

# Summit School District - CEPT Benefit Rate Sheet

PPO5	Full Cost	Employer Pays	Employee Pays
EE	\$932.00	\$646.00	\$286.00
EE+Spouse	\$1,955.00	\$991.00	\$964.00
Employee + Employee	\$1,955.00	\$1,383.00	\$572.00
EE+Child(ren)	\$1,722.00	\$957.00	\$765.00
EE+Family	\$2,746.00	\$1,331.00	\$1,415.00
2 Employee + Family	\$2,746.00	\$1,695.00	\$1,051.00
HDHP25	Full Cost	Employer Pays	Employee Pays
EE	\$886.00	\$774.00	\$112.00
EE+Spouse	\$1,858.00	\$1,261.00	\$597.00
Employee + Employee	\$1,858.00	\$1,634.00	\$224.00
EE+Child(ren)	\$1,637.00	\$1,196.00	\$441.00
EE+Family	\$2,611.00	\$1,713.00	\$898.00
2 Employee + Family	\$2,611.00	\$2,058.00	\$553.00

Dental B	Full Cost	Employer Pays	Employee Pays
EE	\$53.00	\$47.50	\$5.50
EE+Spouse	\$92.00	\$49.10	\$42.90
Employee + Employee	\$106.00	\$97.20	\$8.80
EE+Child(ren)	\$99.00	\$49.50	\$49.50
EE+Family	\$136.00	\$51.30	\$84.70
2 Employee + Family	\$136.00	\$85.40	\$50.60
Dental C	Full Cost	Employer Pays	Employee Pays
EE	\$53.00	\$47.50	\$5.50
EE+Spouse	\$92.00	\$49.10	\$42.90
Employee + Employee	\$106.00	\$97.20	\$8.80
EE+Child(ren)	\$88.00	\$49.50	\$38.50
EE+Family	\$125.00	\$51.30	\$73.70
2 Employee + Family	\$125.00	\$85.40	\$39.60

Vision C	Full Cost	Employer Pays	Employee Pays
EE	\$9.00	\$0.00	\$9.00
EE+Spouse	\$18.00	\$0.00	\$18.00
EE+Child(ren)	\$19.00	\$0.00	\$19.00
EE+Family	\$31.00	\$0.00	\$31.00