

NCKSEC INTERLOCAL # 636
2009/2010 CERTIFIED BENEFITS & LEAVE INFORMATION

BENEFIT OPTIONS:

Blue Cross/Blue Shield Monthly Premium

	Major Medical		Dental
	\$500 Deductible	\$1000 Deductible	
Employee	\$431.32	\$403.05	\$31.30
<i>employee cost</i>	\$0.00	\$0.00	
Employee/ Children	\$816.30	\$759.88	\$58.30
<i>employee cost</i>	\$384.98	\$328.56	
Employee/ Spouse	\$926.39	\$865.63	\$67.29
<i>employee cost</i>	\$495.07	\$434.31	
Employee/ Dependants	\$1,302.50	\$1,212.07	\$92.25
<i>employee cost</i>	\$871.18	\$780.75	

Board Paid Health Insurance Benefit - \$431.32

*Board Paid Health Insurance Benefit may be applied to participation in Major Medical

Section 125 Salary Reduction Plan (\$30,000 max.)

Medical Reimbursement – (\$3,600 Max)
uncovered medical expenses

Dependent Care Reimbursement
\$5,000 Joint Filers, \$2,500 Single Filers

Supplemental Insurance

Available through American Fidelity or AFLAC
Cancer Insurance
Health Insurance
Accident Insurance
Smart Heart Insurance
GAP Insurance
Life Insurance (Texas Life Ins. Co.)
Salary Protection Insurance

403-B & 457 TSA Retirement Programs

limited carriers

GRADUATE HOURS REIMBURSEMENT

must submit official transcript by Sept 1 to the NCKSEC office to be paid for graduate hours beyond BS/BA or MS/MA. The rate of reimbursement for graduate hours is

- \$55 awarded for each graduate hour after BA/BS degree up to 36 hrs
- \$975 awarded be paid for a masters degree
- \$65 awarded for each graduate hour after Masters degree up to 30 hrs

LEAVE POLICIES:

All Leave is prorated by hire date

Sick Leave:

10 days per year
Cumulative to 75 days
Sick Leave Pool Available

Bereavement Leave:

4 days per year

Personal Leave:

(3 days per year)
0-5 yrs (1 "free", 2 substitute cost)
6-10 yrs (2 "free", 1 substitute cost)
11yrs & up (3 "free" days)
Unused "free" personal leave will transfer to cumulative sick leave annually

Professional Leave:

Prof. Improvement
Program visitation
Curriculum development

Family and Medical Leave

NCKSEC POLICIES:

Kansas Public Employees Retirement System
Mandatory 4% of Salary withheld

Liability Coverage

Workman's Compensation

Travel Reimbursement

Reimbursement for use of private vehicle for coop business. Must be pre-approved.
\$0.550 per mile (state rate)