

2009-2010 HCS Support Staff, Part Year - Benefit Rates									
	<b>1.00</b>					# of pays			
						20			
<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	301.44	95%	317.30	26.44	<b>15.87</b>
VHP or Comp 250 : 2-Person	12474.00	1039.50	571.73	6860.70	343.04	55%	5613.30	467.78	<b>280.67</b>
VHP or Comp 250 : Family	16722.00	1393.50	766.43	9197.10	459.86	55%	7524.90	627.08	<b>376.25</b>
JY: Single	7124.00	593.67	502.39	6028.70	301.44	95%	1095.30	91.28	<b>54.77</b>
JY: 2-Person	14047.00	1170.58	571.73	6860.70	343.04	55%	7186.30	598.86	<b>359.32</b>
JY: Family	18890.00	1574.17	766.43	9197.10	459.86	55%	9692.90	807.74	<b>484.65</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>
hired prior to July 2009									
Single	444.48	37.04	37.04	444.48	22.22	100%		0.00	<b>0.00</b>
2- Person	889.32	74.11	37.04	444.48	22.22	100% of Single	444.48	32.39	<b>19.43</b>
Family	1422.72	118.56	37.04	444.48	22.22	100% of Single	978.24	81.52	<b>48.91</b>
						100% of single, EE pays difference for other plans			
<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>
hired after July 2009									
Single	444.48	37.04	0.00	0.00	0.00	0.00	444.48	37.04	<b>22.22</b>
2- Person	889.32	74.11	0.00	0.00	0.00	0.00	978.24	74.11	<b>44.47</b>
Family	1422.72	118.56	0.00	0.00	0.00	0.00	1422.72	118.56	<b>71.14</b>
						board pays nothing			
<b>Life/LTD (Board pays premiums no cost to you)</b>									
Amount of the policy	\$20,000.00								
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									