

2025 EMPLOYEE BENEFITS GUIDE

MONROE COUNTY GOVERNMENT



EMPLOYEESERVICES@CO.MONROE.IN.US

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The employee benefit programs described in this guide are a summary of benefits, and every attempt has been made to ensure its accuracy. The actual provisions of each benefit program will govern if there is any inconsistency between the information in this guide and your group Plan Documents, Summary Plan Descriptions, programs, policies, or contracts or any subsequent change in such plans, programs, policies, or contracts. All information is confidential pursuant to the Health Insurance and Portability Act of 1996.

Benefits Overview

Monroe County Government offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

Who is Eligible

If you are a full-time employee, you are eligible to enroll in the benefits described in this guide. The following family members are eligible for medical coverage: legal spouse, civil union partner who does not have access to other group health insurance, subscriber’s natural child, stepchild, or child placed by adoption up to age 26. Also, a child or children for whom legal guardianship has been awarded to the subscriber or the subscriber’s spouse.

How to Enroll

Log in to the benefits portal at www.steele.benselect.com. Your username is your full SSN. Your password is the last 4 of your SSN and last 2 of your birth year.

When to Enroll

OPEN ENROLLMENT: October 29 – November 6, 2024

EFFECTIVE DATE: The benefits you elect will be effective January 1, 2025.

You must enroll during Monroe County Government’s annual Open Enrollment period. If you miss open enrollment, you must wait until next year’s Open Enrollment period unless you have a qualifying life event.

NEW HIRES: Benefits are effective from the first of the month following 30 days of continuous employment. Example: Hire date, October 14. Insurance begins December 1.

How to Make Changes

A life event change (qualifying event) is a personal change in status which may allow you to change your benefit elections.

Examples of qualifying events include:

- Marital Status Change: Marriage, Divorce, Legal Separation
- Dependent Status Change: Birth, Death, Adoption
- Change in Employment: Full-time to Part-Time or vice versa

If you experience a life event change, you will need to request to change your benefits through the [benefits portal](#) within 30 calendar days of the event and provide documentation to employeeservices@co.monroe.in.us.

Carrier Contacts

Medical	Anthem	1-800-331-1476	anthem.com
Flex Spending Accounts	The Employee Benefits Corporation	1-800-346-2126	ebcflex.com
Health Savings Account	UMB Bank	1-866-520-4HSA	umb.com/hsa
Health and Wellness Center	ProActive MD	812-323-4480	https://healthcenters.proactive-md.com/location/monroe-county-health-and-wellness-center/
Dental	MetLife	1-800-924-0854	metlife.com
Vision	Guardian	1-877-814-8970	guardiananytime.com
Critical Illness + Accident	VOYA	1-800-955-7736	voya.com
Hospital Indemnity	Guardian	1-800-541-7846	guardianlife.com
Disability	One America	1-800-553-5318	oneamerica.com
Life Insurance	One America	1-800-537-6442	oneamerica.com
PERF Retirement	INPRS	1-844-464-6777	in.gov/inprs
Retirement Assistance	CFC	812-334-3190	cfc.us
Employee Assistance Program	AllOne Health	1-800-822-4847	lifeservices.mylifeexpert.com

Medical Benefits

Preferred Provider Organization (PPO) Plans - Anthem

Monroe County Government offers two PPO plans through Anthem that allow you the freedom to use providers in-network and out-of-network as designated in the following chart. This chart gives a side-by-side look at the amounts you pay when you use your plan.

PPO Plan 1 Features		
Deductible	\$750 Individual	\$1,500 Family
Out of Pocket Maximum	\$4,000 Individual	\$8,000 Family
Co-Pay	Cost Per Visit	\$30
Co-Insurance	Cost after deductible is met	20%
Preventative Care	Covered in full	
Emergency Room Fees	Cost Per Visit	\$100
Prescription Tiers	Generic	\$12.50
	Preferred	\$30
	Non-Preferred	\$60
	Specialty	25% to \$150 Max
PPO Plan 1 Costs		
Coverage Tier	Employee Amount Per Pay	Monroe County Amount Per Pay
Employee Only	\$61.21	\$244.84
Employee + Spouse	\$159.15	\$636.58
Employee + Children	\$146.90	\$587.61
Family	\$208.11	\$832.45

PPO Plan 2 Features		
Deductible	\$2,000 Individual	\$4,000 Family
Out of Pocket Maximum	\$5,000 Individual	\$10,000 Family
Co-Pay	Cost Per Visit	\$40
Co-Insurance	Cost after deductible is met	20%
Preventative Care	Covered in full	
Emergency Room Fees	Cost Per Visit	\$150
Prescription Tiers	Generic	\$12.50
	Preferred	\$30
	Non-Preferred	\$60
	Specialty	25% to \$150 Max
PPO Plan 2 Costs		
Coverage Tier	Employee Amount Per Pay	Monroe County Amount Per Pay
Employee Only	\$58.15	\$232.60
Employee + Spouse	\$151.19	\$604.75
Employee + Children	\$139.56	\$558.23
Family	\$197.71	\$790.82

Medical Benefits

Flexible Spending Accounts – The Employee Benefits Corporation

Paired with a PPO Medical Plan, a Flexible Spending Account (FSA) is a special account where you can set aside pre-tax dollars to cover eligible healthcare expenses throughout the year. You contribute a portion of your salary into the FSA through payroll deduction, reducing your taxable income, which can help you save money. It’s a great way to manage routine out-of-pocket medical costs while maximizing your tax savings.

You receive a Flexible Spending Account card from The Employee Benefits Corporation to use on eligible expenses. Funds are available in your account on January 1 of the plan year. Funds can be spent on a variety of expenses including co-pays, co-insurance, deductibles, dental, vision, medical supplies, prescriptions, and over the counter medications.

Flexible Spending Account Features	
2025 Maximum Contribution	\$3,300
2025 Rollover Amount	\$400
	Rollover Example: You elect \$2,000 for the plan year and use \$1,800. The remaining \$200 rolls over to the next year.
Employees enrolled in a HDHP Medical Plan can elect a Limited Flexible Spending Account that can be spent on Dental and Vision expenses only.	
You must enroll in the FSA each year during Open Enrollment. Enrollment in this account does not rollover each year.	

Medical Benefits

High Deductible Health Plan (HDHP) - Anthem

Monroe County Government also offers a High Deductible Health Plan through Anthem, designed to give you more control over your healthcare spending. HDHPs typically have lower monthly premiums and higher deductibles, making them a cost-effective option for those who want to save on upfront costs. Additionally, you have the option to contribute to a Health Savings Account (HSA), which allows you to set aside pre-tax dollars to pay for qualified medical expenses, giving you both short-term flexibility and long-term savings. The following chart provides a side-by-side comparison of the key benefits of our HDHP plans.

Employees electing the HDHP Plan also receive a \$5,000 Critical Illness policy paid by the County as a benefit for enrolling in the high deductible plan.

HDHP Plan Features		
Deductible	\$3,300 Individual	\$6,600 Family
Out of Pocket Maximum	\$5,000 Individual	\$10,000 Family
Co-Pay	Cost Per Visit	Varies. Payment based on provider.
Co-Insurance	Cost after deductible is met	20%
Preventative Care	Covered in full	
Emergency Room Fees	Cost Per Visit	Deductible + 20%
Prescription Tiers	Cost Per Medication	Varies based on prescription.
		20% Co-Insurance after deductible.
MCG HSA Contribution	Individual	Family
Made in 2 installments Jan/July	\$1,000	\$2,000
HDHP Plan Costs		
Coverage Tier	Employee Amount Per Pay	Monroe County Amount Per Pay
Employee Only	\$21.46	\$246.76
Employee + Spouse	\$55.79	\$641.57
Employee + Children	\$51.50	\$592.23
Family	\$72.95	\$838.98

Medical Benefits

Health Savings Account – UMB Bank

A Health Savings Account (HSA) is a tax-advantaged savings account that you own and manage through UMB Bank. You may contribute pre-tax dollars into this account to cover qualified medical expenses like deductibles, co-pays, prescriptions, and more. Unlike an FSA, unused HSA funds roll over year to year, allowing you to save and grow your account balance over time. HSAs also offer triple tax benefits—contributions are tax-free, withdrawals for qualified expenses are tax-free, and the account can earn interest or be invested tax-free. You can also use your HSA as a long-term investment option once you have reached a certain balance.

Health Savings Account Features	
2025 Maximum Contributions	
Individual	Family
\$4,300	\$8,550
Monroe County Annual Contribution	Monroe Annual County Contribution
\$1,000	\$2,000
Employee must be enrolled in a qualified High Deductible Health Plan to contribute HSA funds.	
IRS Maximum includes employer contribution. Example: Monroe County contributes \$1,000 to an individual employee. Employee can contribute up to \$3,300 voluntarily for the year.	
Monroe County annual HSA contributions are made in two installments in January and July.	
Voluntary HSA contributions can be changed at any time during the year.	

Dental Benefits – MetLife

Dental insurance is designed to cover a portion of the costs associated with dental care, ensuring you and your family can maintain good oral health. Most dental plans are structured around three categories of coverage: **preventive care**, **basic services**, and **major services**. By participating in a dental plan, you reduce the financial burden of routine check-ups, treatments, and other dental procedures, helping you stay on top of your oral health and avoid more costly treatments down the road.

Key Benefits of Dental Coverage

Deductible: \$50/Individual or \$150/Family

Annual Maximum: \$1,750 per person

Preventive Care Coverage:

- Covers 100% of preventive services such as routine cleanings, exams, and X-rays.
- Preventive care helps catch issues early and keeps your teeth and gums healthy, avoiding more complex and expensive treatments.

Basic Services Coverage:

- Basic services such as fillings, extractions, and deep cleanings covered at 80%.
- Basic services address more common dental issues and ensure you get treatment when you need it

Major Services Coverage:

- Coverage for major services like crowns, bridges, dentures, and root canals is often provided 50% coverage.
- Major services focus on more advanced dental treatments that help restore or replace teeth.

Dental Plan 1 Costs		
Coverage Tier	Employee Amount Per Pay	Monroe County Amount Per Pay
Employee Only	\$3.73	\$8.70
Employee + Spouse	\$7.93	\$18.51
Employee + Children	\$10.39	\$24.25
Family	\$14.59	\$34.05
Orthodontia	Not covered on Low plan.	
Dental Plan 2 Costs		
Employee Only	Adults only not covered on Plan 2.	
Employee + Spouse	Adults only not covered on Plan 2.	
Employee + Children	\$13.86	\$24.25
Family	\$19.47	\$34.05
Orthodontia	Lifetime Maximum	\$1,500 per person

Vision Benefits – Guardian

Vision insurance helps cover the cost of routine eye care, including annual eye exams, prescription glasses, and contact lenses. Most vision plans focus on preventive care and offer coverage for corrective eyewear to help ensure you maintain healthy vision. Regular eye exams can detect not only vision problems but also other health conditions like diabetes or high blood pressure, making vision insurance an important part of your overall health plan.

Key Benefits of Vision Insurance

Annual Eye Exams:

- Comprehensive eye exam covered annually.
- Regular exams are important for early detection of vision changes and other health issues.

Corrective Lenses:

- Yearly allowance or discount for **prescription glasses or contact lenses**.
- A portion of the cost of frames, lenses, and contacts covered annually, allowing you to choose the eyewear that suits your needs.

Lens Enhancements:

- Options like anti-glare coatings, scratch-resistant lenses, or transitions lenses may be partially covered or offered at discounted rates.

Vision Plan Features		
Vision Benefit	Frequency	Co-pay In Network
Vision Exam	Once every 12 months	\$10 Co-pay
Prescription Lenses	Once every 12 months	\$20 Co-pay
Frames	Once every 12 months	80% over \$120
Contact Lenses	Once every 12 months	\$20 Co-pay
Vision Plan Costs		
Coverage Tier		Employee Amount Per Pay
	Employee Only	\$6.46
	Employee + Spouse	\$13.04
	Employee + Children	\$17.13
	Family	\$17.13

Monroe County Health and Wellness Center

Employee Clinic – ProActive MD

Our employer-sponsored health clinic provides convenient, low-cost healthcare services to employees and their families. The clinic offers a range of services, including preventive care, treatment for minor illnesses, wellness screenings, and management of chronic conditions. This benefit ensures easy access to healthcare without the long wait times or higher costs typically associated with traditional medical offices or urgent care.

Key Benefits for Employees

Convenience: Located near the workplace, the clinic makes it easier to access healthcare without needing to take extended time off for appointments.

Low-Cost Services: Employees can access free or low-cost services, saving on co-pays and deductibles for routine care and minor treatments.

Preventive and Wellness Care: The clinic provides preventive care (e.g., vaccines, screenings) and wellness programs (e.g., nutrition counseling, health coaching) to support your long-term health.

Employees receive \$150 incentive for completing annual wellness exam.

Quick Access to Care: Same-day or next-day appointments for minor illnesses and injuries help you avoid costly emergency room or urgent care visits.

Website: <https://healthcenters.proactive-md.com/location/monroe-county-health-and-wellness-center/>

Phone: 812-323-4480

Location:

119 West 7th Street

Bloomington, IN 47404

Wellness Center Hours

Mon: 7:00 AM – 4:00 PM

Tue: 8:00 AM – 5:00 PM

Wed: 7:00 AM – 4:00 PM

Thu: 8:00 AM – 5:00 PM

Fri: 8:00 AM – 12:00 PM

Disability Insurance – One America

Disability insurance is designed to protect your income if you are unable to work due to a serious illness, injury, or disability. The coverage helps ensure you can still meet your financial obligations while recovering, reducing the stress of lost wages. Our disability insurance options include both Short-Term Disability (STD) and Long-Term Disability (LTD), along with Life Insurance coverage to offer comprehensive financial protection for you and your family.

Short Term Disability

What It Covers:

Provides income replacement for a limited period (up to 12 weeks) when you’re temporarily unable to work due to an illness, injury, or surgery.

Why It’s Important:

- Helps cover immediate financial needs, such as bills and living expenses, during recovery from a short-term disability.
- Provides peace of mind by ensuring you still receive a portion of your income while on medical leave.

Premiums	Based on age/income calculated during enrollment
Weekly Benefit	60% of monthly salary
Maximum Benefit	\$3,250
Benefits Begin	7 days from illness/injury
Duration of Benefits	12 weeks

Long Term Disability

What It Covers:

Kicks in after Short-Term Disability ends and provides ongoing income replacement if you’re unable to work for an extended period.

Why It’s Important:

- Protects your long-term financial security by covering a percentage of your income for a longer duration, which may continue until you can return to work or reach retirement age.
- Essential for employees with high-risk jobs or those who want to safeguard their income for extended recovery periods.

Premiums	Based on age/income calculated during enrollment
Weekly Benefit	60% of monthly salary
Maximum Benefit	\$6,000
Benefits Begin	90 days from illness/injury
Duration of Benefits	Up to retirement age

Life and AD&D Insurance – One America

Monroe County Government offers Life Insurance to help provide financial security for your loved ones in the event of your passing. Life insurance ensures that your family is financially protected, covering expenses such as funeral costs, outstanding debts, and ongoing living expenses. In addition to the basic life insurance coverage provided, you may have the option to purchase additional coverage to meet your specific needs. This benefit gives you peace of mind, knowing that your family will be supported financially during difficult times.

Basic Life Insurance

All full-time employees receive a \$25,000 basic life insurance policy provided by Monroe County.

- Employees must sign up for this plan during enrollment and provide beneficiary information.

Term life Insurance

Employees may also elect voluntary Employee, Spouse, and Child Term Life Insurance.

Benefit Amounts

Employee Term Life:

- Benefit amounts in increments of \$10,000 up to \$500,000.
- Maximum amount cannot exceed 5 times your salary.
- Guarantee Issue Amount (approved amount without application for coverage) is \$150,000 for employees under age 60.

Spouse Term Life:

- Benefit amounts in increments of \$5,000 up to \$500,000.
- Maximum amount cannot exceed 50% of Employee Term Life amount.
- Guarantee Issue Amount is \$30,000 under age 70.

Child Term Life:

- Plan 1 – benefit amounts in increments of \$1,000 0-6 months old, then \$5,000.
- Plan 2 – benefit amounts in increments of \$1,000 0-6 months old, then \$10,000.

Annual guarantee issue increase of \$10,000 per year, more than that requires Evidence of Insurability Application.

Premiums based on age, income, and benefit amount elected. Calculated during enrollment.

Supplemental Insurance

Supplemental insurance products provide additional financial protection for unexpected events, such as accidents, hospital stays, or critical illnesses. These plans work alongside your primary health insurance to cover costs that may not be fully covered by traditional insurance, like co-pays, deductibles, or non-medical expenses. Our supplemental insurance options include **Accident Insurance**, **Hospital Indemnity Insurance**, and **Critical Illness Insurance** to ensure you are covered in times of need.

Accident Insurance - VOYA

What It Covers:

- Provides a lump-sum payment if you experience an injury from an accident, covering out-of-pocket medical expenses, emergency treatments, or recovery costs.
- Helps with expenses related to fractures, dislocations, surgeries, or other accident-related treatments.

Why It's Important:

- Great for employees with active lifestyles or families with children, as accidents can happen at any time.
- Can be used for non-medical expenses, such as transportation, childcare, or other day-to-day costs during recovery.

Accident Premiums	
Coverage Tier	Employee Amount Per Pay
Employee Only	\$4.40
Employee + Spouse	\$7.51
Employee + Children	\$8.49
Family	\$11.60
Sample Payment Amounts	
Emergency Room	\$225
X-Ray	\$45
Physical Therapy	\$45
Stitches	\$60
Follow-Up Treatment	\$90
Hospital Admission	\$1,250

Supplemental Insurance Cont.

Hospital Indemnity Insurance - Guardian

What It Covers:

- Provides a fixed daily or lump-sum payment if you are admitted to the hospital for any reason, including illness or injury.
- Helps offset the costs of hospital stays, including co-pays, deductibles, and non-covered services.

Why It's Important:

- Hospital stays can be expensive, even with health insurance. This coverage ensures you have financial support for unexpected stays, surgeries, or treatments.
- The payments can be used for both medical and non-medical expenses, offering flexibility in how you manage costs during hospitalization.

Hospital Indemnity Features		
Benefit	Plan 1	Plan 2
Hospital Admission	\$1,000 per admission	\$2,000 per admission
Hospital Confinement	\$100/\$200 per day up to 15 per year	\$100/\$200 per day up to 15 per year
Hospital Indemnity Costs		
Coverage Tier	Plan 1	Plan 2
Employee Only	\$17.25	\$30.31
Employee + Spouse	\$36.10	\$63.65
Employee + Children	\$27.53	\$48.01
Family	\$46.38	\$81.35

Supplemental Insurance Cont.

Critical Illness Insurance - VOYA

What It Covers:

- Provides a lump-sum payment if you are diagnosed with a serious illness such as cancer, heart attack, stroke, or other critical conditions.
- Helps with medical expenses and non-medical costs, such as home care, travel for treatment, or even everyday expenses like rent or groceries.

Why It's Important:

- Major illnesses often come with significant financial burdens beyond just medical bills. This coverage helps ease those burdens so you can focus on recovery.
- Offers a safety net for both you and your family during one of life's most challenging times.

Critical Illness Costs		
Premiums	Based on age and income, calculated during enrollment.	
Coverage Amounts	Plan 1	Plan 2
Employee	\$10,000	\$20,000
Spouse	\$10,000	N/A
Child	\$5,000	N/A
Sample Payment Amounts		
Heart Attack	100% of your election amount	
Cancer	100% of your election amount	
Stroke	100% of your election amount	
Kidney Failure	100% of your election amount	
Infectious Disease	25% of your election amount	

Employees enrolled in Health Plan 3 are automatically enrolled in a \$5,000 Critical Illness Plan.

Beneficiary information entered during enrollment.

Dependent Care

Flexible Spending Account – The Employee Benefits Corporation

Dependent Care Flexible Spending Accounts through The Employee Benefits Corporation can be used for expenses incurred to care for your children aged 12 and younger, as well as your adult tax dependents, who require care while you are at work. Dependent Care FSA Can help you save money for dependent daycare services for your family. FSA funds are deducted from your paycheck before taxes, so the money deposited into the account is tax free which saves you money.

\$5,000 maximum contribution in 2025.

Who is eligible

Children: 12 years of age and younger (at the time of service) who live with you for more than half the year.

Spouse: who is unable to mentally or physically care for themself and who live with you more than half of the year.

Qualifying Relatives: who are unable to mentally or physically care for themselves, who live with you for more than half of the year, and whose gross income is less than the IRS-specified amount.

Dependent Care Expenses

- Day care costs for children under 12, spouses, parents, or grandparents.
- Services provided in or out of your house (a sitter's home or daycare facility)
- You must enroll each year to participate, elections do not roll over each year.

Employee Assistance Program

All One Health

Monroe County Government offers an Employee Assistance Program (EAP) through All One Health to provide confidential support and resources for employees and their families. The EAP is designed to help with personal or work-related challenges, offering services such as counseling, stress management, legal and financial advice, and assistance with family or relationship issues. This program is available at no cost to you and ensures that you have access to professional help when you need it most, helping to promote your overall well-being both at work and at home.

Retirement

Indiana Public Employers Retirement System (PERF)

Monroe County Government participates in the Indiana Public Employers Retirement System, a retirement program designed to provide financial security for public employees after their careers. INPRS offers both a **Defined Benefit Pension Plan** and a **Defined Contribution Plan**, giving you a reliable source of income upon retirement. The pension plan is funded by employer contributions and is based on factors such as years of service and salary, while the defined contribution plan allows employees to make pre-tax contributions to their retirement savings. Together, these plans help ensure a stable and dependable retirement income for eligible employees, giving you peace of mind as you plan for your future.

Defined Contribution Plan

What It Is:

- A retirement savings plan, like a 401(k), where both you and the employer can contribute a portion of your salary toward your retirement.

How It Works:

- Monroe County Government contributes 3% of your pay into your defined contribution account each pay period.
- Employees may voluntarily contribute up to 10% of their pay each pay period.
 - This can be changed at any time.

Pension Plan

What It Is:

- A traditional retirement plan funded by the employer that provides a guaranteed income stream after you retire, based on factors like salary and years of service.

How It Works:

- Monroe County Government contributes 11.2% of your pay into the Pension fund each pay period.
- Once you retire, the pension plan pays you a fixed monthly benefit for life, giving you a reliable income during retirement.

Retirement cont.

Sheriff Retirement

Monroe County Government offers eligible law enforcement personnel participation in the Indiana Sheriff Retirement Plan, which is specifically designed to provide retirement benefits for sheriffs and deputy sheriffs across Indiana. This plan is through One America. The pension plan provides a guaranteed monthly income upon retirement, calculated based on years of service and salary. This benefit offers financial security and peace of mind for law enforcement officers as they plan for retirement.

457b Plan – One America

Monroe County Government offers employees the opportunity to participate in a 457(b) Retirement Plan, a tax-deferred compensation plan available to public employees. This plan allows you to contribute a portion of your pre-tax income, which reduces your taxable income today while helping you save for the future. Contributions to the 457(b) plan grow tax-deferred, and you won't pay taxes on the money until it's withdrawn in retirement. This plan provides flexibility, allowing for additional retirement savings on top of other retirement plans, such as the Indiana Public Employers Retirement System (INPRS). The 457(b) plan is especially beneficial for employees who want to maximize their retirement savings and have more control over their financial future.

Sheriff 457b Plan – One America

The Indiana Sheriffs 457(b) Plan is a deferred compensation plan designed to help law enforcement personnel save for retirement. Employees of the County Sheriff's Department can make pre-tax contributions or after-tax Roth contributions from their pay. These contributions are held in trust and grow tax-deferred until retirement or separation from service. Participants have flexibility in choosing how their deferrals are invested from a variety of available funds.

Key features of the plan include

- **Pre-Tax Contributions:** Contributions are made before taxes and are taxed upon withdrawal.
- **Roth Contributions:** Contributions are made after taxes, and withdrawals (including earnings) are tax-free if certain conditions are met.
- **Catch-Up Contributions:** Employees over 50 can contribute extra, and those nearing retirement may defer additional amounts.
- **Investment Flexibility:** A range of investment options are available, allowing employees to tailor their retirement savings strategy.

Glossary of Terms

Open enrollment is the time of year reserved for you to make changes to your benefit elections, and unfamiliar terms can make this process confusing. Use these definitions of common enrollment terms to help you navigate your benefits options.

Coinsurance: The amount or percentage that you pay for certain covered health care services under your health plan. This is typically the amount paid after a deductible is met and can vary based on the plan design.

Consumer Driven Health Care (CDHC): Health insurance programs and plans that are intended to give you more control over your health care expenses. Under CDHC plans, you can use health care services more effectively and have more control over your health care dollars. CDHC plans are designed to be more affordable because they offer reduced premium costs in exchange for higher deductibles. Health Reimbursement Arrangements (HRAs) and Health Savings Accounts (HSAs) are common examples of CDHC plans.

Copayment: A flat fee that you pay toward the cost of covered medical services.

Covered Expenses: Health care expenses that are covered under your health plan.

Deductible: A specific dollar amount you pay out of pocket before benefits are available through a health plan. Under some plans, the deductible is waived for certain services.

Dependent: Individuals who meet eligibility requirements under a health plan and are enrolled in the plan as a qualified dependent.

Employee Contribution: The amount you pay for a health plan in exchange for coverage.

Flexible Spending Account (FSA): An account that allows you to save tax-free dollars for qualified medical and/or dependent care expenses that are not reimbursed. You determine how much you want to contribute to the FSA at the beginning of the plan year. Most funds must be used by the end of the year, as there is only a limited carryover amount.

Health Savings Account (HSA): An employee-owned medical savings account used to pay for eligible medical expenses. Funds contributed to the account are pre-tax and do not have to be used within a specified time period. HSAs must be coupled with qualified high-deductible health plans (HDHP).

High Deductible Health Plan (HDHP): A qualified health plan that combines very low monthly premiums in exchange for higher deductibles and out-of-pocket limits. These plans are often coupled with an HSA.

In-network: Health care received from your primary care physician or from a specialist within an outlined list of health care practitioners.

Inpatient: A person who is treated as a registered patient in a hospital or other health care facility.

Medically Necessary (or medical necessity): Services or supplies provided by a hospital, health care facility or physician that meet the following criteria: (1) are appropriate for the symptoms and diagnosis and/or treatment of the condition, illness, disease or injury; (2) serve to provide diagnosis or direct care and/or treatment of the condition, illness, disease or injury; (3) are in accordance with standards of good medical practice; (4) are not primarily serving as convenience; and (5) are considered the most appropriate care available.

Medicare: An insurance program administered by the federal government to provide health coverage to individuals aged 65 and older, or who have certain disabilities or illnesses.

Member: You and those covered become members when you enroll in a health plan. This includes eligible employees, their dependents, COBRA beneficiaries and surviving spouses.

Out-of-network: Health care you receive without a physician referral, or services received by a non-network service provider. Out-of-network health care and plan payments are subject to deductibles and copayments.

Out-of-pocket Expense: Amount that you must pay toward the cost of health care services. This includes deductibles, copayments, and coinsurance.

Out-of-pocket Maximum (OOPM): The highest out-of-pocket amount paid for covered services during a benefit period.

Preferred Provider Organization (PPO): A health plan that offers both in-network and out-of-network benefits. Members must choose one of the in-network providers or facilities to receive the highest level of benefits.

Primary Care Physician (PCP): A doctor that is selected to coordinate treatment under your health plan. This generally includes family practice physicians, general practitioners, internists, pediatricians, etc.

Federal Notices

The following notices are provided to inform you of your rights as an employee. Click the read more links for more information.

Newborns' & Mothers' Health Protection Act

The Newborns' and Mothers' Health Protection Act (the Newborns' Act) provides protection for mothers and their newborn children relating to the length of their hospital stays following childbirth. Under the Newborns' Act, the plan may not restrict benefits for a hospital stay in connection with childbirth to less than 48 hours (96 hours in the case of a cesarean section), unless the attending provider (in consultation with the mother) decides to discharge earlier.

Read more: <https://www.dol.gov/general/topic/health-plans/newborns>

Women's Health & Cancer Rights Act Of 1998

In accordance with the Women's Health and Cancer Rights Act of 1998, covered members who undergo a mastectomy, and who elect breast reconstruction in connection with the mastectomy, are entitled to coverage for: Reconstruction of the breast on which the mastectomy was performed; Surgery and reconstruction of the other breast to produce a symmetric appearance; Prosthesis and treatment of physical complications at all stages of the mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient. The coverage may be subject to coinsurance and deductibles consistent with those established for other benefits.

USERRA

The Uniformed Services Employment and Reemployment Rights Act (USERRA) Advisor assists veterans in understanding employee eligibility and job entitlements, employer obligations, benefits and remedies under USERRA. Your right to continue participation in the Plan during leaves of absence for active military duty is protected by USERRA. Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted. If the absence is for more than 31 days and not more than 12 weeks, you may continue to maintain your coverage under the Plan by paying premiums.

Read more: <https://www.dol.gov/agencies/vets/programs/userra>

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage. If you or your children aren't eligible, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov. Read more: www.healthcare.gov

Health Insurance Marketplace Coverage Options and Your Health Coverage

Under the Affordable Care Act (ACA), employers covered by the Fair Labor Standards Act (FLSA) are required to provide a notice to employees about the health insurance marketplace/exchanges of the state(s) in which they operate. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer. You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

Access this statement and forms can be found at:

<https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/model-notice-for-employers-who-offer-a-health-plan-to-some-or-all-employees.pdf>

Employer Notice

Terms of Use: Your Medical Information & Your Rights

This notice from your employer describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have questions, please contact your benefits administrator.

Read more: <https://apexbg.com/terms-of-use-your-medical-information-your-rights/>

The employee benefit programs described in this guide are effective in 2025. The information in this guide is a summary of your employers' benefits, and every attempt has been made to ensure its accuracy. The actual provisions of each benefit program will govern if there is any inconsistency between the information in this guide and your employer's formal Plan Documents, Plans, Summary Plan Descriptions, programs, policies, or contracts or any subsequent change in such plans, programs, policies, or contracts.

Indiana Public Employee Continuation of Coverage

If you are covered through a Group that is a local unit public employer, as defined by Indiana law, you may be eligible for continuation of coverage under this Plan beyond the date your coverage would otherwise end. Please see your Group's Human Resources or benefits department for further information concerning your eligibility for continuation of coverage.

Medicare Part D Notice

Important Notice from Monroe County Government About Your Prescription Drug Coverage and Medicare for 2025

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Monroe County Government and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan during the 2025 Medicare Open Enrollment. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Monroe County Government and their consultants have determined that the prescription drug coverage offered by the plan by is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Monroe County Government coverage may be affected.

If you do decide to join a Medicare drug plan and drop your current coverage with Monroe County Government be aware that you and your dependents may not be able to get this coverage back depending on your circumstances.

If you are an active employee and eligible for Medicare and decide to join a Medicare drug plan, your current coverage will not be affected if you do not drop the Monroe County Government coverage; your coverage will coordinate with Medicare D.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Monroe County Government and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Monroe County Government changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: October 14, 2024

Name of Entity/Sender: Monroe County Government

Contact--Position/Office: Elizabeth Sensenstein

Address: 100 W Kirkwood Avenue, Bloomington, IN 47404

Phone Number: 812-349-7314