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

PARA EDUCATORS

Effective July 1, 2025 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: 26.5% (2-Person or Family Coverage)			
	TOTAL COST	**EMPLOYER COSTS**	**EMPLOYEE COSTS**
Single	$ 1,334.89	$ 1,081.25	$ 253.64
Employee + 1	$ 2,861.22	$ 2,102.98	$ 758.24
Family	$ 3,705.40	$ 2,723.44	$ 981.96

Effective July 1, 2025 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: 26.5% (2-Person or Family Coverage)			
	TOTAL COST	**EMPLOYER COSTS**	**EMPLOYEE COSTS**
Single	$ 59.31	$ 48.03	$ 11.28
Employee + 1	$ 107.39	$ 78.91	$ 28.48
Family	$ 172.02	$ 126.42	$ 45.60