

2021 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 1/1/21-12/31/21, 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	\$107.49	\$3.70	\$21.97	\$31.50
Employee + 1 child	\$9.68	\$3.70	\$18.81	\$29.85
Employee + 2 or more children	\$9.68	\$4.21	\$29.48	\$43.90
Employee, Spouse + child(ren)	\$117.16	\$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.

MEDICAL

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

<i>**Refer to the Summary of Benefits and Coverage for more detailed co-payments and co-insurance**</i>	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
Coinsurance	20% after Deductible	40% after Deductible
Preventive Care	0%	40% after deductible
Doctor Office Visits		
• General	\$25/Visit	\$25 and 40% after Deductible
• Specialist/Urgent Care Facilities	\$40/Visit	\$40 and 40% after Deductible
Lab & X-Ray	0%	40% after Deductible
Emergency Room	\$250/Visit	\$250/Visit
Prescription Drugs (30 Day Supply)		\$10 Copay 25% Coinsurance 50% Coinsurance
• Tier 1		
• Tier 2		
• Tier 3		

HEALTH REIMBURSEMENT ARRANGEMENT

Administrator: Discovery Benefits - www.discoverybenefits.com/

Meridian Library District will contribute \$160 per month (up to a maximum contribution of \$1,920 per plan year) into an account to reimburse you for eligible medical expenses to help offset expenses not covered by your qualified employer-sponsored group health plan. Expenses eligible for reimbursement are determined by the IRS.

DENTAL

Employees have the option to choose between two dental plans:

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

Delta Dental	PPO	Premier
Preventive and Diagnostic Services	0% - no deductible	20% - no deductible
Annual Deductible		
• Individual/Family	\$25/\$75	\$25/\$75
Basic Services	20%	30%
Major Services	50%	60%
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 and Emergency Exams, X-Rays, Cleaning, Sealants, Fluoride Treatment)	Covered with the Office Visit Copay	
Deductible	No Deductible	
General Office Visit	\$15 per visit	
Restorative Services	Fillings – \$15 Copay Porcelain-Metal Crown - \$200 Copay	
Orthodontics		
• Pre-Orthodontia Services	\$150	
• Appliances and Related Services	\$2,200 Copay	
Maximum Benefit (per benefit year per person)	No Annual Maximum	

VISION

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

	VSP Providers	Other Providers
Well Vision Exam Co-pay (every 12 months)	\$10	Up to \$45
Prescription Glasses		
• Copay	\$25	Up to \$70
• Frame Allowance	Up to \$130	
• Featured Frame Allowance	Up to \$150	
<ul style="list-style-type: none"> • Additional copays for lens enhancements • \$130 allowance for frames or contacts (instead of glasses) every 12 months • Discounts available for additional glasses, sunglasses, and Laser Vision Correction 		

VOLUNTARY DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

Administrator: Discovery Benefits - www.discoverybenefits.com/

Employees who regularly work 30 or more hours per week are eligible to contribute to a Dependent Care Flexible Spending Account. This account gives employees the opportunity to redirect a portion of their annual pay on a pretax basis to pay for dependent care expenses (A maximum of \$5000 per household per plan year). An eligible dependent is any member of your household for whom you can claim expenses on your federal income tax form 2441 credit for child and dependent care centers, preschool educational institutions and qualified individuals as long as the caregiver is not a family member and reports income for tax purposes.

EMPLOYEE ASSISTANCE PROGRAM

Administrator: Reliant Behavioral Health - www.MyRBH.com or 1-866-750-1327

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 in-person counseling (up to 8 face-to-face counseling sessions for each issue) and a 24/7 helpline. The EAP also provides some benefits for legal and financial assistance, will preparation kits, identity theft services, home ownership program, and mediation services.

PERSI RETIREMENT

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

	Employee	Employer
Bi-weekly Contributions (percentage of your earnings)	7.16%	11.94%

VOLUNTARY RETIREMENT

PERSI Choice 401(k) Plan - www.persi.idaho.gov/

Employees participating in PERSI retirement may voluntarily contribute to an unmatched 401(k) Plan on a pretax basis. Employees can rollover qualifying plans to the PERSI Choice 401(k).

457(b) State of Idaho Deferred Compensation Plan - www.idahodc.com

Employees may voluntarily contribute to an unmatched 457(b) Deferred Compensation Plan on either a pretax or post-tax (Roth) basis. Employees can rollover qualifying plans to the 457(b). They can also contribute to the 457(b) and PERSI Choice 401(k) concurrently.

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 Reliance 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 on the first of the month following hire. Exempt employees receive continuation of salary for holiday closures.

SHORT TERM DISABILITY

At no cost to the employee, employees 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 approximately 60% of the employee's base weekly wages to a maximum of \$1,000 per week for up to 11 weeks.

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

Aflac Policies - www.aflac.com/

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. Aflac offers a variety of plans, including disability, cancer and specified diseases, accident, hospital indemnity, and critical illness.

PERKS AND DISCOUNTS

Computer and Book Purchase Programs: 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 paycheck withholdings with a maximum repayment plan of \$1500.

Cell Service Discounts: Employees may be eligible to receive a discount on Verizon, AT&T, and Sprint services.

Staff Library Card: Employees can elect to have a staff library card free of charge even as a non-District resident.