

# PROFESSIONAL SUPPORT SERVICES - LEVEL 2 (1466 - 1760 Hours)

## 2022-2023

If you are a full-time employee and elect to participate in the district health plan, the district will provide you with a credit to offset the cost of your healthcare premium. The amount is listed below. An employee electing more expensive coverage than the district contribution will pay the additional premium cost by payroll deduction.

Per Month: \$414.33

Per Year: \$4,972.00

### HEALTH INSURANCE

#### Open Access

|                           |           | <u>Total Cost<br/>per Month</u> | <u>District Pays<br/>per Month</u> | <u>You pay<br/>per Month</u> |
|---------------------------|-----------|---------------------------------|------------------------------------|------------------------------|
| <b>\$40 Co-Pay</b>        |           |                                 |                                    |                              |
|                           | Single    | \$754.80                        | \$414.33                           | \$340.47                     |
|                           | Single +1 | \$1,509.58                      | \$414.33                           | \$1,095.25                   |
|                           | Family    | \$1,874.68                      | \$414.33                           | \$1,460.35                   |
| <b>\$1,500 Deductible</b> |           |                                 |                                    |                              |
|                           | Single    | \$593.52                        | \$414.33                           | \$179.19                     |
|                           | Single +1 | \$1,187.00                      | \$414.33                           | \$772.67                     |
|                           | Family    | \$1,474.12                      | \$414.33                           | \$1,059.79                   |
| <b>\$2,800 Deductible</b> |           |                                 |                                    |                              |
|                           | Single    | \$555.68                        | \$414.33                           | \$141.35                     |
|                           | Single +1 | \$1,111.32                      | \$414.33                           | \$696.99                     |
|                           | Family    | \$1,380.16                      | \$414.33                           | \$965.83                     |

#### Achieve Network

|                           |           | <u>Total Cost<br/>per Month</u> | <u>District Pays<br/>per Month</u> | <u>You pay<br/>per Month</u> |
|---------------------------|-----------|---------------------------------|------------------------------------|------------------------------|
| <b>\$40 Co-Pay</b>        |           |                                 |                                    |                              |
|                           | Single    | \$716.30                        | \$414.33                           | \$301.97                     |
|                           | Single +1 | \$1,432.56                      | \$414.33                           | \$1,018.23                   |
|                           | Family    | \$1,779.04                      | \$414.33                           | \$1,364.71                   |
| <b>\$1,500 Deductible</b> |           |                                 |                                    |                              |
|                           | Single    | \$563.14                        | \$414.33                           | \$148.81                     |
|                           | Single +1 | \$1,126.50                      | \$414.33                           | \$712.17                     |
|                           | Family    | \$1,398.92                      | \$414.33                           | \$984.59                     |
| <b>\$2,800 Deductible</b> |           |                                 |                                    |                              |
|                           | Single    | \$527.34                        | \$414.33                           | \$113.01                     |
|                           | Single +1 | \$1,054.64                      | \$414.33                           | \$640.31                     |
|                           | Family    | \$1,309.74                      | \$414.33                           | \$895.41                     |

### DENTAL INSURANCE

If you are a full-time employee and elect to participate in the district dental plan, the district will provide you with a credit to offset the cost of your dental premium. The amount is listed below.

Per Month: \$20.83

Per Year: \$250.00

|               |           | <u>Total Cost<br/>per Month</u> | <u>District Pays<br/>per Month</u> | <u>You pay<br/>per Month</u> |
|---------------|-----------|---------------------------------|------------------------------------|------------------------------|
| <b>Dental</b> |           |                                 |                                    |                              |
|               | Single    | \$38.22                         | \$20.83                            | \$17.39                      |
|               | Single +1 | \$76.46                         | \$20.83                            | \$55.63                      |
|               | Family    | \$125.62                        | \$20.83                            | \$104.79                     |

**VISION INSURANCE**

|               |           | <b>Total Cost<br/>per <u>Month</u></b> | <b>District Pays<br/>per <u>Month</u></b> | <b>You pay<br/>per <u>Month</u></b> |
|---------------|-----------|--|---|-------------------------------------|
| <b>Vision</b> |           |  |   |                                     |
|               | Single    | \$5.39                                 | \$0.00                                    | \$5.39                              |
|               | Single +1 | \$10.24                                | \$0.00                                    | \$10.24                             |
|               | Family    | \$15.04                                | \$0.00                                    | \$15.04                             |

**GROUP LIFE AND AD&D**

The district shall provide a group life insurance policy in the amount listed below for each benefit eligible employee.  
\$50,000

Accidental death and dismemberment (AD&D) insurance would pay an additional benefit, up to the amount of your life benefit, if you suffer a covered loss due to an accidental injury. The per month cost is listed below.  
\$0.50

**LONG TERM DISABILITY (LTD)**

The district shall provide a long term disability insurance program for eligible employees. The full premium will be paid by the district. The LTD policy will be at 66.66% of the employee's monthly salary after a 60 day waiting period.

**RETIREMENT BENEFITS**

**Public Employees Retirement Association (PERA)**

|                    |       |
|--------------------|-------|
| Dist. Contribution | 7.50% |
| Emp. Contribution  | 6.50% |

**Deferred Compensation (403(b)/457 Accounts)**

| <b>Years of Service</b> | <b>Annual Dist. Match</b> |
|-------------------------|---------------------------|
| Beginning 1-3           | Not eligible              |
| Beginning 4-10          | \$800.00                  |
| Beginning 11-19         | \$1,000.00                |
| Beginning 20+           | \$1,200.00                |