

### **Dawson County Benefits at a Glance**

Full Time employees are eligible for benefits the 1st of the month following 30 days of employment. The plan year runs from July 1 through June 30. Deductibles and out-of-pocket maximums are on a calendar year (January 1 through December 31).

## Dawson County offers the following Benefits to Full Time Employees:

- -Cigna HMO and PPO Medical Plans
- -Cigna Dental Plan
- -Cigna Vision Plan
- -Voluntary Life for Employee, Spouse, and Child(ren)
- -Short Term Disability
- -Long term Disability
- -Flexible Spending Account (FSA)
- -Dependent Care Flexible Spending Account
- -Aflac Supplemental Insurance
- -Nationwide Pet Insurance
- -401(a)/457(b) Retirement Plan (Dawson County will match up to 5% of employee contributions; employees are eligible for County match after 90 days of employment)
- -Tuition Assistance Program
- -14 Holidays per year
- -1 Floating Holiday per year to be used at employee's discretion
- -40 Hour Annual PTO Payout (full time employees may cash out up to 40 hours once per year provided 20 hour PTO balance remains
- -Dawson County Health Rewards Program—earn up to \$150

#### Free Employee Benefits Paid for by the County

- -County-paid Basic Life Insurance Policy for employees in the amount of \$50,000, \$5,000 for eligible spouse, and \$2,500 for eligible child(ren)
- -County-paid Telemedicine Program for employees and their eligible spouse and children
- -County-paid Employee Assistance Program for employees and their eligible spouse and children

-Labor Day
-New Year's Day
-MLK Day
-Presidents' Day
-Good Friday
-Memorial Day
-Labor Day
-Veterans Day
-Thanksgiving Day
-Day after Thanksgiving
-Christmas Eve
-Christmas Day

-Memorial Day -Christmas Day
-Juneteenth -New Year's Day
-Independence Day -Floating Holiday

#### **PTO Accrual Rates**

	80 Hour Employee			Hour loyee	96 Hour Employee	
Years of	Hours Accrual Earned Rate Per Per Pay		Hours Earned Per	Accrual Rate Per Pay	Hours Earned Per	Accrual Rate Per Pay
Service	Year	Period	Year	Period	Year	Period
0-1	120	4.62	126	4.85	144	5.54
2	144	5.54	151	5.82	173	6.65
3-4	160	6.15	168	6.46	192	7.38
5-9	200	7.69	210	8.08	240	9.23
10-14	224	8.62	235	9.05	269	10.34
15-20	240	9.23	252	9.69	288	11.08
21-24	280	10.77	294	11.31	336	12.92
25+	320	12.31	336	12.92	384	14.77

Benefit Enrollment Sessions are held the 2nd Wednesday every month at 8:30AM. You will receive information regarding your assigned Benefit Enrollment Session during the onboarding process.

# Dawson County provides the following <u>Free</u> Benefits to Part Time Regular Employees:

- -County-paid Telemedicine Program for employees and their eligible spouse and children
- -County-paid Employee Assistance Program for employees and their eligible spouse and children

Benefits become effective the 1st of the month following 30 days of employment

#### **Dawson County Board of Commissioners**



### Employer & Employee Insurance Costs Benefit Plan Year: July 1, 2024 through June 30, 2025

The semi-monthly amounts shown below are based on 24 deductions. For enrollments or changes occurring during the plan year, deductions are adjusted accordingly.

						Employee Standard
	Total Monthly	<b>Employer Monthly</b>	Percentage paid	Employee	Percentage paid by	Payroll Deduction
Cigna OAPIN (HMO)	Premium	Cost	by County	Monthly Cost	Employee	(per pay period)
Employee	950.08	760.06	80.00%	190.02	20.00%	95.01
Employee + Spouse	1,995.16	1,596.13	80.00%	399.03	20.00%	199.52
Employee + Child(ren)	1,805.15	1,444.12	80.00%	361.03	20.00%	180.52
Employee + Family	2,850.24	2,280.19	80.00%	570.05	20.00%	285.02
In-Network Calendar Year Deductible:			Out-of-Pocket C	alendar Year Lir	mit:	
Single:	\$1,500		Single:	\$4,000		
Family:	\$4,500		Family:	\$8,000		

		5		E1.		Employee Standard
	Total Monthly	Employer Monthly	Percentage paid	Employee	Percentage paid by	•
Cigna OAP (PPO)	Premium	Cost	by County	Monthly Cost	Employee	(per pay period)
Employee	906.31	725.05	80.00%	181.26	20.00%	90.63
Employee + Spouse	1,903.24	1,522.59	80.00%	380.65	20.00%	190.32
Employee + Child(ren)	1,722.00	1,377.60	80.00%	344.40	20.00%	172.20
Employee + Family	2,718.96	2,175.17	80.00%	543.79	20.00%	271.90
Calendar Year Deductible:		5	Out-of-Pocket C	alendar Year Lii	mit:	
	In-Network	Out-of-Network		In-Network	Out-of-Network	
Single:	\$2,500	\$7,500	Single:	\$7,900	\$23,700	
Family:	\$7,500	\$20,000	Family:	\$15,800	\$47,400	

	Total Monthly	Employer Monthly	Percentage paid	Employee	Percentage paid by	Employee Standard Payroll Deduction
Cigna Dental	Premium	Cost	by County	Monthly Cost	Employee	(per pay period)
Employee	26.65	0.00	0.00%	26.65	100.00%	13.33
Employee + Spouse	54.23	0.00	0.00%	54.23	100.00%	27.12
Employee + Child(ren)	66.89	0.00	0.00%	66.89	100.00%	33.45
Employee + Family	94.30	0.00	0.00%	94.30	100.00%	47.15

						Employee Standard
	Total Monthly	<b>Employer Monthly</b>	Percentage paid	Employee	Percentage paid by	Payroll Deduction
Cigna Vision	Premium	Cost	by County	Monthly Cost	Employee	(per pay period)
Employee	5.96	0.00	0.00%	5.96	100.00%	2.98
Employee + Spouse	11.92	0.00	0.00%	11.92	100.00%	5.96
Employee + Child(ren)	12.15	0.00	0.00%	12.15	100.00%	6.08
Employee + Family	19.22	0.00	0.00%	19.22	100.00%	9.61

<sup>\*</sup>Maximum dependent age = 26 (coverage terms at end of month following 26th birthday) COBRA terms: Employees = 18 months; Spouse (due to divorce/death) = 36 months

	<b>Employer Monthly</b>
Basic Life	Cost
Employee	6.05
Employee + Dependent	1.59

	Employer
Telemedicine	Monthly Cost
Employee	4.50