

SPECIAL EDUCATION TRAINERS

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

Medical/Prescription			
Employee Cost Share is: 20% (Single Coverage)			
Employee Cost Share is: 28% (2-Person or Family Coverage)			
	TOTAL COST	EMPLOYER COSTS	EMPLOYEE COSTS
Single	\$ 1,204.19	\$ 963.35	\$ 240.84
Employee + 1	\$ 2,581.07	\$ 1,858.35	\$ 722.72
Family	\$ 3,342.60	\$ 2,406.64	\$ 935.96

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

Dental			
Employee Cost Share is: 20% (Single Coverage)			
Employee Cost Share is: 33% (2-Person or Family Coverage)			
	TOTAL COST	EMPLOYER COSTS	EMPLOYEE COSTS
Single	\$ 57.58	\$ 46.06	\$ 11.52
Employee + 1	\$ 104.26	\$ 69.82	\$ 34.44
Family	\$ 167.01	\$ 111.89	\$ 55.12