

Dental - Ameritas

Your dental plan is administered by Ameritas. The contracted network is through Diversified Dental Services (DDS). If you use an in-network dentist, you will be responsible for your deductible and coinsurance amounts up to the plan maximum. If you use an Out-of-Network dentist, you may also be responsible for any amount over the Usual Customary and Reasonable (UCR) as established by Ameritas.

	In-Network
Annual Maximum	\$2,250
Annual Deductible	
• Individual	\$50
• Family	\$150
Preventive Services (Cleaning, Exams, X-Rays)	0% no deductible
Basic Services (Extractions, Fillings, Periodontics, Root Canals)	20% after deductible
Major Services (Crowns/ Onlays, Dentures, Bridges)	50% after deductible
Orthodontia (Adult and Child)	50% after deductible
Orthodontia Lifetime Maximum	\$1,500

Vision - Ameritas

Vision is administered by Ameritas, and allows you and your eligible family members to receive eye exams, glasses, and contact lenses at low copays or discounts.

	In-Network
Exam Copay	\$10
Materials Copay	\$0
Frequency	Exam & Lenses every 12 months Frames every 24 months
Examination	Covered in full
Lenses	Covered in full
Frames	Up to \$120 allowed
Elective Contact Lenses	Up to \$105 allowed

Information in this document offers highlights of your benefit plans. The official Plan Documents govern your rights and benefits under each plan. If any discrepancy exists between this document and the Plan Documents, the actual legal Plan Documents will prevail. Plan provisions and eligibility do not constitute an employment contract with any individual. Coverage may vary state to state according to state mandated benefits. Nye County reserves the right to make changes in its employee benefits solely at its own discretion.

Life/AD&D - Lincoln

100% Employer Paid Life Insurance

Voluntary Life/AD&D and Disability - Lincoln

The following coverage options are available for purchase by employees: Voluntary Life, Voluntary Accidental Death & Dismemberment, and Voluntary Short and Long Term Disability

Employee Assistance Program -Kepro

The Employee Assistance Program (EAP) administered through Kepro allows employees and their household members to confidentially address and resolve personal and workplace challenges. The EAP offers short-term counseling on all aspects of life at no cost to employees.

Section 125 Pre-Tax Premium Only Plan

For those that will be contributing toward the cost of any of the coverages, you will be automatically enrolled into a Section 125 plan. This plan affords tax savings on any medical, dental, and vision premiums you pay by reducing your taxable wages in an amount equal to the premiums you pay for medical, dental, and vision coverage. If you do not want your premiums withheld on a pre-tax basis, you must elect to waive participation. If waiving election, please complete a waiver form and return it to Human Resources.

Customer Service Numbers

Medical - Anthem	866-837-4596
Website	www.anthem.com
Dental - Ameritas	800-487-5553
Website	www.ameritasgroup.com/nyeco
Vision - Ameritas	800-877-7195
Website	www.vsp.com
Life/AD&D - Lincoln	800-423-2765
Website	www.lincoln4benefits.com
Short & Long Term Disability - Lincoln	800-423-2765
Website	www.lincoln4benefits.com
FSA - Employee Benefits Corporation (EBC)	800-346-2125
HSA - Bank Account with Bank of America	866-791-0250
EAP - Kepro 24/7 Assistance	833-430-6028
Website	www.eaphelpink.com
Company Code:	POOLPACTEAP

Nye County



Employee Benefit Program

July 1, 2022 – June 30, 2023

Plan Arranged By:



LP Insurance Services, LLC
300 E 2nd Street, Suite 1300
Reno, NV 89501
Direct: 775-996-6045

New Carrier! Anthem PPO - \$500 Deductible	
Benefit	PPO \$500 Deductible Plan
	In-Network
Annual Deductible	\$500 individual \$1,000 family
Annual Out-of-Pocket Maximum	\$3,500 individual \$7,000 family
Telemedicine	\$0
Primary Office Visit	\$20
Specialist Office Visit	\$40
Routine Lab (Non-Hospital)	\$0
X-Ray (Non-Hospital)	\$20
MRI, PET, CT Scans (Non-Hospital)	\$250
Inpatient Hospital	20% after deductible
Outpatient Surgery	\$250
Emergency Room	\$80
Urgent Care	\$40
Prescription Drugs	30 day supply
Annual Deductible	None
• Tier 1	\$7
• Tier 2	\$30
• Tier 3	\$50
• Mail Order	90 day supply
New Carrier! Anthem HMO Plan	
Benefit	HMO Plan
	In-Network
Annual Deductible	None
Annual Out-of-Pocket Maximum	\$2,500 individual \$5,000 family
Telemedicine	\$0
Primary Office Visit	\$25
Specialist Office Visit	\$50
Routine Lab (Non-Hospital)	\$0
X-Ray (Non-Hospital)	\$25
MRI, PET, CT Scans (Non-Hospital)	\$100
Inpatient Hospital	\$400 per admit
Outpatient Surgery	\$200
Emergency Room	\$100
Urgent Care	\$25
Prescription Drugs	30 day supply
Annual Deductible	None
• Tier 1	\$7
• Tier 2	\$30
• Tier 3	\$50
• Mail Order	90 day supply

New Carrier! Anthem PPO - \$1,000 Deductible	
Benefit	PPO \$1,000 Deductible Plan
	In-Network
Annual Deductible	\$1,000 individual \$2,000 family
Annual Out-of-Pocket Maximum	\$4,000 individual \$8,000 family
Telemedicine	\$0
Primary Office Visit	\$10
Specialist Office Visit	\$20
Routine Lab (Non-Hospital)	\$0
X-Ray (Non-Hospital)	\$10
MRI, PET, CT Scans (Non-Hospital)	\$250
Inpatient Hospital	20% after deductible
Outpatient Surgery	\$250
Emergency Room	\$80
Urgent Care	\$40
Prescription Drugs	30 day supply
Annual Deductible	None
• Tier 1	\$7
• Tier 2	\$30
• Tier 3	\$50
• Mail Order	90 day supply
Flexible Spending Account & Dependent Care Account	
Flexible Spending Account (FSA)	
You may set aside up to \$2,850 for the 2022 plan year to help pay for medical, dental, and vision expenses for you and your dependents.	
Dependent Care Account (DCA)	
You may set aside up to \$5,000 for the 2022 plan year to pay for day care costs for tax qualified dependents.	
FSA, DCA 101	
<p>The Flexible Spending Accounts and Dependent Care Accounts are administered through EBC. These accounts allow you to set aside pre-tax dollars out of your paycheck to pay for eligible expenses. An FSA can pay for eligible medical, dental, and vision expenses. A DCA can pay for day care costs for tax qualified dependents. These accounts operate under a use it or lose it rule, meaning that if you don't use the money in your FSA by the end of the plan year, you lose it. This money is not portable if you change jobs and requires you to keep records of your expenses. With careful planning, these accounts can save you money and be a tax saving option.</p> <p>**Newly eligible expenses with your FSA account as of 1/01/2020 include: non-prescription over-the-counter drugs and medicines, as well as menstrual care products **See IRS Publication 502 and 503**</p>	

New Carrier! Anthem HSA - \$3,000 Deductible	
Benefit	HSA - \$3,000 Deductible Plan
	In-Network
Annual Deductible	\$3,000 individual \$6,000 family
Annual Out-of-Pocket Maximum	\$3,000 individual \$6,000 family
Telemedicine	\$59 (appies to deductible)
Primary Office Visit	0% after deductible
Specialist Office Visit	0% after deductible
Routine Lab (Non-Hospital)	0% after deductible
X-Ray (Non-Hospital)	0% after deductible
MRI, PET, CT Scans (Non-Hospital)	0% after deductible
Inpatient Hospital	0% after deductible
Outpatient Surgery	0% after deductible
Emergency Room	0% after deductible
Urgent Care	0% after deductible
Prescription Drugs	30 day supply
Annual Deductible	Combined with Medical
• Tier 1	0% after deductible
• Tier 2	0% after deductible
• Tier 3	0% after deductible
• Mail Order	90 day supply
Health Savings Account Contributions	
Individual Only Coverage	
You can contribute up to \$3,650 of tax free contributions for the 2022 plan year.	
Individual + One or More Dependents Coverage	
You can contribute up to \$7,300 of tax free contributions for the 2022 plan year.	
HSA 101	
<p>For the HSA Plan, an interest-bearing Health Savings Account is established in coordination with the plan. For 2022, you may make tax-free contributions into your account through payroll deduction, up to \$3,650 for an individual, and \$7,300 for individual + one or more dependents. Any unused money carries over to the following year. The interest bearing HSA belongs to you, is portable, and can be used to pay for medical expenses for yourself, your spouse, or your tax dependent children even if they are not covered on the plan. Nye County will contribute \$1,000 to your HSA, which equals \$83.33 per month. **See IRS Publication 502**</p>	