BENEFITS FOR EMPLOYEES 2024-2025

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DIRECTORS FULL TIME

**Hospital/Medical Insurance HDHP** (employees working 6 hours or more per day)

* The District contributes 90% per month for FAMILY coverage (with limits)
  + Cost: $2,356/month
    - EE pays $236/month
* The District contributes 100% per month for SINGLE coverage (with limits)

**HSA – Health Savings Account**

* The District contributes 50% (pro-rated for partial year) of deductible to qualified, enrolled members of the Medical Insurance plan.
  + Full plan year = $1600 single or $3200 family

**Dental – Voluntary Benefit**

* EE cost
  + Family $153.68/month
  + Single + 1 $ 90.28/month
  + Single $ 46.28/month

**Flexible Spending**

* Medical Spending
* Dependent Care

**Life Insurance**

* *National Insurance Services*: $50,000 paid by ER. Option to purchase additional coverage at the EE own cost.
* *PERA Life*: Optional life insurance for employee and family
  + Cost: EE pays $16/month

**Deferred Compensation** Tax deferred program. ER will match up to $2500 per fiscal year after two (2) years of service (Prior exp may be accepted). EE must contribute $2500 per year to receive match.

**Income Protection Plan**  ER Paid Long Term Disability (LTD)

**PERA** Public Employee Retirement Association

**EAP** Employee Assistance Program

**HCSP** – ER provides $1000 annually