Benefit		Employer Cost	Employee Cost		
Insured Benefits					
Medical Insurance		\$3,600.00	\$2,400.00		
Dental Insurance		\$500.00	\$0.00		
Life/AD&D		\$120.00	\$0.00		
Short Term Disability		\$800.00	\$0.00		
Long Term Disability		\$300.00	\$0.00		
401(k) Plan		\$2,200.00	\$0.00		
Flexible Spending Account		\$125.00	\$0.00		
	Sub-Total	\$7,645.00	\$2,400.00		
Non-Insured Benefits					
Paid Holidays		\$2,500.00	\$0.00		
Vacation Pay		\$4,000.00	\$0.00		
Personal/Sick Days		\$1,000.00	\$0.00		
Tuition Reimbursement		\$0.00	\$0.00		
FICA Tax		\$4,650.00	\$4,650.00		
Federal Unemployment		\$100.00	\$0.00		
State Unemployment		\$300.00	\$0.00		
Workers' Compensation		\$100.00	\$0.00		
	Sub-Total	\$12,650.00	\$4,650.00		
			Total Value	of Compensation Package	
Gross Compensation		\$100,000.00			
Less Paid Time Off		-\$7,500.00			
Compensation for Time Worked		\$92,500.00		Benefits Package	
				18%	
Total Value for Benefits Package		\$20,295.00			
Compensation for Time Worked		\$92,500.00			
Total Value of Compensation Pa	ickage	\$112,795.00	Compensation for Time		
			Worked		

82%