



BENEFIT SUMMARY SHEET FOR FULL-TIME EMPLOYEES

Metro is pleased to offer our employees who are scheduled to work at least 30 hours per week a comprehensive benefits package and we pay over \$6,100 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

Paid Time Off*

Prorated for employees working less than 40 hours per week.

- Paid Sick Leave
 - Teachers and 10-month employees receive a credit of 80 hours, equivalent to 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.
- 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)

Retirement

- 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.

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

2023-2024 HEALTH PLAN RATES PER PAY PERIOD

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.

Plan Year: August 1-July31

Community Care Medical St. John, St. Francis, and Hillcrest

	HMO
Employee Only	\$5.00
Employee + Spouse	\$283.86
Employee + Children	\$205.34
Employee + Family	\$422.88

Mutual of Omaha Dental

	Low Plan	High Plan
Employee Only	\$8.44	\$13.75
Employee + Spouse	\$21.86	\$32.46
Employee + Children	\$25.89	\$38.07
Employee + Family	\$39.31	\$56.79

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	\$.069	\$.080	\$.101	\$ 0.112	\$ 0.122	\$ 0.175	\$ 0.260	\$ 0.473	\$ 0.717	\$ 1.366	\$ 2.205
Spouse Life & AD&D	\$.073	\$.084	\$.105	\$.116	\$.126	\$.179	\$.264	\$.477	\$.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:

$$\underline{\hspace{2cm}} \times \underline{\hspace{2cm}} / \$1,000 = \$ \underline{\hspace{2cm}} \times 12 = \$ \underline{\hspace{2cm}} / 24 = \$ \underline{\hspace{2cm}}$$

Rate from Age Table above

Elected Benefit

Cost per Paycheck

Pay Periods and Pay Date

Pay Period for Hourly Employees	Pay Period for Salaried Employees	Pay Date
Time worked 24 th -8 th of the month	Time worked 1 st -15 th of the month	15th
Time worked 9 th -23 rd of the month	Time worked 16 th -last day of the month	Last day of the month