TIPPECANOE COUNTY
PUBLIC LIBRARY

Employee Benefits

This is brief summary and not a guarantee of the exact benefit package. Details may be found in the Personnel Code and HR documentation.

Full Time (40 hours)	Description	**Employer Contribution
Medical Insurance, Vision, Rx	Cigna PPO or HSA	92% - Employee Only
		89% - Employee+ Spouse
		89% - Employee + Child(ren)
		80% - Employee + Family
Flexible Spending or Health Savings *	FSA with PPO Plan or HSA	FSA - $250/yr
		HSA - $1,000/yr
Life and Dismemberment Insurance	Principal, up to $20,000	100%
INPRS*	Indiana Public Retirement	Required 3%, Employee Paid 11.2% of gross wages Vested age 65, 10 yrs of service
Disability Insurance	After 1 year of service	100%
Vision	Principal Group Vision	Optional, Employer/Employee Paid
Dental	Principal Group Dental	Optional, Employee Paid
AFLAC	Supplemental Insurance	Optional, Employee Paid
Indiana Deferred Compensation	Retirement	Optional, Employee Paid

Full Time (40 hours)	Description	**Employer Awarded
Vacation	Professional positions	4 weeks, +1 week after 5 years
	Para-professional positions	2 weeks, +1 week after 2 and 5 years
Sick		12 days
Holidays		13 days (10 Closed days, 3 Floating days)
Personal Days		4 days
Continuing Education	Trainings, memberships and conferences	Dependent on budget and requests

**Employer contribution and award is subject to change
* Additional employee contributions allowed

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INSURANCE PREMIUMS – EMPLOYEE SHARE

Rates/*values and companies listed are subject to change*

Cigna - Medical Rates		
	Open Access Plan (PPO)	HDHP Plan
Employee	$116.28/month	$102.76/month
Employee deduction is	$58.14 Bi-monthly	$51.38 Bi-monthly
Employee + Spouse	$316.20/month	$305.50/month
Employee deduction is	$158.10 Bi-monthly	$152.75 Bi-monthly
Employee + Child(ren)	$316.20/month	$305.50/month
Employee deduction is	$158.10 Bi-monthly	$152.75 Bi-monthly
Employee + Family	$829.84/month	$824.36/month
Employee deduction is	$414.92 Bi-monthly	$412.18 Bi-monthly
(Note: Life Insurance is employer paid)		
Principal Financial Group Rates		
	Dental	Vision
Employee	$20.38/Bi-monthly	$3.57/Bi-monthly
Employee + Spouse	$40.26/Bi-monthly	$6.94/Bi-monthly
Employee + Child(ren)	$46.37/Bi-monthly	$7.43/Bi-monthly
Employee + Family	$72.74/Bi-monthly	$11.57/Bi-monthly