

SCHOOL COMMITTEE: Compensation/Benefits

Andover

Compensated? Yes

Compensation Amount:	Does the committee receive benefits?	Does the district pay any portion of the cost?
FY10: \$1500 FY11: \$1500	Yes	Yes, Only Healthy Insurance
FY12: \$1500	Health: Yes	Dental: Yes
Chair Amt:	% of Health Ins 77.4%	Optical: Yes
FY10: \$300 FY11: \$300	Other Benefits: Yes	% of Dental Ins: 0
FY12: \$300.00	% Other insurance paid by district: 0	Other, specified: Life Insurance
		If compensated, who pays?

Bellingham

Compensated? Yes

Compensation Amount:	Does the committee receive benefits?	Does the district pay any portion of the cost?
FY10: \$1000 FY11: \$1000	No	No
FY12: \$1000	Health: No	Dental: No
Chair Amt:	% of Health Ins	Optical: No
FY10: FY11:	Other Benefits: No	% of Dental Ins:
FY12:	% Other insurance paid by district:	Other, specified:
		If compensated, who pays?

Berkley

Compensated? Yes

Compensation Amount:	Does the committee receive benefits?	Does the district pay any portion of the cost?
FY10: \$100 FY11: \$100	No	No
FY12: \$100	Health: No	Dental: No
Chair Amt:	% of Health Ins	Optical: No
FY10: \$25 FY11: \$25	Other Benefits: No	% of Dental Ins:
FY12: \$25.00	% Other insurance paid by district:	Other, specified:
		If compensated, who pays?

Carver		Compensated? Yes	
Compensation Amount:		Does the committee receive benefits?	Does the district pay any portion of the cost?
FY10:	FY11: \$1200	No	No
FY12: \$600		Health: No	Dental: No
Chair Amt:		% of Health Ins	Optical: No
FY10: \$0	FY11: \$300	Other Benefits: No	% of Dental Ins:
FY12: \$150.00		% Other insurance paid by district:	% of Optical:
			Other, specified:
			If compensated, who pays?

Chelsea		Compensated? Yes	
Compensation Amount:		Does the committee receive benefits?	Does the district pay any portion of the cost?
FY10: \$5000	FY11: \$5000	No	No
FY12: \$5000		Health:	Dental: No
Chair Amt:		% of Health Ins	Optical: No
FY10: \$0	FY11: \$0	Other Benefits: No	% of Dental Ins:
FY12: \$0.00		% Other insurance paid by district:	% of Optical:
			Other, specified:
			If compensated, who pays?

Chicopee		Compensated? Yes	
Compensation Amount:		Does the committee receive benefits?	Does the district pay any portion of the cost?
FY10: \$6000	FY11: \$6000	Yes	Yes
FY12: \$6000		Health: Yes	Dental: Yes
Chair Amt:		% of Health Ins 50%	Optical:
FY10: \$500	FY11: \$500	Other Benefits:	% of Dental Ins: 50%
FY12: \$500.00		% Other insurance paid by district:	% of Optical:
			Other, specified:
			If compensated, who pays?

East Longmeadow		Compensated? Yes	
Compensation Amount:		Does the committee receive benefits?	Does the district pay any portion of the cost?
FY10: \$66.66	FY11: \$66.66	Yes	No
FY12: \$66.66		Health: Yes	Dental: No
Chair Amt:		% of Health Ins 70%	Optical: No
FY10: \$83	FY11: \$83	Other Benefits: No	% of Dental Ins:
FY12: \$83.33		% Other insurance paid by district:	% of Optical:
			Other, specified:
			If compensated, who pays?

Easthampton		Compensated? Yes	
Compensation Amount:		Does the committee receive benefits?	Does the district pay any portion of the cost?
FY10: \$900	FY11: \$900	No	No
FY12: \$900		Health: No	Dental: No
Chair Amt:		% of Health Ins	Optical: No
FY10:	FY11:	Other Benefits: No	% of Dental Ins:
FY12:		% Other insurance paid by district:	% of Optical:
			Other, specified:
			If compensated, who pays?

Erving		Compensated? Yes	
Compensation Amount:		Does the committee receive benefits?	Does the district pay any portion of the cost?
FY10:	FY11:	No	No
FY12:		Health: No	Dental: No
Chair Amt:		% of Health Ins	Optical: No
FY10:	FY11:	Other Benefits: No	% of Dental Ins:
FY12:		% Other insurance paid by district:	% of Optical:
			Other, specified:
			If compensated, who pays?

Everett		Compensated? Yes	
Compensation Amount:		Does the committee receive benefits?	Does the district pay any portion of the cost?
FY10: \$5500	FY11: \$5500	No	No
FY12: \$5500		Health: No	Dental: No
		% of Health Ins	Optical: No
Chair Amt:			% of Dental Ins:
FY10:	FY11:	Other Benefits: No	Other, specified:
FY12:		% Other insurance paid by district:	If compensated, who pays?

Fall River		Compensated? Yes	
Compensation Amount:		Does the committee receive benefits?	Does the district pay any portion of the cost?
FY10: \$7200	FY11: \$7200	No	
FY12: \$7200		Health:	Dental:
		% of Health Ins	Optical:
Chair Amt:			% of Optical:
FY10:	FY11:	Other Benefits:	Other, specified:
FY12:		% Other insurance paid by district:	If compensated, who pays?

Leverett		Compensated? Yes	
Compensation Amount:		Does the committee receive benefits?	Does the district pay any portion of the cost?
FY10: \$50	FY11: \$50	No	
FY12: \$50		Health: No	Dental: No
		% of Health Ins	Optical: No
Chair Amt:			% of Optical:
FY10:	FY11:	Other Benefits:	Other, specified:
FY12:		% Other insurance paid by district:	If compensated, who pays?

Ludlow		Compensated? Yes	
Compensation Amount:		Does the committee receive benefits?	Does the district pay any portion of the cost?
FY10: \$2500	FY11: \$2500	No	No
FY12: \$2500		Health: No	Dental: No
		% of Health Ins	Optical: No
Chair Amt:		Other Benefits: No	% of Dental Ins:
FY10: \$500	FY11: \$500	% Other insurance paid by district:	Other, specified:
FY12: \$500.00			If compensated, who pays?

Malden		Compensated? Yes	
Compensation Amount:		Does the committee receive benefits?	Does the district pay any portion of the cost?
FY10:	FY11:	No	No
FY12: \$7000		Health: No	Dental: No
		% of Health Ins	Optical: No
Chair Amt:		Other Benefits:	% of Dental Ins:
FY10:	FY11:	% Other insurance paid by district:	Other, specified:
FY12:			If compensated, who pays?

Methuen		Compensated? Yes	
Compensation Amount:		Does the committee receive benefits?	Does the district pay any portion of the cost?
FY10: \$2500	FY11: \$2500	Yes	Yes
FY12: \$2500		Health: Yes	Dental: Yes
		% of Health Ins 62%	Optical: Yes
Chair Amt:		Other Benefits: No	% of Dental Ins: 62%
FY10:	FY11:	% Other insurance paid by district:	Other, specified:
FY12:			If compensated, who pays?

Narragansett RSD		Compensated? Yes	
Compensation Amount:		Does the committee receive benefits?	Does the district pay any portion of the cost? No
FY10: Templeton: \$780; Phillipston: \$1800	FY11: Templeton: \$780; Phillipston: \$1800	No	
		Health: No	Dental: No Optical: No
FY12: Templeton: \$780; Phillipston: \$1800		% of Health Ins	% of Dental Ins: % of Optical:
Chair Amt:		Other Benefits: No	Other, specified:
FY10:	FY11:	% Other insurance paid by district:	If compensated, who pays? Town
FY12:			

New Salem-Wendell		Compensated? Yes	
Compensation Amount:		Does the committee receive benefits?	Does the district pay any portion of the cost? No
FY10:	FY11:	No	
FY12:		Health: No	Dental: No Optical: No
		% of Health Ins	% of Dental Ins: % of Optical:
Chair Amt:		Other Benefits:	Other, specified:
FY10:	FY11:	% Other insurance paid by district:	If compensated, who pays?
FY12:			

Newton		Compensated? Yes	
Compensation Amount:		Does the committee receive benefits?	Does the district pay any portion of the cost?
FY10: \$4875	FY11: \$4875	Yes	
FY12: \$4875		Health: Yes	Dental: Yes Optical: Yes
		% of Health Ins 20%	% of Dental Ins: Depends on option % of Optical: Included in health
Chair Amt:		Other Benefits: No	Other, specified:
FY10:	FY11:	% Other insurance paid by district:	If compensated, who pays?
FY12:			

Northborough-Southborough RSD		Compensated? Yes	
Compensation Amount:		Does the committee receive benefits?	Does the district pay any portion of the cost?
FY10: \$50	FY11: \$50	No	No
FY12: \$50		Health:	Dental:
		% of Health Ins	Optical:
Chair Amt:		Other Benefits:	% of Dental Ins:
FY10:	FY11:	% Other insurance paid by district:	Other, specified:
FY12:			If compensated, who pays?

Peabody		Compensated? Yes	
Compensation Amount:		Does the committee receive benefits?	Does the district pay any portion of the cost?
FY10: \$4000	FY11: \$4000	Yes	Yes
FY12: \$4000		Health: Yes	Dental:
		% of Health Ins 85%	Optical:
Chair Amt:		Other Benefits:	% of Dental Ins:
FY10:	FY11:	% Other insurance paid by district:	Other, specified:
FY12:			If compensated, who pays?

Plainville		Compensated? Yes	
Compensation Amount:		Does the committee receive benefits?	Does the district pay any portion of the cost?
FY10: \$500	FY11: \$500	No	No
FY12: \$500		Health: No	Dental: No
		% of Health Ins	Optical: No
Chair Amt:		Other Benefits: No	% of Dental Ins:
FY10:	FY11:	% Other insurance paid by district:	Other, specified:
FY12:			If compensated, who pays?

Rockport**Compensated? No****Compensation Amount:**

FY10: FY11:

FY12:

Chair Amt:

FY10: FY11:

FY12:

Does the committee receive benefits?

Yes

Health: Yes

% of Health Ins 75%

Other Benefits: No

% Other insurance paid by district:

Does the district pay any portion of the cost?

Dental: No

% of Dental Ins:

Other, specified:

If compensated, who pays?

Optical: No

% of Optical:

Saugus**Compensated? Yes****Compensation Amount:**

FY10: \$800 FY11: \$800

FY12: \$800

Chair Amt:

FY10: FY11:

FY12:

Does the committee receive benefits?

No

Health: No

% of Health Ins

Other Benefits: No

% Other insurance paid by district:

Does the district pay any portion of the cost? No

Dental: No

% of Dental Ins:

Other, specified:

If compensated, who pays?

Optical: No

% of Optical:

Seekonk**Compensated? Yes****Compensation Amount:**

FY10: \$1000 FY11: \$1000

FY12: \$1000

Chair Amt:

FY10: \$400 FY11: \$400

FY12: \$400.00

Does the committee receive benefits?

No

Health: No

% of Health Ins

Other Benefits: No

% Other insurance paid by district:

Does the district pay any portion of the cost? No

Dental: No

% of Dental Ins:

Other, specified:

If compensated, who pays?

Optical: No

% of Optical:

Shutesbury**Compensated? Yes****Compensation Amount:**

FY10: FY11:

FY12:

Chair Amt:

FY10: FY11:

FY12:

Does the committee receive benefits?

No

Health: No

% of Health Ins

Other Benefits:

% Other insurance

paid by district:

Does the district pay any portion of the cost? No

Dental: No

% of Dental Ins:

Other, specified:

If compensated, who pays?

Optical: No

% of Optical:

Southborough**Compensated? Yes****Compensation Amount:**

FY10: \$50 FY11: \$50

FY12: \$50

Chair Amt:

FY10: FY11:

FY12:

Does the committee receive benefits?

No

Health: No

% of Health Ins

Other Benefits: No

% Other insurance

paid by district:

Does the district pay any portion of the cost? No

Dental: No

% of Dental Ins:

Other, specified:

If compensated, who pays?

Optical: No

% of Optical:

Southern Berkshire RSD**Compensated? Yes****Compensation Amount:**

FY10: Varies per town FY11: Varies per town

FY12: Varies per town

Chair Amt:

FY10: FY11:

FY12:

Does the committee receive benefits?

No

Health: No

% of Health Ins

Other Benefits: No

% Other insurance

paid by district:

Does the district pay any portion of the cost? No

Dental: No

% of Dental Ins:

Other, specified:

If compensated, who pays?

Optical: No

% of Optical:

Southern Worcester County RVTSD**Compensated? Yes****Compensation Amount:**

FY10: Mileage Only FY11: Mileage Only

FY12: Mileage Only

Chair Amt:

FY10: FY11:

FY12:

Does the committee receive benefits?

No

Health: No

% of Health Ins

Other Benefits: No

% Other insurance paid by district:

Does the district pay any portion of the cost? No

Dental: No

Optical: No

% of Dental Ins:

% of Optical:

Other, specified:

If compensated, who pays?

Tantasqua**Compensated? No****Compensation Amount:**

FY10: FY11:

FY12:

Chair Amt:

FY10: FY11:

FY12:

Does the committee receive benefits?

Yes

Health: Yes

% of Health Ins 60%

Other Benefits:

% Other insurance paid by district:

Does the district pay any portion of the cost? Yes

Dental:

Optical:

% of Dental Ins:

% of Optical:

Other, specified:

If compensated, who pays?

Tewksbury**Compensated? Yes****Compensation Amount:**

FY10: \$2250 FY11: \$2250

FY12: \$2250

Chair Amt:

FY10: \$450 FY11: \$450

FY12: \$450.00

Does the committee receive benefits?

Yes

Health:

% of Health Ins

Other Benefits:

% Other insurance paid by district:

Does the district pay any portion of the cost? Yes

Dental: Yes

Optical:

% of Dental Ins:

% of Optical:

Other, specified:

If compensated, who pays?

Westfield		Compensated? Yes	
Compensation Amount:		Does the committee receive benefits?	Does the district pay any portion of the cost?
FY10: \$5000	FY11:	Yes	
FY12:		Health: Yes	Dental: Yes Optical: No
Chair Amt:		% of Health Ins 65-80%	% of Dental Ins: 65% % of Optical:
FY10:	FY11:	Other Benefits: No	Other, specified:
FY12:		% Other insurance paid by district:	If compensated, who pays?

Weymouth		Compensated? Yes	
Compensation Amount:		Does the committee receive benefits?	Does the district pay any portion of the cost?
FY10: 3000	FY11: 3000		
FY12: 3000		Health: No	Dental: Optical: No
Chair Amt:		% of Health Ins	% of Dental Ins: % of Optical:
FY10: \$1,000	FY11: \$1,000	Other Benefits:	Other, specified:
FY12: \$1,000.00		% Other insurance paid by district:	If compensated, who pays?

of School Committees Compensated 32

of School Committees Receiving Benefits: 31