

# Benefits Summary - PPME Bargaining Unit Employees

1/1/2024

All benefits rates listed below reflect full time employment status.  
 Part time employee benefits are pro-rated based on the number of regularly scheduled hours.

**\*If selecting family coverage, dependent verifications will be required.\***

Dependent Verification Examples: copy of marriage certificate,  
 copy of birth certificate for each covered dependent child - **OR** -  
 first page of most recent tax return listing all covered dependents (spouse & children).  
 Dependent children are covered up to age 26 on benefits, if choosing family coverage.



## MEDICAL - Wellmark BC/BS (premiums divided between 1st & 2nd paychecks of each month)

**Single \$160/mo** Employees who participate in the Wellness program through  
**Family \$295/mo** Health Solutions have the possibility of reducing their monthly premiums.

Deductible - \$450 (single) / \$875 (family)  
 Out-of-pocket Maximum \$1,150 (single) / \$2,300 (family)  
 Preventive Claims paid at 100% (In-network)  
 Prescription Drug coverage - 30% coinsurance (In-network)

## DENTAL - Delta Dental of IOWA (premiums divided between 1st & 2nd paychecks of each month)

**Single no cost to employee**  
**Family \$66.76/mo**

Annual Benefit Maximum - \$1250  
 In-network Deductible - \$15 (single) / \$45 (family)  
 Cleaning/routine exams paid at 100%  
 Orthodontics - Paid at 50% with a maximum of \$2,000/lifetime (dep children up to age 22).

## VISION INSURANCE - VSP (premiums deducted on second paycheck of each month)

**Single \$10.58/mo**  
**Family \$22.76/mo**

Voluntary benefit - employee pays full premium  
 Eye Exam - \$10 annually  
 Frames & Lens - \$25 deductible  
 Contacts - \$150/every calendar year

## LIFE INSURANCE - Madison National Life (premiums deducted on second paycheck of each month)

\$20,000 Basic Life Plan - provided by County at no cost to employee.  
 Additional Supplemental Life coverage available for employee, spouse & children.

Employee age bands monthly rate/\$10,000	Spouse age bands monthly rates/\$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

\$15,000 Supplemental Dependent Child Life coverage - \$3.00/mo total

## **LEGAL SERVICES - ARAG (premiums deducted on second paycheck of each month)**

**Premium \$24.45/mo**

This benefit requires a full year's participation.

Attorney fees for most covered legal matters are 100% paid in full when using network attorneys

Covered legal matters: Civil Damage Claims, Consumer Protection, Criminal Matters, Debt-Related Matters, Family Law, General Matters, Identity Theft, Government Benefits, Real Estate Matters, Tenants Services, Small Claims Court, Tax Matters, Traffic Matters, Wills and Estate Planning, and more.

## **SHORT TERM DISABILITY - Madison National Life Insurance Company**

Benefit provided by County at no cost to employee.

Elimination (Waiting) Period - 14 consecutive calendar days.

Monthly benefit - 60% of salary

Maximum benefit - \$1,500/week

## **LONG TERM DISABILITY - Madison National Life Insurance Company**

Benefit provided by County at no cost to employee.

Elimination (Waiting) Period - short term disability exhaustion.

Monthly benefit - 66 2/3% of salary

## **DEFERRED COMPENSATION - Corebridge**

457 retirement plan offered to County employees

Pre-tax contributions, deducted through County payroll

Contact Financial Representative Pam Corrick - 641-451-1284

## **IPERS - State of Iowa**

Employee contributes **8.51%** from gross wages; County's portion is **8.51%**.

IPERS - 800-622-3849

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

## **EYE EXAMS**

Reimbursement of up to a maximum of \$75 once every two (2) years for eye exam.

Reimbursement available to employee only (not family members).

Submit an itemized receipt and EOB to the Human Resources Dept.

Maximum reimbursement in conjunction with VSP insurance is \$10.

*\*If there are differences between individual benefit contract language and this benefit summary, the contract language prevails.*