

# SUPPORT STAFF

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: 16% (Single Coverage)</b>			
<b>Employee Cost Share is: 20% (2-Person or Family Coverage)</b>			
	<b>TOTAL COST</b>	<b>EMPLOYER COSTS</b>	<b>EMPLOYEE COSTS</b>
Single	\$ 903.62	\$ 759.02	\$ 144.60
Employee + 1	\$ 1,936.83	\$ 1,549.43	\$ 387.40
Family	\$ 2,508.28	\$ 2,006.56	\$ 501.72

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: 16% (Single Coverage)</b>			
<b>Employee Cost Share is: 20% (2-Person or Family Coverage)</b>			
	<b>TOTAL COST</b>	<b>EMPLOYER COSTS</b>	<b>EMPLOYEE COSTS</b>
Single	\$ 53.68	\$ 45.08	\$ 8.60
Employee + 1	\$ 97.19	\$ 77.71	\$ 19.48
Family	\$ 155.69	\$ 124.53	\$ 31.16