



MISSOURI AFFILIATED GOVERNMENTS INSURANCE CONSORTIUM



# 2024 McDonald County Benefit Enrollment



# ENROLL FOR 2024 BENEFITS

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**McDonald County** is proud to offer a comprehensive benefits package to eligible, full-time employees who work 30 hours per week. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

### **BENEFITS OFFERED**

- Medical

### **ELIGIBILITY**

You and your dependents are eligible for McDonald County benefits the first of the month following 60 days.

Elected officials: date of hire

Eligible dependents are your spouse, children under age 26, disabled dependents of any age.

Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 30 days.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.



# MEDICAL & PHARMACY

## Administered by UMR

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventing screenings provide a no-cost review of your health if you use an in-network provider. Small problems can potentially

	\$4,500 PPO	\$6,000 PPO
	In-Network	In-Network
Lifetime Benefit Maximum	Unlimited	Unlimited
Annual Deductible	\$4,500 single / \$9,000 family	\$6,000 single / \$12,000 family
Annual Out-of-Pocket Maximum	\$7,000 single / \$14,000 family	\$8,150 single / \$16,300 family
Coinsurance	20%	10%
<b>DOCTOR'S OFFICE</b>		
Primary Care Office Visit	\$40 Copay (Under Age 19 \$0 Copay)	\$30 Copay (Under Age 19 \$0 Copay)
Specialist Office Visit	\$60 Copay	\$50 Copay
Wellness Care (screening, immunization)	0%	0%
Urgent Care	\$100 Copay	\$100 Copay
Diagnostic Test (x-ray, blood work)	20% after deductible	Lab - Designated Network: Covered 100%; Network: 10% after deductible; X-ray: 10% after deductible
Imaging (CT/PET scans, MRIs)	20% after deductible	10% after deductible
<b>PRESCRIPTION DRUGS</b>	<b>RX Deductible \$100/\$300</b>	<b>RX Deductible \$100/\$300</b>
Retail—Tier 1 Drugs (30-day supply)	\$10 copay	\$10 copay
Retail—Tier 2 Drugs (30-day supply)	\$35 copay	\$35 copay
Retail—Tier 3 Drugs (30-day supply)	\$70 copay	\$70 copay
Retail—Tier 4 Drugs (30-day supply)	N/A	N/A
Specialty Drugs (30-day supply)	N/A	N/A
Mail Order—Tier 1 Drugs (90-day supply)	\$25 copay	\$25 copay
Mail Order—Tier 2 Drugs (90-day supply)	\$87.50 copay	\$87.50 copay
Mail Order—Tier 3 Drugs (90-day supply)	\$175 copay	\$175 copay
Mail Order—Tier 4 Drugs (90-day supply)	N/A	N/A



# MEDICAL & PHARMACY

	\$4,500 PPO	\$6,000 PPO
	In-Network	In-Network
<b>HOSPITAL SERVICES</b>		
Emergency Room	\$300 Copay and 20% Coinsurance	\$300 Copay and 10% Coinsurance
Inpatient	20% after deductible	10% after deductible
Outpatient Surgery	20% after deductible	10% after deductible
Ambulance Service	20% after deductible	10% after deductible
<b>MENTAL HEALTH SERVICES</b>		
Inpatient Services	20% after deductible	10% after deductible
Outpatient Services	20% after deductible	10% after deductible
<b>SUBSTANCE ABUSE SERVICES</b>		
Inpatient Services	20% after deductible	10% after deductible
Outpatient Services	20% after deductible	10% after deductible
<b>OTHER SERVICES</b>		
Maternity Services	20% after deductible	10% after deductible
All other maternity hospital/ physician services	20% after deductible	10% after deductible
Muscle Manipulation Services (20 visits per year)	20% after deductible	10% after deductible
Physical, Occupational and Speech Therapy Services (20 combined visits per year)	20% after deductible	10% after deductible
Skilled Nursing (60 days per year)	20% after deductible	10% after deductible

\*Out-of-network emergency services are covered at the network benefit level.



# MEDICAL & PHARMACY

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	\$6,000 H.S.A
	In-Network
Lifetime Benefit Maximum	Unlimited
Annual Deductible	\$6,000 single / \$12,000 family
Annual Out-of-Pocket Maximum	\$6,000 single / \$12,000 family
Coinsurance	0%
<b>DOCTOR'S OFFICE</b>	
Primary Care Office Visit	0% after deductible
Specialist Office Visit	0% after deductible
Wellness Care (screening, immunization)	0%
Urgent Care	0% after deductible
Diagnostic Test (x-ray, blood work)	0% after deductible
Imaging (CT/PET scans, MRIs)	0% after deductible
<b>PRESCRIPTION DRUGS</b>	<b>RX Deductible \$100/\$300</b>
Retail—Tier 1 Drugs (30-day supply)	0% after deductible
Retail—Tier 2 Drugs (30-day supply)	0% after deductible
Retail—Tier 3 Drugs (30-day supply)	0% after deductible
Retail—Tier 4 Drugs (30-day supply)	0% after deductible
Specialty Drugs (30-day supply)	0% after deductible
Mail Order—Tier 1 Drugs (90-day supply)	0% after deductible
Mail Order—Tier 2 Drugs (90-day supply)	0% after deductible
Mail Order—Tier 3 Drugs (90-day supply)	0% after deductible
Mail Order—Tier 4 Drugs (90-day supply)	0% after deductible



# MEDICAL & PHARMACY

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<b>MENTAL HEALTH SERVICES</b>	
Inpatient Services	0% after deductible
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# HEALTH SAVINGS ACCOUNT

All plan offerings use the UMR network and cover 100% of the cost for preventive care services like annual physicals and routine immunizations. The way you pay for care is different with each plan.

With the HDHP, you pay the full negotiated cost for medical services and prescription drugs until you meet your annual deductible. If you meet the deductible, you and the plan share the costs (coinsurance) until you reach the annual out-of-pocket maximum. After that, the plan pays for 100% of your claims for the rest of the year. Your paycheck deductions for this plan are lower than the PPO plan.

The PPO plan has set copays for some services and a deductible and coinsurance for others. Copays do not apply toward your deductible, so you will pay copays until you reach your annual out-of-pocket maximum. This plan has higher paycheck deductions

	HDHP	PPO Plan
<b>Per-paycheck Cost for Coverage</b>	See Rate Sheet	See Rate Sheet
<b>Annual Deductible (Individual/Family)</b>	\$6,000 / \$12,000	Varies By Plan
<b>Annual Out-of-pocket Maximum</b>	\$6,000 / \$12,000	Varies By Plan
<b>Using the Plan</b>	Pay less with each paycheck and more when you need care	Pay more with each paycheck and less when you need care
<b>Spending Account Options</b>	Health savings account (HSA)	None

## PAYING FOR HEALTH CARE

County of McDonald offers several ways to set aside pre-tax dollars to pay for medical, prescription drug, dental and vision care expenses. The health care accounts available to you depend on the medical plan you choose.

	HSA
<b>What medical plan can I choose?</b>	HDHP
<b>What expenses are eligible?</b>	Medical, prescription, dental & vision care (See <a href="#">IRS publication 502</a> for a full list)
<b>When can I use the funds?</b>	Funds are available as you contribute to the account
<b>Can I roll over funds each year?</b>	Yes, funds roll over from year-to-year and are yours to keep (even if you change jobs)
<b>How much can I contribute each year?</b>	You can contribute \$4,150 for individual coverage or \$8,300 for family coverage (this total includes company funding) in 2024
<b>How much does my Employer contribute each year?</b>	Your Employer contributes \$50 per pay period.



# EMPLOYEE CONTRIBUTIONS

## EMPLOYEE CONTRIBUTIONS FOR BENEFITS WITH WELLNESS INCENTIVE

BENEFIT PLAN	EMPLOYEE MONTHLY COST
<b>\$4,500 PPO</b>	
Employee	\$229.44
Employee + Spouse	\$1,139.91
Employee + Child(ren)	\$835.92
Family	\$1,874.93

BENEFIT PLAN	EMPLOYEE MONTHLY COST
<b>\$6,000 PPO</b>	
Employee	\$198.14
Employee + Spouse	\$1,075.63
Employee + Child(ren)	\$782.65
Family	\$1,784.05

BENEFIT PLAN	EMPLOYEE MONTHLY COST
<b>\$6,000 H.S.A</b>	
Employee	\$75.93
Employee + Spouse	\$824.82
Employee + Child(ren)	\$574.78
Family	\$1,429.41





# EMPLOYEE CONTRIBUTIONS

## EMPLOYEE CONTRIBUTIONS FOR BENEFITS

BENEFIT PLAN	EMPLOYEE MONTHLY COST
<b>\$4,500 PPO-BU9X MOD 4</b>	
Employee	\$249.44
Employee + Spouse	\$1,159.91
Employee + Child(ren)	\$855.92
Family	\$1,894.93

BENEFIT PLAN	EMPLOYEE MONTHLY COST
<b>\$6,000 PPO- BU9X MOD 5</b>	
Employee	\$218.14
Employee + Spouse	\$1,095.63
Employee + Child(ren)	\$802.65
Family	\$1,804.05

BENEFIT PLAN	EMPLOYEE MONTHLY COST
<b>\$6,000 H.SA - BKOJ</b>	
Employee	\$95.93
Employee + Spouse	\$844.82
Employee + Child(ren)	\$594.78
Family	\$1,449.41



# NOTES



*This benefit summary prepared by*



Insurance | Risk Management | Consulting

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.