

# Tekonsha Community Schools

## Non-Union - Other Employees

Full Time Employees

Monthly Rate:	<p style="text-align: center;"><u>SBAM</u></p> <p>Monthly rate: Single \$672.55, 2-person \$1614.12, Full Family \$2017.66. Employee co-pay \$30.00 per month pre tax (payroll deducted).</p>	Cash in Lieu: \$550 per month Full Family, \$450 Per month Two-Person, \$200 per month Single
Health:	Community Blue 2: Deductible \$100/\$200 reimbursable by District. Co-Insurance \$500/\$1000 with Co-Pay of 90/10, Office Visit \$10, Blue Cross Rx Co-Pay \$15/\$50 reimbursable by District.	N/A
Dental:	MET LIFE PLAN: Preventive 100%, Basic Services 80%, Major Services 50%, Orthodontic 50% with \$1,000 Yearly Max., Maximum benefit for Year \$1,000.	N/A
Vision:	VSP 1: 12/12/12 Eye Exam Co-Pay \$5, Prescription Glasses Co-Pay \$10, Contact Lenses Co-pay \$10	N/A
Life/AD & D	N/A	N/A
Long Term/Short Term Disability:	N/A	N/A