



UNITED TOWNSHIP HIGH SCHOOL DISTRICT 30

1275 AVENUE OF THE CITIES | EAST MOLINE, IL 61244 | 309.752.1633

Classified Employee Benefits

Administrative Assistant - Seasonal

❖ Health Insurance

Blue Cross Blue Shield is the current group health plan provider. Virtual office visits are included with this benefit.

❖ Vision Insurance

Vision Service Plan is the current group vision insurance provider.

❖ Dental Insurance

Delta Dental is the current group dental insurance provider and has the largest network of dentists in Illinois and the country.

❖ Life Insurance

UTHS provides a \$25,000 basic life insurance policy. A supplemental life insurance policy is available for purchase.

❖ Flexible Spending Accounts

Health care and dependent care flexible spending accounts (FSAs) are offered through Optum Financial, one of the nation's largest benefit savings providers.

❖ Personal Days

Employees will be allocated two (2) personal leave days each year. Unused personal days will accumulate for use in the following year for a maximum of four (4) days. Such leave shall accumulate, if unused, as sick leave.

❖ Sick Days

Each regular full-time seasonal employee is entitled to a total of thirteen (13) sick days per year with full pay. The unused portions of this allowance shall be accumulated to the credit of the individual from year to year without limitation.

❖ Retirement

Pension Plan - Illinois Municipal Retirement Fund (IMRF)

Employee Contribution: 4.5%

Employer Contribution: 7.40%

Optional 403(b) Retirement Plan:

United Township High School District 30 has a single provider agreement with Empower (Mass Mutual) Financial Group to provide a 403(b) tax deferred retirement plan program for employees. Edward Jones is the financial advisor for the plan.

Optional IMRF Voluntary Additional Contributions (VAC)

This program is available for IMRF eligible employees helps you save additional retirement income by making additional, after-tax contributions to a VAC account that earns interest.

Administrative Assistants

A	B	C	D	E	F
	Contract Year 1	Contract Year 2	Contract Year 3	Contract Year 4	Contract Year 5
Start Date	FY26	FY27	FY28	FY29	FY30
FY30					\$21.72
FY29				\$21.40	\$22.04
FY28			\$20.98	\$21.82	\$22.47
FY27		\$20.57	\$21.39	\$22.25	\$22.92
FY26	\$20.17	\$20.98	\$21.82	\$22.69	\$23.37

Prorated - January 1, 2026 - December 31, 2026 (Includes ACA Fees)

Blue Cross Blue Shield of IL - 00002 PPO Plus - Plan PJ4946

	Employee Share			Board Share			Total Premium		
	Per 17 Pays	Month	Year	Per 17 Pays	Month	Year	Per 17 Pays	Month	Year
Single									
Health	\$ 127.67	\$ 180.87	\$ 2,170.38	\$ 535.44	\$ 758.54	\$ 9,102.50	\$ 663.11	\$ 939.41	\$ 11,272.88
Family									
Health	\$ 747.01	\$ 1,058.27	\$ 12,699.23	\$ 881.46	\$ 1,248.73	\$ 14,984.75	\$ 1,628.47	\$ 2,307.00	\$ 27,683.99

Vision Service Plan (VSP)

	Employee Share			Board Share			Total Premium		
	Per 17 Pays	Month	Year	Per 17 Pays	Month	Year	Per 17 Pays	Month	Year
Single									
Vision	\$ 0.75	\$ 1.05	\$ 12.60	\$ 2.82	\$ 4.00	\$ 48.00	\$ 3.56	\$ 5.05	\$ 60.60
Family									
Vision	\$ -	\$ -	\$ -	\$ 7.66	\$ 10.85	\$ 130.20	\$ 7.66	\$ 10.85	\$ 130.20

(Note: Board Paid Vision has contractual maximums of \$4.00 single & \$11.00 family)

Delta Dental

Delta Dental			
High Plan	Per 17 Pays	Month	Year
Employee	\$ 25.72	\$ 36.44	\$ 437.28
Employee + 1 Dependent	\$ 50.13	\$ 71.02	\$ 852.24
Employee + Family	\$ 86.39	\$ 122.39	\$ 1,468.68
Low Plan	Per 17 Pays	Month	Year
Employee	\$ 18.54	\$ 26.27	\$ 315.24
Employee + 1 Dependent	\$ 35.56	\$ 50.38	\$ 604.56
Employee + Family	\$ 57.31	\$ 81.19	\$ 974.28