

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

SUPPORT STAFF

Effective July 1, 2026 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	\$ 1,500.68	\$ 1,260.56	\$ 240.12
Employee + 1	\$ 3,216.57	\$ 2,573.25	\$ 643.32
Family	\$ 4,165.60	\$ 3,332.48	\$ 833.12

Effective July 1, 2026 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	\$ 60.50	\$ 50.82	\$ 9.68
Employee + 1	\$ 109.54	\$ 87.62	\$ 21.92
Family	\$ 175.46	\$ 140.34	\$ 35.12