BENEFIT PLAN ELECTION - PREMIUM RATE SHEET  
SIOUX CITY COMMUNITY SCHOOL DISTRICT  
Benefits Manager, 279-6692 Ext. 6121 
Benefits Assistant, 279-6692 Ext. 6120 
EFFECTIVE 7/1/2021

PART TIME OPERATIONS & MAINTENANCE (4 - 5.9 hrs/day) 
The Board provides the following cost of individual insurance for each PT O & M Worker. Benefits are all optional. 
Benefits are deducted on the 1st and 2nd paycheck of the month. 
1) Employee health and prescription drug insurance ($422.65 provided). 
2) Employee dental insurance (50% premium provided). 
3) Employee basic term life insurance - $25,000 (50% premium provided).

24 Deductions (Year Round Pay) - Half of the monthly premium is deducted from the 1st & 2nd check of each month

Single Coverage (per mo.)

<table>
<thead>
<tr>
<th>District pays</th>
<th>Monthly Premium</th>
<th>24 Deductions</th>
</tr>
</thead>
<tbody>
<tr>
<td>HDHP</td>
<td>Value</td>
<td></td>
</tr>
<tr>
<td>($422.65)</td>
<td>($422.65)</td>
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<tr>
<td>Health</td>
<td>($744.00)</td>
<td>($899.00)</td>
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<tr>
<td>Deduction</td>
<td>($321.35)</td>
<td>($476.35)</td>
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</tbody>
</table>

Medical/Drug
No Medical - Benefit amount forfeited
HDHP Employee only ($321.35) ($160.68)
Value Employee only ($476.35) ($238.18)
HDHP Employee + Spouse ($1,140.35) ($570.18) *Includes $321.35 for EE + addl. $819 for Spouse
Value Employee + Spouse ($1,465.35) ($732.68) *Includes $476.35 for EE + addl. $989 for Spouse
HDHP Employee + Child(ren) ($991.35) ($495.68) *Includes $321.35 for EE + addl. $670 for Child(ren)
Value Employee + Child(ren) ($1,286.35) ($643.18) *Includes $476.35 for EE + addl. $810 for Child(ren)
HDHP Family: EE, Spouse & Child(ren) ($1,735.35) ($867.68) *Includes $321.35 for EE + addl. $1,414 for Family
Value Family: EE, Spouse & Child(ren) ($2,185.35) ($1,092.68) *Includes $476.35 for EE + addl. $1,709 for Family

Dental Insurance
No Dental
Employee only $16.50 ($8.25)
Employee + one $44.50 ($22.25)
Employee + two $73.50 ($36.75)
Employee + three or more ($106.50) ($53.25)

Term Life Basic
No Basic Life $25,000 ($1.63) ($0.81)

Term Life Supplement
No Supplemental Life $0.00
$25,000 ($5.75) ($3.38)
$30,000 ($8.10) ($4.05)
$50,000 ($13.50) ($6.75)
$75,000 ($20.25) ($10.13)
$100,000 ($27.00) ($13.50)
$125,000 ($33.75) ($16.88)

Vision Insurance
No Vision Coverage $0.00
Employee only ($7.09) ($3.55)
Employee + one ($12.88) ($6.44) *Includes $7.09 for EE + additional $5.79 for plus one
Employee + two or more ($19.73) ($9.87) *Includes $7.09 for EE + additional $12.64 for two or more

Flexible Spending
No Flex Enrollment
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
Deducted post tax. LTD
Premium is based on age.
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/ Qualifying Event: Enrollment forms must be returned within 30 days from your benefit eligibility date. New baby enrollment is allowed 60 days.

Open Enrollment 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.

Underwriting 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.

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