



# 2017 CAFETERIA PLAN & EMPLOYEE BENEFITS

Hubbard County's cafeteria plan is a menu of benefits for which the employee first uses county-provided dollars and then, if needed, their own. Health insurance **must** be a choice. Health insurance coverage and all cafeteria plan benefits are effective the first of the month following thirty (30) days of full time benefit eligible employment. A twelve month measurement period established by the County will be utilized for those employees working part time, 30 hours or more to determine eligibility.

Hubbard County annually offers its employees non-mandatory benefits that may be purchased with county-provided cafeteria dollars and any of your pre-taxed or regular payroll deduction dollars. The full time county contribution is based on the tier (single, single + children or family) of health insurance chosen. An alternate benefit is provided for those employees working between 30 – 40 hours per week.

Hubbard County provides \$10,000 in term life insurance to each benefit eligible employee at no cost to the employee. Additional voluntary term life and accidental death and dismemberment insurance may be purchased by an eligible employee as one of the cafeteria plan options for the employee, spouse and/or a child rider. Other additional insurance benefits offered on the cafeteria menu are dental, long-term disability, vision, long term care, accident, critical illness, and short-term disability. Also offered are health savings accounts (H.S.A.) and/or flexible spending accounts (FSA). Explanations of these follow in this brochure.

## HEALTH INSURANCE

| BC/BS HEALTH INSURANCE – (MONTHLY PREMIUMS FOLLOW):   |                         |                       |                            |                       |                         |                       |
|---|-------------------------|-----------------------|----------------------------|-----------------------|-------------------------|-----------------------|
| <i>Employee &lt;gets back&gt; cafeteria plan dollars for 24 of the 26 pay periods per year. Numbers below are monthly totals.</i> |                         |                       |                            |                       |                         |                       |
| County Contribution   |                         | \$847/mo.             |                            | \$1,070/mo.           |                         | \$1,508/mo.           |
| Health Plan Premium Cost in Green Boxes   | Single Coverage Premium | Employee Contribution | Single + Children Coverage | Employee Contribution | Family Coverage Premium | Employee Contribution |
| <b>\$1000 CMM</b>   | \$789.50                | \$ <57.50>            | \$1255.50                  | <b>\$ 185.50</b>      | \$1981.00               | <b>\$ 473.00</b>      |
| <b>\$1850/3700 HDHP w or w/o H.S.A.</b>   | \$735.50                | \$ <111.50>           | \$1206.50                  | <b>\$ 136.50</b>      | \$1844.00               | <b>\$ 336.00</b>      |
| <b>\$2600/5200 HDHP w or w/o H.S.A.</b>   | \$679.50                | \$ <167.50>           | \$1123.50                  | <b>\$ 53.50</b>       | \$1703.00               | <b>\$ 195.00</b>      |
| <b>\$5000/10000 HDHP w or w/o H.S.A.</b>  | \$567.00                | \$ <280.00>           | \$948.50                   | \$ <121.50>           | \$1418.50               | \$ <89.50>            |
| <b>\$6350/12700 HDHP w or w/o H.S.A.</b>  | \$587.00                | \$ <260.00>           | \$963.00                   | \$ <107.00>           | \$1471.50               | \$ <36.50>            |

<blue> are dollars available to employee

Red are out of pocket premiums paid

**Note:** 2017 Summary of Benefit Coverage is available on the Hubbard County website under Forms. All plans offered qualify as creditable prescription drug coverage except the \$6350/12,700 plan. The \$6350/12700 plan represents the minimum value plan under the Affordable Care Act. For further information on health plan specifics, contact Tammy Halverson at Arneson Ovsak Agency, Inc. at 877-245-5119.

**Per Minnesota law, only licensed agents may discuss insurance plans specific to individuals.**

## HUBBARD COUNTY

Effective: 1/1/2017

This is only a summary and is subject to the terms of the contract. If there is a discrepancy between this summary and the contract, the contract is correct.

| Covered Services   | CMM \$1000<br><br>W1<br>4 <sup>th</sup> Qtr Carryover                      | HDHP –<br>\$1850/\$3700<br>(non-embedded)<br>H0/H1<br>4 <sup>th</sup> Qtr Carryover | HDHP –<br>\$2600/\$5200<br>(embedded)<br><br>No 4 <sup>th</sup> Qtr Carryover<br><b>No bariatric coverage</b><br><b>No infertility coverage</b> | HDHP \$5000/\$10000<br>(embedded)<br>HM<br><br>No 4 <sup>th</sup> Qtr Carryover | HDHP<br>\$6350/\$12700<br>(embedded)<br>MO<br>No 4 <sup>th</sup> Qtr Carryover                            |
|--|--|---|---|---|---|
| <b>Annual Deductible</b>   | \$1000 per person<br>\$2000 per family                                     | \$1850 per person<br>\$3700 per family  | \$2600 per person<br>\$5200 per family  | \$5000 per person<br>\$10000 per family   | \$6350 per person<br>\$12700 per family<br><br>Out of network<br>\$8250 per person<br>\$16500 per family  |
| <b>Medical Out-of-pocket Maximum</b>   | \$2000 per person<br>\$4000 per family                                     | \$1850 per person<br>\$3700 per family  | \$2600 per person<br>\$5200 per family  | \$5000 per person<br>\$10000 per family   | \$6350 per person<br>\$12700 per family<br><br>Out of network<br>\$10000 per person<br>\$20000 per family |
| <b>Prescription Out-of-pocket Maximum</b>  | \$500 per person<br>\$750 per family                                       | Included in medical   | Included in medical   | Included in medical   | Included in medical   |
| <b>Fourth Quarter Carryover</b>  | Yes  | Yes   | No  | No  | No  |
| <b>Coinsurance</b>   | 80%  | 100%  | 100%  | 100%  | 100%/80% out of network   |
| <b>Lifetime Maximum</b>  | Unlimited  | Unlimited   | Unlimited   | Unlimited   | Unlimited   |
| <b>Office Visits</b>   |  |   |   |   |   |
| - Illness or injury  | 80% after deductible   | 100% after deductible   | 100% after deductible   | 100% after deductible   | 100% after deductible   |
| - Behavioral health care (mental health, chemical dependency, eating disorders and autism) | 80% after deductible   | 100% after deductible   | 100% after deductible   | 100% after deductible   | 100% after deductible   |
| <b>Preventive Care</b>   |  |   |   |   |   |
| - Well-child services and prenatal care  | <b>Members under age 6 and prenatal care: 100%</b> (in and out of network) | <b>Members under age 6 and prenatal care: 100%</b>                                  | <b>Members under age 6 and prenatal care: 100%</b>  | <b>Members under age 6 and prenatal care: 100%</b>                              | <b>Members under age 6 and prenatal care: 100%</b>  |
| - Cancer screenings  | 100%   | 100%  | 100%  | 100%  | 100%  |
| - Routine physicals and eye exams  | 100%   | 100%  | 100%  | 100%  | 100%  |
| <b>Lab and X-ray services</b>  | 80% after deductible   | 100% after deductible   | 100% after deductible   | 100% after deductible   | 100% after deductible   |

| Covered Services   | CMM \$1000<br>W1<br>4 <sup>th</sup> Qtr Carryover  | HDHP –<br>\$1850/\$3700<br>(non-embedded)<br>H0/H1<br>4 <sup>th</sup> Qtr Carryover   | HDHP –<br>\$2600/\$5200<br>(embedded)<br>No 4 <sup>th</sup> Qtr Carryover<br>No bariatric coverage<br>No infertility coverage   | HDHP \$5000/\$10000<br>(embedded)<br>HM<br>No 4 <sup>th</sup> Qtr Carryover  | HDHP<br>\$6350/\$12700<br>(embedded)<br>MO<br>No 4 <sup>th</sup> Qtr Carryover  |
|--|--|---|---|--|---|
| <b>In and Outpatient Hospital Services</b><br>- Facility Services (includes behavioral health care)<br><br>- Professional Services (includes behavioral health care) | 80% after deductible<br><br>80% after deductible   | 100% after deductible<br><br>100% after deductible  | 100% after deductible<br><br>100% after deductible  | 100% after deductible<br><br>100% after deductible   | 100% after deductible<br><br>100% after deductible  |
| <b>Emergency Care</b><br>- Facility Services<br><br>- Professional Services  | 80% after deductible<br><br>80% after deductible   | 100% after deductible<br><br>100% after deductible  | 100% after deductible<br><br>100% after deductible  | 100% after deductible<br><br>100% after deductible   | 100% after deductible<br><br>100% after deductible  |
| <b>Ambulance Services</b>  | 80% after deductible   | 100% after deductible   | 100% after deductible   | 100% after deductible  | 100% after deductible   |
| <b>Medical Supplies</b>  | 80% after deductible   | 100% after deductible   | 100% after deductible   | 100% after deductible  | 100% after deductible   |
| <b>Therapy Services</b><br>- Occupational, Speech therapy and physical therapy<br><br>- Chiropractic therapy   | 80% after deductible<br><br>80% after deductible   | 100% after deductible<br><br>100% after deductible  | 100% after deductible<br><br>100% after deductible  | 100% after deductible<br><br>100% after deductible   | 100% after deductible<br><br>100% after deductible  |
| <b>Prescription Drugs</b>  | 31-day<br>\$10/25/40<br><br>90-day supply<br><br>\$20/50/80<br><br>co-pay for preferred generic / preferred brand/ non-preferred<br><br>FlexRx formulary | 31-day<br>100% after deductible for preferred drugs. No coverage for non-preferred drugs.<br><br>90-day supply<br>100% after deductible for preferred drugs. No coverage for non-preferred drugs.<br><br>FlexRX formulary | <b>Preventive RX-Specific list of preventive prescriptions covered at 100%</b><br><br>31-day<br>100% after deductible for preferred drugs. No coverage for non-preferred drugs.<br><br>90-day supply<br>100% after deductible for preferred drugs. No coverage for non-preferred drugs.<br><br>FlexRX formulary | 31-day<br>100% after deductible for preferred drugs. No coverage for non-preferred drugs.<br><br>90-day supply<br>100% after deductible for preferred drugs. No coverage for non-preferred drugs.<br><br>GenRX formulary | 31-day<br>100% after deductible for preferred & non-preferred drugs.<br><br>90-day supply<br>100% after deductible for preferred & non-preferred drugs.<br><br>FlexRX formulary |

Benefit payment levels: Payment for participating network providers as described. If nonparticipating provider, services are covered but you are responsible for the difference between the billed charges and the allowed amount. Most payments are based on allowed amounts.

# HR CONNECTION

Detailed coverage specifics for the Accident, Critical Illness, Dental, LTD, and STD may be found at [www.HRConnection.com](http://www.HRConnection.com), (Username HubbardCounty and password: Hubbard1) or can be addressed to *Integrity Employee Benefits, LLC.* at 1(866) 437-7977. Information for the Health, Life and pre-tax savings accounts (H.S.A.) is also available on the website as well as direct contact with Tammy Halverson at Arneson Ovsak Agency, Inc. at 877-245-5119. Pre-Tax Spending Account information is also provided on the website.

## ACCIDENT INSURANCE

(NON-OCCUPATIONAL COVERAGE).

Assurant Employee Benefits provide the following Accident Insurance. Detailed coverage information provided in plan book available from the Coordinator's Office as well as directly from the HRConnection website.

| Plan              | Rate/month | Plan                | Rate/month |
|-------------------|------------|---------------------|------------|
| Employee          | \$15.88    | Employee & Children | \$23.60    |
| Employee & Spouse | \$21.40    | Employee & Family   | \$29.12    |

## CRITICAL ILLNESS INSURANCE

Assurant Employee Benefits provide the Critical Illness Insurance. Detailed coverage information provided in plan book available from the Coordinator's Office as well as directly from the HRConnection website. Rates are available for Employees, Spouses and Children. Adult coverage is provided as a Non-Tobacco User and a Tobacco User. Employee's coverage may be purchased between \$5,000 - \$50,000; Spouse coverage is available from \$2,500 to \$25,000 and Children may be purchased in the amount of \$2,500 or \$5,000. The rate is determined at time of purchase by the employee's age and remains the same for the duration of the coverage.

## DENTAL INSURANCE

The Dearborn National dental insurance program is available and may be used as a pre-tax purchase. Detailed specifics regarding coverage may be found at [www.HRConnection.com](http://www.HRConnection.com) (Username HubbardCounty and password: Hubbard1) or may be addressed to *Integrity Employee Benefits, LLC.* at 1(866) 437-7977.

| 2017 Premiums   | Monthly premiums | Policy Year Deductible             | \$50/\$150 |
|---|------------------|------------------------------------|------------|
| Employee only   | <b>\$39.64</b>   | Waived for preventive & diagnostic | Yes        |
| Employee +1 (spouse or child)   | <b>\$73.84</b>   | Policy Year Maximum                | \$1000     |
| Employee +2 (spouse and/or children)  | <b>\$113.50</b>  | Waiting Period applies             | No         |
| <b>No specific network required</b> (Participating Provider assures Maximum Allowance while Non-Participating Provider utilization limits payments to 90 <sup>th</sup> percentile of Reasonable & Customary (R&C) fees. More information regarding this may be found on the Intranet, HR Tab, Shared Documents. |                  |                                    |            |

**Note:** Group rates require a 20% participation be met for this benefit to be offered.

## LONG TERM CARE INSURANCE

Unum Insurance provides Long Term Care and is for care received either at home or in a facility, when someone needs: assistance with two of the six daily living activities including bathing, dressing, toileting, transferring, continence and eating or suffers a severe cognitive impairment such as Alzheimer's disease, dementia, etc.

LTC is not just for the elderly – claims are submitted for those less than 65 for the following causes: cancer, trauma, stroke and neurological disease.

| PLAN 1   | PLAN 2                                      | PLAN 3  | PLAN 4   |
|--|---|---|--|
| Long Term Care Facility Professional Home – Community Care 50% | Long Term Care Facility Total Home Care 50% | Long Term Care Facility Professional Home – Community Care 50% Compound Inflation | Long Term Care Facility Total Home Care 50% Compound Inflation |

Coverage can be elected from \$2,000 to \$9,000 in Monthly benefits. Employees who elect coverage may purchase for family members also. Coverage elected for parties other than the employee will be billed privately. Rates are available in the annual enrollment form located on the county website under forms. Contact Tammy Halverson At Arneson Ovsak Agency, Inc. at 877-245-5119.

# LONG TERM DISABILITY INSURANCE

The Hartford offers optional Long Term Disability (LTD) coverage. It may be elected during the annual enrollment period in increments of \$500, \$1,000, \$1,500, \$2,000 or 60 percent of the employee's monthly income. When electing the 60% of monthly income option, coverage will adjust annually according to the employee's annual wage. **New employees participate in an open enrollment without a health history required.** Current LTD insured employees may increase their LTD during the annual enrollment, without having to provide a health history. The amount of increase is subject to the normal pre-existing conditions period (6/6/24). The LTD Insurance **may not** be used as a pre-tax purchase. Detailed coverage specifics may be found at [www.HRConnection.com](http://www.HRConnection.com), (Username HubbardCounty and password: Hubbard1) or can be addressed to *Integrity Employee Benefits, LLC.* at 1(866) 437-7977.

| Age     | Rate per \$500, \$1000, \$1500, \$2000 or 60% monthly income/month | Age     | Rate per \$500, \$1000, \$1500, \$2000 and 60% monthly income/month |
|---------|--|---------|---|
| 0 – 24  | .20  | 45 – 49 | 1.08  |
| 25 – 29 | .24  | 50 – 54 | 1.36  |
| 30 – 34 | .36  | 55 – 59 | 1.60  |
| 35 – 39 | .44  | 60 - 64 | 1.64  |
| 40 – 44 | .72  | 65 +    | 1.58  |

**Note:** Group rates require 25% participation for this benefit to be offered.

# VOLUNTARY LIFE INSURANCE

The Hartford Voluntary Life Insurance coverage may be purchased by employees in \$5,000 increments not to exceed the lesser of 7 x's an employee's salary (rounded to the next higher multiple of \$5,000, if not already an exact multiple thereof.) or \$300,000. New employees enjoy a \$130,000 guaranteed issue. A spouse's coverage may be purchased in \$5,000 increments up to 100% of the employee's coverage not to exceed \$300,000. New employees enjoy a guaranteed issue of \$30,000 for their spouse. A child's coverage may be purchased in the amount of \$10,000. One child premium covers all children in the household to age 26. Employees previously electing a child certificate are grandfathered and the coverage will continue to be valid. **Accidental Death & Dismemberment (AD&D) coverage is included in the rates provided.**

| 2017 Rates   |                                  |               |          |          |         |         |
|--|----------------------------------|---------------|----------|----------|---------|---------|
| Employee Spouse Life Insurance   | Attained age                     | Under 25 - 34 | 35 – 39  | 40 – 44  | 45 – 49 | 50 - 54 |
|  | Rate per \$1000 coverage monthly | \$ .069       | \$ .089  | \$ .128  | \$ .199 | \$ .29  |
|  | Attained age                     | 55 – 59       | 60 – 64  | 65 – 69  | 70 – 74 |         |
| Rate per \$1000 coverage monthly   | \$ .446                          | \$ .688       | \$ 1.059 | \$ 2.463 |         |         |
| <b>\$10,000</b>  |                                  |               |          |          |         |         |
| Child Rider Insurance  | Rate per monthly                 | \$2.34        |          |          |         |         |
| <b>IMPORTANT: Child Rider covers child to age 26 – Employee is responsible to inform employer of age change that prevents coverage to avoid excessive premium collection</b> |                                  |               |          |          |         |         |
| <b>Life Insurance Information</b>  |                                  |               |          |          |         |         |
| Contact Tammy Halverson at Arneson Ovsak Agency, Inc. at 877-245-5119  |                                  |               |          |          |         |         |

# PRE-TAX SAVING/SPENDING ACCOUNTS

County employees may participate in pre-tax spending accounts for unreimbursed medical, dental and dependent care expenses. There are two types of saving/spending accounts: A **Flexible Spending Account (FSA)** is administered by Secure Benefits Systems and a **Health Savings Account (HSA)** is administered by Select Account. Amounts are direct-deposited through payroll deductions, the same as other benefits.

**Flexible Spending Account (FSA)** enrollment is completed on an annual basis prior to the beginning of a calendar year for current employees. Once chosen, the annual amount is deducted, by pay period, on a **pretax** basis and is irrevocable for the 12-month plan year, with very few exceptions. Claim forms are completed for expenses that are not reimbursed through insurance or another arrangement, and are reimbursed from the employee's FSA. FSA accounts are permitted a \$500 carryover to be used for payment of unreimbursed medical expenses incurred the following year!

There is a **\$2,500** annual maximum amount for unreimbursed medical expenses and **\$5,000** for dependent care expenses. **NOTE:** Currently, by law, up to \$500 of 2016 FSA dollars can be used for expenses incurred in 2017. FSA contributions lower your taxable income and dollars are not taxed when used for medical and/or dependent care expenses.

A **Health Savings Account (HSA)** is only available to those enrolled in the High Deductible Health Plan (HDHP) options provided and, generally, who are not covered by any other health plan. Annual HSA contributions may not exceed the annual statutory maximums, but contributions, if not used, roll over to subsequent year/s. The **2017 annual H.S.A. maximum contribution** for self-only coverage is **\$3,400**. For single plus children and family coverage, **\$6,750** is the maximum 2017 annual contribution. Both allow an **additional contribution for those over age 55 in the amount of \$1,000**. An HSA is portable and participant's rights to the account are non-forfeitable.

**If employees wish to have both an HSA and an FSA, the FSA must be within the Hubbard County Cafeteria Plan and will be limited to vision and dental reimbursement only.**

## SHORT TERM DISABILITY INSURANCE

Sunlife provides the Short Term Disability group coverage. Benefits begin on the 1<sup>st</sup> day of an injury or 8<sup>th</sup> day of a sickness and can be payable up to 13 weeks. Coverage may be purchased from weekly benefits of \$100 to \$1500 in \$50 increments, not to exceed 66.67% of weekly gross earnings. Rates and additional information is available on the HRConnection website.

## VISION INSURANCE

Avesis provides the Vision plan available for employees.

| Rates per month         |       | Benefit Frequency (12 months): |   | Additional Discounts:  |
|-------------------------|-------|--------------------------------|---|--|
| <b>Employee only</b>    | 6.90  | <b>Spectacle Lenses</b>        | Standard lenses are covered in full. (typically \$60-\$120)                             | <b>Progressive Lenses</b> – discounted up to 20% off retail in addition to a \$50 allowance                        |
| <b>Employee+1</b>       | 12.10 | <b>Frames</b>                  | Frames are covered in full (typically \$100 - \$150)                                    | <b>Lens Options</b> – Non-covered items & additional purchases are discounted up to 20% off retail                 |
| <b>Employee +Family</b> | 17.98 | <b>Contact Lenses</b>          | In lieu of frames & lenses, allowance up to \$130 for materials, fit, & follow-up exam. | <b>Specialty Lenses</b> – discounted up to 20% off retail in addition to the corresponding standard lens allowance |
|                         |       | <b>Co-Pays</b>                 | Materials, \$10.00  |  |

**Lasik Surgery:** Members receive one-time/lifetime allowance of \$150 and 5% to 25% off retail.

| Out-of-Network Reimbursement: |         |                                 |   |
|-------------------------------|---------|---------------------------------|---|
| Standard Single Vision        | \$25.00 | Specialty Lenses                | Corresponding Standard Lens Reimbursement |
| Standard Bifocal              | \$40.00 | Frame                           | \$45.00                                   |
| Standard Trifocal             | \$50.00 | Contact Lenses (Elective)       | \$130.00                                  |
| Standard Lenticular           | \$80.00 | Contact Lenses (Med. Necessary) | \$250.00                                  |
| Progressive                   | \$40.00 | LASIK Surgery                   | \$150.00                                  |

# 2017 HUBBARD COUNTY HOLIDAYS

| Holiday                | Date                      | Holiday                | Date                        |
|------------------------|---------------------------|------------------------|-----------------------------|
| New Year's Day         | Monday, January 2, 2017   | Labor Day              | Monday, September 4, 2017   |
| Martin Luther King Day | Monday, January 16, 2017  | Veterans' Day          | Friday, November 10, 2017   |
| President's Day        | Monday, February 20, 2017 | Thanksgiving Day       | Thursday, November 23, 2017 |
| Friday before Easter   | Friday, April 14, 2017    | Day after Thanksgiving | Friday, November 24, 2017   |
| Memorial Day           | Monday, May 29, 2017      | Christmas Day          | Monday, December 25, 2017   |
| Independence Day       | Tuesday, July 4, 2017     |                        |                             |

**Note:** Holidays listed are per Personnel Policy and may differ by respective union agreement.

# 2017 HUBBARD COUNTY PAYROLL SCHEDULE

| Pay Period from | to       | Pay Dates | Pay Period from | to       | Pay Dates |
|-----------------|----------|-----------|-----------------|----------|-----------|
| 12/11/16        | 12/24/16 | 01/06/17  | 06/11/17        | 06/24/17 | 07/07/17  |
| 12/25/16        | 01/07/17 | 01/20/17  | 06/25/17        | 07/08/17 | 07/21/17  |
| 01/08/17        | 01/21/17 | 02/03/17  | 07/09/17        | 07/22/17 | 08/04/17  |
| 01/22/17        | 02/04/17 | 02/17/17  | 07/23/17        | 08/05/17 | 08/18/17  |
| 02/05/17        | 02/18/17 | 03/03/17  | 08/06/17        | 08/19/17 | 09/01/17  |
| 02/19/17        | 03/04/17 | 03/17/17  | 08/20/17        | 09/02/17 | 09/15/17  |
| 03/05/17        | 03/18/17 | 03/31/17  | 09/03/17        | 09/16/17 | 09/29/17  |
| 03/19/17        | 04/01/17 | 04/13/17  | 09/17/17        | 09/30/17 | 10/13/17  |
| 04/02/17        | 04/15/17 | 04/28/17  | 10/01/17        | 10/14/17 | 10/27/17  |
| 04/16/17        | 04/29/17 | 05/12/17  | 10/15/17        | 10/28/17 | 11/09/17  |
| 04/30/17        | 05/13/17 | 05/26/17  | 10/29/17        | 11/11/17 | 11/22/17  |
| 05/14/17        | 05/27/17 | 06/09/17  | 11/12/17        | 11/25/17 | 12/08/17  |
| 05/28/17        | 06/10/17 | 06/23/17  | 11/26/17        | 12/09/17 | 12/22/17  |

**Direct deposit** is mandatory for all Hubbard County employees. It is safe, convenient and easy to do. Pay checks will be automatically deposited into checking and/or savings accounts on payday. There is no need to change any present banking relationship to take advantage of this service, as long as the employee has an existing account. Up to four different accounts may be chosen for direct deposit, and they can be in up to two different financial institutions.

**Digital Time Card** recording of hours worked is provided via RTVision. Employee pay stubs with current gross pay, tax withholdings, other deductions and the net pay which has been deposited into employee account/s is available at eTime via <https://etime.co.hubbard.mn.us>.

**Affinity Plus Federal Credit Union:** County employees are able to use the services of the Affinity Plus Federal Credit Union. Deposit and/or payments may be made through payroll deduction. Loans are typically offered below market interest rates. Applications may be obtained on the web at ([www.affinityplus.org](http://www.affinityplus.org)) or by calling (800) 322-7228.

# OTHER EMPLOYEE BENEFITS

**Employee Assistance Program (EAP):** Hubbard County recognizes that problems of a personal nature can have an adverse effect on an employee's job performance and provides EAP as a resource to employees. EAP is a voluntary program that provides short term, no cost, confidential counseling services for employees and immediate family members when facing problems with relationships, finances, alcohol and drug use, work, stress, or other personal problems. Employee and/or family members can contact a qualified counselor, 24 hours a day, by calling The Sand Creek Group, Ltd. at **1-800-550-MCIT (6248)**.

Other benefits, such as **Paid Time Off (PTO)**, **jury**, or **bereavement leave** as well as **Extended Illness and Severance Reserve**, are in your Personnel Policy handbook and/or specific Union contracts.

# RETIREMENT PLANNING

**Public Employees Retirement Association of Minnesota (PERA):** PERA is intended to provide public employees with retirement benefits. Counties and employees are required by law to participate in PERA. At retirement, a monthly annuity is paid. The amount of the annuity is dependent upon age, length of service and total contributions. An employee, who terminates their employment prior to retirement age, may receive their contributions plus interest, or they may elect to leave their contributions with PERA and qualify for a full annuity at retirement age, or a reduced annuity as early as age 55. (**Note:** 2017 PERA contributions are as follows: Coordinated Plan 6.5% employee/7.5% employer, Police/Fire 10.8% employee/16.2% employer and Correctional Plan contributions are 5.83% employee/8.75% employer.) Elected officials may choose to contribute 5% employee/5% employer. Account information may be accessed on the web at [www.mnpera.org](http://www.mnpera.org) or by contacting Minnesota PERA at (800) 652-9026.

**Public Employees Retirement Association of Minnesota (PERA) Life Insurance:** Enrollment forms are available to eligible employees upon hire and during the specified enrollment period, October – November annually, in the Coordinator’s Office. The decreasing term life insurance is provided at a fee of \$8.00/pay period. Information may be accessed on the web at [www.mnpera.org](http://www.mnpera.org). (This is not a cafeteria benefit.)

**Voluntary Deferred Compensation:** Eligible employees may participate in one or all of the following deferred compensation plans. Deferred compensation plans can be pre-tax and/or after tax deductions and should be considered an integral part of retirement planning. These programs are available by payroll deduction. Forms are available on each respective website.

**National Association of Counties (NACo):** For information please contact (877) 677-3678 or the web site, [www.nrsretire.com](http://www.nrsretire.com).

**MN State Plan:** The Minnesota State Deferred Compensation Plan information may be obtained by calling (800) 657-5757. Account accessibility is available at [www.msrs.state.mn.us](http://www.msrs.state.mn.us). Retirement Counselor, Lois Buermann is available at Ext. 5865, or 714 Lake Avenue, Detroit Lakes, MN 56501.

**Wenzel & Associates:** Wenzel offers deferred compensation through Ameritas ([www.variable.ameritas.com](http://www.variable.ameritas.com)) Individual retirement planning services are available at (800) 436-2615

# BENEFIT CONTACTS

| Benefit Type  | Company Name   | Contact Person(s)  | Phone Number(s)  |
|---|--|--|--|
| <ul style="list-style-type: none"> <li>• Accident</li> <li>• Critical Illness</li> <li>• Dental</li> <li>• Long-Term Disability</li> <li>• Short-Term Disability</li> <li>• Vision</li> </ul> | Integrity Employees Benefits, LLC.<br><a href="http://www.HRConnection.com">www.HRConnection.com</a><br>(User Name: HubbardCounty, password: Hubbard1) | Jon Ochs   | (866) 437-7977   |
| <ul style="list-style-type: none"> <li>• Health Insurance</li> <li>• Life Insurance</li> </ul>  | <b>Blue Cross Blue Shield</b><br><a href="http://www.bluecrossmn.com">www.bluecrossmn.com</a><br>Arneson-Ovsak Agency                                  | Tammy Halverson<br>e-mail address:<br><a href="mailto:aoins@arvig.net">aoins@arvig.net</a> | (218) 236-8787<br>(218) 236-1488 (fax)<br>(877) 245-5119 (toll free) |
| <ul style="list-style-type: none"> <li>• Health Savings Account 04180</li> </ul>  | <a href="http://www.selectaccount.com">www.selectaccount.com</a><br>SA #4180 & pin #   |  | (800) 859-2144 or (651) 662-5065                                     |
| <ul style="list-style-type: none"> <li>• Flex Savings Account</li> </ul>  | Secure Benefits<br><a href="http://www.sbsc.info">www.sbsc.info</a>  |  | (800) 562-8454<br>(800) 421-6737 (fax)                               |
| <ul style="list-style-type: none"> <li>• PERA - 0140-00</li> </ul>  | <a href="http://www.mnpera.org">www.mnpera.org</a>   |  | (800) 652-9026   |

Note: Benefit websites listed above (Blue Cross/Blue Shield, SelectAccount & Secure Benefit System Corp.) may be accessed by respective participants to track their individual accounts, claims, and also over-the-counter and formulary drug lists. Establishment of a log in and password will be required on each site.