

YOUR BENEFITS GUIDE



June 1, 2021 – May 31, 2022
Douglas County Employees



BENEFIT COSTS

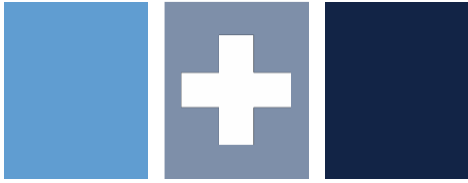


Douglas County pays for some of your benefits and you share the cost for others, as shown below:

BENEFIT	WHO PAYS	TAX TREATMENT
Medical Coverage – Cigna/Trustmark	The County & You	Pretax
First Stop Health Telemedicine	The County	N/A
Dental Coverage – Delta Dental of Kansas	The County & You	Pretax
Vision Coverage – Benefits Direct	You	Pretax
Basic Life Insurance (worth 1.5 times annual salary) - KPERS	The County	N/A
Voluntary Life Insurance – KPERS	You	After-tax
Long Term Disability Coverage - KPERS	The County	N/A
Flexible Spending Accounts – Benefits Direct	You	Pretax
Employee Assistance Plan – New Directions Behavioral Health	The County	N/A
Kansas Public Employee Retirement System (KPERS)	The County & You	Pre federal tax
Deferred Compensation – KPERS/ICMA 457	You	Pretax
Voluntary Benefits – Benefits Direct	You	After-tax



HEALTH CARE COVERAGE



Your health care coverage includes medical, prescription drug and dental. Detailed information about each plan is in this section. If you have questions, please contact Human Resources.

Your Health Care Plan

Douglas County's medical plan is self-insured, using Trustmark to administrator medical claims and Cigna as the plan's preferred Provider Network (PPO). Prescription drug claims are administered by Elixir services. Dental claims are administered by Delta Dental of Kansas.

In/Out-of-Network Coverage

The medical plan features in and out-of-network coverage; individual and family deductibles; copays; coinsurance; and out-of-pocket maximums. If you don't understand some of these terms, please refer to the Glossary.

You may use in- or out-of-network providers. You will always pay less if you see a doctor or receive services within the Cigna provider network because the plan pays more "in-network."

Deductible

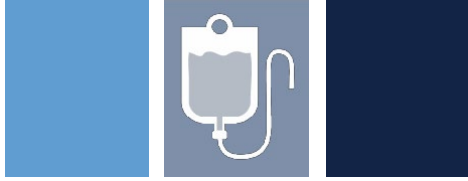
You must meet an annual deductible before the medical plan begins to cover a portion of your costs. Once the deductible is met, the medical plan begins to pay for a percentage of covered expenses (this is called coinsurance).

Out-of-pocket maximums

An Out-of-pocket maximum applies to the plan. This is the maximum amount you will pay for health care costs in a plan year. Once you have reached the out-of-pocket maximum, the plan will fully cover eligible medical and prescription drug expenses for the rest of the plan year. **If you see an out-of network provider, you may be responsible for out-of-pocket costs considered above the "reasonable and customary" fees.**



Medical & Rx



Services provided by the following contracted providers will be paid at the in-network rate: Douglas County Visiting Nurse, Bert Nash Mental Health, Lawrence/Douglas County Ambulance, Qualicare. Services at an in-network facility rendered by an out-of-network provider for Radiology, Pathology or Anesthesia will be paid at the in-network rate.

Plan Provision		In-Network	Out-of-network
Annual Deductible - Medical (Individual/Family)		\$1,000/\$1,500	\$1,300/\$1,950
Out-of-Pocket Maximum – Medical Individual/Family (Includes medical deductible, coinsurance and copays)		\$3,200/\$5,500	\$4,300/\$8,600
Lifetime Maximum		Unlimited	
Preventive Care		100%	100%
Primary Physician/Specialist Office Visit Copay		\$25/\$50	50%*
Chiropractic Care - \$500 plan year maximum benefit		70% up to \$25 max benefit per visit	50% up to \$25 max benefit per visit
X-Ray and Lab		80%*	50%*
Inpatient/outpatient Hospital Services		80%*	50%*
Vision Exam (\$50 maximum for purchase of eyewear)		100% - once per plan year	100% - once per plan year
Urgent Care		\$25 copay then 80%*	50%*
Emergency Room Visit		\$200 copay then 80%	
Hearing Aids		80%* max benefit \$2,000 every 3 years	
Prescription Drug Out-of-Pocket Maximum (Individual/Family)		\$5,350/\$11,600	
Retail Prescription Drugs	30 Day Supply	Retail Prescription Drugs	90 Day Supply
Generic <\$100	\$25 copay	Generic <\$300	\$75 copay
Generic >\$100	\$50 copay	Generic >\$300	\$150 copay
Brand Preferred	\$60 copay	Brand Preferred	\$180 copay
Brand Non-preferred	\$80 copay	Brand Non-preferred	\$240 copay
Specialty Prescription Drugs		20% Copay (\$35 minimum/\$200 maximum per fill)	
*After Deductible has been met			



*Note: This is a summary only of your coverage. In-network services are based on negotiated charges; out-of-network services are based on reasonable and customary (R&C) charges.

TELEMEDICINE



First Stop Health will continue to provide Telemedicine benefits at no cost to you or your family members. Telemedicine can be a convenient way to get medical care for illnesses such as sore throat, cough, sinus infection, skin infections, ear aches and more.

Top Reasons to call First Stop Health	
Sore Throat	Cough
Sinus Infection	Skin Rash
Eye Infection	Ear Ache
Upset Stomach	Muscle/Joint Pain
Medication Refill	Urinary Tract Infection

What to Expect:

- Available 24/7/365
- No registration required, just call!
- Unlimited consultations
- U.S.- based physicians
- No copays or fees to use the service
- Physicians licensed in 49 states (AR excluded)
- 86% of calls to First Stop Health prevent unnecessary trips to doctors' offices and ERs
- Includes immediate family members
- Confidential medical dashboard with record of consultations + tools to upload and share medical records

1-888-691-7867 www.fshealth.com



Pharmacy Advocate Program



Tria Health's pharmacists act as your personal medication experts and work with you and your physician to reduce the risk of medication-related problems.

Tria Health is a FREE pharmacy advocacy program offered by Douglas County:

Confidential phone consultation with a pharmacist to ensure:

- Your medications aren't interacting with one another in a way that is unsafe or ineffective
- Medications control your condition the right way

Active participants in the Pharmacy Advocate Program are eligible to receive discounted copays on select medications that are used to treat the conditions targeted through the Pharmacy Advocate Program.

Who can enroll?

Any employee or family member enrolled in the Douglas County Medical/Rx plan who:

- Takes multiple medications or
- Has at least one chronic condition

Active participants will receive FREE generics and 50% off select brand medications.

Getting Started in the Pharmacy Advocate Program:

Targeted Conditions:

- Asthma/COPD
- Chronic Pain
- Diabetes
- Heart Disease
- High Blood Pressure
- High Cholesterol
- Mental Health
- Migraines
- Osteoporosis
- Specialty Medications

1. Enroll Online

triahealth.com/enroll

You may request a paper enrollment form by calling the Tria Help Desk at 888-799-8742.

After you enroll, Tria will call you to schedule an appointment to speak with a Tria pharmacist.

2. Speak with Your Tria Health Pharmacist

Confidentially speak one-on-one with a Tria pharmacist to review all of your medications (including over-the-counter and herbal supplements).

3. Personalized Resources for You

Receive a summary of recommendations that were made by your Tria pharmacist and a pocket-sized "Tria Med Card" to help you keep track of your medications.



DENTAL PLAN



Your dental plan provides coverage for routine exams and cleanings and pays for a portion of other services, as shown in the chart below.

It's important to have regular dental exams and cleanings so problems are detected before they become painful—and expensive. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and periodontal disease, and is an important part of maintaining your medical health. Dependent children are eligible for coverage to the end of the month in which they reach age 26. You have a choice of one dental plan. This chart below outlines plan design:

PROVISION	COVERAGE
Annual deductible Individual/Family	\$50/\$150
Annual Maximum per person	\$1,250
Diagnostic and Preventive, to include cleanings, fluoride treatments, sealants and x-rays	100%, no deductible
Basic Services to include fillings, periodontics, scaling and root planning	80%*
Major Services to include crowns, bridges, full and partial dentures	50%*
Orthodontia (Child only up to age 26)	None
*After annual deductible	

Employee and County Contributions



Douglas County contributes the majority of the total contribution amount to the plan. Employees pay portion of the cost through pre-tax payroll deductions. Contributions are deducted on a semi-monthly basis.

Medical and Dental Per Pay Check Contributions June 1, 2021 – May 31, 2022 *(No change to EE)*

Coverage Tier	Employee Cost	County Cost
Employee Only	\$40	\$366
Employee + 1	\$158	\$636
Family	\$226	\$909



EMPLOYEE ASSISTANCE PROGRAM



If you find yourself in need of some professional support to deal with personal, work, financial or family issues, your Employee Assistance Program (EAP) can help.

Your Employee Assistance Program

You and your immediate family (spouse or domestic partner, dependent children, parents and parents-in-law) can use the EAP for help with:

- Marriage and family problems
- Job-related issues
- Stress, anxiety and depression
- Parent and child relationships
- Legal and financial counseling
- Identity theft counseling
- Financial planning
- Various other related issues

Provided to you at no cost.

If you need help or guidance, call a New Directions Behavioral Health counselor at **800-624-5544** or visit eap.ndbh.com

Enter company login code:

douglas-county

Free, Confidential Service



VOLUNTARY BENEFITS – FLEXIBLE SPENDING



A Flexible Spending Account (FSA) is a program that helps you pay for health care and dependent care costs using tax free dollars. FLEX MADE EASY is the administrator through Benefits Direct. You MUST enroll each year in you want to participate – deductions do NOT carry over from year to year.

The IRS has TEMPORARILY increased the contribution limit to the DEPENDENT CARE flexible spending plan. This limit is good for the 2021 calendar year only. If you elect the full \$10,500 for our plan year starting June 1, 2021, the higher deduction will only go through December 2021.

Because our plan year is not a calendar year, you'll have to calculate how much you contributed from Jan – May 2021. Deduct that amount from the \$10,500.

Example:

2020-2021 Plan Year Election \$5,000

Per Pay Period = \$208.33

Contribution from Jan – May 2021 (10 pay periods) \$2,083.33

2021-2022 Plan Year Election \$10,500

$\$10,500 - \$2,083.33 = \$8,415.67$

14 pay periods June – Dec 2021

$\$8,415.67 / 14 = \601.19 per pay

Per pay period deduction would then go to \$208.33 for Jan – May 2022 (end of the plan year) for 10 pay periods for a total contribution of \$2,083.33.

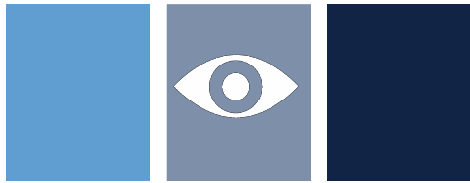
If the IRS extends the increased contribution limit past Dec 2021, participants will be notified accordingly.

To enroll in flexible spending, log onto Benefits Direct web based enrollment site. See instructions on page 14.





VOLUNTARY BENEFITS - VISION



Your vision plan pays for all or a portion of the cost of an eye exam and materials, to include, glasses or contact lenses.

Coverage for eye exams is provided under the medical plan.

Your vision plan is provided through VSP. It provides coverage of an eye exam once a year, materials for the cost of glasses or contact lenses. You can see in- or out-of-network providers; however, you always save money if you see in-network providers.

BENEFIT	IN-NETWORK
Exam	\$10 copay
Prescription Glasses	\$25 copay
Frequency Exam Lenses Frames	Every plan year Every plan year Every other plan year
Frames	<ul style="list-style-type: none"> • \$130 allowance for a wide selection of frames • \$150 allowance for featured frame brands • 2% savings on the amount over your allowance • \$70 Walmart frame allowance
Lenses Single vision lenses bifocal lenses trifocal lenses	Covered 100% Covered 100% Covered 100%
Lens Enhancements Standard progressive lenses Premium progressive lenses Custom progressive lenses	<ul style="list-style-type: none"> • \$55 • \$95-\$105 • \$150-\$175
Elective contact lenses in lieu of glasses	Up to \$130 allowance (copay doesn't apply)

Voluntary Vision Monthly Premium	
Employee	\$7.78
Employee +1	\$13.84
Employee & Children	\$14.13
Family	\$22.79



CONTACTS



PLAN	PROVIDER	PHONE NUMBER	WEBSITE
Medical – Claims Processing/Explanation of Benefits (EOB's)	Trustmark	800-990-9058	www.myTrustmarkBenefits.com
PPO Network/Cigna	Cigna Choice Fund	800-832-3332	www.mycigna.com
Prescription Coverage	Elixir (formerly MedTrak)	800-771-4648	www.medtrakrx.com
First Stop Health Telemedicine	First Stop Health	888-691-7867	www.firststophealth.com
Dental Coverage	Delta Dental Of Kansas	800-234-3375	www.deltadentalks.com
Employee Assistance Program	New Directions Behavioral Health	800-624-5544	Eap.ndbh.com password: douglas-county
Voluntary Vision Coverage	VSP	800-877-7195	www.vsp.com
Flexible Spending	FlexMadeEasy	855-615-36796	www.flexmadeeasy.com

