



Bridges Preparatory School Certified Salary Scale

Teachers Salary Schedule 2019-2020

YRS EXP	Non-Certified BA	Certified				
		BA	BA+18	MA	MA + 30	PH.D
0	\$31,957	\$35,508	\$37,104	\$40,656	\$44,207	\$47,758
1	\$32,312	\$35,805	\$37,370	\$41,006	\$44,440	\$47,280
2	\$32,660	\$36,289	\$38,066	\$41,720	\$45,273	\$48,194
3	\$33,555	\$37,283	\$39,058	\$42,787	\$45,411	\$49,081
4	\$34,417	\$38,241	\$40,017	\$43,852	\$46,927	\$49,937
5	\$35,312	\$39,236	\$41,012	\$44,918	\$47,499	\$50,767
6	\$36,176	\$40,195	\$41,971	\$45,983	\$48,047	\$51,568
7	\$37,071	\$41,193	\$42,964	\$46,106	\$48,575	\$52,339
8	\$37,932	\$42,147	\$43,923	\$46,669	\$49,080	\$53,084
9	\$38,829	\$43,143	\$44,020	\$47,211	\$49,567	\$53,799
10	\$39,690	\$44,100	\$44,499	\$47,730	\$50,030	\$54,485
11	\$39,683	\$44,192	\$44,995	\$48,230	\$50,472	\$55,145
12	\$40,067	\$44,672	\$45,437	\$48,708	\$50,891	\$55,775
13	\$40,460	\$45,165	\$45,894	\$49,163	\$51,291	\$56,378
14	\$41,285	\$45,606	\$46,297	\$49,598	\$51,668	\$56,950
15	\$41,651	\$46,061	\$46,715	\$50,013	\$52,026	\$57,494
16	\$41,966	\$46,462	\$47,079	\$50,406	\$52,362	\$58,013
17	\$42,290	\$46,876	\$47,457	\$50,776	\$52,675	\$58,501
18	\$42,569	\$47,241	\$47,782	\$51,125	\$52,967	\$58,961
19	\$42,798	\$47,553	\$48,059	\$51,394	\$53,208	\$59,338
20	\$43,015	\$47,854	\$48,326	\$51,663	\$53,444	\$59,711
21	\$43,234	\$48,160	\$48,594	\$51,930	\$53,673	\$60,073
22	\$43,666	\$48,640	\$49,079	\$52,445	\$54,208	\$60,675
23	\$44,104	\$49,129	\$49,570	\$52,972	\$54,750	\$61,284
24	\$44,544	\$49,619	\$50,065	\$53,503	\$55,299	\$61,897

BPS INSURANCE BENEFITS:

HEALTH			
	Savings	Standard	Tricare
Subscriber Only	9.70	97.68	62.50
Subscriber/Spouse	77.40	253.36	121.50
Subscriber/Child	20.48	143.86	121.50
Full Family	113.00	306.56	162.50

TOBACCO SURCHARGE	
Single Coverage	40.00
Non-Single Coverage	60.00

DENTAL			VISION	
(Plus premiums are in addition to Basic Premiums)				
	Basic	Plus		
Subscriber Only	0.00	27.12	Subscriber Only	8.00
Subscriber/Spouse	7.64	54.80	Subscriber/Spouse	16.00
Subscriber/Child	13.72	63.20	Subscriber/Child	17.16
Full Family	21.34	82.10	Full Family	25.16

DEPENDENT LIFE	
15,000	1.26

SUPPLEMENTAL LTD		
AGE	90 DAY	180 DAY
< 31	0.00065	0.00052
31 – 40	0.00090	0.00070
41 – 50	0.00179	0.00136
51 – 60	0.00361	0.00277
61 – 65	0.00434	0.00333
> 65	0.00530	0.00407

STEPS TO CALCULATE SLTD MONTHLY
1. Always select floating decimal (F) on your calculator.
2. Divide gross annual salary by 12 to determine monthly salary.
3. Multiply monthly salary by rate factor from table.
4. Drop digits to right of 2 decimal places; do not round.
5. If number is even, this is the monthly premium.
6. If number is odd, add .01, this is the monthly premium.

BPS (Employer) PAID PORTION				
	Health	Dental	Life	LTD
Subscriber Only	402.72	13.48	.32	3.22
Subscriber/Spouse	797.68	13.48	.32	3.22
Subscriber/Child	618.06	13.48	.32	3.22
Full Family	998.72	13.48	.32	3.22

BPS RETIREMENT PLAN:

BPS is a member of the
SOUTH CAROLINA DEFERRED COMPENSATION PROGRAM offer by SC PEBA.

This program offers a unique opportunity for you to save for your future. YOU choose the portion of your salary that you would like to contribute to your retirement plan. BPS will MATCH THAT CONTRIBUTION UP TO 5% OF YOUR TOTAL SALARY.

Additionally, there is no waiting period – you are immediately fully vested upon enrollment.