

**NORTH LAWRENCE
SCHOOL CORPORATION
SUPPORT STAFF
EMPLOYEE GROUPS**

2020-21 SCHOOL YEAR

LEVEL A: 40 hour/52 Week Employees

LEVEL B: 40 hour/40 or 44 Week Employees

LEVEL C: 28 hour/40 Week Employees

LEVEL D: Transportation

**NORTH LAWRENCE COMMUNITY SCHOOLS
2020 STATEMENT OF BENEFITS**

**Level A Employees
40 hour/52 Week**

I. Insurance Benefits

Eligibility

- To be eligible for these insurance plans, employees must be in a permanent position (i.e., substitutes and temporary employees are not eligible).

Employer Contributions

Program	Coverage	Premium	NLCS Contribution	Employee Contribution*
Medical – HSA Choice Plus Plan 5	Employee Only	\$633.00	\$358.00	\$275.00
	Employee + Spouse	\$1,383.00	\$815.00	\$568.00
	Employee + Children	\$1,070.00	\$741.00	\$329.00
	Family	\$1,762.00	\$915.00	\$847.00
Medical – HSA Choice Plus Plan 6	Employee Only	\$606.00	\$358.00	\$248.00
	Employee + Spouse	\$1,256.00	\$815.00	\$441.00
	Employee + Children	\$1,042.00	\$741.00	\$301.00
	Family	\$1,574.00	\$915.00	\$659.00
Medical – HSA Choice Plus Plan 7	Employee Only	\$470.00	\$358.00	\$112.00
	Employee + Spouse	\$1,256.00	\$815.00	\$441.00
	Employee + Children	\$1,042.00	\$741.00	\$301.00
	Family	\$1,574.00	\$915.00	\$659.00
Dental – Option 1	Employee Only	\$24.06	\$11.00	\$13.06
	Family	\$68.18	\$30.00	\$38.18
Dental – Option 2	Employee Only	\$35.16	\$11.00	\$24.16
	Family	\$99.66	\$30.00	\$69.66
Vision – Option 1	Employee Only	\$12.00	\$4.40	\$7.60
	Family	\$24.00	\$8.90	\$15.10
Vision – Option 2	Employee Only	\$15.00	\$4.40	\$10.60
	Family	\$30.00	\$8.90	\$21.10

- *Dental Option 1 maximum is \$750 per person per calendar year. Each covered person is allowed up to two check-ups and two cleanings per year, which are paid at 100% of usual and customary charges. Most other services (fillings, extractions, etc.) are covered at 50%. Orthodontia for dependent children and adult paid at 50% up to a lifetime maximum of \$1,250. Max rollover \$500.*

- *Dental Option 2 maximum is \$1,000 per person per calendar year. Each covered person is allowed up to two check-ups and two cleanings per year, which are paid at 100% of usual and customary charges. Most other services (fillings, extractions, etc.) are covered at 80%. Orthodontia for dependent children and adult paid at 50% up to a lifetime maximum of \$1,500. Max rollover \$1,000.*
- *Vision Option 1 will pay for an eye exam once every 12 months, subject to a \$5 deductible. It will also pay (according to schedule) for frames or contact lenses once every 24 months, subject to a \$10 deductible. Lenses every 12 months.*
- *Vision Option 2 will pay for an eye exam once every 12 months, subject to a \$5 deductible. It will also pay (according to schedule) for frames, lenses, or contact lenses once every 12 months, subject to a \$10 deductible.*

FSA

- *You may elect to take part in a Flexible Compensation Plan that allows you to select from Dependent Care Expenses or Medical (Out-of-Pocket) Expenses.*
 - *Dependent Care Expenses Maximum Participant Salary Reduction - \$5,000.00*
 - *Medical (Out-of-Pocket) Expenses - \$2,750.00*
 - *Medical FSA Carryover Maximum - \$500.00*

Life Insurance

- *A \$50,000 life insurance policy is available to all eligible full time Level B employees at the cost of \$0.10 per month and includes double indemnity for accidental death.*

Long-Term Disability

- *A long-term disability insurance policy is available to all eligible permanent employees at the cost of \$0.10 per month. This policy will pay 2/3 of salary after an elimination period of 90 calendar days for illness or injury if unable to work.*

Voluntary Life Insurance

- *Additional life insurance is available to all eligible permanent employees for purchase on yourself and eligible dependents. For details and cost, please refer to the optional life insurance enrollment form*

The specifics of each program are described in separate benefit plan booklets available through the Human Resources Department.

**Employee contribution based on monthly total*

Life Insurance

- Level A employees will be allowed to continue with the NLCS life insurance policy with the full cost of the policy being paid by the employee. The plan booklet specifies restrictions on the amount of insurance. This benefit terminates at age 70.

403(b) Retirement Plan

- All Level A employees are eligible to participate in the 403(b) Retirement Plan. (Please see Support Staff Handbook for more details)
- Employees may contribute a percentage of their compensation or a set deduction (subject to an annual minimum deferral amount of \$200.00) up to the IRS limitation each year. Employees are always 100% vested in their contributions.

IV. Compensation

Hours/Days Worked

- All Support Staff are expected to work a 40-hour week.
- Exempt Support Staff will have an annual work schedule prepared by the Human Resources Department. As a general rule, if an employee works on an unassigned day, he/she will not receive compensation for that day.

Payroll Calendar

- Employees are paid bi-weekly via payroll schedule below.

Seniority Pay

- After 15 years, employees in good standing will receive an additional \$.25/hr; those with 20 years' experience will receive an additional \$.50/hr.
- Employees must have positive evaluation each year to receive seniority pay raise.

2020-2021 NLCS Payroll Schedule		
<i>Start</i>	<i>End</i>	<i>Paid On</i>
8/1/2020	8/14/2020	8/28/2020
8/15/2020	8/28/2020	9/11/2020
8/29/2020	9/11/2020	9/25/2020
9/12/2020	9/25/2020	10/9/2020
9/26/2020	10/9/2020	10/23/2020
10/10/2020	10/23/2020	11/6/2020
10/24/2020	11/6/2020	11/20/2020
11/7/2020	11/20/2020	12/4/2020
11/21/2020	12/4/2020	12/18/2020
12/5/2020	12/25/2020	12/31/2020
12/26/2020	1/8/2021	1/15/2021
1/9/2021	1/22/2021	1/29/2021
1/23/2021	2/5/2021	2/12/2021
2/6/2021	2/19/2021	2/26/2021
2/20/2021	3/5/2021	3/12/2021
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3/20/2021	4/2/2021	4/9/2021
4/3/2021	4/16/2021	4/23/2021
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11/13/2021	11/26/2021	12/3/2021
11/27/2021	12/10/2021	12/17/2021
12/11/2021	12/24/2021	12/31/2021

1st pay of teacher contract

*Thursday

Last pay of teacher contract

**NORTH LAWRENCE COMMUNITY SCHOOLS
2020 STATEMENT OF BENEFITS**

**LEVEL B EMPLOYEES
40 hour/40 or 44 Week**

I. Insurance Benefits

Eligibility

- To be eligible for these insurance plans, employees must be in a permanent position (i.e., substitutes and temporary employees are not eligible).

Employer Contributions

Program	Coverage	Premium	NLCS Contribution	Employee Contribution*
Medical – HSA Choice Plus Plan 5	Employee Only	\$633.00	\$358.00	\$367.00
	Employee + Spouse	\$1,383.00	\$815.00	\$758.00
	Employee + Children	\$1,070.00	\$741.00	\$439.00
	Family	\$1,762.00	\$915.00	\$1,130.00
Medical – HSA Choice Plus Plan 6	Employee Only	\$606.00	\$358.00	\$331.00
	Employee + Spouse	\$1,256.00	\$815.00	\$588.00
	Employee + Children	\$1,042.00	\$741.00	\$402.00
	Family	\$1,574.00	\$915.00	\$879.00
Medical – HSA Choice Plus Plan 7	Employee Only	\$470.00	\$358.00	\$150.00
	Employee + Spouse	\$1,256.00	\$815.00	\$588.00
	Employee + Children	\$1,042.00	\$741.00	\$402.00
	Family	\$1,574.00	\$915.00	\$879.00
Dental – Option 1	Employee Only	\$24.06	\$11.00	\$32.08
	Family	\$68.18	\$30.00	\$90.91
Dental – Option 2	Employee Only	\$35.16	\$11.00	\$46.88
	Family	\$99.66	\$30.00	\$132.88
Vision – Option 1	Employee Only	\$12.00	\$4.40	\$10.14
	Family	\$24.00	\$8.90	\$20.14
Vision – Option 2	Employee Only	\$15.00	\$4.40	\$14.14
	Family	\$30.00	\$8.90	\$28.14

- *Dental Option 1 maximum is \$750 per person per calendar year. Each covered person is allowed up to two check-ups and two cleanings per year, which are paid at 100% of usual and customary charges. Most other services (fillings, extractions, etc.) are covered at 50%. Orthodontia for dependent children and adult paid at 50% up to a lifetime maximum of \$1,250. Max rollover \$500.*

- Dental Option 2 maximum is \$1,000 per person per calendar year. Each covered person is allowed up to two check-ups and two cleanings per year, which are paid at 100% of usual and customary charges. Most other services (fillings, extractions, etc.) are covered at 80%. Orthodontia for dependent children and adult paid at 50% up to a lifetime maximum of \$1,500. Max rollover \$1,000.
- Vision Option 1 will pay for an eye exam once every 12 months, subject to a \$5 deductible. It will also pay (according to schedule) for frames or contact lenses once every 24 months, subject to a \$10 deductible. Lenses every 12 months.
- Vision Option 2 will pay for an eye exam once every 12 months, subject to a \$5 deductible. It will also pay (according to schedule) for frames, lenses, or contact lenses once every 12 months, subject to a \$10 deductible.

FSA

- You may elect to take part in a Flexible Compensation Plan that allows you to select from Dependent Care Expenses or Medical (Out-of-Pocket) Expenses.
 - Dependent Care Expenses Maximum Participant Salary Reduction - \$5,000.00
 - Medical (Out-of-Pocket) Expenses - \$2,750.00
 - Medical FSA Carryover Maximum - \$500.00

Life Insurance

- A \$50,000 life insurance policy is available to all eligible full time Level B employees at the cost of \$0.10 per month and includes double indemnity for accidental death.

Long-Term Disability

- A long-term disability insurance policy is available to all eligible permanent employees at the cost of \$0.10 per month. This policy will pay 2/3 of salary after an elimination period of 90 calendar days for illness or injury if unable to work.

Voluntary Life Insurance

- Additional life insurance is available to all eligible permanent employees for purchase on yourself and eligible dependents. For details and cost, please refer to the optional life insurance enrollment form

The specifics of each program are described in separate benefit plan booklets available through the Human Resources Department.

*Employee contribution based on monthly total

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11/7/2020	11/20/2020	12/4/2020
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10/30/2021	11/12/2021	11/19/2021
11/13/2021	11/26/2021	12/3/2021
11/27/2021	12/10/2021	12/17/2021
12/11/2021	12/24/2021	12/31/2021

1st pay of teacher contract

*Thursday

Last pay of teacher contract

NORTH LAWRENCE COMMUNITY SCHOOLS

2020 STATEMENT OF COMPENSATION

**LEVEL B EMPLOYEES
40 hour/40 or 44 Week**

POSITION	DAYS PER YEAR	HOURLY RANGE
Administrative Assistants	202-212	\$12.58-\$18.23/hr
Kitchen Managers	180-230	\$15.21-\$17.78/hr
School Year Custodians	202	\$11.35-\$13.92/hr
Hall Monitors/Facility Upkeep	202	\$11.35-\$13.92/hr
Security	180-202	\$11.35-\$13.92/hr

Voluntary Life Insurance

- *Additional life insurance is available to all eligible permanent employees for purchase on yourself and eligible dependents. For details and cost, please refer to the optional life insurance enrollment form*

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**Employee contribution based on monthly total*

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10/10/2020	10/23/2020	11/6/2020
10/24/2020	11/6/2020	11/20/2020
11/7/2020	11/20/2020	12/4/2020
11/21/2020	12/4/2020	12/18/2020
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2/20/2021	3/5/2021	3/12/2021
3/6/2021	3/19/2021	3/26/2021
3/20/2021	4/2/2021	4/9/2021
4/3/2021	4/16/2021	4/23/2021
4/17/2021	4/30/2021	5/7/2021
5/1/2021	5/14/2021	5/21/2021
5/15/2021	5/28/2021	6/4/2021
5/29/2021	6/11/2021	6/18/2021
6/12/2021	6/25/2021	7/2/2021
6/26/2021	7/9/2021	7/16/2021
7/10/2021	7/23/2021	7/30/2021
7/24/2021	8/6/2021	8/13/2021
8/7/2021	8/20/2021	8/27/2021
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9/4/2021	9/17/2021	9/24/2021
9/18/2021	10/1/2021	10/8/2021
10/2/2021	10/15/2021	10/22/2021
10/16/2021	10/29/2021	11/5/2021
10/30/2021	11/12/2021	11/19/2021
11/13/2021	11/26/2021	12/3/2021
11/27/2021	12/10/2021	12/17/2021
12/11/2021	12/24/2021	12/31/2021

1st pay of teacher contract

*Thursday

Last pay of teacher contract

**NORTH LAWRENCE COMMUNITY SCHOOLS
2020 STATEMENT OF COMPENSATION**

**LEVEL C EMPLOYEES
28 hour/40 Week Employees**

POSITION	DAYS PER YEAR	HOURLY RANGE
Instructional Assistants	180	\$10.72-\$14.20/hr
Part Time Food Service Staff	180	\$10.72-\$14.20/hr
Bus Monitors	180	\$11.35-\$14.00/hr
Hall Monitors/Facility Upkeep	180	\$11.35-\$14.00/hr

**NORTH LAWRENCE COMMUNITY SCHOOLS
2020-21 STATEMENT OF COMPENSATION**

**LEVEL D EMPLOYEES
Transportation**

I. Compensation

- Bus drivers receive \$20.00 per hour, minimum of five hours per day
- Extracurricular activities will pay \$13.00 per hour
- Transportation employees are paid bi-weekly via payroll schedule below.

2020-2021 NLCS Payroll Schedule		
<i>Start</i>	<i>End</i>	<i>Paid On</i>
8/1/2020	8/14/2020	8/28/2020
8/15/2020	8/28/2020	9/11/2020
8/29/2020	9/11/2020	9/25/2020
9/12/2020	9/25/2020	10/9/2020
9/26/2020	10/9/2020	10/23/2020
10/10/2020	10/23/2020	11/6/2020
10/24/2020	11/6/2020	11/20/2020
11/7/2020	11/20/2020	12/4/2020
11/21/2020	12/4/2020	12/18/2020
12/5/2020	12/25/2020	12/31/2020
12/26/2020	1/8/2021	1/15/2021
1/9/2021	1/22/2021	1/29/2021
1/23/2021	2/5/2021	2/12/2021
2/6/2021	2/19/2021	2/26/2021
2/20/2021	3/5/2021	3/12/2021
3/6/2021	3/19/2021	3/26/2021
3/20/2021	4/2/2021	4/9/2021
4/3/2021	4/16/2021	4/23/2021
4/17/2021	4/30/2021	5/7/2021
5/1/2021	5/14/2021	5/21/2021
5/15/2021	5/28/2021	6/4/2021
5/29/2021	6/11/2021	6/18/2021
6/12/2021	6/25/2021	7/2/2021
6/26/2021	7/9/2021	7/16/2021
7/10/2021	7/23/2021	7/30/2021
7/24/2021	8/6/2021	8/13/2021
8/7/2021	8/20/2021	8/27/2021
8/21/2021	9/3/2021	9/10/2021
9/4/2021	9/17/2021	9/24/2021
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10/2/2021	10/15/2021	10/22/2021
10/16/2021	10/29/2021	11/5/2021
10/30/2021	11/12/2021	11/19/2021
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11/27/2021	12/10/2021	12/17/2021
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1st pay of teacher contract

*Thursday

Last pay of teacher contract