

Effective October 1, 2016

## Monthly Contributions for Medical and Dental Coverage

Below are monthly medical and dental contribution amounts for PAT substitute teachers. These rates are effective October 1, 2016. (Rates are evaluated annually and are subject to change each October 1.)

Please note: You will be automatically enrolled in the Trust dental plan. (Your dependents are not automatically enrolled, as dependents of substitute teachers are not eligible for dental coverage.)

	Kaiser Permanente HMO (Includes prescription drug coverage)	<b>Providence Personal Option</b> (Includes prescription drug coverage)	Trust Dental Plan*
Member only	\$10	\$14.50	\$33
Member + one	\$584	\$665	\$33
Member + family	\$985	\$1,292	\$33

\*Dental coverage is for the member only. Dependents of substitute teachers are not eligible for dental coverage.

Your contribution payment is due in the Trust Office by the 5th of each month for that month of coverage. For example, payment for November coverage is due November 5. Send your monthly payments by check or money order to the Trust Office at the address below. You will have a 30-day grace period from this due date in which to remit your payment.

You have the option to pay your monthly premium through EFT (electronic funds transfer) from a checking or savings account of your choice. To choose this option, complete and return the enclosed EFT form to the Trust Office, along with a voided check.