

2013 BENEFIT COST PER PAY

MEDICAL - BPS Health Plan

Pre-tax

COVERAGE ELECTION	MONTHLY GROSS CONTRIBUTION	LESS MONTHLY BOARD CONTRIBUTION	MONTHLY NET CONTRIBUTION	EMPLOYEE'S ACTUAL OUT OF POCKET DEDUCTION PER PAY PERIOD - - BY PAY FREQUENCY			
				21	22	23	24
EMPLOYEE ONLY	575.90	524.23	51.67	29.53	28.18	26.96	25.84
EMPLOYEE + SPOUSE	913.10	524.23	388.87	222.21	212.11	202.89	194.44
EMPLOYEE + CHILDREN	747.50	524.23	223.27	127.58	121.78	116.49	111.64
EMPLOYEE + FAMILY	1030.70	524.23	506.47	289.41	276.26	264.25	253.24
Over-age Dependent Charge: Post-tax, in addition to tier selected.				205.07	195.74	187.23	179.43
Spouse Surcharge: Post-tax, in addition to tier selected unless waived				142.86	136.36	130.43	125.00

DENTAL - DeltaCare USA Low

Pre-tax

(if adding a dependent age 26-30(non-disabled), your entire premium deduction becomes post-tax)							
COVERAGE ELECTION	MONTHLY GROSS CONTRIBUTION	LESS MONTHLY BOARD CONTRIBUTION	MONTHLY NET CONTRIBUTION	EMPLOYEE'S ACTUAL OUT OF POCKET DEDUCTION PER PAY PERIOD - - BY PAY FREQUENCY			
				21	22	23	24
EMPLOYEE ONLY	9.31	0.00	9.31	5.32	5.08	4.86	4.66
EMPLOYEE + 1	15.39	0.00	15.39	8.79	8.39	8.03	7.70
EMPLOYEE + 2 OR MORE	22.76	0.00	22.76	13.01	12.41	11.87	11.38

DENTAL - DeltaCare USA High

Pre-tax

(if adding a dependent age 26-30(non-disabled), your entire premium deduction becomes post-tax)							
COVERAGE ELECTION	MONTHLY GROSS CONTRIBUTION	LESS MONTHLY BOARD CONTRIBUTION	MONTHLY NET CONTRIBUTION	EMPLOYEE'S ACTUAL OUT OF POCKET DEDUCTION PER PAY PERIOD - - BY PAY FREQUENCY			
				21	22	23	24
EMPLOYEE ONLY	16.07	0.00	16.07	9.18	8.77	8.38	8.04
EMPLOYEE + 1	29.85	0.00	29.85	17.06	16.28	15.57	14.93
EMPLOYEE + 2 OR MORE	43.60	0.00	43.60	24.91	23.78	22.75	21.80

DENTAL - PPO Low

Pre-tax

(if adding a dependent age 26-30(non-disabled), your entire premium deduction becomes post-tax)							
COVERAGE ELECTION	MONTHLY GROSS CONTRIBUTION	LESS MONTHLY BOARD CONTRIBUTION	MONTHLY NET CONTRIBUTION	EMPLOYEE'S ACTUAL OUT OF POCKET DEDUCTION PER PAY PERIOD - - BY PAY FREQUENCY			
				21	22	23	24
EMPLOYEE ONLY	26.69	0.00	26.69	15.25	14.56	13.93	13.35
EMPLOYEE + 1	52.93	0.00	52.93	30.25	28.87	27.62	26.47
EMPLOYEE + 2 OR MORE	77.80	0.00	77.80	44.46	42.44	40.59	38.90

DENTAL - PPO High

Pre-tax

(if adding a dependent age 26-30(non-disabled), your entire premium deduction becomes post-tax)							
COVERAGE ELECTION	MONTHLY GROSS CONTRIBUTION	LESS MONTHLY BOARD CONTRIBUTION	MONTHLY NET CONTRIBUTION	EMPLOYEE'S ACTUAL OUT OF POCKET DEDUCTION PER PAY PERIOD - - BY PAY FREQUENCY			
				21	22	23	24
EMPLOYEE ONLY	33.72	0.00	33.72	19.27	18.39	17.59	16.86
EMPLOYEE + 1	67.01	0.00	67.01	38.29	36.55	34.96	33.51
EMPLOYEE + 2 OR MORE	98.47	0.00	98.47	56.27	53.71	51.38	49.24

VISION

Pre-tax

COVERAGE: Eye Exam every 12 months; Lens & Frame Allowance or Contact Lens Allowance every 24 months							
(if adding a dependent age 26-30(non-disabled), your entire premium deduction becomes post-tax)							
COVERAGE ELECTION	MONTHLY GROSS CONTRIBUTION	LESS MONTHLY BOARD CONTRIBUTION	MONTHLY NET CONTRIBUTION	EMPLOYEE'S ACTUAL OUT OF POCKET DEDUCTION PER PAY PERIOD - - BY PAY FREQUENCY			
				21	22	23	24
EMPLOYEE ONLY	5.40	0.00	5.40	3.09	2.95	2.82	2.70
EMPLOYEE + 1	13.44	0.00	13.44	7.68	7.33	7.01	6.72
EMPLOYEE + 2 OR MORE	23.04	0.00	23.04	13.17	12.57	12.02	11.52

2013 BENEFIT COST PER PAY

DEPENDENT LIFE INSURANCE

Post-tax

*If you are **only** linking a child or children to dependent life you need to select the first option only.

COVERAGE ELECTION	MONTHLY GROSS CONTRIBUTION	LESS MONTHLY BOARD CONTRIBUTION	MONTHLY NET CONTRIBUTION	EMPLOYEE'S ACTUAL OUT OF POCKET DEDUCTION PER PAY PERIOD - - BY PAY FREQUENCY			
				21	22	23	24
*Spouse \$5,000; and/or Each Eligible Child \$2,500	3.01	0.00	3.01	1.72	1.64	1.57	1.51
Spouse \$10,000; Each Eligible Child \$2,500	5.83	0.00	5.83	3.33	3.18	3.04	2.92
Spouse \$25,000; Each Eligible Child \$2,500	12.76	0.00	12.76	7.29	6.96	6.66	6.38

BASIC EMPLOYEE LIFE INSURANCE

(Salary Sensitive)

Post-tax

The monthly premium for Basic Employee Life (1 times) is \$0.175 per \$1,000 of annual salary. **Paid for by the School Board**

ADDITIONAL EMPLOYEE LIFE INSURANCE

Post-tax

NEW EMPLOYEES: May choose coverage from 1 times pay to 3 times pay for additional life insurance.

CURRENT EMPLOYEES: Can increase by one step only up 3 times annual at each open enrollment.

If you wish to purchase additional life insurance, the rate is \$0.22 per \$1,000.

EXAMPLE: Employee earning \$35,000 annual salary on 24 pay frequency would pay \$3.85.

1 x's Annual Salary = 3.85 2 x's Annual Salary = 7.70 3 x's Annual Salary = 11.55

CALCULATION: $\$35,000 \text{ annual} \div 1,000 \times \$0.22 \times 12 \text{ months} \div 24 \text{ (pay frequency)} = \3.85 per pay.

Calculation results are estimates only. Final deduction amount is determined by computer rounding.

ACCIDENTAL DEATH and DISMEMBERMENT - [AD&D]

(Salary Sensitive)

Post-tax

Employees may choose employee only coverage from 1 times pay to 4 times pay at a rate of \$0.023 per 1,000 of annual salary

Employees may choose employee + family coverage from 1 times pay to 4 times pay at a rate of \$0.032 per 1,000 of annual salary.

EXAMPLE: Employee earning \$35,000 annual salary on 24 pay frequency electing 1x's pay

CALCULATION: **Employee only** = $\$35,000 \div 1,000 \times .023 \times 12 \div 24 \text{ pay frequency} = \0.40 per pay

CALCULATION: **Employee and family** = $\$35,000 \div 1,000 \times .032 \times 12 \div 24 \text{ (pay frequency)} = \0.56 per pay

Calculation results are estimates only. Final deduction amount is determined by computer rounding.

SHORT-TERM DISABILITY - [STD]

(Salary Sensitive)

Post-tax

NEW EMPLOYEES: May elect STD coverage without filling out a medical questionnaire.

CURRENT EMPLOYEES: Electing for the first time will subject you to pre-existing conditions & will require a medical questionnaire to be completed.

Employee cost is \$0.73 per \$100 of annual salary

EXAMPLE: Employee earning \$35,000 per year with a pay frequency of 24 pays per year.

CALCULATION: $\$35,000 \div 100 \times .73 \div 24 \text{ (pay frequency)} = \$10.65 \text{ (per pay cost)}$

Calculation results are estimates only. Final deduction amount is determined by computer rounding.

LONG-TERM DISABILITY - [LTD]

(Salary & Age Sensitive)

Post-tax

NEW EMPLOYEES: May elect LTD coverage without filling out a medical questionnaire.

CURRENT EMPLOYEES: Electing for the first time will subject you to pre-existing conditions & will require a medical questionnaire to be completed.

EXAMPLE: Employee age 37 earning \$35,000 per year with a pay frequency of 24 pays per year.

CALCULATION: $\$35,000 \div 100 \times .18 \text{ (from chart below)} \div 24 \text{ (pay frequency)} = \$2.63 \text{ (per pay for LTD only)}$

CALCULATION: $\$35,000 \div 100 \times .17 \text{ (from chart below)} \div 24 \text{ (pay frequency)} = \$2.48 \text{ (per pay if STD is also elected)}$

Long-Term Disability Rate Chart (per \$100 of annual salary)

LTD Premium If			LTD Premium If		
AGE	LTD ONLY	Taken With STD	AGE	LTD ONLY	Taken With STD
<25	0.10	0.09	45-49	0.36	0.35
25-29	0.12	0.10	50-54	0.56	0.52
30-34	0.14	0.14	55-59	0.64	0.60
35-39	0.18	0.17	60-64	0.79	0.74
40-44	0.24	0.22	65+ =	0.80	0.74

Calculation results are estimates only. Final deduction amount is determined by computer rounding.

Important Note: Because of rounding formulas used in this system, there may be some variation in final amounts.