

Payroll & Benefits
2016-2017

Mountain Brook Schools

When do I get my first Paycheck?

- Nine month employees
 - *September 30**
- Ten & Eleven month employees
 - *August 31**
- Twelve month employees
 - *July 31**

**Checks are always issued on the last business day of the calendar month.*

What about Take Home Pay?

Hire Date Before 01/01/2013

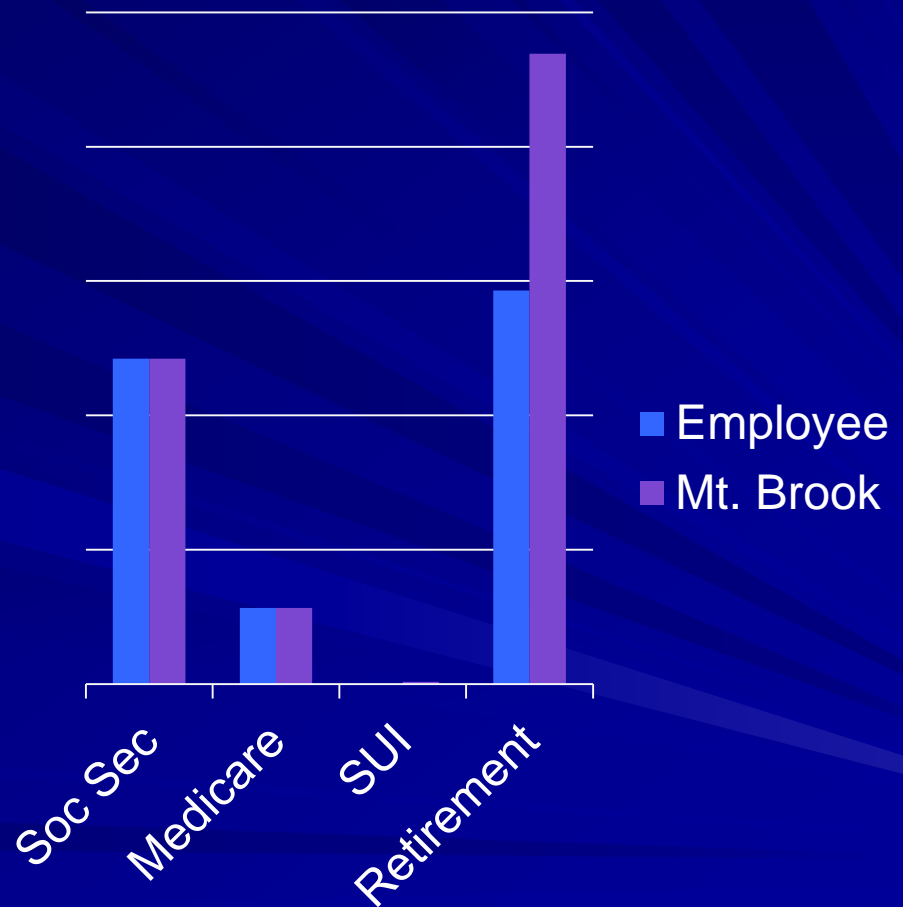
Wages	\$ 1953.33
Soc Sec	-121.07
Medicare	- 28.80
Federal	-119.73
State	-58.14
Retirement	<u>-146.50</u>
7.50%	
Take Home	\$1,479.09

Hire Date After 01/01/2013

Wages	\$ 1953.33
Soc Sec	-121.07
Medicare	- 28.80
Federal	-119.73
State	-58.14
Retirement	<u>-117.20</u>
6%	
Take Home	\$1,508.39

Wages & Employer Taxes Paid

Wages	\$	1,953.33
Soc Sec	+	121.07
Medicare	+	28.32
SUI	+	.78
Retirement		
12.01%	<u>+</u>	<u>234.59</u>
Total Cost	\$	2,338.09
Paid by the School System		



Salary

- Employees are placed on the salary schedule based on years of experience prior to joining the Mountain Brook School System.
- The salary schedule increases every year until it reaches the top according to that particular class of employee.
This is called a step raise.

SALARY

- Annual increments are not automatic and must be recommended to the Board of Education by the principal and the supervisors.

Summary of Payroll Procedures

- **Employees who are away from work must submit a leave form documenting their absence.**
- **This includes, but is not limited to:**
 - **Sick leave**
 - **Personal leave**
 - **Vacation leave**
 - **Professional leave**
 - **On-the-job injury**
- **Please see your local school bookkeeper for specific submission instructions for leave forms for your location.**

Summary of Payroll Procedures

- **All employees receiving compensation for any work performed on school premises must be paid thru the school payroll system. This is a Federal Fair Wage and Hour requirement. No exceptions to this procedure are allowed.**

Summary of Payroll Procedures

- **Hourly employees must clock in and out for all duties performed. This includes any duties performed on school premises outside normal work schedule.**

Summary of Payroll Procedures

Request for Time Clock Override

All blanks must be completed on this form.

Date request form completed _____

Badge # _____ worksite _____

Employee Name _____

Date-Correct date is: _____
Use month-day year (mm/dd/yyyy)

+	Time IN		Time OUT	
	Time IN		Time OUT	

Reason for override (in detail):

Employee Signature: _____

ALL OVERRIDES MUST BE REQUESTED AND PROCESSED WITHIN 48 HOURS OF THE
INCORRECT OR MISSING PUNCH.
OVERRIDES MUST BE SUBMITTED BY THE REQUESTING EMPLOYEE ONLY.

Direct Deposit

- Improved Security
- No waiting in lines at the bank
- Money available the morning of payday
- Choose your own bank
- E-mail notification received on payday
 - *The first month a pre-note transaction test is performed and employee receives a check.*
 - *The second month funds are direct deposit.*
- Notify Payroll Department immediately
 - *If you change banks and/or your account is closed.*
 - *If your account number changes.*

Health Benefits - PEEHIP

■ Blue Cross/Blue Shield

Basic Major Medical

– No Referrals

– Monthly Premium

- \$ 30 Single
- \$207 Family
- \$307 Family/Spouse

■ VIVA Health Plan –HMO

– Major Medical

– Vision

– Dental

– H M O

– Monthly Premium

- \$ 30 Single
- \$207 Family
- \$307 Family/Spouse

Southland Insurance

Supplemental Coverage

■ Cancer Program	\$ 38 per month*
■ Dental Coverage	\$ 38 per month*
■ Hospital Indemnity	\$ 38 per month*
■ Vision Coverage	\$ 38 per month*

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

*Single or Family Coverage

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 allocation.
 - Employees working less than nine months will not earn all months and will owe an additional amount for insurance.

PEEHIP Benefit and Premium Changes

Effective 01/01/2016

Calendar Year Deductible	\$300 (\$900 aggregate per family)
Calendar Year Major Medical Out-of-Pocket Maximum (In-network Other Covered Services are the only expenses applicable to the calendar year major medical out-of-pocket maximum)	\$400 per person (applicable to Other Covered Services) plus the \$300 calendar year deductible
Calendar Year Overall Out-of-Pocket Maximum (All In-Network deductibles, copayments and coinsurance, excluding prescription drugs, for In-Network services apply to the overall out-of-pocket maximum)	\$6,850 per person \$13,700 per family
Lifetime Dollar Maximum on Essential Health Benefits	Unlimited

PEEHIP Benefit and Premium Changes

Outpatient Hospital Benefits

SERVICE OR SUPPLY	IN-NETWORK PLAN PAYS	OUT-OF-NETWORK PLAN PAYS
Outpatient surgery (including ambulatory surgical centers)	100% of the allowed amount, subject to a \$150 facility copayment	80% of the allowed amount, subject to the calendar year deductible
Medical Emergency In-Area / Out-of-Area Emergency Room Facility Charge	100% of the allowance subject to a \$150 facility copayment if a true medical emergency. If the diagnosis does not meet medical emergency criteria, covered at 80% of the allowance subject to the calendar year deductible	100% of the allowance subject to a \$150 facility copayment if a true medical emergency. If the diagnosis does not meet medical emergency criteria, covered at 80% of the allowance subject to the calendar year deductible
Accidental Injury- Emergency Room Facility Charge	100% of the allowance subject to a \$150 facility copayment	100% of the allowance subject to a \$150 facility copayment when services are rendered within 72 hours of the accident; after 72 hours 80% of the allowed amount subject to the calendar year deductible
Outpatient diagnostic lab, and pathology	100% of the allowed amount, no deductible; subject to a \$5 copayment per test	80% of the allowed amount, subject to the calendar year deductible
Outpatient diagnostic X-ray	100% of the allowed amount, no deductible or copayment	80% of the allowed amount, subject to the calendar year deductible
Outpatient dialysis, IV therapy, chemotherapy, and radiation therapy (not administered in the emergency room)	100% of the allowed amount, no deductible; subject to a \$25 facility copayment	80% of the allowed amount, subject to the calendar year deductible
Services billed by the facility for an emergency room visit when the patient's condition does not meet the definition of a	80% of the allowed amount, subject to the calendar year deductible	80% of the allowed amount, subject to the calendar year deductible
Sleep studies on children ages 18 and under	100% of the allowed amount, subject to a \$10 facility copayment	80% of the allowed amount, subject to the calendar year deductible
Sleep studies on members ages 19 and above	100% of the allowed amount, subject to a \$150 facility copayment	80% of the allowed amount, subject to the calendar year deductible
Sleep studies performed in a free-standing sleep clinic	100% of the allowed amount, subject to a \$10 facility copayment	80% of the allowed amount, subject to the calendar year deductible
Outpatient hospital services or supplies not listed above	80% of the allowed amount, subject to the calendar year deductible	80% of the allowed amount, subject to the calendar year deductible

PEEHIP Benefit and Premium Changes

SERVICE OR SUPPLY	IN-NETWORK PLAN PAYS	OUT-OF-NETWORK PLAN PAYS
Office visits and consultations	100% of the allowed amount, subject to a \$30 visit copayment by a primary physician and a \$35 visit copayment by a specialist. A primary physician includes Urgent Care, Internal Medicine, Family Practice, General Practice, Physician Assistant, Clinic, Gynecology, Obstetrics, Certified Nurse Practitioner, Midwives and Pediatrician. All other providers are considered specialists.	80% of the allowed amount, subject to the calendar year deductible
Emergency room physician	100% of the allowed amount, subject to a \$35 visit copayment	100% of the allowed amount, subject to a \$35 visit copayment
Surgery, second surgical opinion, and anesthesia for a covered service	100% of the allowed amount, no deductible or copayment	80% of the allowed amount, subject to the calendar year deductible
Maternity care	100% of the allowed amount, no deductible or copayment	80% of the allowed amount, subject to the calendar year deductible
Inpatient visits	100% of the allowed amount, no deductible or copayment	80% of the allowed amount, subject to the calendar year deductible
Inpatient consultations by a specialty provider (limited to one consult per specialist per stay)	100% of the allowed amount, no deductible or copayment	80% of the allowed amount, subject to the calendar year deductible
Diagnostic lab and pathology	100% of the allowed amount, no deductible; \$5 copayment per test	80% of the allowed amount, subject to the calendar year deductible
Diagnostic X-rays	100% of the allowed amount, no deductible or copayment	80% of the allowed amount, subject to the calendar year deductible
Chemotherapy and radiation therapy	100% of the allowed amount, no deductible or copayment	80% of the allowed amount, subject to the calendar year deductible
Allergy testing and treatment	80% of the allowed amount, subject to the calendar year deductible	80% of the allowed amount, subject to the calendar year deductible

PEEHIP Benefit and Premium Changes

PEEHIP Maintenance Drug List – Copay Change for Preferred and Non-Preferred Brands Only:

Effective 2/1/2016, 3 copayments are charged for a 3-month supply of all brand drugs on the PEEHIP Maintenance Drug List. Two copayments are charged for a 3-month supply of all generic drugs on the list. The DAW cost differential applies for multi-source brand drugs with a generic chemical equivalent.

Copay Structure for PEEHIP's Maintenance Drug List Effective 2/1/2016:

Tier Number/Drug Type	Copay: 1 – 30 Day Supply	Copay: 31 – 60 Day Supply	Copay: 61 – 90 Day Supply
Tier 1: Generic Drugs	\$6	\$12	\$12
Tier 2: Preferred Brand Drugs	\$40	\$80	\$120
Tier 3: Non-Preferred Brand Drugs	\$60	\$120	\$180

Specialty Drugs – New 4th Tier:

A 4th tier copay was implemented for specialty drugs: 20% coinsurance with a minimum copay of \$100 and a maximum copay of \$150. The DAW cost differential applies for multi-source brand drugs with a generic chemical equivalent.

Specialty Drugs – Copay Assistance Programs:

Copays for certain specialty medications may vary and be set to the maximum of any available manufacturer-funded copay assistance programs. PEEHIP and MedImpact will offer copay assistance programs for certain specialty drugs so that the member copayment will normally be less than the otherwise applicable copayment.

Additional PEEHIP Changes - Compounds

Effective 2/1/2016, PEEHIP no longer covers ingredients in a compound that are currently excluded from coverage in non-compound prescriptions, such as over-the-counter (OTC) medications. This exclusion applies to PEEHIP's non-Medicare (commercial) plan and the Medicare Part D plan.

Drug Utilization Management –

PEEHIP works with the Pharmacy Benefit Manager to review and update the drug utilization management policies such as the drug formulary status, step-therapy programs, quantity level limits, prior authorizations and other utilization management programs to reduce unnecessary spending by both the plan and members and to ensure the most effective drugs are used in the most appropriate ways. These programs are implemented throughout the plan year to keep your PEEHIP plan as beneficial and affordable as possible.

Viva Health Plan Benefit Changes

- Increase in Emergency Room copay to \$200 copay per visit.
- Change diagnostic services (e.g., CT scans, X-rays, etc.) from \$150 copay per service to 90% coverage.
- Change in coverage for genetic testing, dialysis, and allergy testing and treatment to 80%.
- Combine medical and prescription out of pocket maximums (currently separate). Set the combined member out of pocket maximum to \$6,600 for an individual, and \$13,200 for the family per calendar year.

Supplemental Hospital Medical Changes

The following additions and revisions were made to the **current** exclusion language for the Supplemental Hospital Medical plan.

Members enrolled in the VIVA Health plan offered through PEEHIP cannot also be enrolled in the PEEHIP Supplemental Plan.

Members are not eligible for the PEEHIP Supplemental Plan if they have a primary plan with a deductible greater than **\$1,450** for individual or **\$2,700** for family. (Was \$1,250 for individual and \$2,500 for family.)

Annual maximum amount paid for the Supplemental Plan will be indexed to match the Hospital Medical overall maximum out of pocket (MOOP). Currently the MOOP is \$6,600 for single coverage, and \$13,200 for family coverage per calendar year.



Calculators ▾

Retirement Planning ▾

Publications & Forms ▾

Real Estate

Contact RSA

Teachers' Retirement System



Member Information

Active Members

Retirees

DROP

TRS Retirement Planning

TRS / PEEHIP Board of Control

Employer Information

Online Services

Member Online Services

Employer Online Services

 ERS Home Page

 TRS Home Page

 PEEHIP Home Page

 RSA-1 Home Page

What's New with TRS

The TRS was established in 1939 to provide benefits to qualified persons employed by state-supported educational institutions. Responsibility for the management and administration of the TRS is vested in its Board of Control. The Boards of Control elect the Secretary-Treasurer who serves as the Chief Executive Officer of the RSA and is responsible for the day-to-day management of the RSA. The TRS is a defined benefit plan qualified under Section 401(a) of the Internal Revenue Code.

[Legislative News](#)

[Board Election Updates](#)

Resources

TRS Forms

TRS Publications

Contact TRS

Actuarial Report

Financial Statements

Quick Links

RSA Home Page

Code of Alabama

State of Alabama

Social Security

AEA

AERA





STRENGTH. STABILITY. SECURITY.

Retirement Systems of Alabama



MEMBER ONLINE SERVICES

Help Links

- Log In
- Address Changes

PEEHIP:

- Current Coverages
- New Employees
- Open Enrollment
- QLE
- Student Verification

First Time User?

Register for a User ID and Password?

[Register Now](#)

Member Login

Members Who Are Registered

User ID

Password

[Forgot Password?](#) [Forgot User ID?](#) [Login](#)

[Forgot User ID & Password? \(Reset Account\)](#)

[Need a PID? \(Request PID Letter\)](#)

To ensure our members have a positive online experience, the RSA recommends and has certified Microsoft Internet Explorer 7.0 or higher and Firefox 3.0 or higher with JavaScript enabled for use with our online services.

Other browser platforms such as Safari or Opera may prove incompatible with portions of our site and are not supported at this time.

For additional help you may also contact our Service Desk at 334.517.7411.

- Help
- FAQ's
- Logout

Current PEEHIP Coverage as of 6/8/2010

PEEHIP Member Information

Name

SSN

Gender

Date of Birth

Marital Status

Telephone

Email Address

Employment Status

Employer/School System

Account Services

- Change Password
- Change Secret Question
- View/Change Contact Information
- Confirmation History

PEEHIP

- View Current Coverages
- Enroll or Change PEEHIP Coverages

TRS

- View Account Information

RSA-1/PEIRAF

- View Account Information

[View All](#)
[Hospital Medical Plan](#)
[Flexible Spending Accounts](#)
[Student Dependents](#)

Hospital Medical Plan

Member

Plan Type	Enrollment Date	Type of Coverage	Tobacco User - Member
PEEHIP Hospital Medical	9/1/1993	Family	No

Dependents

Enrollment Date	Name	SSN	Relationship	Date of Birth	Gender	Tobacco User - Spouse
10/1/2000	<input type="text"/>	XXX-XX-0788	Spouse	<input type="text"/>	Male	No
8/22/2007	<input type="text"/>	XXX-XX-9423	Child	<input type="text"/>	Male	

Flexible Spending Accounts

Healthcare or Dependent Care	Begin Date	End Date	Yearly Amount	Monthly Amount
Healthcare Reimbursement Account	10/01/2009	10/01/2010	\$2,800.00	\$233.33

Student Dependents

Name	SSN	School Attending	Fall - Hours Enrolled	Spring - Hours Enrolled	Summer - Hours Enrolled
<input type="text"/>	XXX-XX-9423	University of Alabama	15	15	



SOUTHLAND NATIONAL INSURANCE CORPORATION

PEEHIP Administration Services

[»PEEHIP Benefits](#)

[»PEEHIP Info](#)

[Search this website»](#)

Southland National is a regional insurance company and third party benefits administrator well known throughout Alabama. Southland has an excellent reputation in the dental and payor community. Since 1983, Southland has been the plan administrator for the Public Education Employees Health Insurance Program (**PEEHIP**) by the Retirement Systems of Alabama.

In November of 1999 Southland National began marketing services as an insured dental provider, and also provides administration services.



In addition, the membership in our network of dental providers has increased greatly since

November of 1999. The DentaNet network is now the largest independent network in Alabama with over 600 members.

For more information on DentaNet, click here.



GroupWeb is our online Customer Service System for Supplemental Benefits. To gain access to GroupWeb, you must complete the Site **Enrollment** and Password selections on the initial GroupWeb **log-in** window.

<http://www.southlandnationalpeehip.com/>

[»Request ID Card](#)
[»Request Plan Booklet](#)



Life Insurance

- Group Life Insurance
 - Provided at no cost to employees

Teachers - \$25,000

Support Staff - \$10,000

Life Insurance

Other Death Benefits - These are provided through the Teacher Retirement Program and depend on years of service and age. For example persons under 60 years of age with from 1 to 25 years of service will receive death benefits consisting of their total retirement contributions and total earned interest plus an amount equal to the previous year's salary.

Professional liability

The Board of Education protects every professional staff member by providing a blanket liability policy which covers up to \$5,000,000.

Retirement

■ Teachers' Retirement System – Tier 1

- 10 years service – retire at age sixty

- 25 years service – retire at any age

- After just 10 years of service you become “vested” in the Teacher’s Retirement System. Sick leave can be used to determine years of creditable service for retirement purposes.

Retirement

■ Teachers' Retirement System – Tier 2

- 10 years service – retire at age sixty-two

- 30 years service – retire at any age

- After just 10 years of service you become “vested” in the Teacher’s Retirement System. Tier 2 employees cannot use accumulated sick leave in determining their amount of creditable service.

Retirement

- If you terminate employment you will have the option to withdraw your contributions from the retirement system. Doing so will zero out all service credit for your account.
- If you decide to withdraw your contributions before ten years have passed, you will only receive the contributions that were withheld from your salary, less taxes. You are not eligible or entitled to any contributions made by the board of education unless you have more than ten years of service.

Types of Leave

- Professional Leave
 - Coordinate with the school principal
- Jury Duty
 - Coordinate with the school principal
 - Attendance certificate required
- Maternity / Paternal / Medical Leave
 - Notify school principal
 - Notify Dr. Barlow, Dr. Cole & Mrs. Sherer
 - FMLA eligible if employed / worked > 1260 hours

Types of Leave

■ Vacation Leave

- 12 month employees only
- 10 years service or less earn 10 days / year
- 11 years service or more earn 15 days / year

■ Personal Leave – all employees

- 15 years service or less earn 3 days / year
- 16 years service or more earn 4 days / year
- Balance not used in July converted to sick leave

■ Sick Leave – all employees

- Earned at one day per month contracted

Importance of Sick Leave

- Sick Leave may be accumulated and applied toward service credit at retirement for employees hired before 01/01/2013.
- Sick Leave may be used when
 - An employee is ill or has suffered bodily injury.
 - A member of the employee's immediate family is ill.
 - A death has occurred in the employee's immediate family.

Sick Leave Bank

- Commit two (2) days to the bank to become a member.
- Eligible to give or receive donations in case of catastrophic illness.
- Borrow a maximum of fifteen (15) days against future days earned.
 - An approved loan application is required.
 - Submit loan request to Dr. Cole.

On the Job Injury

- Report immediately to your Supervisor
- OJI report should be filled out within 24 hours
- Report should be sent to the CO to the attention of Karen Lusk-Smith

Employee Assistance Program

The Employee Assistance Program is a confidential assessment, counseling, and referral service provided free of charge to all employees who may need help in the following areas.

Marital and family issues;
alcohol/drug-related issues;
stress related issues; emotional problems;
financial difficulties; legal questions.

Deferred Compensation Plans

- 403B - Under this plan, employees may contribute as much as \$16,500 (2010) of pre-tax income to an annuity each year. The contribution is automatically deducted from their paychecks. By investing money in this way before taxes are paid, employees can reduce their current income tax burden. It is permissible to transfer accumulated funds, with no dollar limit, to other qualified IRA annuity plans.
- Once such an investment is made, the interest or dividends earned are only taxed as funds are withdrawn. Since the withdrawals are usually made after retirement when the participant is likely to be in a lower tax bracket, less tax is paid and funds accumulate faster.
- There are currently over 25 such investment options through four agencies: American Fidelity, NEA, VALIC, Lincoln Life.

Deferred Compensation Plans

RSA-1 - Using this plan, employees may elect to delay receiving a portion of their salary (may not exceed--if more than one 457 plan, combined deferrals must not exceed--\$18,000 or \$24,000 for employees age 50 or over) until some later determined date, usually after retirement. The deferred income, which accumulates interest in a special fund, is not subject to federal income tax until distributed to the employee.

RSA-1 funds will be invested in the same type of investments and are subject to the same guidelines and limitations as applicable to investments made by the Teacher Retirement System.

Flex Plan

A cafeteria plan is a way to provide employees valuable benefits and tax savings.

Benefits under a café plan may include reimbursement of dependent care expenses and medical expenses such as co-payments and deductibles.

Also, very importantly, you always pay insurance premiums with pre-tax dollars.

Flex Plan

- **Mandatory** flex plan
 - Will always include insurance premiums
- **Voluntary** flex plan
 - Dependent care / child care plans
 - Medical expense / reimbursement plans

Open Enrollment

■ Open Enrollment

- The open enrollment deadline for the Flexible Spending Accounts is September 30th, for an effective date of October 1st.
- Plan deductions start on the October payroll check. Deductions end with the September payroll check of the following year.
- All deductions are processed over 12 months.

FlexPlan

Administrators of Flexible Spending Accounts

■ PEEHIP

– Offered through BC/BS of Alabama

– <http://www.rsa.state.al.us/PEEHIP/flex.htm>

Employee Self-Serve (ESS)

Mountain Brook Schools Home Page

← Finance

← Forms & Processes

ESS can be found on our website to provide valuable information on your personal earnings at any point in time. At the end of each month you will receive an e-mail notification of your monthly direct deposit receipt. This service will house your monthly earnings information as well as your W-2 statements for future reference.

ESS Features

Access ESS

Log in from work or your home computer.

Google Chrome (web browser of choice).

Other compatible web browsers.

- § Mozilla Firefox.

- § Internet Explorer Version 10 or 11 – earlier versions of IE are not compatible.

Employee Self-Serve (ESS)

Demographics

View name, address, phone number, and email information.

Request a change** of address, phone number, email information, etc.

A color copy of your new Social Security card must be provided before the change request **will be approved**.

You may use your school email, or your personal email account.

Tax Withholdings

View Federal and State Tax Withholding Status.

Request a change** for Federal and/or State Tax Withholding Status.

If making a change type your name exactly as it appears on the form. This will serve as your electronic signature.

Employee Self-Serve (ESS)

Direct Deposit (DD)

Request a change** for Direct Deposit.

DD change form and 'void' check should be submitted for new DD deductions.

Deductions

View current payroll deductions (no changes allowed at this time).

Leave

View Leave balances (as shown on your paycheck).

View detailed report of leave taken.

Employee Self-Serve (ESS)

Paychecks

View / Print paychecks.

Earnings & W2's

View annual earnings summary (by calendar year)

View / Print W2's

**Change requests will be acknowledged by an automatic email from ESS to the email account listed with ESS when the change request is received and again when the change request is approved.

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.

Who is required to participate in the PEEHIP Wellness Program?

The following members must be enrolled in the PEEHIP Hospital Medical Plan to participate

Active members

Non-Medicare retirees

Covered Spouses

All of the above must complete due applicable wellness components by the specified deadlines 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 before January 1, 2015.

Participation for Medicare-eligible retirees and covered Medicare eligible spouses is optional and not required. Under no circumstances will they have a wellness premium increase.

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

Wellness Screening

Health Risk Assessment Questionnaire (HRA)

Required only if you are identified as a candidate for these programs:

Disease Management

Wellness and Lifestyle Education Coaching

Wellness Screenings Begin August 1

The Wellness Screenings consist of the following measurements:

- Blood pressure

- Total cholesterol including HDL and LDL

- Triglycerides

- Blood glucose

- Height, weight, waist

- Body mass index

Beginning August 1, 2014 the ADPH provides the screenings at the worksite locations for active employees only. Alternatively, active employees as well as non-Medicare retirees and covered spouses can obtain the screenings at any of the statewide ADPH county locations or through your personal healthcare provider. Screenings obtained as of June 1, 2014, at the alternative locations will be accepted.

All screenings regardless of location must be completed by May 31, 2015, to receive the wellness premium discount effective October 1, 2015.

ADPH has a PEEHIP Wellness Calendar and Wellness County Contacts on their website (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/. 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

Starting January 1, 2015:

The Health Risk Assessment (HRA) which will be available January 1, 2015, is a health questionnaire used to provide you with an evaluation of your health risks and quality of life and gives individualized feedback to motivate behavior change to reduce health risks.

If the HRA identifies an opportunity for improving your health, **Wellness and Lifestyle Education Coaching** will be available to you. The coaching process will offer numerous resources and services to help you maintain or improve upon a healthy lifestyle.

PEEHIP's Disease Management Program

PEEHIP's **Disease Management Program** focuses on five chronic illnesses and the reduction of future complications associated with these diseases:

asthma

diabetes

coronary artery disease

congestive heart failure

chronic obstructive pulmonary disease (COPD)

The program is a system of coordinated healthcare interventions and communications in which patient self-care efforts are significant. Applicable members will be required to participate beginning January 1, 2015, if identified as a candidate.

Who do I call?

Contacts for the Accounting Office

- Credit Cards
 - *Local School Bookkeeper*
- Telephone PIN
 - *Joann Gates, CO Accounts Payable Specialist*
- Payroll & Benefits
 - *Amy Sherer, Payroll Specialist*
 - *Rachel Parker, Assistant Payroll Specialist*
- Fixed Assets/Inventory
 - *Tena Walker, CO Fixed Asset/AP Specialist*

Who do I call?

Contacts at the Board Office 871-4608

- Not sure??
 - *Joann Gates, Financial Specialist*
- General Concerns & Board Issues
 - *Karen Lusk-Smith, Chief Financial Officer*
- Contracts, Teacher Certificates & Transcripts
 - *Dr. Susan Cole, Director of Personnel Services*
 - *Carol Hollis, Secretary to the Superintendent*