



Lincoln County

2019 EMPLOYEE BENEFIT GUIDE

Medical Benefit Overview

Administered by: Joint Powers Trust and Employee Benefits Management Services

	Current \$2,000 Traditional	HDHP \$3,500
Lifetime Maximum	Unlimited	Unlimited
Deductible		
Individual	\$2,000	\$3,500
Family	\$4,000	\$7,000
Coinsurance	70/30	100/0
Out-of-Pocket Maximum		
Individual	\$6,000	\$3,500
Family	\$12,000	\$7,000
Deductible included in OOP	Yes	Yes
Preventive Care	Paid at 100% per DPHHS guidelines, complete listing your Plan Document!	
Office Visit Copay	First 5 visits paid at 100% after \$20 copayment, no deductible applies; thereafter, 70% after deductible	Deductible applies, then paid at 100%.
DX&L	70% coinsurance after deductible	Deductible applies, then paid at 100%
Inpatient Services	70% coinsurance after deductible	Deductible applies, then paid at 100%
Emergency Room	70% coinsurance after deductible	Deductible applies, then paid at 100%
Prenatal/Postnatal/Delivery	70% coinsurance after deductible	Deductible applies, then paid at 100%.
Rehabilitation/Habilitation	70% after deductible. Coverage is limited to a lifetime limit of 30 days, this includes outpatient occupational, speech, physical & cardiac.	100% after deductible. Coverage is limited to a lifetime limit of 30 days, this includes outpatient occupational, speech, physical & cardiac.
Home Health	50% coinsurance after deductible, coverage is limited to 180 visits per year	100% coinsurance after deductible, coverage limited to 180 days per year
Skilled Nursing	70% coinsurance after deductible, coverage limited to 60 days per year	100% coinsurance after deductible, coverage limited to 60 days per year
Prescription Drugs		
Deductible	\$100	Major medical deductible applies, waived for preventive medications.
Tier 1	Deductible waived, paid at 100%.	
Tier 2	20% after deductible	
Tier 3	40% after deductible	
Mail-order	Same as retail, limited to a 90-day supply.	

Voluntary Employee Worksite Benefits

Insured by: **American Fidelity**

Voluntary Term-Life insurance can provide financial protection to loved ones upon the death of the insured. This policy can help preserve the standard of living of an insured's family.

Accident Insurance pays you and/or your covered family members in the event of an accident. It does not coordinate with your medical plan and is meant to supplement out of pocket costs associated with the accident, etc.

Critical Illness coverage pays you and/or your covered family members a lump sum when a covered member is impacted by a significant medical event such as a heart attack, stroke, etc.

Cancer Insurance coverage helps ease the impact on your finances if cancer touches someone in your family. Benefit payments are made directly to you allowing you to pay for expenses.

This information is a summary of benefits and does not supersede the carrier provided summary of benefits. Benefits and general provisions described herein are subject to the terms of the Summary Plan Description or Group Contract.

Voluntary Dental Benefit Overview

Administered by: JPT and Employee Benefit Management Services

Regular preventive dental visits and cleanings not only provide a healthy smile, but also prevent numerous diseases that can affect your overall health.

Benefits		Coverage
Deductible (calendar year)	Individual	No Deductible
	Family	No Deductible
Maximum Annual Benefit	Class A Services, age 18 and under	No Maximum
	Class A Services, age 19 and over, and Class B services for all Covered Persons	\$2,000 per person per plan year
Class A Services: Preventive		100%
Class B Services: Basic		80%
Class C Services: Major		50%
Class D Services: Orthodontia (Dependent children under age 19)		50%, up to a \$1,000 lifetime maximum

Voluntary Dental Premiums	
Employee Only	\$36.89
Employee + Spouse	\$73.79
Employee + Child(ren)	\$77.48
Family	\$110.68

Voluntary Vision Benefit Overview

Insured by: Vision Service Plan

Routine eye exams are essential to overall wellbeing. Not only can eye doctors help you maintain your vision but they often detect other chronic diseases based upon changes they can see in the eye.

Benefits	Coverage	Frequency
Eye Exam (all covered members)	\$0 co-pay	12 months
Voluntary Benefits		
Lenses (Single, lined bifocal and lined trifocal; polycarbonate lenses for dependent children)	\$20 co-pay	12 months
Frames	80% of amount over \$150	24 months
Contact Lenses	Up to \$60 co-pay and a \$150 allowance for contacts. Co-pay applies to contact lens exam only.	12 months (in lieu of glasses)

Voluntary Vision Premiums	Vision must mirror medical enrollment
Employee Only	\$5.55
Employee + Spouse	\$13.30
Employee + Child(ren)	\$14.41
Family	\$24.58

Group Life and AD&D Benefit Overview

Insured by: The Hartford

As a valued full-time employee, you are automatically enrolled in the \$15,000 employer-paid Life Insurance benefit.

miBenefits

Administered by: JPT and Employee Benefit Management Services

miBenefits provides enrolled plan members with 24/7 access to their personal benefits and other healthcare information. Information available within miBenefits: Recent and historical claims activity, accumulator information, covered dependent information, links and contact information for network providers, view or print plan documents. Registration is easy! Just visit www.ebms.com to get started!

Employee Assistance Program

Administered by: Sapphire Resources





Employee Assistance Program (EAP) offers professional counseling, telephonic consultations, training and online resources to assist participants, including household family members. **Some of the counseling services include:** Confidential Counseling: Up to 4 face-to-face counseling sessions per contract year. Toll free access for you or a family member experiencing a crisis.

TeleMedicine

Insured by: WellVia

Access to credentialed doctors for common conditions for a \$30 copay. Available via phone, web, even a downloadable application. For certain conditions, the physician can even prescribe medications direct to your pharmacy. Common conditions include, but are not limited to: Acid Reflux, Allergies, Asthma, Bladder Infection, Bronchitis, Cold & Flue, Infections, Nausea, Rashes, Sinus Conditions, Sore Throat, Thyroid Conditions, Urinary Tract Infections and more . . .

Contact Information

	Medical and Dental	Employee Benefit Management Services (800) 777-3575 www.ebms.com
	Pharmacy	Navitus (866) 333-2757 www.ebms.com
	Life and AD&D	The Hartford (800) 523-2233 www.thehartford.com
	Rx Mail Order	MiRx (406) 869-6551 www.mirxpharmacy.com
	Vision	Vision Service Plan (800)877-7195 www.vsp.com
	Employee Assistance Program	Sapphire Resource Connection 866-767-9511 www.sr-connection.com/member-services/
	Worksite Benefits	American Fidelity (800) 323-3748 www.AFAdvantage.com
	Broker	Leavitt Great West Pete Shatwell Sarah Harné (406) 443-1060 Pete-shatwell@leavitt.com sarah-harne@leavitt.com