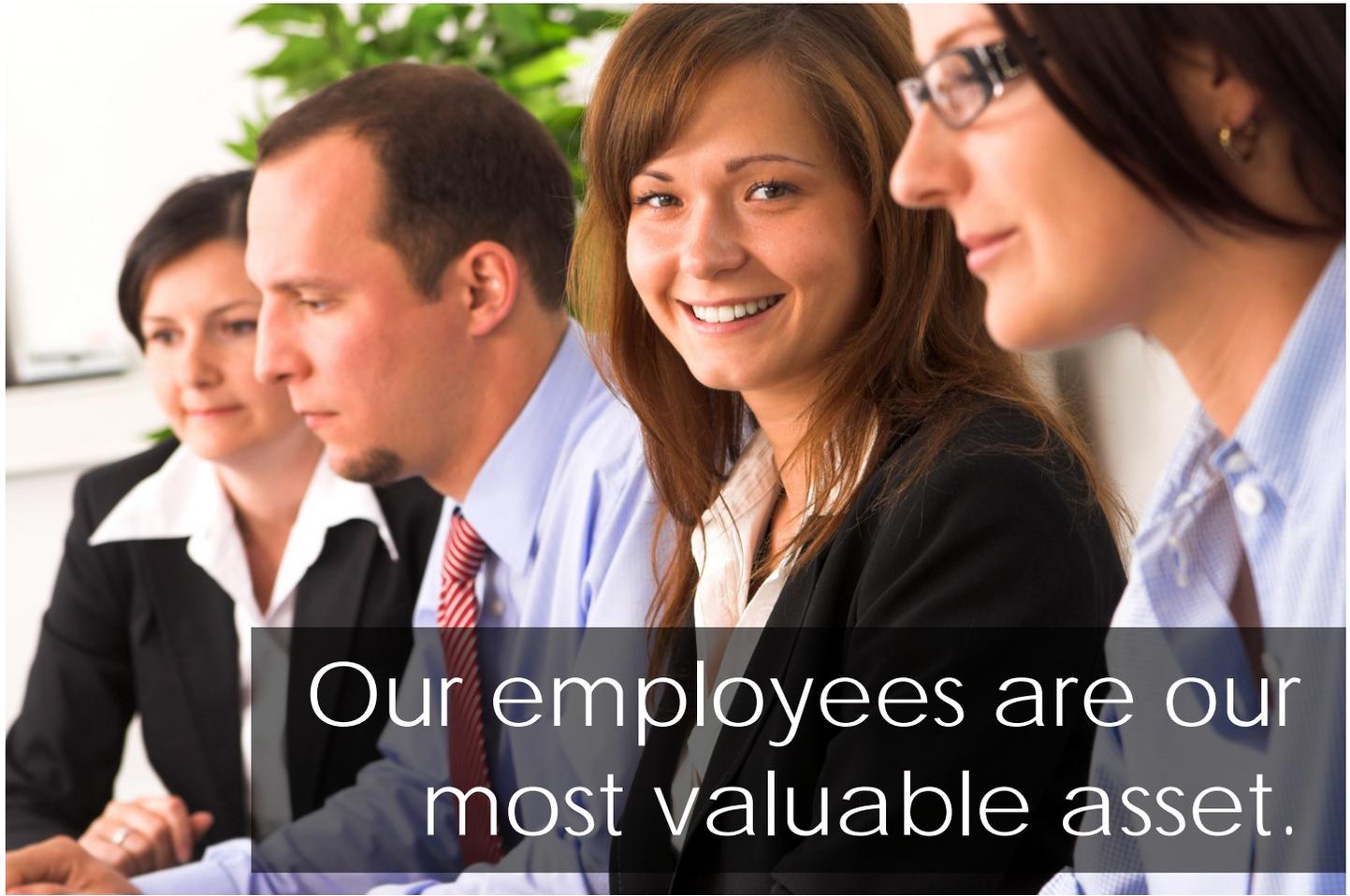


# Benefits Summary



PLAN YEAR: JULY 1, 2020 – JUNE 30, 2021



Our employees are our most valuable asset.

Pottawattamie County is pleased to offer you this program of employee benefits.

### **Stay Healthy**

- Medical and Dental
- Flexible Spending Accounts
- Voluntary Vision Plan

### **Feeling Secure**

- Long Term Disability Insurance
- Basic Life, AD&D
- Voluntary Life, Dependent Life
- Voluntary Accidental Death & Dismemberment

# Contact Information

Refer to this list when you need to contact one of your benefit vendors. For general information contact Human Resources or Payroll.

## MEDICAL:

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<b>Provider Name</b>	<b>IGHCP / Wellmark</b>
<b>Provider Contact Person</b>	<b>Mike Williams, Harry A. Koch Co./Stephanie Dow</b>
<b>Provider Phone Number</b>	<b>402-861-7098/402-861-7188</b>
<b>Contact Email Address</b>	<b>mike.williams@hakco.com/Stephanie.com@hakco.com</b>

## DENTAL

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<b>Provider Name</b>	<b>MetLife</b>
<b>Provider Contact Person</b>	<b>Mike Williams, Harry A. Koch Co./Stephanie Dow</b>
<b>Provider Phone Number</b>	<b>402-861-7098/402-861-7188</b>
<b>Provider Web Address</b>	<b>mike.williams@hakco.com/Stephanie.com@hakco.com www.metlife.com</b>

## FLEXIBLE SPENDING ACCOUNTS (FSA):

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<b>Provider Name</b>	<b>Employee Benefit Systems</b>
<b>Provider Contact Person</b>	<b>Mike Williams, Harry A. Koch Co./Stephanie Dow</b>
<b>Provider Phone Number</b>	<b>402-861-7098/402-861-7188</b>
<b>Provider Web Address</b>	<b>mike.williams@hakco.com/Stephanie.com@hakco.com</b>

## VOLUNTARY VISION

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**Reliance Standard**

<b>Provider Name</b>	<b>Mike Williams, Harry A. Koch Co./Stephanie Dow</b>
<b>Provider Contact Person</b>	<b>402-861-7098/402-861-7188</b>
<b>Provider Phone Number</b>	<b>mike.williams@hakco.com/Stephanie.com@hakco.com</b>
<b>Provider Web Address</b>	<b>www.reliancestandard.com</b>

## LIFE & A D&D, LONG TERM DISABILITY :

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<b>Provider Name</b>	<b>National Insurance Services</b>
<b>Provider Contact Person</b>	<b>Mike Williams, Harry A. Koch Co./Stephanie Dow</b>
<b>Provider Phone Number</b>	<b>402-861-7098/402-861-7188</b>
<b>Provider Web Address</b>	<b>mike.williams@hakco.com/Stephanie.com@hakco.com</b>

## VOLUNTARY LIFE & DEPENDENT LIFE :

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<b>Provider Name</b>	<b>National Insurance Services</b>
<b>Provider Contact Person</b>	<b>Mike Williams, Harry A. Koch Co./Stephanie Dow</b>
<b>Provider Phone Number</b>	<b>402-861-7098/402-861-7188</b>
<b>Provider Web Address</b>	<b>mike.williams@hakco.com/Stephanie.com@hakco.com</b>

## EMPLOYEE ASSISTANCE PROGRAM (E.A.P.):

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<b>Provider Name</b>	<b>CHI Health</b>
<b>Provider Contact Person</b>	<b>CHI staff</b>

**Provider Phone Number**  
**Provider Web Address**

**402-398-5566 or toll free 1-888-847-4975**  
**[www.chihealth.com/eap](http://www.chihealth.com/eap)**

# Medical Insurance



## Benefits You Receive:

### IGHCP

<b>Insurance Carrier</b>	<b>Wellmark Blue Cross Blue Shield</b>
<b>PPO Network</b>	<b>Blue Choice</b>
<b>Annual Deductible</b>	\$250 Single / \$500 Family
<b>Annual Out of Pocket Maximum</b> includes Deductible & Coinsurance	\$750 Single / \$1,500 Family
<b>Maximum Lifetime Benefit</b>	Unlimited
<b>Coinsurance - In Network</b>	10%
<b>Coinsurance - Out of Network</b>	20%
<b>Ambulance Services -</b> (Emergency only)	Deductible & Coinsurance
<b>Physician Office Services</b>	\$10.00
<b>Eye Examinations / Hearing Screening</b>	\$15.00 (every other calendar year)
<b>Inpatient Hospital</b>	Deductible & Coinsurance
<b>Outpatient Hospital</b>	Deductible & Coinsurance
<b>Physician Hospital Services</b>	Deductible & Coinsurance
<b>Emergency Room</b>	\$100.00 per visit
<b>Diagnostic X-Ray/Laboratory -</b> Outpatient	10% coinsurance
<b>CT Scan, Pet Scan, MRI, &amp; Nuclear Medicine</b>	Deductible & Coinsurance
<b>Maternity</b>	Deductible & Coinsurance
<b>Durable Medical Equipment</b>	Deductible & Coinsurance
<b>Nursing Facility Services</b>	Deductible & Coinsurance (90 days/yr)
<b>Home Health Care</b>	Deductible & Coinsurance
<b>Hospice</b>	Deductible & Coinsurance
<b>Mental Health/Substance Abuse - Inpatient</b>	Deductible & Coinsurance (30 days/yr)
<b>Mental Health/Substance Abuse - Outpatient</b>	\$10.00 (52 visits/year)
<b>Routine Adult &amp; Child Well Care Doctor Office -</b>	\$10.00
<b>Routine Adult Well Care -</b> Outpatient Hospital Services	10% coinsurance
<b>Prescription Drugs</b>	<b>30 day supply</b>
<b>Tier 1 - Generics</b>	\$10.00
<b>Tier 2 - Formulary Brand</b>	\$25.00
<b>Tier 3 - Brand</b>	\$40.00
<b>Prescription Drugs - Mail Order</b>	<b>90 day supply</b>
<b>Tier 1 - Generics</b>	\$20.00
<b>Tier 2 - Formulary Brand</b>	\$50.00
<b>Tier 3 - Brand</b>	\$80.00

## Benefits Purchased from

### Wellmark

<b>Wellmark Blue Cross Blue Shield</b>
<b>Blue Choice</b>
\$5,000 Single / \$10,000 Family
\$7,350 Single / \$14,700 Family
Unlimited
30%
40%
Deductible & Coinsurance
\$10.00
Covered under IGHCP <b>Use EBS Card</b>
Deductible & Coinsurance
Deductible & Coinsurance
Deductible & Coinsurance
\$100.00 per visit
10% coinsurance
Deductible & Coinsurance
Deductible & Coinsurance
Deductible & Coinsurance (90 days/yr)
Deductible & Coinsurance
Deductible & Coinsurance
Deductible & Coinsurance (30 days/yr)
\$10.00 (52 visits/year)
\$10.00
10% coinsurance
<b>30 day supply</b>
\$10.00
\$25.00
\$40.00
<b>90 day supply</b>
\$20.00
\$50.00
\$80.00

\*Doctor on Demand; virtual visits provided with board certified doctor with access available 24/7, 365 days a year

# Dental & Voluntary Vision Insurance



**Carrier: Dental - MetLife**

This dental plan features various level of benefits

	<b>MetLife</b>	
<b>Preferred Provider Organization</b>	<b>In-Network</b>	<b>Out of Network</b>
<b>BENEFIT OVERVIEW</b>		
<b><u>Deductible</u></b>		
<b>Single</b>	<b>\$50</b>	<b>\$50</b>
<b>Family</b>	<b>\$150</b>	<b>\$150</b>
<b><u>Preventive Services</u></b>		
<b>Coinsurance</b>	<b>100%</b>	<b>100%</b>
<b>Deductible</b>	<b>Waived</b>	<b>Waived</b>
<b><u>Basic Services</u></b>		
<b>Coinsurance</b>	<b>80%</b>	<b>80%</b>
<b><u>Major Services</u></b>		
<b>Coinsurance</b>	<b>50%</b>	<b>50%</b>
<b><u>Child Orthodontia</u></b>		
<b>Coinsurance</b>	<b>50%</b>	<b>50%</b>
<b><u>Maximum Benefit Per Calendar Year</u></b>	<b>\$1,500</b>	<b>\$1,500</b>
<b><u>Orthodontia Lifetime Benefit</u></b>	<b>\$1,500</b>	<b>\$1,500</b>

Employees who do not elect coverage during their original 31-day application period may still elect coverage later. Dental coverage would be subject to the following waiting periods.

- No waiting period on Preventive Services
- 6 months on Basic Restorative (Fillings)
- 12 months on all other Basic Services
- 24 months on Major Services
- 24 months on Orthodontia Services

## Voluntary Vision Insurance-Reliance Standard

Full-time employees are eligible to participate in the county's voluntary vision plan. The employee is responsible for 100% of the premium for single and family coverage. This vision plan is **in addition** to the one eye exam provided every two years through the county's health insurance plan. Plan covers one eye exam every year and assists with costs of frames, lenses, and contacts.

# Flexible Spending Accounts (FSA)



## Administrator:

Employee Benefit Systems

214 North Main Street, P.O. Box 1053

Burlington, IA 52601

800-373-1327 Toll Free / 319-758-6271 Fax

[www.ebs-tpa.com](http://www.ebs-tpa.com)

[contactus@ebs-tpa.com](mailto:contactus@ebs-tpa.com)

## Benefits You Receive:

FSAs provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pretax basis. By anticipating your family's health care and dependent care costs for the next year, you can actually lower your taxable income.

## Health Care Reimbursement FSA

This program allows employees to pay for certain IRS-approved medical care expenses with a prescription not covered by their insurance plan with pretax dollars. Maximum Annual Contribution amount is: **\$2,750.00**

Some examples include:

- Hearing services, including hearing aids and batteries
- Vision services, including contact lenses, contact lens solution, eye examinations and eyeglasses
- Dental services and orthodontia
- Chiropractic services
- Acupuncture
- Prescription contraceptives

## Dependent Care FSA

The Dependent Care FSA allows employees to use pretax dollars toward qualified dependent care such as caring for children under the age 13 or caring for elders. The annual maximum amount you may contribute to the Dependent Care FSA is \$5,000 (or \$2,500 if married and filing separately) per calendar year.

Examples include:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)

# Disability Insurance



**Carrier:** National Insurance Services

**Benefits You Receive:** In the event you become disabled from a non work-related injury or sickness, disability income benefits are provided as a source of income.

## Long-Term Disability

### Waiting Period

180 Days

*This is the period of time you must be disabled before long term disability benefits are payable.*

### Benefits Payable

60% of earnings with a maximum of \$5,000 per month

*This is the amount you will receive in the event you are disabled.*

### Maximum Benefit

To Age 65

*This is the maximum period that disability benefits will be payable. Extended benefits are payable for individuals disabled after age 62.*

# Life and AD&D Insurance



**Carrier: National Insurance Services**

## Basic Life & AD&D Insurance

Provides full-time employees with \$25,000 group life and accidental death and dismemberment (AD&D) insurance. This is the amount your beneficiary will receive in the event of your death. Your life insurance benefits are subject to age reductions, which typically begin around age 65. Contact [Payroll](#) to update your beneficiary information.

## Voluntary Life & AD&D Insurance

Employees who want to supplement their group life insurance benefits may purchase additional coverage. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through bi-weekly payroll deductions. You can purchase coverage on yourself and your spouse in \$10,000 increments.

For an employee, the minimum coverage is \$10,000 and maximum coverage is \$500,000 not to exceed 5 times your annual earnings. Non-medical maximum is 5 times annual earnings up to \$200,000

For the spouse, the minimum coverage is \$5,000 and maximum coverage is 50% of the employee's benefit up to \$100,000. Non-medical maximum is up to \$50,000

For the children, the minimum coverage is \$2,000 and the maximum coverage is 50% of the employee's benefit up to \$10,000. Non-medical maximum is 50% of the employee's benefit up to \$10,000. Children include those 14 days old up to age 26.

Employee/Spouse Supplemental Life rates are based on age.

<u>Employee/Spouse Age</u>	<u>Rate per \$1,000 of coverage</u>
Less than 30	\$0.07
30-34	\$0.10
35-39	\$0.13
40-44	\$0.15
45-49	\$0.23
50-54	\$0.39
55-59	\$0.68
60-64	\$0.98
65-69	\$1.54
70-99	\$2.74

# CHI Health Employee Assistance Program



## CHI Health Employee Assistance Program (E.A.P.)

**Telephone Number for Services: 402-398-5566 or toll-free 1-888-847-4975**

Pottawattamie County recognizes that problems of a personal or emotional nature can have an adverse effect on an employee as well as on the employee's job performance. Pottawattamie County is vitally interested in helping employees resolve these problems before they become so advanced as to impact their employment.

The CHI Health Employee Assistance Program (EAP) has been established to help deal with these problems. This program is designed to provide early identification, motivation, and referral to appropriate care.

EAP is a benefit provided to all employees and their household members. Household member, as used herein, shall mean the spouse or minor dependent children of the covered employee or any person who resides permanently in the "employee" residence.

Assessment and short-term/problem resolution sessions are paid for by Pottawattamie County. There are no deductibles, copays or other similar fees for the assessment and short-term/problem resolution session. If an employee needs assistance beyond the short-term/problem resolution sessions, the employee or dependent will assume financial responsibility for expenses incurred during the treatment process. The employee will be informed during the initial meeting with EAP that he or she should consult with his or her medical insurance group for information on the coverage of such service when services outside the scope of the EAP are required to address the issue.

EAP does not cover specialists. If the EAP provider determines that you need treatment from a specialist, the EAP provider will refer you to your group health plan or appropriate treatment resources in the community.

For services, contact EAP at the above number or visit their website at [www.chihealth.com/eap](http://www.chihealth.com/eap)

***The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Payroll or Human Resources.***

# Premium Rates Effective July 1, 2020



## Medical Insurance:

	<u>Single Coverage</u>	<u>Family Coverage</u>
<b>Total Monthly Premium:</b>	<b>\$790.69</b>	<b>\$1,862.84</b>
County Contribution:	\$711.62	\$1,676.56
Employee Contribution:	\$ 79.07	\$ 186.28

## Dental Insurance:

	<u>Single Coverage</u>	<u>Family Coverage</u>
<b>Total Monthly Premium:</b>	<b>\$22.94</b>	<b>\$75.37</b>
County Contribution:	\$22.94	\$61.21
Employee Contribution:	\$ 0.00	\$14.16

## Voluntary Vision Insurance:

	<u>Single Coverage</u>	<u>Family Coverage</u>
<b>Total Monthly Premium:</b>	<b>\$8.12</b>	<b>\$20.28</b>
County Contribution:	\$0.00	\$0.00
Employee Contribution:	\$8.12	\$20.28