

**SWCCCASE 2010-2011 BENEFITS PACKAGE  
PROFESSIONAL STAFF**

**TENTATIVE - Subject to New Union Contract**

<b>Salary</b> - annual salary, paid 15 & last day of each month (24 pays spread from 9/15-8/31)	Salary schedule (based on college credit hours documented by <u>official</u> transcripts) minus normal deductions as are required by law
<b>Sick days</b>	10 per year
<b>Personal days</b>	2 per year
<b>Holidays</b>	School holidays of district of assignment
<b>*TRS Pension Fund</b>	10.28% of gross per pay - includes THIS contribution (tentative rate for 10-11)
<b>Life Insurance</b> - \$15,000	no cost to employee
<p><b>Health/Dental Insurance</b> Blue Cross/Blue Shield (takes effect first day of work upon receipt of completed/signed enrollment form) Must be received within 15 days of start date in the Business Office.</p> <p><b>Costs shown are per pay</b></p> <p><b>NOTE: Insurance enrollment forms must be submitted within 15 days of your start date. If you do not need insurance benefits a waiver form must be completed, signed and submitted within 15 days of start date in order to receive the waiver benefit.</b></p>	<p><b>HMO BLUE ADVANTAGE:</b></p> <p><b>HMO BA</b> Single Medical/No Dental \$0  <b>HMO BA</b> Single Medical/Single Dental \$15.10  <b>HMO BA</b> Single Medical/Family Dental \$21.72  <b>HMO BA</b> Family Medical/No Dental \$110.57  <b>HMO BA</b> Family Medical/Single Dental \$125.67  <b>HMO BA</b> Family Medical/Family Dental \$132.29  <b>No Medical/Single Dental \$0.00</b></p> <p><b>HMO</b> Single Medical/No Dental \$41.10  <b>HMO</b> Single Medical/Single Dental \$56.20  <b>HMO</b> Single Medical/Family Dental \$62.82  <b>HMO</b> Family Medical/No Dental \$164.43  <b>HMO</b> Family Medical/Single Dental \$179.53  <b>HMO</b> Family Medical/Family Dental \$186.15  <b>No Medical/Single Dental \$0.00</b></p> <p><b>PPO</b> Single Medical/No Dental \$73.63  <b>PPO</b> Single Medical/Single Dental \$88.73  <b>PPO</b> Single Medical/Family Dental \$95.35  <b>PPO</b> Family Medical/No Dental \$196.37  <b>PPO</b> Family Medical/Single Dental \$211.47  <b>PPO</b> Family Medical/Family Dental \$218.09  <b>No Medical/Family Dental \$0.00</b></p>
<b>Insurance Waiver</b> - must be received within 15 days of start date in the Business Office	<b>ABOVE INSURANCE RATES ARE PER PAY</b> 2010-11 \$1,000.00 if health and dental benefits are waived; paid at the end of the school year - May 31st paycheck.
<b>*AFT Local 943 - Professional union dues</b> (no deductions during July and August)	\$28.00 per pay
<b>Direct Deposit</b>	Requires a deposit account. Contact payroll department.
<b>Tuition Reimbursement</b> (per contract)	Amount per hour determined each school year; up to 12 credit hours per year pre-approved by supervisor.
<b>Conferences and Professional Development</b>	As approved by supervisor
Tax Deferred <b>Annuities</b> (403B plans)	Check WWW.SWCCCASE.ORG for approved annuities list
<b>Credit Union</b> - Flossmoor, Illiana and Tinley Forest	At the employee's request - contact payroll department
<p>*required deductions</p> <p>5/3/2010</p>	