

2025 ERIE COUNTY BENEFIT PLAN OPTIONS

Medical Insurance Option One: Preferred Provider Organization (PPO)

Monthly Cost: Employee: \$92 Single / \$236 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: \$12. Single / \$36. 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 Single / \$21 Family

Dental: \$3. Single / \$25. Family \$3,000 Max

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: 123456789, 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).