

EMPLOYEE BENEFIT GUIDE





St. Clair County

ELIGIBILITY

Eligibility

The following benefit plans are available for employees who work full-time or part-time as St. Clair County board members, members of the jury commission, part-time attorneys, assistant state attorneys, assistant public defenders, board of review members, and election commissioners. You can enroll yourself and your eligible dependents in our medical, dental, vision, and voluntary life benefits. Employees are automatically enrolled for St. Clair County Basic Life / Accidental Death & Dismemberment (AD&D) when they elect medical coverage.

Eligible:

- Your legal spouse
- You or your spouse's child who is under age 26
- Legally adopted child or child placed for adoption
- Child for which you or your spouse is the legal guardian
- A disabled child who is unmarried and over age 26
- A child for whom healthcare coverage is required through Qualified Medical Child Support Order or other court order

Qualifying Life Events

Generally, you may only enroll in the plan or make changes to your benefits during the open enrollment period or when you are first hired; however, you may make changes/enroll during the plan year if you experience a Qualifying Life Event (QLE). As with a new enrollee, you must have your paperwork turned in within 30 days of the qualifying life event or you will have to wait until the next annual open enrollment period. Premiums and enrollment eligibility may change; see your Human Resources Department for details.

Examples of Qualifying Life Events:

- You have a baby or adopt a child
- Gain or loss of Medicaid entitlement
- Your dependents or you lose health coverage because of loss of eligibility or loss of employer contributions
- Death of an insured member
- You become eligible for Medicare
- You get married, divorced, or legally separated (with court order)
- You or your spouse take an unpaid leave of absence

Newborns

St. Clair County' medical plan covers newborns for up to the first 4 days. Coverage is based upon the federal law, The Mother's and Newborns' Health Protection Act. This law requires coverage for a 48-hour inpatient hospital stay for natural birth or 96-hour inpatient stay for cesarean section. If the medical coverage for a newborn is elected under a spouses' plan, coordination of benefits will take place which will determine if St. Clair County or a spouse's plan will be the primary payer.



Ineligible:

- Divorced or legally separated spouse
- Foster children
- Sisters, brothers, parents, or in-laws, grandchildren, etc.
- Domestic partner

MEDICAL COVERAGE

Medical Coverage Plan Designs

Below is a summary of the plan options available to employees beginning January 1, 2024.

| UMR | м | | PPO Choice + Network | | | | |
|---|---|---------------------|---|----------|--|--|--|
| A UnitedHealthcare Company | | In- | Network | Out-o | of-Network | | |
| Deductible | | | dual - \$500 Iy - \$1,000 | | Individual - \$750 Family - \$1,500 | | |
| Coinsurance | | | 90% | | 60% | | |
| Medical Out-of-Pock (Individual/Family) | et | | lual - \$1,500 Iy - \$3,000 | | Individual - \$3,400 Family - \$6,800 | | |
| Rx Out-of-Pocket (Individual/Family) | | | lual - \$5,350 y - \$10,700 | No | Not covered | | |
| Office Visits (PCP/Specialist) | | \$ | 30/\$50 | 60% Af | 60% After deductible | | |
| Preventive Care | | No | o charge | 60% Af | 60% After deductible | | |
| Outpatient Lab & X-Ray | | | tting: no charge 0% after deductible | 60% Af | 60% After deductible | | |
| Urgent Care | | 90% Aft | er deductible | 60% Af | 60% After deductible | | |
| Emergency Room | | | 90% After deductible | | | | |
| Prescription Drug – R | Retail (Tiers 1-4) | \$10/\$25/\$ | \$50/\$100 Copay | No | Not covered | | |
| Prescription Drug – M Order (90 days) (Tiers | Prescription Drug – Mail Order (90 days) (Tiers 1-3) | | \$20/\$50/\$100 Copay | | Not covered | | |
| Monthly Premiums | Single | Employee + Child(re | en) Employee + S | Spouse E | mployee + Family | | |
| \$0-\$49,999 | \$75.85 | \$222.05 | \$232.37 | 7 | \$298.77 | | |
| \$50,000-\$74,999 | \$116.28 | \$278.65 | \$290.54 | ţ | \$373.52 | | |
| \$75,000-\$99,999 | \$158.07 | \$374.45 | \$387.35 | 5 | \$498.00 | | |
| \$100,000+ PT Elected Officials | \$199.85 | \$465.87 | \$484.18 | 3 | \$622.50 | | |
| PT Attorney | \$317.95 | \$748.88 | \$774.64 | l | \$995.85 | | |
| Elected Officials | \$236.19 | \$557.31 | \$580.96 | ò | \$746.94 | | |
| Part-Time | \$267.08 | \$644.38 | \$677.82 | 2 | \$871.40 | | |
| Retiree | \$937.00 | \$1,688.15 | \$2,062.0 | 8 | \$2,812.16 | | |

Locate a network provider at https://connect.werally.com/medicalProvider/root



Did You Know?

Where to Go For What?

Convenience Care

- Common infection (ear, pink eye, strep)
- Flu shots
- Pregnancy Test

Virtual Visits

- Cold/Flu
- Ø Diarrhea
- / Fever
- Sinus problems

Urgent Care

- Sprains/Strains
- Small cuts
- Sore throats
- Minor infections
- ✓ Vaccinations
- Screenings

Primary Care

- Routine, primary/preventive care
- Non-urgent treatment

Emergency Room

- Heavy bleeding
- Large open wounds
- Chest pain
- Spinal injuries
- Difficulty breathing
- Major burns

- Rash

PREMISE HEALTH

Alternatively, Premise Health is an on-site medical clinic available to all County Employees and their dependents. There is no co-pay, and many generic prescriptions are free of charge. Appointments are available Monday-Friday. For more information about the services available visit www.mypremishealth.com or call (618) 609-2087.

PRIMARY CARE - For routine, primary/prevention care, or non-urgent treatment, we recommend going to your doctor's office for medical care. You will also pay the least amount out-of-pocket when you receive care in your doctor's office.

VIRTUAL VISITS – See and talk to a doctor from your mobile device or computer without an appointment, anytime and anywhere!

CONVENIENCE CARE – Often located in malls or some retail stores, such as Walgreens, Wal-Mart and Target, and offer services without the need to schedule an appointment. Services at a Convenience Care Center may be provided at a lower costs than an Urgent Care Center visit and are subject to primary care physician office visit deductible/coinsurance.

URGENT CARE – If you require urgent care outside your doctor's regular office hours or you are unable to be seen by your doctor immediately, you may consider going to an Urgent Care Center. At an Urgent Care Center, you can generally be treated for many minor medical problems faster than at an emergency room.

EMERGENCY ROOM – If you think you or your loved one may be experiencing an emergency medical condition, you should go to the nearest emergency room or call 911.

An emergency medical condition is any condition (including severe pain), which you believe, that without immediate medical care, may result in:

- Serious jeopardy to you or your loved one's health including the health of a pregnant woman or unborn child
- Serious impairment or dysfunction to you or your loved one's bodily functions or organs

PREVENTIVE CARE – Certain preventive services will be covered without charging a deductible, copayment, or coinsurance when these services are provided by a network provider.

WOMEN'S PREVENTIVE CARE COVERAGE – Your health plan will provide first dollar coverage for certain women's preventive coverage without any cost sharing requirements (coinsurance or deductible), when delivered by in-network providers.

FLEXIBLE SPENDING ACCOUNT (FSA)

What's a Flexible Spending Account?

An FSA allows an employee to set aside a portion of earnings to pay for qualified expenses as established in the cafeteria plan, most commonly for medical expenses but often for dependent care or other expenses. Money deducted from an employee's pay into an FSA is not subject to payroll taxes, resulting in substantial payroll tax savings.

Types of Accounts

Medical FSA

This account enables you to pay with pre-tax dollars for medical, pharmacy, dental, or vision expenses that are not covered under your insurance program or that of your spouse. You may also cover dependent medical, pharmacy, dental, and vision expenses through the account even if you choose single coverage. The total amount of your annual pledge is available to you up front thus reducing the risk of a large out-of-pocket expense at any one time during the plan year. Be aware that with the Section 125 Medical Account, any unused portion of the account at the end of the plan year is forfeited. Per the IRS guidelines, individuals are required to re-enroll in this benefit every year. For 2024, the maximum amount allowed to elect is \$3,200.

Dependent Care Reimbursement Account

This account gives you the opportunity to redirect a portion of your annual pay on a pre-tax basis to pay for dependent care expenses. 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 Expenses." Children must be under age 13. Care centers which qualify include dependent care centers, preschool educational institutions, and individuals, as long as the caregiver is not a child of yours under age 19 or anyone you can claim as a dependent for tax purposes. Before deciding to use the Dependent Care Expense Account, it would be wise to compare its tax benefit to that of claiming a childcare tax credit when filing your tax return. Either may be better, depending on your personal situation. You may not use both. You may want to check with your tax advisor to determine which method is best

for you and your family. Any unused portion of your account balance at the end of the plan year is forfeited. For 2024, the maximum amount allowed is \$5,000.



DENTAL COVERAGE

St. Clair County offers a PPO dental plan for employees. You may elect coverage for yourself, spouse, and/or child(ren).

Important information about the Delta Dental provider network

- Delta PPO dentists provide the biggest discount off billed charges therefore your annual maximum goes further with a Delta PPO provider
- Delta Premier dentists provide a smaller discount off billed charges and no balance billing
- Non-Network dentists can bill any amount (no discount) and can also balance bill the member.

| A DELTA DENTAL | РРО | | | | | | |
|---|-----------------|-----------------|-----------------|--|--|--|--|
| | РРО | Premier | Out-of-Network | | | | |
| Deductible (Individual/Family) | | \$50/\$150 | | | | | |
| Type l – Preventive Care (exams & cleanings) | 100% No Ded. | 100% No Ded. | 100% No Ded. | | | | |
| Type ll – Basic Procedures | 80% | 80% | 60% | | | | |
| Type lll – Major Procedures | 80% | 80% | 60% | | | | |
| Type IV – Orthodontia | 50% | 50% | 40% | | | | |
| Lifetime Ortho Maximum | | \$1,500 | | | | | |
| Maximum Benefits / Year | | \$1,500 | | | | | |

If you have any questions, you can contact Delta Dental's Customer Service line at (800) 323-1743

Monthly Employee Cost

| Coverage Tier | РРО | | | |
|-----------------------|------------------|--|--|--|
| Employee | | | | |
| Employee + Spouse | Included in | | | |
| Employee + Child(ren) | medical premiums | | | |
| Family | | | | |





St. Clair County provides vision coverage through UMR. You may elect coverage for your spouse and/or child(ren); however, you will be responsible for the premium to cover your dependents. Please notice out-of-network services only provides a reimbursement benefit.

| | In-Network | Out-of-Network |
|--|---|---|
| Examination Copay | \$15 copay | \$40 allowance |
| Frequency of Services Exam Lenses Frames Contacts | Every 12 Every 24 Every 24 Every 24 | months months |
| Frames | \$30 copay; \$130 allowance | \$45 Reimbursement |
| Basic Lenses Single Bifocal Trifocal Lenticular | \$30 copay \$30 copay \$30 copay \$30 copay | Reimbursed up to: \$40 \$60 \$80 \$80 |
| Contact Lenses Elective | \$30 copay; \$125 allowance In leu of glasses - \$30 copay; 100% | Reimbursed up to: \$125 |

Find a Provider

- To find an in-network eye doctor, go to **myuhcvision.com** and search by provider name, specialty, location or call a customer service representative at **(800) 638-3120**
- The following are Spectera participating retail locations
 - Walmart
- Warby ParkerLensCrafters
- Sam's Club
 Le
- 1-800 Contacts Target Optical

Monthly Employee Cost

| | VSP Choice |
|-----------------------|------------------|
| Employee | |
| Employee + Spouse | Cost included in |
| Employee + Child(ren) | medical premiums |
| Employee + Family | |



LIFE AND AD&D COVERAGE

Basic Life and AD&D

Life insurance and Accidental Death & Dismemberment (AD&D) is an important part of your financial security, especially if others depend on you for support. St. Clair County provides an employer paid benefit for the following classes enrolled in the medical plan: Class 1 employees with a \$250,000 benefit and Class 2 employees with a benefit of 2x their annual earnings to a maximum of \$300,000. Employees can also elect to insure a spouse for \$5,000 and dependent children for \$2,000 under this plan, paid for by St. Clair County. At age 70+, benefits are reduced by 50%.

Voluntary Life and AD&D

You have the opportunity to purchase additional life insurance for yourself and your spouse. During your initial enrollment period, you are allowed to elect coverage up to the guaranteed issue amount without providing evidence of insurability if newly eligible. Late enrollees will need to submit evidence of insurability for any election amount.

EMPLOYEE: may elect coverage in increments of \$5,000 to a maximum of \$500,000. Guarantee Issue is \$200,000 for all newly eligible employees. Employees at age 70+ will have a benefit reduction of 50%.

Rates (below)

SPOUSE: coverage is available in \$5,000 increments to a maximum of \$100,000, not to exceed 50% of the employee's election. Guarantee Issue is \$50,000 for all newly eligible employees. Employees at age 70+ will reduce the spouse's benefit by 50%

| Employee Cost per \$1,000 of Coverage | | | | | | | | | | | | | |
|---|--|---|-------|---|--------------------|----------|--|-----|---------|---|----------------|---|-------------------------------|
| Age | | | | | | Employee | | | | | | | |
| 20-24 | | | | | | | | \$(| 0.065 | | | | |
| 25-29 | | | | | | | | \$0 | 0.065 | | | | |
| 30-34 | | | | | | | | \$0 | 0.080 | | | | |
| 35-39 | | | | | | | | \$0 | 0.090 | | | | |
| 40-44 | | | | | | | | \$0 | 0.144 | | | | |
| 45-49 | | | | | | | | \$0 | 0.260 | | | | |
| 50-54 | | | | | | | | \$0 | 0.468 | | | | |
| 55-59 | | | | | | | | \$0 | 0.684 | | | | |
| 60-64 | | | | | | | | \$ | 1.080 | | | | |
| 65-69 | | | | | | | | \$ | 1.656 | | | | |
| 70+ | | | | | | | | \$2 | 2.952 | | | | |
| AD&D | | | | | | | | \$0 | 0.020 | | | | |
| How to calculate voluntary premium | \$50,000 Elected Coverage Amount + AD&D | I | 1,000 | = | 50 Units | х | \$0.260 Rate *see note | = | \$13.00 | ÷ | 50 X \$0.02 | = | \$14.0 Per Month |
| - | | | | | | | | | | | | | |

• Rates (below) based on employee's age.

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CONTACTS

| Plan | Vendor | Telephone | Website |
|--|--------------------|-----------------------------|------------------------|
| Medical Policy # 76411102 | UMR | (800) 826-9781 | www.umr.com |
| Dental Policy # 11067 | Delta Dental of IL | (800) 323-1743 | www.deltadentalil.com |
| Vision Policy # 76411102 | UMR | (800) 638-3120 | www.myuhcvision.com |
| Life Insurance Policy # TBD0GL 886651 | The Standard | (800) 628-8600 | www.standard.com |
| FSA | UMR | (800) 826-9781 Ext. 2189 | www.umr.com |
| | | | |
| St. Clair County | Human Resources | (618) 825-2256 | HRMS@co.st-clair.il.us |





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