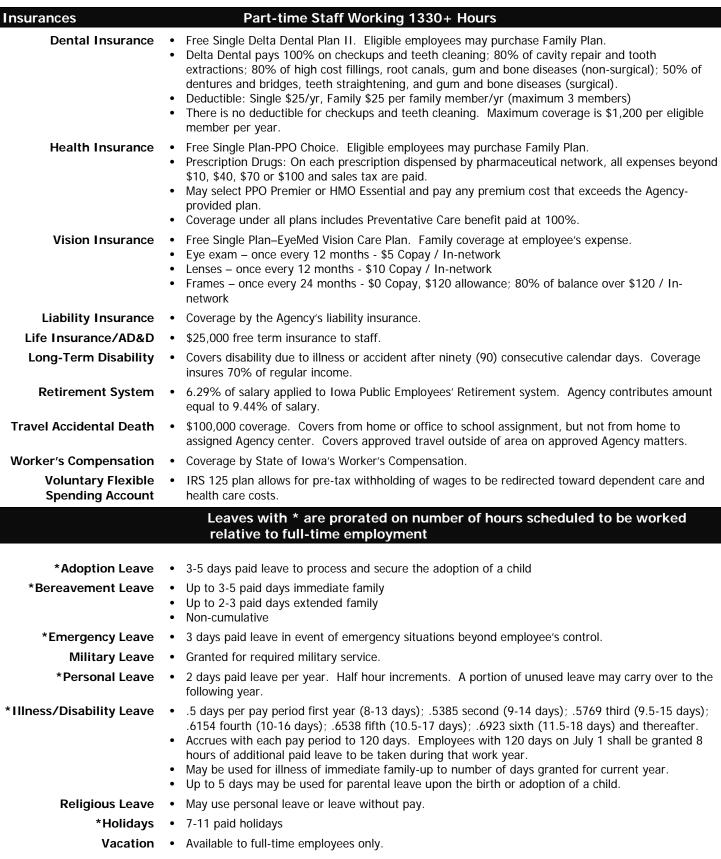


1

## CLASSIFIED STAFF FRINGE BENEFITS (2022-23)

Insurances	Short Exp	lanation	Full-time Staff
Dental	Insurance	Delta De extractio dentures	jle Delta Dental Plan II. Eligible employees may purchase Family Plan. ntal pays 100% on checkups and teeth cleaning; 80% of cavity repair and tooth ns; 80% of high cost fillings, root canals, gum and bone diseases (non-surgical); 50% of and bridges, teeth straightening, and gum and bone diseases (surgical).  wfkgitg(w)\$26-8.6 (ቴዕዮቇፈቲፓ-ይ.Ջመተ) ገራ http://wft&vንውን 10.17.2133-46(\$ ሲያ)-2.8.3 \$) ይህርታ ገሩ (መ)-%.64) ንይህርታ

## CLASSIFIED STAFF FRINGE BENEFITS (2020-21)



GRANT WOOD

## CLASSIFIED STAFF FRINGE BENEFITS (2020-21)



3

CLASSIFIED STAFF	FRINGE BENEFITS (2020-21)
Insurances	Part-time Staff Working 1040-1329 Hours
Dental Insurance	<ul> <li>Single Delta Dental at prorated cost. Eligible employees may purchase Family Plan with Board paying prorated portion of single.</li> <li>Delta Dental pays 100% on checkups and teeth cleaning; 80% of cavity repair and tooth extractions; 80% of high cost fillings, root canals, gum and bone diseases (non-surgical); 50% of dentures and bridges, teeth straightening, and gum and bone diseases (surgical).</li> <li>Deductible: Single \$25/yr, Family \$25 per family member/yr (maximum 3 members)</li> <li>There is no deductible for checkups and teeth cleaning. Maximum coverage is \$1,200 per eligible member per year.</li> </ul>
Health Insurance	<ul> <li>Single Plan at prorated cost-PPO Choice. Eligible employees may purchase Family Plan.</li> <li>Prescription Drugs: On each prescription dispensed by pharmaceutical network, all expenses beyond \$10, \$40, \$70 or \$100 and sales tax are paid.</li> <li>May select PPO Premier or HMO Essential and pay any premium cost that exceeds the Agency-provided plan.</li> <li>Coverage under all plans includes Preventative Care benefit paid at 100%.</li> </ul>
Vision Insurance	<ul> <li>Single Plan at prorated cost-EyeMed Vision Care Plan. Family coverage at employee's expense</li> <li>Eye exam - once every 12 months - \$5 Copay / In-network</li> <li>Lenses - once every 12 months - \$10 Copay / In-network</li> <li>Frames - once every 24 months - \$0 Copay, \$120 allowance; 80% of balance over \$120 / In-network</li> </ul>
Liability Insurance	Coverage by the Agency's liability insurance.
Life Insurance/AD&D	\$5,000 free term insurance to staff.
Long-Term Disability	• Covers disability due to illness or accident after ninety (90) consecutive calendar days. Coverage insures 70% of regular income.
Retirement System	• 6.29% of salary applied to Iowa Public Employees' Retirement system. Agency contributes amount equal to 9.44% of salary.
Travel Accidental Death	<ul> <li>\$100,000 coverage. Covers from home or office to school assignment, but not from home to assigned Agency center. Covers approved travel outside of area on approved Agency matters.</li> </ul>
Worker's Compensation	Coverage by State of Iowa's Worker's Compensation.
Voluntary Flexible Spending Account	<ul> <li>IRS 125 plan allows for pre-tax withholding of wages to be redirected toward dependent care and health care costs.</li> </ul>
	Leaves with * are prorated on number of hours scheduled to be worked relative to full-time employment
* \.	• 2.5.2 days paid logys to process and seques the edeption of a shift
*Adoption Leave	
*Bereavement Leave	<ul> <li>Up to 2.5-5 paid days immediate family</li> <li>Up to 1.5-3 paid days extended family</li> <li>Non-cumulative</li> </ul>
*Emergency Leave	<ul> <li>3 days paid leave in event of emergency situations beyond employee's control.</li> </ul>
Military Leave	Granted for required military service.
*Personal Leave	• 2 days paid leave per year. Half hour increments. A portion of unused leave may carry over to the following year.