

# **Admin Ass't/Exec Sec/OT/PT/Tech**

## **Insurance Premium Cost Share FY 2025-2026**

Based on Anthem/CT State Partnership Allocation Rates

\*\*deductions are taken over 20 pay periods throughout 10 months of the School Year\*\*

Group 185 - CT Partnership Plan 2.0	19.50%	19.50%	19.50%
Premium cost per month	\$1,208.48	\$2,561.34	\$3,125.02
	Single	Ind + 1	Family
Employee Annual Total Cost	\$2,827.84	\$5,993.54	\$7,312.55
Payroll Deduction	<b>\$141.39</b>	<b>\$299.68</b>	<b>\$365.63</b>

Group 185 DENTAL	19%	25%	25%
Premium cost per month	\$ 33.77	\$ 82.53	\$ 108.12
	Single	Ind + 1	Family
Employee Annual Cost Dental A	\$ 77.00	\$ 247.59	\$ 324.36
Additional Monthly Cost of Rider B & C	4.61	11.25	14.75
Employee Annual Cost Rider B & C	55.32	135.00	177.00
Employee Annual Total Cost	\$ 132.32	\$ 382.59	\$ 501.36
Payroll Deduction Calculation	<b>\$ 6.62</b>	<b>\$ 19.13</b>	<b>\$ 25.07</b>