



Franklin County 2023 Benefit Overview | County

This is a summary of benefits offered to County of Franklin employees. Benefits are available to eligible employees who work 30 or more hours per week. Benefits begin on the first of the month, following 60 days of employment. This information does not guarantee benefits or employment with County of Franklin. Detailed benefit information is provided upon employment with Franklin County.

County Pension:

Active employees working at least 1,000 hours per year are required to make a **mandatory 9% pre-tax contribution** to the interest bearing retirement fund. Contributions are collected on every pay period.

Holidays (11 observed days):

New Year's Day	Martin Luther King Day	Good Friday
Memorial Day	Independence Day	Labor Day
Veteran's Day	Thanksgiving Day	Day after Thanksgiving
Christmas Holidays (2 Days)		

Paid Time Off (PTO):

Eligible employees earn PTO based on length of service and employment status (full-time hourly or full-time salary). PTO hours begin accumulating on the first day of employment and may be used after successful completion of employees first 30 days of employment. PTO is earned per pay period and can only be used if earned and in PTO bank.

PTO Overview:

37.50 hours/week employees				40.00 hours/week employees			
<u>Years of Service</u>	<u>Hours</u>	<u>Days</u>	<u>Per Pay</u>	<u>Years of Service</u>	<u>Hours</u>	<u>Days</u>	<u>Per Pay</u>
0-5	180.00	24	6.924	0-5	192.00	24	7.385
6-10	210.00	28	8.077	6-10	224.00	28	8.616
11-15	247.50	33	9.520	11-15	264.00	33	10.154
16-20	262.50	35	10.097	16-20	280.00	35	10.770
21+	270.00	36	10.385	21+	288.00	36	11.077

Tuition Reimbursement:

Employees that successfully complete their probationary period may apply for Tuition Reimbursement, up to \$5,000 per calendar year. Reimbursement is based on Department Head & HR approval prior to the class beginning as well as employee's final grade.



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All supplemental/voluntary benefit deductions, account contributions, as well as incentives and surcharges, are collected on a 24 pay schedule out of 26 pays for the calendar year 2023.

Term Life Insurance:

The County of Franklin provides a \$20,000 life/accidental death policy to each full-time benefit eligible employee. Additional life insurance for you, a spouse, & dependent(s) can be purchased during specified enrollment periods.

Deferred Compensation – 457(b) Retirement Plan:

Employees may elect to participate in a supplemental retirement investment/savings account which offers pre-tax contributions through payroll. Any elections are in addition to and separate from the County Pension Plan.

Voluntary Benefits:

Employees may purchase additional voluntary benefits such as: Short Term Disability, Long Term Disability, Cancer Insurance, Accident Insurance, Universal Life Insurance, and Dependent Life Insurance. Premiums are based on type of coverage, current age, and income.

Vision:

Offered with Highmark/Davis Vision. Enrollment in the Health Plan is not required to elect vision coverage. Employees may obtain one examination and one set of either frames or contact lenses every 12 months. Plan limitations apply. (Costs on page 5)

Dental:

Offered with United Concordia Dental. Enrollment in the Health Plan is not required to elect dental coverage. Plan covers diagnostic & preventive services at 100%, Basic Services at 80% and Major Services at 50%. Dental “buy-up” plan offers a \$2,000 lifetime maximum in Orthodontia coverage - available to adults and dependents. (Costs on page 5)

Health Plan:

The County offers employees the option between two qualified high-deductible health plans (QHDHP); as defined by the Internal Revenue Service (IRS), through Highmark Blue Cross Blue Shield. It is designed for use with a Health Savings Account (HSA). Prescriptions are integrated with the Medical Deductible. Plan Option 1: \$3,000 Individual Deductible (\$5,000 Max. Out-of-Pocket) and \$6,000 2-Person/Family Deductible (\$10,000 Max. Out-of-Pocket). Plan Option 2: \$4,000 Individual Deductible (\$6,000 Max. Out-of-Pocket) and \$8,000 2-Person/Family Deductible (\$12,000 Max. Out-of-Pocket). Additional details can be found on page 4. (Costs on page 5)

Health Savings Account (HSA):

HSA's are offered through WealthCare Saver with Highmark health insurance for qualified employees. County of Franklin presently makes an upfront contribution to eligible employee's accounts upon



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election of health coverage. The amount is pro-rated based on benefit eligibility date. In addition, the County offers an additional contribution program. (Additional details on page 5).

Flexible Spending Account (FSA):

Employees are eligible to enroll in the FSA if they're NOT enrolled with County offered HSA health plan OR are ineligible to participate in the HSA. Maximum annual contribution for plan year 2023 is \$3,050. This amount is pro-rated based on date of hire. Contributions are on a pre-tax basis. The IRS "use it or lose it" rule applies.

Dependent Care Account (DCA):

All benefit eligible employees are eligible to contribute. There is a maximum of \$5,000 per household, per year. Contributions are on a pre-tax basis. The IRS "use it or lose it" rule applies.

County Medical Opt-Out Incentive:

Benefit eligible employees that decline Medical/Rx coverage with the County of Franklin and provide proof of other credible employer-sponsored coverage during their enrollment period (NOT County of Franklin, Market Place, State Medicaid, Medicare, or TriCare coverage) may be eligible for a \$1,500 Opt-Out Incentive. The \$1,500 is pro-rated for new hires based on eligibility date and is distributed over 24 pay periods.

	Per Pay	Annual
Incentive	\$62.50	\$1,500

Spousal Surcharge:

Franklin County is committed to offering employees and their family's quality health care coverage. Franklin County allows spouses to be enrolled with the offered Health Insurance plan; however, if the spouse has other employer-sponsored health coverage available, the County charges an additional surcharge. A \$45.00 per pay surcharge will apply IF other medical coverage is available to your spouse. A certification/affidavit form must be completed.

	Per Pay	Annual
Surcharge	\$45.00	\$1,080.00

Wellness Program:

Franklin County is committed to our employees' health and well-being. An extensive wellness program is offered where employees work all year to earn points. If you earn the required amount of points you are eligible to receive the wellness incentive during plan year 2024!



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Summary of Health Benefits with Highmark Blue Cross Blue Shield:

Benefit	Option 1	Option 2
General Provisions		
Benefit Period	Contract Year	
Deductible (per benefit period)		
Employee Only Plan	\$3,000	\$4,000
Family Plan	\$6,000	\$8,000
Plan Pays – payment based on the plan allowance	100% after Deductible	70% after Deductible
Out-of-Pocket Limit (Includes deductible, prescription drug expenses, coinsurance and copayments. Once met, plan pays 100% coinsurance for the rest of the benefit period)		
Employee Only Plan	\$5,000	\$6,000
Family Plan	\$10,000	\$12,000
Total Maximum Out-of-Pocket (Includes deductible, coinsurance, copays, prescription drug cost sharing and other qualified medical expenses, Network only) Once met, the plan pays 100% of covered services for the rest of the benefit period.		
Employee Only Plan	\$5,000	\$6,000
Family Plan	\$10,000	\$12,000
Office/Clinic/Urgent Care Visits		
Primary Care Provider Office Visits & Virtual Visits	\$20 copayment after Deductible	\$20 copayment after Deductible
Specialist Office Visits	\$40 copayment after Deductible	\$40 copayment after Deductible
Virtual Visit Originating Site Fee	100% after Deductible	100% after Deductible
Urgent Care Center Visits	\$75 copayment after Deductible	\$75 copayment after Deductible
Telemedicine	\$15 copayment after Network Deductible	\$15 copayment after Network Deductible
Preventive Care		
Routine Adult & Routine Pediatric	100% (Deductible does not apply)	100% (Deductible does not apply)
Hospital and Medical/Surgical Expenses (including maternity)		
Hospital Inpatient & Outpatient & Maternity	100% after Deductible	100% after Deductible
Emergency Services		
Emergency Room Services	\$125 copayment after network deductible (copayment waived if admitted)	
Ambulance - Emergency	100% after Deductible	100% after Deductible
Prescription Drugs		
Prescription Drug Deductible	Integrated with medical Deductible	
Individual	Integrated with medical Deductible	
Family	Integrated with medical Deductible	
Prescription Drug Program	Retail Drugs (31/60/90-day Supply)	
Defined by the National Plus Pharmacy Network - Not Physician Network. Prescriptions filled at a non-network pharmacy are not covered.	\$3/\$6/\$9 Low Cost Generic Copay after deductible	
	\$20/\$40/\$60 Generic Copay after deductible	
	\$40/\$80/\$120 Brand Formulary Copay after deductible	
	\$70/\$140/\$210 Brand Non-Formulary Copay after deductible	
	Maintenance Drugs through Mail Order (90-day Supply)	
	\$6 Low Cost Generic Copay after deductible	
	\$40 Generic Copay after deductible	
	\$100 Brand Formulary Copay after deductible	
	\$210 Brand Non-Formulary Copay after deductible	
Your plan uses the Comprehensive Formulary with an Open Benefit Design.		

Preventive Medication List – Deductible does not apply to medications identified on the Preventive Medication List.

Defined by the National Plus Pharmacy Network – Not Physician Network. Prescriptions filled at a non-network pharmacy are not covered.



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Employee Premium Rates (Per 24 Pays):

	Employee Only	2-Person	Family
Highmark, BCBS – Medical/Rx Option 1	\$50.26	\$125.42	\$135.73
Highmark, BCBS – Medical/Rx Option 2	\$45.04	\$112.35	\$121.57
United Concordia – Dental Base Plan	\$5.43	\$13.74	\$19.41
United Concordia – Dental Orthodontia “Buy-up”	\$7.38	\$18.68	\$26.39
Highmark/Davis Vision	\$2.70	\$5.39	\$8.08

HSA Upfront County Contribution Schedule:

The upfront contribution amount is determined by the employee’s benefit eligibility month, not the employee’s month of hire.

UPFRONT County Contributions – HSA Accounts (Based on Benefit Eligibility Date)			
January	\$750.00	July	\$375.00
February	\$687.50	August	\$312.50
March	\$625.00	September	\$250.00
April	\$562.50	October	\$187.50
May	\$500.00	November	\$125.00
June	\$437.50	December	\$62.50