

Full-Time (30-40) Hour Employees

This document provides a general overview of Meridian Library District's (MLD) full-time <u>employee benefit</u> <u>program</u> for employees who regularly work 30-40 hours per week. Benefits are anticipated to be effective 1/1/2025 - 12/31/2025, but are subject to change at any time. Contact HR (<u>hr@mld.org</u>) or USI Resource Center at (208) 917-5693 or <u>amanda.forde@usi.com</u> for additional information about these benefit components.

EMPLOYE	EMPLOYEE SEMI-MONTHLY CONTRIBUTION FOR MEDICAL, VISION, AND DENTAL HEALTH BENEFITS				ENTAL HEALTH
	Medical BCI Clearview (Base Plan)	Medical BCI Preferred (Buy Up Plan)	<u>Vision</u> BCI VSP	<u>Dental</u> Mutual of Omaha <i>(Base Plan)</i>	<u>Dental</u> Willamette (Buy Up Plan)
Employee Only	\$0	\$33.54	\$0	\$0	\$13.24
Employee + Spouse	\$115.00	\$187.20	\$2.96	\$18.97	\$43.83
Employee + Child	\$15.00	\$61.64	\$2.96	\$21.68	\$39.47
Employee + Children	\$25.00	\$91.13	\$5.27	\$21.68	\$48.54
Employee + Family	\$140.00	\$242.86	\$5.27	\$32.97	\$66.46

^{***}**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 \$150 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. Staff must be enrolled in one of MLD's offered medical plans in order to be eligible for the HRA Veba benefit. Staff retain their HRA Veba benefits/funds in the event of separation from MLD as their employer.

MEDICAL

In-Network In-	Blue Cross of Idaho			
Second S	Services		Preferred Plan (Buy Up Plan): In-Network	
So after Deductible So after Deductible	Annual Deductible (Individual / Family)	\$0 / \$0	\$2,000 / \$4,000	
Physician Office Visits: ChoiceDocs In-Network Provider Provider So Copayment per visit for ChoiceDocs Primary Care Provider So Copayment per visit for ChoiceDocs Specialist Provider (non-Primary Care Provider) All Other In-Network Providers All Other In-Network Providers Specialist Provider Provider (non-Primary Care Provider) All Other In-Network Provider Provider (non-Primary Care Provider) All Other In-Network Provider Provider (non-Primary Care Provider) Prov	Annual Out-of-Pocket Max (Individual / Family)	\$6,000 / \$12,000	\$2,000 / \$4,000	
ChoiceDocs In-Network Provider ChoiceDocs Primary Care Provider SS Ocopayment per visit for ChoiceDocs Specialist Provider. \$50 Copayment per visit for ChoiceDocs Specialist Provider. \$50 Copayment per Visit for ChoiceDocs Specialist Provider. \$60 Copayment per Visit for In Network Primary Care Provider. \$125 Copayment per visit for In Network Specialist Provider (non Primary Care Provider) Covered Preventive Services \$0 Diagnostic Test (Labs/X-Ray/Mammograms) Emergency Room Services **See plan highlight sheet for additional details** Mental Health & Substance Abuse Services **See plan highlight sheet for additional details** Mental Health & Substance Abuse Services **See plan highlight sheet for additional details** Chiropractic Care (Covered up to 18 visits per year) Chiropractic Care (Covered up to 18 visits per year) Prescription Drugs (Generic Substitution Required) Prescription Drugs (Generic Substitution Required) **See plan highlight sheet for additional details** Prescription Drugs (Generic Substitution Required) **See plan highlight sheet for additional details** Prescription Drugs (Generic Substitution Required) **See plan highlight sheet for additional details** Prescription Drugs (Generic Substitution Required) **See plan highlight sheet for additional details** Prescription Drugs (Generic Substitution Required) **See plan highlight sheet for additional details** Prescription Drugs (Generic Substitution Required) **See plan highlight sheet for additional details** Prescription Drugs (Generic Substitution Required) **See plan highlight sheet for additional details** Prescription Drugs (Generic Substitution Required) **See plan highlight sheet for additional details** Deductible and Coinsurance Counts toward Ou	Coinsurance		\$0 after Deductible	
All Other In-Network Providers Network Primary Care Provider. \$125 Copayment per visit for In Network Specialist Provider (non Primary Care Provider) Network Specialist Provider (non Primary Care Provider) So		ChoiceDocs Primary Care Provider. \$50 Copayment per visit for ChoiceDocs Specialist Provider (non-Primary Care	\$0 Copayment per visit for ChoiceDocs Primary Care Provider. \$20 Copayment per visit for ChoiceDocs Specialist Provider (non-Primary Care Provider)	
Diagnostic Test (Labs/X-Ray/Mammograms) \$0	All Other In-Network Providers	Network Primary Care Provider. \$125 Copayment per visit for In Network Specialist Provider (non	\$20 Copayment per visit for In Network Primary Care Provider. \$40 Copayment per visit for In Network Specialist Provider (non Primary Care Provider)	
Emergency Room Services **See plan highlight sheet for additional details** Mental Health & Substance Abuse Services **See plan highlight sheet for additional details** Mental Health & Substance Abuse Services **See plan highlight sheet for additional details** Dutpatient: \$50 / visit Chiropractic Care (Covered up to 18 visits per year) Physical/Speech/Occ \$60 / Visit Cardiac Rehab \$10 / Visit Prescription Drugs (Generic Substitution Required) **See plan highlight sheet for additional details** Prescribed Contraceptive Services Specialty Drugs: Cost Relief Program Pregnancy Complications Breastfeeding Support & Supply Services \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	Covered Preventive Services	\$0		
See plan highlight sheet for additional details Visit Mental Health & Substance Abuse Services Inpatient: Coinsurance Inpatient: Deductible and Coinsurance Outpatient: \$0 **See plan highlight sheet for additional details** \$30 / Visit \$30 / Visit Chiropractic Care (Covered up to 18 visits per year) \$30 / Visit \$30 / Visit Outpatient Speech/Physical/Occupational Therapy (Covered up to 30 total visits per year) Physical/Speech/Occ \$60 / Visit Cardiac Rehab \$10 / Visit Physical/Speech/Occ \$60 / Visit Cardiac Rehab \$10 / Visit Physical/Speech/Occ \$60 / Visit Cardiac Rehab \$10 / Visit \$1,000 Rx Total Cost per Plan Fier 2: 20% Coinsurance Tier 3: 30% Coinsurance Specialty Drugs: Cost Relief Program \$1,000 Rx Total Cost per Plan Counts toward Out-of-Pocket Prescribed Contraceptive Services \$0 \$0 Maternity Services and/or Involuntary Pregnancy Complications \$500 Copayment Deductible and Coinsurance Deductible and Coinsurance Counts Services Breastfeeding Support & Supply Services \$0	Diagnostic Test (Labs/X-Ray/Mammograms)	\$0		
See plan highlight sheet for additional details Outpatient: \$50 / visit Coinsurance Outpatient: \$0 Chiropractic Care (Covered up to 18 visits per year) Outpatient Speech/Physical/Occupational Therapy (Covered up to 30 total visits per year) Prescription Drugs (Generic Substitution Required) **See plan highlight sheet for additional details** Prescribed Contraceptive Services \$0 Maternity Services and/or Involuntary Pregnancy Complications Breastfeeding Support & Supply Services Outpatient: \$50 / visit \$30 / Visit \$30 / Visit \$30 / Visit Physical/Speech/Occ \$60 / Visit Cardiac Rehab \$10 / Visit Tier 1: \$20 Copayment Tier 2: 20% Coinsurance Tier 3: 30% Coinsurance Specialty Drugs: Cost Relief Program \$1,000 Rx Total Cost per Plan Counts toward Out-of-Pocket \$0 \$0 Deductible and Coinsurance Specialty Drugs: Cost Relief Program \$500 Copayment Deductible and Coinsurance Specialty Drugs: Cost Relief Program		\$750 Copayment per Outpatient visit	\$100 Copayment per Outpatient visit	
Vear)Outpatient Speech/Physical/Occupational Therapy (Covered up to 30 total visits per year)Physical/Speech/Occ \$60 / Visit Cardiac Rehab \$10 / VisitPhysical/Speech/Occ \$60 / Visit Cardiac Rehab \$10 / VisitPrescription Drugs (Generic Substitution Required) **See plan highlight sheet for additional details**Tier 1: \$20 Copayment Tier 2: 20% Coinsurance Tier 3: 30% Coinsurance Specialty Drugs: Cost Relief Program\$1,000 Rx Total Cost per Plan Counts toward Out-of-PocketPrescribed Contraceptive Services\$0\$0Maternity Services and/or Involuntary Pregnancy Complications\$500 CopaymentDeductible and Coinsurance Deductible and Coinsurance \$0Breastfeeding Support & Supply Services\$0\$0				
Therapy (Covered up to 30 total visits per year) Cardiac Rehab \$10 / Visit Plants Figure 1: \$20 Copayment Tier 2: 20% Coinsurance Tier 3: 30% Coinsurance Specialty Drugs: Cost Relief Program Specialty Drugs: Cost Relief Program Polyona Specialty Drugs: Cost Relief Program Specialty Drugs: Cost R		\$30 / Visit	\$30 / Visit	
Tier 2: 20% Coinsurance Tier 3: 30% Coinsurance Tier 3: 30% Coinsurance Specialty Drugs: Cost Relief Program Prescribed Contraceptive Services \$0 Maternity Services and/or Involuntary Pregnancy Complications Breastfeeding Support & Supply Services Tier 2: 20% Coinsurance Tier 3: 30% Coinsurance Specialty Drugs: Cost Relief Program \$0 Deductible and Coinsurance Specialty Drugs: Cost Relief Program \$500 Copayment Deductible and Coinsurance Specialty Drugs: Cost Relief Program \$500 S0 \$0			Physical/Speech/Occ \$60 / Visit Cardiac Rehab \$10 / Visit	
Maternity Services and/or Involuntary Pregnancy Complications \$500 Copayment Deductible and Coinsurance Breastfeeding Support & Supply Services \$0 \$0	Required)	Tier 2: 20% Coinsurance Tier 3: 30% Coinsurance	\$1,000 Rx Total Cost per Plan Year - Counts toward Out-of-Pocket Max	
Breastfeeding Support & Supply Services \$0 \$0	Prescribed Contraceptive Services	\$0	\$0	
		\$500 Copayment	Deductible and Coinsurance	
Telehealth Same as In Person Services Same as In Person Services	Breastfeeding Support & Supply Services	\$0	\$0	
<u> </u>	Telehealth	Same as In Person Services	Same as In Person Services	
Pediatric Physician Office Visits \$0 \$0	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 or a Choice Provider.***

DENTAL

	Mutual of Omaha	Willamette Dental
Services	In-Network Illustrated	<u>Willamette Facility</u>
Annual Deductible (Individual / Family)	\$25 / \$75	None
Annual Maximum (Per Person)	\$1,250	No Annual Maximum
Preventative & Diagnostic Services (Exams, X-Rays, Cleanings)	You pay 0% (Not subject to deductible)	\$15 copay per visit
Basic Services (Extractions, Root Canals, Fillings, etc.)	You pay 20% after deductible	\$15 - \$100 copay per visit
Major Services (Crowns, dentures, etc.)	You pay 50% after deductible	\$75 - \$200 copay per visit
Orthodontia Treatment	Not Covered	\$150 Pre-treatment copay (<i>Credited</i> towards treatment copay if plan is accepted) \$2,200 Comprehensive treatment copay

^{***}Enrollment Rules: Your enrollment in this benefit DOES NOT have to match medical. ***

VISION

BCI VSP Vision			
Plan Features	EyeMed In-Network Benefits		
Routine Eye Exam (once per 12 months)	Covered in full after \$15 copay		
Hardware Copay (once per 12 months)	\$25		
Frames (once per 12 months)	\$200 allowance towards frames + \$110 allowance eat Costco/Waltmart/Sam's Club		
Standard Lenses (once per 12 months)	Covered in full up to allowed amount after hardware copay. Premium lenses extra.		
Elective Contact Lenses (In lieu of glasses, once per 12 months)	Up to \$150 total allowance towards contact lenses + \$60 Exam Copay		

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

VOLUNTARY INSURANCE

<u>AFLAC</u>: 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, cancer, specified diseases, accidents, hospital indemnity, and critical illness.

HOLIDAY PAY

Regular non-exempt, part-time employees who are assigned to work 30-40 hours per week are eligible to receive 8 hours of 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 MLD Employee Handbook.

PERSI RETIREMENT

<u>PUBLIC EMPLOYEE RETIREMENT SYSTEM OF IDAHO</u>: 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. <u>Contribution amounts are subject to PERSI Board determination and disclosure</u>.

	<u>Employee</u>	<u>Employer</u>
Bi-weekly Contribution (percentage of your earnings)	7.18%	11.96%

^{**}Rates are subject to change and set by PERSI.**

VOLUNTARY RETIREMENT PLANS

VOLUNTARY RETIREMENT:

Employees have the option to enroll in an unmatched 457(b) retirement plan voluntarily. Contributions to the State of Idaho Deferred Compensation Plan (administered by Nationwide) can be made on a pretax or post-tax (Roth) basis. To enroll or learn more, visit the Idaho Deferred Compensation website at <u>Idahodc.com</u>.

Employees may voluntarily enroll in an unmatched 401(k) retirement plan. Contributions to the Public Employee Retirement System of Idaho (PERSI) Choice 401(k) can be made by completing a paper form and submitting to HR for payroll deduction.

Staff may contribute to the 457(b) and PERSI Choice 401(k) plans at any time, regardless of open enrollment periods.

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.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

BPA Health: All employees, their dependents, and all household members are eligible for the Employee Assistance Program (EAP) at no cost to the employee. BPA Health provides confidential access to free and

confidential counseling and 24/7 crisis counseling by phone. The EAP also provides some benefits for legal and financial assistance and referrals, lifestyle coaching, parenting and eldercare support, identity theft services, discount services on various products, and more. Visit bpahealth.com to begin.

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	Non-Exempt Full-Time Employees Regularly working 39-40 hours per week	Managers, Supervisors, & Exempt Employees Regularly working 39-40 hours per week
0-60	16 hours / month	20 hours / month
61-21	18 hours / month	22 hours / month
121-180	20 hours / month	24 hours / month
181-240	22 hours / month	26 hours / month
241+	24 hours / month	28 hours / month
Maximum Accrual Limit	320 Hours	

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 USI 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.

<u>MUTUAL OF OMAHA</u>: 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.

PERKS & DISCOUNTS

COMPUTER PURCHASING PROGRAM: Purchase 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 Executive Manager for additional details.

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 (reimbursement rates subject to change). See MLD's Accounting and Finance Manager, your direct supervisor, and HR for additional details.

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 USI for additional information.

VOLUNTARY LIFE/ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

<u>MUTUAL OF OMAHA</u>: 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 USIfor 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 th0e 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.