PART TIME TEACHERS, COUNSELORS, MEDIA SPECIALISTS, & NURSE’S

EFFECTIVE 7/1/2021

The Board provides a benefit for each Part Time Teacher, Counselor, Media Specialist & Nurse. All benefits are optional.

1) Individuals, who are employed on less than a full-time basis, will receive payments in a ratio proportionate to their part time services.
2) Full Time Benefit is equal to $1,275.00.
3) Cafeteria Cash is added to your salary and is subject to taxes and IPERS.
4) 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>Single Coverage (per mo.)</th>
<th>75%</th>
<th>70%</th>
<th>65%</th>
<th>60%</th>
<th>55%</th>
<th>50%</th>
</tr>
</thead>
<tbody>
<tr>
<td>District Benefit</td>
<td>$956.25</td>
<td>$892.50</td>
<td>$828.75</td>
<td>$765.00</td>
<td>$701.25</td>
<td>$637.50</td>
</tr>
<tr>
<td>Single Value Med</td>
<td>($744.00)</td>
<td>($744.00)</td>
<td>($744.00)</td>
<td>($744.00)</td>
<td>($744.00)</td>
<td>($744.00)</td>
</tr>
<tr>
<td>Cafeteria Cash/ Opt Out</td>
<td>$212.25</td>
<td>$148.50</td>
<td>$94.75</td>
<td>$21.00</td>
<td>($42.75)</td>
<td>($106.50)</td>
</tr>
</tbody>
</table>

Monthly Premium

Medical/Drug
- No Medical - Benefit amount forfeited
- HDHP Employee only: see above
- Value Employee only: ($155.00)
- HDHP Employee + Spouse: ($819.00)
- Value Employee + Spouse: ($1,144.00)
- HDHP Employee + Child(ren): ($670.00)
- Value Employee + Child(ren): ($965.00)
- HDHP Family: EE, Spouse & Child(ren): ($1,414.00)
- Value Family: EE, Spouse & Child(ren): ($1,864.00)

Dental Insurance
- No Dental - Benefit amount forfeited
- Employee only: ($33.00)
- Employee + one: ($61.00)
- Employee + two: ($90.00)
- Employee + three or more: ($123.00)

Term Life Basic
- No Basic Life - Benefit amount forfeited
- $27,500 Basic: ($3.58)

Term Life Supplement
- No Supplemental Life: $0.00
- Add $22,500: ($6.08)

Vision Insurance
- No Vision Coverage: $0.00
- Employee only: ($7.09)
- Employee + one: ($12.88)
- Employee + two or more: ($19.73)

Long-Term Disability
- No LTD: $0.00
- LTD: Deducted post tax. Premium is based on age.
  - Under 24: 0.13%
  - 25-29: 0.15%
  - 30-34: 0.21%
  - 35-39: 0.29%
  - 40-44: 0.38%
  - 45-49: 0.48%
  - 50-54: 0.53%
  - 55-59: 0.54%
  - 60-64: 0.49%
  - 65+: 0.38%

Flexible Spending
- No Flex Enrollment

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

New Hires:
- 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.