



FORSYTH COUNTY 2020 BENEFIT SUMMARY SHEET

PROBATIONARY PERIOD

Probationary period does not apply to positions appointed by the Board of Commissioners, Judicial, Elected Officials or County Manager. All other new employees are designated as probationary employees for a period of twelve (12) months from the date of employment. During the probationary period, close observation of conduct and capacity of all probationers shall be made by the appointing authorities. Each probationary employee is subject to dismissal without the right to appeal.

BENEFITS PROVIDED BY FORSYTH COUNTY TO FULL-TIME EMPLOYEES:

PERSONAL LEAVE ACCRUAL

Personal leave shall be accrued as follows:

| | | |
|--------------|---|--|
| 0 - 1 Year | - | 12 days per year - 3.68 hours per pay period |
| 1 - 4 Years | - | 20 days per year - 6.16 hours per pay period |
| 5 - 14 Years | - | 25 days per year - 7.70 hours per pay period |
| 15+ Years | - | 30 days per year - 9.24 hours per pay period |

OBSERVED HOLIDAYS

New Year's Day, Martin Luther King Day, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving (2), and Christmas (2).

INSURANCE

HEALTH INSURANCE AETNA www.aetna.com 1-888-247-3368 OR KAISER PERMANENTE WWW.KP.ORG 1-888-865-5813

Eligible the first of the month following employment. Choose from Aetna Choice POS II Basic, Aetna Choice POS II Plus, or Kaiser HMO plans. All rates listed are Bi-Weekly.

Aetna Choice POS II Basic Plan Med/Rx

| | <u>Non-Tobacco Rates</u> | <u>Tobacco Rates</u> |
|-----------------------|--------------------------------|----------------------------|
| Employee | \$30.14 non tobacco bi-weekly | \$80.14 tobacco bi-weekly |
| EE & Spouse | \$106.03 non tobacco bi-weekly | \$156.03 tobacco bi-weekly |
| EE & Child/Child(ren) | \$78.23 non tobacco bi-weekly | \$128.23 tobacco bi-weekly |
| EE & Family | \$170.26 non tobacco bi-weekly | \$220.26 tobacco bi-weekly |

Aetna Choice POS II Plus Plan Med/Rx

| | <u>Non-Tobacco Rates</u> | <u>Tobacco Rates</u> |
|-----------------------|--------------------------------|----------------------------|
| Employee | \$49.03 non tobacco bi-weekly | \$99.03 tobacco bi-weekly |
| EE & Spouse | \$155.05 non tobacco bi-weekly | \$205.05 tobacco bi-weekly |
| EE & Child/Child(ren) | \$123.31 non tobacco bi-weekly | \$173.31 tobacco bi-weekly |
| EE & Family | \$238.48 non tobacco bi-weekly | \$288.48 tobacco bi-weekly |

Forsyth County 2020 Benefit Summary Sheet

Kaiser Permanente HMO Plan Med/Rx

| | <u>Non-Tobacco Rates</u> | <u>Tobacco Rates</u> |
|-----------------------|--------------------------------|----------------------------|
| Employee | \$26.61 non tobacco bi-weekly | \$76.61 tobacco bi-weekly |
| EE & Spouse | \$93.31 non tobacco bi-weekly | \$143.31 tobacco bi-weekly |
| EE & Child/Child(ren) | \$68.99 non tobacco bi-weekly | \$118.99 tobacco bi-weekly |
| EE & Family | \$150.27 non tobacco bi-weekly | \$200.27 tobacco bi-weekly |

PRESCRIPTION CARD (DEPENDS ON MEDICAL PLAN ELECTED)

Aetna Choice POS II Basic Plan Rates

\$10.00 co-pay for Tier 1 (generic)
\$30.00 co-pay for Tier 2, after deductible is met (preferred brand name)
\$60.00 co-pay for Tier 3, after deductible is met (non-preferred brand name)
\$100.00 co-pay for Tier 4, after deductible is met (specialty)
Mail order program available for maintenance medications

Aetna Choice POS II Plus Plan Rates

\$10.00 co-pay for Tier 1 (generic)
\$30.00 co-pay for Tier 2 (preferred brand)
\$50.00 co-pay for Tier 3 (non-preferred brand)
\$60.00 co-pay for Tier 4 (specialty)
Mail order program available for maintenance medications

Kaiser HMO Plan Rates

\$5 co-pay at KP Pharmacies for Tier 1 (preventative generic)
\$15 co-pay at KP Pharmacies for Tier 2 (preferred generic)
\$30 co-pay at KP Pharmacies for Tier 2 (preferred brand)
20% up to \$300 max at KP Pharmacies for Tier 4 (specialty)
Mail order program available for maintenance medications

DENTAL DELTA DENTAL www.deltadentalins.com 1-800-521-2651

Dental-Buy-up Plan Rates

| | |
|-----------------------|-------------------|
| Employee | \$8.52 bi-weekly |
| EE & Spouse | \$16.78 bi-weekly |
| EE & Child/Child(ren) | \$16.96 bi-weekly |
| EE & Family | \$25.46 bi-weekly |

Dental-Base Plan Rates

| | |
|-----------------------|-------------------|
| Employee | \$3.72 bi-weekly |
| EE & Spouse | \$7.38 bi-weekly |
| EE & Child/Child(ren) | \$6.15 bi-weekly |
| EE & Family | \$11.05 bi-weekly |

VISION AETNA www.aetnavision.com 1-877-973-3238

| | |
|-----------------------|------------------|
| Employee | \$2.44 bi-weekly |
| EE & Spouse | \$5.76 bi-weekly |
| EE & Child/Child(ren) | \$6.06 bi-weekly |
| EE & Family | \$7.39 bi-weekly |

SPOUSE SURCHARGE

Employees will be charged an additional \$50.00 per pay period (bi-weekly) if their spouse has the option to purchase medical benefits through his/her employer.

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WELLNESS PROGRAM

Employees have the opportunity to earn up to \$150 in gift cards from Aetna, and one \$150 gift card from Kaiser by completing an online health assessment and completing an annual wellness exam with their PCP.

LIFE INSURANCE ONEAMERICA www.oneamerica.com

100% paid by Forsyth County. Eligibility begins date of hire.

Forsyth County provides basic Life and AD&D insurance on all full-time employees equal to 2x salary with a minimum coverage of \$50,000.00

ADDITIONAL LIFE INSURANCE AND AD&D ONEAMERICA www.oneamerica.com

Rates vary based on amount of coverage selected. Additional life insurance may be purchased for employee, spouse, and children

Available during open enrollment.

EMPLOYEE ASSISTANCE PROGRAM (EAP) [WWW.ESPYR.COM](http://www.espyr.com)

100% paid by Forsyth County. Eligibility begins date of hire.

Program provides employees the opportunity to speak with a professional counselor confidentially about any type of personal concern that may be affecting work or personal life.

EAP is available 24 hours a day/ 7 days a week for emergency or urgent situations. Contact can be made by calling 1-800-869-0276 or going to: www.espyr.com

This is a private, professional, and confidential service.

DISABILITY INSURANCE – SHORT TERM AND LONG TERM ONEAMERICA www.oneamerica.com

100% paid by Forsyth County. Eligibility begins date of hire.

Short Term Disability – 60% of weekly earnings to a maximum of \$1,500.00 a week. Eligibility begins 14 days after an accident or sickness and has a benefit period of 24 weeks.

Long Term Disability – 60% of monthly earnings to a maximum of \$5,000.00 a month on core product and \$9,500 a month on buy-up plan. Eligibility begins at 26 weeks to coordinate with the end of Short Term benefits and continues 24 months (Own Occupation). **LTD Buy-Up Plan available which allows LTD to continue to the greater of age 65 or your Social Security Normal Retirement Age.

RETIREMENT PLAN (401K) TRANSAMERICA www.trsrretire.com 1-888-676-5512

Fully vested at five years of employment – 20% graduated vesting annually. Eligible to begin contributions immediately upon hire.

6 mos to 3 yrs – County matches 100% of a max 5% of employee gross contributions

3 yrs to 10 yrs – County contributes 5% of base salary & County matches 100% of a max of 5% of gross employee contributions

Over 10 yrs – County contributes 5% base & County matches 100% of a max of 5% of gross employee contributions & County matches 50% of next 5% of gross employee contributions