



# Homewood City Schools

## Employee Benefits 2019-2020

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# CENTRAL OFFICE

## Finance/Personnel Staff - 870-4203

- **Dr. Kevin Maddox** – Assistant Superintendent
  - **Lynn Buch** - Chief School Financial Officer
  - **Vivian Lovorn** – Assistant Director of Finance
  - **Laura Johnston**– Payroll/Benefits Officer
  - **Elaine Haithcock**– Accounts Payable
  - **Ginger Collins**– Personnel (Teacher Certification & Employee Records – Superintendent's Secretary)
  - **Cindy Hutchinson**– Teacher Certification
  - **Noel Faciane**– Personnel (INow & Attendance Reporting)
-

When does an employee receive their first paycheck, step increase, and **4% RAISE** of the new contract year?

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

- **187-189 Day/9 Month employees**
  - **September 30, 2019 – Step Increase & 4% Raise**
- **197-209 Day/10 Month employees**
  - **September 30, 2019 – Step Increase & 4% Raise**
- **240 Day/12 Month employees**
  - **July 31, 2019 – Step Increase & 4% Raise**

**There are NO Early payroll dates for 19/20.**

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# HOW IS MY ATTENDANCE COUNTED AT THE LOCAL SCHOOL?

- Follow guidelines/procedures given to you from your Principal.
  - Clock in on Patriot Time 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 AESOP/Kelly to record all absences. 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 sign in OR call/contact AESOP/Kelly, 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 now available in EES**

➤ **ADDRESS**

- Board Office and Teachers' Retirement System/PEEHIP

➤ **NAME**

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

[FORMS\PEEHIP\\_New\\_Enrollment\\_and\\_Status\\_Change.pdf](#)

➤ **BANK ACCOUNT**

- Complete a new Direct Deposit Authorization for Payroll form  
**OR** enter the change online in the Employee Self Service portal.
-

# PAYROLL DIRECT DEPOSIT

## ➤ Direct Deposit Authorization

- Automatic Direct Deposit is required for all employees.  
[FORMS\Direct Deposit Authorization HOMEWOOD CITY fillable.pdf](#)
  - This form **MUST BE** accompanied by a voided check or letter of notification from your bank.
  - Direct Deposit Statements are available for viewing and printing on the Homewood City Schools Employee Self Service (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 form is titled "Edit Direct Deposit Account(s)". It has buttons for "Back" and "Print". Below these are buttons for "+ Add new record" and "Cancel changes". The form contains a table with the following data:

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 2	521	262277189	Checking	false	\$25.00	<input type="button" value="x Delete"/>

Below the table are buttons for "Save" and "Cancel".

A "Check Sample" window is open on the left, showing a check with the routing number 123456789 and account number 123456789. Red circles highlight these numbers, with arrows pointing to the "Routing #" and "Account #" labels.

A tooltip titled "Where do I find bank account and routing numbers?" is shown, with a red arrow pointing to the "Save" button.

An "Enter PIN" window is open on the right, with a text input field for "Enter Valid PIN" and a "Submit" button.

A sidebar on the right shows the user's email address "nextgeness@gmail.com" and a validation PIN "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	262277189	Checking	true	\$0.00	<a href="#">x Delete</a>
ALABAMA ONE CREDIT UNION	5212	262277189	Checking	false	\$25.00	<a href="#">x Delete</a>

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.

**Choose File to Upload**

Libraries > Documents

Organize New folder

Documents library

Include: 2 locations

Name

- 20120110-NextGen W-2 Web
- AIMLogger
- Bluetooth Exchange Folder
- bugsheets

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.



# Homewood City Schools

EDUCATING AND EMPOWERING ALL STUDENTS TO MAXIMIZE THEIR UNIQUE POTENTIAL

DISTRICT HOMESELECT A SCHOOL →TRANSLATE →

HomeOur DistrictDepartmentsTeaching & LearningResourcesRegistrationCalendar

## HUMAN RESOURCES

- Human Resources
- Employee Assistance Program
- Insurance
- Leave Time
- Professional Leave & Reimbursement Forms
- Employee Forms
- Employment Opportunities
- Employee Work Schedules

## 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.

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### Employee Self Service

[Employee Self Service Link](#)  
[Employee Self Service Documentation](#)

### Employee Benefits Information

[403\(b\) Plan](#)  
[Employee Assistance Program](#)  
[HCS Foundation Payroll Deduction Form](#)  
[HCS Presentation: Employee Benefits Information 2018-2019](#)  
[PEEHIP Member Handbook 2018](#)  
[RSA Member Handbook](#)  
[TRS Member Handbook Tier 1](#)  
[TRS Member Handbook Tier 2](#)

### RSA-1

[RSA-1 EN RSA-1 Enrollment](#)  
[RSA-1 EN IOE New Investment Opt Elect](#)  
[RSA-1 Beneficiary Designation](#)  
[RSA-1 ADC Authorization to Defer Compensation](#)

### Sick Leave Bank

[Sick Leave Bank Guidelines](#)

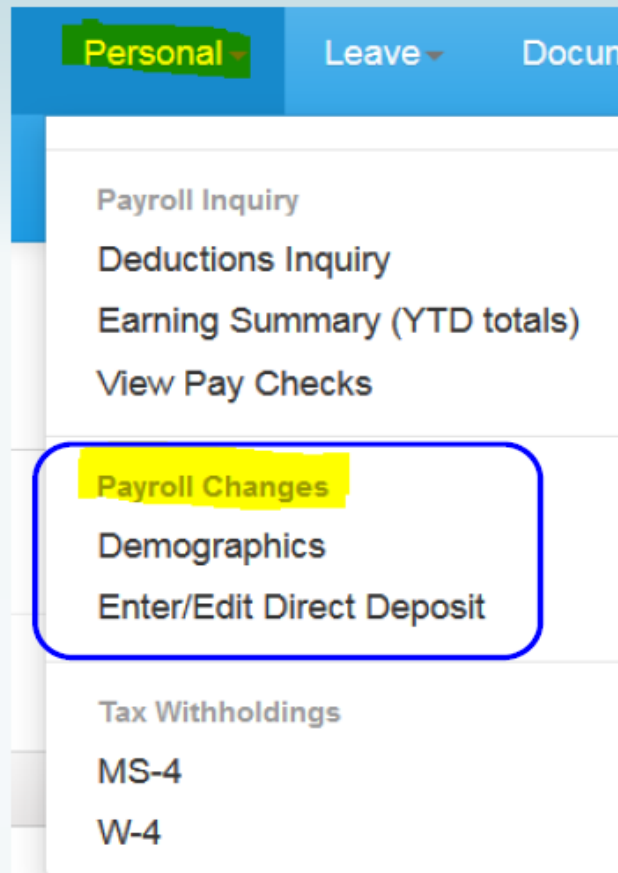
# *Employee Self Service*

## **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.**
-

# 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.

**Demographic Change Request**

**Pending**

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

**User Instructions**

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.

First Name	<input type="text" value="B"/>	Middle Name	<input type="text"/>
Last Name	<input type="text" value="ANDY"/>	Birthday	<input type="text"/>
Email	<input type="text" value="ANDY_B@HARRISSCHOOL.ORG"/>	Gender	<input type="text" value="Female"/>
Address 1	<input type="text" value="P. O. BOX"/>	Address 2	<input type="text" value="42 STREET"/>
City	<input type="text" value="BAY SAINT LOU"/>	State	<input type="text" value="MS"/>
Home Phone	<input type="text"/>	Zip Code	<input type="text" value="39520-1032"/>
		Cell Phone	<input type="text"/>

**Attachments**

[Select files...](#)

Welcome Scan.jpg

**Choose File to Upload**

Libraries > Documents

Organize New folder

**Favorites**

- Desktop
- Downloads
- Recent Places
- Photo shoot

**Libraries**

- Documents

**Documents library**

Includes: 2 locations

Name
20120110-NextGen W-2 Web
AMLogger
Bluetooth Exchange Folder
bug sheets
ss.xls

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

Information can be printed by selecting Print.

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

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"/>

Employee's current State withholding information is displayed.

## 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

Save Back

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

## 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
SIGNATURE		STATE AL	ZIP 35474
DATE (5/5/2015)			

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 \$3,000 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

0
0
0
S-0

EMPLOYER STATE ID

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"/>

Form **W-4**

Department of the Treasury  
Internal Revenue Service

### Employee's Withholding Allowance Certificate

OMB No. 1545-0074

**2016**

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/fe4.pdf](http://www.irs.gov/pub/irs-pdf/fe4.pdf)

[IRS.GOV/W4WorksheetApplication](http://IRS.GOV/W4WorksheetApplication)

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 1-800-772-1213 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 it.) **DEEDEE S COOKER**

Date (m/d/yyyy) **0/7/2016**

Employer Name/Address  
... County Board of Education

Office Code (optional)

Employer FEIN

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

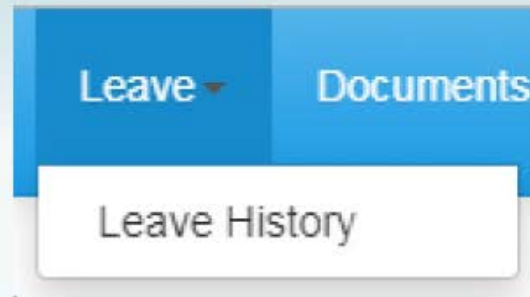
IRS instructions and worksheet are accessible from W4 form.

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 EMPLOYEED FOR THE HOMEWOOD CITY SCHOOLS

### ➤ **Blue Cross Blue Shield Dental Insurance**

- Single coverage is free to the employee
- Family coverage is **\$55.02** per month
- Employee **MUST** enroll online. Each employee will receive a link to the website for enrollment from Laura Johnston.
- 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
-

# BENEFITS YOU RECEIVE FREE OF CHARGE

WHILE EMPLOYEED FOR THE 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, West Pool, & Lee Community Center

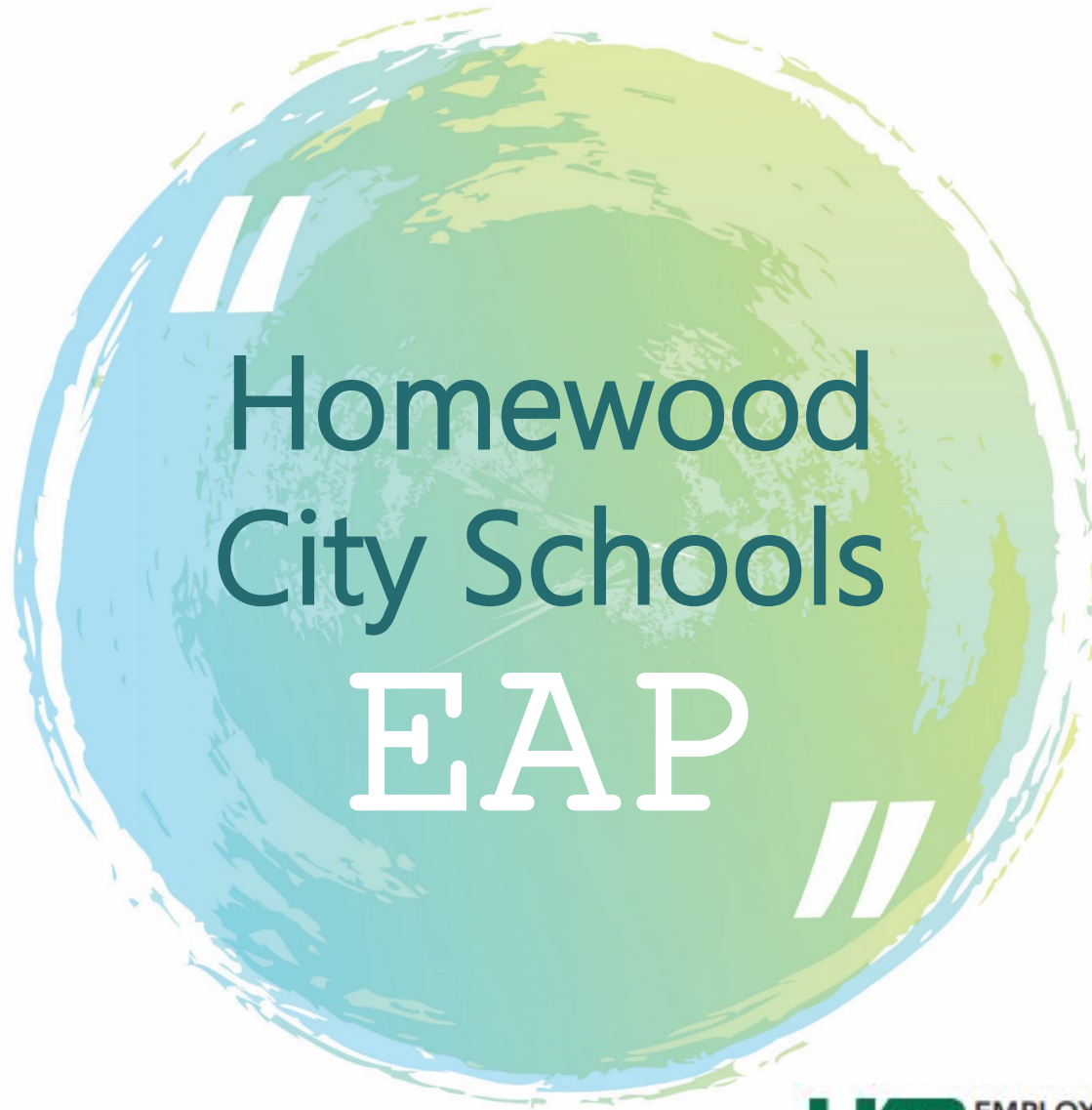
*\*Membership is valid 1 year from the date of registration/purchase\**

## ➤ **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 on-line 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

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**Wellness!**



# EAP Confidentiality<sup>©</sup>

## **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 EAP?



**Call: (205) 934~2281**

**<http://www.uab.edu/eacc/homewood>**

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# EAP Website



Knowledge that will change your world

[HR Quicklinks](#)[UAB Quicklinks](#)

[Careers](#) [Benefits](#) [Compensation](#) [HR Forms](#) [Learning & Development](#) [HR Departments](#) [HR Programs](#) [Policies & Handbooks](#) [Contact Us](#)

UAB Employee Assistance & Counseling Center

[Code Blaze](#)

[Counseling Services](#)

[Financial Wellness](#)

[Programs & Events](#)

[Support for Managers](#)

[Online Screenings](#)

[Professional & Administrative Staff](#)

[Contact Us](#)

## GENTLE YOGA

Returns June 11

Mondays & Wednesdays,  
5:25 p.m. at the EACC  
office in Five Points



UAB EMPLOYEE ASSISTANCE  
AND COUNSELING CENTER  
uab.edu/eacc | 205.934.2281



### Welcome to the UAB Employee Assistance & Counseling Center

UAB Employee Assistance & Counseling Center offers confidential support services for UAB employees and members of their immediate household. A dedicated team of certified counselors, an extensive collection of online resources and a schedule of programs and events are designed to help you identify, understand and resolve work-related and personal issues to help you achieve a successful work/life integration. Available services include individual, couples and family counseling, financial advisement, educational and stress management programs and access to a collection to online resources.

For more information about our licensed mental health professionals and financial counselor, contact UAB EACC at 205-934-2281, or email [uabeacc@uabmc.edu](mailto:uabeacc@uabmc.edu).

[EA  
CC NEW CLIENT FORMS](#)

[EA  
CC SOCIAL MEDIA POLICY](#)

[EA  
CC POLICY STATEMENT](#)

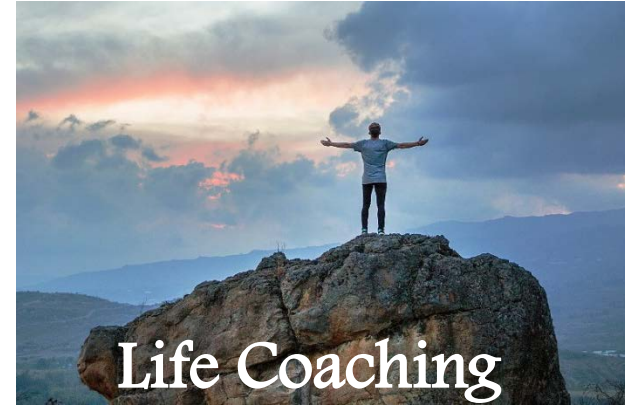
[EA  
CC FAQs](#)

[EA  
CC CONFIDENTIALITY](#)

[EA  
CC PRIVACY STATEMENT](#)



# EAP Q & A



# PEEHIP HEALTH PREMIUMS

## ➤ **Blue Cross Blue Shield (PPO)**

- Basic major medical
- No referrals
- **\$30** single coverage
- **\$207** family coverage – **dependents only**
- **\$282** family coverage – **spouse only**
- **\$307** family coverage – **spouse and dependents**
- **\$50.00** Wellness premium if screening not complete

## ➤ **Viva HMO**

- Major medical, vision, and dental
  - **\$30** single coverage
  - **\$207** family coverage
  - **\$100.00** fee for Spouse
-

# PEEHIP PRESCRIPTION DRUG BENEFITS

## Effective since February 1, 2016

All drug lists can be found on the PEEHIP website at [www.rsa-al.gov/peehip/pharmacy-benefits/](http://www.rsa-al.gov/peehip/pharmacy-benefits/).

### Participating Pharmacy Copayments:

Tier Number: Drug Type	Day Supply: 1-30 Copay	Day Supply: 31-60 Copay	Day Supply: 61-90 Copay
Tier 1: Generic	\$ 6	\$ 12	\$ 12
Tier 2: Preferred Brand	\$40	\$ 80	\$120
Tier 3: Non-Preferred Brand	\$60	\$120	\$180
Tier 4: Specialty Drug	20% coinsurance with a minimum copay of \$100 and a maximum copay of \$150. The Dispense As Written (DAW) cost differential applies for multi-source brand drugs with a generic chemical equivalent.		

# PEEHIP Benefit Policy Changes Effective January 1, 2020

## 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 be increased to \$8,150 per individual and \$16,300 for family coverage for calendar year 2020; and \$7,900 per individual and \$15,800 for family coverage for the remaining calendar year 2019.

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# PEEHIP Benefit Policy Changes Effective October 1, 2019 – September 30, 2020

## **Hospital Medical Plan Changes – VIVA**

◆◆ The combined medical and prescription drug maximum annual out-of-pocket amounts will be \$7,350 per member and \$14,700 per family coverage for the 2019 and 2020 calendar years.

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# COMPARISON OF BENEFITS

## October 1, 2019 – September 30, 2020

	<b>PEEHIP Hospital Medical Plan Preferred Providers (Administered by BCBS)</b>	<b>VIVA Health Plan* (In approved areas only) (Active &amp; Non-Medicare Members Only)</b>
<b>Preventive Medical</b>	\$0 copayment then covered in full	\$0 copayment then covered in full
<b>Well Baby Care</b>	Covered at 100% of allowed amount with no deductible or copayment. For a listing of specific immunizations and preventive services, see <a href="http://www.alabamablue.com/preventiveservices">www.alabamablue.com/preventiveservices</a> .	\$0 copayment then covered in full
<b>Routine Immunizations</b>	\$0 copayment then covered in full	\$0 copayment then covered in full
<b>Office Care</b>		
<b>Physician's Care</b>	\$30 copayment per visit	\$25 per visit for primary care
<b>Specialist</b>	\$35 copayment per visit	\$40 copayment per visit
<b>Lab/Diagnostic Procedures</b>	\$5 per test	\$7.50 per lab test at independent labs 90% coverage for x-rays and other diagnostics 90% coverage per test at hospital based labs
<b>Teladoc®</b>	\$0 copayment per consultation	\$45 copay
<b>Inpatient Facility (including Maternity)**</b>		
<b>Physician's Care</b>	Covered in full	Covered in full
<b>Inpatient/Hospital Services</b>	\$200 hospital copayment per admission and \$25 per day for days 2-5	Covered in full after \$200 copayment per admission and \$50 per day for days 2-5
<b>Outpatient Surgery</b>	\$150 copayment	\$150 copayment for services performed at an ambulatory surgical center 90% coverage for services performed at other facilities
<b>In-Hospital Care</b>		
<b>Surgeon</b>	Covered in full	Covered in full
<b>Physician Visits</b>	Covered in full	Covered in full
<b>Anesthesiologist</b>	Covered in full	Covered in full
<b>Emergency</b>		
<b>In Area/Out of Area Emergency Room Facility Charge</b>	\$150 per visit; members also responsible for the physician copayment and lab fees. If diagnosis does not meet medical emergency criteria, covered at 80% of the allowed amount subject to calendar year deductible. Accidents treated as any other illness; all applicable copays will apply.	\$200 emergency room visit for facility, waived if admitted through the ER; Physician's charges covered at 100%.
<b>Calendar Year Deductible for Major Medical Services</b>		
	Calendar year deductible \$300 per individual; \$900 maximum per family.	Calendar year deductible \$500 per individual; \$1,500 maximum per family.

# 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** 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, 2019, and will end by the following deadlines:**
- **Online:** Open Enrollment ends midnight **September 10, 2019**. 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, 2019**. Any paper forms postmarked after August 31, 2019, will not be accepted.
- **Flexible Spending Accounts:** Paper or online Flexible Spending Account enrollment ends **September 30, 2019**.

## Effective Date of Coverage:

- All Open Enrollment elections approved by PEEHIP will have an effective date of **October 1, 2019**.
-

# Flexible Spending Accounts

Effective October 1, 2018, Blue Cross Blue Shield and FSA partner, HealthEquity expands current benefits. **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
- Pre-tax dollars set aside to pay qualifying out-of-pocket *Health Care* expenses.
- The annual maximum healthcare contribution is indexed to \$2,700 (minimum of \$120) beginning October 1, 2019 through September 30, 2020.

**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.**

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# 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.

## ➤ **\$500 Carryover Provision** (*Applicable to Health FSA Only*)

- In accordance with IRS Notice 2013-71, PEEHIP allows members up to \$500 of unused funds remaining in a Health FSA after the timely filing period to be carried over and 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 \$500 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 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

Effective January 1, 2019, PEEHIP introduced Teladoc, which provides 24/7 access to a nation-wide network of U.S. board certified and state licensed primary care physicians, pediatricians and family medicine doctors through telephone or video conferencing visits.

- All PEEHIP Blue Cross Blue Shield Medical Plan Group #14000, VIVA Health Plan, or UnitedHealthcare Group Medicare Advantage (PPO) plan members are eligible
  - ***PEEHIP Blue Cross Blue Shield Group#14000 - There is NO member copay for using Teladoc***
  - This can be done 24 hours a day, 7 days a week, 365 days per year.
    - ✓ Simply visit [www.Teladoc.com/Alabama](http://www.Teladoc.com/Alabama), or
    - ✓ Use the mobile app, or
    - ✓ Call toll-free 1-855-477-4549
-

# Teladoc

- *Viva Health Plan – there is a \$45 copay for using Teladoc*
  - This can be done 24 hours a day, 7 days a week, 365 days per year.
    - ✓ Simply visit [www.Teladoc.com](http://www.Teladoc.com), or
    - ✓ Call toll-free 1-800-TELADOC (835-2362)
-



# Teladoc

## Hospital Medical Plans (Active and non-Medicare eligible retirees)

### BCBS (PPO)

### VIVA Health (HMO)

Benefit	Teladoc®	
Availability	Nationwide 24/7/365; phone, web, and mobile app	
Video/Telephonic	Video and telephonic consults available	
Needed for Sign Up	Member ID card along with basic identifying information	
Cost	Medical: \$0 Behavioral Health: N/A	Medical: \$45 Behavioral Health: N/A
Website	<a href="http://www.teladoc.com/alabama">www.teladoc.com/alabama</a>	<a href="http://www.teladoc.com">www.teladoc.com</a>
Phone	855.477.4549	800.TELADOC (800.835.2632)
Apps	Teladoc®, Doctors on Demand®, Amwell®n & MDLive®	
Doctor Types	PCP, pediatricians, family medicine	
Common Conditions Treated	cold, flu, allergies, bronchitis, UTI, respiratory infection, sinus, and more	

# Supplemental Hospital Medical Plan

- Blue Cross and Blue Shield of Alabama administers the PEEHIP Supplemental Medical Plan. The PEEHIP Supplemental Medical Plan 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 2020 with deductibles greater than \$1,400 for individual or \$2,800 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). For 2020, the MOOP is \$8,150 for single coverage, and \$16,300 for family coverage; and \$7,900 for individual coverage and \$15,800 for family coverage for calendar year 2019.
-

# *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.**

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\*Single or Family Coverage

# THE WELLNESS PROGRAM

PEEHIP has teamed up with the Alabama Department of Public Health (ADPH) and will soon team up with another strategic partner to launch a new and improved wellness program for PEEHIP members. The goals of the program are to:

- Help members and their families achieve or maintain good health,
- Promote the early detection and identification of chronic disease,
- Change behavior that lowers the risk of chronic disease and illnesses, and
- Enhance wellness and productivity.

This program and its free services are designed to help PEEHIP members live happier, healthier and more satisfying lives. Healthier members typically get sick less often and visit the doctor less frequently. This leads to lower healthcare costs for members and the plan, which means being able to keep the same healthcare benefits coverage in place for a longer period of time.

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# NEW WELLNESS PROGRAM

- Effective October 1, 2019, the new PEEHIP Wellness Program – *Choose Well, Live Well* – will launch and be administered by Sharecare® and Blue Cross Blue Shield (BCBS) of Alabama. Sharecare® is a company headquartered in Atlanta, GA, and cofounded by Jeff Arnold (founder of WebMD) and Dr. Oz. The Sharecare® concept is an all-in-one-place approach where members have access to a personalized platform that delivers specific content, education, tools, and resources matched to the specific health needs and preferences of the member. BCBS is also contributing in the form of providing expert clinical coaches and proven programs for disease management. The current required activities of the wellness program and the current \$50 monthly wellness premium waiver incentive will remain the same for the fiscal year 2019-2020. For more information, please see the **Wellness Programs** section.
-

# 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.

- **Newly Enrolled PEEHIP Members (after October 1<sup>st</sup>)** - The “My Required Activities” link at the [www.MyActiveHealth.com/PEEHIP](http://www.MyActiveHealth.com/PEEHIP) website.
- **Members currently employed by a PEEHIP participating system and their covered spouse, regardless of Medicare eligibility**
- **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 due applicable wellness components by the August 31, 2019 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.

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The following is required to be completed in order to qualify for the wellness premium discount:

Wellness Screening  
Health Questionnaire (HQ)

**Required only if you and/or your covered spouse are identified as a candidate for these programs:**

Wellness Coaching  
Disease Management Coaching  
Enhanced Disease Management Coaching

---



# 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, 2019, to receive the wellness premium discount effective October 1, 2020.**

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ADPH has a PEEHIP Wellness Calendar and Wellness County Contacts on their website ([www.adph.org/worksitewellness](http://www.adph.org/worksitewellness)) that will inform you when the screenings will take place in your area.

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 [www.rsa-al.gov/index.php/members/peehip/pubs-forms/](http://www.rsa-al.gov/index.php/members/peehip/pubs-forms/). 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

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# 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
  
  - 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
-

# 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
-

# Deferred Compensation Plans

## ➤ 403B Plans

- American Fidelity Assurance Company
- Valic
- ValuTeachers - LSW Life
- AXA/Equitable Life
- AEA Value Builder

## ➤ 457 Plans

- RSA- 1 (TRS) ([www.rsa-al.gov/rsa-1](http://www.rsa-al.gov/rsa-1))
  - Valic
-



# VOLUNTARY PAYROLL DEDUCTIONS

➤ **United Way**

➤ **Homewood City Schools Foundation**



**OFFICE OF THE SUPERINTENDENT**  
450 Dale Avenue • Homewood, AL 35209  
Phone: 205-870-4203 • Fax: 205-877-4544  
[www.homewood.k12.al.us](http://www.homewood.k12.al.us)

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

Name: \_\_\_\_\_  
(please print)

Signature: \_\_\_\_\_

School: \_\_\_\_\_

Amount: ☐ \$10   ☐ \$20   ☐ \$50   ☐ 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

## Home City Schools Foundation – in 25<sup>th</sup> year

**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 humanities 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:**
    - <https://youtu.be/-FLTzvEyjHkdevelopment>
    - <https://youtu.be/k3ndH9doDnY>
  - **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 per year - which would be \$830/mo. without the Board's \$800 portion.**
  - **Family coverage:(No spouse) Employee pays \$207/mo. = \$2,484 annually - which would be \$1,007/mo. without the Board's \$800 portion.**  
**(spouse ONLY) Employee pays \$282/mo. = \$3,384 annually - which would be \$1,082/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.
-

# UNPAID ABSENCES

Absences taken without accrued sick leave or personal leave should be selected when choosing a leave type using Aesop 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 \$225.85

Three absences in a pay period without accrued leave would total a docking amount of \$677.55.

---

# 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 her sick and personal days. She gets the Flu in December and misses 8 days of work. Due to the Christmas Break, there are only 15 contract days in the month which only leaves 7 days as worked. Not only will they be docked \$1,806.80, but they will have to pay the \$800 allocation.

---

# 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 day available docked at the price of a substitute - **\$97.30/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. Kevin Maddox– Assistant Superintendent, 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.

[FORMS\Sick Leave bank Guidelines Enrollment & Loan Application Forms.pdf](#)

---

# Importance of Personal Days Rolling to Sick Leave Balance NOT Requesting Payment

**Tier 1 plan members are employees who had service for which he or she received credit in the Employees' Retirement System or the Teacher's Retirement System prior to January 1, 2013.**

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

---

# Summary of Employee TRS Contribution Rates

**During the 2011 Regular Session, the Alabama Legislature enacted Act 2011-676 resulting in changes to the employee contribution rates for all pay dates beginning on or after October 1, 2011, and October 1, 2012.**

**The employee contribution rates are summarized below.**

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

**Tier II**  
**Current Rate**  
**as of January 1, 2013**  
**6.00%**

---

# Importance of Saving Your Sick Days

**Be used to attain minimum service requirements for retirement.**

## **Example:**

**A Tier I 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 I has an accumulated sick leave balance of 173 days. Tier I 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 I employee has 26 service years in the Teacher's Retirement System and has an accumulated sick leave balance of 263 days. Tier I 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

---

# 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

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# 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

---

# 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.**

**To retire, Tier 2 members must have a minimum of 10 service credit years and be 62 years old. A member is eligible to retire the first day of the month following attainment of age 62 with 10 years of service credit.**

---

# 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 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**

$$\frac{\text{Average Final Salary} \times \text{Years and Months of Service} \times \text{Benefit Factor}}{12} = \text{Maximum Monthly Benefit}$$

**Example:** Average Final Salary: \$42,000

Service Credit: 27 years and 6 months

Age 62

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

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# QUESTIONS

