SPECIAL EDUCATION TRAINERS

Effective August 1, 2025 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	$ 1,334.89	$ 1,067.89	$ 267.00
Employee + 1	$ 2,861.22	$ 2,060.06	$ 801.16
Family	$ 3,705.40	$ 2,667.88	$ 1,037.52

Effective August 1, 2025 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	$ 59.31	$ 47.43	$ 11.88
Employee + 1	$ 107.39	$ 71.95	$ 35.44
Family	$ 172.02	$ 115.22	$ 56.80