

# 2026 Benefit Summary

## Balance Work and Life



**Flexible start and end times for the workday.**



**Work remotely with a company laptop two days a week.**



**Enjoy a newly remodeled office in a cool historic building between two college campuses.**



**Work comfortably in business casual attire.**



**Two weeks paid maternity/paternity leave is available.**

## Plan for Your Future

ECICOG employees are members of Iowa Public Employees' Retirement System (IPERS). Employees contribute 6.29% and ECICOG contributes 9.44% of gross pay to the plan. As a defined benefit plan, IPERS benefits are guaranteed for life; meaning once you retire, you will receive the same monthly benefit for the remainder of your life. Employees must be enrolled in the plan for seven years to qualify for benefits. Employees who leave service earlier can cash out or roll over their contributions to another retirement account when their service ends.

## ECICOG Holidays

- New Years Day
- Presidents Day
- Independence Day
- Veterans Day
- Christmas Day
- MLK Day
- Memorial Day
- Labor Day
- Thanksgiving (2 Days)
- Two Floating Holidays

## Love Your Job



**Help to make measurable improvements in the lives of East Central Iowans.**



**Be part of a team that's always busy doing something worthwhile.**



**Make use of your skills and learn new ones in a supportive environment.**

## Paid Time Off (PTO) Accrual Table

Completed Years of Service	Potential Pay Period Accrual Rate	Potential Annual Accrual Rate	Maximum Allowable in PTO Balance
0-2	7.33 Hours	176 hrs/ 22 days	220 hrs/ 27.5 days
3-4	8.0 Hours	192 hrs/ 24 days	240 hrs/ 30 days
5+	9.0 Hours	216 hrs/27 days	270 hrs/33.75 days
10+	10.66 Hours	256 hrs/ 32 days	320 hrs/ 40 days

# Health Insurance

ECICOG contributes \$910/ month towards health insurance. Employees can choose between the two options outlined below for coverage.

## Wellmark Alliance Select

Benefit Code: PG 000095  
Deductible: \$1500/ \$4500  
Coinsurance: 30% IN 40% OUT  
OPM: \$3000/\$9000  
Preventive: Yes  
Primary Care & Urgent Care Copay: \$25/Specialist \$50  
ER Copay: \$250  
RX Description: \$8/\$35/\$50/\$85 with \$100/\$200 deductible {waived for tier 1}

### Alliance Select Rates 2026

Single Coverage:	\$940.16
Family Coverage:	\$2,161.31

## Wellmark Blue Advantage

Benefit Code: HG 000017  
Deductible: \$2000/ \$6000  
Coinsurance: 30%  
OPM: \$6000/\$18000  
Primary Care/Urgent Care Copay/Specialist \$20  
ER Copay: \$200  
RX Description: \$8/\$35/\$50/\$100 with \$100/\$200 deductible (waived for tier 1)

### Blue Advantage 2026

Age Range	Employee Only	Employee/Spouse
0-24	\$323.15	\$870.92
25-29	\$423.67	\$1037.67
30-34	\$439.44	\$995.43
35-39	\$477.14	\$977.93
40-44	\$535.67	\$1060.40
45-49	\$622.47	\$1171.51
50-54	\$768.20	\$1419.99
55-59	\$996.92	\$1834.11
60-64	\$1255.99	\$2315.91
65+	\$452.02	\$1571.41

### Child Rates

1 Child	\$ 253.81
2 Child	\$ 507.62
3 Child	\$ 761.43

## Wellmark Blue Dental

Single Plan: \$40.86 (*Employer-paid*)

Family Plan: \$72.85 (*Employee portion*)

## Delta Vision (*Employee-paid*)

Employee only	\$9.60
Employee + 1 or more children	\$20.64
Employee + Spouse	\$18.24
Employee + Spouse + 1 or more children	\$27.26

## Other Benefits

- 25,000 Life Insurance (*Employer-paid*) with the option to purchase more
- Long Term Disability (*Employer-paid*)
- Health and Dependent Care Spending Accounts
- Health Reimbursement Arrangement (HRA) with ECICOG contributions of \$300/single or \$600/family annually