

2016-17 Teacher										
	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 pays per pay	School %	YOUR COST Per Year	YOUR COST PER MONTH	YOUR COST PER PAY
VHP or Comp 300 : Single	9028.92	752.41	639.55	7674.58	7674.58	295.19	85%	1354.34	112.86	52.10
VHP or Comp 300 : 2-Person	17747.88	1478.99	1257.14	15085.70	15085.70	580.23	85%	2662.18	221.85	102.40
VHP or Comp 300 : Family	23791.92	1982.66	1685.26	20223.13	20223.13	777.82	85%	3568.79	297.40	137.27
JY: Single	10135.92	844.66	639.55	7674.58	7674.58	295.19	76%	2461.34	205.11	94.68
JY: 2-Person	19985.88	1665.49	1257.14	15085.70	15085.70	580.23	75%	4900.18	408.35	188.48
JY: Family	26876.52	2239.71	1685.26	20223.13	20223.13	777.82	75%	6653.39	554.45	255.91
							85% of VEHI			
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	\$ 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 Cost # of Months on Plan	School pays per pay	School %	YOUR COST Annually	YOUR COST PER MONTH	YOUR COST PER PAY
Single	455.52	37.96	32.27	387.19	387.19	14.90	85%	68.33	5.69	2.64
2- Person	911.52	75.96	64.57	774.79	774.79	29.81	85%	136.73	11.39	5.27
Family	1458.24	121.52	103.29	1239.50	1239.50	47.68	85%	218.74	18.23	8.42
Life/LTD (Board pays premiums no cost to you)										
Amount of the Life 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 \$2550 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										