

Average Base Salary

Annual/Hourly **61,360.00** **\$29.50**

Premiums in effect from 7/1/15 to 6/30/16

Employer Sponsored Benefits

		Amount	Percentage
FICA/Medicare	6.2%/1.45% of gross salary	4,694.04	5.3%
PERA	16.99% of gross salary	10,425.06	11.7%
RHC	2% of gross salary	1,227.20	1.4%
Vacation	80 hours per year	2,360.00	2.6%
Sick	96 hours per year	2,832.00	3.2%
Holiday	80 hours per year	2,360.00	2.6%
Insurance	total	3,685.24	4.1%
Personal Day	8 hours per year	236.00	0.3%
Average Base Salary		61,360.00	68.8%
Total Benefits		27,819.54	31.2%

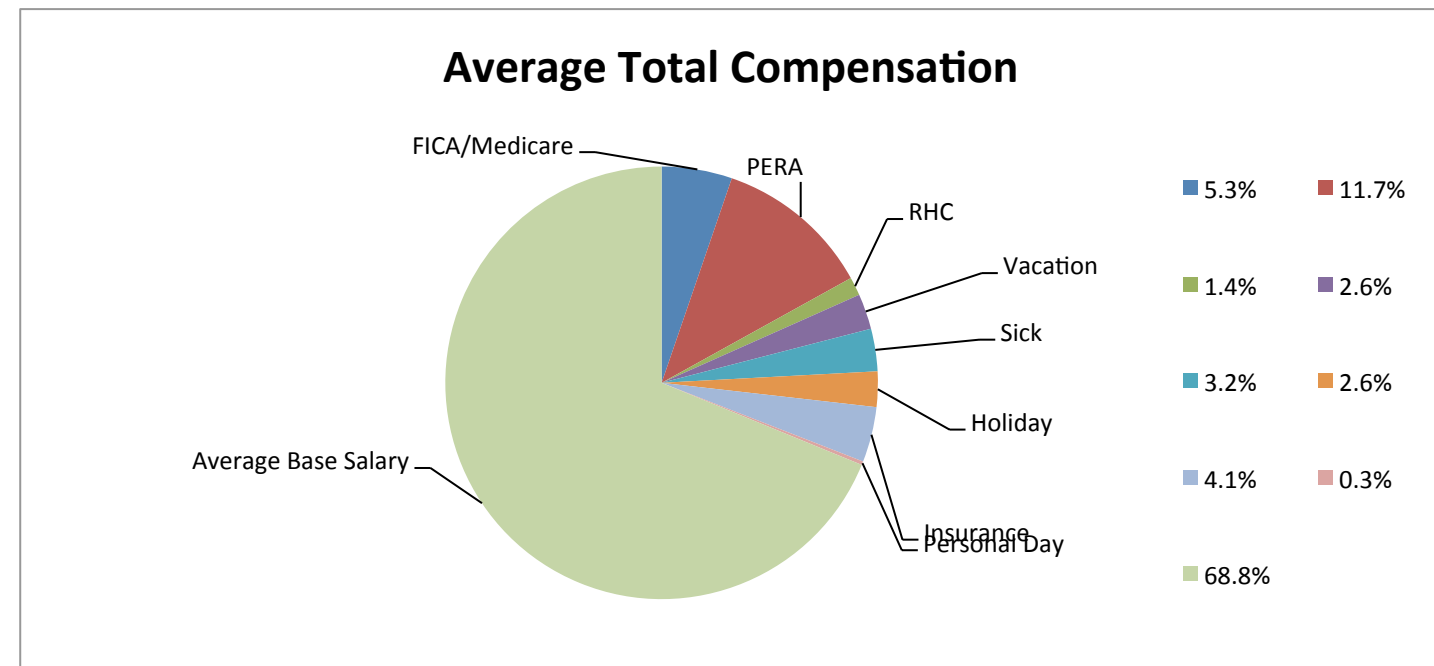
Total Compensation (Salary + Benefits)

89,179.54

Hourly rate after with benefits **\$42.87**

Employer Portion of Benefit Premiums

	<50,000 at 80% Single/HMO	>50,000 at 70% Single/HMO	>60,000 at 60% Single/HMO
fee	0.48	0.42	0.36
HMO	178.09	155.83	133.57
Delta	10.71	9.37	8.03
Basic Life	1.94	1.94	1.94
Vision	1.98	1.73	1.49
EAP	0.24	0.24	0.24
per ppe	193.44	169.53	145.63
per yr.	5029.44	4407.78	3786.38



	EE + Spouse/HMO	EE + Spouse/HMO	EE + Spouse/HMO
fee	0.48	0.42	0.36
HMO	400.70	350.62	300.53
Delta	21.42	18.74	16.06
Basic Life	1.94	1.94	1.94
Dep. Life	0.86	0.75	0.65
Vision	3.74	3.27	2.81
EAP	0.24	0.24	0.24
per ppe	429.38	375.98	322.59
per yr.	11163.88	9775.48	8387.34

	EE + Child/Children	EE + Child/Children	EE + Child/Children
fee	0.48	0.42	0.36
HMO	320.56	280.49	240.42
Delta	24.64	21.56	18.48
Basic Life	1.94	1.94	1.94
Dep. Life	0.86	0.76	0.65
Vision	4.36	3.82	3.27
EAP	0.24	0.24	0.24
per ppe	353.08	309.23	265.36
per yr.	9180.08	8039.98	6899.36

To enter your Average Base Salary take your hourly wage enter on Cell F1 (formulas calculate the rest)

Vacation hours to be entered on Cell C7 enter as follows for full time employees:	Sick hours at 3.69 hours per pay period for full time employees on Cell C8:	Holiday hours at 8 hours for 10 Holidays per year for full time employees on Cell C9:
0-3 years 80 hours	96 hours	80 hours
3-7 years 96 hours		
7-11 years 120 hours	Personal Day hours for full time employees on Cell C11:	
11-15 years 144 hours	8 hours	
over 15 years 160 hours		

For benefits look at the chart on the right and pick a total. If the candidate is interested in the BC/BS PPO Option, please see the next tab at the bottom of the spreadsheet. Choose amount and enter on Cell E1

	Family	Family	Family
fee	0.48	0.42	0.36
HMO	525.37	459.70	394.02
Delta	32.13	28.11	24.10
Basic Life	1.94	1.94	1.94
Dep. Life	0.86	0.76	0.65
Vision	5.52	4.83	4.14
EAP	0.24	0.24	0.24
per ppe	566.54	496.00	425.45
per yr.	14730.04	12896.00	11061.70