

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

SECRETARIES

Effective July 1, 2018 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	\$ 835.67	\$ 668.51	\$ 167.16
Employee + 1	\$ 1,791.19	\$ 1,343.39	\$ 447.80
Family	\$ 2,319.67	\$ 1,739.75	\$ 579.92

Effective July 1, 2018 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	\$ 48.52	\$ 38.80	\$ 9.72
Employee + 1	\$ 87.85	\$ 70.29	\$ 17.56
Family	\$ 140.72	\$ 112.56	\$ 28.16

Effective July 1, 2018 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	\$ 835.67	\$ 668.51	\$ 167.16
Employee + 1	\$ 1,791.19	\$ 1,432.95	\$ 358.24
Family	\$ 2,319.67	\$ 1,855.71	\$ 463.96

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