## 2024 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);

Employer: \$646.83 Single / \$1,664.25 Family

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);

Employer: \$649.92 Single / \$1,666.33 Family

Out of Pocket Maximum: \$3,200. 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, 2024 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): 2024: Maximum Election - \$3,200 / Year with a \$640 Carryover

Vision: PPO Employee: Included; VISION ONLY OR HDHP Monthly Cost: Employee \$8 Single / \$22 Family

Hearing Aids: \$5,000. Max/person every 36 months. HDHP deductible applies. **Dental**: \$3. Single / \$25. Family \$3,000 Max

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 2024, 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 <a href="https://trustmark.benselect.com/Enroll.">https://trustmark.benselect.com/Enroll.</a>

**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).