



BENEFIT SUMMARY SHEET FOR FULL-TIME EMPLOYEES

Metro is pleased to offer our employees a comprehensive benefits package and we pay over \$460 monthly 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/PPO under Community Care
 - Dental Benefit: PPO under Mutual of Omaha
 - Vision Benefit: Eyemed
 - Teladoc (Metro pays the full cost of this benefit for all employees enrolled in the medical plan)
- 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

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

NOTE: Employees who do not self-enroll or opt-out of the 401 (k) Retirement Plan will be automatically enrolled into the Plan at 3% of their salary on a pre-tax basis.

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.

2020-20201 HEALTH PLAN RATES PER PAY PERIOD

Plan Year: June 1 - May 31

Community Care Medical

St. John and St. Francis

	HMO	PPO
Employee Only	\$5.00	\$91.76
Employee + Spouse	\$253.18	\$434.98
Employee + Children	\$183.30	\$338.38
Employee + Family	\$376.91	\$606.10

Mutual of Omaha Dental

	Low Plan	High Plan
Employee Only	\$6.23	\$10.66
Employee + Spouse	\$17.44	\$26.30
Employee + Children	\$20.81	\$30.99
Employee + Family	\$32.02	\$46.62

Eyemed Vision

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

Teladoc

- As a full-time employee, you will be automatically enrolled in Teladoc when you enroll in medical benefits.
- Teladoc is 100% paid by Metro.
- No cost to the employee

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	\$.112	\$.122	\$.175	\$.260	\$.473	\$.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:

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

Rate from Age Table above Elected Benefit Cost per Paycheck