



# Rogers Public Schools

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## Finance Department Orientation



# Finance Department

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- Jake Haak – Chief Financial Officer
- Linda Compston – Assistant Treasurer
- Ashley Phillips – Payroll/Benefits
- Genny Jauch – Contracts
- Blanca Guerra – Teacher Retirement
- Jacque White – Accounts Payable
- Jeff Toliver – Credit Cards



# Equalized Salary Payments

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- Most employees get 1<sup>st</sup> check in September and 3 checks in June
- All contracted employees have equalized payments
- Pay day on the 20<sup>th</sup> of each month
- School year:
  - July 1<sup>st</sup> – June 30<sup>th</sup>



# Direct Deposit

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- Deposited in the bank on pay day
- May have up to 2 accounts
- Important: If you change banks,  
*please let us know ASAP*

Form to complete

# Taxes



- Federal Form
  - W-4
- State Form
  - AR4EC

Forms to complete



# Sick Leave

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- 1 paid sick day per month worked
  - If you are coming from another school district in AR, turn in transfer of sick day letter
  - Unlimited accumulation of sick leave  
*(most districts limit this to 90 days)*



# Sick Leave Bank (optional)

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- Donate just 1 day
- May be granted up to 30 days per school year for a catastrophic illness

Optional form to complete



# Workers Compensation

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- Report it to your supervisor
- You are covered

Form to read & sign





# Long Term Disability

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- District pays for LTD for all full time employees (20 work hours or more)
- LTD pays 60% of salary after 90 days
- Coordinates with Teacher Retirement & Social Security

Form to complete



# Teacher Retirement

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- Rogers School District matches 14% of salary
- Contracted employees w/181 days or more contribute 6%
- Contracted employees w/180 days or less have the option to be contributory (*extra form required*)
- Full retirement at 28 years
- Vested in 5 years
- Retirement based on highest 3 years salary
- Also eligible for Social Security benefits
- Accumulated sick leave is paid at retirement @  $\frac{1}{2}$  your daily rate not to exceed the Sub II rate of pay.

Form to complete



# Legislative Requirements

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- Asbestos
- Disclosure Statement - form to complete
- Privacy/Cobra & HIPPA
- EEO Information - form to complete



# Minnesota Life Insurance

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- You are automatically enrolled for \$10,000 coverage for \$1.70 a month if you're eligible for insurance (30 hours or more)
- You do have the option to decline
- Extra coverage available

Form to complete



# Other Perks

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- Activity Pass
- Discounts For Staff
  - Go to: [Rogers Public Schools Website](#) » [Careers](#) » [Human Resources](#) » [Discounts for Staff](#)



# Health Insurance

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- District pays \$157.69 per month for employee
- Current Plans Available
  - Premium – Health Advantage
  - Classic – Health Advantage (HSA available)
  - Basic – Health Advantage (HSA available)
- Documentation is required for spouses and dependents
  - Birth Certificate (dependents)
  - Marriage License

# Health Insurance Monthly Premiums

## ■ Premium with Wellness Visit

- Employee only \$181.70
- Employee & Spouse \$829.44
- Employee & Child(ren) \$468.78
- Employee & Family \$831.68

## ■ Classic with Wellness Visit

- Employee only \$44.26
- Employee & Spouse \$352.86
- Employee & Child(ren) \$156.66
- Employee & Family \$356.56

## ■ Basic with Wellness Visit

- Employee only \$9.50
- Employee & Spouse \$271.02
- Employee & Child(ren) \$120.10
- Employee & Family \$273.86



# ARBenefits *Well* Program Guidelines

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- Wellness visit required annually. There is no charge to you for this visit.
- Health Assessment Survey required annually on [www.guidanceresources.com](http://www.guidanceresources.com).
- Premiums will be increased by \$75 a month if you do not have an annual wellness visit and health assessment.





# Spousal Health Care Coverage

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- If your spouse is offered health care coverage from their employer, they may not be on your plan.
- If you enroll your spouse, you must complete the Affidavit of Spousal Health Care Coverage form and turn it in with your ARBenefits Enrollment Election form.



# Premium

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- Wellness Program
  - No cost
- Deductible
  - \$1000 individual
  - \$2000 family
- RX card
  - \$15 generic
  - \$40 preferred
  - \$80 non-preferred
  - \$100 specialty
- Co pays (in-network)
  - \$25 primary doctor
  - \$50 specialist
  - \$250 emergency
  - \$100 urgent care
- Coinsurance (in-network)
  - 20% - Up to \$2500 individual  
\$5000 family
- Max out of pocket (in-network)
  - \$3500 medical + \$3100 RX individual
  - \$7000 medical + \$6200 RX family



# Classic

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- Wellness Program
  - No cost
- Deductible
  - \$2000 individual
  - \$3000 family
- No RX card
  - You pay what insurance company would pay
  - Counts towards deductible
- Coinsurance
  - 20% after deductible
    - up to \$4450 individual
    - \$6675 family
- Max out of pocket (in-network)
  - \$6450 individual
  - \$9675 family
- HSA available



# Basic

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- Wellness Program
  - No cost
- Deductible
  - \$4250 individual
  - \$8500 family
- No RX card
  - You pay what insurance company would pay
  - Counts towards deductible
- Coinsurance
  - 20% after deductible up to \$2200 individual \$4400 family
- Max out of pocket
  - \$6450 individual
  - \$12900 family
- NO out-of-network coverage
- HSA available



# Delta Dental

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- Coverage A – Preventative Services
  - In-Network 100% coverage
- Coverage B – Basic Restorative Services
  - In-Network 80% coverage
- Coverage C – Major Restorative Services
  - In-Network 50% coverage

Employee only \$40.46

Employee & Spouse \$78.58

Employee & Child(ren) \$84.74

Employee & Family \$128.08



# Vision

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- VSP Vision Plan
  - Exam Co-Pay is \$10.00
  - Materials Co-Pay is \$15.00
  - Allowance of \$185.00 (glasses/contacts)
- Benefit Period is once every 12 months since your last date of service.
- No vision insurance card will be sent, use your SSN at your VSP provider.

Employee only \$11.94

Employee & Spouse \$27.22

Employee & Child(ren) \$23.84

Employee & Family \$39.86



# Short Term Disability

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- Pre-existing condition applies and is a 3/12 exclusion.
  - Example: ANY condition 3 months prior to effective date will NOT be covered for the first 12 months.
- Monthly premium is based on your salary. Premium info is included in your forms packet.



# Cancer Insurance

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- American Heritage
  - Individual = \$27.98 per month
  - Family = \$51.81 per month





# Optional Life Insurance

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- Standard Life

- \$25,000 = \$5.38 per month
- \$50,000 = \$10.75 per month
- \$75,000 = \$16.13 per month
- \$100,000 = \$21.50 per month

- Dependent Life \$5,000/\$5,000/\$1,000 = .96 per month  
*Dependent coverage is available only when purchasing a policy on yourself*



# Need more help?

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Administration Office  
Finance Department  
636-3910