

TEACHERS

Insurance Premium Cost Share FY 2025-2026

Based on Anthem/CT State Partnership Allocation Rates

Monthly premium x 12 = Employee total cost.. Employee Total Cost / 20 pays = payroll deduction

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

Group 171 - CT Partnership Plan 2.0	21.00%	21.00%	21.00%
Premium cost per month	\$1,222.26	\$2,591.55	\$3,162.08
	Single	Ind + 1	Family
Employee Annual Total Cost	\$3,080.10	\$6,530.71	\$7,968.44
Payroll Deduction	\$154.00	\$326.54	\$398.42

Group 171 DENTAL	21%	21%	21%
Premium cost per month	\$38.38	\$93.78	\$122.87
	Single	Ind + 1	Family
Employee Annual Cost Dental A	\$96.72	\$236.33	\$309.63
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	\$152.04	\$371.33	\$486.63
Payroll Deduction	\$ 7.60	\$ 18.57	\$ 24.33