

Benefits at a Glance

For Non-Represented Employees



Paid Time Off (PTO)

Each regular full-time employee shall accrue PTO hours at the following rates:

Non-Exempt Employees

	<u>Biweekly Rate</u>	<u>Approximate Annual Rate</u>
First year of continuous service	3.75 hours	97.5 hours
After 1 year continuous service	5.77 hours	150.0 hours
After 4 years continuous service	7.22 hours	187.5 hours
After 9 years continuous service	8.66 hours	225.0 hours

Exempt Employees

	<u>Biweekly Rate</u>	<u>Approximate Annual Rate</u>
First year of continuous service	4.33 hours	112.5 hours
After 1 year continuous service	6.35 hours	165.0 hours
After 4 years continuous service	7.79 hours	202.5 hours
After 9 years continuous service	9.24 hours	240.0 hours

PTO shall not be permitted to be used during a new employee's 6-month probationary period. However, after an employee has completed his/her probationary period, he/she shall be entitled to the number of hours accrued from the date of employment. (Section H of the Non-Represented Employee Policy)

Holiday Pay

All regular full-time employees who have completed (60) calendar days of employment will receive one day's pay at their straight time regular rate of pay for each of the following recognized holidays:

New Year's Day	January 1
Martin Luther King Day	Monday nearest January 15
President's Day	Third Monday in February
Good Friday (afternoon)	Friday before Easter
Memorial Day	Last Monday in May
Juneteenth	June 19
Independence Day	July 4
Labor Day	First Monday in September
Veteran's Day	November 11
Thanksgiving Day	Fourth Thursday in November
Day after Thanksgiving	Fourth Friday in November
Christmas Eve	December 24
Christmas Day	December 25
New Year's Eve	December 31

Employee Assistance Program



EMPLOYEE ASSISTANCE PROGRAM



BRONSONHELPNET.COM

Confidential counseling and referral services are part of our employment benefits. They are provided free of charge for you and anyone in your household.

- Marital or family issues
- Child care
- Aging parents
- Addictions
- Emotional problems
- Stress
- Greif and Loss
- Legal or financial
- Work or career challenges

(800) 969-6162

Retirement



Defined Contribution Retirement Plan

About the Plan

The MERS Defined Contribution Plan provides you an invested retirement account that you manage, with contributions from you and your employer. Your future retirement benefit is determined by your account balance, which is affected by how much is contributed, the performance of your investments, and how many years you are invested.

This plan is a qualified retirement plan under Section 401(a) of the Internal Revenue Code (also known as a governmental money purchase plan). Unlike a private sector 401(k) plan, governmental plans **require** enrollment and there is not the flexibility to change employee contributions over time. In order to encourage retirement savings many governmental employers also offer a 457 program to employees.

Your Employer Contributions: **7%**

Your Employee Contributions: **2%**



457 Supplemental Retirement Savings Program

About the Program

The MERS 457 Supplemental Retirement Program offers you a flexible retirement account you manage. You decide how much to contribute, how to invest the assets, and how to plan for the future. One of the benefits of the program is that you have access to your account when you leave employment, even if that's before age 60.

We also offer 457b Programs with:





Isabella County Health Insurance Benefit Summary Sheet - Eff. 01/01/2022

Purchased Plan		Reimbursed Plan A	Reimbursed Plan B	Reimbursed Plan C
Medical - Blue Cross Blue Shield		<i>44North HRA</i>		
Deductible	\$5000/\$10,000	\$0/\$0	\$100/\$200	\$500/\$1,000
Coinsurance Percent	20%/	0%	10%	20%
Coinsurance Max	N/A	\$0/\$0	\$500/\$1,000	\$1,500/\$3,000
Out of Pocket Max	\$6350/\$12,700	N/A	N/A	N/A
Prescription	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80
Mail Order	\$20/\$80/\$160	\$20/\$80/\$160	\$20/\$80/\$160	\$20/\$80/\$160
Office Visit Copay	\$30	\$30	\$30	\$30
Specialist Copay	\$30	\$30	\$30	\$30
Chiropractic Copay/Max Visits	\$30/24 visits	\$30/24 visits	\$30/24 visits	\$30/24 visits
Urgent Care Copay	\$30	\$30	\$30	\$30
Emergency Room	\$150	\$150	\$150	\$150
Dental - Blue Cross Blue Shield				
Class I	Diagnostic & Preventive			100%
Class II	Fillings, Crowns, Oral Surgery			75%
Class III	Dentures, Bridges, Implants			50%
Annual Maximum		\$1200 per calendar year		
Vision - Blue Cross Blue Shield				
Exam	1 every 12 months	\$10 copay		
Lenses/Contacts	Every 12 months	\$25 copay		\$150 Max Allowance
Frames	Every 12 months	\$25 copay		\$150 Max Allowance
Lincoln Financial Group				
Life and AD&D	<small>(AD&D for Class 1 only)</small>	Class 1; \$25K (active employees), Class 2; \$25K (grandfathered retirees only) Class 3; \$9K (retirees)		
Short Term Disability	<small>(Non-Union only)</small>	15th day Accident/15th day illness/26 week max benefit 66.6% up to \$2,500 weekly		
Long Term Disability	<small>(Non-Union only)</small>	180 day Elimination Period - 60% up to \$6000 monthly		
Notes				
Section 125	Cost for insurance can be taken pre-tax.			
Medical Reimbursement	Annual medical reimbursement max \$2,750. All remaining 2021 funds can be rollover into your 2022 plan			
Dependent Care Reimbursement	Annual daycare max \$5,000			

2023 Per Pay Employee Health Insurance Cost Shares

These employee cost shares are deducted each pay, 24 pays out of the year.

When a 3rd pay occurs in a single month due to our bi-weekly payroll cycle, no premium is deducted on that 3rd pay.

Plan A
 Single: \$32.90
 2 Person: \$78.11
 Family: \$99.74

Plan B
 Single: \$15.67
 2 Person: \$37.17
 Family: \$47.51

Plan C
 \$0.00 no matter which coverage tier you choose