

**NCKSEC INTERLOCAL # 636
2010/2011 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	\$557.33	\$515.09	\$452.56	\$458.19	34.76
Employee/ Children	\$1,052.87	\$968.21	\$849.39	\$882.88	63.49
Employee/ Spouse	\$1,197.26	\$1,106.42	\$972.01	\$984.09	76.75
Employee/ Family	\$1,681.09	\$1,545.47	\$1,355.12	\$1,408.79	100.48

Board Paid Health Insurance Benefit - \$352.00

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

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	\$312
25-29	\$332
30+	\$352

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 6/21/2010

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)

