GRANT WOOD AREA EDUCATION AGENCY

CLASSIFIED STAFF FRINGE BENEFITS (2023-24)

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.

See master contract agreement for full description and guidelines of leaves and insurances.

GRANT WOOD AREA EDUCATION AGENCY

CLASSIFIED STAFF FRINGE BENEFITS (2023-24)

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.

See master contract agreement for full description and guidelines of leaves and insurances.

GRANT WOOD AREA EDUCATION AGENCY

CLASSIFIED STAFF FRINGE BENEFITS (2023-24)

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.

See master contract agreement for full description and guidelines of leaves and insurances.