

# Clarinda Academy



“Home of the Eagles”

Summary  
Of  
Employee Benefit Programs

# CLARINDA ACADEMY

## Regular Full Time Employee

A full time employee is defined as an employee who is regularly scheduled to work at least 32 hours per week. Unless otherwise noted, plan eligibility begins on the first day of the month following 60 days of employment.

**Medical Coverage** is provided through the Clarinda Academy’s Medical Plan. Spouses of employees who are eligible for coverage through another employer-sponsored health insurance plan will be eligible for health insurance offered by Sequel Youth and Family Services as a **secondary coverage only**. Under the “Maximum Benefits Plan,” the plan generally covers 80% (“Maximum Benefits”) of the costs of services provided by physicians in a Preferred Provider Organization (“PPO”) network after a nominal co-payment or deductible, and 60% for non-PPO after a deductible has been satisfied. Under the “Standard Benefits Plan,” the plan generally covers 70% of in-network, and 50% of non-PPO, following a nominal co-payment. A PPO requires utilization of its facilities and physicians as identified in the PPO directory. Prescription Drug costs are covered by the plan after a \$10, \$25, or \$50 co-payment per purchase under both the Maximum and Standard Benefits, depending on whether brand name or generic brand drugs are used. You may participate in the Medical Plan without participation in the Dental & Vision Plan, if desired.

**Dental and Vision Coverage** is provided through Clarinda Academy’s Dental & Vision Plan. **Dental Coverage** includes diagnostic and preventive, surgical and restorative, prosthetics, and orthodontia. In general, services are covered at 50%-100%, depending on the type of service received. Any dentist can be selected as the provider of the dental care. **Vision coverage** is provided for routine eye exams and the costs of eyeglass frames, lenses, or contacts. Reimbursement for up to \$200 every other calendar year will be made for vision expenses under the Dental & Vision Plan. You may choose to participate in the Dental & Vision Plan without participating in the Medical Plan.

**Employee Contributions:** Employees are required to pay a portion of the insurance premiums related to the medical, dental, and vision benefits described above. The contributions may be deducted from the employee’s pay before taxes. Bi-weekly pay period employee contributions are based upon the level of coverage selected. Your contributions on a bi-weekly basis would be:

Coverage Options	Non-Tobacco (Reward Rates) Standard Plan	Non-Tobacco (Reward Rates) Maximum Plan	Tobacco (Regular Rates) Standard Plan	Tobacco (Regular Rates) Maximum Plan	Dental & Vision
Employee Only	\$36.03	\$57.45	\$42.24	\$67.94	\$6.59
Parent / Child	\$42.70	\$75.34	\$49.24	\$88.41	\$8.97
Parent / Children	\$50.45	\$97.05	\$58.54	\$114.46	\$10.78
Husband / Wife	\$50.45	\$97.05	\$58.54	\$114.46	\$10.78
Family	\$64.30	\$119.56	\$75.16	\$141.47	\$17.95

**Paid Time Off (PTO)** is provided by the Company and is utilized as a collective pool of eligible paid time off in lieu of traditional vacation, sick and personal leave balances. Paid time off is capped to a certain amount which varies by the number of years of employment with the Company (or the immediate predecessor).

<b>Years of Employment</b>	<b>Annual Cap</b>	<b>Per Pay Period</b>
Date of hire-1 <sup>st</sup> anniversary	18 days (144 hours)	5.53 hours
1 year – 2 years	19 days (152 hours)	5.84 hours
2 years – 3 years	20 days (160 hours)	6.15 hours
3 years – 4 years	21 days (168 hours)	6.46 hours
4 years – 5 years	22 days (176 hours)	6.76 hours
5 years – 6 years	23 days (184 hours)	7.07 hours
6 years – 7 years	24 days (192 hours)	7.38 hours
7 years – 8 years	25 days (200 hours)	7.69 hours
8 years – 9 years	26 days (208 hours)	8.00 hours
9 years – 10 years	27 days (216 hours)	8.30 hours
10 years – 11 years	28 days (224 hours)	8.61 hours
11 years – 12 years	29 days (232 hours)	8.92 hours
12+ years	30 days (240 hours)	9.23 hours

Once the annual cap is reached, additional hours cease until you have utilized enough leave to allow leave to begin again. Employees may carry up to the annual cap into the next calendar year, however an employee may not carry time beyond the annual cap.

**Paid Holidays:** Six (6) specific holidays are provided with pay. These are: New Year’s Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and December 25<sup>th</sup>.

**Life Insurance** is provided in an amount equal to one and one-half (1 ½) times the employee’s annual salary up to \$50,000. In addition, Accidental Death and Dismemberment coverage is provided at an amount equal to 1 ½ times the employee’s annual salary up to \$50,000.

**Retirement Plan:** The Company provides a 401(k) Plan for employees to save for retirement. Employees can begin participating in the plan the first of any month following 90 days of employment with the Company. Employees may defer between \$1 and \$16,500 of their salary per year.

**Flexible Spending Account Program (Section 125):** The Company’s Medical and Dental & Vision plans may involve some out-of-pocket expenses: deductibles, co-payments or co-insurance, for example, or costs in excess of one’s coverage. To help with these expenses – and with dependent care expenses such as child care or elderly care – an employee can voluntarily decide to set aside part of the pay in either a **Health Care or Dependent Care Flexible Spending Account**. The net result in participating in this benefit can increase an employee’s take-home pay by paying for these types of expenses on a pre-tax basis.

**Company Sponsored Disability Plans:** Clarinda Academy provides short and long-term disability benefits due to sickness or non-job-related injuries and accidents which incapacitate eligible, qualified employees. Regular Full-Time employees are eligible for the company-sponsored short and long-term disability plans.

**Tuition Reimbursement and Loan** programs are available to encourage employees to further their education. **Tuition Reimbursement** is for pre-approved, job-related courses offered at an undergraduate level, and is paid at the following rates: A or B – 100%, C – 50%, D or F – 0%. There is an annual cap of \$2,250 allowed for reimbursement.

Graduate level programs are also eligible for reimbursement under this plan; however the funds reimbursed, by federal law, must be treated as taxable income to the recipient.

**Tuition Loans** are available to individuals who would like assistance in offsetting the cash flow requirements to attend accredited universities. Individuals may apply to receive advances of up to \$875 per semester, not to exceed the costs of the tuition and books. Upon completion of the course, the employee will have an amount credited toward the advance based upon the Tuition Reimbursement grade schedule. While these programs are in place to encourage furthering of education, should the employee leave the Company (or not maintain full-time status) prior to one year of service following the utilization of the program, the Company reserves the right to be reimbursed for amounts paid.

**Lied Center:** All full-time employees have access to the Lied Center for themselves and immediate family members at no charge. Staff members will have to pay for anything extra such as special classes, i.e. aerobics, swim lessons, etc.

**Employee Assistance Program (EAP):** All employees are included in the company-sponsored Employee Assistance Program at no cost to the employee. See Human Resources personnel for information.

The above descriptions are intended to briefly summarize the provisions of the Company's full time employee benefits programs. For full descriptions of each plan, please refer to the applicable plan document. In the event the plan document conflicts with the information herein, the plan document will govern. (See your human resources representative for more details).