Boone County Administration Office
1212 Logan Ave, Suite 102
Belvidere, IL 61008
Phone: 815-547-4770   Fax: 815-547-3579
www.boonecountyil.org/hr
INTRODUCTION

Your benefits are an important part of your overall compensation. Boone County is pleased to offer our employees a comprehensive array of valuable benefits to protect your health, your family, and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive. Administration Office staff can assist you with benefits-related questions and serve as a liaison between employees and the various carriers that are under contract to provide benefits to County employees.

WAITING PERIOD

Upon hire, you may elect benefits by completing the necessary enrollment forms. Completed forms should be returned to the Administration Office as soon as possible. Health insurance coverage begins the first day of the month after 60 days of employment.

Waiting Period Example
Hire Date of January 15, 2020
+ 60 days (March 15, 2020)
+ First Day of the Month
= Health insurance coverage is effective April 1, 2020

You may also elect coverage for these benefits for you and your eligible dependents during annual Open Enrollment periods and through special enrollments as a result of a Qualifying Life Event.

MAKING CHANGES TO YOUR BENEFITS

You can always make changes during annual Open Enrollment periods. You may also change your benefits elections after Open Enrollment if you experience a Qualifying Life Event, which may include:

- Loss of Minimum Essential Coverage
- Marriage
- Divorce, Legal Separation or Annulment
- Birth or Adoption of an Eligible Child
- Change in work status that affects benefits eligibility
- A change in your child’s benefits eligibility
- A Qualified Medical Child Support Order
IMPORTANT

You must report your Qualifying Life Event to an Administration Office staff member and submit the required forms within 31 days of the event. Documentation to support the Qualifying Life Event is also required. If you fail to report your Qualifying Life Event within the required timeframe, you must wait until the next annual Open Enrollment to change your benefits elections.

If your dependent does not meet the current eligibility rules during the specified period, and/or you do not provide the required documentation, your dependent(s) will not be added to your benefits plan.

Examples of required documentation for a special enrollment after a Qualifying Life Event:

- Letter from prior insurer or employer with coverage termination date on company letterhead
- Printout from benefits administration website showing coverage end date
- COBRA Notice of Eligibility letter that shows the date of loss of employer coverage
- COBRA Termination of Coverage letter that shows the coverage termination date
- State discontinuation notice on official letterhead
- Court-issued legal separation document or divorce decree
- Marriage certificate
- Birth certificate

EMPLOYEE AND FAMILY ELIGIBILITY

- **Employees:** All Regular Full-Time employees and employees averaging 30 hours or more per week are eligible for the benefits outlined in this brochure. The County utilizes a 12-month Measurement/Stability Period to determine eligibility for those employees with variable-hour schedules.

- **Spouse/Civil Union Partner:** If you elect benefits for yourself, you may also elect benefits for your spouse or Civil Union Partner. If you get divorced or are no longer in a Civil Union relationship, your spouse/Civil Union Partner is no longer eligible for benefits. You must notify the Administration Office within 31 days or you may be liable for any claims incurred. Domestic Partners are not eligible for coverage.

- **Children:** If you elect benefits for yourself, you may also elect benefits for your children. Dependent children are you and your spouse/Civil Union partner’s natural children, adopted children, step-children, children covered by a Qualified Medical Child Support Order, and children for whom you have legal guardianship. Children are eligible for coverage until the age of 26.

- **Disabled Children:** If your child is disabled or becomes disabled before turning age 26, they may be eligible for continued benefits.
QUESTIONS?

County Administration Office/Human Resources

Phone: 815-547-6269
Fax: 815-547-3579
Email: dstreed@boonecountyil.org

Your rights are governed by each Summary Plan Description (SPD), which may be a plan document, evidence of coverage, certificate of coverage or contract, and not by the information in this guide. If there is a conflict between the provisions of the plan you selected and the Employee Benefits Packet, the terms of the plan govern.

Boone County does not discriminate against any individuals because of his or her race, color, religion, sex, national origin, ancestry, age, order of protection status, marital status, physical or mental disability, military status, sexual orientation, or unfavorable discharge from military service.

El Condado de Boone es un Empleador de Igualdad de Oportunidades. El Condado de Boone no discrimina contra ningún individuo basado en su raza, color, religión, sexo, origen nacional, ascendencia, edad, estado de orden de protección, estado marital, discapacidad física o mental, categoría militar, orientación sexual, o baja desfavorable del servicio militar.

Fraud, Waste, and Abuse Reporting

Website: www.lighthouse-services.com/boonecountyil
Toll-Free Telephone: 833-290-0001
MEDICAL INSURANCE

OVERVIEW

Boone County is a member of the IPBC, a local government insurance pool. Blue Cross Blue Shield of Illinois (BCBS) is the claims administrator for Boone County’s PPO medical plan. Members have access to BCBS special programs such as virtual doctor visits, a 24/7 nurseline, and wellness resources.

Prescription drug benefits are provided by Express Scripts. If you take maintenance medications (long-term medications), be sure to obtain a 90-day/3-month supply from Walgreens, CVS, or through Express Scripts Home Delivery to avoid paying the full cost of the prescription.

Group No. PF3118; Plan Year Begins July 1

CONTACT

- BCBS Customer Service: 1-800-458-6024
- BCBS Provider Locator: 1-800-810-2583
- BCBS 24/7 Nurseline: 1-800-299-0274
- BCBS MDLIVE: 1-888-676-4204
- Express Scripts Customer Service: 1-800-711-0917

MONTHLY EMPLOYEE CONTRIBUTIONS

<table>
<thead>
<tr>
<th>Wellness Participant</th>
<th>Current</th>
<th>Effective 7/1/2020</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$178</td>
<td>$186</td>
<td>$8/mo</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$352</td>
<td>$367</td>
<td>$15/mo</td>
</tr>
<tr>
<td>Employee + Children</td>
<td>$314</td>
<td>$328</td>
<td>$14/mo</td>
</tr>
<tr>
<td>Family</td>
<td>$375</td>
<td>$391</td>
<td>$16/mo</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-Wellness Participant</th>
<th>Current</th>
<th>Effective 7/1/2020</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$228</td>
<td>$238</td>
<td>$10/mo</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$425</td>
<td>$443</td>
<td>$18/mo</td>
</tr>
<tr>
<td>Employee + Children</td>
<td>$395</td>
<td>$412</td>
<td>$17/mo</td>
</tr>
<tr>
<td>Family</td>
<td>$525</td>
<td>$548</td>
<td>$23/mo</td>
</tr>
</tbody>
</table>
MEDICAL INSURANCE BENEFITS SUMMARY

Deductible

Network: $650 individual, $1,950 family
Non-Network: $1,050 individual, $3,050 family

Coinsurance:

90% network
70% non-network

Out of Pocket (includes deductible):

Network: $1,575 individual, $4,725 family
Non-Network: $3,050 individual, $9,050 family

Outpatient Surgery and Diagnostic

Network: Deductible applies, then 90%
Non-Network: Deductible applies, then 70%

Hospital Care - Inpatient

Network: Deductible applies, then 90%
Non-Network: $300 copay, deductible applies, then 70%

Hospital Care - Outpatient

Network: Deductible applies, then 90%
Non-Network: Deductible applies, then 70%

Hospital Emergency Care

$250 copay, waived if admitted

Physician Services

Network: $35 copay primary, $50 copay specialist
Non-Network: Deductible applies, then 70%

Other Covered Services

Network: Deductible applies, then 90%
Non-Network: Deductible applies, then 70%

Preventative Services

Network: Deductible waived, then 100%
Non-Network: Deductible applies, then 70%
MEDICAL INSURANCE BENEFITS SUMMARY (CONTINUED)

Retail Prescription Drug Coverage (34-day supply)

   $5 generic, $35 formulary, $60 non-formulary, $100 specialty

Mail Order Prescription Drug Coverage (90-day supply)

   $10 generic, $70 formulary, $120 non-formulary

Rx Out of Pocket Maximum

   $1,000 individual, $3,000 family

Note: For illustrative purposes only; please consult benefits booklet for more information. This exhibit in no way replaces the plan document of coverage, which outlines all plan provisions and legally governs the operations of the plan.
EMPLOYEE WELLNESS

OVERVIEW

Boone County partners with BetterLife Wellness to provide a comprehensive wellness program to employees.

Each fall, the County sponsors a Health Risk Screening event. The health risk screening consists of two parts. The first part involves scheduling an appointment to have your biometrics of height, weight, waist circumference, and blood pressure measured and blood drawn for the following tests: lipid profile, fasting glucose, and Hemoglobin A1C (only if glucose > 99). The second part includes the completion of a confidential Health Questionnaire. All of this information is then compiled into a personal health report.

Participation in the Health Risk Screening event is entirely voluntary; however, employees must participate in the Health Risk Screening event or submit test results from their physician to remain on the Wellness Participant Rate for medical insurance (see page 3 for Wellness and Non-Wellness Rates).

Note: All individual information is confidential. Individuals will have access to their own personal results electronically. The County sponsors the program and receives only a group report that summarizes the overall results of all participants. The County will never have access to any personal health information.

Wellness program participants receive other exciting benefits, such as access to a customized wellness member health portal, wellness education events, discounted BetterLife Wellness retail services, and a free 30 day YMCA membership.

CONTACT

- Phone: 779-696-9700
- Email: betterlifewellness@swedishamerican.org
DENTAL INSURANCE

OVERVIEW

Boone County offers employees and dependents a PPO dental plan with Northern Illinois Health Plan (NIHP) as the claims administrator. The County’s coverage through NIHP is with the Cigna Dental PPO SA Plus Network. The County’s PPO plan offers you the freedom and flexibility to use the dentist of your choice. Members do not have to see an in-network dental provider for benefits.

Group No. 6525; Plan Year Begins August 1

CONTACT

- NIHP Customer Service: 815-599-7050 or 1-800-723-0202
- www.CignaDentalSA.com

MONTHLY EMPLOYEE CONTRIBUTIONS

<table>
<thead>
<tr>
<th>Dental Insurance Monthly Rate</th>
<th>Tier</th>
<th>Current</th>
<th>Effective 8/1/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Single</td>
<td>$41</td>
<td>$35</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>$56</td>
<td>$56</td>
</tr>
</tbody>
</table>

- $6/mo
- No Change

DENTAL INSURANCE BENEFITS SUMMARY

Annual Calendar Year Dental Deductible

$50 per person, $100 per family

Class I Services - Diagnostic and Preventive Services

100% no deductible

Class II Services - Basic Restorative Services

80% after deductible

Class III Services - Major Restorative and Prosthodontic Services

50% after deductible
DENTAL INSURANCE BENEFITS SUMMARY (CONTINUED)

Orthodontic Services

Covered for all ages

Lifetime maximum $1,250

50% no deductible

Dental Calendar Year Maximum Benefit

$1,500 per person

Routine Oral Examination

Twice per calendar year

Routine Dental Cleaning (Prophylaxis); Periodontal Prophylaxis may be substituted for Routine Dental Cleaning

Twice per calendar year

Dental X-rays

Bitewings: Twice per calendar year

Periapical: Twice per calendar year

Occlusal: Twice per calendar year

Extraoral: Twice per calendar year

Full mouth/panorex (single or multiple films): Limited to once in a 3 year calendar period, unless due to an injury

Space Maintainers

Dependent children under age 14

Topical Fluoride

Dependent children under age 14

Sealants

Dependent children under age 14

Note: For illustrative purposes only; please consults benefits booklet for more information. This exhibit in no way replaces the plan document of coverage, which outlines all plan provisions and legally governs the operations of the plan.
VISION INSURANCE

OVERVIEW

Boone County offers employees and dependents vision insurance through VSP.

Group No. 30032979; Plan Year Begins August 1

CONTACT

- VSP Member Services: 1-800-877-7195
- https://www.vsp.com/

MONTHLY EMPLOYEE CONTRIBUTIONS

<table>
<thead>
<tr>
<th>Vision Insurance Monthly Rate</th>
<th>VSP</th>
<th>Current</th>
<th>Effective 8/1/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>No Cost</td>
<td>No Cost</td>
<td>No Change</td>
</tr>
<tr>
<td>Family</td>
<td>$6.13</td>
<td>$6.13</td>
<td>No Change</td>
</tr>
</tbody>
</table>
VISION INSURANCE BENEFITS SUMMARY

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
<th>Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Well Vision Exam</strong></td>
<td>• Focuses on your eyes and overall wellness</td>
<td>$10</td>
</tr>
<tr>
<td></td>
<td>• Every 12 months</td>
<td></td>
</tr>
<tr>
<td><strong>Prescription Glasses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frame</td>
<td>• $130 allowance for a wide selection of frames</td>
<td>Included in</td>
</tr>
<tr>
<td></td>
<td>• $150 allowance for featured frame brands</td>
<td>Prescription</td>
</tr>
<tr>
<td></td>
<td>• 20% savings on the amount over your allowance</td>
<td>Glasses</td>
</tr>
<tr>
<td></td>
<td>• Every 24 months</td>
<td></td>
</tr>
<tr>
<td>Lenses</td>
<td>• Single vision, lined bifocal, and lined trifocal lenses</td>
<td>Included in</td>
</tr>
<tr>
<td></td>
<td>• Polycarbonate lenses for dependent children</td>
<td>Prescription</td>
</tr>
<tr>
<td></td>
<td>• Every 12 months</td>
<td>Glasses</td>
</tr>
<tr>
<td>Lens Enhancements</td>
<td>• Standard progressive lenses</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>• Premium progressive lenses</td>
<td>$95 - $105</td>
</tr>
<tr>
<td></td>
<td>• Custom progressive lenses</td>
<td>$150 - $175</td>
</tr>
<tr>
<td></td>
<td>• Average savings of 20-25% on other lens enhancements</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Every 12 months</td>
<td></td>
</tr>
<tr>
<td>Contacts (instead of glasses)</td>
<td>• $130 allowance for contacts; copay does not apply</td>
<td>Up to $60</td>
</tr>
<tr>
<td></td>
<td>• Contact lens exam (fitting and evaluation)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Every 12 months</td>
<td></td>
</tr>
<tr>
<td>Extra Savings</td>
<td><strong>Glasses and Sunglasses</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Extra $20 to spend on featured frame brands</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Go to vsp.com/specialoffers for details</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 20% savings on additional glasses and sunglasses, including lens</td>
<td></td>
</tr>
<tr>
<td></td>
<td>enhancements, from any VSP provider within 12 months of your last</td>
<td></td>
</tr>
<tr>
<td></td>
<td>WellVision Exam</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Retinal Screening</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• No more than a $30 copay on routine retinal screening</td>
<td></td>
</tr>
<tr>
<td></td>
<td>as an enhancement to a WellVision Exam</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Laser Vision Correction</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Average 15% off the regular price or 5% off the promotional price</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Discounts only available from contracted facilities</td>
<td></td>
</tr>
</tbody>
</table>

**Your Coverage with Out-of-Network Providers**

Get the most out of your benefits and greater savings with a VSP network doctor. Your coverage with out-of-network providers will be less or you’ll receive a lower level of benefits. Visit vsp.com for plan details.

- Exam: Up to $45
- Frame: Up to $70
- Lined Trifocal Lenses: Up to $65
- Single Vision Lenses: Up to $30
- Lined Bifocal Lenses: Up to $50
- Progressive Lenses: Up to $50
- Contacts: Up to $105

VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

Note: For illustrative purposes only; please consult benefits booklet for more information. This exhibit in no way replaces the plan document of coverage, which outlines all plan provisions and legally governs the operations of the plan.
FLEXIBLE SPENDING ACCOUNT

OVERVIEW

A Flexible Spending Account (FSA) is a County-sponsored savings account that allows you to save money for certain qualified expenses on a pre-tax basis. The County offers two types of Flexible Spending Accounts through TASC, a Medical FSA and a Dependent Care FSA.

Participants choose an election amount based on estimated out of pocket expenses for the plan year. Throughout the year, a deduction will be made from each paycheck on a pre-tax basis. Purchases can be made from the TASC-issued debit card or via a reimbursement process. The IRS does not allow funds from Medical FSA’s and Dependent Care FSA’s to be carried over to the next plan year. If you do not use your money in the allotted time period, you lose it.

CONTRIBUTION LIMITS

Medical FSA: For 2020, you may contribute up to $2,750 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26.

Dependent Care FSA: For 2020, you may contribute up to $5,000 (per family) to cover eligible dependent care expenses ($2,500 if you and your spouse file separate tax returns).

Plan Year Begins January 1

CONTACT

- TASC Customer Care: 1-800-422-4661
- TASC Online Access: https://uba.tasconline.com/login
OVERVIEW

IMRF is a defined benefit plan. The pension benefit is based on a set formula determined by the Illinois Pension Code and guaranteed by the Illinois Constitution. Part of the cost of the retirement benefit is paid by the member’s own contributions and the interest those contributions earn. However, the majority of the cost of the retirement benefit is paid for by the employer’s contributions and the investment earnings of those contributions.

A qualifying position is one which is expected to require at least 1,000 hours of work in a 12-month period. If an employee holds a qualifying position, neither the employer nor the employee has a choice about IMRF participation. Once an employer joins IMRF, the Pension Code determines whether an employee is eligible for IMRF participation.

VOLUNTARY ADDITIONAL CONTRIBUTIONS

IMRF’s Voluntary Additional Contribution (VAC) program is an easy way to help you save additional retirement income. Voluntary Additional Contributions:

- Are limited to a maximum of 10% of your IMRF reportable earnings (up to the Tier 2 wage cap, if applicable).
- Are after tax, not tax-deferred.
- Are a separate individual account consisting only of your contributions and any interest you earn on them. Employers do not make any contributions to your VA account.
- Accrue interest differently than traditional saving accounts.
- Continue to earn interest for as long as they are left on deposit with IMRF.

CONTACT

- Contact the County Clerk’s Office (the County’s IMRF Authorized Agent) for more information.
- 1-800-ASK-IMRF (1-800-275-4673)
OTHER EMPLOYEE BENEFITS

LIFE INSURANCE (UNUM)

The County provides $15,000 of life insurance and accidental death and dismemberment insurance for all benefit-eligible employees. In addition, Unum offers additional Voluntary coverage to interested employees. Contact the Administration Office for more information about Unum.

Plan Year Begins May 1

LIFE INSURANCE (NCPERS)

Employees who are IMRF members can purchase term life insurance coverage through the Voluntary Group Life Plan with NCPERS. Contact the County Clerk’s Office for more information about NCPERS.

Plan Year Begins January 1

SUPPLEMENTAL INSURANCE (AFLAC)

Aflac supplemental insurance offerings include accident, cancer care, hospital, and critical care and recovery.

Contact Pete Tekampe, Aflac District Sales Coordinator, at 815-904-2745 for more information.

Plan Year Begins January 1

EMPLOYEE ASSISTANCE PROGRAM (UNUM)

Boone County is proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The Employee Assistance Program (EAP) is provided at NO COST to you through Unum. The EAP can help with the following issues, among others: Mental health; Relationships or marital conflicts; Child and eldercare; Substance abuse; Grief and loss; and Legal or financial issues.

EAP Benefits

Online/phone support: Unlimited, confidential, 24/7 (1-800-854-1446 or www.unum.com/lifebalance)

In-person: You can get up to 3 visits available at no additional cost to you with a Licensed Professional Counselor.
**457(B) DEFERRED COMPENSATION PLANS**

A 457(b) Plan is a deferred compensation plan described under Section 457(b) of the Internal Revenue Code (the IRC). Future benefits from a 457(b) Plan will reflect the amount of a participant’s voluntary salary deferral contributions plus earnings. Vesting is immediate. Employees who want to participate in a 457(b) Plan designate a portion of their gross salary to be contributed on a pretax basis, thus reducing the participant’s taxable income. Taxes on contributions and any earnings are deferred (that is, postponed) until the participant withdraws the money.

The County partners with three 457(b) Plan providers:

**ICMA-RC**
- Plan No. 302144
- Victor Perez, Retirement Plans Specialist
- 866-630-3038
- vperez@icmarc.org

**Security Benefit**
- Plan No. 612853000
- Scott Heinzman, Client Service Manager
- 630-587-5922 ext. 305
- scott.heinzman@lpl.com

**VALIC (an AIG company)**
- Plan No. 67114
- Sandi Arko, Certified Financial Planner
- 815-355-2756
- sandi.arko@aig.com