

## RICHLAND COUNTY MAJOR BENEFITS SUMMARY - 2023

All benefits and payroll processing is handled by the Richland County Clerk's Office and is subject to change. Direct deposit of employee paychecks is required. There are specific limits on when an employee is eligible to first enroll in and/or make changes to some benefits. Contact the County Clerk's Office at (608) 647-2197 for details on this and other benefit questions; including copay and deductible amounts.

**A. Health Insurance:** (Current rates and plans are subject to change) Employee Trust Funds P017 Local HMO High Deductible health insurance coverage is effective the first of the month following date of hire. They offer up to 19 different health insurance plans but not all of them are available in our area. DEAN HEALTH PLAN is the lowest cost plan available in RICHLAND COUNTY and our premium is based off of this insurance. If you choose a different health plan that costs more than the DEAN plan, the additional cost is paid by the employee. All full-time staff that work a minimum of 30 hours a week will contribute 12% towards their health insurance premium. The County pays the remaining 88%. Employees working less than 30 hours a week will either pay 22% of the premium or 50% of the premium depending on hours worked.

FULL-TIME 30+ HOURS P/WK COUNTY PAYS 88% OF THE LOWEST COST PLAN = DEAN	TOTAL SINGLE W/\$160 SURCHARGE	EMPLOYEE TOTAL SINGLE PREMIUM	COUNTY TOTAL PREMIUM	TOTAL FAMILY W/\$400 SURCHARGE	EMPLOYEE TOTAL FAMILY PREMIUM	EMPLOYEE FAMILY SINGLE PREMIUM	EMPLOYEE FAMILY REMAINDER	COUNTY TOTAL PREMIUM
Dean Health Plan	\$ 859.32	\$ 103.12	\$ 756.20	\$ 2,115.36	\$ 253.84	\$ 103.12	\$ 150.72	\$ 1,861.52

There is a deductible of \$1,500 for single coverage and \$3,000 for family coverage In-Network or for Out-of-Network \$2000 for single coverage and \$4000 for family coverage. The deductible applies to prescription drugs and In-Network or Out-of-Network Annual Out of Pocket Limits. No services other than preventative will be covered until the deductible has been met.

You pay 10% co-insurance In-Network after the deductible has been met or if Out-of-Network you pay 30% co-insurance after the deductible has been met. Copayments In-Network \$0 per certain telehealth visits, \$15 copayment per primary care visit, \$25 copayment per specialist or urgent care visit, \$75 copayment per emergency room visit. Out-of-Network you will pay all services subject to deductible and coinsurance.

Annual In-Network Out of Pocket limit is \$2500 for single coverage or \$5000 for family coverage. Annual Out-of-Network Out of Pocket limit is \$3800 for single or \$7600 for family.

Richland County contributes \$500 for single coverage and \$1,000 for family coverage through the EBC HRA. On a single plan, once the employee has paid the first \$1,000 in medical bills, the County will pay the remaining \$500 of the \$1,500 deductible through the HRA. On a family plan, the first family member to have \$1,000 in medical bills will have access to \$500 of the HRA. The remaining insured family members combined medical bills must add up to \$1,000 before the 2nd \$500 of the HRA will be made available to pay their remaining \$500 of the deductible. If no one in the family reaches \$1,000 in medical bills but the families combined totals reach \$2,000 of medical bills, then the full \$1,000 HRA will be made available to pay the remaining \$1,000 deductible. The employee is responsible for submitting all bills to Employee Benefits Corporation

**B. Dental Insurance:** (Current rates and plans are subject to change) Dental insurance coverage is effective the first of the month following date of hire. All full and part-time staff contributes towards their dental insurance premium. By Resolution the Employer pays \$18.31 towards a single plan and \$52.39 towards a family plan. The employee will pay the remaining difference of the total plan amount. There is a deductible of \$50 for single coverage and \$150 for family coverage. Coinsurance is either 50%/50% or 80%/20% depending on the work being done. The individual annual maximum that insurance will pay is \$1,000 per plan year which runs January – December. There is no orthodontia coverage with this dental plan.

Plan by County	Single			Family		
	Employer Share	Employee Share	Total Premium	Employer Share	Employee Share	Total Premium
Delta Dental	\$ 18.31	\$ 18.31	\$ 36.62	\$ 52.39	\$ 52.38	\$ 104.77

- C. **Retirement Fund:** Employees are covered by the Wisconsin Retirement Plan. WRS sets the retirement rate each year. The 2023 rate is set at 13.60%. All employees enrolled in retirement will pay 50% towards their retirement fund. The County pays the remaining 50%.
- D. **Holiday Pay:** Ten paid holidays per year. This includes nine paid holidays designated by the County and one Floating Holiday per calendar year. The Floating Holiday is available once an employee passes probation.
- E. **Sick Leave:** Employees earn one working day for each complete month of service on their ANNIVERSARY DAY to a maximum of 126 days.
- F. **Vacation:** Employees receive vacation with pay based on length of service:
 

<u>After</u>	<u>Receive</u>
Upon hire	1 week of vacation
6 months of service	1 week of vacation
1 year of service	2 weeks of vacation
5 years of service	3 weeks of vacation
10 years of service	4 weeks of vacation
15 years of service	5 weeks of vacation
- G. **Life Insurance:** Employees eligible for our retirement are eligible for life insurance through Securian Minnesota Life the first of the month following 30 days of employment. The coverage amount is equal to one year's salary rounded to the next nearest thousand. This life insurance premium is paid for by the employee and the County will pay an additional 20% based off what the employee premium is.
- H. **Spouse / Dependent Life Insurance:** Available as an employee option and entirely at employee expense.
- I. **Credit Union or Bank:** Besides their main direct deposit, employees may have a set dollar amount of their check direct deposited to a savings account only at a Credit Union or Bank of their choice.
- J. **Deferred Compensation:** This is a 457b retirement account available through Nationwide as an employee option and entirely at employee expense.
- K. **Short Term Disability Coverage:** Available through Dearborn National as an employee option and entirely at employee expense.
- L. **Section 125 Flexible Spending Account:** Available through Employee Benefits Corporation as an employee option and entirely at employee expense.
- M. **Vision Care Discount program:** Available through Delta Dental to all employees to receive a discount on vision care.
- N. **Amplifon Hearing program** – Available through Delta Dental to all employees to receive a discount on hearing care.