 733.04

Effective **April 1, 2021** the costs to you on a monthly basis
for the Dental benefit are:

Dental			
Employee Cost Share is: 18% (Single Coverage)			
Employee Cost Share is: 33% (2-Person or Family Coverage)			
	TOTAL COST	EMPLOYER COSTS	EMPLOYEE COSTS
Single	\$ 59.05	\$ 48.37	\$ 10.68
Employee + 1	\$ 106.91	\$ 71.59	\$ 35.32
Family	\$ 171.26	\$ 114.70	\$ 56.56