

BI-WEEKLY SUPPORT STAFF:
 THE RATES BELOW DO NOT INCLUDE ADJUSTMENTS
 FOR SUMMERTIME INSURANCE BENEFITS

SUPPORT STAFF

Effective July 1, 2024 the costs to you on a MONTHLY basis
 for the Medical & Prescription benefit are:

Medical/Prescription			
Employee Cost Share is: 16% (Single Coverage)			
Employee Cost Share is: 20% (2-Person or Family Coverage)			
	TOTAL COST	EMPLOYER COSTS	EMPLOYEE COSTS
Single	\$ 1,204.19	\$ 1,011.51	\$ 192.68
Employee + 1	\$ 2,581.07	\$ 2,064.83	\$ 516.24
Family	\$ 3,342.60	\$ 2,674.08	\$ 668.52

Effective July 1, 2024 the costs to you on a MONTHLY basis
 for the Dental benefit are:

Dental			
Employee Cost Share is: 16% (Single Coverage)			
Employee Cost Share is: 20% (2-Person or Family Coverage)			
	TOTAL COST	EMPLOYER COSTS	EMPLOYEE COSTS
Single	\$ 57.58	\$ 48.34	\$ 9.24
Employee + 1	\$ 104.26	\$ 83.38	\$ 20.88
Family	\$ 167.01	\$ 133.61	\$ 33.40