

# SPECIAL EDUCATION TRAINERS

Effective July 1, 2018 the costs to you on a monthly basis  
for the Medical & Prescription benefit are:

<b>Medical/Prescription</b>			
<b>Employee Cost Share is: 17% (Single Coverage)</b>			
<b>Employee Cost Share is: 26% (2-Person or Family Coverage)</b>			
	<b>TOTAL COST</b>	<b>EMPLOYER COSTS</b>	<b>EMPLOYEE COSTS</b>
Single	\$ 835.67	\$ 693.59	\$ 142.08
Employee + 1	\$ 1,791.19	\$ 1,325.47	\$ 465.72
Family	\$ 2,319.67	\$ 1,716.55	\$ 603.12

Effective July 1, 2018 the costs to you on a monthly basis  
for the Dental benefit are:

<b>Dental</b>			
<b>Employee Cost Share is: 17% (Single Coverage)</b>			
<b>Employee Cost Share is: 33% (2-Person or Family Coverage)</b>			
	<b>TOTAL COST</b>	<b>EMPLOYER COSTS</b>	<b>EMPLOYEE COSTS</b>
Single	\$ 48.52	\$ 40.28	\$ 8.24
Employee + 1	\$ 87.85	\$ 58.85	\$ 29.00
Family	\$ 140.72	\$ 94.28	\$ 46.44