

PARA EDUCATORS:  
THE RATES BELOW DO NOT INCLUDE ADJUSTMENTS  
FOR SUMMERTIME INSURANCE BENEFITS

## PARA EDUCATORS

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

<b>Medical/Prescription</b>			
<b>Employee Cost Share is: 18% (Single Coverage)</b>			
<b>Employee Cost Share is: 26% (2-Person or Family Coverage)</b>			
	<b>TOTAL COST</b>	<b>EMPLOYER COSTS</b>	<b>EMPLOYEE COSTS</b>
Single	\$ 1,204.19	\$ 987.43	\$ 216.76
Employee + 1	\$ 2,581.07	\$ 1,909.99	\$ 671.08
Family	\$ 3,342.60	\$ 2,473.52	\$ 869.08

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

<b>Dental</b>			
<b>Employee Cost Share is: 18% (Single Coverage)</b>			
<b>Employee Cost Share is: 26% (2-Person or Family Coverage)</b>			
	<b>TOTAL COST</b>	<b>EMPLOYER COSTS</b>	<b>EMPLOYEE COSTS</b>
Single	\$ 57.58	\$ 47.22	\$ 10.36
Employee + 1	\$ 104.26	\$ 77.14	\$ 27.12
Family	\$ 167.01	\$ 123.57	\$ 43.44