BENEFIT PERIOD September 1, 2024 through June 30, 2025

SUPPORT STAFF INSURANCE PREMIUMS (26 PAYS)

Medical Plans:	Single	Parent/Child	Parent/Children	Employee/Spouse	<u>Family</u>
PPO 20/40 RX 15/40/70/75	\$ 51.94	\$ 79.94	\$ 113.24	\$ 119.78	\$ 153.86
PPO 10/20 RX 15/30/50	\$ 70.30	\$108.19	\$ 153.25	\$ 162.11	\$ 208.23
KPOS 30/40 RX 15/40/70/75	\$ 48.77	\$ 75.06	\$ 106.33	\$ 112.47	\$ 144.47
Dental Plans:	Single	Parent/Child	Parent/Children	Employee/Spouse	Family
UCCI Dental FLEX (PPO)	\$ 1.67	\$ 4.58	\$ 4.58	\$ 4.58	\$ 4.58
UCCI Dental PLUS (DHMO)	\$ 1.34	\$ 3.87	\$ 3.87	\$ 3.87	\$ 3.87
Delta Dental PPO Plan	\$ 5.83	\$14.58	\$14.58	\$14.58	\$14.58

SUPPORT STAFF INSURANCE PREMIUMS (21 PAYS)

Medical Plans:	Single	Parent/Child	Parent/Children	Employee/Spouse	Family
PPO 20/40 RX 15/40/70/75	\$ 64.31	\$ 98.98	\$ 140.20	\$ 148.30	\$ 190.49
PPO 10/20 RX 15/30/50	\$ 87.04	\$133.95	\$ 189.74	\$ 200.71	\$ 257.81
KPOS 30/40 RX 15/40/70/75	\$ 60.39	\$ 92.93	\$ 131.64	\$ 139.25	\$ 178.86
Dental Plans:	<u>Single</u>	Parent/Child	Parent/Children	Employee/Spouse	Family
UCCI Dental FLEX (PPO)	\$ 2.06	\$ 5.67	\$ 5.67	\$ 5.67	\$ 5.67
UCCI Dental PLUS (DHMO)	\$ 1.66	\$ 4.79	\$ 4.79	\$ 4.79	\$ 4.79
Delta Dental PPO Plan	\$ 7.22	\$18.06	\$18.06	\$18.06	\$18.06

CERTIFIED STAFF, ADMINISTRATORS & FIRST LEVEL SUPERVISORS INSURANCE PREMIUMS

Medical Plans:	Single	Parent/Child	Parent/Children	Employee/Spouse	<u>Family</u>
PPO 20/40 RX 15/40/70/75	\$ 55.41	\$ 85.27	\$ 120.79	\$ 127.77	\$ 164.12
PPO 10/20 RX 15/30/50	\$ 73.76	\$113.52	\$ 160.80	\$ 170.10	\$ 218.49
KPOS 30/40 RX 15/40/70/75	\$ 52.02	\$ 80.07	\$ 113.41	\$ 119.97	\$ 154.10
Dental Plans:	<u>Single</u>	Parent/Child	Parent/Children	Employee/Spouse	<u>Family</u>
UCCI Dental FLEX (PPO)	\$ 1.67	\$ 4.58	\$ 4.58	\$ 4.58	\$ 4.58
UCCI Dental Plus (DHMO)	\$ 1.34	\$ 3.87	\$ 3.87	\$ 3.87	\$ 3.87
Delta Dental PPO Plan	\$ 5.83	\$14.58	\$14.58	\$14.58	\$ 14.58