

**PORTAGE COUNTY HEALTH PLAN
SUMMARY OF BENEFITS
JANUARY 1, 2024 THROUGH DECEMBER 31, 2024**

You must contact **Employee Benefits at 330-297-5326** to enroll in employee benefits. Benefits begin on the first day of employment. Therefore, it is important to contact Employee Benefits as soon as possible following your first day of full-time employment. Deadline to enroll in employee benefits is 31 days after the employee becomes eligible. In addition, notify Employee Benefits of any qualifying event as well other changes in contact information. All qualifying event changes must be made within 31 days. All terminations and retirements must be reported to Employee Benefits immediately for COBRA notification.

New full-time employees are eligible for benefits as follows:

Medical:	Date of Hire
Vision/Hearing	Date of Hire
Dental:	Date of Hire
Flexible Spending Accounts:	Date of Hire
Other Optional Insurances:	Open Enrollment
OPERS:	Date of Hire
Deferred Compensation Programs:	Date of Hire
Employee Assistance Program:	Date of Hire
Kent Credit/Seven Seventeen Credit Union:	Date of Hire

Employees who work 30 hours or more per week are eligible for certain benefits meeting current criteria. Spouses are not eligible for coverage unless they are not offered coverage through their active employer regardless of the quality of that coverage.

Summary

Portage County employees have a comprehensive health benefit program called the PPO SuperMed Plus. This plan has the flexibility of a PPO and the affordability of an HMO; Portage County offers payroll deduction for a group dental plan; two flexible spending accounts; voluntary insurance plans including life, disability and cancer policies. Deferred compensation plans are available to supplement the employee's retirement income. Employees may belong to the Seven Seventeen Credit Union. Employees have the benefit of the Employee Assistance Program through Life Services EAP.

Medical Insurance

Our plan is self-insured, administered by third party Medical Mutual of Ohio. Utilizing contracted medical, vision, RX, and hearing providers allows the highest level of benefits available. Please review the medical comparison sheet and SBC to have a better understanding of our plan which follows:

SuperMed PPO Plus - The PPO Plus Plan provides employees with a network of participating SuperMed Plus PPO providers that have agreed to reduce rates for their services. The PPO provides coverage when using a non-participating provider as well, although at a higher cost. Vision coverage through Eye Med Vision Services and prescription drug coverage through a retail pharmacy or through an Express Scripts retail pharmacy or Express Scripts mail order program is available. All maintenance prescriptions should be filled by Express Scripts mail order. To receive the highest level of vision coverage available, members should seek services by a contracted Eye Med Vision Services provider and/or facility.

Please visit www.medmutual.com for a list of providers in the SuperMed PPO, or Eye Med Vision network.

Dental Insurance

Delta Dental is the dental insurance carrier and the plan is determined by your dental office. To receive the highest level of benefits, participants should use a Dental Provider that participates in the Delta Dental PPO plan; although reimbursement for Non-Participating Dentist is allowed. Spouses are allowed on the dental plan regardless of medical coverage.

The Delta Dental Plan schedule of benefits paid is as follows:

Delta Dental PPO Coverage effective 1/1/2024	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-participating Dentist
	Plan Pays	Plan Pays	Plan Pays
Diagnostic & Preventive			
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Emergency Palliative Treatment – to temporarily relieve pain	100%	100%	100%
Brush Biopsy – to detect oral cancer	100%	100%	100%
Sealants – to prevent decay of permanent teeth	100%	100%	100%
Radiographs – X-rays	100%	100%	100%
Basic Services			
Periodontal Services – to treat gum disease	80%	70%	70%
Endodontic Services – root canals	80%	70%	70%
Relines and Repairs – to bridges and dentures	80%	70%	70%
Oral Surgery Services – extractions and dental surgery	80%	70%	70%
Minor Restorative Services – fillings and crown repair	80%	70%	70%
Major Services			
Major Restorative Services - crowns	50%	50%	50%
Prosthodontic Services bridges, implants, and dentures	50%	50%	50%
Orthodontic Services			
Orthodontic Services – Braces	50%	50%	50%
Orthodontic Age Limit	Up to age 19	Up to age 19	Up to age 19
Maximum Payment - \$1000 per person total per calendar year on Diagnostic & Preventive, Basic Services, and Major Services. \$2000 per person total per lifetime on Orthodontics.			
Deductible – The deductible does not apply to Diagnostic & Preventive or Orthodontics.	None	\$50 per person per calendar year to a maximum of \$150 per family per calendar year.	\$50 per person per calendar year to a maximum of \$150 per family per calendar year.

Flexible Spending Account FSA

Medical Reimbursement – The medical reimbursement account allows each participating employee to set aside pre-tax dollars for out-of-pocket medical, dental, vision, prescription, hearing, and eligible prescribed over-the-counter expenses not covered by insurances that are incurred within the plan year. The plan allows the employee to determine the yearly deduction during the open enrollment period giving each individual the opportunity to customize their benefits based upon their needs. The maximum dollar amount

allowed for one plan year and set by the Internal Revenue Service. All pledges are payroll deducted on a pre-tax basis. The risk to the employee is that the pledged amount must be used within the plan year or forfeited. \$500.00 will roll over to the next plan year. Plan money must be used from January 1, 2024 through December 31, 2024. Some receipts may need to be submitted based on IRS regulations. FSA funds can be used for eligible dependents regardless of health coverage

Dependent Care Account

The dependent care account allows each participating employee the ability to use pre-tax dollars for dependent care expenses paid to a qualifying care giver. During the open enrollment period, the employee may elect how much to contribute for qualified dependent care expenses. As these expenses are incurred, the employee requests that reimbursements be made from the employee's dependent care account. The annual pledge amount is limited and determined by the IRS. Any monies remaining in the plan at the end of the year are not refundable according to IRS guidelines. Receipts must be submitted for reimbursement.

Voluntary Life Insurance

Employees may purchase whole or term life insurance policies for themselves, their spouses, children, or grandchildren. The life insurance is sold as an individual policy and the premiums are paid via payroll deduction with after-tax dollars. Since the policy belongs to the employee, not the County, it remains with the employee at the same premium rate, even after the employee terms. The employee must contact the vendor to be billed directly for any premiums owed. The employee may cancel at any time. This benefit is only available during open enrollment.

Voluntary Short Term Disability

Employees may elect to receive a portion of their salary, up to 60% of their pay, for up to six months, should they become disabled. Premiums are paid via payroll deduction with after-tax dollars. This benefit is available during the open enrollment period. This may be cancelled at any time by the employee.

Cancer Policy

Aflac will be offering a Classic as well as a Select cancer policy for the employee and dependents. This policy pays cash for specific cancer diagnosis and treatment directly to the individual. This benefit is only available during open enrollment and may be cancelled at any time.

Ohio Public Employees Retirement System (OPERS)

With certain exceptions, all employees who are paid in whole or in part by the state of Ohio, a county, municipality, or any other political subdivision of state or local government in Ohio are enrolled in OPERS, unless they are covered by another state retirement system in Ohio or by the Cincinnati Retirement System, or unless exempted or excluded. Membership for elected officials is optional. OPERS members contribute to the System in place of Social Security. Medicare must still be paid.

The legislative mandate of OPERS is to fund and provide quality retirement, disability, and survivor benefits for the public employees in Ohio. For additional information regarding the Ohio Public Employees Retirement system, please visit www.opers.org.

Deferred Compensation (457 Plans)

The deferred compensation program is a voluntary program designed to supplement your retirement benefits. An employee is given the opportunity to enroll in one or all three programs offered by Portage

County. You decide the amount of pre-tax dollars (minimum amounts required) deducted from your paycheck and how these dollars will be invested. For more information on the deferred compensation programs, please contact the representatives listed below:

1. Ohio 457 Deferred Compensation - (800) 644-6457
2. CCAO 457 Deferred Compensation – (800) 284-0444

Employee Assistance Program

Portage County has provided employees with a confidential counseling service. Employees and their household members may receive up to six (6) free counseling sessions per incident. Some of the services include family, marital and grief counseling. Treatment for substance abuse, depression, and stress is also available. Financial and legal services are available as well.

Seven Seventeen Credit Union

All employees are eligible to become members of the Kent Credit/Seven Seventeen Credit Union. The credit union is a full service financial institution that provides savings accounts, checking accounts, certificates of deposit, loans and credit cards.

For more information about employee benefits contact:

**Susan Lynn
Benefit and Leave Administrator
Human Resources
330-297-5326**