

# 2009-2010 Benefits Worksheet

All Rates Are Effective October 1, 2009 through September 30, 2010

## ELIGIBILITY

Employees eligible to receive benefits with the Shoreline Public Schools are:

- o Classified employees working 4 hours per day (20 or more hours per week of regular employment)
- o Certificated employees with a minimum .4 FTE contract  
(Family members, including Domestic Partners, of eligible employees are also entitled to receive benefits.)

## BENEFITS – MANDATORY

Dental, Vision, Life Insurance, & Long Term Disability. These benefits are mandatory and are deducted from the employee's Benefit Allocation Dollars. Dental and Vision coverage are Family Plans; everyone in the immediate family, including Domestic Partners are covered, even if you are not covering them on your Optional Medical Insurance. (Long Term Disability is not available to all Union groups.)

## BENEFITS – OPTIONAL MEDICAL

Medical coverage is optional. Any remaining Benefit Allocation Dollars, after mandatory deductions, may be applied toward the Medical monthly premium.

## BENEFITS – ADDITIONAL OPTIONAL

Additional benefits such as Salary Insurance, Personal Accident Insurance, and Supplemental Life Insurance for Employee, Spouse and/or Children must be paid by the employee through payroll deduction.

## FULL-TIME EMPLOYEE BENEFIT ALLOCATION DOLLARS: \$745 MONTHLY

What are Benefit Allocation Dollars?

Benefit Allocation Dollars are the dollars the district sets aside for each qualifying employee to pay for benefits. The district receives these dollars from the state. Full-time employees are entitled to the full allocation of \$745.00 monthly. If you are less than Full-time, your Benefit Allocation Dollars are prorated according to the hours per day and days per year you work, or your contract FTE amount.

To figure your Benefit Allocation Dollars, use one of the formulas below:

<b>Classified</b>						<b>Not to exceed \$745</b>
X	=	÷ 1440	=	X	\$745.00	= \$
Hours per day	Days per Year	Total Hours per year *	%	%	Full Time Benefit Dollars	<b>Your Monthly Benefit Allocation</b>
			of Full Time			

**\*Note: If your total hours per year are equal to/greater than 1440, then you receive \$745.00 for your Benefit Allocation Dollars.**

<b>Certificated</b>		
X	\$745.00	= \$
Contract FTE Amount (Ex: .4, .8)	Full Time Benefit Dollars	<b>Your Monthly Benefit Allocation</b>

Your monthly Benefit Allocation Dollars are used to purchase your Mandatory and Optional Medical Benefits.

Any Benefit Allocation Dollars remaining after Mandatory and Optional Medical Benefits are paid for will not be returned to the employee. These remaining dollars are returned to a "pool" and are reallocated.

Additional Optional Benefits may not be paid for out of your monthly Benefit Allocation Dollars. Additional Optional Benefits must be paid through a payroll deduction from your monthly paycheck.

**Use the form on the reverse side to calculate how your Benefit Allocation Dollars are spent each month, and to determine if you are going to have a monthly "out of pocket" expense for your medical insurance.**

**OVER**

# SPENDING YOUR BENEFIT ALLOCATION DOLLARS

Your Monthly Benefit Allocation *(Calculated on the other side.)* \$ \_\_\_\_\_

**MANDATORY BENEFITS:**

Vision **(Family Plan, immediate family covered, one rate.)** - \$ 16.00

Dental *(Choose one plan.)* **(Family Plan, immediate family covered, one rate.)**

Washington Dental Service Core Plan 1	\$ 117.45	
Willamette Dental Managed Care Plan	\$ 73.05	
Washington Dental Service Managed Care Plan	\$ 64.14	- \$

Life Insurance *(Equal to 1 times your annual salary.)* - \$ 6.40

Long Term Disability *(Dependent on work group.)* *(No LTD for Food Service or Non-Rep)*

Low Risk Groups:

Certificated and all classified groups not listed below.	\$ 19.21	
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High Risk Groups:

Bus Drivers, Mechanics, Warehouse/Grounds, Custodians, Maintenance, Crossing Guards (	\$ 21.71	
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- \$

**TOTAL MANDATORY BENEFITS** \$ \_\_\_\_\_

**Subtract the Total Mandatory Benefits from your Benefit Allocation Dollars.**

**This is the amount you have available to use for your Optional Medical Benefits. (★)** \_\_\_\_\_

Use the Chart Below to determine the monthly cost of your Optional Medical Insurance. \$ \_\_\_\_\_

Enter available Benefit Allocation Dollars. (★) - \$ \_\_\_\_\_

Subtract your available Benefit Allocation Dollars from your Monthly cost of Optional Medical Insurance to determine your monthly "out of pocket" expense. \$ \_\_\_\_\_

## SIDE BY SIDE COMPARISON OF MEDICAL PLAN RATES

	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	EMPLOYEE & FAMILY
PREMERA PLAN 1	\$635.35	\$1,234.10	\$888.85	\$1,487.60
PREMERA PLAN 5	\$570.00	\$1,156.00	\$812.45	\$1,398.45
GROUP HEALTH	\$567.69	\$1,098.40	\$792.57	\$1,323.30
PREMERA PLAN 2	\$555.95	\$1,076.55	\$776.50	\$1,297.10
PREMERA PLAN 3	\$497.35	\$963.30	\$694.80	\$1,160.75
PREMERA EASY CHOICE	\$403.85	\$781.85	\$563.95	\$941.95