

NCKSEC INTERLOCAL # 636
2011/2012 PARAEUCATOR BENEFITS & LEAVE INFORMATION

BENEFIT OPTIONS:

Blue Cross/Blue Shield Monthly Premium

	Major Medical			H.S.A.	Dental
	\$500 Deductible	\$1000 Deductible	\$2000 Deductible	\$2500 Deductible	
Employee	\$643.90	\$600.22	\$535.90	\$609.36	35.43
Employee/ Children	\$1,264.95	\$1,172.27	\$1,042.59	\$1,219.08	72.05
Employee/ Spouse	\$1,383.34	\$1,289.41	\$1,151.14	\$1,309.08	76.18
Employee/ Family	\$1,991.52	\$1,845.59	\$1,641.41	\$1,918.80	111.91

Board Paid Health Insurance Benefit - \$405.00

*Board Paid Health Insurance Benefit may be applied to towards any premium above. No cash

Board Paid Benefit is prorated for paraeducators working less than 30 hours per week

Hours / Week	Monthly Benefit
0-17	\$0.00
17.5-24	\$365
25-29	\$385
30+	\$405

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

Board Approved 6/20/2011

LEAVE POLICIES:

All Leave is prorated by hire date and converted to hours

Sick Leave:

8 days per year

Cumulative to 300 hrs.

Sick Leave Pool Available

Bereavement Leave:

4 days per year

Personal Leave:

1 day per year

2 days per year for full time paras with more than 10 years consecutive service.

Professional Leave:

Must be approved by the director in advance of the leave.

Family and Medical Leave

See Paraeducator handbook for specifics on this policy.

NCKSEC POLICIES:

Kansas Public Employees Retirement System

Tier I - Hired before July 1, 2009 -

Mandatory 4% of Salary withheld

Tier II - Hired after July 1, 2009 -

Mandatory 6% of Salary withheld

Liability Coverage

Workman's Compensation

Travel Reimbursement

Reimbursement for use of private vehicle for Coop business. Must be pre-approved. \$.50 per mile (state rate)