

BENEFITS SUMMARY - AFSCME bargaining unit employees

7/1/2021

IPERS (1-800-622-3849)

Each bi-weekly payroll, the County will **deduct 6.29%** from gross wages and **add 9.44%** of gross wages.
 Vested after seven (7) years of service and entitled to monthly retirement check.

Part time (20 hrs/week) employee benefits are prorated based on the number of regularly scheduled hours.**LIFE INSURANCE - Madison National Life (first paycheck of each month)**

\$15,000 Base Plan **No Charge** 20 hrs/wk \$1.35/month

Supplemental Coverage: (available in \$10,000 increments)

Age Banded Rates - rates are subject to change each January 1st based on your age

\$10,000 - \$150,000 (no evidence of insurability); \$160,000 - \$300,000 (evidence of insurability required)

Age bands for <u>employee</u> , monthly rates per \$10,000		Age bands for <u>spouse</u> , monthly rates per \$5,000	
Under 30	\$0.70	Under 30	\$0.20
30-34	\$0.80	30-34	\$0.25
35-39	\$1.00	35-39	\$0.35
40-44	\$1.20	40-44	\$0.45
45-49	\$1.80	45-49	\$0.75
50-54	\$2.60	50-54	\$1.15
55-59	\$4.20	55-59	\$1.95
60-64	\$5.50	60-64	\$2.60
65-69	\$9.80	65-69	\$4.75
70-74	\$15.30	70-74	\$7.50
75 +	\$20.90	75 +	\$10.30

Note: You may also purchase supplemental coverage for your **spouse**. The maximum election for your spouse is 50% of your approved supplemental election in \$5,000 increments (as opposed to \$10,000 increments for the employee). Evidence of insurability required if over \$25,000.

Coverage is available for your children through the end of the month of their 26th birthday.

\$10,000 of coverage is \$2.00/month and \$15,000 of coverage is \$3.00/month

SHORT TERM DISABILITY - Madison National Life Insurance Company

Premium paid by Linn County

Elimination Period = 14 consecutive days

Duration: until eligible for Long Term Disability

Monthly Benefit = **60% salary**

Maximum = \$1,500/week

LONG TERM DISABILITY - Madison National Life Insurance Company

Premium paid by Linn County

Elimination Period = 60 consecutive calendar days

Monthly Benefit = **66 2/3% salary**

DELTA DENTAL - Eligible first of the month following date of orientation (last paycheck monthly)

Full time Single **No Charge** Family **\$66.76**

Linn County offers a bi-annual open enrollment in odd numbered calendar years.

Benefit year - July 1st - June 30th.

Maximum benefit is \$1,250 per person

Cleaning/routine exams covered at 100%, twice in a benefit period; not included in the maximum allowed.

Non-routine services: Deductible plus co-insurance.

Deductible:

Single **\$25** Family **\$25/person with a maximum of \$75/family**

Orthodontics - dependent children to age 23 (end of birth month) - Paid at 50% with a maximum of \$2,000/lifetime

WELLMARK BC/BS - Eligible first of the month following date of orientation (last paycheck monthly)

Full time Single **\$100.00** *Without Wellness **\$140.00**

Family **\$220.00** *Without Wellness **\$265.00**

*Effective 7/1/22, employees will need to qualify during 7/1/21 - 6/30/22 to receive the wellness discount.

Select Provider **Deductible is waived** **Claims paid at 90%**

Non-Select Provider **\$375 deductible/single** **\$750 deductible/family** **Claims paid at 80%**

Hospital Phone call within 24 hours of admission (1-800-558-4409)
 St Lukes/Mercy/U of I = Select Hospitals

Deductible applied with remainder of claim at 90%

Scripts

Deductible applies

After your deductible is met you pay 30% at the pharmacy until your out of pocket maximum is satisfied; if your out of pocket maximum is satisfied your script is covered 100%.

Miscellaneous

Out Patient Surgery - Claims paid at 100% (includes colonoscopy)

Preventive Claims paid at 100%

One routine physical/yr for all dependents (includes associated tests and labs)

One mammogram per calendar year.

Well-child care covered to age 7.

School, sport, employment or other administrative physician exam is covered in addition to a preventive exam.

Pre-admission testing within 7 days of hospital admission. (X-ray, blood work, CT scans, MRIs)

Mental health/substance abuse services.

Chiropractic care is covered

Vision - noncovered (unless diagnostic)

Out-of-pocket Maximum - \$1,075 single and \$2,150 family

(Benefit year - January - December with a fourth quarter deductible carryover)

\$150.00 co-pay for emergency room care in a hospital in addition to other costs under the County's Alliance Select Plan. The ER co-pay is waived if you are admitted to the hospital.

Dependent - child to age 26 or child who is a full time student, unmarried, regardless of age

Linn County offers annual open enrollment.

EYE EXAMS

Reimbursement of up to a **maximum of \$75 (Maintenance Contract - \$125)** once every two (2) years for an eye exam for the employee only. To submit for reimbursement please submit an itemized receipt to the HR office. Maximum reimbursement in conjunction with VSP insurance is \$10.00.

SICK LEAVE

Employee shall start to earn sick leave from their date of hire and shall accumulate eight (8) hours of paid sick leave for each completed calendar month.

There is no maximum on the number of accumulated sick leave hours.

Sick leave can be used for your own illness or injury or doctor or dental appointments.

Sick leave for immediate family members may be used at a maximum of two (2) days/work week.

VACATION

After completion of probation, new hires will be eligible to use 80 hours of vacation. If employees leave prior the completion of one year of service, the vacation time used will be deducted from their last paycheck. Employees continue to accrue vacation annually on their anniversary based on their years of continuous service.

2 years	80 hours	11 years	160 hours
6 years	120 hours	17 years	200 hours

***Maximum accrual 2 years on anniversary date**

PERSONAL DAYS

Employees are eligible for **two (2) personal days** after completing a calendar month of employment.

Personal days are added on July 1st each year. ***Must be used prior to June 30th or days are forfeited.**

LONGEVITY

After completion of five (5) years of continuous service employees are entitled to a longevity payment of \$500. The payment increases based on the number of years of service as follows:

10 years	\$600	20 years	\$900
15 years	\$700	25 years	\$1,100

***Must work through current anniversary date to be eligible**

VISION INSURANCE - (first paycheck of each month)

Voluntary benefit - employee pays full premium

VSP	Single \$9.61	Family \$20.66
Eye Exam	\$10.00 - every calendar year	Frames & Lens \$25 deductible every year
Frames	\$150 allowance every other calendar year	
Lenses*	Coverage varies for lenses and enhancements/every calendar year	
Contacts*	\$150/every calendar year *(if you purchase lenses you are not eligible for the contacts benefit in the same year)	