FCCJ Employee Monthly Premium Contributions for 2009

StarHealth Advantage

Employee Only: $466 - 100% paid by the College.

Dependent Coverage:

Employee Salary	Dependent Premium Monthly Cost		
	Child(ren)	Spouse	Family
< $26,000	$200	$270	$410
$26,000 - $35,999	$224	$300	$454
$36,000 - $45,999	$252	$336	$512
$46,000 - $55,999	$276	$370	$562
$56,000 - $64,999	$300	$402	$614
> $65,000	$334	$448	$682

Employees who opt out of College-provided health insurance by providing proof of credible coverage in another insurance plan will receive a $720 contribution to their Flexible Spending Account (FSA).

Dental HMO (CompBenefits)

Employee (Paid by College)	$12.02
Employee Dependents	$13.64

Dental PPO (BCBS)

Employee (Paid by College)	$29.92
Employee Spouse	$26.58
Employee Child(ren)	$29.90
Employee All Dependents	$41.20

Vision Ins. (Vision Care)

Employee (Paid by College)	$4.50
Employee Dependents	$5.00

Life Insurance / $1000
(Minnesota Life)

Employee Basic (College Paid – 1x base salary)	$0.205
Employee Supplemental (up to 3x base salary)	$0.205
Employee Spouse ($25,000)	$7.64
Employee Child(ren) ($10,000)	$2.10