		12 MONTH	EMPLOYEE	BOARD
COMPANY	COVERAGE TYPE	DEDUCTION	PORTION	PORTION
FB 03559	Single	\$922.57	\$184.52	\$738.05
	2 person	\$2,195.75	\$583.08	\$1,612.67
	family	\$2,878.42	\$856.15	\$2,022.27
	family /2 employees	\$2,878.42	\$369.04	\$2,509.38
FB 5173	Single	\$557.86	\$111.57	\$446.29
	2 person	\$1,327.73	\$341.62	\$986.11
	family	\$1,740.53	\$506.73	\$1,233.80
	family/2 employees	\$1,740.53	\$223.14	\$1,517.39

2024-25 RATE SCHEDULE (12 MONTH RATES)