

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

SUPPORT STAFF

Effective July 1, 2025 the costs to you on a MONTHLY basis
for the Medical & Prescription benefit are:

Medical/Prescription Employee Cost Share is: 16% (Single Coverage) Employee Cost Share is: 20% (2-Person or Family Coverage)			
	TOTAL COST	EMPLOYER COSTS	EMPLOYEE COSTS
Single	\$ 1,334.89	\$ 1,121.29	\$ 213.60
Employee + 1	\$ 2,861.22	\$ 2,288.98	\$ 572.24
Family	\$ 3,705.40	\$ 2,964.32	\$ 741.08

Effective July 1, 2025 the costs to you on a MONTHLY basis
for the Dental benefit are:

Dental Employee Cost Share is: 16% (Single Coverage) Employee Cost Share is: 20% (2-Person or Family Coverage)			
	TOTAL COST	EMPLOYER COSTS	EMPLOYEE COSTS
Single	\$ 59.31	\$ 49.79	\$ 9.52
Employee + 1	\$ 107.39	\$ 85.91	\$ 21.48
Family	\$ 172.02	\$ 137.62	\$ 34.40