



Agreement between Linn County, Iowa

and

**INTERNATIONAL BROTHERHOOD OF
ELECTRICAL WORKERS, LOCAL 204**

SERGEANTS



July 1, 2017 to June 30, 2020

**Article 19 – Group Insurance
Re-opener Agreement**

Article 19

Group Insurance

Section 19.1 The following sections describe the County's group health, dental, life and long term disability insurance policies offered to each full-time and qualified continuous part-time employee. A qualified continuous part-time employee is an employee regularly scheduled to work forty (40) hours or more per pay period.

The Employer contribution toward the monthly premiums for each insurance policy will continue so long as the employee works at least three (3) regular work days in the calendar month in which the premium is due. Days worked shall include paid leaves of absence.

The Employer contribution for qualified continuous part-time employees will be reduced to a pro-rata share of the single or family contract rate according to the number of hours worked per week by the qualified continuous part-time employee, e.g., an employee working forty (40) hours per pay period would receive fifty percent (50%) contribution from the Employer toward the single or family contract.

In those cases where an employee is laid off out the door or is separated from the service of the Employer for any reason, the coverage from each of the group insurance policies will terminate upon the occurrence of any of the foregoing and subject to any applicable requirement of state or federal law that one or more of the group insurance policies continued to be made available to the former employee.

Temporary employees are not covered by the County's group insurance plans and no contribution will be made on their behalf.

Section 19.2 **Group Health Insurance:** The Linn County Alliance Select (Preferred Provider) Program with Wellmark Blue Cross and Blue Shield, as provided in the Linn County Employee Health Benefit Plan - Alliance Select (Preferred Provider Program), or its equivalent, will include a deductible of three hundred dollars (\$300.00) on the single contract and six hundred dollars (\$600.00) on the family contract. The deductible will be waived for covered services received from a physician listed with the Alliance Select Program and if the services are performed in the physician's office. The coinsurance will be paid at 90% by Wellmark Blue Cross and Blue Shield and 10% by the subscriber after the deductible has been met (if applicable) and the services are performed by a provider listed with the Alliance Select Program. Payment for prescription drugs covered under the Alliance Select Program will apply toward the deductible and after the deductible is satisfied then paid at 70% by Blue Cross and Blue Shield and 30% by the subscriber. Effective January 1, 2019, the deductible on the single contract will be three hundred twenty five dollars (\$325.00) and six hundred fifty dollars (\$650.00) on the family contract. Effective January 1, 2020, the deductible on the single contract will be three hundred

fifty dollars (\$350.00) for the single plan and seven hundred dollars (\$700.00) on the family contract.

If the services are performed by a provider not listed with the Alliance Select Program the deductible will apply for all covered services and the coinsurance will be paid at 80% by Blue Cross and Blue Shield and 20% by the subscriber.

The out-of-pocket maximum is one thousand dollars (\$1,000.00) for the single contract and two thousand dollars (\$2,000.00) for the family contract per calendar year. Effective January 1, 2019, the out-of-pocket maximum will be one thousand twenty five dollars (\$1,025.00) for the single contract and two thousand fifty dollars (\$2,050.00) for the family contract per calendar year. Effective January 1, 2020 the out-of-pocket maximum is one thousand fifty dollars (\$1,050.00) for the single contract and two thousand one hundred dollars (\$2,100.00) for the family contract.

After the out-of-pocket maximum has been met, the insurance coverage pays 100% of the remaining covered expenses per calendar year.

Effective July 1, 2017, the employee will pay sixty dollars (\$60.00) per month toward the single contract premium and one hundred sixty dollars (\$160.00) toward the family contract premium with the Employer paying the balance of the monthly single or family premium under the County's Alliance Select Program. Effective July 1, 2018 the employee will pay seventy dollars (\$70.00) per month toward the single contract premium and one hundred seventy five dollars (\$175.00) toward the family contract premium with the Employer paying the balance of the monthly single or family premium under the County's Alliance Select Program. Effective July 1, 2019 the employee will pay eighty dollars (\$80.00) per month toward the single contract premium and one hundred ninety dollars (\$190.00) toward the family contract premium with the Employer paying the balance of the monthly single or family premium under the County's Alliance Select Program.

Section 21.3 The County's Alliance Select Program requires employees to pay a \$50.00 co-pay for emergency room care in a hospital in addition to any other employee cost under the County's Alliance Select Program. The \$50.00 co-pay does not apply toward the deductible but does apply toward the out-of-pocket maximum of the County's Alliance Select Program.

Section 21.4 The Employer will make available to employees the existing group dental plan, or its equivalent as to benefits. This plan provides benefits A-F with certain deductibles, co-insurance and maximum allowances. The annual dental benefit is \$1,000.00 and the lifetime maximum for orthodontics is \$2,000.00.

The Employer shall pay the monthly premium for the single contract for participating employees. In addition the Employer will pay eight dollars and twenty-four cents (\$8.24) toward the monthly premium for the family contract.

Section 21.5 The Employer will pay the monthly premium to provide eligible

employees with a \$25,000 life insurance policy. In addition, full-time and eligible part-time employees may purchase a supplemental life and accidental death and dismemberment policy in increments of \$5,000 of coverage up to a maximum of \$100,000 at the employee's expense. The guarantee issue amount is \$50,000 if supplemental life participation is 60% or higher; amounts up to \$100,000 are subject to underwriting.

Section 21.6 The Employer will make available to employees a long-term disability insurance plan with benefits which meet or exceed those agreed upon during negotiations as evidenced by the Madison National Life Insurance proposal of November 17, 1989. Effective July 1, 1996, the partial disability benefits replace residual disability benefits.

The Employer shall pay the long term disability insurance monthly premium for participating employees.

Section 21.7 Each employee upon presentation of the Explanation of Benefit form shall be eligible to be reimbursed once up to one hundred twenty-five (\$125.00) during a two (2) fiscal year period for the purchase of vision examinations for that employee.

Section 21.8 A payroll credit of one hundred fifty dollars (\$150.00) will be provided on a contract year basis to employees who participate in the County's health screening risk assessment. The health screening requirement can be met by participating in an annual onsite health screening, submitting a Health Form from an annual physical, or through Weland Labs. In addition, employees who participate in the County's health screening risk assessment and who earn 1,000 Wellness Rewards Points during the contract year will be provided an additional payroll credit of three hundred fifty dollars (\$350.00).

Section 21.9 The Employer recognizes its responsibility to defend and indemnify its employees as a result of any tort for which they are held liable in accordance with Chapter 670 of the 2014 Code of Iowa.

Article 21

Term

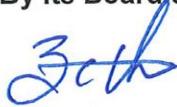
1. This Agreement shall be binding upon the parties hereto from July 1, 2017 through June 30, 2020 and shall continue in full force and effect for periods of one (1) year thereafter, unless on or before November 1 preceding the expiration of the Agreement, or any automatic extension thereof, notice is given in writing by either party of a desire to effect a cancellation or modification of the Agreement.
2. During the period of this Agreement, neither the Employer nor the Union will be required to negotiate on any further matters effecting this Agreement or any other matters not specifically set forth in this Agreement.

EXECUTED this 27th day of June, 2017.

LINN COUNTY, IOWA

INTERNATIONAL
BROTHERHOOD OF
ELECTRICAL WORKERS,
LOCAL UNION 204

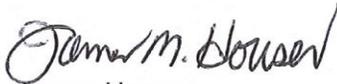
By Its Board of Supervisors:



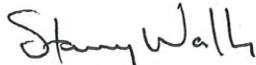
Brent Oleson



Ben Rogers



James Houser



Stacey Walker



John Harris

By Its Bargaining
Representatives:

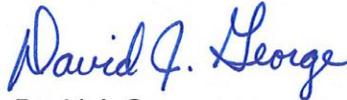


Lisa Powell



Gary Jarvis

By Its Representative:



David J. George
Business Manager

By Its Bargaining Committee:

Deric Oshel



Steve Erceg

