

2019 Benefits Summary



Full –Time Employees

This document provides a general overview of Meridian Library District’s full-time employee benefit program. Contribution rates and benefits are anticipated to be effective 1/1/19-12/31/19, but are subject to change at any time. Contact HR at (208) 472-1754 for additional information about these benefit components.

Employee Semi-monthly Contribution for Medical, Vision, and Dental Health Benefits				
	Medical	Vision	Delta Dental	OR Willamette Dental
Employee Only	\$0	\$0	\$0	\$0
Employee + Spouse	\$102.72	\$3.70	\$21.54	\$29.20
Employee + 1 child	\$9.25	\$3.70	\$18.44	\$27.68
Employee + 2 or more children	\$9.25	\$4.21	\$28.90	\$40.70
Employee, Spouse + child(ren)	\$111.97	\$8.95	\$46.21	\$63.15

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

MEDICAL COMPONENT

Group Health Plan: Select Health - www.selecthealth.org

Health Reimbursement Account (HRA): In addition to the following benefits, the Meridian Library District will contribute \$160 per month (up to a maximum contribution of \$1,920 per plan year) into a Health Reimbursement Account to provide employees reimbursement for a portion of unreimbursed health care expenses.

Refer to the Summary of Benefits and Coverage for co-payments and co-insurance	In-Network (Participating Providers)	Out-of-Network (Non-Participating Providers)
Annual Deductible		
• Individual/Family	\$2,000/\$4,000	\$2,500/\$5,000
Annual Out-Of-Pocket Maximum		
• Individual/Family	\$4,000/\$6,000	\$5,000/\$8,000
Lifetime Maximum Plan Payment (per person)	None	None
Maximum Annual Out-of-Network Payment (per calendar year)	None	\$2,000,000
Prescription Drugs List (formulary) – RxSelectsm		
• Deductible		None
• Annual Out-of-Pocket Maximum		\$4,000

DENTAL COMPONENT

Employees have the option to choose between two dental plans:

- **Group Health Plan:** Delta Dental – www.deltadentalid.com
- **Group Health Plan:** Willamette Dental - www.willamettedental.com

Delta Dental	PPO	Premier
Preventive and Diagnostic Services	100% - no deductible	80% - no deductible
Annual Deductible		
• Individual/Family	\$25/\$75	\$25/\$75
Basic Services	80%	70%
Major Services	50%	40%
Maximum Benefit (per benefit year per person)	\$1,250	\$1,000

A discounted fee is available for adult and child orthodontia treatment for services through a Delta Dental Discount Program orthodontist in Idaho.

Willamette Dental	
Preventive and Diagnostic Services (includes Routine Exams, X-Rays, Cleaning, etc.)	Covered with the Office Visit CoPay
Deductible	No Deductible
General Office Visit	\$15 per visit
Restorative Dentistry	Filling (Amalgam) – Covered with the Office Visit CoPay Porcelain-Metal Crown - \$200 CoPay
Comprehensive Orthodontia Treatment	\$2,200 CoPay
Maximum Benefit (per benefit year per person)	No Annual Maximum

VISION COMPONENT

Group Health Plan: VSP through United Heritage Insurance – www.vsp.com

	VSP Providers	Other Providers
Well Vision Exam Co-pay (every 12 months)	\$25 for exam and glasses	Up to \$45
<ul style="list-style-type: none"> \$130 Allowance for Frames or Contacts (instead of glasses) every 12 months Discounts available for additional glasses, sunglasses, and Laser Vision Correction 		

EMPLOYEE ASSISTANCE PROGRAM

All employees, their dependents, and all household members (related or not) are eligible for the Employee Assistance Program at no cost to the employee. Reliant Behavioral Health (RBH) provides confidential consultations via a 24-hour Crisis Help Line, in-person counseling (up to 8 face-to-face counseling sessions for each issue), and online consultations. RBH can be contacted at 1-866-750-1327 or www.MyRBH.com.

RETIREMENT

Eligibility Date: All employees regularly working 20 or more hours per week are covered by Public Employee Retirement System of Idaho (PERSI) - <http://www.persi.idaho.gov/>.

	Employee	Employer
Bi-weekly Contributions (percentage of your earnings)	6.79%	11.32%

Employees may also voluntarily contribute to an unmatched PERSI Choice 401(k) Plan.

GROUP LIFE AND ACCIDENTAL INSURANCE

Employer-sponsored: At no cost to the employee, benefit eligible employees who regularly work 30 or more hours per week are eligible to receive employee only Group Life and Accidental Death and Dismemberment Insurance through Unum at a coverage level of \$50,000.

Voluntary: As a participating member in PERSI, employees are able to obtain Decreasing Term Life Insurance (for the employee), Accidental Death & Dismemberment Insurance (for the employee), and Dependent Term Life Insurance (for your spouse or domestic partner and all of your eligible children) through Prudential Insurance Company of America. All of this supplemental coverage is available for a \$16 per month cost to the employee.

PAID TIME-OFF

Paid Time-off (PTO): Regular, non-exempt full-time employees working 40 or more hours per week accrue 16 hours per month of PTO for the first 0-5 years of service. Exempt employees accrue 20 hours of PTO per month.

Holiday Pay: Regular, non-exempt full-time employees receive holiday accrual for District observed holidays. Exempt employees receive continuation of salary for holiday closures.

ADDITIONAL VOLUNTARY INSURANCE OPTIONS FOR DISABILITY, SPECIFIED-DISEASES AND MORE!

Employees regularly working 20 or more hours per week are eligible to obtain voluntary supplemental coverage at a reasonable cost through Aflac for some of life's unexpected events such as disability, cancer/specified diseases, accident, and critical illness. Visit <http://www.aflac.com/> for more information.