

2022
**PRISON BARGAINING UNIT
FULL-TIME EMPLOYEES
OVERVIEW OF BENEFITS**



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COUNTY OF LANCASTER

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Eligible Dependents:

- Legally Married Spouse
 - Children, Legally Adopted Children
 - Step-Child(ren), Foster Child, or any children for whom you have legal custody
- **Medical:** coverage until the date of their 26 birthday
- **Life Insurance:** must be a full-time student, coverage until the date of their 25 birthday (if purchased voluntary dependent life insurance)

Supporting documentation is required for a spouse and dependent children to be enrolled in the benefit plans. For a spouse a marriage certificate is required and for dependent(s) a birth certificate.

Benefit information, such as presentations, summary plans, and claims forms are located on the employee website: <https://lcpaemployees.org/>

EMPLOYEE WEBSITE

Provides employee access to detailed information about all benefits, valuable links to service providers and other information, downloadable forms, upcoming events and programs, County policies and much more. Employees can visit the [Employee Website, https://lcpaemployees.org/](https://lcpaemployees.org/). When prompted to log in, enter your County network login name or email address and password that an employee uses when they log into the computer at the County. **DO NOT** check the “Keep Me Signed in” box if using a public computer. If an employee requires assistance, please contact Information Technology (IT) at ithelpdesk@co.lancaster.pa.us or 717.299.8257

Waiting Period for Benefits:

30 Days	Basic Life Insurance, Personal Day, Sick Leave
90 Days	Medical and Voluntary Programs
6 Months	Extended Medical Leave, Vacation
1 Year	Dental and Vision, Tuition Reimbursement

This orientation booklet is provided for guidance purposes only. You may refer to County benefits on the Employee’s Website go to: <https://lcpaemployees.org/>. County policies take precedence over Bargaining Unit Agreements. The County reserves the right to change, delete, suspend or discontinue any part or parts of any County policy at any time without prior notice.

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MEDICAL INSURANCE*◆

Capital Blue Cross / [Presentation](#)

1.888.428.2566. Website: www.capbluecross.com



After 90 days of continuous, full-time employment, the County of Lancaster provides you with a health plan from *Capital Blue Cross (Group #00515275)*.

A **Qualified High Deductible Health Plan (QHDHP)** is a consumer driven plan. Its purpose is to lower health care costs by encouraging members to analyze health care decisions, while making insurance premiums more affordable, for medical and prescription costs. Knowing how much members may be responsible for paying may help members plan healthcare expenses accordingly. Below are some basic features of the QHDHP, [Qualified High Deductible Health Plan \(QHDHP\)](#)

- Employee selects a primary care provider. Employee does not need referrals to specialists.
- Employee may use any doctor, but out-of-pocket costs are based on whether the provider is in-network or out-of-network.

Deductibles must be met before the plan begins paying benefits—except for [in-network preventive care](#) and [preventive generic drugs](#). The deductibles are \$1,500 for individual coverage and \$3,000 for family coverage.

Prescription Plan

Retail Drug Store (up to a 30-day supply) the co-pays are up to \$15 (Generic); \$35 (Brand Preferred); and \$60 (Brand Non-Preferred). *Home Delivery* (up to a 90-day supply) the co-pays are up to \$30 (Generic); \$70 (Brand Preferred); and \$120 (Brand Non-Preferred).

Prime Therapeutics – 1.888.428.2566 Website: <https://capbluecross.com>

Medical Contributions per Pay Period:

Employee Only	\$13.30
Employee + Spouse	\$26.59
Employee + Spouse with Spousal Premium	\$103.51
Employee + Child(ren)	\$21.27
Employee + Family	\$33.60
Employee + Family with Spousal Premium	\$110.52

Spousal Coverage

If the spouse of a County employee who works full-time and is eligible for coverage under his/her full-time employer's plan, and the employee chooses to elect the County's medical insurance plan as his/her spouse's primary insurance, the employee shall pay an additional [spousal premium](#) of \$76.92 per pay period (\$2000 annually) in addition to the required health insurance contribution rate.

* Employee benefit contribution is not prorated. Employee is responsible for paying the contribution during any pay period with no pay or insufficient funds to pay the contribution.

◆ Addition of dependent(s) to current coverage because of changes or a life event such as marriage or birth/adoption of a child must be done within 30 days of the event.

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 **Document Assistant**
Ask Alexa "Open My Cap Blue Cross" and follow instructions



BENEFIT HIGHLIGHTS

CapitalBlueCross.com

QHDHP PPO PLAN

County of Lancaster

This information is not a contract, but highlights some of the benefits available to you and is not intended to be a complete list or description of available services. Benefits are subject to the exclusions and limitations contained in your Benefits Booklet (also known as "Certificate of Coverage"). Refer to your Benefits Booklet for complete details.

YOUR MEDICAL PLAN SUMMARY OF COST SHARING		
	Member Responsibilities	
	If provider is in-network	If provider is out-of-network
Deductible (per benefit period) Deductible is combined to include medical and prescription drug benefits for in-network providers. If you enroll in a family plan, the overall family deductible must be met before the plan begins to pay.	\$1,500 per member \$3,000 per family	\$3,000 per member \$6,000 per family
Coinsurance (percentage you pay after your deductible is met)	No member coinsurance	20% coinsurance
Out-of-Pocket Maximum (The most you pay per benefit period, after which benefits are paid at 100%. This includes deductible, copayments and coinsurance for medical including ER and prescription drug for in-network providers only.)	\$5,000 per member \$10,000 per family	
Office Visit / Urgent Care / Emergency Room Copayments		
Virtual Care (non-specialist) Visits – delivered via the Capital Blue Cross Virtual Care platform	\$10 copayment per visit after deductible	Not covered
Office Visits and Consultations (In-person & Telehealth) - performed by a family practitioner, general practitioner, internist, pediatrician or in-network retail clinic	\$20 copayment per visit after deductible	20% coinsurance after deductible
Specialist Office Visits (In-person, Telehealth & via the Capital Blue Cross Virtual Care platform)	\$20 copayment per visit after deductible Virtual Care-\$10 copayment per visit after deductible	20% coinsurance after deductible Virtual Care-Not Covered
Urgent Care Services	\$40 copayment per visit after deductible	20% coinsurance after deductible
Emergency Room	\$75 copayment per visit after deductible, waived if admitted	
Preventive Care		
Pediatric and Adult Preventive Care	No charge, waive deductible	20% coinsurance after deductible
Screening Gynecological Exam and Pap Smear (one per benefit period)	No charge, waive deductible	20% coinsurance, waive deductible
Screening Mammogram (one per benefit period)	No charge, waive deductible	20% coinsurance, waive deductible
Diagnostic Mammogram	No charge after deductible	20% coinsurance after deductible
Facility / Surgical Services		
Inpatient Hospital Room and Board	No charge after deductible	20% coinsurance after deductible
Acute Inpatient Rehabilitation (60 days per benefit period)	No charge after deductible	20% coinsurance after deductible
Skilled Nursing Facility (100 days per benefit period)	No charge after deductible	20% coinsurance after deductible
Maternity Services and Newborn Care	No charge after deductible	20% coinsurance after deductible
Surgical Procedure and Anesthesia (professional charges)	No charge after deductible	20% coinsurance after deductible
Outpatient Surgery at Ambulatory Surgical Center (facility charge only)	No charge after deductible	Not covered
Outpatient Surgery at Acute Care Hospital (facility charge only)	No charge after deductible	20% coinsurance after deductible
Diagnostic Services		
High Tech Imaging (such as MRI, CT, PET)	No charge after deductible	20% coinsurance after deductible
Radiology (other than high tech imaging)	No charge after deductible	20% coinsurance after deductible
Independent Laboratory	No charge after deductible	20% coinsurance after deductible
Facility-owned Laboratory (i.e. Health System owned)	No charge after deductible	20% coinsurance after deductible
Therapy Services (Rehabilitative and Habilitative Services)		
Physical Therapy (30 visits per benefit period)	\$20 copayment after deductible	20% coinsurance after deductible
Occupational Therapy (30 visits per benefit period)	\$20 copayment after deductible	20% coinsurance after deductible
Speech Therapy (30 visits per benefit period)	\$20 copayment after deductible	20% coinsurance after deductible
Respiratory Therapy (30 visits per benefit period)	\$20 copayment after deductible	20% coinsurance after deductible
Manipulation Therapy (20 visits per benefit period)	\$20 copayment after deductible	20% coinsurance after deductible
Acupuncture	Not covered	Not covered
Mental Health (MH) and Substance Use Disorder Services (SUD)		
MH Inpatient Services (30 days per benefit period)	No charge after deductible	50% coinsurance after deductible
MH Outpatient Services (60 visits per benefit period)	\$20 copayment after deductible	50% coinsurance after deductible
SUD Detoxification Inpatient (30 days per benefit period; 90 days per lifetime)	No charge after deductible	50% coinsurance after deductible
SUD Rehabilitation Outpatient (30 days per benefit period; 120 visits per lifetime)	\$20 copayment after deductible	20% coinsurance after deductible
Additional Services		

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Home Health Care Services (90 visits per benefit period)	No charge after deductible	20% coinsurance after deductible
Durable Medical Equipment and Supplies	No charge after deductible	20% coinsurance after deductible
Prosthetic Appliances	No charge after deductible	20% coinsurance after deductible
Orthotic Devices	No charge after deductible	20% coinsurance after deductible


Benefits are underwritten by Capital Advantage Assurance Company®, a subsidiary of Capital Blue Cross. An independent licensee of the Blue Cross Blue Shield Association.

YOUR PRESCRIPTION DRUG SUMMARY OF COST-SHARING				
	Member Responsibilities			
	If provider is in-network		If provider is out-of-network	
Deductible (includes medical and prescription drug benefits for in-network providers) Deductible is waived for Prescription Medications listed on Capital's Preventive Medical List. Members can access this list at capbluecross.com.	\$1,500 per member \$3,000 per family		Not Covered	
	Retail Pharmacy (up to a 30 day supply)	Home Delivery (up to a 90 day supply)	Specialty Pharmacy (up to a 30 day supply)	Specialty Pharmacy (over a 30 day supply)
Prescription Drug Tier				
Generic Preferred	\$15 copayment after deductible	\$30 copayment after deductible	\$15 copayment after deductible	\$10 copayment after deductible
Generic Nonpreferred	\$15 copayment after deductible	\$30 copayment after deductible	\$15 copayment after deductible	\$10 copayment after deductible
Brand Preferred	\$35 copayment after deductible	\$70 copayment after deductible	\$35 copayment after deductible	\$23.33 copayment after deductible
Brand Nonpreferred	\$60 copayment after deductible	\$120 copayment after deductible	\$60 copayment after deductible	\$40 copayment after deductible
Contraceptives* (self-administered)				
Generic	\$0 copayment	\$0 copayment	Not covered	Not covered
Select Brands (no generic equivalent available)	\$0 copayment	\$0 copayment	Not covered	Not covered
Brand Preferred	\$35 copayment after deductible	\$70 copayment after deductible	Not covered	Not covered
Brand Nonpreferred	\$60 copayment after deductible	\$120 copayment after deductible	Not covered	Not covered
Additional Pharmacy Benefits/Details				
Network (for Specialty Pharmacy information please refer to the Guide to Rx Benefits at CapitalBlueCross.com)	Broad Plus			
Formulary	Advantage			
\$0 Preventive Rx Coverage	No charge			
Generic Substitution Program	Restrictive Generic Substitution – In addition to the coinsurance/copayment, the member pays the difference between the brand and generic drug price (when there is a generic alternative) <u>unless</u> the physician requests the brand be dispensed.			
Extended Supply Network (ESN)	Members have the ability to obtain covered drugs for up to a 90 day supply at in-network retail pharmacies.			

Deductibles, coinsurance and copayments under this program are separate from any deductibles, coinsurance and copayments required under any other health benefits coverage you may have.

*Certain preventive contraceptives are required to be covered at no cost to you when filled at an in-network pharmacy with a valid prescription in accordance with Preventive Health Guidelines.

In-network providers and pharmacies agree to accept our allowance as payment in full—often less than their normal charge. If you visit an out-of-network provider or pharmacy, you are responsible for paying the deductible, coinsurance and the difference between the out-of-network provider's or out-of-network pharmacy's charges and the allowed amount. Out-of-network providers may balance bill the member. Some out-of-network facility providers are not covered. Deductibles, any differences paid between brand drug and generic drug prices, and any balances paid to out-of-network pharmacies are not applied to the out-of-pocket maximum. In certain situations, a facility fee may be associated with an outpatient visit to a professional provider. Members should consult with the provider of the services to determine whether a facility fee may apply to that provider. An additional cost-sharing amount may apply to the facility fee.

 Voice activated paper.

Communications issued by Capital Blue Cross in its capacity as administrator of programs and provider relations for all companies.

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DEFINITIONS AND OTHER ASSOCIATED COSTS:

What is a Participating Provider?

A health care facility provider or a professional provider who is properly licensed, where required, and has a contract with Capital Blue Cross to provide benefits under your coverage. All examples below assume the use of a Participating Provider. When possible, always use a Participating Provider...the cost to you will be much less! Participating Providers have agreed to accept what the insurance pays. Non-Participating Providers can and will "back" bill you for the difference between their actual charge for the service and what the insurance pays.

What is Preventive Care?

These are services such as Pediatric and Adult Preventive Care visits, Immunizations and certain screening tests, as specified by the Capital Blue Cross [Summary of Benefits](#), that are covered in full when using a Participating Provider. See [Schedule of Preventive Services](#) and [Simply Select HSA Preventive Medication List](#).

What is a Copayment?

A specified dollar amount (\$20) you are required to pay directly to the Participating Provider at the time certain services are rendered. Emergency Room (ER) has a \$75 copayment (ER fee is waived, if admitted) and Urgent Care has a \$40 copayment.

What is a Deductible?

A "deductible" is a specific dollar amount that members must pay each benefit period (calendar year) before Capital Blue Cross begins to make any payments for claims. Copayments do not count toward the deductible.

What is Out of Pocket Maximum?

The maximum amount of *copayments* that you or your entire family must pay during a benefit period (calendar year). Once you meet this maximum, co-pays are covered 100%.

COST OF PARTICIPATING PROVIDER SERVICES

<u>Type Coverage</u>	<u>Deductible</u>	<u>Out of Pocket Max</u>
Employee Only	\$1,500	\$ 5,000
Family	\$3,000	\$10,000

COST OF NON-PARTICIPATING PROVIDER SERVICES

<u>Type Coverage</u>	<u>Deductible</u>	<u>Out of Pocket Max</u>
Employee Only	\$3,000	\$ 5,000
Family	\$6,000	\$10,000

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Tobacco Incentive

Employees and their enrolled dependents are encouraged to maintain a healthful lifestyle that does not include the use of tobacco products. To support this initiative, *employer contributions to employees' HSA/HRA accounts shall be made to reward* those employees and enrolled dependents who are "tobacco-free".

The County's employer non-tobacco user **HSA/HRA** contributions for new hires for 2022:

Single Enrollment non-tobacco user:	\$400.00
Family Enrollment all enrollees non-tobacco users:	\$800.00

To receive the tobacco incentive, you must open a Health Savings Account or Health Reimbursement Account in conjunction with the Qualified High Deductible Plan.

Definitions:

Tobacco-free: Indicates no use of any form of tobacco that are smoked (e.g., cigarettes, cigars, pipes, electronic cigarettes), applied to the gums (e.g., dipping, chewing tobacco, or snuff), and/or inhaled.

Dependents: For purposes of this procedure; enrolled members elected on the medical insurance.

What is a Health Saving Account?

[Health savings accounts \(HSA\)](#) are tax advantage savings plans that allow a taxpayer to save pre-tax dollars for future healthcare expenses. HSA's are paired with [high-deductible health insurance plans](#). Contributions to an HSA are tax advantaged. Earnings, such as interest and dividends, in the health savings account are tax-exempt at the federal level. Withdrawals from a health savings account are tax-free as long as the funds are used for qualified medical expenses.

Health Savings Account:

1. Pre-tax deposits into your account from your paycheck
2. Tax free spending of account funds when used for qualified medical expenses
3. Employee will receive a debit card
4. The money in your account is your money and carries over from year to year
5. If an employee has other insurance, Medicare, Medicaid, or Tricare she/he may not enroll in the Health Savings Account.

[Steps to Create Health Savings Account:](#)

You must click on the following website: <https://primepay.wealthcareportal.com> to create your account for your Health Savings Account. You must click on "New User" or the top click on "Login". You must create your Login information: (read and following instructions)

- Must use the same email you have registered in HRMS-Self Service
- **Employee Id#** is your social security number
- **Registration Id# / County Id#** is PRINP3297

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What is a Health Reimbursement Account?

A [Health Reimbursement Account](#) is an IRS approved, employer-funded, tax advantaged employer health benefit plan that reimburses employees for out of pocket medical expenses and individual health insurance premiums. A health reimbursement arrangement allows the employer to make contributions to an employee's account and provide reimbursement for eligible expenses. Employees may not make contributions.

Health Reimbursement Account:

1. Employer Contribution only; Employees may not contribute to the fund
2. Employee will receive a debit card
3. The money will roll-over from year to year until the funds are exhausted
4. If an employee has other insurance, Medicare, Medicaid, or Tricare she/he may enroll in the Health Reimbursement Account instead of the Health Savings Account.

Steps to Create Health Reimbursement Account:

You must complete a [Health Reimbursement Enrollment Form](#) to create your account for your Health Reimbursement Account

[ConnectCare3 / Presentation](#)

1.877.223.2350 Website: www.connectcare3.com



ConnectCare3 is a confidential, employer sponsored benefit for employees and dependents on their employers health plan. Made up of patient advocates, nurse navigators, health coaches, and a registered dietitian; we are here to help aid you on your health and wellness journey. This is a free benefit to employees and dependents covered under Capital Blue Cross medical insurance.

[Lab Card Select / Presentation](#)

1.800.750.1253 Website: www.LabCardSelect.com

Lab Card Select helps members save money when you choose to have your laboratory testing sent to Quest Diagnostics. This is a voluntary program to help you save money. This is a complimentary service for you and all your family members who are covered under Capital Blue Cross.



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Dental/Vision Insurance

1.800.692.7332

Full time employees, after one year of continuous service, shall be eligible for a dental/vision program provided through AFSCME Health and Welfare Fund (Delta Dental). Please contact your union steward for information on the plan.

Medical Exchange Program

Full-time employees with duplicate medical coverage are able to exchange their County paid group medical insurance for a monetary allowance if they are currently eligible for medical insurance prior to January 1. The payments are offered as a taxable lump sum. Eligibility requirements are outlined on the Medical Insurance Exchange Program Form and/or the Collective Bargaining Unit Agreement for specific details.

Employees exchanging medical insurance coverage may enroll or re-enroll in the County medical coverage at any time if they can document the loss of the health coverage identified in the waiver for medical insurance form. Medical coverage shall be effective the date of loss of coverage as long as the employee completes and submits an enrollment form within 30 days of losing coverage.

Voluntary Accidental Injury Insurance Plan / [Presentation](#)

MetLife



Accidental Injury Insurance pays a lump-sum cash benefit for a broad range of accident treatments and conditions. Employees may cover spouses and dependent children at 100% of the employees' coverage. Rates are flat; age does not change the monthly rate. Refer to the [Summary of Benefits](#). Annually, employees and covered spouse and dependents may submit to the provider proof of a preventative health screening (list of accepted tests in MetLife documentation) and the provider will provide the employee with \$100. The MetLife Group has been selected as the County's Voluntary Accidental Insurance Provider.

Voluntary Critical Illness Insurance Plan / [Presentation](#)

MetLife

Critical Illness Insurance pays a lump-sum cash benefit upon the diagnosis of a critical illness or condition. Covered illnesses include cancer, heart attack, stroke, blindness, major organ transplant and more. Reduced coverage is available for spouses and dependent children. Employees may purchase \$10,000, \$20,000 or \$30,000 coverage increments. There is a guarantee issue up to \$30,000. **Rates are banded by age and smoking status.** Refer to the [Summary of Benefits](#). Annually, employees and covered spouse and dependents may submit to the provider proof of a preventative health screening (list of accepted tests in MetLife documentation) and the provider will provide the employee with \$100. The MetLife Group has been selected as the County's Critical Illness Insurance Provider.

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EMPLOYEE ASSISTANCE PROGRAM (EAP)

1.800.543.5080. Website: www.mseap.com



[Mazzitti and Sullivan](#) - Available immediately! Employees and their family may receive up to three free counseling sessions per family member for problems with stress, marital relationships, parenting, substance abuse programs, work related problems and many other challenges. Employees may also access EAP benefit again after a 2-month break in service. Assistance is available on a confidential, voluntary basis, with no impact on employee's job, promotional opportunities or reputation. To access Mazzitti and Sullivan EAP services call **1.800.543.5080**. Website: www.mseap.com. To enter the

Work/Life section, employee will need the following unique login: LANCO and password: EAP.

Lincoln Financial Group – Employees and their family have unlimited access to a [Counselor 24 hours a day](#), seven days a week and four EAP session to meet with a counselor in your preferred zip code. In addition to counseling, EAP consultants offer adoption resources, referral for eldercare facilities, assistance with financial planning, and simple will preparation at no cost. Employees interested in other member services provided by EAP Consultants are encouraged to contact EAP directly at **1.888.628.4824** and mention the group number **000010206011**. All programs and services provided by EAP Consultants are available to view online at www.GuidanceResources.com the Web ID is LFGsupport, Password is LFGsupport1.

VOLUNTARY DISABILITY INSURANCE

Lincoln Financial Group / [Presentation](#)

1.800.423.2765



After 90 days of full-time employment, employee may be eligible to purchase short and/or long-term Disability Insurance through payroll deduction to protect their income. There are several plans: Short Term: [15 days](#), and [45 days](#); Long Term: [2 years](#) and [5 years](#), with varying levels of coverage, offering a monthly benefit for loss of income in the event of a disability which results from non-occupational accident or illness.

LIFE INSURANCE

Lincoln Financial Group

Basic Life Insurance / [Presentation](#)

The County provides, at no cost to the employee, a group life insurance and accidental death and dismemberment insurance policy. Employees are eligible for this insurance coverage after 30 days of continuous full-time employment.

Basic Life coverage is:

Employees with 30 days to 5 years of service	1 x Salary to maximum of \$300,000
Employees with 6-10 years of service	1½ x Salary to maximum of \$300,000
Employees with more than 10 years of service	2 x Salary to maximum of \$300,000

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Accidental death and dismemberment is in an amount equal to and in addition to the amount of the employee's basic life insurance. Employees entitled to \$50,000 or higher of this basic life coverage paid by the County should contact Human Resources for information regarding federal taxation. The amount over \$50,000 may be waived. Lincoln Financial Group (Group#000010206011) 1.800.423.2765

Additional Employee and Dependent Life Insurance* ♦

Employees can purchase additional amounts of life insurance through payroll deduction for you and/or your family. This must be done after 30 days but prior to 90 days of full-time employment.

RETIREMENT PLAN

The employee retirement pension plan is designed to provide employees with a lifetime income in retirement years. **Participation in the retirement pension plan is mandatory.** Upon employment with the County, employees who are expected to work 1000 hours or more per year are automatically a member. The plan is a contributory system under which employees are required to contribute a minimum of 5% of their gross salary, by automatic deduction from their paycheck. This contribution is considered deferred compensation for federal tax purposes. Employees may also voluntarily elect to contribute an additional 10% maximum. Employees are 100% vested after 5 years of County service or age 60, whichever comes first. In addition to the contributions employees make to the retirement fund, the County contributes amounts which are determined to be sufficient to build up and maintain the necessary reserves for payment of benefits. Employees may change contributions percentage during open enrollment.

DEFERRED COMPENSATION

There are two tax-deferred supplemental retirement programs available to employees that enable employees to contribute a portion of their salary before federal taxes and save for retirement. Since this is not administered by the County, employees are able to sign up and participate at any time. For more information, contact:

Valic (1.800.426.3753) www.aigvalic.com

Nationwide (1.877.677.3678) www.nrsforu.com

CREDIT UNION

717.299.7845. Website: www.lancredrosecu.org

Lancaster Red Rose Credit Union is available to all County employees. The Credit Union offers services including checking, savings, loans and other additional services. For more information, contact the **Lancaster Red Rose Credit Union at 717.299.7845.** Website: www.lancredrosecu.org

* Employee benefit contribution is not prorated. Employee is responsible for paying the contribution during any pay period with no pay or insufficient funds to pay the contribution.

♦ Addition of dependent(s) to current coverage because of changes or life event such as marriage or birth/adoption of a child must be done within 30 days of the event.

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DIRECT DEPOSIT

Employees have the option of either receiving a paycheck or having their entire pay directly deposited into one or two accounts of the employee's choice at the bank(s) of the employee's choice. Authorization agreement forms for direct deposit are available in departments, Human Resources Department, or the Controller's Office. Please return these forms to the Controller's Office. Once forms are returned (by noon Monday of a non-payroll week) it will take two pay cycles until the direct deposit will start. The Controller's Office will send an advice statement for your first direct deposit.

BEREAVEMENT LEAVE

Full-time employees may be granted bereavement leave, with pay, at the time of a death in the family with department head approval (refer to the [Policy and Procedure Manual](#), B-5 Paid Leave or the Collective Bargaining Unit Agreements for specific details).

HOLIDAYS

The County of Lancaster observes the following holiday schedule (*subject to annual approval by Commissioners'; subject to change*):

- | | |
|-------------------------------|----------------------------|
| 1. New Year's Day | 8. Labor Day |
| 2. Martin Luther King Jr. Day | 9. Columbus Day |
| 3. Presidents' Day | 10. Veterans Day |
| 4. Good Friday | 11. Thanksgiving |
| 5. Memorial Day | 12. Day after Thanksgiving |
| 6. Juneteenth | 13. Christmas Day |
| 7. Independence Day | 14. Birthday |

PERSONAL LEAVE

Employees may request earned sick leave be used as personal leave (refer to the [Policy and Procedure Manual](#), B-5 Paid Leave or the Collective Bargaining Unit Agreements for specific details). Requests for personal leave must be in writing or submitted through HRMS - Self Service and approved in advance by your Department Head. Personal Leave may not be advanced. Unused personal time will carry over as sick time.

RESERVE MILITARY LEAVE

Members of reserve components of the Armed Forces are granted a leave not to exceed fifteen days in any calendar year, in which they are engaged in field training. Written notice must be given to the Department Head of need for a leave as soon as possible so that staffing requirements may be maintained.

SICK

The County provides employees with the opportunity to accumulate sick time credit to be used in the event of absence due to personal illness or injury (refer to the [Policy and Procedure Manual](#), B-5 Paid Leave or the Collective Bargaining Unit Agreements for specific details). Sick Leave may not be advanced.

For other than the employee's illness or injury an employee may request:

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1. A maximum of five (5) days of earned sick leave per year to care for immediate family member with health condition requiring employee's personal care and attention.
2. A maximum of six (6) weeks of earned sick leave to be used immediately following the birth or adoption of his/her child to care for the child.
3. A maximum of four (4) days of earned sick leave per year to be used as personal leave.

SICK LEAVE BANK

The County provides a sick leave bank for employees with more than 30 sick days accrued. Enrollment in the sick leave bank is voluntary. After completing an application for membership, authorizing the contribution of two sick days to the bank and one sick day to be contributed in their one-year anniversary, members may be granted up to 50 sick leave days. Members refund one-half of the sick days they are granted at the rate of one-half per month. Open enrollment is during the months of March and September.

VACATION

You are eligible for vacation leave after six months of continuous employment. Vacation is earned at a rate of:

1. Two weeks a year from the date of employment thru five years
2. Three weeks from six thru ten years
3. Four weeks from ten thru fifteen years
4. Five weeks after fifteen years

You may carry a maximum of twenty-five vacation days from 2021 to 2022 with Department Head approval.

EXTENDED MEDICAL LEAVE

Eligibility for medical leave occurs after six months of continuous service. This leave is intended to provide time off due to medical disability and benefits during duration of leave. An employee must exhaust all paid leave, sick leave is used first, vacation leave is used when sick leave is exhausted, and earn compensatory time is used last. Employees enrolled in the County of Lancaster Sick Bank may access Sick Bank pay after all other accrued time is exhausted. Insurance benefits remain in effect during leave with prior arrangements being made for employee required contributions. A medical leave of up to 90 days is granted based on a written recommendation by your treating physician. Your Department Head and Commissioners or designee will review requests for extension of the leave. Medical leave is designated as Family and Medical Leave of Absence and will be deducted against leave available under the [Family and Medical Leave Act \(FMLA\)](#).

FAMILY AND MEDICAL LEAVE OF ABSENCE

After working a minimum of 12 months for the County (need not be consecutive) and at least 1250 hours during the previous 12 months, an employee is eligible to request a [Family and Medical Leave Act \(FMLA\)](#) leave for one or more of the following:

1. For incapacity due to pregnancy, prenatal medical care or child birth;
2. To care for the employee's child after birth, or placement for adoption or foster care;

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3. To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
4. For a serious health condition that makes the employee unable to perform the employee's job.

[All requests](#) will be submitted to Human Resources, Department Head or the payroll clerk. When applicable, requests shall include verification by a health care provider. Requests for twelve (12) workweeks or less shall be consistent with the FMLA. Spouses employed by the County are jointly entitled to a combined total of twelve (12) workweeks of family leave, except for a serious health condition of one spouse or the other. When caring for a family member, an employee shall utilize their family care leave accrual first, and then utilize their vacation leave and compensatory time, and lastly their sick leave accrual until the balance reaches ten (10) days remaining. Insurance benefits remain in effect during leave with prior arrangements being made for required employee contributions.

MILITARY FAMILY LEAVE ENTITLEMENTS

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings. FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered service member during a single 12-month period. A covered service member is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the service member medically unfit to perform his or her duties for which the service member is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

COMMUTER PROGRAMS

[RRTA Bus Services](#) - Take the bus and get \$15 a month discounted on your bus pass. Website: www.redrosetransit.com /phone: 717.397.4246

[Car Pooling](#) - Free parking for carpools that include a minimum of three County employees. The participants receive a free gate card to a designated city parking garage. This program is a six-month commitment.

[Flexible Commuter Spending Account](#) - Set aside up to \$270 per month for transportation on a pre-tax basis to pay for your commuting expenses. Commuter benefits help you pay for your commute to and from work using pretax dollars, which saves you money on your taxes each year. Acceptable expenses would include parking lots, garages, train travel, trolley etc... For the complete list of eligible expenses, visit, www.irs.gov and see IRS Publication 5137.

[RRTA Clipper Magazine Park & Ride Lot](#) – Park your car at the Clipper Magazine Stadium Park n Ride Lot for free and take the Route 6/Downtown Lancaster Loop. To guarantee a parking space, employees must complete a [Park n Ride Agreement](#) at this conveniently located lot and ride the bus to and from center city.

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Important: When employees participate in any of the [commuter programs](#), employees will be given a free taxi or rental car service to get the employee home in the event of an emergency if the employee registers with [Commuter Services of South Central Pennsylvania](#).

TUITION REIMBURSEMENT

After completing probationary period, employees are eligible for tuition reimbursement which provides opportunities to obtain on a voluntary basis, educational courses directly related to a current or future position (refer to the [Policy and Procedure Manual](#), C-3 Tuition Reimbursement or the Collective Bargaining Unit Agreements for specific details).

WELLNESS PROGRAM

Employees may participate in ongoing [Wellness Programs](#) that includes walking programs, lunchtime seminars, and other special programs throughout the year. For up to date happenings and other valuable information, visit the “Employee Wellness Program” page on the Employee website <https://lcpaemployees.org/>.



Enrolling in Benefits:

The link for PeopleSoft – HRMS - Self Service is:

<https://hrweb1.co.lancaster.pa.us:8043/hrms/signon.html>

(Navigation: *Benefits Details Tile > Benefits Enrollment Tile*) or for specific details for Benefit Enrollment: [Instructions](#)

PEOPLESOFT – HRMS SELF SERVICE- COMPUTER ACCESS TO YOUR PERSONAL INFORMATION

Employees may view their paycheck or advice statement, benefits information and more; update their address, phone number, emergency contact, direct deposit accounts, and W4 Tax Information; and enter/track their progress in Wellness incentive programs, when offered. Just sign on to the Lancaster County Employee Website and choose the “[Employee HRMS Self Service](#)” link. When employees initially access the program, use your five-digit numerical Employee ID number as the User ID and last four digits of your Social Security number as the password. (Password can be changed after initial access). Instructions for use are included in the program. <https://hrweb1.co.lancaster.pa.us:8043/psp/hrms/>

ID Cards: You should receive your ID cards, medical, Health Reimbursement and/or Health Savings Account prior to your insurance effective date. **Dental and Vision Cards will not be issued.**

Qualifying Event: marriage, divorce, birth, adoption, loss of other coverage, change in employment status and etc..... (refer to the [Policy and Procedure Manual](#), C-1 Employee Insurances)

Beneficiary Changes: you may change your beneficiary(ies) at any time during the year by completing the following form(s) and returning to Human Resources: [Life Insurance](#) / [Retirement](#)

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Reporting Changes:

Employees have 30 days to add and/or delete a dependent if a Life Event Status/Qualifying Event occurs. If the employee misses the deadline, the employee will have to wait until open enrollment to make changes to their benefits.

- You must notify Human Resources. You have 30 days from the qualifying event to make the changes. Enter the changes in [PeopleSoft- HRMS - Self Service](#)
- Provide a letter or a Certificate of Coverage from previous health insurance provider or employer, verifying the qualifying event date and the insurance coverage, ie: medical, dental, and or vision.

Open Enrollment Period(s)

- Annual Open Enrollment usually occurs in the November to be effective January
- Mid-Year Open Enrollment Period usually occurs in June to be effective the first pay period in July
 - ✓ Health Savings Account
 - ✓ Retirement Contributions

HEALTH CARE REFORM

Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA)

The right to COBRA continuation coverage was created by a federal law, the [Consolidated Omnibus Budget Reconciliation Act of 1985 \(COBRA\)](#). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan’s Summary Plan Description or contact the Plan Administrator. A copy of [COBRA Notification](#) is located on the employee website: <https://lcpaemployees.org/>.



Notice of Availability of Notice of Privacy Practices (HIPAA)

The [Lancaster County Group Health Plan](#) (the “Plan”) provides health benefits to eligible employees and their eligible dependents as described in the [summary plan description\(s\)](#) for the Plan. The Plan creates, receives, uses, maintains and discloses health information about Plan participants in the course of providing these health

benefits. The Plan is required by law to provide notice to participants of the Plan’s duties and privacy practices with respect to covered individuals’ protected health information, and has done so by providing to Plan participants a notice of privacy practices, which describes the ways that the Plan uses and discloses PHI. A copy of the [Plan’s Notice of Privacy Practices](#) is located on the employee website: <https://lcpaemployees.org/>

Notice of Dependent Enrollment Limitations

Newborns: Must be enrolled within 30 days of birth. If they are not enrolled within this time frame, they are not eligible until the next open enrollment period. If no open enrollment period exists, they are not eligible until a [Life Status Event](#) would occur (which may not occur in many instances).

Adoption/Judgments/Decrees/Etc.: Must be enrolled as of effective date listed on legal documentation. Refer to Plan Document on day limitation (i.e. 30 or 60 days to enroll).

You must notify Human Resources. You must make the changes in PeopleSoft. You have 30 days from the qualifying to make the changes. You must:

- Enter the changes in [PeopleSoft- HRMS - Self Service](#)

Patient Protections Notice

You do not need prior authorization from the carrier or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact your insurance carrier by calling the number on the back of your ID card.

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, you may contact your state Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you may contact your state Medicaid or CHIP office at **1.877.KIDS.NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, you may ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, you may contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 1.866. 444.EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2021. You should contact your state for further information on eligibility.

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PENNSYLVANIA – Medicaid

Website: <http://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx>

Phone: 1.800.692.7462

New Jersey – Medicaid

Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Phone: 1.609.631.2392

New York – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/

Phone: 1.800.541.2831

U.S. Department of Labor
Employee Benefits Security Administration

www.dol.gov/ebsa

1.866. 444.EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services

www.cms.hhs.gov

1.877.267.2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 01/31/2023)

Special Enrollment Rights Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan provided that you request enrollment within 30 days after your coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

You must notify Human Resources. You must make the changes in PeopleSoft HRMS – Self Service. You have 30 days from the qualifying to make the changes. You must:

- Enter the changes in [PeopleSoft- HRMS - Self Service](#)
- [Spousal Eligibility Form](#) (A form will be required during a qualifying event, if applicable)
- Provide a letter or a Certificate of Coverage from previous health insurance provider or employer, verifying the qualifying event date.

The Women’s Health and Cancer Rights Act (WHCRA) Enrollment Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses; and treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

If you would like more information on WHCRA benefits, call your Capital Blue Cross, 1.888.428.2566

This orientation booklet is provided for guidance purposes only. You may refer to County benefits on the Employee’s Website go to: <https://lcpaemployees.org/>. The County reserves the right to change, delete, suspend, or discontinue any part or parts of any County policy at any time without prior notice. Bargaining Unit agreement take precedence.

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INSURANCE CONTACTS

Accidental and Critical Illness Insurance

- MetLife (Group #211973)
 - 1.800.438.6388
 - www.metlife.com

Deferred Compensation

- AIG - Valic (ID #64542)
 - Michael Ryan
 - michael_ryan@valic.com
 - 1.610.308.0543
- Nationwide (ID #0037653001)
 - Martin Burch
 - Burchm9@nationwide.com
 - 1.610.248.2932

Dental / Vision

- AFSCME - Union
 - 1.800.692.7332

Disability Life Insurance

- Lincoln Financial Group
 - 1.800.423.2765

EAP – Employee Assistance Program

- Mazzitti Sullivan
 - 1.800.543.5080
 - www.mseap.com
 - Login: LANCO / Password: EAP
- Lincoln Financial Group (group#000010206011)
 - 1.888.628.4824
 - www.GuidanceResources.com
 - Web ID: LFGSupport
 - Password = LFGSupport1

- Provides the Will Services

Health Savings Account

- Prime Pay
 - 1.855.892.6272
 - <https://primepay.wealthcareportal.com>

UMB Bank

- 1.844.383.9826
- P.O Box 874264
- Kansas City, MO 64187-4264

Life Insurance

- Lincoln Financial Group (Group #000010206011)
 - 1.800.423.2765

Medical

- Capital Blue Cross (Group #00515275)
 - 1.888.428.2566
 - www.capbluecross.com

- Capital Blue Cross - Nurse Line
 - 1.800.452.2583

- ConnectCare3
 - 1.877.223.2350
 - www.connectcare3.com

- COBRA - Benecon
 - 1.833.738.6728
 - Email: cobra@benecon.com

- Lab Card Select
 - 1.800.750.1253
 - Website: www.LabCardSelect.com