

SPECIAL EDUCATION TRAINERS

Effective July 1, 2022 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	\$ 1,103.92	\$ 894.16	\$ 209.76
Employee + 1	\$ 2,366.16	\$ 1,703.64	\$ 662.52
Family	\$ 3,064.28	\$ 2,206.28	\$ 858.00

Effective July 1, 2022 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	\$ 53.75	\$ 43.51	\$ 10.24
Employee + 1	\$ 97.33	\$ 65.21	\$ 32.12
Family	\$ 155.91	\$ 104.43	\$ 51.48