

2016-2017 Non-union (Classified), FULL YEAR										
1.00 FTE										
26 # of Pay Periods										
12 # of Months on Plan										
HEALTH INSURANCE there are 3, BCBS plans to choose from VHP, Comp 300 or JY	Annual cost for Health Plan	Monthly cost for Health Plan	School Pays Monthly	School pays Annually	School Share # of Months on Plan	School per pay Cost	School %	YOUR COST for # of Months on Plan	YOUR COST PER MONTH	YOUR COST PER PAY
VHP or Comp 300 : Single	9028.92	752.41	677.17	8126.03	8126.03	312.55	90%	902.89	75.24	34.74
VHP or Comp 300 : 2-Person	17747.88	1478.99	1331.09	15973.09	15973.09	614.36	90%	1774.79	147.90	68.27
VHP or Comp 300 : Family	23791.92	1982.66	1784.39	21412.73	21412.73	823.58	90%	2379.19	198.27	91.52
JY: Single	10135.92	844.66	677.17	8126.03	8126.03	312.55	80%	2009.89	167.49	77.31
JY: 2-Person	19985.88	1665.49	1331.09	15973.09	15973.09	614.36	80%	4012.79	334.40	154.35
JY: Family	26876.52	2239.71	1784.39	21412.73	21412.73	823.58	80%	5463.79	455.32	210.16
of vhp										
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									
Family opt out	\$ 1,500.00									
Pro-rated										
DENTAL INSURANCE	Annual cost for Dental Plan	Monthly cost for Dental Plan	School Pays Monthly	School pays Annually	School Share # of Months on Plan	School per pay Cost	School %	YOUR COST for # of Months on Plan	YOUR COST PER MONTH	YOUR COST PER PAY
Single	455.52	37.96	37.96	455.52	455.52	17.53	100%	0.00	0.00	0.00
2- Person	911.52	75.96	75.96	911.52	911.52	35.07	100%	0.00	0.00	0.00
Family	1458.04	121.50	121.50	1458.04	1458.04	56.09	100%	0.00	0.00	0.00
Life/LTD (Board pays premiums no cost to you)										
Amount of the policy	25,000 or 40,000 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 \$2,550 into a Health Care Reimbursement Account										
You may contribute up to \$5,000 into a Dependent Care Reimbursement Account per family										
Health & Dental Premiums are pre-tax.										
Direct Deposit										
Mandatory										