

# SPECIAL EDUCATION TRAINERS

Effective July 1, 2019 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   | \$ 903.62         | \$ 749.98             | \$ 153.64             |
| Employee + 1   | \$ 1,936.83       | \$ 1,433.23           | \$ 503.60             |
| Family   | \$ 2,508.28       | \$ 1,856.12           | \$ 652.16             |

Effective July 1, 2019 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   | \$ 53.68          | \$ 44.56              | \$ 9.12               |
| Employee + 1   | \$ 97.19          | \$ 65.11              | \$ 32.08              |
| Family   | \$ 155.69         | \$ 104.29             | \$ 51.40              |