



1/1/24-8/31/24		Certified Staff		Aides & Non-Certified Staff	
Coverage Type		Employee's Cost Per Month	Employee's Cost Per Pay Period	Employee's Cost Per Month	Employee's Cost Per Pay Period
PPO	Employee	222.30	111.15	314.00	157.00
	Employee +1	1398.30	699.15	1490.00	745.00
	Family	1714.30	857.15	1806.00	903.00
PPO HIGH DEDUCTIBLE	Employee	73.30	36.65	183.25	91.63
	Employee +1	1122.30	561.65	1232.25	616.13
	Family	1429.30	714.65	1539.25	769.63
HMO BA	Single	77.30	38.65	169.00	84.50
	Employee +1	990.30	495.15	1082.00	541.00
	Family	1058.30	529.15	1150.00	575.00
HMO BA 4	Single	74.82	37.41	150.00	75.00
	Employee +1	883.82	441.91	959.00	479.50
	Family	974.82	487.41	1050.00	525.00