

## CLASSIFIED STAFF FRINGE BENEFITS (2022-23)

### Insurances • Short Explanation • Full-time Staff

- Dental Insurance**
  - Free Single Delta Dental Plan II. Eligible employees may purchase Family Plan.
  - Delta Dental pays 100% on checkups and teeth cleaning; 80% of cavity repair and tooth extractions; 80% of high cost fillings, root canals, gum and bone diseases (non-surgical); 50% of dentures and bridges, teeth straightening, and gum and bone diseases (surgical).
  - Deductible: Single \$25/yr, Family \$75 per family member/yr
  - There is no deductible for checkups and teeth cleaning. Maximum coverage is \$1,200 per eligible member per year.
- Health Insurance**
  - Free Single Plan-PPO Choice. Eligible employees may purchase Family Plan.
  - Prescription Drugs: On each prescription dispensed by pharmaceutical network, all expenses beyond \$10, \$40, \$70 or \$100 and sales tax are paid.
  - May select PPO Premier or HMO Essential and pay any premium cost that exceeds the Agency-provided plan.
  - Coverage under all plans includes Preventative Care benefit paid at 100%.
- Vision Insurance**
  - Free Single Plan – EyeMed Vision Care Plan-Family coverage at employee’s expense.
  - Eye exam – once every 12 months - \$5 Copay / In-network
  - Lenses – once every 12 months - \$10 Copay / In-network
  - Frames – once every 24 months - \$0 Copay, \$120 allowance; 80% of balance over \$120 / In-network
- Liability Insurance**
  - Coverage by the Agency’s liability insurance.
- Life Insurance/AD&D**
  - \$25,000 free term insurance to staff.
- Long-Term Disability**
  - Covers disability due to illness or accident after ninety (90) consecutive calendar days. Coverage insures 70% of regular income.
- Retirement System**
  - 6.29% of salary applied to Iowa Public Employees’ Retirement system. Agency contributes amount equal to 9.44% of salary.
- Travel Accidental Death**
  - \$100,000 coverage. Covers from home or office to school assignment, but not from home to assigned Agency center. Covers approved travel outside of area on approved Agency matters.
- Worker’s Compensation**
  - Coverage by State of Iowa’s Worker’s Compensation.
- Voluntary Flexible Spending Account**
  - IRS 125 plan allows for pre-tax withholding of wages to be redirected toward dependent care and health care costs.

### Leaves • Brief Description • Full-time Staff

- Adoption Leave**
  - 5 days paid leave to process and secure the adoption of a child
- Bereavement Leave**
  - 5 paid days immediate family
  - 3 paid days extended family
  - Non-cumulative
- Emergency Leave**
  - 3 days paid leave in event of emergency situations beyond employee’s control
- Military Leave**
  - Granted for required military service
- Personal Leave**
  - 16 hours paid per year. Half hour increments. A portion of unused leave may carry over to the following year.
- Illness/Disability Leave**
  - 13 days earned first year; 14 second; 15 third; 16 fourth; 17 fifth; 18 sixth and thereafter.
  - Accrues with each pay period to 120 days. Employees with 120 days on July 1 shall be granted 8 hours of additional paid leave to be taken during that work year.
  - May be used for illness of immediate family-up to number of days granted for current year.
  - Up to 5 days may be used for parental leave upon the birth or adoption of a child.
- Religious Leave**
  - May use personal leave, vacation, or leave without pay.
- Holidays**
  - 11 paid holidays
- Vacation**
  - Earned with each pay period. Annual rates: 2 weeks for those with 6 or less years service, 3 weeks for those with 7-13 years service. One additional day for those having completed 14 years with maximum of 4 weeks after 18 years.

## CLASSIFIED STAFF FRINGE BENEFITS (2020-21)

### Insurances • Short Explanation • Part-time Staff Working 1330+ Hours

- Dental Insurance**
  - Free Single Delta Dental Plan II. Eligible employees may purchase Family Plan.
  - Delta Dental pays 100% on checkups and teeth cleaning; 80% of cavity repair and tooth extractions; 80% of high cost fillings, root canals, gum and bone diseases (non-surgical); 50% of dentures and bridges, teeth straightening, and gum and bone diseases (surgical).
  - Deductible: Single \$25/yr, Family \$25 per family member/yr (maximum 3 members)
  - There is no deductible for checkups and teeth cleaning. Maximum coverage is \$1,200 per eligible member per year.
- Health Insurance**
  - Free Single Plan-PPO Choice. Eligible employees may purchase Family Plan.
  - Prescription Drugs: On each prescription dispensed by pharmaceutical network, all expenses beyond \$10, \$40, \$70 or \$100 and sales tax are paid.
  - May select PPO Premier or HMO Essential and pay any premium cost that exceeds the Agency-provided plan.
  - Coverage under all plans includes Preventative Care benefit paid at 100%.
- Vision Insurance**
  - Free Single Plan–EyeMed Vision Care Plan. Family coverage at employee’s expense.
  - Eye exam – once every 12 months - \$5 Copay / In-network
  - Lenses – once every 12 months - \$10 Copay / In-network
  - Frames – once every 24 months - \$0 Copay, \$120 allowance; 80% of balance over \$120 / In-network
- Liability Insurance**
  - Coverage by the Agency’s liability insurance.
- Life Insurance/AD&D**
  - \$25,000 free term insurance to staff.
- Long-Term Disability**
  - Covers disability due to illness or accident after ninety (90) consecutive calendar days. Coverage insures 70% of regular income.
- Retirement System**
  - 6.29% of salary applied to Iowa Public Employees’ Retirement system. Agency contributes amount equal to 9.44% of salary.
- Travel Accidental Death**
  - \$100,000 coverage. Covers from home or office to school assignment, but not from home to assigned Agency center. Covers approved travel outside of area on approved Agency matters.
- Worker’s Compensation**
  - Coverage by State of Iowa’s Worker’s Compensation.
- Voluntary Flexible Spending Account**
  - IRS 125 plan allows for pre-tax withholding of wages to be redirected toward dependent care and health care costs.

### Leaves • Brief Description • Leaves with \* are prorated on number of hours scheduled to be worked relative to full-time employment

- \*Adoption Leave**
  - 3-5 days paid leave to process and secure the adoption of a child
- \*Bereavement Leave**
  - Up to 3-5 paid days immediate family
  - Up to 2-3 paid days extended family
  - Non-cumulative
- \*Emergency Leave**
  - 3 days paid leave in event of emergency situations beyond employee’s control.
- Military Leave**
  - Granted for required military service.
- \*Personal Leave**
  - 2 days paid leave per year. Half hour increments. A portion of unused leave may carry over to the following year.
- \*Illness/Disability Leave**
  - .5 days per pay period first year (8-13 days); .5385 second (9-14 days); .5769 third (9.5-15 days); .6154 fourth (10-16 days); .6538 fifth (10.5-17 days); .6923 sixth (11.5-18 days) and thereafter.
  - Accrues with each pay period to 120 days. Employees with 120 days on July 1 shall be granted 8 hours of additional paid leave to be taken during that work year.
  - May be used for illness of immediate family-up to number of days granted for current year.
  - Up to 5 days may be used for parental leave upon the birth or adoption of a child.
- Religious Leave**
  - May use personal leave or leave without pay.
- \*Holidays**
  - 7-11 paid holidays
- Vacation**
  - Available to full-time employees only.

## CLASSIFIED STAFF FRINGE BENEFITS (2020-21)

### Insurances • Short Explanation • Part-time Staff Working 1040-1329 Hours

- Dental Insurance**
  - Single Delta Dental at prorated cost. Eligible employees may purchase Family Plan with Board paying prorated portion of single.
  - Delta Dental pays 100% on checkups and teeth cleaning; 80% of cavity repair and tooth extractions; 80% of high cost fillings, root canals, gum and bone diseases (non-surgical); 50% of dentures and bridges, teeth straightening, and gum and bone diseases (surgical).
  - Deductible: Single \$25/yr, Family \$25 per family member/yr (maximum 3 members)
  - There is no deductible for checkups and teeth cleaning. Maximum coverage is \$1,200 per eligible member per year.
- Health Insurance**
  - Single Plan at prorated cost-PPO Choice. Eligible employees may purchase Family Plan.
  - Prescription Drugs: On each prescription dispensed by pharmaceutical network, all expenses beyond \$10, \$40, \$70 or \$100 and sales tax are paid.
  - May select PPO Premier or HMO Essential and pay any premium cost that exceeds the Agency-provided plan.
  - Coverage under all plans includes Preventative Care benefit paid at 100%.
- Vision Insurance**
  - Single Plan at prorated cost-EyeMed Vision Care Plan. Family coverage at employee's expense
  - Eye exam – once every 12 months - \$5 Copay / In-network
  - Lenses – once every 12 months - \$10 Copay / In-network
  - Frames – once every 24 months - \$0 Copay, \$120 allowance; 80% of balance over \$120 / In-network
- Liability Insurance**
  - Coverage by the Agency's liability insurance.
- Life Insurance/AD&D**
  - \$5,000 free term insurance to staff.
- Long-Term Disability**
  - Covers disability due to illness or accident after ninety (90) consecutive calendar days. Coverage insures 70% of regular income.
- Retirement System**
  - 6.29% of salary applied to Iowa Public Employees' Retirement system. Agency contributes amount equal to 9.44% of salary.
- Travel Accidental Death**
  - \$100,000 coverage. Covers from home or office to school assignment, but not from home to assigned Agency center. Covers approved travel outside of area on approved Agency matters.
- Worker's Compensation**
  - Coverage by State of Iowa's Worker's Compensation.
- Voluntary Flexible Spending Account**
  - IRS 125 plan allows for pre-tax withholding of wages to be redirected toward dependent care and health care costs.

### Leaves • Brief Description • Leaves with \* are prorated on number of hours scheduled to be worked relative to full-time employment

- \*Adoption Leave**
  - 2.5-3 days paid leave to process and secure the adoption of a child
- \*Bereavement Leave**
  - Up to 2.5-5 paid days immediate family
  - Up to 1.5-3 paid days extended family
  - Non-cumulative
- \*Emergency Leave**
  - 3 days paid leave in event of emergency situations beyond employee's control.
- Military Leave**
  - Granted for required military service.
- \*Personal Leave**
  - 2 days paid leave per year. Half hour increments. A portion of unused leave may carry over to the following year.
- \*Illness/Disability Leave**
  - .5 days per pay period first year (6.5-8 days); .5385 second (7-9 days); .5769 third (7.5-9.5 days); .6154 fourth (8-10 days); .6538 fifth (8.5-10.5 days); .6923 sixth (9-11.5 days) and thereafter.
  - Accrues with each pay period to 120 days. Employees with 120 days on July 1 shall be granted 8 hours of additional paid leave to be taken during that work year.
  - May be used for illness of immediate family-up to number of days granted for current year.
  - Up to 5 days may be used for parental leave upon the birth or adoption of a child.
- Religious Leave**
  - May use personal leave or leave without pay.
- \*Holidays**
  - 5.5-11 paid holidays
- Vacation**
  - Available to full-time employees only.