

# **ADMINISTRATORS/Superintendent/Asst Superintendent Business Mgr/Facilities Dir/Dir of HR**

**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	21.00%	21.00%	21.00%
Premium cost per month	\$ 1,208.48	\$ 2,561.34	\$ 3,125.02
	Single	Ind + 1	Family
Employee Annual Total Cost	\$ 3,045.37	\$ 6,454.58	\$ 7,875.05
Payroll Deduction	<b>\$ 152.27</b>	<b>\$ 322.73</b>	<b>\$ 393.75</b>

Group 185 DENTAL	0%	25%	25%
Premium cost per month	\$ 33.77	\$ 82.53	\$ 108.12
	Single	Ind + 1	Family
Employee Annual Cost Dental A	\$ -	\$ 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	\$ 55.32	\$ 382.59	\$ 501.36
Payroll Deduction	<b>\$ 2.77</b>	<b>\$ 19.13</b>	<b>\$ 25.07</b>