2016-17 Support Staff	FULL YEAR									
1.00	FTE									
26	Number of Pays									
12	Number of Months									
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 # 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										
There is no opt out of health insurance for full time full year										
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**	**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	1458.24	121.52	121.52	1458.24	1458.24	56.10	100%	0.00	0.00	**0.00**
							board pays all at 100%			
Life/LTD (Board pays premiums no cost to you)										
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.										
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 Reimbursment Account										
You may contribute up to $5,000 into a Dependent Care Reimbursment Account per family										
Health & Dental Premiums are pre-tax.										
Direct Deposit										
Mandatory										