

SUPPORT STAFF

Effective July 1, 2017 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	\$ 846.97	\$ 711.45	\$ 135.52
Employee + 1	\$ 1,815.39	\$ 1,343.39	\$ 472.00
Family	\$ 2,351.01	\$ 1,739.73	\$ 611.28

Dental			
	TOTAL COST	EMPLOYER COSTS	EMPLOYEE COSTS
Single	\$ 45.56	\$ 38.24	\$ 7.32
Employee + 1	\$ 82.49	\$ 61.01	\$ 21.48
Family	\$ 132.13	\$ 97.77	\$ 34.36