

10 MONTH SECRETARIES:
 THE RATES BELOW DO NOT INCLUDE ADJUSTMENTS
 FOR SUMMERTIME INSURANCE BENEFITS

SECRETARIES

Effective October 1, 2017 the costs to you on a monthly basis
 for the Medical & Prescription benefit are:

REGULAR RATES

Medical/Prescription			
Employee Cost Share is: 20% (Single Coverage)			
Employee Cost Share is: 25% (2-Person or Family Coverage)			
	TOTAL COST	EMPLOYER COSTS	EMPLOYEE COSTS
Single	\$ 776.41	\$ 621.13	\$ 155.28
Employee + 1	\$ 1,664.14	\$ 1,248.10	\$ 416.04
Family	\$ 2,155.19	\$ 1,616.39	\$ 538.80

Effective July 1, 2017 the costs to you on a monthly basis
 for the Dental benefit are:

Dental			
Employee Cost Share is: 20%			
	TOTAL COST	EMPLOYER COSTS	EMPLOYEE COSTS
Single	\$ 45.56	\$ 36.44	\$ 9.12
Employee + 1	\$ 82.49	\$ 65.97	\$ 16.52
Family	\$ 132.13	\$ 105.69	\$ 26.44

Effective October 1, 2017 the costs to you on a monthly basis
 for the Medical & Prescription benefit are:

DISCOUNTED RATES*

Medical/Prescription			
Employee Cost Share is: 20%			
	TOTAL COST	EMPLOYER COSTS	EMPLOYEE COSTS
Single	\$ 776.41	\$ 621.13	\$ 155.28
Employee + 1	\$ 1,664.14	\$ 1,331.30	\$ 332.84
Family	\$ 2,155.19	\$ 1,724.15	\$ 431.04

***SPOUSAL AFFIDAVIT REQUIRED TO RECEIVE DISCOUNTED RATES.**