

SAU 44 STAFF**FY 2025 SAU 44 FINAL HEALTH & DENTAL RATES****SAU**

	<u>Monthly</u>		<u>Annually</u>		<u>Employee Liability</u>		<u>Employer Expense</u>		<u>Per Payroll based on 25 pays</u>
BC3T20(07L)- RX5/15/30/3k(L)									
BC \$20 1-person	1050.10		12,601.20		630.06		11,971.14		25.21
BC \$20 2-person	2,100.20		25,202.40		2,520.24		22,682.16		100.81
BC \$20 Family	2,835.27		34,023.24		5,103.49		28,919.75		204.15

Dental Insurance 1S Plan:

1 person		51.63		619.56		-		619.56		
2 person		99.74		1196.88		119.69		1077.19		4.80
Family		178.41		2140.92		321.14		1819.78		12.85

Health Insurance notes:**BC3T20(07L)- RX5/15/30/3k(L)****1 person rates 95% covered by NSD****2 person rates 90% covered by NSD****Family rates 85% covered by NSD****Dental Insurance notes:****1 person rates 100% covered by NSD****2 person rates 90% covered by NSD****Family rates 85% covered by NSD**