

2009-2010 HCS Support Staff, Full Year - Benefit Rates									
	<b>1.00</b>					# of pays			
						26			
<b>HEALTH INSURANCE</b> there are 3 different BCBS plans to choose from VHP, Comp 250 or JY	<b>Annual cost for Health Plan</b>	<b>Monthly cost for Health Plan</b>	<b>School Pays Monthly</b>	<b>School pays Annually</b>	<b>School per pay breakdown</b>	<b>School %</b>	<b>YOUR COST Annually</b>	<b>YOUR COST PER MONTH</b>	<b>YOUR COST PER PAY</b>
VHP or Comp 250 : Single	6346.00	528.83	502.39	6028.70	231.87	95%	317.30	26.44	<b>12.20</b>
VHP or Comp 250 : 2-Person	12474.00	1039.50	987.53	11850.30	455.78	95%	623.70	51.98	<b>23.99</b>
VHP or Comp 250 : Family	16722.00	1393.50	1323.83	15885.90	611.00	95%	836.10	69.68	<b>32.16</b>
JY: Single	7124.00	593.67	502.39	6028.70	231.87	95%	1095.30	91.28	<b>42.13</b>
JY: 2-Person	14047.00	1170.58	987.53	11850.30	455.78	95%	2196.70	183.06	<b>84.49</b>
JY: Family	18890.00	1574.17	1323.83	15885.90	611.00	95%	3004.10	250.34	<b>115.54</b>
						of vehi			
<b>Opt Out of our Health Insurance</b>									
Must forego insurance for the entire plan year (July 1 to June 30).					Must complete the Section 125 paperwork for opting out.				
hired after July 1, 2009	550.00	prorated							
grandfathered employees	1000.00	prorated							
<b>EBPA DENTAL INSURANCE</b>	<b>Annual cost for Dental Plan</b>	<b>Monthly cost for Dental Plan</b>	<b>School Pays Monthly</b>	<b>School pays Annually</b>	<b>School per pay breakdown</b>	<b>School %</b>	<b>YOUR COST Annually</b>	<b>YOUR COST PER MONTH</b>	<b>YOUR COST PER PAY</b>
<i>hired prior to July 2009</i>									
Single	444.48	37.04	37.04	444.48	17.10	100%	0.00	0.00	<b>0.00</b>
2- Person	889.32	74.11	37.04	444.48	17.10	100% of Single	444.84	37.07	<b>17.11</b>
Family	1422.72	118.56	37.04	444.48	17.10	100% of Single	978.24	81.52	<b>37.62</b>
						single coverage paid toward the other plans, EE pays difference			
<b>EBPA DENTAL INSURANCE</b>	<b>Annual cost for Dental Plan</b>	<b>Monthly cost for Dental Plan</b>	<b>School Pays Monthly</b>	<b>School pays Annually</b>	<b>School per pay breakdown</b>	<b>School %</b>	<b>YOUR COST</b>	<b>YOUR COST PER MONTH</b>	<b>YOUR COST PER PAY</b>
<i>hired after July 2009</i>									
Single	444.48	37.04	0.00	0.00	0.00	0.00	444.84	37.04	<b>17.10</b>
2- Person	889.32	74.11	0.00	0.00	0.00	0.00	889.32	74.11	<b>34.20</b>
Family	1422.72	118.56	0.00	0.00	0.00	0.00	1422.72	118.56	<b>54.72</b>
						board pays nothing			
<b>Life/LTD (Board pays premiums no cost to you)</b>									
Amount of the policy	\$20,000.00	or per contract							
Long-Term Disability Insurance. Eligible employees may apply for this benefit at the time of a disability or long term illness.									
<b>Health &amp; Dependent Care Pre-tax Savings Accounts</b>									
You must enroll or opt out within the first 30 days of employment									
You may contribute up to \$2,500 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.									
<b>Direct Deposit</b>									
Mandatory									