



A Guide to Your 2018-2019 Benefits

We are pleased to provide you with this summary of Madison County Fiscal Court's Employee Benefit Program to assist you in making your benefit elections. While we are proud that we employ the finest talent available, we are equally proud to provide quality benefits to help bring security, financial health, and prosperity to you and your family. The objective of the Employee Benefits Program is to provide you and your eligible dependents with comprehensive coverage and protection through choices that enable you to select options that meet your individual needs. It is important to review the handout material closely.

Remember, if you choose not to enroll now, you must wait until next year's open enrollment, unless you experience a change in family status. When you experience a family status change, you have 31 days from the event to make necessary changes to your benefits. Family status changes are:

- ❖ Termination of your or your spouse's employment*
- ❖ Reduction in hours worked by you or your spouse*
- ❖ Marriage, Divorce or legal separation
- ❖ Death
- ❖ Addition of dependents

*Resulting in a loss of insurance coverage



Your Contacts

HUMAN RESOURCES

Madison County Fiscal Court
Rachel Tyler – HR Coordinator

859.624.4702

Rachel.Tyler@madisoncountky.us

MEDICAL

UMR

1.800.826.9781

www.umar.com

VISION/LIFE/AD&D/Disability Guardian

1.800.627.4200

www.guardiananytime.com

DENTAL

Delta Dental

1.800.955.2030

www.deltadentalky.com

VOLUNTARY INDIVIDUAL PRODUCTS

Aflac

800.992.3522

www.aflac.com

LEGALSHIELD PRODUCTS

Stephanie Boley

859.248.2443

sboley@legalshieldassociate.com

ABOUT THIS GUIDE

The following information is a quick overview of the benefits plans currently provided and is not to be interpreted as a complete disclosure of plans entitlement to any of the benefits described. We reserve the right to adjust, amend and revise benefits plans. In all cases of specific plan interpretations, receipt of benefits or entitlements, the actual plan document shall rule. You can contact your Human Resource Manager for the actual plan documents.

MEDICAL COVERAGE

You are provided with the option of two health plans including a Buy-Up Plan and a High-Deductible Health Plan with a Health Savings Account. Your network of doctors will be in the UMR Network, which is affiliated with the United Healthcare Network. The benefits provided below are just an overview, for more details please refer to the benefit summary.



Buy-Up Option (High Plan)	
Annual Deductible (Individual/Family)	\$1,000 / \$2,000
Annual Medical Out-of-Pocket Limit (Individual/Family)	\$2,600 / \$5,200
Annual Prescription Out-of-Pocket Limit	Combined with medical
Coinsurance	20%
Routine Preventive Care Visit	Covered in Full
Office Visit / Specialist Office Visit	\$25 / \$25 copay
Outpatient Surgery and Facility Charge	20% after deductible
Outpatient Diagnostic	20% after deductible
Out of Network Benefits	The UMR Network has out of network benefits; please refer to the benefit summary for more details.
Inpatient Hospital Services	
Inpatient Hospitalization	20% after deductible
Emergency Services	
Emergency Room	\$300 copay
Urgent Care	\$50 copay
Prescription Drugs	
Retail: Tier 1 / Tier 2 / Tier 3 / Tier 4	\$10/\$30/\$50/25%
Mail Order: Tier 1 / Tier 2 / Tier 3 / Tier 4	3 for 2
Bi-Monthly Payroll Deductions	
Employee Only	\$25
Employee + Spouse	\$185
Employee + Child(ren)	\$165
Family	\$351





High Deductible Health Plan with an HSA (Low Option)

Annual Deductible (Individual/Family)	\$3,000 / \$5,000
Annual Medical Out-of-Pocket Limit (Individual/Family)	\$5,000 / \$10,000
Annual Prescription Out-of-Pocket Limit	Combined with medical
Coinsurance	20%
Routine Preventive Care Visit	Covered in Full
Office Visit / Specialist Office Visit	20% after Deductible
Outpatient Surgery and Facility Charge	20% after Deductible
Outpatient Diagnostic	20% after Deductible
Out of Network Benefits	The UMR Network has out of network benefits; please refer to the benefit summary for more details.

Inpatient Hospital Services	
Inpatient Hospitalization	20% after Deductible
Emergency Services	
Emergency Room	20% after Deductible
Urgent Care	20% after Deductible
Prescription Drugs	
Retail: Tier 1 / Tier 2 / Tier 3 / Tier 4	20% after Deductible
Mail Order: Tier 1 / Tier 2 / Tier 3 / Tier 4	20% after Deductible

Bi-Monthly Payroll Deductions	
Employee Only	\$0
Employee + Spouse	\$168
Employee + Child(ren)	\$150
Family	\$319

Employer HSA Contribution	
Employee only	\$50/month
Employee and Family	\$100/month

Health Savings Accounts (HSA) through The HSA Authority

Employees receive funds from the employer to use to help satisfy the medical deductible. Employees are able to contribute additional funds to the HSA account throughout the year.

- Annual allowed amount for Single: \$3,450
- Annual allowed amount for Family: \$6,850
- Annual allowed additional amount for those age 55+ : \$1,000

After deductible is met employee pays 20% up to the maximum out of pocket limit.





Did you know? You have Teladoc



You have access to a doctor 24 hours, 7 days a week with Teladoc®.

You already have access to Teladoc and you can talk to a doctor now for or less.
Set up your account by web, phone or mobile app.

SET UP YOUR ACCOUNT IN 3 EASY STEPS



Contact Teladoc 24/7/365

Access to Teladoc's nationwide network of board-certified doctors is available to you by phone, video or mobile app.



Talk with a physician

A doctor will review your medical history and contact you in minutes.



Resolve the issue

A doctor will diagnose and prescribe medication, if medically necessary, to the pharmacy of your choice.

Talk to a doctor anytime!

Teladoc is just a click or call away!

 [Teladoc.com](https://www.teladoc.com)

 1-800-Teladoc



©2000-2017 Teladoc, Inc. All rights reserved. Complete disclaimer at [Teladoc.com](https://www.teladoc.com). Apple and the Apple logo are trademarks of Apple Inc., registered in the U.S. and other countries. App Store is a service mark of Apple Inc.

1210
123-1628

DENTAL COVERAGE



Plan Benefit Summary		
	Low Option In-Network	High Option In-Network
Annual Deductible/Individual		\$50
Annual Deductible/Family		\$150
Annual Plan Maximum (per person)		\$1,000
Waiting Period	12 months for Orthodontic Services	
Diagnostic and Preventive Services		
Oral evaluations, cleaning and fluoride	0%	0%
X-rays, sealants and space maintainers	0%	0%
Minor Services		
Routine Fillings	Deductible + 50%	Deductible + 20%
Simple Extractions	Deductible + 50%	Deductible + 20%
Root canal therapy	Deductible + 50%	Deductible + 20%
Simple denture repair	Deductible + 50%	Deductible + 20%
Oral surgery	Deductible + 50%	Deductible + 20%
Periodontic services	Deductible + 50%	Deductible + 20%
Major Services		
Inlays or crowns	N/A	Deductible + 50%
Prosthetic services (bridges, dentures, and partials)	N/A	Deductible + 50%
Orthodontic Services (\$1,000 lifetime maximum)		
Diagnosis and treatment plan	50% coinsurance	50% coinsurance
Minor treatment for tooth guidance	50% coinsurance	50% coinsurance

Bi-Monthly Payroll Deductions		
Employee Only	\$6.99	\$11.78
Employee + Spouse	\$14.26	\$24.01
Employee + Child(ren)	\$16.39	\$25.87
Family	\$26.11	\$41.79



Plan information is for illustrative purposes only. Please consult plan contract for specific benefit levels.

VISION COVERAGE

Plan Benefits Summary			
	In-Network	Out-of-Network	Frequency
Exam Copay	\$10	\$10	12 months
Exam Allowance	100%	\$50	12 months
Materials Copay	\$10	\$10	12 months
Base Lenses:			
Single Vision Allowance	100%	\$48	12 months
Bifocal Allowance	100%	\$67	12 months
Trifocal Allowance	100%	\$86	12 months
Lenticular Allowance	100%	\$126	12 months
Contact Lenses:			
Elective Allowance	\$130	\$105	12 months
Therapeutic Allowance	100%	\$210	12 months
Frame Retail Allowance	\$130	\$48	12 months
Materials Allowance	N/A	N/A	N/A

Plan information is for illustrative purposes only. Please consult plan contract for specific benefit levels.

Bi-Monthly Payroll Deductions

Employee Only	\$4.55
Employee + Spouse	\$7.96
Employee + Child(ren)	\$8.64
Family	\$13.21



BASIC LIFE and AD&D INSURANCE (Employer Paid)



Life insurance provides individuals and their families with financial protection. The need for life insurance protection depends on individual circumstances and financial situations. The Basic Life and Accidental Death & Dismemberment benefit is provided to all full-time staff working 30 or more hours per week at no cost to you! Please review the brief summary below.

SUMMARY OF BENEFITS	
Life Benefit	Active Full-Time Employees
Amount	\$25,000
Accidental Death & Dismemberment (AD&D)	
Amount	Your benefit is equal to the amount of your life benefit. The actual amount payable to you under this benefit is dependent on the severity of loss.
Benefits Reduction	30% at age 65
Waiver of Premium Benefit	For employees disabled prior to age 60, with premiums waived until age 65, if conditions are met
Duration of Benefits	To retirement
Conversion	Yes, with restrictions; see certificate of benefits.
Accelerated Life Benefit	A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan.

VOLUNTARY LIFE and AD&D INSURANCE (Employee Paid)

In addition to the company paid life insurance, full-time employees are eligible to purchase voluntary life and AD&D coverage for themselves at group rates. This voluntary coverage is available to all active full-time employees who work 30 or more hours per week. Employees pay the full cost of coverage. A rate table can be found in your Guardian enrollment packet.

Summary of Benefits	
Employee Benefit	\$10,000 increments to a maximum of \$300,000
Spouse Benefit	\$5,000 increments to a maximum of \$150,000
Dependent Child Benefit (birth to 26 years)	\$1,000 increments to a maximum of \$10,000
Accidental Death and Dismemberment	
Enhanced employee, spouse and child(ren) coverage. Maximum 1X life amount	
Guarantee Issue (only applies to first enrollment period after your date of hire). Late enrollees will be subject to providing evidence of insurability.	
Employee Benefit	\$100,000
Spouse Benefit	\$30,000
Dependent Child Benefit	\$10,000
Premiums	Increased on plan anniversary after you enter next five-year age group. Spouse premium based on Employee age.
Age Reduction	70% at age 75

Short-Term Disability

Should you become injured or sick and need to be out of work for an extended period of time, Short-Term Disability provides you with an income to pay every day bills and continue to support your family. Below is a rate table showing what you would pay per paycheck based on your age and annual salary, along with the weekly benefit that you would take home during your disability.

Weekly Benefit	Minimum Annual Salary Required	<30	30-34	35-39	40-44	45-49	50-54	55-59	60+
\$200	\$17,333	\$8.55	\$10.28	\$6.64	\$4.80	\$6.22	\$6.88	\$7.83	\$11.99
\$300	\$26,000	\$12.83	\$15.42	\$9.96	\$7.20	\$9.33	\$10.32	\$11.75	\$17.99
\$400	\$34,667	\$17.10	\$20.56	\$13.28	\$9.60	\$12.44	\$13.76	\$15.66	\$23.98
\$500	\$43,333	\$21.38	\$25.70	\$16.60	\$12.00	\$15.55	\$17.20	\$19.58	\$29.98
\$600	\$52,000	\$25.65	\$30.84	\$19.92	\$14.40	\$18.66	\$20.64	\$23.49	\$35.97
\$700	\$60,667	\$29.93	\$35.98	\$23.24	\$16.80	\$21.77	\$24.08	\$27.41	\$41.97
\$800	\$69,333	\$34.20	\$41.12	\$26.56	\$19.20	\$24.88	\$27.52	\$31.32	\$47.96
\$900	\$78,000	\$38.48	\$46.26	\$29.88	\$21.60	\$27.99	\$30.96	\$35.24	\$53.96
\$1,000	\$86,667	\$42.75	\$51.40	\$33.20	\$24.00	\$31.10	\$34.40	\$39.15	\$59.95
\$1,100	\$95,333	\$47.03	\$56.54	\$36.52	\$26.40	\$34.21	\$37.84	\$43.07	\$65.95

This is only a brief summary and explanation of your Life & AD&D, Voluntary Life, and Short Term Disability benefits. Please refer to plan documents for complete information, limitations and exclusions.

Summary of Products offered by Aflac:

For more information on Aflac Products please refer to Aflac brochures



We've got you under our wing.®

Accident Insurance Features

- Accident Treatment Benefit
- Hospitalization Benefit
- After Care Benefit
- Life-Changing Events Benefit

Coverage	Rates
Employee	\$8.67
Employee & Dependent Spouse	\$13.85
Employee & Dependent Child(ren)	\$18.55
Family	\$23.73

Hospital Indemnity

- Benefits payable based on hospitalization, treatment or surgery category. See Aflac material for more information.



Coverage	Rates
Employee	\$22.06
Employee & Dependent Spouse	\$42.53
Employee & Dependent Child(ren)	\$35.23
Family	\$55.70

Critical Illness

- Includes Cancer Benefit
- \$50 Health Screening Benefit Rider for additional \$1.26 per pay
- \$250 Skin Cancer Benefit

	Employee	Spouse		Employee	Spouse
	\$20,000	\$10,000		10,000	\$5,000
18-25	3.41	2.02	18-25	2.02	1.32
26-30	4.7	2.67	26-30	2.67	1.65
31-35	5.68	3.15	31-35	3.15	1.89
36-40	7.67	4.15	36-40	4.15	2.39
41-45	9.36	4.99	41-45	4.99	2.81
46-50	11.28	5.95	46-50	5.95	3.29
51-55	17.88	9.25	51-55	9.25	4.94
56-60	16.63	9.13	56-60	9.13	4.88
61-65	36.67	18.65	61-65	18.65	9.64
66-70	64.87	32.75	66-70	32.75	16.69
71+	64.87	32.75	71+	32.75	16.69

This is only a brief summary and explanation of your Aflac benefits. Please refer to plan documents for complete information, limitations and exclusions.



HAVE YOU EVER?

- Needed your Will prepared or updated
- Been overcharged for a repair or paid an unfair bill
- Had trouble with a warranty or defective product
- Signed a contract
- Received a moving traffic violation
- Had concerns regarding child support
- Worried about being a victim of Identity theft
- Been concerned about your child's identity
- Lost your wallet
- Worried about entering personal information online
- Feared the security of your medical information
- Been pursued by a collection agency

THE LEGALSHIELD MEMBERSHIP INCLUDES:

- Dedicated Law Firm**
Legal Advice/Consultation on unlimited personal issues
- Letters/Calls made on your behalf**
- Contracts/Documents Reviewed** up to 15 pages
- Residential Loan Document Assistance**
Lawyers prepare your Will/Living Will/Health Care Power of Attorney/Financial Power of Attorney
- Speeding Ticket Assistance**
- IRS Audit Assistance**
- Trial Defense** (if named defendant/respondent in a covered civil action suit)
- Uncontested Divorce, Separation, Adoption and/or Name Change Representation** (available 90 days after enrollment)
- 25% Preferred Member Discount** (bankruptcy, criminal charges, DUI, personal injury, etc.)
- 24/7 Emergency Access** for covered situations

Put your law firm in the palm of your hand with the LegalShield mobile app



LegalShield legal plans cover the member; member's spouse/partner, never married dependent children under 26 living at home; dependent children under the age 18 for whom the member is the legal guardian; never married dependent children up to age 26 if a full-time college student; or physically or mentally disabled dependent children.

THE IDSHIELD MEMBERSHIP INCLUDES:

- Social Media Monitoring**
Allows you to monitor multiple social media accounts and content feeds for privacy and reputational risks.
- Privacy and Security Monitoring**
Internet monitoring of your name, date of birth, SSN, email address, phone numbers, and more. Monthly credit score tracking. With the family plan, Minor Identity Protection is included and provides monitoring for up to 8 children under the age of 18 for no additional cost.
- Consultation**
Your identity protection plan includes 24/7/365 live support for covered emergencies, unlimited counseling, identity alerts, data breach notifications and lost wallet protection.
- Full Identity Restoration**
Complete identity recovery services by Kroll Licensed Private Investigators to its pre-theft status.
- \$5 Million Service Guarantee**
We'll do whatever it takes for as long as it takes to help recover and restore your identity.

Put Identity Theft Protection in the palm of your hand with the IDShield mobile app



IDShield family coverage includes the member, members spouse and up to 8 minor children under the age of 18.

Dependents age 18-26 receive consultation and restoration only.

SAVE With MemberPerks

Your LegalShield and IDSHIELD memberships are amazing. And, in addition to the privileges that are already yours, we have added MemberPerks with over 400 retail and service provider discounts. Members can access savings at both national and local companies on everyday purchases such as cell phone and cable bill discounts, electronics, tickets, apparel, travel and more. Members save on average over \$2,000 per year. MemberPerks can save you enough to cover your membership for years to come and It's Free with your membership!

Payroll	FAMILY	INDIVIDUAL
Semi Monthly		
LegalShield	\$ 9.48	\$ 8.48
IDShield	\$ 9.48	\$ 4.48
Combined	\$16.95	\$12.95

FOR MORE INFORMATION,
CONTACT YOUR
INDEPENDENT ASSOCIATE:

Stephanie Boley
sboley@legalshieldassociate.com
859.248.2443