FT Transportation workers are not required to elect medical coverage.

1) Employee medical and prescription drug insurance, $510 toward Value or HDHP coverage.
2) Employee dental insurance (premium provided - $33.00).
3) Employee basic term life insurance - $25,000 (premium provided - $3.25).

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.

### Single Coverage (per mo.)

<table>
<thead>
<tr>
<th></th>
<th>HDHP</th>
<th>VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>District Pays</td>
<td>$510.00</td>
<td>$510.00</td>
</tr>
<tr>
<td>Health</td>
<td>($744.00)</td>
<td>($899.00)</td>
</tr>
<tr>
<td>Deduction</td>
<td>($234.00)</td>
<td>($389.00)</td>
</tr>
</tbody>
</table>

**Medical/Drug**

- No Medical - Benefit amount forfeited
  - HDHP Employee only: ($234.00) ($156.00)
  - Value Employee only: ($389.00) ($259.33)
  - HDHP Employee + Spouse: ($1,053.00) ($702.00) *Includes $234 for EE + addl. $819 for Spouse
  - Value Employee + Spouse: ($1,378.00) ($918.67) *Includes $389 for EE + addl. $989 for Spouse
  - HDHP Employee + Child(ren): ($904.00) ($602.67) *Includes $234 for EE + addl. $670 for Child(ren)
  - Value Employee + Child(ren): ($1,199.00) ($799.33) *Includes $389 for EE + addl. $810 for Child(ren)
  - HDHP Family: EE, Spouse & Child(ren): ($1,648.00) ($1,098.67) *Includes $234 for EE + addl. $1,414 or Family
  - Value Family: EE, Spouse & Child(ren): ($2,098.00) ($1,398.67) *Includes $389 for EE + addl. $1,709 for Family

**Dental Insurance**

- No Dental - Benefit amount forfeited
  - Employee only: $0.00
  - Employee + one: ($28.00) ($18.67)
  - Employee + two: ($57.00) ($38.00)
  - Employee + three or more: ($90.00) ($60.00)

**Term Life Basic**

- No Basic Life - Benefit amount forfeited
  - $25,000: $0.00

**Term Life Supplement**

- No Supplemental Life
  - $25,000: ($6.75) ($4.50)

**Vision Insurance**

- No Vision Coverage
  - $0.00

**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
  - Deducted post tax.
    - LTD
      - 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%

**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](https://das.iowa.gov/RIC).