

# Yellowstone County SUMMARY OF BENEFITS

Effective: \_\_\_\_\_

❖ **HEALTH INSURANCE (Self Insured -EBMS)**

**Traditional Plan - \$500** annual deductible per person (3 person - \$1,500 family maximum); insurance pays **80%** (70% of allowable costs if not a Preferred Provider doctor. Percentage is dependent on rate charged versus EBMS usual & customary rate-UCR). After \$2000 out-of-pocket per individual, (3 person - \$6,000 family maximum), insurance pays 100%.

**HDHP - \$2,600** annual individual deductible; 5,200 annual family deductible; (\$2,700/\$5,400 effective 1/1/2018); insurance pays **100% medical**. (10% out of network differential)

**Please note:** The Yellowstone County Health Insurance plan does not have annual open enrollment elections. Please notify Human Resources with any family status changes (i.e. birth, adoption, death, marriage, divorce or loss of previous eligible insurance coverage). Addition of dependents must be completed and received by Human Resources within 31 days of any status changes to become effective. (See “Special Enrollment Period”, in your Group Benefits Plan.)

**PRESCRIPTION PROGRAM (TRx MedImpact – Traditional and HDHP plans) Effective July 1, 2017)**

Tier	Tier Description	Retail (30-day Supply)	Retail/Mail Order (90-day Supply)	Specialty (30-day Supply)
ACA	ACA preventive medications – Those drugs that are listed by the Affordable Care Act as mandatory coverage.	\$0 copay	\$0 copay	\$0 copay
1	Generics	\$15	\$30	
2	Preferred Brand	\$40	\$80	
3	Non-preferred (Brand)	50%	50%	
Specialty medications	Specialty drugs are defined as high cost prescription drugs that may require special handling and/or administration to treat chronic, complex conditions. MedImpact Specialty Direct Pharmacy is the chosen provider for specialty drug services.			\$150

As a MedImpact Pharmacy Plan Member you can obtain prescription benefit and drug coverage detail to assist you in understanding your pharmacy benefit plan better, as well as view comprehensive health and wellness information. To get started go to the MedImpact website at: <https://mp.medimpact.com> and follow the registration instructions and prompts for creating a MedImpact Member Portal Account. In order to create your MedImpact Member Portal account, you will need to wait until your benefits are active & you have received your insurance card. Please use your 9 digit EBMS health plan ID number starting with “9” as your MedImpact Member ID Number. (Example: 941234567). If you have any questions about your URx pharmacy benefit plan, please contact a MedImpact representative at 1-844-336-2680 available 24/7, 365 days a year.

Traditional plan - Pharmaceutical Maximum Out-of-Pocket - \$1,650 per calendar year-per person (2 persons - \$3,300.00 family maximum).

**HDHP** – now have first dollar coverage on certain preventative medications -- these medications are not subject to the deductible before they are covered, plan members will only need to pay the applicable co-pay/co-insurance for these medications. HDHP plan - Pharmaceutical Maximum Out-of-Pocket – Additional \$1,650 per calendar year-per person after \$2,600 deductible is met. (Family - \$3,300.00)

❖ **DENTAL INSURANCE (EBMS) (Applies to both Traditional and HDHP health plans)**

**\$25** annual deductible per person; insurance pays **80%, up** to \$3,000 per calendar year. (70% of allowable costs if not in the Dental Discount Network. List of providers is available in Human Resources.)

**\$\$ PREMIUM COSTS FOR MEDICAL, DENTAL & PHARMACY INSURANCE \$\$**

	<b>Traditional Plan</b> (\$500/\$1,500)	<b>HDHP Plan</b> (\$2,600/\$5,200)
Single – No Cost to the employee	\$413.00 /pp paid by County <b>\$0 - Cost</b>	\$354.50 /pp paid by County <b>\$78.00 /pp in employee HSA</b> (\$413.00 total paid by County /pp)
Spouse only	<b>\$240.50 /pp</b>	<b>\$119.00 /pp</b>
1 child	<b>\$149.50 /pp</b>	<b>\$44.50 /pp</b>
2 children	<b>\$299.00 /pp</b>	<b>\$167.00 /pp</b>
Family (3+ children)	<b>\$320.00 /pp</b>	<b>\$184.50 /pp</b>
Part-time single (.5 - .74 FTE)	<b>\$216.50 /pp paid by Employee</b>	<b>\$177.50 /pp paid by Employee + 39.00 in HSA</b>
Part-time single (.75 - .99 FTE)	<b>\$108.00 /pp paid by Employee</b>	<b>\$88.50 /pp paid by Employee + \$58.50 in HSA</b>

Above rates indexed to August 1, 2017 rates.

**Wellness Non-Participation Rate**

<b>January 1, 2018</b> <b>(Wellness Non-Participation Rate)</b>	<b>Traditional Plan</b> (\$500/\$1,500)	<b>HDHP Plan</b> (\$2,600/\$5,500)
Single – Cost to the employee	<b>\$19.50 – Cost to employee</b>	<b>\$17.00 – Cost to employee</b>

Wellness Non-Participation Rate will be in effect from January 1, 2018 – December 31, 2018.

New employees will be charged the employer paid rate indexed to August 1, 2017 premium rates until able to participate in wellness incentive.

❖ **VISION PLAN (MACo Healthcare/Allegiance) Voluntary Plan**

Vision Plan - \$75 annual benefit towards eye exam, \$350 annual benefit towards 12 month supply contacts, prescription lenses and frame or prescription sunglasses. Reasonable monthly rates apply.

❖ **LIFE INSURANCE (Unum Life Insurance Company) (\$10,000 minimum to \$50,000 maximum limit) Employer Paid**

Beneficiary receives 100% of BAS (Base Annual Salary) rounded up to the next 1,000. Includes AD&D benefits.

❖ **SUPPLEMENTAL LIFE INSURANCE - \$150,000 max limit. (\$200,000 combination limit of basic & supplemental)**

You may purchase supplemental life insurance with or without the AD&D benefits for up to 3 times your BAS not to exceed \$150,000. The premium rate is based on the amount you wish to purchase and your age rate. **Dependent Life:** Must have supplemental life to purchase. Option 1: Spouse \$5,000/Child \$2,500 for \$1.55 per mo (\$.78/pp) /family unit; Option 2: Spouse \$20,000/Child \$10,000 for \$6.20 per mo (\$3.10/pp)/family unit.

❖ **LONG TERM DISABILITY (Unum Insurance Company) – Employer paid**

This coverage provides a monthly income to you, if you are disabled. Monthly benefits up to 60% of monthly pre-disability pay, which can be off-set by disability retirement and Social Security Disability payments.

❖ **FLEXIBLE SPENDING ACCOUNT (EBMS)**

This is a tax-savings program that allows you to pay for insurance premiums, medical expenses and childcare costs with PRE-TAX dollars taken automatically from your paycheck. The program renews each October for the next calendar year.

❖ **RETIREMENT PLAN (PUBLIC EMPLOYEES RETIREMENT SYSTEM) (Defined Benefit or Defined Contribution Plan)**

A mandatory pension program if you work at least part-time. You contribute 7.9% of earnings, with a match from the County of 8.47%. You are vested after 5 years and benefits are payable at retirement. Employee’s contributions are refundable upon termination. **Sheriff’s Retirement**–You contribute 10.495% with a 13.115% match by employer.

❖ **VACATION AND SICK LEAVE**

**Vacation** - New employees-You earn 10 hrs/month (5 hrs/pp) (3 wks/year) and are eligible to take vacation after your 6-month probationary period. The complete vacation leave schedule is in the Employee Handbook.

**Sick leave** – You earn 8 hrs/month (4 hrs/pp) (12 days/year) and are eligible to use sick leave after 90 days.

**Donation Program** – County employees may donate sick hours to others in need. Complete details in Human Resources.

**FMLA** – Allows for up to 12 weeks leave to care for family medical emergencies. Complete details in Human Resources.

**This is simply a brief summary of the benefit programs available. For a full description of benefits, please refer to your plan booklets or contact Human Resources – 256-2737.**