

**GPISD EMPLOYEE BENEFITS RATES
2011-2012**

2011-12	TRS ACTIVE CARE 1			
	Total Monthly Premium	District Contrib.	EE Contrib.	EE Cost/ Paycheck
Employee Only	\$ 325.00	\$ 225.00	\$ 100.00	\$ 50.00
Employee/Children	\$ 519.00	\$ 225.00	\$ 294.00	\$ 147.00
Employee/Spouse	\$ 741.00	\$ 225.00	\$ 516.00	\$ 258.00
Employee/Family	\$ 817.00	\$ 225.00	\$ 592.00	\$ 296.00
Pool: Two Employees	\$ 741.00	\$ 450.00	\$ 291.00	\$ 145.50
Pool: Two Emps & Fam.	\$ 817.00	\$ 450.00	\$ 367.00	\$ 183.50
Split: Employee/Spouse	\$ 370.50	\$ 225.00	\$ 145.50	\$ 72.75
Split: Employee + Family	\$ 408.50	\$ 225.00	\$ 183.50	\$ 91.75

2011-12	TRS ACTIVE CARE 1 HD			
	Total Monthly Premium	District Contrib.	EE Contrib.	EE Cost/ Paycheck
Employee Only	\$ 287.00	\$ 225.00	\$ 62.00	\$ 31.00
Employee/Children	\$ 448.00	\$ 225.00	\$ 223.00	\$ 111.50
Employee/Spouse	\$ 703.00	\$ 225.00	\$ 478.00	\$ 239.00
Family	\$ 920.00	\$ 225.00	\$ 695.00	\$ 347.50
Pool: Two Employees	\$ 703.00	\$ 450.00	\$ 253.00	\$ 126.50
Pool: Two Emps & Fam.	\$ 920.00	\$ 450.00	\$ 470.00	\$ 235.00
Split: Employee/Spouse	\$ 351.50	\$ 225.00	\$ 126.50	\$ 63.25
Split: Employee + Family	\$ 460.00	\$ 225.00	\$ 235.00	\$ 117.50

2011-12	TRS ACTIVE CARE 2			
	Total Monthly Premium	District Contrib.	EE Contrib.	EE Cost/ Paycheck
Employee Only	\$ 434.00	\$ 250.00	\$ 184.00	\$ 92.00
Employee/Children	\$ 690.00	\$ 265.00	\$ 425.00	\$ 212.50
Employee/Spouse	\$ 987.00	\$ 300.00	\$ 687.00	\$ 343.50
Family	\$ 1,085.00	\$ 300.00	\$ 785.00	\$ 392.50
Pool: Two Employees	\$ 987.00	\$ 600.00	\$ 387.00	\$ 193.50
Pool: Two Emps & Fam.	\$ 1,085.00	\$ 600.00	\$ 485.00	\$ 242.50
Split: Employee/Spouse	\$ 493.50	\$ 300.00	\$ 193.50	\$ 96.75
Split: Employee + Family	\$ 542.50	\$ 300.00	\$ 242.50	\$ 121.25

2011-12	TRS ACTIVE CARE 3			
	Total Monthly Premium	District Contrib.	EE Contrib.	EE Cost/ Paycheck
Employee Only	\$ 584.00	\$ 250.00	\$ 334.00	\$ 167.00
Employee/Children	\$ 931.00	\$ 265.00	\$ 666.00	\$ 333.00
Employee/Spouse	\$ 1,328.00	\$ 300.00	\$ 1,028.00	\$ 514.00
Family	\$ 1,461.00	\$ 300.00	\$ 1,161.00	\$ 580.50
Pool: Two Employees	\$ 1,328.00	\$ 600.00	\$ 728.00	\$ 364.00
Pool: Two Emps & Fam.	\$ 1,461.00	\$ 600.00	\$ 861.00	\$ 430.50
Split: Employee/Spouse	\$ 664.00	\$ 300.00	\$ 364.00	\$ 182.00
Split: Employee + Family	\$ 730.50	\$ 300.00	\$ 430.50	\$ 215.25

2011-12	UNITED HEALTHCARE DENTAL PPO			
	Total Monthly Premium	District Contrib.	EE Contrib.	EE Cost/ Paycheck
Employee Only	\$ 31.12	\$ 6.00	\$ 25.12	\$ 12.56
Employee/Children	\$ 60.68	\$ 6.00	\$ 54.68	\$ 27.34
Employee/Spouse	\$ 62.82	\$ 6.00	\$ 56.82	\$ 28.41
Family	\$ 86.79	\$ 6.00	\$ 80.79	\$ 40.40
Pool: Two Employees	\$ 62.82	\$ 12.00	\$ 50.82	\$ 25.41
Pool: Two Emps & Fam.	\$ 86.79	\$ 12.00	\$ 74.79	\$ 37.40

2011-12	UNITED HEALTHCARE DENTAL DHMO			
	Total Monthly Premium	District Contrib.	EE Contrib.	EE Cost/ Paycheck
Employee Only	\$ 10.17	\$ 6.00	\$ 4.17	\$ 2.09
Employee/Children	\$ 17.27	\$ 6.00	\$ 11.27	\$ 5.64
Employee/Spouse	\$ 19.00	\$ 6.00	\$ 13.00	\$ 6.50
Family	\$ 24.80	\$ 6.00	\$ 18.80	\$ 9.40
Pool: Two Employees	\$ 19.00	\$ 12.00	\$ 7.00	\$ 3.50
Pool: Two Emps & Fam.	\$ 24.80	\$ 12.00	\$ 12.80	\$ 6.40

2011-12	UNITED HEALTHCARE (SPECTERA) VISION			
	Total Monthly Premium	District Contrib.	EE Contrib.	EE Cost/ Paycheck
Employee Only	\$ 5.00	\$ -	\$ 5.00	\$ 2.50
Employee/Children	\$ 18.15	\$ -	\$ 18.15	\$ 9.08
Employee/Spouse	\$ 17.30	\$ -	\$ 17.30	\$ 8.65
Family	\$ 22.50	\$ -	\$ 22.50	\$ 11.25

2011-12	Voluntary Supplemental Life			
	Rate/ \$1,000/ mo.	AD&D/ \$1000/mo	Rate/\$5k/ mo.	Rate/\$10k/ mo.
Employee	0.216	0.020	n/a	n/a
Spouse	0.296	n/a	n/a	n/a
Children	n/a	n/a	\$0.28	\$0.56