2025 ERIE COUNTY BENEFIT PLAN OPTIONS

Medical Insurance Option One: Preferred Provider Organization (PPO)

Monthly Cost: Employee: $101.20 Single / $259.60 Family per month (deducted from 24 pays)

Deductible: $750. Per Person (up to $750 pillar credit on the employee's deductible) – Max. $2,250. Per Family

Co-Insurance: 80%/20% In-Network after Deductible

Out of Pocket Maximum: $3,250. Per Person – Max. $9,750. Per Family

Office Visit: $25. Co-Pay / **Specialist Office Visit:** $35. Co-Pay

Urgent Care: $25. Co-Pay / **ER Visit:** $150. Co-Pay

Prescription: See prescription coverage below.

Medical Insurance Option Two: High Deductible Health Plan (HDHP)

Monthly Cost: Employee: $13.20 Single / $39.60 Family per month (deducted from 24 pays);

Out of Pocket Maximum: $3,300. Per Person – Max. $6,400. Per Family

Prescription Coverage: Employee pays 100% until deductible is met.

Employee Bi-Weekly Payroll Contribution: Amount to be set at open enrollment (similar to flexible spending) with an adjustment (increase/decrease) option period during the month of June. It is the responsibility of the employee to contact Human Resources by June 30, 2025 to request a payroll deduction adjustment.

Health Savings Account (HSA) *Optional*: – (HSA account to be opened by employee at financial institution of their choice)

Employer HSA Contribution: $480. Single / $900. Family (based on active HSA account) / up to $750 (pillars)

Employer HSA Match: Up to $400. Single / $800. Family (based on employee contribution & active HSA account)

Prescription Coverage:

Generic 80%/20% - Min $10/Max $12.50 // **Brand** 70%/30% - Min $20. / Max $40.
Non-Formulary 60%/40% Min $40. / Max $80. // **Specialty** 80%/20% Min $50. / Max $250.
Mail Order / Maintenance Choice Rx Program: **Generic** 80%/20%-Min $20. / Max $25. // **Brand** 70%/30% Min $40. / Max $80.
Non-Formulary 60%/40% Min $80. /Max $160. // **Specialty** 80%/20% Min $100. /Max $500.
After maintenance prescriptions are filled twice at the pharmacy, future refills are required to be filled using the mandatory mail order Rx program or at a Drug Mart / Walgreens pharmacy location.

Flexible Spending (PPO plan only): ***2025:*** Maximum Election - $3,200 / Year with a $640 Carryover; DCAP new for 2025

Vision: PPO Employee: Included; **VISION ONLY OR HDHP** Monthly Cost: Employee $8.80 Single / $23.10 Family

Dental: $3.30. Single / $27.50. Family $3,000

Hearing Aids: $5,000. Max/person every 36 months. HDHP deductible applies.

Life Insurance: $75,000. Group Term Life/AD&D Insurance

Acupuncture: Licensed Provider $200.00 Employee Reimbursement

Supplemental Benefits: e.g. Life, Critical Life Events, Disability Income, Life Accident, Medical Bridge, Whole Life. NOTE: All ***American Fidelity*** plans currently elected by employees will carryover automatically into 2025, unless cancelled by the Employee.

Gym Reimbursement: Up to $225 per year with average of 4 times per month– Must carry medical insurance to qualify

Gym Equipment: Up to $115 per employee every 5 years Must carry medical insurance to qualify

Spousal Inclusion Benefit $275.00/Month: Available to Employees ***hired before January 1, 2018*** who elect coverage on the County's plan for their spouse who works full-time, and who has health insurance available at their place of employment.
Employees hired ***on or after January 1, 2018*** **cannot** enroll spouse, if spouse is **eligible (regardless of full or part time)** for coverage on their employer's plan.

Enrollment Process: Visit *https://trustmark.benselect.com/Enroll.*

Employee ID or SSN: **Employee full SSN** (Ex: 12345*6789*, no spaces or dashes)

PIN: **Last 4 of employee SSN and last two of employee birth year**

DISCLAIMER: This document is for reference purposes only. Please contact plan carriers for official plan summaries (website/800 number on back of card).

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