The Board provides a benefit for each FT Secretary and Assistant. An additional $94/month is provided for +SP/+CH medical coverage and $195/month is provided for family medical.

1) Employee lowest premium medical and prescription drug insurance option.
2) Employee dental insurance, and
3) Employee basic term life insurance - $30,000.
4) Cafeteria Cash is added to your salary and is subject to taxes and IPERS.

18 Deductions (Pay is received only during the school year; 12 months of premiums (September - August) are divided evenly over 18 deductions.

- Deductions are taken from every check, September through the 1st check in May. (18 Pay Runs)
- A higher prorated deduction is taken from every check to cover summer premiums through August.
- Late/Mid-year enrollees may owe a "catch-up" contribution if the total monthly premium through August, is higher than the total of the prorated premium amount.

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

### Monthly District Provided Coverage

<table>
<thead>
<tr>
<th></th>
<th>Single Benefit</th>
<th>Dental</th>
<th>Life</th>
<th>Medical</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 Deductions</td>
<td>$832.00</td>
<td>$33.00</td>
<td>$195.00</td>
<td>($744.00)</td>
</tr>
</tbody>
</table>

### Medical/Drug

**No Medical - Benefit amount forfeited**

- **Employee only**
  - HDHP Employee only: $0.00
  - Value Employee only: ($155.00)
- **Employee + Spouse**
  - HDHP Employee + Spouse: ($725.00)
  - Value Employee + Spouse: ($1,050.00)
- **Employee + Child(ren)**
  - HDHP Employee + Child(ren): ($576.00)
  - Value Employee + Child(ren): ($871.00)
- **Family**: EE, Spouse & Child(ren)
  - HDHP Family: EE, Spouse & Child(ren): ($1,219.00)
  - Value Family: EE, Spouse & Child(ren): ($1,669.00)

**Employee only**

- HDHP Employee only: $0.00
- Value Employee only: ($155.00)
- Employee + one: ($28.00)
- Employee + two: ($57.00)
- Employee + three or more: ($90.00)

**Employee + one**

- ($13.15) includes additional $7.09 for EE + $5.79 for plus one

**Employee + two or more**

- ($19.73) includes additional $1,144 for Family & $195 Credit

**No Vision Coverage**

- Employee only: $0.00
- Employee + one: ($12.88)
- Employee + two or more: ($19.73)

**No Dental - Benefit amount forfeited**

- Employee only: $0.00
- Employee + one: ($28.00)
- Employee + two: ($57.00)
- Employee + three or more: ($90.00)

**No Supplemental Life**

- $30,000

**No LTD**

- $0.00

**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