

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

ADMINISTRATORS

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

Medical/Prescription			
Employee Cost Share is: 27.75%			
	TOTAL COST	EMPLOYER COSTS	EMPLOYEE COSTS
Single	\$ 1,204.19	\$ 870.03	\$ 334.16
Employee + 1	\$ 2,581.07	\$ 1,864.79	\$ 716.28
Family	\$ 3,342.60	\$ 2,415.00	\$ 927.60

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

Dental			
Employee Cost Share is: 27.75%			
	TOTAL COST	EMPLOYER COSTS	EMPLOYEE COSTS
Single	\$ 57.58	\$ 41.58	\$ 16.00
Employee + 1	\$ 104.26	\$ 75.30	\$ 28.96
Family	\$ 167.01	\$ 120.65	\$ 46.36