

**SATEC      Non-Union, Non-Certified      FY11**

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

Plan Level	Plan Premium	Employer Portion	Employee Portion 15.0%	21 Pay Deduction	26 Pay Deduction
Single	6,536	5,555.60	980.40	\$46.69	\$37.71
2 Person	12,848	10,920.80	1,927.20	\$91.77	\$74.12
Family	17,224	14,640.40	2,583.60	\$123.03	\$99.37

**JY MB**

Plan Level	Plan Premium	Employer Portion	Employee Portion	21 Pay Deduction	26 Pay Deduction
Single	7,338	5,555.60	1,782.40	\$84.88	\$68.55
2 Person	14,468	10,920.80	3,547.20	\$168.91	\$136.43
Family	19,457	14,640.40	4,816.60	\$229.36	\$185.25

**Dental**

	Annual Premium	Employer Portion	Employee Portion	21 Pay Deduction	26 Pay Deduction
Single	442.20	281	161.20	7.68	6.20
Family	1,340.52	570	770.52	36.69	29.64
	Per month				
	36.85				
	111.71				

**Flexible Spending Arrangement Fee**      No Cost to Employee