

# BENEFITS SUMMARY - PPME bargaining unit employees

7/1/2021

## IPERS (1-800-622-3849)

Each bi-weekly payroll, the County will **deduct 9.01%** from gross wages and **add 9.01%** of gross wages.

Vested after seven (7) years of service and entitled to monthly retirement check.

## LIFE INSURANCE - Madison National Life (first paycheck of each month)

\$20,000 Base Plan

**No Charge**

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 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** = 90 consecutive calendar days

**Monthly Benefit** = **66 2/3% 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 covered member)

**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 \$140.00 \*WITH Wellness \$100.00**  
**Family \$265.00 \*WITH Wellness \$220.00**

**\*Effective 7/1/21 employees who qualified with 1,000 points in the Wellness Rewards Program (July 1, 2020 - June 30, 2021) pay the discounted rate FY22 (July 1, 2021 - June 30, 2022).**

**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% even though Select Provider**

**Scripts** **Deductible applies** **Generic oral contraceptives (also non-oral) - 100% coverage**  
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/PET 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 \$150.00 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 offer annual open enrollment.**

### EYE EXAMS

Reimbursement of up to a **maximum of \$75** 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.

### SICK LEAVE

Employee will accrue one (1) day of sick leave for each completed calendar month of service. The first year sick leave (+96 hours) will accrue on the one year anniversary of employment. Employee will then accrue monthly. 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 one year of service employees will be eligible for eighty (80) hours of vacation. Employees will then beginning accruing monthly based on the following:

13 months	6.67 hour/month	
51 months	10 hours/month	<b>*Maximum accrual is 2 years on anniversary date</b>
121 months	13.34 hours/month	
193 months	16.67 hours/month	

### HOLIDAY BANK

On July 1st employees are credited with 104 holiday hours. This includes 16 personal hours. If you work on a holiday you are paid and do not use your Holiday Bank. If you are scheduled to work and request the day off and are approved you are paid from your Holiday Bank. You can request additional days off during the year and request pay from your Holiday Bank. You will be compensated for your unused Holiday Bank balance on June 30th.

### VISION INSURANCE - VSP - (first paycheck of each month)

**Voluntary benefit - employee pays full premium**

<b>VSP</b>	<b>Single</b>	<b>\$9.61</b>	<b>Family</b>	<b>\$20.66</b>
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 contact benefit in the same year)