

BENEFIT PERIOD July 1, 2023 through June 30, 2024

SUPPORT STAFF INSURANCE PREMIUMS (26 PAYS)

Medical Plans:	<u>Single</u>	<u>Parent/Child</u>	<u>Parent/Children</u>	<u>Employee/Spouse</u>	<u>Family</u>
PPO 20/40	\$ 33.92	\$ 52.48	\$ 74.00	\$ 78.29	\$ 100.75
PPO 10/20	\$ 47.58	\$ 73.27	\$ 103.72	\$ 109.73	\$140.95
QPOS 30/40	\$ 29.03	\$ 45.07	\$ 63.35	\$ 67.02	\$ 86.38
Prescription Plan:	<u>Single</u>	<u>Parent/Child</u>	<u>Parent/Children</u>	<u>Employee/Spouse</u>	<u>Family</u>
RX 15/30/50	\$ 8.70	\$ 13.16	\$ 18.92	\$ 20.02	\$ 25.53
Dental Plans:	<u>Single</u>	<u>Parent/Child</u>	<u>Parent/Children</u>	<u>Employee/Spouse</u>	<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	\$ 5.69	\$14.20	\$14.20	\$14.20	\$14.20

SUPPORT STAFF INSURANCE PREMIUMS (21 PAYS)

Medical Plans:	<u>Single</u>	<u>Parent/Child</u>	<u>Parent/Children</u>	<u>Employee/Spouse</u>	<u>Family</u>
PPO 20/40	\$ 42.00	\$ 64.98	\$ 91.63	\$ 96.93	\$124.74
PPO 10/20	\$ 58.91	\$ 90.72	\$128.41	\$135.86	\$174.51
QPOS 30/40	\$ 35.94	\$ 55.80	\$ 78.44	\$ 82.98	\$106.95
Prescription Plan:	<u>Single</u>	<u>Parent/Child</u>	<u>Parent/Children</u>	<u>Employee/Spouse</u>	<u>Family</u>
RX 15/30/50	\$ 10.77	\$ 16.30	\$ 23.43	\$ 24.79	\$ 31.61
Dental Plans:	<u>Single</u>	<u>Parent/Child</u>	<u>Parent/Children</u>	<u>Employee/Spouse</u>	<u>Family</u>
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	\$ 7.05	\$17.58	\$17.58	\$17.58	\$17.58

CERTIFIED STAFF, ADMINISTRATORS & FIRST LEVEL SUPERVISORS INSURANCE PREMIUMS

Medical Plans:	<u>Single</u>	<u>Parent/Child</u>	<u>Parent/Children</u>	<u>Employee/Spouse</u>	<u>Family</u>
PPO 20/40	\$37.43	\$ 57.91	\$ 81.66	\$ 86.39	\$111.18
PPO 10/20	\$51.09	\$ 78.70	\$ 111.37	\$ 117.83	\$151.37
QPOS 30/40	\$32.03	\$ 49.73	\$ 69.91	\$ 73.96	\$ 95.32
PPO 20/20	\$50.66	\$ 77.96	\$ 110.43	\$116.82	\$150.01
Prescription Plan:	<u>Single</u>	<u>Parent/Child</u>	<u>Parent/Children</u>	<u>Employee/Spouse</u>	<u>Family</u>
RX 15/30/50	\$ 9.60	\$ 14.53	\$ 20.88	\$ 22.10	\$ 28.17
Dental Plans:	<u>Single</u>	<u>Parent/Child</u>	<u>Parent/Children</u>	<u>Employee/Spouse</u>	<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	\$ 5.69	\$14.20	\$14.20	\$14.20	\$ 14.20