

NON-CERTS

Effective July 1, 2017 the costs to you on a monthly basis
for each of the benefit components available are:

Medical/Prescription			
	TOTAL COST	EMPLOYER COSTS	EMPLOYEE COSTS
Single	\$ 846.97	\$ 702.97	\$ 144.00
Employee + 1	\$ 1,815.39	\$ 1,506.75	\$ 308.64
Family	\$ 2,351.01	\$ 1,951.33	\$ 399.68
Single (TC/DM)	\$ 846.97	\$ 686.05	\$ 160.92
Employee + 1 (TC/DM)	\$ 1,815.39	\$ 1,470.47	\$ 344.92
Family (TC/DM)	\$ 2,351.01	\$ 1,904.29	\$ 446.72

Dental			
	TOTAL COST	EMPLOYER COSTS	EMPLOYEE COSTS
Single	\$ 45.56	\$ 37.80	\$ 7.76
Employee + 1	\$ 82.49	\$ 68.45	\$ 14.04
Family	\$ 132.13	\$ 109.65	\$ 22.48
Single (TC/DM)	\$ 45.56	\$ 36.88	\$ 8.68
Employee + 1 (TC/DM)	\$ 82.49	\$ 66.81	\$ 15.68
Family (TC/DM)	\$ 132.13	\$ 107.01	\$ 25.12