

**BENEFITS SUMMARY - Management, Confidential,
County Attorney, Sergeants**

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)

\$25,000 Base Plan **No Charge** 20 hrs/wk \$2.25/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 the employee's approved supplemental election in \$5,000 increments (as opposed to \$10,000 increments for the employee). Evidence of insurability is required if over \$25,000.

Coverage is available for you 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 calendar 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

Buy-Down - employees can purchase a Buy Down of their elimination period to 30 consecutive calendar days
The cost is .00395 of the monthly salary.

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

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 allowed 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:

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

Dependent - child to age 26 (end of birth month) or child who is a full time student, unmarried, regardless of age

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

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% at Select Hospital.

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 (select or non-select)
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 any other employee costs under the County's Alliance Select Program. The ER co-pay is waived if you are admitted to the hospital.

Dependent - child to age 26 (end of birth month) 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 \$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 and your Explanation of Benefits (EOB) Form from Wellmark showing denial. Maximum reimbursement in conjunction with VSP insurance is \$10.00.

LONG TERM LEAVE

Employees accrue +4 hours/month during the first 65 months of employment.
Use for illness/injury greater than 24 continuous hours or chronic illness/injury for employee or family member.

SHORT TERM LEAVE

Employees accrue 15 hours/month (amount increases with length of employment)
Use for vacation, illness, doctor/dental appointments for employee or family member.
Use 24 hours for access to long term leave account.
Maximum accrual of 2 years on anniversary date.

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)			