

New Paradigm For Education
Benefits Rates 2021-2022
Employee Cost Sheet

Buy-up Plan - EMPLOYEE

Contract Type	Medical	EHIM	Dental	Eye Med	Per Pay
Single	\$107.48	\$8.33	\$5.88	\$1.56	\$123.25
You + One	\$247.21	\$22.05	\$10.92	\$2.97	\$283.15
Family	\$346.36	\$25.87	\$21.13	\$4.36	\$397.72

Base Plan - EMPLOYEE

Contract Type	Medical	EHIM	Dental	Eye Med	Per Pay
Single	\$85.64	\$8.33	\$5.88	\$1.56	\$101.41
You + One	\$196.98	\$22.05	\$10.92	\$2.97	\$232.92
Family	\$275.99	\$25.87	\$21.13	\$4.36	\$327.35

Alternative Plan - Employee

Contract Type	Medical	EHIM	Dental	Eye Med	Per Pay
Single	\$78.08	\$8.33	\$5.88	\$1.56	\$93.85
You + One	\$179.61	\$22.05	\$10.92	\$2.97	\$215.55
Family	\$251.64	\$25.87	\$21.13	\$4.36	\$303.00

Stand Alone Dental & Vision

	Per Pay
Single	\$7.44
You + One	\$13.89
Family	\$25.49

(In order to elect Stand Alone coverage, you must provide proof of Medical coverage)