

# Summary of Benefits 2025-26 | Management Staff Plan B



## INSURANCE/OTHER BENEFITS

TYPE	CARRIER	PLAN	AGENCY COST	EMPLOYEE COST	MAJOR FEATURES OF COVERAGE
Health & Prescription Drug	Wellmark Blue Cross/ Blue Shield	\$2,000/\$4,000 Deductible			Two health plans are available—a \$2,000 deductible plan and a \$3,500 deductible plan. Preventive services must be received from a primary care type physician. The employee may use any Wellmark physician without a referral for all other services. The deductible does not apply to any service done at an in-network doctor's office. In-network and out-of-network deductibles, co-insurances, out-of-pocket and prescription costs are dependent upon the selected plan. Refer to plan summaries located on the Intranet for this specific plan information.
		Single	\$8,172.00	None	
		Family	\$12,258.00	\$8,172.00	
		\$3,500/\$7,000 Deductible			
		Single	\$7,399.20	None	
		Family	\$11,098.80	\$7,399.20	
Health Reimbursement Arrangement (HRA)	Base	\$2,000 Single or Family Plan	None	None	A Health Reimbursement Arrangement (HRA) is available if an employee selects the single or family \$3,500 deductible health insurance plan. The Agency contributes to an HRA on the employee's behalf (annual contribution given quarterly). The employee can receive reimbursement for out-of-pocket medical, dental, prescription and vision expenses. Eligible retirees may continue to submit claims against their HRA balance for up to 5 years after retirement. If an employee leaves employment for any reason other than retirement, he/she forfeits funds in his/her HRA account.
		\$3,500 Single Plan	\$900		
		\$3,500 Family Plan	\$1,920		
Dental	Delta Dental	Single	\$437.28	None	The dental plan covers check-ups and teeth cleaning (diagnostic and preventive services). Annual individual deductible of \$25, family deductible of \$75 with benefit period maximum of \$1,500 per person. Child orthodontics is paid at 50% up to a lifetime maximum of \$1,500.
		Family	\$1,373.52	None	
Flexible Benefit Plan	Base		\$45.60/year	None	The flexible benefit plan reimburses employees for dependent care and/or out-of-pocket medical, dental, vision and prescription expenses.
Vision Discount	Delta Dental/ EyeMed	No cost voluntary benefit	None	None	There is a voluntary vision discount available through Delta Dental/EyeMed on frames, lenses and contact lenses. Discount applies if the employee visits an EyeMed list of providers such as Target, Sears, Pearle Vision and LensCrafters. Discounts may include 30% on frames, 15% on contacts and lower cost on lenses. Annual vision exam is covered at 100% when Blue Choice provider is used for exam.
	Wellmark Blue365	No cost voluntary benefit	None	None	Check Blue365 member benefits for vision discount.
EAP (Employee Assistance Program)	TELUS Health		\$18	None	The Agency's EAP is provided by LifeWorks, a free, web-based resource with telephone support providing access to caring professional consultants and counselors. LifeWorks can provide assistance with questions about handling stress, maintaining relationships, challenges at work, parenting and childcare, managing money, caring for an older relative or health issues like losing weight or giving up smoking. LifeWorks can also provide legal assistance and create wills and other legal documents.
Term Life	VOYA		Up to \$750	None	Up to twice annual salary, double indemnity (Up to \$500,000). Employees can select lower insurance coverage.
Supplemental Term Group Life	VOYA		None	Varies	Additional life insurance is offered for employees to purchase up to \$500,000 for employee coverage, up to \$250,000 for spouse coverage and up to \$10,000 coverage for dependent child(ren).
Long-Term Disability	Madison National Life		Up to \$598	None	66.67% of salary, 70% of all income sources; 60-day waiting period

## RETIREMENT PROGRAMS

TYPE	AGENCY COST	EMPLOYEE COST	FEATURES
<b>FICA</b> (Social Security)	6.20% of salary up to \$160,200	6.20% of salary up to \$160,200	Employees are eligible for reduced benefits at age 62 and full benefits between age 66-67 depending on year of birth.
<b>Medicare</b> (all wages subject to tax)	1.45% of salary	1.45% of salary	Employees are eligible for Medicare at age 65.
<b>IPERS</b> (State of Iowa)	9.44% of salary up to \$330,000	6.29% of salary up to \$330,000	This is the State of Iowa's Public Employees' Retirement System plan. Employees have a vested interest after 7 years of employment, and they have six options for use at retirement. An employee may withdraw his/her personal contribution upon leaving public employment in Iowa.
<b>403(b)</b> (per contract)	None	Employees will receive a 403(b) contribution from Heartland AEA and may select a provider from the State of Iowa 403(b) plan.	
<b>Roth 457(b)</b> (voluntary)		Additional support for pre-tax or post-tax employee payroll deduction.	

## LEAVES

TYPE	USE	FEATURES
<b>Sick</b>	Illness or injury of employee	18 days per year, cumulative to 128 days.
<b>Other Paid</b>	Appointments or other non-work-related business	3 days per year, non-cumulative for full-time 10- and 12-month employees. Part-time employees will receive a pro-rated amount.
<b>Sick Family/Weather</b>	Ill family member or inclement weather	10 days per year, non-cumulative. Employees may use up to 10 days of their personal sick leave for building/office closing due to inclement weather or an illness in their immediate family.
<b>Parental</b>	Adoption/birth of child	Up to 5 days of parental leave is available to regular full-time employees for the adoption or birth of a child. Leave for adoption may be used for the adoption process or immediately after the child is brought home. Parental leave must be taken at the birth or immediately following the birth.
<b>Bereavement</b>	Death of someone in family or of close relationship	Up to 5 days for preparation and attendance at the funeral of a member of the employee's immediate family. In the case of the death of any other relative or person of close personal relationship, up to 1 working day of absence may be granted.
<b>Jury Duty</b>	Serve on jury or fulfill a subpoena	Employees receive full pay from the Agency when they are on jury duty, and any fee received, except separate mileage money, must go to the Agency. Employees must also file a jury notice or subpoena with the Agency.
<b>Professional</b>	Attendance at conferences, workshops or seminars	Employees must have prior approval for professional leave. Expenses will be paid per prior approval, and receipts may be required and/or requested.

## VACATIONS AND HOLIDAYS

TYPE	FEATURES
<b>Vacations</b>	25 days for 12-month employees
<b>Holidays</b>	Memorial Day, Fourth of July, Labor Day, Thanksgiving, Friday after Thanksgiving and Winter Break (a maximum of 7 paid days depending on the calendar). Employees working less than 12 months receive 3 designated holidays during Winter Break.

## OTHER

TYPE	FEATURES
<b>Professional Organization Dues</b>	\$500 per year paid for approved memberships, which may include multiple organizations. Original receipts should accompany requests for reimbursement.

**Please Note:** This is a summary of benefits for communication and recruitment purposes and does not supersede or replace union agreements or board policies.