

# SPECIAL EDUCATION TRAINERS

Effective October 1, 2020 the costs to you on a monthly basis  
for the Medical & Prescription benefit are:

<b>Medical/Prescription</b> Employee Cost Share is: 17% (Single Coverage) Employee Cost Share is: 26% (2-Person or Family Coverage)			
	<b>TOTAL COST</b>	<b>EMPLOYER COSTS</b>	<b>EMPLOYEE COSTS</b>
Single	\$ 978.02	\$ 811.74	\$ 166.28
Employee + 1	\$ 2,096.30	\$ 1,551.22	\$ 545.08
Family	\$ 2,714.80	\$ 2,008.92	\$ 705.88

Effective October 1, 2020 the costs to you on a monthly basis  
for the Dental benefit are:

<b>Dental</b> Employee Cost Share is: 17% (Single Coverage) Employee Cost Share is: 33% (2-Person or Family Coverage)			
	<b>TOTAL COST</b>	<b>EMPLOYER COSTS</b>	<b>EMPLOYEE COSTS</b>
Single	\$ 59.05	\$ 48.97	\$ 10.08
Employee + 1	\$ 106.91	\$ 71.59	\$ 35.32
Family	\$ 171.26	\$ 114.70	\$ 56.56