

| 2009-2010 Non-Union (Classified), Full Year - 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 Annually | YOUR COST PER MONTH | YOUR COST PER PAY |
| VHP or Comp 250 : Single | 6346.00 | 528.83 | 475.95 | 5711.40 | 219.67 | 90% | 634.60 | 52.88 | 24.41 |
| VHP or Comp 250 : 2-Person | 12474.00 | 1039.50 | 935.55 | 11226.60 | 431.79 | 90% | 1247.40 | 103.95 | 47.98 |
| VHP or Comp 250 : Family | 16722.00 | 1393.50 | 1254.15 | 15049.80 | 578.84 | 90% | 1672.20 | 139.35 | 64.32 |
| JY: Single | 7124.00 | 593.67 | 475.95 | 5711.40 | 219.67 | 90% | 1412.60 | 117.72 | 54.33 |
| JY: 2-Person | 14047.00 | 1170.58 | 935.55 | 11226.60 | 431.79 | 90% | 2820.40 | 235.03 | 108.48 |
| JY: Family | 18890.00 | 1574.17 | 1254.15 | 15049.80 | 578.84 | 90% | 3840.20 | 320.02 | 147.70 |
| | | | | | | 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 | \$ 750.00 | | | | | | | | |
| Two person opt out | \$ 1,200.00 | prorated | | | | | | | |
| Family opt out | \$ 1,500.00 | | | | | | | | |
| | | | | | | | | | |
| 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 Annually | 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 | 20,0000 or 40,0000 depending on your 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 \$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. | | | | | | | | | |
| | | | | | | | | | |
| Direct Deposit | | | | | | | | | |
| Mandatory | | | | | | | | | |