2016-17 Support Staff, Part Year	(All Schools)								
1.00	FTE								
18	# of pays								
9	# of Months on Plan								
HEALTH INSURANCE - There are 2 BCBS plans to choose from: VHP, Comp 300	**Annual cost for Health Plan**	**Monthly cost for Health Plan**	**School Pays Monthly**	**School Share # of Months on Plan**	**School per pay cost**	**School %**	**Your total for # of Months on Plan**	**YOUR COST monthly**	**YOUR COST PER PAY**
VHP or Comp 300 : Single	9028.92	752.41	677.17	6094.52	338.59	68%	677.17	75.24	**37.63**
VHP or Comp 300 : 2-Person	17747.88	1478.99	887.39	7986.55	443.71	45%	5324.36	591.60	**295.81**
VHP or Comp 300 : Family	23791.92	1982.66	1189.60	10706.36	594.81	45%	7137.58	793.06	**396.54**
Opt Out of our Health Insurance									
Must forego insurance for the entire plan year (July 1 to June 30).									
Prorated per FTE	750.00								
DENTAL INSURANCE	**Annual cost for Dental Plan**	**Monthly cost for Dental Plan**	**School Pays Monthly**	**School Share # of Months on Plan**	**School per pay cost**	**School %**	**Your total for # of Months on Plan**	**YOUR COST per month**	**YOUR COST PER PAY**
Single	455.52	37.96	0.00	0.00	0.00	0%	341.64	37.96	**18.99**
2- Person	911.52	75.96	0.00	0.00	0.00	0%	683.64	75.96	**37.99**
Family	1458.24	121.52	0.00	0.00	0.00	0%	1093.68	121.52	**60.77**
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									