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# OZARK CITY SCHOOLS EMPLOYEE PAYROLL DEDUCTIONS

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## **PEEHIP – (Public Education Employees Health Insurance Plan)      Effective October 1, 2020**

Administrator: Blue Cross Blue Shield of Alabama

State Allocation:      \$800.00 per employee per month (amount paid by state for your insurance)

### Hospital/Medical Insurance Coverage:

- Single Coverage:      \$30.00 per month
- Family Coverage:      \$207.00 per month
- Spousal charge:      \$75.00 per month
- Wellness Discount:      \$50.00 per month for employee and/or spouse
- Tobacco Surcharge:      \$50.00 per month applies to employee and/or spouse  
(if have used tobacco products within the past 12 months)

Supplemental Health Coverage: If you do not need the Hospital /Medical coverage and you have coverage through your spouse, you may enroll in the Supplemental coverage at no charge. This coverage will supplement the coverage you are already carrying by paying for your co-pays and deductibles.

Wellness Premium Waiver: New employees will have 90 days to have the health screening and online wellness questionnaire completed before the \$50 charge will go into effect. Please take care of this ASAP!

### **OPTIONAL COVERAGES**

Southland National Insurance Corporation: Hospital Indemnity, Vision, Cancer, Dental

You may purchase single or family coverage of any of these programs from Southland for **\$38.00 each** per month with the **exception of family dental which is now 50.00 per month**. If you choose, instead of participating in the hospital/medical insurance program, you may use your state allocation to purchase all four (4) supplements at no additional charge to you. Open enrollment for PEEHIP and Southland is during the month of August for an effective date of October 1<sup>st</sup>.

### **ADDITIONAL PAYROLL DEDUCTIONS AVAILABLE TO EMPLOYEES**

RSA-1: Deferred compensation program available through the Teacher Retirement System. Information booklets are available through the Central Office. Employees may enroll in this program at anytime during the year. Enrollment forms must be given to Cindy Brownfield by the 15<sup>th</sup> of the month in which you want the deduction to start.

Any Bank .....	Direct Deposit
AFLAC .....	Cancer/Disability
American Fidelity . . . . Section 125 Administrator .....	Life/Disability
AEA Dues .....	Membership Dues
ACOE.....	Membership Dues
CLAS .....	Administrator Dues
Liberty National .....	Life Insurance
United Way .....	Contribution
Washington National. ....	Cancer/Intensive Care

*Insurance representatives will be in the schools during August and September for your insurance needs.*