

## CLASSIFIED STAFF FRINGE BENEFITS (2024-25)

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

- Dental Insurance**
  - Free Single Plan Delta Dental. 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 Core. Eligible employees may purchase Family Plan.
  - Prescription Drugs: On each prescription dispensed by pharmaceutical network, all expenses beyond \$10, \$50, \$100 or \$150 and sales tax are paid.
  - May select PPO Choice or HMO Core 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 – Delta Vision - Family coverage at employee’s expense.
  - Eye exam – once every calendar year - \$0 Copay / In-network
  - Lenses – once every calendar year - \$10 Copay / In-network
  - Frames – once every 2 calendar years - \$0 Copay, \$150 allowance; 80% of balance over \$150 / 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
- Leave Without Pay**
  - 1 year maximum unpaid leave for appropriate reasons
- 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 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 (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**
  - 15-24 hours paid leave in event of emergency situations beyond employee’s control.
- Leave Without Pay**
  - 1 year maximum unpaid leave for appropriate reasons.
- Military Leave**
  - Granted for required military service.
- \*Personal Leave**
  - 10-16 hours paid 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 (2023-24)

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

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| <b>Dental Insurance</b>                    | <ul style="list-style-type: none"> <li>• Single Delta Dental at prorated cost. Eligible employees may purchase Family Plan with Board paying prorated portion of single.</li> <li>• 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).</li> <li>• Deductible: Single \$25/yr, Family \$25 per family member/yr (maximum 3 members)</li> <li>• There is no deductible for checkups and teeth cleaning. Maximum coverage is \$1,200 per eligible member per year.</li> </ul> |
| <b>Health Insurance</b>                    | <ul style="list-style-type: none"> <li>• Single Plan at prorated cost-PPO Choice. Eligible employees may purchase Family Plan.</li> <li>• Prescription Drugs: On each prescription dispensed by pharmaceutical network, all expenses beyond \$10, \$40, \$70 or \$100 and sales tax are paid.</li> <li>• May select PPO Premier or HMO Essential and pay any premium cost that exceeds the Agency-provided plan.</li> <li>• Coverage under all plans includes Preventative Care benefit paid at 100%.</li> </ul>   |
| <b>Vision Insurance</b>                    | <ul style="list-style-type: none"> <li>• Single Plan at prorated cost-EyeMed Vision Care Plan. Family coverage at employee's expense</li> <li>• Eye exam – once every 12 months - \$5 Copay / In-network</li> <li>• Lenses – once every 12 months - \$10 Copay / In-network</li> <li>• Frames – once every 24 months - \$0 Copay, \$120 allowance; 80% of balance over \$120 / In-network</li> </ul>   |
| <b>Liability Insurance</b>                 | <ul style="list-style-type: none"> <li>• Coverage by the Agency's liability insurance.</li> </ul>  |
| <b>Life Insurance/AD&amp;D</b>             | <ul style="list-style-type: none"> <li>• \$5,000 free term insurance to staff.</li> </ul>  |
| <b>Long-Term Disability</b>                | <ul style="list-style-type: none"> <li>• Covers disability due to illness or accident after ninety (90) consecutive calendar days. Coverage insures 70% of regular income.</li> </ul>  |
| <b>Retirement System</b>                   | <ul style="list-style-type: none"> <li>• 6.29% of salary applied to Iowa Public Employees' Retirement system. Agency contributes amount equal to 9.44% of salary.</li> </ul>   |
| <b>Travel Accidental Death</b>             | <ul style="list-style-type: none"> <li>• \$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.</li> </ul>   |
| <b>Worker's Compensation</b>               | <ul style="list-style-type: none"> <li>• Coverage by State of Iowa's Worker's Compensation.</li> </ul>   |
| <b>Voluntary Flexible Spending Account</b> | <ul style="list-style-type: none"> <li>• IRS 125 plan allows for pre-tax withholding of wages to be redirected toward dependent care and health care costs.</li> </ul>   |

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

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|----------------------------------|---|
| <b>*Adoption Leave</b>           | <ul style="list-style-type: none"> <li>• 2.5-3 days paid leave to process and secure the adoption of a child</li> </ul>   |
| <b>*Bereavement Leave</b>        | <ul style="list-style-type: none"> <li>• Up to 2.5-5 paid days immediate family</li> <li>• Up to 1.5-3 paid days extended family</li> <li>• Non-cumulative</li> </ul>   |
| <b>*Emergency Leave</b>          | <ul style="list-style-type: none"> <li>• 12-15 hours paid leave in event of emergency situations beyond employee's control.</li> </ul>  |
| <b>Leave Without Pay</b>         | <ul style="list-style-type: none"> <li>• 1 year maximum unpaid leave for appropriate reasons.</li> </ul>  |
| <b>Military Leave</b>            | <ul style="list-style-type: none"> <li>• Granted for required military service.</li> </ul>  |
| <b>*Personal Leave</b>           | <ul style="list-style-type: none"> <li>• 8-10 hours paid per year. Half hour increments. A portion of unused leave may carry over to the following year.</li> </ul>   |
| <b>*Illness/Disability Leave</b> | <ul style="list-style-type: none"> <li>• .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.</li> <li>• 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.</li> <li>• May be used for illness of immediate family-up to number of days granted for current year.</li> <li>• Up to 5 days may be used for parental leave upon the birth or adoption of a child.</li> </ul> |
| <b>Religious Leave</b>           | <ul style="list-style-type: none"> <li>• May use personal leave or leave without pay.</li> </ul>  |
| <b>*Holidays</b>                 | <ul style="list-style-type: none"> <li>• 5.5-11 paid holidays</li> </ul>  |
| <b>Vacation</b>                  | <ul style="list-style-type: none"> <li>• Available to full-time employees only.</li> </ul>  |