

| 2009-2010 Administration Benefit Rates | | | | | | | | | |
|---|------------------------------------|-------------------------------------|---|-----------------------------|---------------------------------|----------------------|------------------|----------------------------|--------------------------|
| | | | | | | | | | |
| | 1.00 | | | | | number of pays 26 | | | |
| HEALTH INSURANCE there are 3 different BCBS plans to choose from VHP, Comp 250 or JY | Annual cost for Health Plan | Monthly cost for Health Plan | School Pays Monthly | School pays Annually | School per pay breakdown | School % | YOUR COST | YOUR COST PER MONTH | YOUR COST PER PAY |
| VHP or Comp 250 : Single | 6346.00 | 528.83 | 465.37 | 5584.48 | 214.79 | 88% | 761.52 | 63.46 | 29.29 |
| VHP or Comp 250 : 2-Person | 12474.00 | 1039.50 | 914.76 | 10977.12 | 422.20 | 88% | 1496.88 | 124.74 | 57.57 |
| VHP or Comp 250 : Family | 16722.00 | 1393.50 | 1226.28 | 14715.36 | 565.98 | 88% | 2006.64 | 167.22 | 77.18 |
| JY: Single | 7124.00 | 593.67 | 465.37 | 5584.48 | 214.79 | 88% | 1539.52 | 128.29 | 59.21 |
| JY: 2-Person | 14047.00 | 1170.58 | 914.76 | 10977.12 | 422.20 | 88% | 3069.88 | 255.82 | 118.07 |
| JY: Family | 18890.00 | 1574.17 | 1226.28 | 14715.36 | 565.98 | 88% | 4174.64 | 347.89 | 160.56 |
| | | | | | | 88% of VEHI | | | |
| Opt Out of our Health Insurance | | | | | | | | | |
| Must forego insurance for the entire plan year (July 1 to June 30). | | | Must complete the Section 125 paperwork for opting out. | | | | | | |
| Single opt out | 700.00 | | | | | | | | |
| Two person opt out | 1200.00 | prorated | | | | | | | |
| Family opt out | 1500.00 | | | | | | | | |
| | | | | | | | | | |
| EBPA DENTAL INSURANCE | Annual cost for Dental Plan | Monthly cost for Dental Plan | School Pays Monthly | School pays Annually | School per pay breakdown | School % | YOUR COST | YOUR COST PER MONTH | YOUR COST PER PAY |
| Single | 444.48 | 37.04 | 37.04 | 444.48 | 17.10 | 100% | 0.00 | 0.00 | 0.00 |
| 2- Person | 889.32 | 74.11 | 74.11 | 889.32 | 34.20 | 100% | 0.00 | 0.00 | 0.00 |
| Family | 1422.72 | 118.56 | 118.56 | 1422.72 | 54.72 | 100% | 0.00 | 0.00 | 0.00 |
| | | | | | | | | | |
| Life/LTD (Board pays premiums no cost to you) | | | | | | | | | |
| Amount of the policy | per contract | | | | | | | | |
| Long-Term Disability Insurance. Eligible employees may apply for this benefit at the time of a disability or long term illness. | | | | | | | | | |
| | | | | | | | | | |
| Health & Dependent Care Pre-tax Savings Accounts | | | | | | | | | |
| You must enroll or opt out within the first 30 days of employment | | | | | | | | | |
| You may contribute up to \$6000.00 into a Health Care Reimbursement Account | | | | | | | | | |
| You may contribute up to \$5,000 into a Dependent Care Reimbursement Account | | | | | | | | | |
| Health & Dental Premiums are pre-tax. | | | | | | | | | |
| | | | | | | | | | |
| Direct Deposit | | | | | | | | | |
| Mandatory | | | | | | | | | |