

SPECIAL EDUCATION TRAINERS

Effective October 1, 2017 the costs to you on a monthly basis
for the Medical & Prescription benefit are:

Medical/Prescription			
Employee Cost Share is: 16% (Single Coverage)			
Employee Cost Share is: 26% (2-Person or Family Coverage)			
	TOTAL COST	EMPLOYER COSTS	EMPLOYEE COSTS
Single	\$ 776.41	\$ 652.17	\$ 124.24
Employee + 1	\$ 1,664.14	\$ 1,231.46	\$ 432.68
Family	\$ 2,155.19	\$ 1,594.83	\$ 560.36

Effective July 1, 2017 the costs to you on a monthly basis
for the Dental benefit are:

Dental			
Employee Cost Share is: 16% (Single Coverage)			
Employee Cost Share is: 33% (2-Person or Family Coverage)			
	TOTAL COST	EMPLOYER COSTS	EMPLOYEE COSTS
Single	\$ 45.56	\$ 38.24	\$ 7.32
Employee + 1	\$ 82.49	\$ 55.25	\$ 27.24
Family	\$ 132.13	\$ 88.53	\$ 43.60