



BENEFITS
2020-21
CERTIFIED EMPLOYEE
CONTRACTED

Paid 20th of each month—Benefits/Deductions calculated on 12 checks

BENEFIT		EMPLOYEE	EMPLOYER
Retirement---NDTFFR		4.25%	20.25%
ND United	**Rate Table		\$0.00
Health Insurance Option 1—Traditional 'CompChoice'	Single \$746.30 Plus Dependent \$1,313.50 Family \$1,940.30	\$0.00 \$567.20 \$1,194.00	\$746.30 \$746.30 \$746.30
<i>Effective Date will be the 1st or 16th- depending upon first day of work</i>			
Option 1—Deductible & Coinsurance Reimbursement		\$300.00	Up to Plan Max Single \$2,400 Family \$5,100
Option 2— High Deductible 'BlueSaver'	Single \$604.00 Plus Dependent \$1,063.10 Family \$1,570.50	\$0.00 \$459.10 \$966.50	\$604.00 \$604.00 \$604.00
<i>Effective Date will be the 1st or 16th- depending upon first day of work</i>			
Option 2—HSA	Year 1		\$1,800/year
Single \$3,600 Max Family \$7,200 Max	Year 2 Changes take effect October 1 st of each year		Match up to \$1,700/year
Option 3—Waive	\$4,284/year *taxable or place in FSA*		\$357.00/month
Section 125 Flexible Amt	\$350/year		\$29.17/month
Life Insurance	\$10,000 policy	\$0.00	\$1.93
Flexible Spending Account	**up to employee \$2,700 Max w/\$500 carryover Changes take effect October 1 st of each year		\$0.00
Dental	Single Plus Spouse Plus Dependent Family	\$28.82 \$58.85 \$71.45 \$105.94	\$0.00
<i>Effective Date will be the 1st of the month following first day of work</i>			
Vision—VSP	Single Plus Spouse Plus Dependent Family	\$8.48 \$18.28 \$14.76 \$24.56	\$0.00
<i>Effective Date will be the 1st of the month following first day of work</i>			
Vision—EyeMed	Single Plus Spouse Plus Dependent Family	\$7.48 \$16.12 \$13.00 \$21.64	\$0.00
<i>Effective Date will be the 1st of the month following first day of work</i>			
Add'l Life Insurance	**up to employee		\$0.00
AFLAC	**up to employee		\$0.00

Annual Leave:

Sick—10 Days / Other—7 Days

\$60/Credit Hours	\$1,500/Masters Degree
\$450/Step	