

SHS 2024-2025 Benefit Premiums

Medical Coverage	SHS Monthly Cost	Employee Monthly Cost	Employee Per Pay Period Cost
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Employee Only	\$ 487.62	\$ -	\$ -
Employee + Child(ren)	\$ 877.64	\$ 390.02	\$ 260.01

Dental Coverage	SHS Monthly Cost	Employee Monthly Cost	Employee Per Pay Period Cost
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Employee Only	\$ 37.27	\$ -	\$ -
Employee + Spouse	\$ 72.39	\$ 35.12	\$ 23.41
Employee + Child(ren)	\$ 90.70	\$ 53.43	\$ 35.62
Employee + Family	\$ 125.80	\$ 88.53	\$ 59.02

Vision Coverage	SHS Monthly Cost	Employee Monthly Cost	Employee Per Pay Period Cost
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Employee Only	\$ 7.51	\$ -	\$ -
Employee + Spouse	\$ 11.83	\$ 4.32	\$ 2.88
Employee + 1 Child	\$ 11.83	\$ 4.32	\$ 2.88
Employee + Children	\$ 18.77	\$ 11.26	\$ 7.51
Employee + Family	\$ 18.77	\$ 11.26	\$ 7.51

Note: all employee per pay period deductions are calculated off of an 18 pay period cycle.