

SPECIAL ED TRAINER

Effective July 1, 2014 the costs to you on a monthly basis
for each of the benefit components available are:

CHOICE OF MEDICAL

	TOTAL COST	EMPLOYER	EMPLOYEE	TOTAL COST	EMPLOYER	EMPLOYEE
	Open Access Plus (PPO)	Open Access Plus (PPO)	Open Access Plus (PPO)	Open Access Plus (HMO)	Open Access Plus (HMO)	Open Access Plus In (HMO)
Single	\$ 629.89	\$ 547.97	\$ 81.92	\$ 596.76	\$ 531.12	\$ 65.64
Emp + 1	\$ 1,354.28	\$ 1,002.16	\$ 352.12	\$ 1,283.04	\$ 975.08	\$ 307.96
Family	\$ 1,719.61	\$ 1,272.49	\$ 447.12	\$ 1,629.19	\$ 1,238.15	\$ 391.04
	TOTAL COST (RX)	EMPLOYER (RX)	EMPLOYEE (RX)	TOTAL COST (DENTAL)	EMPLOYER (DENTAL)	EMPLOYEE (DENTAL)
Single	\$ 150.46	\$ 130.90	\$ 19.56	\$ 38.80	\$ 33.76	\$ 5.04
Emp + 1	\$ 318.46	\$ 235.66	\$ 82.80	\$ 73.55	\$ 49.27	\$ 24.28
Family	\$ 446.22	\$ 330.18	\$ 116.04	\$ 115.06	\$ 77.06	\$ 38.00