

2016-17 Non-union (Classified), Part Year										
<b>1.00</b>	FTE									
<b>20</b>	number of pays									
<b>12</b>	# of Months on Plan									
<b>HEALTH INSURANCE - There are 3 BCBS plans to choose from: VHP, Comp 300 or JY</b>	<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 Share # of Months on Plan</b>	<b>School per pay Cost</b>	<b>School %</b>	<b>Your total for # of Months on Plan</b>	<b>YOUR COST PER MONTH</b>	<b>YOUR COST PER PAY</b>
VHP or Comp 300 : Single	9028.92	752.41	677.17	8126.03	8126.03	406.31	90%	902.89	75.24	45.15
VHP or Comp 300 : 2-Person	17747.88	1478.99	887.39	10648.73	10648.73	532.45	60%	7099.15	591.60	354.97
VHP or Comp 300 : Family	23791.92	1982.66	1189.60	14275.15	14275.15	713.77	60%	9516.77	793.06	475.85
JY: Single	10135.92	844.66	677.17	8126.03	8126.03	406.31	90%	2009.89	167.49	100.50
JY: 2-Person	19985.88	1665.49	887.39	10648.73	10648.73	532.45	60%	9337.15	778.10	466.87
JY: Family	26876.52	2239.71	1189.60	14275.15	14275.15	713.77	60%	12601.37	1050.11	630.08
<b>Opt Out of our Health Insurance (pro-rated)</b>										
Must forego insurance for the entire plan year (July 1 to June 30). prorated			Must complete the Section 125 paperwork for opting out.							
	\$750.00									
<b>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 Share # of Months on Plan</b>	<b>School per pay Cost</b>	<b>School %</b>	<b>Your total for # of Months on Plan</b>	<b>YOUR COST PER MONTH</b>	<b>YOUR COST PER PAY</b>
Single	455.52	37.96	37.96	455.52	455.52	22.79	100%	0.00	0.00	0.00
2- Person	911.52	75.96	37.96	455.52	455.52	22.79	50%	456.00	38.00	22.81
Family	1458.24	121.52	37.96	455.52	455.52	22.79	31%	1002.72	83.56	50.15
100% single toward other plans... ee pays difference										
<b>Life/LTD (Board pays premiums-no cost to you)</b>										
Amount of the policy	\$25,000.00									
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 \$2,550 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										