

## 6700 Merle Hav Road, Johnston, IA 50131 • 515-278-5233 • info@iohnstonlibrarv.ora

The City of Johnston is committed to a comprehensive employee benefit program that helps our employees stay healthy, feel secure, and maintain a work/life balance.

Detailed information, including coverage and contribution amounts, is available on the City's Employee Benefit Console at <u>myjohnstonbenefits.com</u>. The class code log on is CityofJohnston (all one word and case specific).

# Employee Benefit Offerings

MEDICAL The City offers two medical plan options for employees to choose from: Option 1: Traditional Wellmark PPO Plan Premium Contributions vary by employee group - see EBC for additional information \$500 single/\$1000 family deductible \$1500 single/\$3000 family Out of Pocket Maximum \$25 Primary Care Office Visit Copay \$35 Specialist Office Visit Copay \$200 Emergency Room Copay (followed by deductible and coinsurance) Prescription Drug Copays

Tier 1 - \$10 Tier 2 - \$35 Tier 3 - \$50 Biosimilars - \$75 Specialty - \$100

## **Option 2: High Deductible Health Plan with Health Savings Account**

The City also makes a monthly contribution to eligible employees participating in a Health Savings Account with the city's banking partner. Employee Only - \$100 Employee + Spouse - \$130 Employee + Children - \$130 Family - \$175 \$2500 Single / \$5000 Family deductible \$2500 Single / \$5000 Family Out of Pocket maximum

### DENTAL

Delta Dental of Iowa PPO - Checkups Plus Annual Deductible - \$15 employee only, \$45 family Preventive Care - 100%, deductible waived Basic Coverage - 90/10 after deductible Major Coverage - 50/50 after deductible



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#### Short-Term and Long-Term Disability - Including Tax Choice

City pays 100% of the monthly premium for these coverages. Tax Choice - choose annually to pay tax on the premium to receive tax free benefit payment.

#### Life and AD&D Insurance

City pays 100% of the monthly premium 1x salary coverage

- Voluntary coverage is available with maximum of 5x salary or \$300,000 in \$10,000 increments. Guarantee issue of \$100,000
- Spousal coverage is also available in \$5000 increments to a \$100,000 max (not to exceed employee's coverage) Guarantee issue of \$10,000
- Child(ren) coverage is available in \$2500 increments to a max of \$10,000

#### IPERS/457 Deferred Compensation Plan Voya RIC

### Vision

Voluntary coverage - Delta Vision EyeMed

### EAP

Employer paid through Employee & Family Resources Employee Assistance Program. Offers online, in-person, or telephone consultations with experienced counselors on a variety of topics.

**Symetra Accident & Critical Illness** Voluntary coverage **Holiday and PTO** 11 paid holidays

PTO accrual at 8.38 hours bi-weekly