

Benefits Summary - CONSERVATION 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 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 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/month

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 - **\$62.76/month**

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)

Annual Open Enrollment

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% even though Select Provider

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

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) from Wellmark showing denial. 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 one (1) year of service full-time new hires will be eligible for eighty (80) hours of vacation.

After completion of 13 months 6.67 hours/month

After completion of 61 months 10 hours/month

After completion of 121 months 13.34 hours/month

After completing of 193 months 16.67 hours/month

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

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.

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 - (Annual Open Enrollment) (first paycheck of each month)

Voluntary benefit - employee pays full premium

VSP Single \$9.61 Family \$20.66

Eye Exam - \$10 - 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)