

NON-CERTS 07

Effective July 1, 2019 the costs to you on a monthly basis
for the Medical & Prescription benefit are:

Medical/Prescription Employee Cost Share is: 17%			
	TOTAL COST	EMPLOYER COSTS	EMPLOYEE COSTS
Single	\$ 903.62	\$ 749.98	\$ 153.64
Employee + 1	\$ 1,936.83	\$ 1,607.55	\$ 329.28
Family	\$ 2,508.28	\$ 2,081.84	\$ 426.44

Effective July 1, 2019 the costs to you on a monthly basis
for the Dental benefit are:

Dental Employee Cost Share is: 17%			
	TOTAL COST	EMPLOYER COSTS	EMPLOYEE COSTS
Single	\$ 53.68	\$ 44.56	\$ 9.12
Employee + 1	\$ 97.19	\$ 80.63	\$ 16.56
Family	\$ 155.69	\$ 129.21	\$ 26.48

Effective July 1, 2019 the costs to you on a monthly basis for the Medical & Prescription benefit are:

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Medical/Prescription Employee Cost Share is: 19%			
	TOTAL COST	EMPLOYER COSTS	EMPLOYEE COSTS
Single	\$ 903.62	\$ 731.90	\$ 171.72
Employee + 1	\$ 1,936.83	\$ 1,568.79	\$ 368.04
Family	\$ 2,508.28	\$ 2,031.68	\$ 476.60

Effective July 1, 2019 the costs to you on a monthly basis
for the Dental benefit are:

Dental Employee Cost Share is: 19%			
	TOTAL COST	EMPLOYER COSTS	EMPLOYEE COSTS
Single	\$ 53.68	\$ 43.44	\$ 10.24
Employee + 1	\$ 97.19	\$ 78.67	\$ 18.52
Family	\$ 155.69	\$ 126.09	\$ 29.60