



**SUMMARY OF BENEFITS**  
**For Full-time Employees**  
**(2020 - 2021)**

**A. Anthem Insurance w/ ERC Health Wellness Program - (DOH= Date of Hire)**

**Option 1: Anthem \$3000 Lumenos HDHP**

		Employee Only	Employee & Spouse	Employee & Child(ren)	Family	
<b>Regular</b>	Preventive Care 2019	2 person complete	n/a	\$116.41	n/a	\$177.64
		1 person complete	\$55.69	\$144.41	\$113.00	\$205.64
	Did not complete Preventive Care 2019	\$83.69	\$172.41	\$141.00	\$233.64	
<b>Select</b>	Preventive Care 2019	2 person complete	n/a	\$105.75	n/a	\$158.35
		1 person complete	\$37.76	\$133.75	\$97.67	\$186.35
	Did not complete Preventive Care 2019	\$65.76	\$161.75	\$125.67	\$214.35	

<b>Your responsibility (In-Network):</b>	
Calendar Year Deductible \$3,000 / \$6,000	Out of Pocket Maximum (incl deductible) \$4,000 / \$8,000
Office Visits 0% after deductible	Preventative (annual) \$0
Outpatient 0% after deductible	Inpatient 0% after deductible
Emergency Room 0% after deductible	Urgent Care 0% after deductible
Lifetime Maximum Unlimited	
Prescription (Retail)	\$10 / \$40 / \$70 / 25% with \$350 max**
Prescription (Mail Order-90 day supply)	\$20 / \$120 / \$210 / 25% with \$350 max**

All co-payment and co-insurance costs shown here are **after** your deductible has been met, if a deductible applies.

**Option 2: Anthem \$5000 Lumenos HDHP**

		Employee Only	Employee & Spouse	Employee & Child(ren)	Family	
<b>Regular</b>	Preventive Care 2019	2 person complete	n/a	\$20.21	n/a	\$59.43
		1 person complete	\$9.00	\$48.21	\$43.77	\$87.43
	Did not complete Preventive Care 2019	\$37.00	\$76.21	\$71.77	\$115.43	
<b>Select</b>	Preventive Care 2019	2 person complete	n/a	\$12.59	n/a	\$47.89
		1 person complete	\$5.30	\$40.59	\$36.60	\$75.89
	Did not complete Preventive Care 2019	\$33.30	\$68.59	\$64.60	\$103.89	

<b>Your responsibility (In-Network):</b>	
Calendar Year Deductible \$5,000 / \$10,000	Out of Pocket Maximum (incl deductible) \$6,900 / \$13,800
Office Visits 0% after deductible	Preventative (annual) \$0
Outpatient 0% after deductible	Inpatient 0% after deductible
Emergency Room 0% after deductible	Urgent Care 0% after deductible
Lifetime Maximum Unlimited	
Prescription (Retail)	\$10 / \$40 / \$70 / 25% with \$350 max**
Prescription (Mail Order-90 day supply)	\$25 / \$120 / \$210 / 25% with \$350 max**

All co-payment and co-insurance costs shown here are **after** your deductible has been met, if a deductible applies.

\*If employee's spouse has health coverage available through his or her employer, the spouse is required to take coverage under that plan and will not be eligible for or be covered by the Agency health plan.

If hired on or after of June 1, 2019, there is no opportunity to participate in Preventive Care Campaign in 2019. Therefore new hires/entrants into Anthem Insurance will have the "Completed Preventive Care 2019" rates deducted from payroll earnings, with the expectation that they will successfully complete in subsequent years Preventive Care Campaign to continue paying the lower premium.

\*\*Note: Upon having met your Calendar Year Deductible (whether through medical claims, prescriptions claims or both), all subsequent medical claims are paid at 100%. The remaining Out of Pocket Maximum balance will be incurred through prescription co-pays until the Out of Pocket Maximum is reached. Once the Out of Pocket Maximum is reached, medical and prescriptions claims are paid at 100%.

Tier 1 Pharmacies: Patient pays cost share of prescription (CVS, Giant Eagle, Walmart are some Tier 1 pharmacies)

Tier 2 Pharmacies: Patient pays cost share of prescription + 10% (Walgreens, Rite Aid are some Tier 2 pharmacies)

For a list of Tier 1 & 2 pharmacies, please log on to [www.anthem.com](http://www.anthem.com)

**Health Savings Account (HSA) (optional)** – contingent on enrollment with Anthem Insurance. This plan allows an employee to deposit pre-tax money from payroll earnings into a savings account specifically for medical/dental/vision expenses to pay with gross earnings instead of paying them with after-tax take home pay.

- If enrolled into the HSA, UDS will make payroll contributions bi-weekly in the amount of \$28.85 single \$57.69 family to your HSA account for the 2019 plan year as long as you are enrolled in the HDHP and in a paid status. The employer contribution is in addition to any pre-tax employee contribution that you may elect through payroll.

## B. Superior Dental Plan (DOH)

Rates Effective since 10/1/2015	
Employee Coverage	Employee Contribution per pay (24 pays)
Employee Only	\$0
Employee plus 1 dependent	\$9.95
Employee plus 2 or more dependents	\$21.59

<u>Plan Coverage:</u>	Network	Non-Network
Annual Deductibles	\$0	\$0
Calendar Year Maximum that Superior Pays	\$1,000	\$1,000
Preventative & Diagnostic Coverage	100% after \$10 co-pay	100% U&C after \$10 co-pay
Basic Restorative Coverage	80%	80% U&C
Major Restorative	50%	50% U&C

**\*\*Non-Network claims are paid at the 80<sup>th</sup> to 85<sup>th</sup> percentile. Endo & Perio are covered at 50%.**

## C. Mutual of Omaha Life Insurance & Accidental Death & Dismemberment (DOH)

- \$50,000 to designated beneficiary
- Paid by Agency

## D. Premium Conversion Plan (Optional)

This plan permits your co/pay portion of the health premiums to be made as a pre-tax payment. This reduces your out of pocket costs increasing your take home income.

## E. Flexible Spending Account (Optional)

This plan allows an employee to designate specific amounts to be deducted from payroll earnings to fund a reimbursement account to pay qualified expenses with gross earnings instead of paying them with after-tax take home pay.

- Eligible to enroll after six months from date of hire. Open Enrollment is in December. Plan effective on calendar year basis.

## F. Group Disability Insurance (Pd by Agency): Mutual of Omaha

- Amount = 60% of Reg. Annual Salary.
- Eligibility: First day of month following one year of service
- Payment: After you are unable to work for 3 consecutive months.

## G. Thrift Plan/403B (Employee Option w/match funds after 1 yr. svc)

Employee Funds: No minimum age or service requirement for Employee funds.

Agency Matching Funds: Eligible first day of month following 12 months of employment and 1000 hours of service. Agency match is equal to 50% of the first 6% of the salary reduction amount employee is contributing at pre-tax levels.

**H. Workers Compensation (Employer paid)**

Provides for medical care and limited compensation for accidental injuries suffered in the course of the day's work. Administered by the State of Ohio.

**I. Unemployment Insurance (Employer paid)**

Provides for unemployment benefits according to the laws of the State of Ohio.

**J. Social Security (Employer paid) Rate is 12.4% (1/2 paid by employer) of salary.**

Provides protection against loss of income caused by retirement, disability, or death. Medicare health insurance is also provided.

**K. Sick Leave**

Sick leave is accrued at a rate of one day per month of employment. Unused sick leave may be accumulated from year to year up to 120 days. Two days may be used for personal business each year.

**L. Vacation Leave**

All regular full time employees shall be granted vacation leave as follows:

- Starting calendar year -- none
- 1<sup>st</sup> full calendar year - grant **pro rata** based on service starting year (less than 10 working days)
- 2<sup>nd</sup> full calendar year - 10 working days
- 3<sup>rd</sup> calendar year - 15 working days
- 10<sup>th</sup> calendar year - 20 working days
- 20<sup>th</sup> + calendar year – 25 working days

**M. Paid Holidays**

There are eleven paid holidays for regular full-time employees as follows: ▪ New Year's Day ▪ Martin Luther King Day ▪ Memorial Day ▪ Independence Day ▪ Labor Day ▪ Thanksgiving two (2) days ▪ Christmas two (2) days ▪ Two (2) Agency designated floating holidays.