

# 2011-2012 Benefits Worksheet

All Rates Are Effective October 1, 2011 through September 30, 2012

## ELIGIBILITY

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

- Classified employees working 4 hrs/day (20 hrs/week of regular employment) (SESPA 3.5 hrs/day, 17.5 hrs/wk)
- Certificated employees with a minimum 0.4 FTE contract
- Family members, including Domestic Partners, of eligible employees are also entitled to receive some benefits.

**You have 30 days from the date of employment to sign up for benefits.**

## DENTAL, VISION, LIFE INSURANCE, & LONG TERM DISABILITY – MANDATORY

- Mandatory benefits 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.
- Long Term Disability is not available to all Union groups.

## MEDICAL – OPTIONAL

- Medical coverage is optional.
- Medical premium is paid with the balance of Benefit Allocation Dollars, after mandatory deductions.
- "Out of Pocket" for medical premiums are deducted pre-tax from your monthly paycheck.

## SHORT TERM DISABILITY, SUPPLEMENTAL LIFE INSURANCE, AD&D – OPTIONAL

- Short Term Disability (Salary Insurance)
- AD & D (Personal Accident Insurance)
- Supplemental Life Insurance (Employee, Spouse and/or Children)
- These benefits may not be paid for out of your monthly Benefit Allocation Dollars.
- These benefits will be paid through a payroll deduction from your monthly paycheck.

## 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 **\$768.00 monthly**. If you are less than Full-time, your Benefit Allocation Dollars are prorated according to the hours/day and days/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 \$768</b>
$X \quad = \quad \div 1440 = \quad X \quad \$768 = \$$					
Hours per day	Days per Year	Hours per year*	% of Full Time	Full Time Benefit Dollars	<b>Your Monthly Benefit Allocation</b>

\*Note: If your total hours per year are equal to/greater than 1440, then you receive \$768.00 for your Benefit Allocation Dollars.

<b>Certificated</b>			
$X \quad \$768 = \$$			
Contract FTE (Ex: .4, .8)	Full Time Benefit Dollars	<b>Your Monthly Benefit Allocation</b>	

Any Benefit Allocation Dollars remaining after mandatory and medical benefits are paid for will not be returned to the employee. These remaining dollars are returned to a "pool" and are reallocated within your bargaining unit.

**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.**

CALCULATE YOUR "OUT OF POCKET"

# SPENDING YOUR BENEFIT ALLOCATION DOLLARS

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

## **MANDATORY BENEFITS:** *(These benefits are required for all employees)*

Vision	<i>(Family Plan, immediate family covered, one rate.)</i>	<b>No form to complete</b>	- \$	16.00
Dental	<i>(Family Plan, immediate family covered, one rate.)</i>	<b>Complete form</b>		
<b>Choose one plan.</b>	Washington Dental Service Core Plan 1		\$	111.05
	Willamette Dental Managed Care Plan		\$	76.65
	Washington Dental Service Managed Care Plan		\$	68.85
Life Insurance	<i>(Equal to 1 times your annual salary.)</i>	<b>Complete one form Life &amp; LTD</b>	- \$	7.10
Long Term Disability (LTD)	<i>(Dependent on work group.) (No LTD for Food Service or Non-Rep)</i>			
Low Risk Groups:	<i>Certificated and all classified groups not listed below.</i>		\$	23.05
High Risk Groups:	<i>Bus Drivers, Mechanics, Warehouse/Grounds, Custodians, Maintenance, Crossing Guards</i>		\$	26.05
<b>TOTAL MANDATORY BENEFITS</b>			\$	

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

**This is the amount you have available to use for your medical premium. (★)**

Use the chart below to determine the monthly cost of your medical plan. \_\_\_\_\_ \$

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

Subtract your available Benefit Allocation Dollars from your monthly cost of medical plan to determine your monthly "out of pocket" expense. \_\_\_\_\_ \$

## SIDE BY SIDE COMPARISON OF MEDICAL PLAN RATES

	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	EMPLOYEE & FAMILY
<b>PREMERA PLAN 1</b>	\$806.15	\$1,531.15	\$1,113.10	\$1,838.10
<b>PREMERA PLAN 5</b>	\$723.15	\$1,432.70	\$1,016.75	\$1,726.30
<b>GROUP HEALTH</b>	\$688.12	\$1,331.40	\$960.69	\$1,604.02
<b>PREMERA PLAN 2</b>	\$617.95	\$1,166.15	\$850.20	\$1,398.40
<b>PREMERA PLAN 3</b>	\$552.80	\$1,043.45	\$760.75	\$1,251.40
<b>PREMERA EASY CHOICE</b>	\$421.55	\$793.85	\$579.25	\$951.55