

FSEA

General Benefits Information for 2011/12

ELIGIBILITY for BENEFITS: Employees scheduled to work 32.5 or more hours per week are eligible for the following benefits. Benefits become effective the first of the month following date of hire or the first of the month following the date the eligibility requirements are met.

Medical

Priority Health POS

The District pays a sum equivalent to twenty percent (20%) plus \$84.66 per month of the employee's base salary per year toward the cost of the health insurance program as selected by the individual employee. To calculate this subsidy, the employee's hourly rate is multiplied by the projected number of hours worked during the school year then added to the actual pay earned during the summer. Twenty percent (20%) of the total amount is then applied against the total cost (12 months of premiums) and the difference (total employee co-pay) is divided by the number of payrolls in the school year. Standard deductions are based on the current cost of 12 months of coverage (September through October) deducted over 19 pays. Adjustments to the standard deductions will be made for coverage periods of less than 12 months. Plans renew June 1st of each year – higher premium costs for June, July, August and September coverage will be collected from enrolled employees through additional payroll deductions or personal checks (information will be given to employees toward the end of the school year, once the new rates are known).

Standard pre-tax payroll deductions are taken from the 09/30/11 through 06/08/12 paychecks (i.e. 19 pays). If a deduction is missed it will either be made up through increased subsequent deductions or by the employee's personal check or money order.

- Plan 1 – Priority Health \$0 deductible/100% co-ins POS with \$10/\$40 Rx
- Plan 2 – Priority Health \$1000 deductible/80% co-ins POS with \$10/\$40 Rx

	Total Monthly Premium Plan 1 (effective 06/01/11-05/31/12)	Total Monthly Premium Plan 2 (effective 6/01/11-05/31/12)
Single Coverage:	\$591.70	\$434.40
2-Person Coverage:	\$1266.21	\$944.68
Full Family Coverage:	\$1547.90	\$1347.90

Life Insurance

SET-SEG (AMHSM)

\$5,000 Life & AD/D insurance. Premium paid by district. An additional \$5000 Life is available for \$2.36 per month.

Dental and Vision Insurance

SET-SET

Dental -single \$30.24 per pay	Vision -single \$4.77 per pay
-family \$100.34 per pay	-family \$13.10 per pay

_____/ **OPEN ENROLLMENT: The month of September for an October 1st effective date.** \ _____
 \ **Benefit coverage period is October 1st through September 30th.** /

Uninsured Health Care Reimbursement Account

Eligibility requirement is 20 or more scheduled hours per week. Plan year is from January 1st through December 31st, with re-enrollment every year during the month of November. Pre-tax payroll deductions are taken from 19 paychecks (excluding summer) during the CALENDAR year.

Dependent Care Reimbursement Account

Plan year is from January 1st through December 31st, with re-enrollment every year during the month of November. Pre-tax payroll deductions are taken from 19 paychecks (excluding summer) during the CALENDAR year.