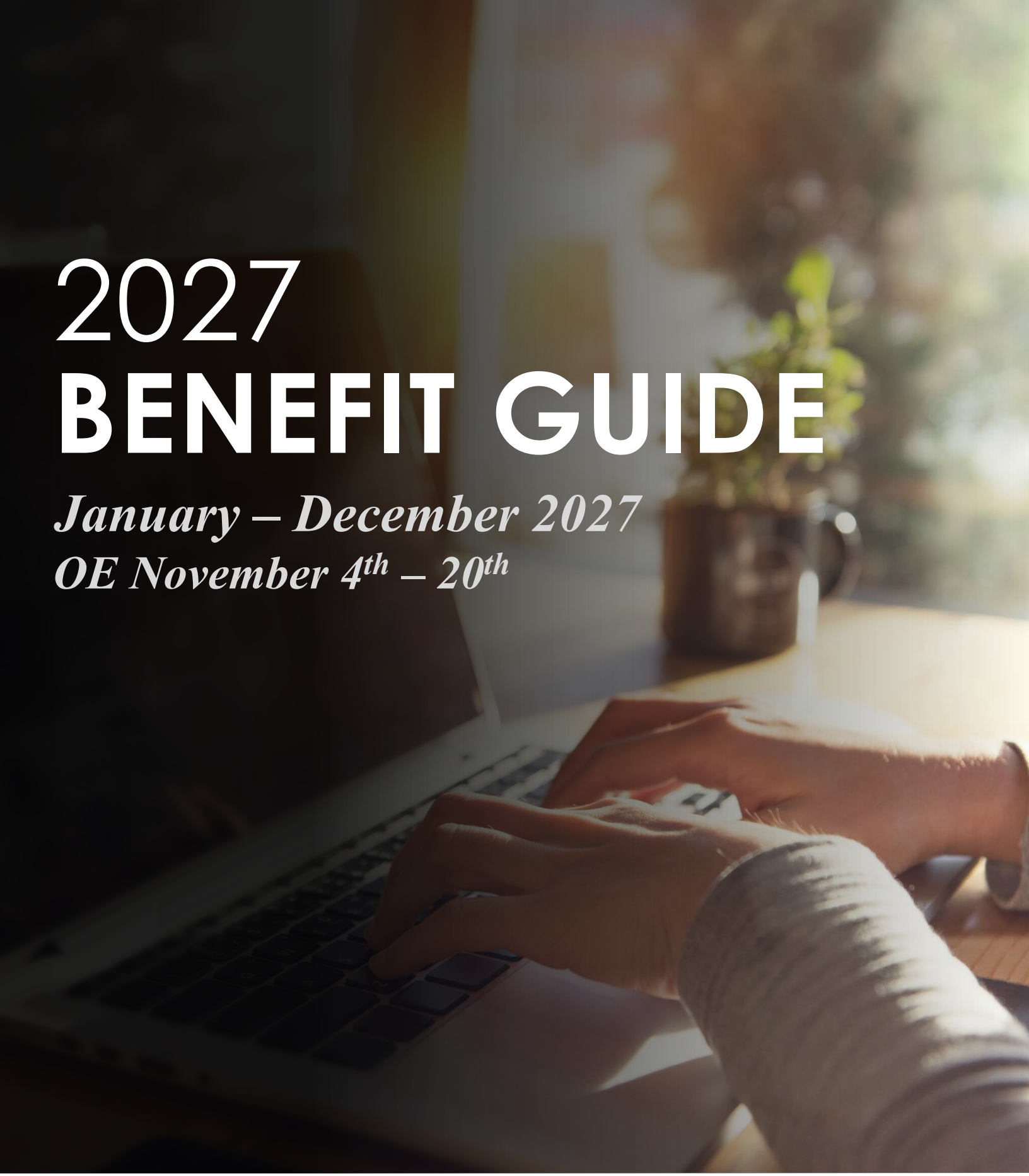


2027
BENEFIT GUIDE

January – December 2027

OE November 4th – 20th

***Your* benefits, *your* story**

Benefits to fit your unique situation.

WARREN COUNTY IOWA



A NOTE FROM LEADERSHIP:

We strive to provide you and your family with a comprehensive and valuable benefits package that enables you to have a better life. We invite you to review the information in this booklet to gain a better understanding of how these benefits can support you and your family.

BENEFIT ELIGIBILITY & ENROLLMENT

- **Eligibility**
- **Enrollment Blueprint**

PHYSICAL & MENTAL HEALTH

- **Medical & Prescription Drug**
- **Telemedicine**
- **Dental**
- **Vision**
- **Employee Assistance Program (EAP)**
- **Life and AD&D**
- **Disability**

ADDITIONAL PROTECTION

- **Accident**
- **Critical Illness**

RESOURCES

- **Contact Information**
- **Important Notices Regarding Your Medical Plan**

Disclaimer

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources. ***The information provided in this summary is for comparative purposes only. Actual claims paid are subject to the specific terms and conditions of each contract. This benefit summary does not constitute a contract.*** *The information in this booklet is proprietary. Please do not copy or distribute to others.*

Created by TrueNorth Companies, LC for Warren County



BENEFITS ELIGIBILITY

Who is eligible to participate?

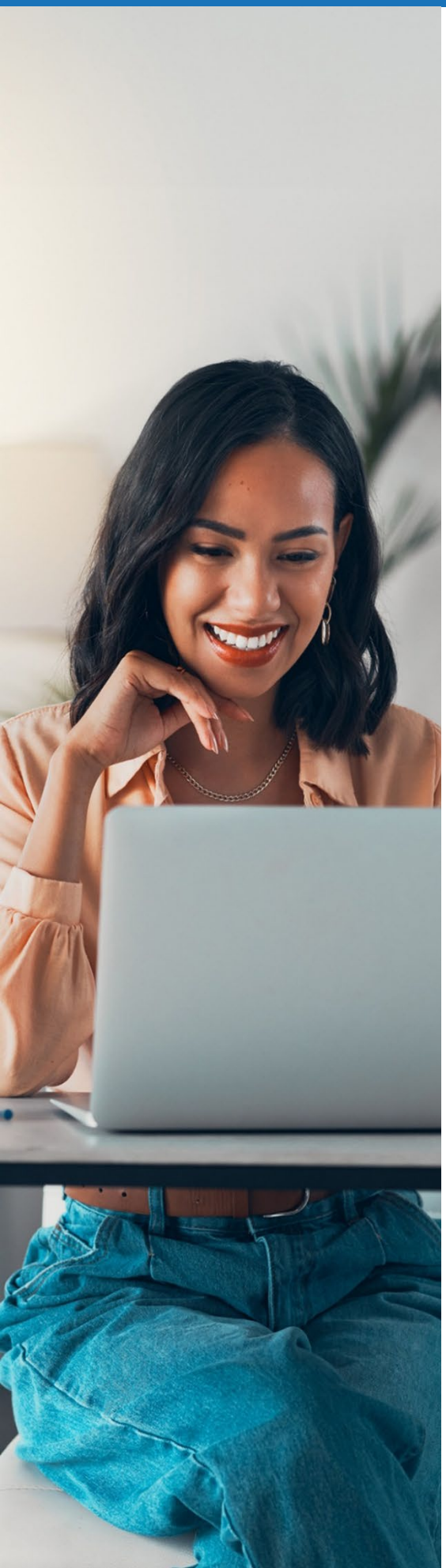
- Full-time employees working an average of 30 hours per week
- Your legal spouse
- Your unmarried dependent child (natural, adopted or step) up to age 26

When does coverage start and end?

- New Hire coverage starts 1st of the month following 30 days

When can I enroll in or make changes to benefits?

- **New Hires:** Must submit your elections within 30 days of hire date
- **Qualified Life Events:** Must notify Human Resources with 30 days of the event. Coverage goes into effect on the date of event. Some examples of qualified events include:
- Gain or loss of eligibility for another employer's coverage
- Marriage
- Divorce or legal separation
- Birth of your child, adoption or placement for adoption
- Death
- Change in employment status that impacts your eligibility for benefits
- Child support order
- New entitlement or loss of Medicare or Medicaid (60 days to notify HR)
- **Open Enrollment**: Occurs annually with an effective date of January 1



YOUR ENROLLMENT BLUEPRINT

Here are some last-minute reminders:

STEP 01

VISIT YOUR BENEFITS PORTAL

Website: www.mywarrencounty.com

STEP 02

EVALUATE YOUR OPTIONS

- Review available benefit options for the year.
- Use carrier resources and tools to make decisions.

STEP 03

ENROLL IN YOUR BENEFITS

- https://workforcenow.adp.com
- Be mindful of your enrollment deadline!

STEP 04

NEED HELP DECIDING?

Contact the HealthJoy Team

Phone: 877-500-3212

Email: support@healthjoy.com

MEDICAL & RX

Administered by Wellmark

The medical insurance benefit that uses a network of providers, hospitals, and pharmacies to provide employees and their families access to quality healthcare and protection against the cost of illness or injury.

Use In-Network Providers for the best value! Visit www.mywellmark.com to search for providers.

IN-NETWORK BENEFITS	$1,000 HMO Plan*	$1,500 HMO Plan*	$3,500 HDHP**
Preventive Care	100% Covered	100% Covered	100% Covered
	Preventive Care is defined by the Affordable Care Act (ACA) Visit **HealthCare.gov** to access a list of covered preventive services by gender and age		
Office Visit Copay	$25 PCP $50 Non-PCP $0 Doctor on Demand	$25 PCP $50 Non-PCP $0 Doctor on Demand	Deductible Applies $0 Doctor on Demand
Emergency Room	$150 Copay	$150 Copay	Deductible Applies
Rx Deductible	$100 Single $200 Family	$100 Single $200 Family	Medical Deductible
Rx Copay	$15 Tier 1 $30 Tier 2 $50 Tier 3	$15 Tier 1 $30 Tier 2 $50 Tier 3	Deductible Applies
Specialty Rx Copay	$150 Preferred Specialty $300 Non-Preferred Specialty	$150 Preferred Specialty $300 Non-Preferred Specialty	Deductible Applies
Deductible	$1,000 Single $2,000 Family	$1,500 Single $3,000 Family	$3,500 Single $5,600 Family
Coinsurance	You pay 20%, plan pays 80%	You pay 20%, plan pays 80%	You pay 0%, plan pays1 00%
Out of Pocket Maximum	$3,500 Single $7,000 Family	$5,000 Single $10,000 Family	$3,500 Single $5,600 Family

Rates	Standard	Wellness	Standard	Wellness	Standard	Wellness
Employee	$117.67	$67.67	$80.20	$30.20	$13.35	$0.00
Employee + Spouse	$308.30	$258.30	$229.93	$179.93	$94.58	$44.58
Employee + Child(ren)	$285.22	$235.22	$212.72	$162.72	$87.50	$37.50
Employee + Family	$460.30	$410.30	$343.24	$293.24	$141.18	$91.18

*The $1,000 and $1,500 HMO are limited network plans. There are no out-of-network or out of state benefits except for emergencies. Out-of-network services on this plan may be paid at the in-network level in certain circumstances.
**When you enroll in the HDHP you qualify to enroll in a Health Savings Account (HSA).

VIRTUAL DOCTOR VISITS – Doctor on Demand

It's now easier than ever to meet your providers online. All you need is a smartphone, tablet, or computer/laptop to have a successful online doctor visit.

WHEN CAN I USE DOCTOR ON DEMAND?

- You don't have time to wait a week to see a doctor
- If you're considering the ER or urgent care center for a non-emergency issue
- You don't want to infect (or be infected by) another person
- On vacation, on a business trip, or away from home
- For short-term prescription refills
- You need a lower-cost option.

GET THE CARE YOU NEED

Request a medical consultation anytime and anywhere you need it for:

- Urgent care issues like colds, coughs, allergies, sore throat and stomach aches
- Recurring conditions like migraines or urinary tract infections
- Skin conditions
- Prescription management

DoctorOnDemand.com

1-800-997-6196

Download the Teladoc app

- **App Store**
- **Google Play**

GETTING STARTED IS EASY

1. Scan the QR code to download the Doctor on Demand app or visit Doctorondemand.com
2. Create an account or sign in

App Store

Google Play

HEALTH SAVINGS ACCOUNT

Administered by HSA Bank

AN HSA CAN HELP YOU

Lower your taxes, cover some expenses your plan doesn't, and even help save for retirement.

HEALTH SAVINGS ACCOUNT (HSA)

To be eligible you must: ***Note:** If your eligible dependent is covered under Medicare, you can continue contributing to the HSA	• Be covered under a High Deductible Health Plan (HDHP) • Not be claimed as a dependent on someone else's tax return • Not maintain a Healthcare FSA • Not be enrolled in Medicare* • Not have received VA benefits within the past three months • Not have a spouse with an FSA plan through their employer		
Maximum contributions	Single: $4,500 Family: $9,000 Catch-up: $1,000 (those 55+)		
Pre-tax contributions?	Yes		
Warren County Employer contributions?	Contributions are made on a quarterly basis. (January, April, July, October)	Single: $600.00/year EE/Spouse: $750.00/year	EE/Child(ren): $750.00/year Family: $900.00/year
Eligible Expenses Beyond your plan coverage	More common examples: • Medical • Dental • Vision • Prescription	Less common examples: • Special education • Seeing eye dog • Braille literature • Hair loss pieces	Download a full list from the IRS - Publication 502.
Availability of funds	Funds must accumulate before using		
Use it or lose it?	No, unused funds roll over from year to year		
Can take it with you if you leave the company?	Yes		

FLEXIBLE SPENDING ACCOUNTS

Administered by iSolved

AN FSA CAN HELP YOU

use pretax money to pay for certain out-of-pocket health expenses or dependent care expenses.

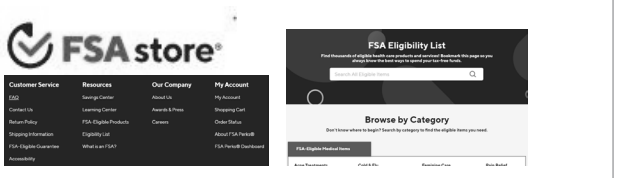
HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA)

Eligibility rules	If you are **enrolled in a High Deductible Health Plan** (HDHP) you can only enroll in a **Limited Flexible Spending Account**		
Maximum contributions	Healthcare: $3,500 Dependent Day Care: $7,500		
Pre-tax contributions?	Yes		
Eligible Expenses Beyond your plan coverage	• Medical • Dental • Vision • Prescription • Dependent care	For **Health Care and Limited FSAs** download a full list from the IRS - Publication 502.	For information on **Child and Dependent Day Care Expenses** download the IRS Publication 503
Availability of funds	Healthcare and Limited: Available on day 1 Dependent Day Care: Funds must accumulate before using		
Use it or lose it?	Yes		
Can take it with you if you leave the company?	No		

START WITH THE RIGHT TOOLS:

FSAstore.com provides lists of eligible purchases using your account, as well as help to understand, manage and use this great benefit!

GETTING STARTED



FSAstore.com/FSA-Eligibility-List.aspx

DENTAL

Administered by Delta Dental

Dental care is an important part of your overall health. This plan provides you with no-cost, in-network preventive care, as well as coverage for basic care and major procedures.

Use In-Network Providers for the best value! Visit www.deltadentalia.com to search for providers.

SERVICES	PPO NETWORK	PREMIER NETWORK
Preventive Services	100% covered	You pay 10% coinsurance, Deductible waived.
Deductible	$50 Single / $100 Family	$75 Single / $150 Family
Annual Maximum	$1,000 per person per year	$1,000 per person per year
Basic Services	You pay 20% coinsurance (after deductible), plan pays 80%	You pay 30% coinsurance (after deductible), plan pays 70%
Major Services	You pay 50% coinsurance (after deductible), plan pays 50%	You pay 50% coinsurance (after deductible), plan pays 50%
Orthodontic For dependent children up to age 19	You pay 50% coinsurance (after deductible), plan pays 50% coinsurance, up to a lifetime maximum of $1,500	You pay 50% coinsurance (after deductible), plan pays 50% coinsurance, up to a lifetime maximum of $1,500

MONTHLY RATES	
Employee	$1.44
Employee + Spouse	$14.18
Employee + Child(ren)	$17.20
Employee + Family	$28.29

VISION

Administered by Avesis

Enroll in vision coverage to save money on eligible vision care expenses, such as eye exams, glasses and contact lenses.

Use In-Network Providers for the best value!
Visit www.avesis.com to search for providers.

SERVICES	IN-NETWORK
Exam 1 every 12 months	Covered under the Medical Plan
Eyeglasses	
Frames 1 every 24 months	$150 retail allowance
Lenses 1 every 12 months	Covered in full every 12 months Polycarbonate - $0 Copay Standard Scratch-resistant - $0 Copay Standard Anti-Reflective - $0 Copay UV Screening - $0 Copay Level 1 & 2 Progressive - $75 - $110
Contacts	**Please note:** Contact lenses are in place of lenses and frame.
Elective Contacts 1 every 12 months	$130 allowance
Medically Necessary 1 every 12 months	100% Covered
Laser Vision Correction	Provider discount up to 25%, One-time/lifetime allowance of $150.

MONTHLY RATES	
Employee	$0.84
Employee + Spouse	$5.98
Employee + Child(ren)	$5.98
Employee + Family	$5.98

LIFE / AD&D

Administered by Symetra

Life insurance provides your named beneficiary(ies) with a benefit in the event of your death. Accidental Death and Dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes death or dismemberment (i.e., the loss of a hand, foot or eye).



Designate Your Beneficiary(ies)

Designate your beneficiary(ies) and review them annually to ensure they are up to date.

BASIC LIFE / AD&D (COMPANY-PAID)

This benefit is provided at NO COST to you.

	BENEFIT
Employee	$20,000
Age Reduction	50% at age 70 Benefits terminate when you Retire

SUPPLEMENTAL BASIC LIFE / AD&D (EMPLOYEE-PAID)

You may enhance your life benefit by purchasing supplemental insurance. Cost is based on your age and coverage amount elected.

VOLUNTARY LIFE AND AD&D BENEFITS	
Employee	Increments of $10,000 up to the lesser of $500,000 or 5 times earnings **Guaranteed Issue:** $100,000
Spouse	Increments of $10,000 up to the lesser of $150,000 or 50% of employee **Guaranteed Issue:** up to $30,000
Children (up to age 19 unless full time student. Then up to age 23)	Increments of $2,000 for children 6 months and older Maximum benefit of $10,000 $500 benefit for children 14 days to 6 months

New Hire Guaranteed Issue is the amount you can elect before you are required to complete a health questionnaire, otherwise known as **Evidence of Insurability (EOI)**. If you are not a new hire and wish to increase or enroll for the first time you will need to complete a health questionnaire for approval.



DISABILITY

Administered by Symetra

Short-term and long-term disability insurance provides you benefits to replace part of your lost income when you become unable to work due to a covered injury or illness.

BENEFITS	SHORT-TERM Employer Paid	LONG-TERM Employer Paid
Coverage amount	60% of weekly income up to $350 per week	60% of monthly income up to $3,000 per month
Accident benefits begin	Day 15	Day 61
Illness benefits begin	Day 15	Day 61
Maximum payment period	7 weeks	Social Security Normal Retirement Age (SSNRA)
Pre-existing conditions	3 months / 12 months look back	3 months / 12 months look back

Designate Your Beneficiary(ies)

Designate your beneficiary(ies) and review them annually to ensure they are up to date.



ADDITIONAL PROTECTION

EMPLOYEE ASSISTANCE PROGRAM (EAP)

You have access to easy, **convenient and confidential** experienced clinicians and professional staff **24 hours a day**.

The Employee Assistance Program (EAP) is **available to all employees and members of your household**, whether you are enrolled in a medical plan or not.

The EAP can help with challenges like:

- mental wellness
- financial planning
- retirement planning
- stress & anxiety
- substance abuse
- and more

100% CONFIDENTIAL SUPPORT:

- Addictive Behaviors
- Alcohol Abuse
- Anger Management
- Anxiety
- Caregiver Support
- Dependent Care Issues
- Depression
- Drug Use and Abuse
- Family/Marital Problems
- Financial Issues
- Grief and Loss
- Legal Problems
- Organization Change
- Relationship Concerns
- Stress-Related Concerns
- Work-Life Balance

CONTACT THE EMPLOYEE ASSISTANCE PROGRAM:

Phone: 888-327-9573
Website: www.Symetra.com



ADDITIONAL PROTECTION

Accident

Stay ahead of the medical and out-of-pocket expenses that add up so quickly after an accident. When you have a covered accident, you can receive cash benefits to use however you see fit. Coverage typically includes ambulance services, emergency room visits, intensive care unit confinement, etc.

MONTHLY RATES		
	LOW	HIGH
Employee	$6.26	$9.68
Employee + Spouse	$10.34	$16.71
Employee + Child(ren)	$11.43	$18.97
Employee + Family	$15.51	$26.00

Critical Illness

Typically pays a lump-sum benefit directly to you at the time a covered illness (such as a stroke, heart attack or stroke) occurs or is diagnosed. When you are sick, the last thing you want to think about is your finances. You can typically use the money for everyday expenses like mortgage payments, utility bills or childcare.

COVERAGE INCREMENTS		BENEFIT OPTIONS
Employee	$5,000	$5,000 - $20,000
Spouse	$2,500	$2,500 - $10,000
Child(ren)	$2,500	$2,500 or $5,000

*You must enroll in employee coverage to enroll in spouse or child coverage.

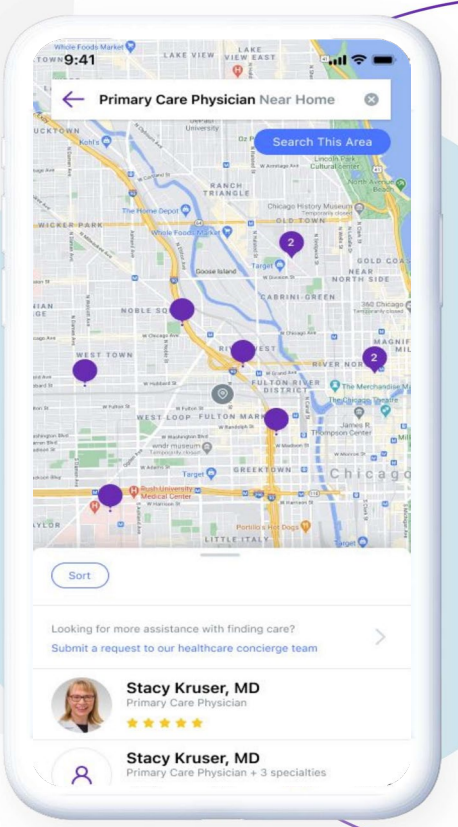
RESOURCES

Coverage	Carrier/Plan Sponsor	Phone & Website
Physical & Mental Health		
Medical & Prescription Drugs	Wellmark	800-524-9242 www.wellmark.com
Telemedicine	Doctor on Demand	800-997-6196 www.doctorondemand.com
Health Savings Account	HSA Bank	800-357-6246 www.hsabank.com
Flexible Spending Accounts	iSolved Benefit Services	515-224-9400 www.isolvedbenefitservices.com/kabel
Dental	Delta Dental	800-544-0718 www.deltadentalia.com
Vision	Avesis	855-214-6777 www.avesis.com
Life Insurance	Symetra	877-377-6773 www.symetra.com
Disability Insurance	Symetra	877-377-6773 www.symetra.com
Employee Assistance Program	Symetra	888-327-9573 www.symetra.com
Additional Protection		
Accident Insurance	Symetra	877-377-6773 www.symetra.com
Critical Illness Insurance	Symetra	877-377-6773 www.symetra.com

HealthJoy

HealthJoy Makes it Easier to be Healthy and Well.

HealthJoy is the virtual access point for all your healthcare navigation and employee benefits needs. We're provided free by your employer to help you understand and make the most of your benefits. We connect you and your dependents with the right benefits at the right moment in your care journey, saving you time, money, and frustration.



Help For Your Healthcare Journey.

With 24/7 access to our dedicated healthcare concierge team and care navigation tools, you never have to walk alone. HealthJoy helps you locate in-network doctors, find extra savings on your prescriptions, and 24/7 access to our virtual AI-assistant, JOY. Our mobile app and dedicated member support team are always on hand to help make it easier to stay healthy and well.

Read on for a description of all the features and services you get with HealthJoy.

- **PERSONALIZED BENEFITS WALLET**
- **HEALTHCARE CONCIERGE TEAM**
- **PRESCRIPTION SAVINGS REVIEW**
- **APPOINTMENT BOOKING**
- **PROVIDER & FACILITY RECOMMENDATIONS**



"It saved me the time I would have spent Googling results, calling specialists, and searching for an appointment. Instead, I just put in the request, and HealthJoy did the work. The app is like my little assistant!"

Veronica, AZ

Chat with us by logging into the HealthJoy app or call (877) 500-3212.

Download on the App Store

GET IT ON Google Play

Features and Services to Support Your Healthcare and Benefits Journey

24/7 Healthcare Concierge

Our concierges are available around the clock to support you with questions about your benefits and many additional services, including:



Provider and Facility Recommendations

Our concierge will extensively research every recommendation and call to confirm in-network participation and availability. We will direct you to the highest-quality, fair priced, and most convenient facilities based on your specific situation and preferences.



Appointment Booking

We can help confirm provider availability and schedule appointments on your behalf based on your preferences.



Health Cost Estimation

We provide cost and quality transparency that makes shopping for medical services simple.



Prescription Savings Review

Rx costs can skyrocket so we use several savings strategies to help you find lower-cost medication alternatives, saving you real dollars.



Resolve Claim Issues

Our concierge team can provide advice or assistance to members filing a complaint with the insurance provider or seek clarity on how a claim was filed and processed.



Dental and Vision Assistance

We can help you with your dental and vision needs, like finding providers, making appointments, explaining benefits and more.



Answer Benefits Questions

Our concierges can help with general questions about your health plans, other benefits, and more.

Disclaimer: While HealthJoy is not your insurance, we are here to help you navigate the system and understand your benefits. At times we may need to contact your insurance to help with your request but we take the burden off of you to do the research. Also, some providers may not provide information directly to HealthJoy as a third party and we'll let you know if that happens so you can work directly with the provider.

HealthJoy

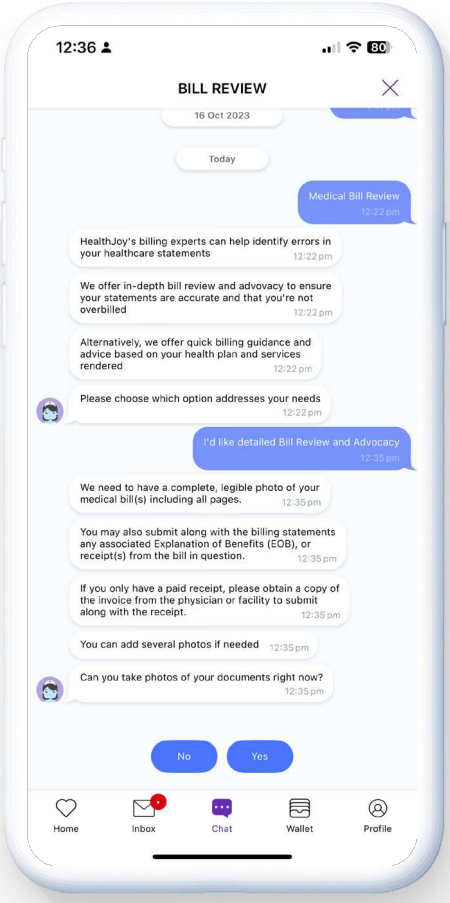
HEALTHJOY MEDICAL BILL REVIEW

Medical bills are confusing. HealthJoy can help.



HealthJoy's bill review service is designed to spot errors, clear up confusion, and give you peace of mind. When you submit a bill review through the HealthJoy app, our trained bill review experts will:

- Review your medical bill for errors
- Check with providers and insurance to clarify charges
- Reach out personally to explain and clarify your bill
- Advocate on your behalf to resolve any billing errors



How to submit a bill to HealthJoy for review

1. Open your HealthJoy app.*
2. Scroll down, tap "Ask a Health Concierge," and choose "Medical Bill Review."
3. Follow the steps to send your bill for review.

The HealthJoy team goes above and beyond to ensure you never feel confused by a medical bill again. Submit a bill for review today.

*If you haven't activated your account yet, please visit the App Store or Google Play Store today to do so.

BENEFITS VOCABULARY

WELCOME TO YOUR BENEFITS!

To better understand your coverage, it's helpful to be familiar with **benefits vocabulary**. Take a moment to review these terms, which may be referenced throughout this guide.

Balance Bill – When a health care provider bills a patient for the difference between what the patient's health insurance chooses to reimburse and what the provider chooses to charge.

Copay – A fixed dollar amount you pay the provider at the time of service; for example, a $25 copay for an office visit or a $10 copay for a generic prescription.

Coinsurance – The percentage paid for a covered service, shared by you and the plan. Coinsurance can vary by plan and provider network. Review the plans carefully to understand your responsibility. You are responsible for coinsurance until you reach your plan's out-of-pocket maximum.

Deductible – The amount you pay each calendar year before the plan begins paying benefits. Not all covered services are subject to the deductible; for example, the deductible does not apply to preventive care services.

Emergency Room Care – Care received at a hospital emergency room for life- threatening conditions.

In-Network Care – Care provided by contracted doctors within the plan's network of providers. This enables participants to receive care at a reduced rate compared to care received by out-of-network providers.

Out-of-Network Care – Care provided by a doctor or at a facility outside of the plan's network. Your out-of-pocket costs may increase and services may be subject to balance billing.

Out-of-Pocket Maximum – The maximum amount you pay per year before the plan begins paying for covered expenses at 100%. This limit helps protect you from unexpected catastrophic expenses.

Premium – The complete cost of your plans. You share this cost with your employer and pay your portion through regular paycheck deductions.

Preventive Care – Routine health care including annual physicals and screenings to prevent disease, illness, and other health complications. In-network preventive care is covered at 100%.

Urgent Care – Urgent care is not the same as emergency care. Visit urgent care for sudden illnesses or injuries that are not life-threatening.

Urgent care centers are helpful when care is needed quickly to avoid developing more serious pain or problems.

Preferred generic drugs – Generic drugs have the same active ingredients and work the same way as the brand-name drugs they copy. They usually cost less than the brand-name versions.

Preferred brand drugs – These drugs are included in a plan's list of covered drugs and may not have a generic version. They cost more than generic drugs but less than non-preferred brand drugs.

Specialty drugs – These drugs are used to treat ongoing health conditions and can be costly. They often require special handling and may have to be ordered through a specialty pharmacy.

MEC Plan – Minimum Essential Coverage. A MEC plan is health insurance that meets the federal government's standard for coverage.

BENEFITS 101

Deductible

Amount you pay for healthcare **BEFORE** your insurance starts to pay.

Coinsurance (aka Cost Share)

A **percentage** of the cost of care you are responsible to pay for **AFTER** you have met the deductible.

Co-Payment (aka Copay)

Fixed amount of money you pay each time you or your dependents receive care.

Out of Pocket Maximum (OPM)

Greatest amount of money you can spend on healthcare for the year.

- Does not include premiums or costs that your insurance plan does not cover.

DEDUCTIBLE

+

COINSURANCE

COPAYMENT

Out of Pocket Maximum



REQUIRED ANNUAL NOTICES

IMPORTANT NOTICES FROM WARREN COUNTY REGARDING THE GROUP HEALTH PLAN

In compliance with insurance regulations, we provide information regarding the health benefits we offer and what options you have as an employee.

DOWNLOAD YOUR COPY AT WWW.MYWARRENCOUNTY.COM

NOTES

NOTES