

2024-25 RATE SCHEDULE (10 MONTH RATES)

COMPANY	COVERAGE TYPE	10 MONTH DEDUCTION	EMPLOYEE PORTION	BOARD PORTION
FB 03559	Single	\$1,107.08	\$221.42	\$885.66
	2 person	\$2,634.90	\$699.70	\$1,935.20
	family	\$3,454.10	\$1,027.38	\$2,426.72
	family /2 employees	\$3,454.10	\$442.84	\$3,011.26
FB 5173	Single	\$669.43	\$133.89	\$535.54
	2 person	\$1,593.27	\$409.94	\$1,183.33
	family	\$2,088.64	\$608.08	\$1,480.56
	family/2 employees	\$2,088.64	\$267.78	\$1,820.86