



Williamson County Benefits Department

Employee Per Pay Period Deductions Effective January 1, 2010

		County Government	Board of Education		
		26 pays	20 pays*	22 pays*	24 pays**
Deductible Plan	Monthly				
Employee	\$ 00.00	\$ 00.00	\$ 00.00	\$ 00.00	\$ 00.00
Employee +1	\$146.62	\$ 67.67	\$ 87.97	\$ 79.98	\$ 73.31
Employee +2 or more	\$279.91	\$129.19	\$167.95	\$152.68	\$139.96
Spousal Employee +1	\$246.62	\$113.83	\$147.97	\$134.52	\$123.31
Spousal Employee +2 or more	\$379.91	\$175.34	\$227.95	\$207.22	\$189.96
Co-pay Plan					
Employee	\$ 00.00	\$ 00.00	\$ 00.00	\$ 00.00	\$ 00.00
Employee +1	\$102.28	\$ 47.21	\$ 61.37	\$ 55.79	\$ 51.14
Employee +2 or more	\$195.27	\$ 90.13	\$117.16	\$106.51	\$ 97.64
Spousal Employee +1	\$202.28	\$ 93.36	\$121.37	\$110.33	\$101.14
Spousal Employee +2 or more	\$295.27	\$136.28	\$177.16	\$161.06	\$147.64
Reimbursement Plan					
Employee	\$00.00	\$00.00	\$00.00	\$00.00	\$00.00
One Enrollee (not Employee)	\$15.00	\$ 6.93	\$ 9.00	\$ 8.18	\$ 7.50
Employee +2 or more	\$25.00	\$11.54	\$15.00	\$13.64	\$12.50
Delta Dental					
Employee	\$00.00	\$0.00	\$0.00	\$0.00	\$0.00
Family	\$15.04	\$6.94	\$9.02	\$8.20	\$7.52

*Classified Employees only

**All Educators and 12 month Classified

Per Pay Deductions are based on the Monthly cost and the number of pay periods in a 12 month period.