FULL TIME ADMINISTRATORS

The Board provides a benefit for each FT Administrator. The cost of coverage is as follows:

1) Employee lowest premium medical and prescription drug insurance option,
2) Employee dental insurance, and
3) Employee basic term life insurance - $75,000.
4) Cafeteria Cash is added to your salary and is subject to taxes and IPERS.
5) Long term disability insurance is payroll deducted on an after tax basis based on your age and salary.

Monthly Deductions - Premiums are deducted from the payroll check issued on the last business day of every month.

<table>
<thead>
<tr>
<th>Benefit Plan</th>
<th>Monthly District Provided Coverage</th>
<th>Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical/Drug</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Medical - Benefit amount forfeited</td>
<td>$1,275.00</td>
<td></td>
</tr>
<tr>
<td>HDHP Employee only</td>
<td>$0.00</td>
<td>$155.00</td>
</tr>
<tr>
<td>Value Employee only</td>
<td>($33.00)</td>
<td></td>
</tr>
<tr>
<td>HDHP Employee + Spouse</td>
<td>($819.00)</td>
<td></td>
</tr>
<tr>
<td>Value Employee + Spouse</td>
<td>($1,144.00)</td>
<td></td>
</tr>
<tr>
<td>*Includes $155 for EE + additional $989 for Spouse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HDHP Employee + Child(ren)</td>
<td>($670.00)</td>
<td></td>
</tr>
<tr>
<td>Value Employee + Child(ren)</td>
<td>($965.00)</td>
<td></td>
</tr>
<tr>
<td>*Includes $155 for EE + additional $810 for Child(ren)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HDHP Family: EE, Spouse &amp; Child(ren)</td>
<td>($1,414.00)</td>
<td></td>
</tr>
<tr>
<td>Value Family: EE, Spouse &amp; Child(ren)</td>
<td>($1,864.00)</td>
<td></td>
</tr>
<tr>
<td>*Includes $155 for EE + additional $1,709 for Family</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Dental Insurance

No Dental - Benefit amount forfeited
Employee only | $0.00
Employee + one | ($28.00)
Employee + two | ($57.00)
Employee + three or more | ($90.00)

Term Life Basic

No Basic Life - Benefit amount forfeited
$75,000 | $0.00

Term Life Supplement

No Supplemental Life | $0.00
$25,000 | ($6.75)
$50,000 | ($13.50)
$75,000 | ($20.25)
$100,000 | ($27.00)
$125,000 | ($33.75)

Vision Insurance

No Vision Coverage | $0.00
Employee only | ($7.09)
Employee + one | ($12.88) *Includes $7.09 for EE + additional $5.79 for plus one
Employee + two or more | ($19.73) *Includes $7.09 for EE + additional $12.64 for two or more

Flexible Spending Account (FSA)

Health FSA (Enrollment form must be completed & returned EVERY YEAR)
Dependent Care FSA (Enrollment form must be completed & returned EVERY YEAR)

Health Savings Account (HSA)

Health HSA (Contributions will continue until changed by the employee)

Long Term Disability

No LTD | $0.00
LTD Under 24: 0.13% | 40-44: 0.38% | 60-64: 0.49%
25-29: 0.15% | 45-49: 0.48% | 65+: 0.38%
30-34: 0.21% | 50-54: 0.53%
35-39: 0.29% | 55-59: 0.54%

New Hires/ Add/delete family members from medical/drug, dental or vision July 1 each year. Qualifying family status changes (per IRS rules) may also trigger open enrollment.

Open Enrollment

If you do not elect the supplemental life insurance within the first 30 days of eligibility, you will need to answer health questions and be approved by the life carrier before it can be added at a later date.

Underwriting

Tax Sheltered Annuity

Contact Human Resources for a 403b Salary Reduction Form. More information about 403b retirement plans can be found at https://das.iowa.gov/RIC.

Revised 2/26/2021