



Full-Time (30-40) Hour Employees

This document provides a general overview of Meridian Library District's (MLD) full-time [employee benefit program](#) for employees who regularly work 30-40 hours per week. Benefits are anticipated to be effective 1/1/2024 - 12/31/2024 but are subject to change at any time. Contact HR (hr@mld.org) or Advanced Benefits (208-664-3482 or service@trustab.com) for additional information about these benefit components.

EMPLOYEE SEMI-MONTHLY CONTRIBUTION FOR MEDICAL, VISION, AND DENTAL HEALTH BENEFITS					
	Medical BC of Idaho Clearview	Medical BC of Idaho Preferred	Vision	Dental Mutual of Omaha	Dental Willamette
Employee Only	\$0	\$30.19	\$0	\$0	\$0
Employee + Spouse	\$112.50	\$177.48	\$3.70	\$21.97	\$31.50
Employee + Child	\$10.00	\$51.98	\$3.70	\$18.81	\$29.85
Employee + Children	\$20.50	\$80.02	\$4.21	\$29.48	\$43.90
Employee + Family	\$123.00	\$215.58	\$8.95	\$47.13	\$68.13

*****Eligibility Date:** Employees who regularly work 30 or more hours per week are eligible for medical, vision, dental, and HRA benefits on the first day of the next calendar month following hire or position change date. ***

HEALTH REIMBURSEMENT ARRANGEMENT

HRA VEBA: Full-time MLD staff are eligible to receive a monthly \$165 contribution to a Health Reimbursement Arrangement (HRA) at no cost to the employee. The HRA Veba differs from a regular HRA account in that the employee chooses how to invest their funds and can use their money right away or save it up to use later during their retirement years. This benefit is also able to be assigned beneficiaries, who would inherit the funds in the case of the employee passing away. HRA accounts can be used to reimburse or cover the charges for eligible medical expenses to help offset costs not covered by a qualifying employer-sponsored group health plan. Expenses eligible for reimbursement are determined by the IRS.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

MAGELLAN ASCEND: 1-800-523-5666 (TTY711) - All employees, their dependents, and all household members (related or not) are eligible for the Employee Assistance Program (EAP) at no cost to the employee. Magellan provides confidential in-person counseling (up to 8 counseling sessions for each issue) and a 24/7 helpline. The EAP also provides some benefits for legal and financial assistance, lifestyle coaching, identity theft services, discount services on various products, and mediation services.

MEDICAL

<u>Blue Cross of Idaho</u>		
Services	<u>Clearview Plan:</u> In-Network	<u>Preferred Plan (Buy Up Plan):</u> In-Network
Annual Deductible <i>(Individual / Family)</i>	\$0 / \$0	\$2,000 / \$4,000
Annual Out-of-Pocket Max <i>(Individual / Family)</i>	\$6,000 / \$12,000	\$2,000 / \$4,000
Coinsurance	35% of Maximum Allowance after Deductible	\$0 after Deductible
Physician Office Visits: ChoiceDocs In-Network Provider	\$25 Copayment per visit for ChoiceDocs Primary Care Provider. \$50 Copayment per visit for ChoiceDocs Specialist Provider (non-Primary Care Provider)	\$0 Copayment per visit for ChoiceDocs Primary Care Provider. \$20 Copayment per visit for ChoiceDocs Specialist Provider (non-Primary Care Provider)
All Other In-Network Providers	\$50 Copayment per visit for In Network Primary Care Provider. \$125 Copayment per visit for In Network Specialist Provider (non Primary Care Provider)	\$20 Copayment per visit for In Network Primary Care Provider. \$40 Copayment per visit for In Network Specialist Provider (non Primary Care Provider)
Covered Preventive Services	\$0	
Diagnostic Test <i>(Labs/X-Ray/Mammograms)</i>	\$0	
Emergency Room Services <i>**See plan highlight sheet for additional details**</i>	\$750 Copayment per Outpatient visit	\$100 Copayment per Outpatient visit
Mental Health & Substance Abuse Services <i>**See plan highlight sheet for additional details**</i>	Inpatient: Coinsurance Outpatient: \$50 / visit	Inpatient: Deductible and Coinsurance Outpatient: \$0
Chiropractic Care <i>(Covered up to 18 visits per year)</i>	\$30 / Visit	\$30 / Visit
Outpatient Speech/Physical/Occupational Therapy <i>(Covered up to 30 total visits per year)</i>	Physical/Speech/Occ \$60 / Visit Cardiac Rehab \$10 / Visit	Physical/Speech/Occ \$60 / Visit Cardiac Rehab \$10 / Visit
Prescription Drugs <i>(Generic Substitution Required)</i> <i>**See plan highlight sheet for additional details**</i>	Tier 1: \$20 Copayment Tier 2: 20% Coinsurance Tier 3: 30% Coinsurance Specialty Drugs: Cost Relief Program	\$1,000 Rx Total Cost per Plan Year - Counts toward Out-of-Pocket Max
Prescribed Contraceptive Services	\$0	\$0
Maternity Services and/or Involuntary Pregnancy Complications	\$500 Copayment	Deductible and Coinsurance
Breastfeeding Support & Supply Services	\$0	\$0
Telehealth	Same as In Person Services	Same as In Person Services
Pediatric Physician Office Visits	\$0	\$0

*****Balance billing charges may apply to services received from Non-Participating Providers. Always check to be sure your provider is In-Network!!!*****

Blue Cross of Idaho Specialty Drug Program

PRESCRIPTION DRUG BENEFIT

- Staff must contact Blue Cross of Idaho Customer Service Department at (208) 331-7347 or (800) 627-1188
- Each non-Specialty Prescription Drug may not exceed a 90 day supply at one time
- Each Specialty Prescription Drug may not exceed a 30 day supply at one time
- One Copayment for each 30 day supply
- Prescription Drug Services apply to the In-Network Out-of-Pocket Limits

RETAIL OR BCI MAIL ORDER PHARMACIES SPECIALTY PRESCRIPTION DRUGS

The Coinsurance listed below may be increased to take full advantage of any available drug cost share assistance program offered by drug manufacturers (either directly or indirectly through third parties). This feature, known as the Cost Relief Program, can lower overall costs under the Policy for certain Specialty Prescription Drugs. If an Insured enrolls in the Cost Relief Program, they will not be responsible for the additional Coinsurance. If an Insured does not enroll, their Coinsurance may increase, and may not count towards, their Deductible or Out-of-Pocket Limit.

Tier 1:	\$10 Copayment per prescription. No Deductible required
Tier 2:	\$20 Copayment per prescription. No Deductible required
Tier 3:	\$30 Copayment per prescription. No Deductible required
Tier 4:	\$50 Copayment per prescription. No Deductible required
Tier 5:	20% Coinsurance per prescription. No Deductible required
Tier 6:	30% Coinsurance per prescription. No Deductible required

*Specialty Prescription Drug Cost Relief Program

Please note that certain Specialty Prescription Drugs are only available from an In-Network Specialty Pharmacy, and an Insured will not be able to get them at a Retail Pharmacy. For more information about applicable Coinsurance amounts available to Specialty Drugs that are eligible for the Cost Relief Program, please see the "Drug Cost Relief Program" section in the Prescription Drug Benefits Section.

ACA Preventive Prescription Drugs	No Charge
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Prescribed Contraceptives	No Charge
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Note: Certain Prescription Drugs have generic equivalents. If the Insured requests a Brand Name Drug, the Insured is responsible for the difference between the price of the Generic Drug and the Brand Name Drug, regardless of the Preferred or Non-Preferred status.

DENTAL

	Mutual of Omaha	Willamette Dental
Services	<i>In-Network Illustrated</i>	<i>Willamette Facility</i>
Annual Deductible (<i>Individual / Family</i>)	\$25 / \$75	None
Annual Maximum (<i>Per Person</i>)	\$1,250	No Annual Maximum
Preventative & Diagnostic Services (<i>Exams, X-Rays, Cleanings</i>)	You pay 0% (<i>Not subject to deductible</i>)	\$15 copay per visit
Basic Services (<i>Extractions, Root Canals, Fillings, etc.</i>)	You pay 20% after deductible	\$15 - \$100 copay per visit
Major Services (<i>Crowns, dentures, etc.</i>)	You pay 50% after deductible	\$75 - \$200 copay per visit
Orthodontia Treatment	Not Covered	\$150 Pre-treatment copay (<i>Credited towards treatment copay if plan is</i>

		accepted) \$2,200 Comprehensive treatment copay
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*****Enrollment Rules:** Your enrollment in this benefit DOES NOT have to match medical!!!***

VISION

<u>Mutual of Omaha Vision</u>	
Plan Features	EyeMed In-Network Benefits
Routine Eye Exam <i>(once per 12 months)</i>	Covered in full after \$10 copay
Hardware Copay <i>(once per 12 months)</i>	\$25
Frames <i>(once per 12 months)</i>	\$150 allowance towards frames + \$2% off balance
Standard Lenses <i>(once per 12 months)</i>	Covered in full up to allowed amount after hardware copay. Premium lenses extra.
Elective Contact Lenses <i>(In lieu of glasses, once per 12 months)</i>	Up to \$150 total allowance towards contact lenses + 15% off balance
Laser Vision Correction	Not Covered. Average 15% off the regular price or 5% off the promotional price. LASIK or PRK from US Laser Network.

*****Enrollment Rules:** Your enrollment in this benefit DOES NOT have to match medical!!!***

VOLUNTARY INSURANCE

AFLAC: All staff are eligible to obtain voluntary supplemental insurance coverage at a reasonable cost through Aflac for some of life’s unexpected events. Aflac offers a variety of plans, including disability, cancer, specified diseases, accidents, hospital indemnity, and critical illness.

PERSI RETIREMENT

PUBLIC EMPLOYEE RETIREMENT SYSTEM OF IDAHO: MLD staff who work 20 or more hours each week are covered by the Public Employee Retirement System of Idaho (PERSI). This plan is mandatory for any employee working over 20 hours per week and this is the only retirement plan MLD contributes to. Contribution amounts are subject to PERSI Board determination and disclosure.

	Employee	Employer
Bi-weekly Contribution (percentage of your earnings)	6.71%	11.18%

Rates are **subject to change and set by PERSI!**

VOLUNTARY RETIREMENT PLANS

VOLUNTARY RETIREMENT: Employees may voluntarily enroll in an unmatched 457 (b) or 401(k) retirement plan. Contributions to the unmatched 457(b) State of Idaho Deferred Compensation Plan (administered by

[Nationwide](#)) can be made on either a pretax or post-tax (Roth) basis. Contributions to the Public Employee Retirement System of Idaho (PERSI) Choice 401 (k) plan are also an option. Staff can contribute to the 457(b) and PERSI Choice 401(k) plans concurrently.

HOLIDAY PAY

Regular non-exempt, part-time employees who are assigned to work 30-40 hours per week are eligible to receive holiday accrual for each District observed holiday according to the schedule below. Hours are pre-loaded to staff timesheets and a list of applicable holidays can be found in the Employee Handbook.

Employee Work Hours per Week	Hours Accrued per Observed Holiday	Exempt Employees
30-39 hours	6 hours	Continuation of Pay, no Holiday hours loaded to timecard.
40 hours	8 hours	

PET INSURANCE

NATIONWIDE VOLUNTARY PET INSURANCE: Voluntary pet insurance is available to all staff at a discount through Nationwide. Staff must access and contact Nationwide via the link provided or directly by phone at 1-877-738-7874 to set up coverage and obtain more information. Coverage is offered for accidents, injuries, hereditary and congenital conditions, common illness, serious or chronic illnesses, procedures, services, and prescriptions with a low \$250 annual deductible and a generous \$7,500 maximum benefit.

PAID TIME OFF

MLD employees who regularly work 30-40 hours per week are eligible to receive the following number of Paid Time Off (PTO) hours each month, depending on the number of months they have been in position. Year-end remaining balances roll over to the new year, subject to max accrual balances.

Months of Service	Hours/Month: 30-38 Hours per Week	Hours/Month: 39-40 Hours per Week	Exempt Hours per Month
0-60 Months	13 hours	16 hours	20 hours
61-120- Months	14.5 hours	18 hours	22 hours
121-180 Months	16 hours	20 hours	24 hours
181-240 Months	17.5 hours	22 hours	26 hours
241-252 Months	19 hours	24 hours	28 hours
Maximum Accrual Limit for Full-Time PTO:	160 hours	320 hours	

PERKS & DISCOUNTS

COMPUTER AND BOOK PURCHASING PROGRAM: Purchase books or technology for personal use at the library's discount purchase rate. The computer purchase program offers an interest-free loan to purchase computers and technology devices to be repaid through each paycheck the employee receives until the full purchase price is paid back to the Meridian Library District via withholding of a specified and agreed upon amount each payroll. The maximum amount that can be borrowed for the purchase of a computer or technology devices is \$1,500. Reach out to MLD's Accounting and Finance Manager and the District Support Services Manager for additional details.

CELL SERVICE DISCOUNTS: Employees may be eligible to receive a discount on services at Verizon, AT&T, and Sprint. See carriers for details and conditions.

STAFF LIBRARY CARD: Employees can elect to have a staff library card free of charge, even as non-District residents.

EDUCATION ASSISTANCE: MLD is an eligible employer for the Public Service Loan Forgiveness (PSLF) Program. The program forgives remaining balances on Direct Loans after staff have made 120 qualifying monthly payments under a qualifying repayment plan while working full-time for a qualifying employer. MLD also provides education assistance and access to grant funds within the limitations of those programs.

MLD also offers education reimbursement of up to \$2,000 per year in connection with continuing education through an accredited program that offers growth in an area related to the employee's current or future employment with the District by applying (**rates subject to change**).

See MLD's Accounting and Finance Manager, your direct supervisor, and HR for additional details.

IDENTITY THEFT PROTECTION & MONITORING

ID WATCH DOG: At no cost to the employees, MLD offers identity theft monitoring, restoration services, and notifications of changes related to your identity through ID Watch Dog. A full list of services is available on the MLD Hub. Please reach out to Advanced Benefits for additional information or with questions. Log onto their website for full details: <https://dashboard.idwatchdog.com> Questions regarding the information you've received? Call ID Watch Dog 1-800-970-5182 (24 hours a day, 7 days a week).

PAID PARENTAL LEAVE

PAID PARENTAL LEAVE: All MLD staff are eligible to receive 4 full weeks of Paid Parental Leave (PPL) for the employee to bond following the birth of an employee's child or the placement of a child with an employee in connection with adoption or foster care. Staff should refer to the MLD Paid Parental Leave Policy for additional details and restrictions, and to apply.

GROUP LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

MUTUAL OF OMAHA: Full-time employees who regularly work 30 or more hours per week are eligible to receive employee only level Group Life and Accidental Death and Dismemberment Insurance through Mutual of Omaha (MOO) at a coverage level of \$50,000. This benefit is paid entirely by MLD and offered free of charge to all full-time employees. Staff cannot opt out of this benefit.

SHORT TERM DISABILITY

At no cost to the employee, staff who regularly work 30 or more hours per week may be eligible to receive a Short Term Disability benefit that will provide income replacement when the employee is unable to work due to illness, pregnancy, or injury. After an elimination period, the benefit pays the equivalent to 60% of your before-tax weekly earnings, not to exceed the plan's maximum weekly benefit amount (\$1,000), less other income sources. Please reach out to Advanced Benefits for additional information.

VOLUNTARY LIFE/ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

MUTUAL OF OMAHA: All staff are eligible to enroll in MLD's Voluntary Life/AD&D Insurance provided through Mutual of Omaha (MOO). Employees can choose different amounts of coverage between the minimum (\$10,000) and maximum (\$300,000) benefit amount. See plan documents and reach out to Advanced Benefits for additional information and details.

PRUDENTIAL INSURANCE COMPANY OF AMERICA: As a participating member in PERSI, employees are eligible to obtain Decreasing Term Life Insurance (for the employee), Accidental Death and Dismemberment Insurance (for the employee), and Dependent Term Life Insurance (for the spouse or eligible dependents). This NCPERS supplemental coverage is available for \$16 per month charge to the employee.

******Staff may only enroll in one of the Voluntary Life/AD&D Insurance plans!!!!******

IDAHO COLLEGE SAVINGS PROGRAM

IDEAL IDAHO COLLEGE SAVINGS PROGRAM: 1-866-433-2533 - IDeal is administered by the Idaho College Savings Program Board, with Ascensus Broker Dealer Services (ABD) as the program manager. All MLD staff are eligible to set up college savings accounts with funds directly deposited from their regular paychecks through the program. Staff should visit the link above to view plan details, enroll, and set up payroll contributions, and then email directdeposit@idaho529.org to take advantage of the matching contribution options. Contact Nick Thiros (208-488-9879 or nickolas.thiros@idaho529.org) for one on one plan explanations or questions. Staff also need to notify Human Resources after setting their plan accounts up so we can ensure proper setup in the payroll system after enrollment.