



## BENEFIT SUMMARY SHEET FOR FULL-TIME EMPLOYEES

Metro is pleased to offer our employees a comprehensive benefits package and we pay over \$6,000 annually to help cover the cost. Below is a summary of our current benefits and company offerings. Eligibility for benefits with an asterisk (\*) begin immediately upon date of hire.

### Health Benefits

- Group Health Plan\*
  - Medical Benefit: HMO under Community Care
  - Dental Benefit: DPPO under Mutual of Omaha
  - Vision Benefit: Eyemed
- Life and Accidental Insurance through Mutual of Omaha\*
  - Basic Life and Personal Accident Insurance (Metro pays the full cost of this benefit) \*
  - Voluntary Supplemental Life and Accident Insurance
  - Voluntary Spouse Life and Accident Insurance
  - Voluntary Child Life and Accident Insurance
- Supplemental Insurance through American Fidelity
  - Flexible Spending Accounts
  - Long-Term Disability
  - Cancer Insurance
  - Accident Only Insurance
  - Permanent Life Insurance
  - Term Life Insurance

### Benefits for Every Day\*

- Payroll Direct Deposit
- HR Website Access

### Benefits for Tomorrow\*

- Paid Sick Leave
  - Teachers and 10-month employees receive a credit of 80 hours, 10 days, August 1 each year
  - Twelve-month staff accrue 3.33 hours per pay period, equivalent to 10 days per year
- Paid Personal-Emergency Leave
  - All employees receive a credit of 24 hours, August 1 each year
- Paid Vacation Leave
  - Twelve-month employees accrue 3.33 hours per pay period, equivalent to 10 days per year
- 401(k) Retirement Plan– (Eligibility begins first of the month after 30 days of active employment)
  - 100% employer match on the first 4% of contributions after one year of service and a minimum of 1,000 hours worked in the plan year.
  - Match is immediately 100% vested
- Paid Holidays and School Breaks for twelve-month staff
  - Holidays include Martin Luther King Day (observed), Presidents' Day (observed), Good Friday, Memorial Day (observed), Independence Day (observed), and Labor Day
  - School breaks include Fall Break (two days), Thanksgiving Break (5 days), Christmas Break (approximately two weeks), and Spring Break (five days)

### Other\*

- Employee Assistance Program (EAP)
- Professional Development Opportunities
- Tuition Discounts: Full-time employee will receive a 40% discount towards each immediate child's tuition. (If both husband and wife are employed by Metro, the maximum staff tuition discount is 60%)
- Workers Compensation

Benefit offerings are reviewed regularly in an effort to harmonize all practices and programs. Modifications and/or changes to company benefits are subject to change at any time and will be promptly communicated to employees.

## 2022-2023 HEALTH PLAN RATES PER PAY PERIOD

Plan Year: August 1-July31

### Community Care Medical

St. John and St. Francis

	<b>HMO</b>
Employee Only	\$5.00
Employee + Spouse	\$283.86
Employee + Children	\$205.34
Employee + Family	\$422.88

### Mutual of Omaha Dental

	<b>Low Plan</b>	<b>High Plan</b>
Employee Only	\$7.80	\$12.85
Employee + Spouse	\$20.58	\$30.68
Employee + Children	\$24.42	\$36.02
Employee + Family	\$37.20	\$53.85

### Eyemed Vision

Employee Only	\$3.03
Employee + Spouse	\$5.76
Employee + Children	\$6.06
Employee + Family	\$8.90

### Basic Life and Personal Accident Insurance

- Metro provides full-time employees with \$30,000 of basic life and personal accident insurance and pays the full cost of this benefit.
- No cost to the employee

### Voluntary Life and Accident Insurance

- Employees may elect to enroll in coverage between \$10,000 and \$500,000 in increments of \$10,000.
- Enroll your spouse for coverage between \$5,000 and \$250,000 in increments of \$5,000.
- Enroll your children up to the age of 26 for coverage between \$2,000 and \$10,000.

#### Monthly Cost for Each \$1,000 of Employee & Spouse Life Insurance Coverage

Age*	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 & over
Employee Life & AD&D	\$0.069	\$0.080	\$0.101	\$0.112	\$0.122	\$0.175	\$0.260	\$0.473	\$0.717	\$1.366	\$2.205
Spouse Life & AD&D	\$0.073	\$0.084	\$0.105	\$0.116	\$0.126	\$0.179	\$0.264	\$0.477	\$0.721	\$1.370	\$2.209
Dependent Children	Cost is \$.024 / \$2,000 unit. A unit includes all dependent children.										

\*Spouse rate is based upon employee age.

To calculate your per paycheck cost, use the following formula:

$$\frac{\text{Rate from Age Table above} \times \text{Elected Benefit}}{\$1,000} = \$ \quad \times 12 = \$ \quad / 24 = \$ \quad \text{Cost per Paycheck}$$