

SPECIAL EDUCATION TRAINERS

Effective July 1, 2016 the costs to you on a monthly basis
for each of the benefit components available are:

Medical/Prescription			
	TOTAL COST	EMPLOYER COSTS	EMPLOYEE COSTS
Single	\$ 808.98	\$ 703.78	\$ 105.20
Employee + 1	\$ 1,733.98	\$ 1,283.14	\$ 450.84
Family	\$ 2,245.58	\$ 1,661.70	\$ 583.88

Dental			
	TOTAL COST	EMPLOYER COSTS	EMPLOYEE COSTS
Single	\$ 42.78	\$ 37.22	\$ 5.56
Employee + 1	\$ 77.45	\$ 51.89	\$ 25.56
Family	\$ 124.07	\$ 83.11	\$ 40.96