

FFCS

Support Staff

FY11

FULL YEAR FULL TIME

Dual Option Plans: Vermont Health Partnership (VHP) or 250 Comprehensive

Plan Level	Plan Premium	Employer Portion	Employee Portion 18.0%	26 Pay Deduction
Single	6,536	5,359.52	1,176.48	\$45.25
2 Person	12,848	10,535.36	2,312.64	\$88.95
Family	17,224	14,123.68	3,100.32	\$119.24

JY MB

Plan Level	Plan Premium	Employer Portion	Employee Portion	26 Pay Deduction
Single	7,484	5,359.52	2,124.48	\$81.71
2 Person	14,754	10,535.36	4,218.64	\$162.26
Family	19,841	14,123.68	5,717.32	\$219.90

SCHOOL YEAR FULL TIME

Dual Option Plans: Vermont Health Partnership (VHP) or 250 Comprehensive

Plan Level	Plan Premium	Employer Portion	Employee Portion	21 Pay Deduction
Single	6,536	1,500.00	5,036.00	\$239.81
2 Person	12,848	1,500.00	11,348.00	\$540.38
Family	17,224	1,500.00	15,724.00	\$748.76

JY MB

Plan Level	Plan Premium	Employer Portion	Employee Portion	21 Pay Deduction
Single	7,484	1,500.00	5,984.00	\$284.95
2 Person	14,754	1,500.00	13,254.00	\$631.14
Family	19,841	1,500.00	18,341.00	\$873.38

Cash Option

If you are covered under and intend to keep another medical insurance plan and opt out of enrollment in our plan:

1. You will be entitled to a Cash Option in lieu of health coverage (see below for your employment group)
2. You must complete a [certificate of health care coverage](#).
3. The payment will be made in (2) two installments; the first on or before December 1 and the remainder; on or before April 1.
4. These payments are subject to all PR taxes and are includable in your Gross Income.

FULL YEAR FULL TIME

You will elect the level of your Cash Option (Sng, 2P, Fam) on the Flex Spend form annually

Single	2 Person	Family
1,000.00	1,900.00	2,500.00

SCHOOL YEAR FULL TIME

You will elect your Cash Option on the Flex Spend form annually

All eligible employees: 1,500.00

FULL YEAR FULL TIME

Dental

	Annual Premium	Employer Portion	Employee Portion	26 Pay Deduction
Single	442.20	281.00	161.20	6.20
Family	1340.52	571.00	769.52	29.60

SCHOOL YEAR FULL TIME

Dental

Not Applicable

ALL SUPPORT STAFF:	Employee	26 Pay Deduction	21 Pay Deduction
Flexible Spending Fee	\$33.00	\$1.27	\$1.57