



Homewood City Schools

Educating and Empowering All Students to Maximize Their Unique Potential

Employee Benefits 2024-2025

CENTRAL OFFICE

Finance/Personnel Staff - 205-870-4203

- **Dr. John Lowry - Director of Personnel and Academic Services**
 - **Lynn Buch - Chief School Financial Officer (CSFO)**
 - **Tina Thompson - Assistant to CSFO, LSA Supervisor**
 - **Laura Johnston - Payroll Officer, TRS, VOE, Retirement**
 - **La Vonda Primus - Benefits Specialist, ESS, Kronos, LOA**
 - **Elaine Haithcock - Accounts Payable**
 - **Ginny Tucker - Superintendent's Secretary**
 - **Cindy Hutchinson - Teacher Certification & PD**
 - **Dayna Borden - Personnel & Teacher Certification**
 - **Tammy Ryle – Front Desk Receptionist, ID Cards**
-

When does an employee receive their first paycheck, step increase, and **2% RAISE of the new contract year?**

Employees are paid 1/12 of their annual contract salary at the end of each month starting:

- **184-189 Day/9 Month employees**
 - **September 30, 2024 – Step Increase & 2% Raise**
- **197-209 Day/10 Month employees**
 - **September 30, 2024 – Step Increase & 2% Raise**
- **240 Day/12 Month employees**
 - **July 31, 2024 – Step Increase & 2% Raise**

There are NO early payroll dates for 2024-25.

HOW IS MY ATTENDANCE COUNTED AT THE LOCAL SCHOOL?

- Follow guidelines/procedures given to you from your Principal.
 - Clock in on Patriot Time/KRONOS software each day.
 - If you forget to clock in, please see your local school payroll bookkeeper for instructions on how to enter a correction.
 - Use Frontline to record all absences at the school level. If you are unable to do this for any reason, please see your local school payroll bookkeeper for assistance in recording your leave.
 - If you do not clock in OR call/contact Frontline, Payroll will assume that you are absent and you will be docked at your daily rate.
-

HOW DO I REPORT STATUS CHANGES?

All of the following changes are to be made in ESS

□ ADDRESS

- Make change in ESS and with Teachers' Retirement System/PEEHIP
- https://www.rsa-al.gov/uploads/files/RSA_ADDCHGF_Address_Change_Notification.pdf

□ NAME

- Make change in ESS. Copy of your new social security card given to the Board office and Teachers' Retirement System/PEEHIP

*PEEHIP requires a copy of the member's Social Security card before a name or Social Security Number (SSN) can be changed. Active members must provide a copy of their current Social Security card to their employer for the employer to correct their PEEHIP and TRS accounts. **The disclosure of a member's SSN is mandatory for PEEHIP coverage so that PEEHIP may ensure compliance with the federal Medicare Secondary Payee rules created by 42 USC 1395y(b). A member's SSN will be used by PEEHIP for the purpose of coordination of benefits. PEEHIP policies do not allow a name or SSN to be changed over the phone.***

□ BANK ACCOUNT

- Make change in ESS and include voided check or bank letter.
-

PAYROLL DIRECT DEPOSIT

□ Direct Deposit Authorization

- Automatic Direct Deposit is required for all employees.

<https://a150000136.schoolwires.net/site/handlers/filedownload.ashx?moduleinstanceid=5695&dataid=6667&FileName=Direct%20Deposit.pdf>

- All changes must be made on the Homewood City Schools Employee Self Service (ESS) portal and **MUST BE** accompanied by a voided check or letter of notification from your bank.
 - Direct Deposit Statements are available for viewing and printing from the ESS portal.
-

Employee Self Service-Edit/Enter Direct Deposit

Employees can submit requests to add, delete, or change direct deposit accounts. All changes must be validated with a PIN that is emailed to the employee's ESS email. Once the valid PIN is submitted, the request for changes will be submitted for approval.

The main interface is titled "Edit Direct Deposit Account(s)" and includes "Back" and "Print" buttons. Below these are buttons for "+ Add new record" and "Cancel changes". A table lists the following accounts:

Bank Name	Account	Routing	Account Type	Primary	Amount	
ALABAMA ONE CREDIT UNION	424:	262277189	Checking	true	\$0.00	<input type="button" value="x Delete"/>
ALABAMA ONE CREDIT UNION	521:	262277189	Checking	false	\$25.00	<input type="button" value="x Delete"/>

Callouts include:

- A "Confirm" window showing a "Check Sample" with red circles around the routing number "262277189" and account number "424".
- A "Where do I find bank account and routing numbers?" text with a red arrow pointing to the "Save" button.
- An "Enter PIN" window with a "Submit" button.
- An email validation window for "nextgeness@gmail.com" with the subject "[EXTERNAL] Direct Deposit Validation PIN" and a "Your validation PIN" of "9140".

If changing a routing number or the amount to deposit, click in the field, make the change and click save.

If adding a new account, click on *Add New Record*, enter the information for the new account and click save. **Note:** There can be only one primary account per employee.

If you are trying to delete a direct deposit, click on the *Delete* button beside the account information and then click save.

Employee Self Service-Edit/Enter Direct Deposit

Pending changes are displayed and employees can upload files for direct deposit requests.

Edit Direct Deposit Account(s)
Pending

Back Print

+ Add new record Cancel changes

Bank Name	Account	Routing	Account Type	Primary	Amount	
ALABAMA ONE CREDIT UNION	4242	262277169	Checking	true	\$0.00	x Delete
ALABAMA ONE CREDIT UNION	5212	262277169	Checking	false	\$25.00	x Delete

Where do I find bank account and routing numbers?

Save Back

Attachments
Select files...

harris_school_solutions_logo_sm...

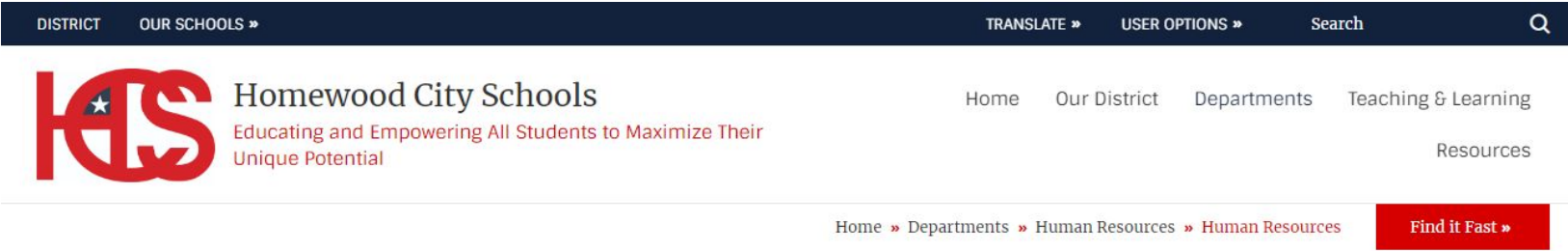
Instructions
Please upload copy of voided check for all new direct deposit records for verification of information.

If employee has a pending request, their direct deposit information will be displayed with the requested changes. The employee can change all pending direct deposit data.

Multiple files can be selected from multiple directories. Acceptable file formats include .gif, .jpg, .jpeg, .png, .doc, .docx, .xls, .xlsx, .pdf, .txt.

Where to find additional ESS information

A link to the Employee Self Service system and additional system information pertaining to the ESS system can be found by going to the [Human Resources](#) page on the Homewood City Schools website.



Human Resources

[Human Resources](#) »

[Employee Assistance Program](#) »

[Insurance](#) »

[Leave Time](#) »

Human Resources

The Homewood City School District values every employee. The excellence demonstrated by the district depends on attracting and retaining qualified teachers, administrators, and support personnel. We are pleased to offer benefits and incentives that demonstrate the value we place on the faculty and staff.

[Employee Self Service](#)

[Employee Self Service Link](#)

[Employee Self Service Documentation](#) ▼▲

[Kronos Mobile App Instructions](#) ▼▲

Employee Self Service

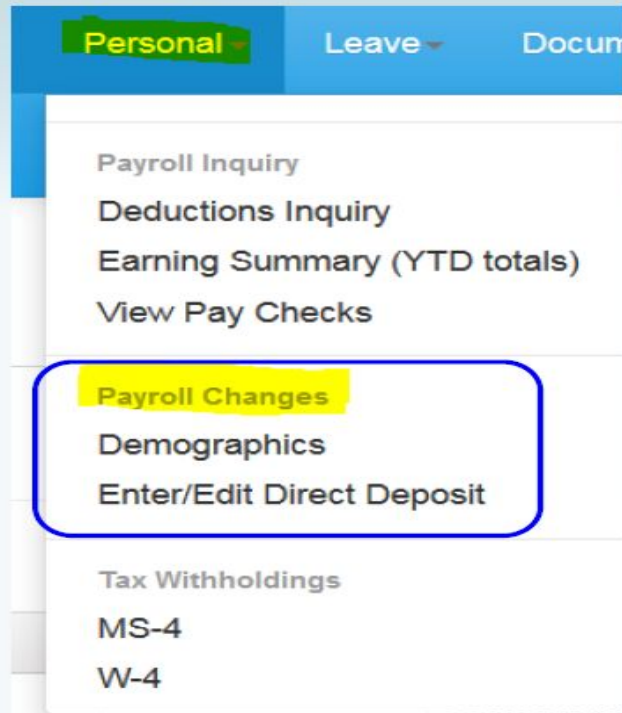
Employees can...

- **access from any computer.**
- **view their elected withholding, earnings summary, check history from April 2006 to present, company documents, leave balances and leave history.**
- **request changes to their demographics, direct deposits, W4 and A4.**
- **print past check information from August 2011 to present.**
- **print W2s from 2011 to present.**
- **view and print the annual Truth in Salary letter and 1095-C.**

PLEASE use your personal email address when setting up your account.

Employee Self Service–Personal/Payroll Changes

The Personal menu contains the sub-menu for Payroll Changes which includes a menu of all change options available to the employee.



Employee Self Service - Demographics

Employee can request changes to a variety of demographic fields and upload multiple documents to be submitted with their change request. Both the employee and the approver can print the attached documents from the pending or completed request/task.

If employee has a pending request, their demographics will be displayed with the requested changes. The employee can change all demographic data.

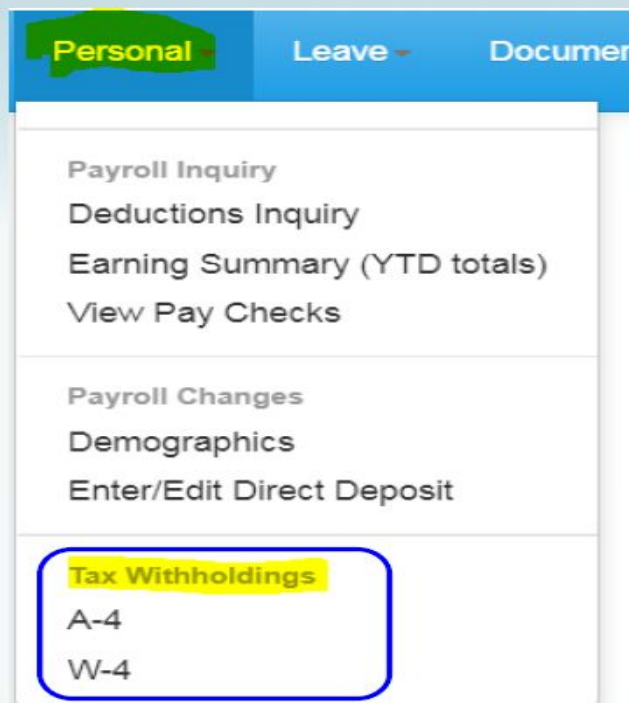
Multiple files can be selected from multiple directories. Acceptable file formats include .gif, .jpg, .jpeg, .png, .doc, .docx, .xls, .xlsx, .pdf, .txt.

The screenshot shows a web form titled "Demographic Change Request" with a "Pending" status. At the top, there are "Save", "Back", and "Print" buttons. A red arrow points from the "Print" button to the text "Information can be printed by selecting Print." Below the buttons is a "User Instructions" section with a note: "All changes to name require a copy of social security card with same name. Please attach copy of social security card or bring your card by the Payroll department." The form contains several input fields for personal information: First Name (empty), Middle Name (empty), Last Name (ANDY), Birthday (empty), Email (ANDY_B@HARRISSCHOOL.ORG), Gender (Female), Address 1 (P. O. BOX), Address 2 (4 STREET), City (BAY SAINT LOU), State (MS), Zip Code (39520-1032), Home Phone (empty), and Cell Phone (empty). Below the form is an "Attachments" section with a "Select files" button highlighted by a red box. A red arrow points from this button to a file explorer window showing a "Documents" library with various files like "20120110-NextGen W-2 Web", "ASMLogger", and "Bluetooth Exchange Folder".

NOTE: A change to the email address on the demographic screen changes the email address in the payroll system which may be used by the school district when corresponding with the employee. It does not change the email address for the ESS notifications which was entered when the employee registered for ESS.

Employee Self Service – Tax Withholdings

Tax Withholding under the sub menu Payroll Changes will include your State Withholding and W-4 Withholding Forms.



Employee Self Service – A4 (Alabama)

Changes can be made to the employee's A4 with an electronic signature.

Current State of Alabama Employee's Withholding Allowances

Withholding Status	Exemptions	Dependents	Addl. Amt	Exempt
Single	1	0	0.00	<input type="checkbox"/>

User Instructions
All employees need to print a copy of new A4 for their records. Please see open task or completed task for the a copy of your new A4.

A4 Instructions

FORM
A-4 REV. 3/2014

ALABAMA DEPARTMENT OF REVENUE
Employee's Withholding Exemption Certificate

EMPLOYEE'S FULL NAME _____ SOCIAL SECURITY NO. XXX-XX-
HOME ADDRESS #62 _____ ROAD _____ CITY MOUNDVILLE STATE AL ZIP 35474
SIGNATURE _____ DATE _____ (01/01/2010)

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. If you claim no personal exemption for yourself, write the figure "0", sign and date Form A-4 and file it with your employer.
2. If you are SINGLE or MARRIED FILING SEPARATELY a \$1,500 personal exemption is allowed. Write the letter "S" if claiming the SINGLE exemption or "MS" if claiming the MARRIED FILING SEPARATELY exemption.
(Choose S or MS)
3. If you are MARRIED or SINGLE CLAIMING HEAD OF FAMILY, a \$3000 personal exemption is allowed. Write the letter "M" if you are claiming an exemption for both yourself and your spouse or "H" if you are single with qualifying dependents and are claiming HEAD OF FAMILY exemption.
(Choose M or H)
4. Number of dependents (other than spouse) that you will provide more than one-half of the support for during the year. See instructions for dependent qualifications.
5. Additional amount, if any, you want deducted each pay period.
6. This line to be completed by your employer: Total exemptions (example: employee claims "M" on line 3 and "2" on line 4. Employer should use column M-2 (married with 2 dependents) in the withholding tables).

EMPLOYER NAME Board of Education FEIN _____ EMPLOYER STATE ID _____

Employee's current State withholding information is displayed.

Employee can view additional instructions for the A4 by clicking the *A4 Instructions* button.

Electronic signature and date must be exactly as displayed – no extra spaces, dashes or periods.

If requesting a change for A4, the employee must enter ALL information on the A4 form, not just the change.

Employee Self Service – W4

Changes can be made to the employee's W4 with an electronic signature.

Current Withholding Allowances

Type	Tax Status	Allowances	Addl. Amt	Exempt
Federal	Single	0	100.00	<input type="checkbox"/>
State	Single	0	0.00	<input type="checkbox"/>

Save Back

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

www.irs.gov/pub/irs-pdf/fw4.pdf
IRS.GOV W4 Worksheet Application

OMB No. 1545-0074
2016

1. Your first name and middle initial
DEEDEE S
Last Name
COOKER
2. Your social security number
XXX-XX-
Home address (number and street or rural route) Address 3
Single

Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

City or town, state, and ZIP code
WEST BLOCTON, AL 35184
If your last name differs from that shown on your social security card, check here. You must call 1 800-772-4213 for a replacement card. ►

5. Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) 5
0

6. Additional amount, if any, you want withheld from each paycheck 6
\$ 100.00

7. I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption:
• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and
• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

If you meet both conditions, write "Exempt" here 7

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature
(this form is not valid unless you sign)
DEEDEE S COOKER
Employee Name/Address
County Board of Education

Date (mm/yyyy) ► 07/2016

Office Code (optional)

Employer FEIN

Employee's current Federal and State withholding information is displayed.

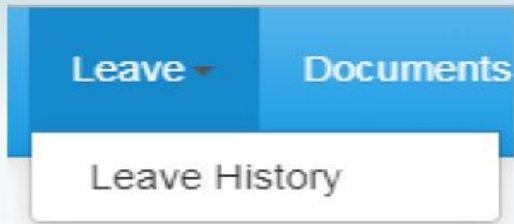
IRS instructions and worksheet are accessible from W4 form.

If requesting a change for W4, the employee must enter ALL information on the W4 form, not just the change.

Electronic signature and date must be exactly as displayed – no extra spaces, dashes or periods.

Employee Self Service – Leave

Leave Menu allows the employee to see their leave history and leave balances.



Employee Self Service – Leave History

Employee can view and print their detail leave history for a specific date range. Leave adjustment are displayed with the notes that related to the leave adjustment.

Leave History

[Back](#)[Print](#)

Start Date



End Date



Date	Hrs/Days	Description	Note	Used
01/14/2016	D	District Title II		1.00
02/23/2016	D	SICK		1.00
03/25/2016	D	SICK		1.00
04/01/2016	D	SICK		1.00
04/15/2016	D	SICK		0.50
04/27/2016	D	PROFESSIONAL		1.00
04/28/2016	D	District Title II		0.50
05/06/2016	D	SICK	to S.Young/Cat.Leave	-1.00

Employee Self Service - Electronic Form Agreement

Employee can change their choice for tax form delivery by selecting the option and save. Districts can also require that the Agreement be signed by all employees on initial login to ESS. This option may not be used by all districts.

Electronic Form Agreement - Please select one of the following for form delivery.

Harris school system is please to offer electronic delivery of all your forms beginning January, 2018. Your W2, and Pay Forms will be available for viewing and downloading in PDF format through your Employee Self Service account. In order to receive your forms electronically instead of paper copy, you need to give your consent before December 10, 2017. Your electronic W2 forms will be available for viewing by January, 2018. For more information on electronic consent, see Company Documents – Electronic Form Consent.

Example Text Only

- I consent to receive all my tax forms (W2, 1095, Alabama Truth in Salary) electronically each year. I understand I will NOT receive any paper copies of forms.
- I want to receive paper forms for all my tax forms (W2, 1095, Alabama Truth in Salary).

Save

BENEFITS YOU RECEIVE FREE OF CHARGE WHILE EMPLOYED WITH HOMEWOOD CITY SCHOOLS

□ Blue Cross Blue Shield Dental Insurance

- Single coverage is free to the employee
- Family coverage is **\$62.27** per month
- Employee **MUST** enroll online. Each employee will receive a link to the website for enrollment.
- When enrolling online, there will be some questions that are irrelevant unless you have an additional dental policy

□ Life Insurance – American United Life Insurance Company (AUL), a OneAmerica company

- Annual Base Salary rounded up to the nearest thousand
-

BLUE CROSS BLUE SHIELD DENTAL PLAN

OPEN ENROLLMENT

*****8/1/2024 – 8/31/2024*****

- The *effective date* of coverage is 10/01/2024.
- There is a waiting period of 365 days of continuous coverage from effective date for **ALL ORTHODONTIC SERVICES and MAJOR SERVICES.**

EXISTING EMPLOYEES:

- You can add/drop dependents/spouse or coverage altogether. Please email LPrimus@Homewood.K12.AL.US with your change(s) request. Once your change(s) is/are updated, you will be emailed a receipt of the change(s).
- If you were never enrolled in this plan, and wish to enroll, email Mrs. Primus and she will send you an application to complete and return to her. You will receive a receipt when your enrollment has been submitted.

NEW EMPLOYEES:

- Please refer to the link in your welcoming email to enroll in this dental plan.

HOMESCHOOL CITY SCHOOLS
BOARD BLUE CROSS DENTAL PLAN *Benefit Summary*

Plan Benefit	Dental Blue ®
<i>In - Network Benefits</i>	1500A
Calendar Year Deductible	\$25 Member/ \$75 Family
<i>Note: Does not apply to diagnostic and preventive or orthodontic services</i>	
Calendar Year Maximum	\$1,500
<i>Note - Does not apply to orthodontic services</i>	
DIAGNOSTIC AND PREVENTIVE SERVICES	
Diagnostic and Preventive Services	100%
BASIC SERVICES	
Restorative	
<ul style="list-style-type: none"> - Simple tooth extractions - Repairs to crowns, inlays, onlays, veneers, fixed partial dentures and removable dentures - Direct pulp capping, removal of pulp, and root canal treatment - Emergency treatment for pain - Fillings made of silver amalgam and tooth color materials 	100%, subject to deductible
Supplemental	
<ul style="list-style-type: none"> - Oral surgery - General anesthesia given for oral or dental surgery - Treatment of the root tip of the tooth including its removal 	100%, subject to deductible
MAJOR SERVICES	
Waiting Period <i>No benefits for late enrollees until the member has been covered for a continuous 365 days.</i>	
Periodontic Services	
<ul style="list-style-type: none"> - Periodontic exams - Removal of diseased gum tissue and reconstructing gums - Removal of diseased bone - Reconstruction of gums and mucous membranes - Removing plaque and calculus 	80%, subject to deductible
Prosthetic Services	
<ul style="list-style-type: none"> - Inlays, onlays, veneers or crowns - Fixed or removable bridges - Full or partial dentures 	50%, subject to deductible
ORTHODONTIC SERVICES	
Waiting Period <i>No benefits for all enrollees until the member has been covered for a continuous 365 days.</i>	
Calendar Year Orthodontic Deductible	No deductible
Lifetime Orthodontic Maximum	\$1,500
Orthodontic Services	
<i>Orthodontic benefits for dependent children up to age 26.</i>	50%
ANNUAL MAXIMUM ROLLOVER	
<i>Plan will allow up to \$500 of unused in- or out-of-network annual maximum dollars to carry over when a member completes two diagnostic and preventative services within a calendar year. Maximum rollover account has a \$1,000 threshold.</i>	

BENEFITS YOU RECEIVE FREE OF CHARGE

WHILE EMPLOYED WITH HOMEWOOD CITY SCHOOLS

□ Homewood Parks & Recreation Membership

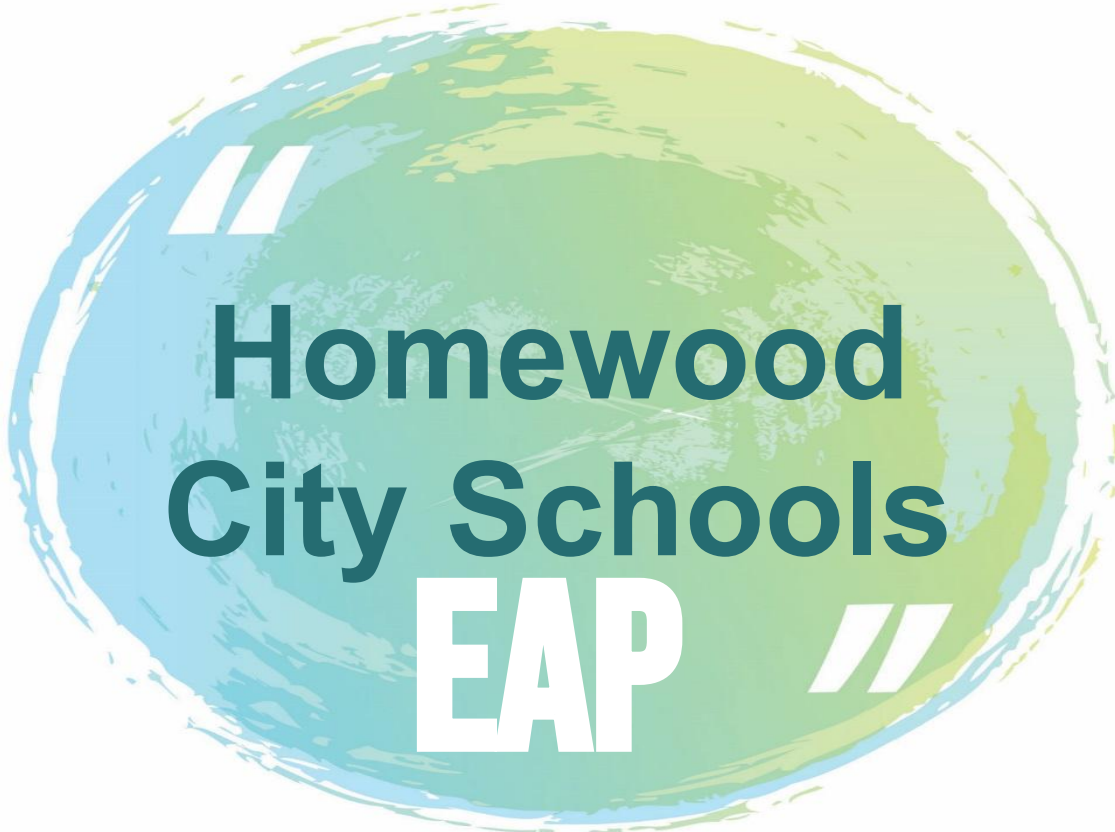
- Free for Employees that are Homewood Residents
- \$40 for Employees that are Non-Residents
- \$40 per additional household member

**Includes: Homewood Community Center, Central Pool, Patriot Pool, & Lee Community Center*

**Membership is valid 1 year from the date of registration/purchase*

□ Employee Assistance Program

- **UAB EMPLOYEE ASSISTANCE and COUNSELING CENTER**
 - Provides employees and their families with resources for resolving work-related and personal problems.
 - Link is on HCS website under Departments/Human Resources
-



“
**Homewood
City Schools**
EAP”

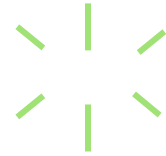
What is the EAP?



- **An employee assistance program that offers support services for full time employees and their immediate household members**
 - **A starting place for identifying, understanding, and resolving work-related and personal issues**
 - **An avenue of assistance: team of certified counselors + collection of online resources + schedule of programs/events**
 - **Help for employees to achieve a successful work/life balance**
-

EAP Benefits | Why?

- **Cost-free employee benefit**
- **Confidential**
- **Convenient office location and online/telehealth**
- **Covers full time employee and immediate household members**
- **Wellness**



Reasons to consider calling the EAP?

- Relationships & family
- Stress
- Depression & anxiety
- Financial consultation
- Work/life balance – personal growth
- Drug or alcohol issues
- Grief, loss, loneliness
- LGBTQ issues
- Eating disorders
- Community referrals

Wellness!

EAP Confidentiality



RELEASE AUTHORIZATION FORM

Name of the parent/Guardian: _____

Address of the parent/Guardian: _____

Contact No. _____ Email ID _____

Name of the person to whom you give authority: _____

Address of the person to whom you give authority: _____

Name of the child _____ Age of the child _____

What are the reasons to take this step? _____

What are the various powers given to the caretaker for your children?

Date on which the authorization will begin: _____

What will be the duration of the authorization? From Date _____ to
Date _____

Parent/Guardian Signature: _____

Date _____ Place of Signing _____

How to access

the EADP



Call: (205) 934-2281

<https://www.uab.edu/humanresources/home/eacc/programs/eacc-calendar/home-wood-schools>

EAP Website



COUNSELING SERVICES

The UAB Employee Assistance and Counseling Center offers individual, couples and family counseling to help HCS employees and members of their immediate household resolve work-related and personal problems. Our staff includes counselors specializing in marriage and family counseling, play therapy, group counseling, alcohol and drug abuse aftercare, EMDR, critical incident stress management, aging and caregiver issues, employee assistance, career counseling, art therapy and more. For more information, visit the EACC's [Counseling Services](#) webpage.

Homewood City School System employees receive unlimited counseling sessions. To schedule a counseling appointment, call 1-877-872-2327 or 205-934-2281.

Other Counseling Services

- **One-At-A-Time Therapy:** Enables you to develop strategies for moving forward in a single, goal-oriented therapy session. One-at-a-Time Therapy is currently available for clients seeking individual counseling.
- **Financial Counseling:** An individualized financial wellness counseling session will help you gain a better understanding of your financial situation, while teaching you the best options for managing your finances and paying off debt. The EACC offers free financial counseling services to help you develop a personal financial assessment and take control of your finances.
- **Tobacco Cessation:** The EACC provides four free nicotine counseling sessions per employee per calendar year. The sessions are conducted by licensed mental health professionals either in one-on-one or group counseling sessions. These tobacco cessation sessions are offered in addition to the free benefit of unlimited counseling sessions available to HCS employees.
- **Telehealth/Distance Counseling:** The EACC offers face-to-face telemental health sessions via HIPAA-compliant video-conferencing system Zoom. EACC's staff include certified distance credentialed counselors, trained in best practices for delivering traditional counseling through technological means.

EAP Website



PROGRAMS & EVENTS

The UAB Employee Assistance and Counseling Center supports you in achieving successful work-life integration in all areas of life by offering informational classes, support groups, and psycho-educational and stress management programs. *Classes are offered at no cost to HCS employees and members of their immediate household.*

- **Support Groups:** The EACC offers several confidential support groups that give participants the opportunity to discuss shared experiences, offer and receive guidance, and benefit from community support. Visit the [EACC Support Groups webpage](#) for details.
- **Self Care Studio:** A collaboration between the UAB EACC and UAB Arts in Medicine that offers employees a space to enhance creativity and focus on personal wellness. Meets via Zoom the first and third Tuesday of the month, noon-1 p.m. Check the [EACC Events Calendar](#) for upcoming sessions.
- **Mental Health First Aid:** Mental Health First Aid teaches you how to identify, understand and respond to signs of mental health and substance use challenges among adults. Participants will learn common signs and symptoms of mental health and substance use challenges, how to interact with a person in crisis and connect them with help, and additional information on trauma, substance use and self-care. Check the [EACC Events Calendar](#) for upcoming sessions; registration closes 10 days ahead of requested session.

For a complete schedule of upcoming events, visit the [EACC Programs & Events](#) page.

EAP Website



LIFE COACHING

Life coaching is for the person who needs guidance with personal goals and just doesn't know where to start or for the person who has had problems achieving personal goals. Your EACC life coach will assist you with plan development and provide support as a partner in your vision for self-improvement. For more information, see the [EACC Life Coaching for HCS employees flyer](#) or visit uab.edu/lifecoaching.

Homewood City School System employees receive unlimited life coaching sessions. To schedule an appointment, call 1-877-872-2327 or 205-934-2281.

ONLINE RESOURCES

myStrength

The UAB Employee Assistance and Counseling Center has partnered with myStrength to provide free access to web and mobile tools for increased emotional health and wellbeing for employees and members of their immediate households. myStrength features hundreds of resources on topics like stress management, depression, anxiety, chronic pain, parenting, substance abuse and more. Access to myStrength is free and you do not have to be an existing EACC client to take advantage of this resource.



EAP Q & A



Life Coaching



Wellness



PEEHIP HEALTH PREMIUMS

➤ **Blue Cross Blue Shield (PPO) - Basic Major Medical, No referrals**

OR

➤ **VIVA Health Plan (HMO) - Major medical, vision *and* dental**

- **\$30** single coverage
- **\$207** family coverage – **dependents only***
- **\$282** family coverage – **spouse only**
- **\$307** family coverage – **spouse and dependents**
- **\$50** Wellness premium, if screening not complete
- **\$50** for Tobacco Premium – **member and spouse each**

**Spouses dually eligible for PEEHIP enrolled in family coverage qualify for this premium rate.*

PEEHIP PRESCRIPTION DRUG BENEFITS

PEEHIP Hospital Medical Plan (PPO)
(Administered by BCBS)

VIVA Health Plan (HMO)
(Service area includes all 67 AL counties)

Prescription Drug Benefits (Participating Pharmacy Copays)

Drug Type	1-30 Day Supply	31-60 Day Supply	61-90 Day Supply	30 Day Supply	Mail Order 90 Day Supply	Retail 90 Day Supply
Generic	\$ 6	\$ 12	\$ 12			
Preferred Generic				\$ 5	\$ 12	\$ 15
Non- Preferred Generic				\$ 20	\$ 43	\$ 60
Preferred Brand	\$ 40	\$ 80	\$120	\$ 60*	\$150	\$180
Non-Preferred Brand	\$ 60	\$120	\$180	\$ 80*	\$200	\$240
Specialty Drug	20% coinsurance with a minimum copay of \$100 and a maximum copay of \$150.	More than 30 day supply not permitted for specialty drugs.		70% coverage		
The Dispense as Written (DAW) cost differential applies for multi-source brand drugs with a generic chemical equivalent. <i>Administered by Express Scripts for BCBS PPO Plan.</i>				*When generic is available and brand name is chosen, member pays difference between generic and brand price plus applicable copay.		

PEEHIP Benefit Policy Changes Effective January 1, 2024

Hospital Medical Plan Changes – Blue Cross Blue Shield

- *Maximum Annual Out-of-Pocket Amounts*

The combined medical and prescription drug in-network maximum annual out-of-pocket amounts will decrease from \$9,450 per individual to **\$9,200** and from \$18,900 to **\$18,400** for family coverage for calendar year 2025. This is an enhanced benefit for members enrolled in PEEHIP's Hospital Medical Plan Group #14000 coverage, as they will pay no more than these annual out-of-pocket amounts.

PEEHIP Benefit Policy Changes Effective October 1, 2024 – September 30, 2025

Hospital Medical Plan Changes – VIVA

◆◆ The combined medical and prescription drug in-network maximum annual out-of-pocket amounts will be \$9,100 individual coverage and \$18,200 per family coverage for the 2025 calendar year.

COMPARISON OF BENEFITS

October 1, 2024 – September 30, 2025

	PEEHIP Hospital Medical Plan (PPO) (Administered by BCBS)	VIVA Health Plan (HMO) (Service area includes all 67 AL counties)
Outpatient Facility Benefits		
Outpatient Surgery* (including Ambulatory Surgical Centers)	Covered at 100% of the allowed amount after \$150 facility copay *Coverage for Bariatric Surgery available only at Alabama Blue Distinction Centers®	\$150 copay per services performed at ambulatory surgical center; 90% coverage for services performed at other facilities
Outpatient Surgery and Anesthesia Physician Visits	Covered at 100% of the allowed amount; no copay or deductible	90% coverage after deductible is satisfied
Emergency Room Facility (Medical Emergency) In-Area/Out-of-Area	Covered at 100% of the allowed amount after \$150 facility copay for true medical emergencies Covered at 80% of the allowed amount subject to the calendar year deductible if diagnosis does not meet medical emergency criteria	\$300 emergency room visit for facility; waived if admitted through ER
Emergency Room Facility (Accidental Injury) In-Area/Out-of-Area	Covered at 100% of the allowed amount after \$150 facility copay	\$300 emergency room visit for facility; waived if admitted through ER
Outpatient Diagnostic Lab and Pathology	Covered at 100% of the allowed amount after \$5 per test copay Certain testing requires precertification. For precertification, call 800.248.2342.	\$7.50 per lab test at independent labs 90% coverage per test at hospital-based labs 80% coverage for x-rays and other diagnostics
Chemotherapy, Dialysis, IV Therapy and Radiation Therapy	Covered at 100% of the allowed amount after \$25 facility copay Radiation therapy management services requires precertification. For precertification, call 866.803.8002.	80% coverage after deductible is satisfied
Outpatient Diagnostic X-ray	Covered at 100% of the allowed amount; no copay or deductible	90% coverage
Advanced Imaging (i.e., MRA, MRI, PET, CT and CTA)	Covered at 100% of the allowed amount; no copay or deductible Precertification required. If precertification is not obtained, no benefits will be payable under the plan. For precertification, call 866.803.8002.	90% coverage

COMPARISON OF BENEFITS

October 1, 2024 – September 30, 2025

	PEEHIP Hospital Medical Plan (PPO) (Administered by BCBS)	VIVA Health Plan (HMO) (Service area includes all 67 AL counties)
Physician Benefits		
Inpatient Physician Visits and Consultations*	Covered in full *Coverage for Bariatric Surgery available only at Alabama Blue Distinction Centers.®	Covered in full
Surgeon	Covered in full	Covered in full
Anesthesiologist	Covered in full	Covered in full
Primary Care Physician Office Visit and Consultations	\$30 copay per visit	\$25 copay per visit
Specialist Office Visit and In-Person Consultations	\$35 copay per visit	\$50 copay per visit; no referral required (medical physician and OB/GYN Services)
Teladoc®	\$0 copay per consultation	\$25 copay for primary/urgent care consultation \$40 copayment for behavioral health consultation
Emergency Room Physician	Covered at 100% of the allowed amount after \$35 copay per visit	Covered in full
Outpatient Surgery and Anesthesia	Covered at 100% of the allowed amount; no copay or deductible	Covered in full
Second Surgical Opinions	Covered at 100% of the allowed amount; no copay or deductible	Covered in full
Diagnostic Lab and Pathology	Covered at 100% of the allowed amount after \$5 copay per test	\$7.50 per lab test at independent labs 90% coverage per test at hospital-based labs 80% coverage for x-rays and other diagnostics
Advanced Imaging (i.e., MRA, MRI, PET, CT and CTA)	Covered at 100% of the allowed amount; no copay or deductible	90% coverage
Maternity Care	Covered at 100% of the allowed amount; no copay or deductible	\$50 copay per delivery
Preventative Services		
Preventive Medical	\$0 copayment then covered in full	\$0 copay then covered in full
Well Baby Care	Covered at 100% of the allowed amount; no copay or deductible, see www.alabamablue.com/preventiveservices .	\$0 copay then covered in full
Routine Immunizations	\$0 copay then covered in full	\$0 copay then covered in full

COMPARISON OF BENEFITS CONTINUED

October 1, 2024 – September 30, 2025

	PEEHIP Hospital Medical Plan (PPO) (Administered by BCBS)	VIVA Health Plan (HMO) (Service area includes all 67 AL counties)
Calendar Year Deductibles for Major Medical Services	\$300 individual; \$900 family maximum	\$300 individual; \$900 family maximum
Calendar Year Out-of-pocket Maximums	Covered members will pay no more than: \$9,200 individual and \$18,400 family for calendar year 2025 . Out-of-pocket maximums apply to in-network combined medical and prescription drugs during the calendar year.	Covered members will pay no more than: \$9,100 member and \$18,200 family for calendar year 2025 . Out-of-pocket maximums apply to in-network combined medical and prescription drugs during the calendar year.
Major Medical Services and Coinsurance	After you pay the \$300 deductible, the plan pays 80% of the allowed amount of covered expenses for the first \$2,000 and then 100% of the allowed amount. You will have a \$400 individual annual out-of-pocket maximum plus \$300 calendar year deductible. Other covered services are the only expenses applicable to the annual out-of-pocket maximum. Members are responsible for expenses above the allowed amount when using out-of-network.	The plan pays 80% of the allowed amount of covered expenses after member pays the \$300 deductible.
Inpatient Facility Benefits		
Inpatient Hospital Services* (including maternity)	Covered at 100% of the allowed amount for semi-private room and board, intensive care units, general nursing services and usual hospital ancillaries after \$200 per admission deductible and \$25 per day copay for days 2-5 (maximum copay of \$300). Members are responsible for the difference in cost of a private and semi-private room and other non-medical items such as TV, phone, etc.	Covered in full after \$300 copay per admission and \$50 per day for days 2-5 for semi-private room. Members are responsible for the difference between private and semi-private accommodations and other non-medical items such as TV, phone, etc.
Maternity benefits are not available to dependent children of any age.		All inpatient admissions require authorization from VIVA Health prior to receiving services.
	*Coverage for Bariatric Surgery available only at Alabama Blue Distinction Centers® which can be found at www.alabamablue.com . All hospital admissions require preadmission certification (PAC). To obtain PAC, call 800.248.2342.	

PEEHIP HEALTH BENEFITS

Helpful Information about Open Enrollment for Existing Members

- You do not need to do anything during Open Enrollment if you are satisfied with your current coverage. If you take no action, you and your covered dependents will remain on your current plan(s).
 - **Exception:** If you want to renew your **Flexible Spending Accounts (FSA)** or **Premium Assistance Program**, you must **re-enroll/reapply each year** as these two programs do not automatically renew.
 - Members enrolling in new insurance plans should receive a new ID card no later than the last week in September.
-

PEEHIP HEALTH BENEFITS

Important Open Enrollment Dates

- **Open Enrollment begins July 1, 2024, and will end by the following deadlines:**
- **Online:** Open Enrollment ends midnight **September 10, 2024**. After this time, online Open Enrollment changes will not be accepted and the Open Enrollment link will be closed. **Online enrollment is the easiest, most efficient and preferred method of enrolling or making changes.**
- **Paper:** Open Enrollment ends **August 31, 2024**. Any paper forms postmarked after August 31, 2024, will not be accepted.
- **Flexible Spending Accounts:** Paper or online Flexible Spending Account enrollment ends **September 30, 2024**.

Effective Date of Coverage:

- All Open Enrollment elections approved by PEEHIP will have an effective date of **October 1, 2024**.
-

Flexible Spending Accounts

Blue Cross Blue Shield's FSA partner is HealthEquity. **ALL PEEHIP Health FSA members will be issued a Flex Debit Visa Card to pay for qualified medical, prescription drug, dental, and vision copays, and eligible healthcare expenses not covered by insurance.** The Manual Reimbursement method must be used if members do not wish to use their debit card.

- All full time employees are eligible
- *Dependent Care* expenses up to \$5,000 (minimum of \$120) (\$2,500 each if married filing separately)
- Pre-tax dollars set aside to pay qualifying out-of-pocket *Health Care* expenses.
- The annual maximum healthcare contribution is indexed to \$3,200 (minimum of \$120) beginning October 1, 2024 through September 30, 2025.

Members should be sure to keep a copy of all receipts in the event additional information is needed to substantiate a reimbursement regardless of the reimbursement method selected.

Flexible Spending Accounts

□ Timely Filing Period Deadline/Funds Roll-Over

- The FSA plan year ends September 30. Members have until January 15 to submit a Reimbursement form along with receipts for eligible expenses that were incurred during the plan year (October through September). No reimbursement will be allowed for funds remaining in the Health FSA or DCRA after the deadline of January 15. Remaining funds cannot be refunded and will be forfeited.

□ \$640 Carryover Provision *(Applicable to Health FSA Only)*

- In accordance with IRS Notice 2013-71, modified by IRS Notice 2020-33, PEEHIP allows members to carry over up to **\$640** of unused funds remaining in a Health FSA after the timely filing period to be used for eligible Health FSA expenses in the following plan year. The carry over funds do not affect the annual maximum contribution amount. The Carryover Provision will apply to all plan participants that are still in active status at the beginning of the following plan year. Any funds remaining in the Health FSA after the timely filing period has ended in excess of the maximum carry over limit will be forfeited. Members will have until the end of the new plan year to use the carry over funds on qualifying medical expenses. **If a member terminates employment or goes on an unpaid leave of absence before the end of the plan year, carryover funds will be lost.** Carryover funds may not be available for use until 30 days after the timely filing period has ended.
-

Teladoc

All PEEHIP members enrolled in the PEEHIP Hospital Medical Plan, VIVA Health Plan, or the PEEHIP Group Medicare Advantage (PPO) Plan have access to teleconsultation benefits as described below. This service can be used when considering going to the ER or urgent care center for non-emergency issues, when on vacation, or in the middle of the night.

	Hospital Medical Plans (Active and non-Medicare-Eligible Retired Members)		Medicare Advantage Plan (Medicare-Eligible Retired Members)
	BCBS (PPO)	VIVA Health (HMO)	UHC (PPO)
Benefit	Teladoc®		Virtual Visits (administered by Amwell®, Doctors on Demand®, and Teladoc®)
Availability	Nationwide 24/7/365; phone, web, and mobile app		
Video/Telephonic	Video and telephonic consults available		Video consults available via computer/smartphone/tablet; telephonic consults available
Needed for Sign Up	Member ID card along with basic identifying information		
Cost	Medical: \$0 Behavioral Health: N/A	Medical: \$25 Behavioral Health: \$40	Medical: \$0 Behavioral Health: \$0
Website	www.teladoc.com/ala-bama	www.teladoc.com	retiree.uhc.com/peehip
Phone	855.477.4549	800.TELADOC (800.835.2632)	877.298.2341 Customer Service gives step-by-step instructions to access Virtual Visits via web or mobile app
Apps	Teladoc®, Doctors on Demand®, Amwell® apps available on App Store or Google Play		
Doctor Types	PCP, pediatricians, family medicine		PCP, pediatricians, family medicine, behavioral health
Common Conditions Treated	cold, flu, allergies, bronchitis, UTI, respiratory infection, sinus, and more		cold, flu, allergies, bronchitis, UTI, respiratory infection, sinus, behavioral health, and more

**Effective 1/1/2024, the administrator of PEEHIP's Group Medicare Advantage (PPO) Plan will change to UnitedHealthcare® for Medicare-eligible retired members and Medicare-eligible dependents covered on a retiree contract.*

PEEHIP Supplemental Hospital Medical Plan

Group 61000

- Blue Cross and Blue Shield of Alabama administers the PEEHIP Supplemental Medical Plan, which is designed to only be a supplemental plan to other eligible primary coverage. It does not cover the cost of services excluded by the member's eligible primary group plan.
 - Members who are enrolled in the PEEHIP Hospital Medical Plan (Group #14000), VIVA Health Plan (offered through PEEHIP), Marketplace (Exchange) Plans, State Employees Insurance Board (SEIB), Local Government Board (LGB), Medicare, Medicaid, ALL Kids, Tricare or Champus as their primary coverage **cannot enroll** in the PEEHIP Supplemental Medical Plan.
 - Members enrolled in plans for the calendar year 2025 with deductibles greater than \$1,650 for individual or \$3,300 for family are also not eligible for the PEEHIP Supplemental Medical Plan.
 - Annual maximum amount paid for the Supplemental Plan will be indexed to match the Hospital Medical overall maximum out of pocket (MOOP). ■ The annual maximum amount paid from the PEEHIP Supplemental Medical Plan will be limited to \$9,450 for individual coverage and \$18,900 for family coverage for calendar year **2024** and \$9,200 for individual coverage and \$18,400 for family coverage for calendar year **2025**.
-

Southland Insurance

Supplemental Coverage

- ❑ Cancer Program \$ 38 per month*
- ❑ Dental Coverage \$ 38 per month – Single
\$ 50 per month – Family
- ❑ Hospital Indemnity \$ 38 per month*
- ❑ Vision Coverage \$ 38 per month*

Purchase supplements additional @ \$38/\$50ea. / month

OR

Refuse major medical coverage and apply allocation to the supplements for coverage at no charge.

If health coverage is declined by employee, a waiver form must be signed.

*Single or Family Coverage

THE WELLNESS PROGRAM

PEEHIP offers the wellness program to all members and their covered spouses enrolled in the PEEHIP Blue Cross Blue Shield (BCBS) Group #14000 Hospital Medical Plan. The program is designed to encourage members and their covered spouse to take an active role in their healthcare by requesting that each get a wellness screening each plan year. Members and covered spouses can get one free wellness screening each year. Health coaching from BCBS of Alabama and their partners, Pack Health and Wondr Health (formerly Naturally Slim), is also available on a voluntary basis for members that may need additional help in improving or maintaining their health.

Who Is required to participate In the PEEHIP Wellness Program ?

The following members enrolled in the PEEHIP Hospital Medical Group #14000 Plan administered by **Blue Cross Blue Shield** are required to complete the applicable wellness activities to earn a waiver of the \$50 monthly wellness premium.

- **Members currently employed by a PEEHIP participating system and their covered spouse, regardless of Medicare eligibility**
- **Spouses using the coverage as secondary plan**
- **A retired employee who is not Medicare eligible**
- **A non-Medicare-eligible spouse on a retiree contract**
- **Members on COBRA, Leave of Absence and surviving spouses who are non-Medicare-eligible**

All of the above must complete the applicable wellness components by the August 31, 2025, deadline in order to receive the wellness premium discount. The program does not require meeting any conditions related to a health factor to obtain a discount. The wellness premium discount will be determined by the PEEHIP Board.

WELLNESS SCREENINGS

The Wellness Screenings consist of the following measurements:

Blood pressure

Height, weight, waist, waist to height ratio, and body mass index (BMI)

Total cholesterol including HDL and LDL

Triglycerides

Blood glucose

The ADPH provides the screenings FREE for active employees and their covered spouses. They can obtain the screenings at any of the statewide ADPH county locations or through your personal healthcare provider.

All screenings regardless of location must be completed by August 31, 2024, to receive the wellness premium discount effective October 1, 2024.

***NEW* WELLNESS SCREENING**

Pharmacy Biometric Screenings

Members and covered spouses can now get their wellness screening performed at an in-network participating pharmacy to earn the monthly wellness premium waiver. Participants will need to schedule an appointment and bring a printed copy of the Pharmacy Biometric Screening Form and their BCBS card with them to the screening.

The screening form and a list of participating pharmacies can be found at www.rsa-al.gov/peehip/wellness.

The ADPH online screening calendar is available at <https://dph1.adph.state.al.us/PublicCal2/> to show when and where screenings will be offered. Participants will be required to show their BCBS card at the screening.

If you decide to use your personal healthcare provider to do your screening, the **HEALTHCARE PROVIDER SCREENING FORM** is located on the PEEHIP website at https://www.rsa-al.gov/uploads/files/PEEHIP_HPSF_screening_form_and_notice.pdf. The form must be completed and faxed or mailed to ADPH by your healthcare provider. Under the Affordable Care Act (ACA) as part of the federal healthcare reform laws, no copay is required for one annual preventive routine office visit obtained through your in-network healthcare provider.

Also, no copay is required if an ADPH wellness coach gives you an **OFFICE VISIT REFERRAL FORM** to take with you to a physician's office to follow up with the abnormal results or risk factors identified during the screening process.

The referral is only good for 60 days from the screening date.

View Your Wellness Completion Status

Your status toward earning your \$50 monthly wellness premium waiver will be available on your MOS log in at <https://mso.rsa-al.gov> under the Wellness Completion Status link.

HEALTH BENEFITS VOLUNTARY

Elected Deductions Available to Employees of Homewood City Schools

Homewood City Schools	State of Alabama (PEEHIP)	American Fidelity	AFLAC
Dental (Blue Cross Blue Shield)	Hospital Medical (PPO) Hospital Medical (HMO)* Supplemental Medical Cancer (Southland) Dental (Southland) Hospital Indemnity (Southland) Vision (Southland)	Cancer Vision (VSP) Accident Only Disability (Short & Long Term)	Cancer Disability (Short Term) Critical Care
	Flexible Spending Account ** Dependent Care Reimbursement **	Flexible Spending Account ** Dependent Care Reimbursement **	
Life Insurance (Term Coverage)		Life Insurance (Whole Life)	Life Insurance

* HMO option includes Dental
and Vision coverage

** If you elect to have a Flexible Spending account or a Dependent Care
Reimbursement account, you must re-enroll each year.

HEALTH BENEFITS VOLUNTARY

American Fidelity Assurance Company

- ☐ Accident Only Insurance
 - ☐ Cancer Insurance
 - ☐ Disability Income Insurance
 - ☐ Life Insurance
 - ☐ Critical Illness Insurance

 - ☐ FLEXIBLE SPENDING ACCOUNTS
 - Health Savings Accounts – **Flex Debit Card available**
 - Dependent Day Care Accounts
-

HEALTH BENEFITS VOLUNTARY

VSP SIGNATURE PLAN

□ VISION COVERAGE

- EMPLOYEE ONLY \$ 8.84
 - EMPLOYEE + SPOUSE \$17.70
 - EMPLOYEE + CHILD(REN) \$18.92
 - EMPLOYEE + FAMILY \$30.24
 - Must use participating doctors
-

Your VSP Vision Benefits Summary

American Fidelity and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:

VSP Choice

EFFECTIVE DATE:

10/01/2023



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Your Coverage with a VSP Provider			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$15	Every 12 months
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 per screening \$20 per exam	Available as needed
PRESCRIPTION GLASSES		\$25	
FRAME*	<ul style="list-style-type: none"> \$150 featured frame brands allowance \$130 frame allowance 20% savings on the amount over your allowance 	Included in Prescription Glasses	Every 24 months
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Progressive lenses Average savings of 30% on other lens enhancements 	\$0	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$130 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) 	\$0	Every 12 months
EXTRA SAVINGS	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. <p>Routine Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		
YOUR MONTHLY CONTRIBUTION	\$8.84 Member only \$17.70 Member + spouse \$18.92 Member + child(ren) \$30.24 Member + family		

YOUR COVERAGE GOES FURTHER IN-NETWORK

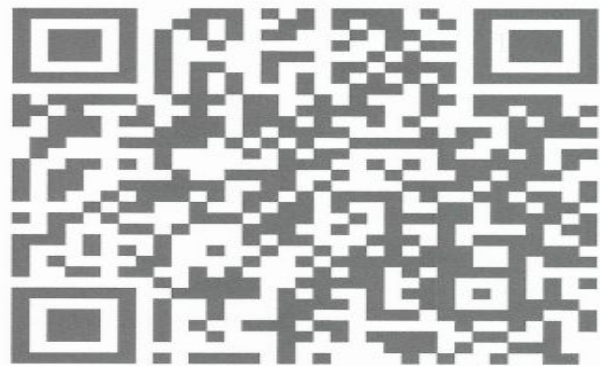
With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to [vsp.com](https://www.vsp.com) to find an in-network provider.

HEALTH BENEFITS VOLUNTARY

American Family Life Assurance Company (AFLAC)

- ❑ Cancer Insurance
 - ❑ Critical Care Insurance
 - ❑ Accident Indemnity
 - ❑ Short Term Disability Insurance
 - ❑ Life Insurance
 - ❑ Long Term Care
 - ❑ Dental/Vision
-

SCHEDULE YOUR ENROLLMENT APPOINTMENT



Point your smart phone camera at the QR code
and open the link that appears or type:

enroll.americanfidelity.com/F957E2B6

Deferred Compensation Plans

□ 403B Plans

- American Fidelity Assurance Company
- VALIC/AIG Retirement Services
- ValuTeachers - LSW Life
- AXA/Equitable Life
- AEA Value Builder

□ 457 Plans

- RSA- 1 (TRS) (www.rsa-al.gov/rsa-1)
- VALIC/AIG Retirement Services

□ ROTH Account

- RSA-1 (TRS)
(https://www.rsa-al.gov/uploads/files/RSA1_Roth_Brochure_for_web.pdf)
-

VOLUNTARY PAYROLL DEDUCTIONS

- United Way
- Homewood City Schools Foundation



I authorize Homewood City Schools to deduct funds from my monthly payroll to support the Homewood City Schools Foundation. Please return this form to the Payroll Department at the Homewood Schools Central Office.

Name: _____
(please print)

Signature: _____

School: _____

Amount: \$ _____ per month *One-time Donation:* \$ _____

Date: _____

All donations to the Foundation are tax deductible as it is a 501-(c)(3) non-profit organization. Tax ID 63-1132466.

Homewood City Schools Foundation

Homewood City Schools Foundation – established in 1994

Mission to raise and allocate funds for innovative educational opportunities and to support the existing programs in Homewood City Schools. Also assists to enhance curriculum of schools, encourages excellence in both teachers and students and fosters cultural enrichment of the arts and humanifies within the schools.

- The Teacher Impact Award - The Homewood City Schools system has so many exceptional teachers. Each year, the Foundation recognizes one teacher from each HCS school who has made a significant impact on the lives of students with the presentation of the Teacher Impact Award. Award recipients each receive \$500 to go towards classroom materials or professional development.
 - Videos of Recipients receiving award:
 - <http://www.homewoodcityschoolsfoundation.com/what-we-do/teacher-impact-awards/>
 - Scholarships:
 - For Leadership, Character, Community involvement and Health related fields
 - Professional Development, Professional Certifications
 - National Board Certifications – provides teachers seeking excellence to connect professional learning with classroom practices
 - PSAT Prep Programs
-

PEEHIP Insurance Allocations

Homewood City Schools pays the balance of your premium to PEEHIP each month at a cost of \$800 per month which equals \$9,600 per year per employee.

- **Single coverage: Employee pays \$30/mo = \$360/yr**
 - [would be \$830/mo without the Board's \$800 portion]
 - **Family coverage: Employee pays \$307/mo = \$3,684/yr**
 - [would be \$1,107/mo without the Board's \$800 portion]
 - **(spouse ONLY) Employee pays \$282/mo = \$3,384/yr**
 - [would be \$1,082/mo without the Board's \$800 portion]
 - **(dependents ONLY) Employee pays \$207/mo = \$2,484/yr**
 - [would be \$1,007/mo without the Board's \$800 portion]
-

PEEHIP Insurance Allocations

“3 – 1” Rule

An employee will earn one additional insurance allocation for every three months the employee has worked at least one half of the work days in the months worked.

- Work nine months and receive three summer allocations.
 - Employees working less than nine months will not earn all months and will owe an additional amount for insurance.
-

PEEHIP Insurance Allocations

“3 – 1” Rule

- **The solution being implemented to ensure members receive a full year of coverage when they work the entire school year**
- To account for the additional information obtained through our system modernization, PEEHIP is shifting the application of the 3-1 Rule from September – September to August – August
- This will make members whole by ensuring any members who work for a system that has a contract schedule beginning in August rather than September will still get the benefit of 3 extra coverage months if they work the entire school year, just as in years past



UNPAID ABSENCES

Absences taken without accrued sick leave or personal leave should be selected when choosing a leave type using Frontline and will be docked at the employee's daily rate.

Example:

A teacher holding a Bachelor's Degree with 0 years of experience has a daily rate of \$254.54

Three absences in a pay period without accrued leave would total a docking amount of \$763.62.

UNPAID ABSENCES CAN AFFECT EARNING YOUR PEEHIP ALLOCATION

Paid leave is considered as time worked. You must work at least HALF of the contract days in each month to earn your \$800 allocation.

Example:

A teacher (B0) has used all of their sick and personal days. They get the Flu in December and miss 7 days of work. Due to the Christmas Break, there are only 12 contract days in the month which only leaves 5 days as worked. Not only will they be docked \$1,782, but they will have to pay the COBRA rates of \$598 (Single)/\$1,514 (Family).

LEAVE

☐ Sick Leave

- One sick leave day earned per contract month
- Sick leave will not be advanced

☐ Personal Leave

- Three board paid days for every employee, fourth *and* fifth day available docked at the price of a substitute - **\$137/day**

☐ Professional Leave

- May be granted for meetings and workshops to improve student achievement with prior Administrator approval

☐ Vacation

- 12 month employees receive 1 vacation day each month
- A maximum of 30 days is allowed to accrue by each June 30th

☐ Leave can be taken in ½ and whole day increments

STATE SICK LEAVE LAW

Sick leave is defined in Title 16, Chapter 1, Section [16-1-18.1](#) of the Code of Alabama (last amended by Act No. 2001-671) as the absence from duty by an employee as a result of any of the following:

- Personal illness or doctor's quarantine.
 - Incapacitating personal injury.
 - Attendance upon an ill member of the employee's immediate family (parent, spouse, child, sibling); or an individual with a close personal tie.
 - Death in the family of the employee (parent, spouse, child, sibling, parent-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, nephew, niece, grandchild, grandparent, uncle or aunt).
 - Death, injury, or sickness of another person who has unusually strong personal ties to the employee, such as a person who stood in loco parentis.
-

SICK LEAVE BANK POLICY

□ Dr. John Lowry - Director of Personnel and Academic Services, Sick Leave Bank Administrator

- Any full time employee possessing two (2) days of accrued sick leave may join the sick leave bank during open enrollment each September becoming effective October 1.
- New Employees can join within the first month of being hired with a zero balance.
- First two (2) sick days earned for new hires and (2) accrued sick days for current staff will be deposited into the sick bank.
- No employee will be able to owe more than eight (8) days.
- Once you enroll you can end participation at any time by written notification and the days will revert back to your sick leave balance.

<https://al50000136.schoolwires.net/cms/lib/AL50000136/Centricity/Domain/176/SICKleavebank.pdf>

Importance of Personal Days Rolling to Sick Leave Balance

The unused accumulated sick days in your leave balance may be converted to service credit to be used to attain minimum service requirements for retirement.

If minimum service has been attained, the total converted service credits are added to earn additional years of service for retirement purposes.

The TRS Sick Leave Conversion Table below displays the service credit earned by your sick leave balance.

TRS Sick Leave Conversion Table

The following chart is used by the TRS for both public education employees and state employees to convert accumulated sick leave days to months of service credit upon service retirement.

Accumulated Sick Leave Days	Months of Service
0-7	0
8-22	1
23-37	2
38-52	3
53-67	4
68-82	5
83-97	6
98-112	7
113-127	8
128-142	9
143-157	10
158-172	11
173-187	12
188-202	13
203-217	14

TRS Sick Leave Conversion Table - Continued

Accumulated Sick Leave Days	Months of Service
218-232	15
233-247	16
248-262	17
263-277	18
278-292	19
293-307	20
308-322	21
323-337	22
338-352	23
353-367	24
368-382	25
383-397	26
398-412	27
413-427	28
428-442	29

Importance of Saving Your Sick Days

To retire, Tier 1 must have a minimum of 25 service credit years or be 60 years old with 10 years of service credit.

As of October 1, 2021, Tier 2 members can use their sick leave balances to earn service credit at retirement.

Example:

A Tier 1 employee has 24 service years in the Teacher's Retirement System and is 46 years old which normally does not qualify to draw retirement benefits, BUT Tier 1 has an accumulated sick leave balance of 173 days. Tier 1 will earn an additional 12 months of service credit and qualify to retire 1 year early after working 24 years instead of the required 25 years.

OR

Example:

A Tier 1 employee has 26 service years in the Teacher's Retirement System and has an accumulated sick leave balance of 263 days. Tier 1 will earn an additional 18 months of service credit and increase their retirement benefit by \$105.65 per month which equals \$1,267.80 annually (based on the Average Final Salary of \$42,000 shown below.)

Average Final Salary: \$42,000 & Service Credit of 27.5 years equals:

$\$42,000 \times \underline{27.5} \times .020125$ (Benefit Factor) divided by 12 = \$1,937.03 per month

Average Final Salary: \$42,000 & Service Credit of 26 years equals:

$\$42,000 \times \underline{26} \times .020125$ (Benefit Factor) divided by 12 = \$1,831.38 per month

TIER 2 MEMBERS

Tier 2 plan members are employees who first began eligible employment with an Employees' Retirement System or the Teacher's Retirement System on or after January 1, 2013, and had no eligible prior service.

As of October 1, 2021, Tier 2 members can use their sick leave balances to earn service credit at retirement.

Before April 4, 2025 Tier 2 members must have a minimum of 10 service credit years and be 62 years old to retire. A member was eligible to retire the first day of the month following attainment of age 62 with 10 years of service credit.

As of April 4, 2022, Act 2022-222 authorized a 30-year creditable service retirement for Tier 2 plan members in the Teachers' Retirement System (TRS). Tier 2 members retiring with 30 years before reaching the age of 62 shall be imposed a retirement benefit reduction of 2% for each year of difference between age 62 and the age of retirement.

TIER 2 MEMBERS

Computing Your Retirement Benefit

The factors used in calculating this benefit include:

- 1. Average Final Salary (Compensation):** The average of the highest five years (July - June) out of the last 10 years the member made contributions. Partial years are included when calculating the average final salary if they benefit the member.
- 2. Years and Months of Creditable Service:** The total amount of creditable service to include **Sick Leave Credit**, membership service, prior service, purchased service, and transfer service.
- 3. Retirement Benefit Factor:** The current benefit factor, as established by the Alabama Legislature, is 1.65%.

Retirement Formula for Maximum Monthly Benefit

Average Final Salary x Years and Months of Service x Benefit Factor \div 12 = Maximum Monthly Benefit

Example: Average Final Salary: \$42,000

Service Credit: 27 years and 6 months

Age 62 (A 2% reduction is imposed for each year under the age of 62.)

$\$42,000 \times 27.5 \times .0165 \div 12 = \$1,588.13$ per month

Summary of Employee TRS Contribution Rates

The employee contribution rates are summarized below.

Tier 1
Current Rate
as of October 1, 2012
7.50%

Tier 2
Current Rate
as of October 1, 2021
6.20%

QUESTIONS

