

2016-17 Administration Benefit Rates & New Hires										
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	YOUR COST PER MONTH	YOUR COST PER PAY
VHP or Comp 300 : Single	9028.92	752.41	662.12	7945.45	7945.45	305.60	88%	1083.47	90.29	41.68
VHP or Comp 300 : 2-Person	17747.88	1478.99	1301.51	15618.13	15618.13	600.71	88%	2129.75	177.48	81.92
VHP or Comp 300 : Family	23791.92	1982.66	1744.74	20936.89	20936.89	805.27	88%	2855.03	237.92	109.82
JY: Single	10135.92	844.66	662.12	7945.45	7945.45	305.60	78%	2190.47	182.54	84.26
JY: 2-Person	19985.88	1665.49	1301.51	15618.13	15618.13	600.71	78%	4367.75	363.98	168.00
JY: Family	26876.52	2239.71	1744.74	20936.89	20936.89	805.27	78%	5939.63	494.97	228.46
							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	700.00									
Two person opt out	1200.00									
Family opt out	1500.00									
Prorated										
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	1458.24	121.52	121.52	1458.24	1458.24	56.10	100%	0.00	0.00	0.00
Life/LTD (Board pays premiums no cost to you)										
Amount of the policy	\$100,000 or 2x annual salary depending on 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										