



North East Independent School District

8961 Tesoro Drive, Suite 209 - San Antonio, Texas 78217

Telephone: 210/407-0187, Facsimile: 210/804-7014

www.neisd.net

**Risk Management and
Employee Benefits Department**

DATE: August 1, 2011
TO: Transportation, School Nutrition Service and KIN
FROM: Steve Tovar, Assistant Director of Employee Benefits
THROUGH: Dan Villarreal, Chief Financial Officer
SUBJECT: 2011-2012 School Year Premium Deduction/Change

This is to inform employees how premium deductions will be applied for the 2011-2012 school year. Please note, premium payments are deducted from your paycheck in advance.

Summarized below are the current premium amounts that will be collected from September through November beginning with your September 16th payroll check.

Health Plan (No Summer Deductions in September, October, and November paychecks)	Regular Deduction (Deduction from the 1 st and 2 nd paycheck of the month) September through November
Low Option PPO	
Employee Only	\$ 28.50
Employee/Children	\$ 85.00
Employee/Spouse	\$ 97.50
Employee/Family	\$153.50
High Option PPO	
Employee Only	\$ 63.00
Employee/Children	\$128.50
Employee/Spouse	\$143.50
Employee/Family	\$207.50
HMO Blue Texas	
Employee Only	\$ 49.50
Employee/Children	\$117.50
Employee/Spouse	\$132.50
Employee/Family	\$212.00

Dental Plan (No Summer Deductions in September, October, and November paychecks)	Regular Deduction (Deduction from the 1 st and 2 nd paycheck of the month) September through November
Employee Only	\$11.00
Employee/Children	\$27.50
Employee/Spouse	\$29.00
Employee/Family	\$34.50

Vision Plan (No Summer Deductions in September, October, and November paychecks)	Regular Deduction (Deduction from the 1 st and 2 nd paycheck of the month) September through November
Employee Only	\$3.08
Employee/Children	\$5.85
Employee/Spouse	\$6.15
Employee/Family	\$9.19

Group Term Life, Disability, Whole Life and Cancer Plan	Regular Deduction (Deduction from the 1 st and 2 nd paycheck of the month) September through November
	Deductions will vary according to the Plan chosen.

New premium deduction changes will be collected in equal amounts from 18 paychecks to pay for January's through December's coverage. Summer premiums will be collected in equal amounts from 12 paychecks to pay for July, August and September's coverage. Summarized below are the regular premium amounts that will be collected from December through May beginning with your December 9th payroll check.

Health Plan	Regular Deduction (Deduction from the 1 st and 2 nd paycheck of the month) December through November	Summer Deduction (Deduction from the 1 st and 2 nd paycheck of the month) December through May	Total Bi-weekly Deduction
<i>Low Option PPO</i>			
Employee Only	\$ 38.50	\$ 19.25	\$ 57.75
Employee/Children	\$ 95.00	\$ 47.50	\$142.50
Employee/Spouse	\$117.50	\$ 58.75	\$176.25
Employee/Family	\$173.50	\$ 86.75	\$260.25
<i>High Option PPO</i>			
Employee Only	\$ 93.00	\$ 46.50	\$139.50
Employee/Children	\$158.50	\$ 79.25	\$237.75
Employee/Spouse	\$188.50	\$ 94.25	\$282.75
Employee/Family	\$252.50	\$126.25	\$378.75
<i>HMO Blue Texas</i>			
Employee Only	\$ 69.50	\$ 34.75	\$104.25
Employee/Children	\$137.50	\$ 68.75	\$206.25
Employee/Spouse	\$172.50	\$ 86.25	\$258.75
Employee/Family	\$252.00	\$126.00	\$378.00

Dental Plan	Regular Deduction (Deduction from the 1 st and 2 nd paycheck of the month) December through November	Summer Deduction (Deduction from the 1 st and 2 nd paycheck of the month) December through May	Total Bi-Weekly Deduction
Employee Only	\$11.50	\$ 5.75	\$17.25
Employee/Children	\$28.50	\$14.25	\$42.75
Employee/Spouse	\$30.50	\$15.25	\$45.75
Employee/Family	\$36.50	\$18.25	\$54.75

Vision Plan	Regular Deduction (Deduction from the 1 st and 2 nd paycheck of the month) December through November	Summer Deduction (Deduction from the 1 st and 2 nd paycheck of the month) December through May	Total Bi-Weekly Deduction
Employee Only	\$3.34	\$1.67	\$ 5.01
Employee/Children	\$6.35	\$3.18	\$ 9.53
Employee/Spouse	\$6.67	\$3.34	\$10.01
Employee/Family	\$9.97	\$4.99	\$14.96

Group Term Life, Disability, Whole Life and Cancer Plan	Regular Deduction (Deduction from the 1 st and 2 nd paycheck of the month) December through November	Summer Deduction (Deduction from the 1 st and 2 nd paycheck of the month) December through May
	Deductions will vary according to the Plan chosen.	Deductions will vary according to the Plan chosen.

If you have any questions, please contact the Employee Benefits Office at 407-0187.