

SPECIAL EDUCATION TRAINERS

Effective August 1, 2026 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	\$ 1,500.68	\$ 1,200.52	\$ 300.16
Employee + 1	\$ 3,216.57	\$ 2,315.93	\$ 900.64
Family	\$ 4,165.60	\$ 2,999.20	\$ 1,166.40

Effective August 1, 2026 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	\$ 60.50	\$ 48.38	\$ 12.12
Employee + 1	\$ 109.54	\$ 73.38	\$ 36.16
Family	\$ 175.46	\$ 117.54	\$ 57.92