

FOOD SERVICE

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 171 - CT Partnership Plan 2.0	20%	20%	20%
Premium cost per month	\$ 1,208.48	\$ 2,561.34	\$ 3,125.02
	Single	Ind + 1	Family
Employee Annual Total Cost	\$ 2,900.35	\$ 6,147.22	\$ 7,500.05
Payroll Deduction	\$ 145.02	\$ 307.36	\$ 375.00

Group 171 DENTAL	15%	25%	25%
Premium cost per month	\$ 33.77	\$ 82.53	\$ 108.12
	Single	Ind + 1	Family
Employee Annual Total Cost	\$ 60.79	\$ 247.59	\$ 324.36
Payroll Deduction	\$ 3.04	\$ 12.38	\$ 16.22