

SPECIAL EDUCATION TRAINERS

Effective July 1, 2021 the costs to you on a MONTHLY basis
for the Medical & Prescription benefit are:

Medical/Prescription			
Employee Cost Share is: 19% (Single Coverage)			
Employee Cost Share is: 28% (2-Person or Family Coverage)			
	TOTAL COST	EMPLOYER COSTS	EMPLOYEE COSTS
Single	\$ 1,001.31	\$ 811.03	\$ 190.28
Employee + 1	\$ 2,146.22	\$ 1,545.26	\$ 600.96
Family	\$ 2,779.45	\$ 2,001.17	\$ 778.28

Effective July 1, 2021 the costs to you on a MONTHLY basis
for the Dental benefit are:

Dental			
Employee Cost Share is: 19% (Single Coverage)			
Employee Cost Share is: 33% (2-Person or Family Coverage)			
	TOTAL COST	EMPLOYER COSTS	EMPLOYEE COSTS
Single	\$ 60.91	\$ 49.31	\$ 11.60
Employee + 1	\$ 110.29	\$ 73.85	\$ 36.44
Family	\$ 176.67	\$ 118.31	\$ 58.36