

SOUTH PIKE SCHOOL DISTRICT - FULL TIME EMPLOYEE BENEFIT OPTIONS

BENEFIT	WHO PAYS	EFFECTIVE	DESCRIPTION																																																																						
Medical Insurance Blue Cross Blue Shield 1-800-709-7881	The District pays the major portion of the monthly premium on the employee; the employee portion is paid with before-tax dollars through payroll deductions (deduction # 139 & 550)	Date of Hire	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="text-align: center;">LEGACY - Initially hired before 1/1/2006</th> <th colspan="2" style="text-align: center;">HORIZON - Initially hired on or after 1/1/2006</th> </tr> <tr> <th colspan="2" style="text-align: center;">LEGACY EMPLOYEES BASE</th> <th colspan="2" style="text-align: center;">LEGACY EMPLOYEES SELECT</th> <th colspan="2" style="text-align: center;">HORIZON EMPLOYEES BASE</th> <th colspan="2" style="text-align: center;">HORIZON EMPLOYEES SELECT</th> </tr> <tr> <th style="text-align: center;">Monthly</th> <th style="text-align: center;">Summer*</th> <th style="text-align: center;">Monthly</th> <th style="text-align: center;">Summer*</th> <th style="text-align: center;">Monthly</th> <th style="text-align: center;">Summer*</th> <th style="text-align: center;">Monthly</th> <th style="text-align: center;">Summer*</th> </tr> </thead> <tbody> <tr> <td colspan="8" style="text-align: center;">Coverage type:</td> </tr> <tr> <td>Employee</td> <td>0.00</td> <td>0.00</td> <td>20.00</td> <td>4.00</td> <td>0.00</td> <td>38.00</td> <td>7.60</td> </tr> <tr> <td>Employee + Spouse</td> <td>389.00</td> <td>77.80</td> <td>463.00</td> <td>92.60</td> <td>389.00</td> <td>77.80</td> <td>481.00</td> </tr> <tr> <td>Employee + Child</td> <td>593.00</td> <td>118.60</td> <td>667.00</td> <td>133.40</td> <td>593.00</td> <td>118.60</td> <td>685.00</td> </tr> <tr> <td>Employee + Children</td> <td>101.00</td> <td>20.20</td> <td>175.00</td> <td>35.00</td> <td>101.00</td> <td>20.20</td> <td>193.00</td> </tr> <tr> <td></td> <td>258.00</td> <td>51.60</td> <td>332.00</td> <td>66.40</td> <td>258.00</td> <td>51.60</td> <td>350.00</td> </tr> </tbody> </table> <p style="text-align: center;">*10 month deductions (Aug - May) --- Summer amounts pay for June and July coverage Please visit KnowYourBenefits.dfa.ms.gov for coverage information.</p>	LEGACY - Initially hired before 1/1/2006				HORIZON - Initially hired on or after 1/1/2006		LEGACY EMPLOYEES BASE		LEGACY EMPLOYEES SELECT		HORIZON EMPLOYEES BASE		HORIZON EMPLOYEES SELECT		Monthly	Summer*	Monthly	Summer*	Monthly	Summer*	Monthly	Summer*	Coverage type:								Employee	0.00	0.00	20.00	4.00	0.00	38.00	7.60	Employee + Spouse	389.00	77.80	463.00	92.60	389.00	77.80	481.00	Employee + Child	593.00	118.60	667.00	133.40	593.00	118.60	685.00	Employee + Children	101.00	20.20	175.00	35.00	101.00	20.20	193.00		258.00	51.60	332.00	66.40	258.00	51.60	350.00
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Life Insurance State Life (Minnesota Life) 1-877-627-6337	The District pays half of the monthly premium on the employee, and the employee pays half of the premium (deduction #148 & 500)	Date of Hire	<p style="text-align: center;">Coverage amount is 2 times base annual pay Minimum coverage: \$30,000 Maximum coverage: \$100,000</p> <p style="text-align: center;">*10 month deductions (Aug - May) **Participation is optional**</p>																																																																						
Life Insurance Lincoln Financial Group 1-800-423-2765	The District pays the full monthly premium on the employee	Date of Hire	<p style="text-align: center;">Coverage amount \$10,000 **Participation is optional**</p>																																																																						
Dental Insurance Delta Dental 1-800-521-2651	The employee pays the full monthly premium (deduction #330)	Month after Date of Hire	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">Coverage type:</th> <th style="text-align: center;">Low Plan</th> <th style="text-align: center;">High Plan</th> </tr> </thead> <tbody> <tr> <td>Employee</td> <td></td> <td>17.35</td> <td>38.70</td> </tr> <tr> <td>Employee + Spouse</td> <td></td> <td>38.24</td> <td>87.02</td> </tr> <tr> <td>Employee + Child(ren)</td> <td></td> <td>43.52</td> <td>86.41</td> </tr> <tr> <td>Employee + Spouse + Child(ren)</td> <td></td> <td>67.94</td> <td>136.46</td> </tr> </tbody> </table> <p style="text-align: center;">*10 month deductions (Aug - May) **Participation is optional**</p>	Coverage type:		Low Plan	High Plan	Employee		17.35	38.70	Employee + Spouse		38.24	87.02	Employee + Child(ren)		43.52	86.41	Employee + Spouse + Child(ren)		67.94	136.46																																																		
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Vision Insurance Superior Vision 1-800-507-3800	The employee pays the full monthly premium (deduction #320)	Month after Date of Hire	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">Coverage type:</th> <th style="text-align: center;">Low Plan</th> <th style="text-align: center;">High Plan</th> </tr> </thead> <tbody> <tr> <td>Employee</td> <td></td> <td>8.60</td> <td></td> </tr> <tr> <td>Employee + Spouse</td> <td></td> <td>17.21</td> <td></td> </tr> <tr> <td>Employee + Child(ren)</td> <td></td> <td>19.49</td> <td></td> </tr> <tr> <td>Employee + Spouse + Child(ren)</td> <td></td> <td>30.14</td> <td></td> </tr> </tbody> </table> <p style="text-align: center;">*10 month deductions (Aug - May) **Participation is optional**</p>	Coverage type:		Low Plan	High Plan	Employee		8.60		Employee + Spouse		17.21		Employee + Child(ren)		19.49		Employee + Spouse + Child(ren)		30.14																																																			
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American Fidelity Mr. Buddy Beach (cell) 601-624-9363 (office) 1-800-662-1113	The employee pays the full monthly premium (deduction # varies on coverage)	Date of Hire	<p style="text-align: center;">Coverage options include: Accident, Cancer, Critical Illness, Disability, Flexible Spending (Pre-Paid Medical), Life Insurance, Medical(Gap), etc.</p> <p style="text-align: center;">*10 month deductions (Aug - May) **Participation is optional**</p>																																																																						
Retirement PERS 1-800-444-7377	The District contributes 15.75% of earned compensation, and employee contributes 9% (deduction #21)	Date of Hire	<p style="text-align: center;">*12 month deduction*</p> <p style="text-align: center;">**Participation is REQUIRED when an employee works full time (20 hours or more per week)**</p>																																																																						
Retirement Mississippi Deferred Comp Shannon Anderson 1-800-846-4551	The employee contributes a fixed amount (at least \$25/month) into a retirement account (deduction #145)	Date of Hire	<p style="text-align: center;">*12 month deduction*</p> <p style="text-align: center;">**Participation is optional**</p>																																																																						