

# Manheim Township Benefits Summary

MANHEIM TOWNSHP 1840 Municipal Dr Lancaster PA 17601



## Benefits Summary

This document is intended to be a summary of the benefits available to the Manheim Township employees. All medical, dental, vision, life and disability coverages are effective after 30 calendar days of employment.

### Medical Insurance

- Self-insured medical plan administered by Highmark BlueShield
- Qualified High Deductible Plan with HSA. This plan has a \$2,000/\$4,000 deductible.
- No employee contribution is required. 100% Employer paid premium.
- Health Savings Account available with the QHDHP. Township contributions to employees' HSA account is set by the Commissioners each year. The Township currently contributes \$1000 for single/ \$2000 for family coverage on a per pay basis. Employees may also make pre-tax contributions to the HSA.
- Employees who choose to opt out of insurance will be eligible for an opt out credit.

### Dental Insurance

- Provided by United Concordia
- No contributions required. 100% Employer paid premium.
- Thirty (30) calendar day waiting period.
- See plan highlight for details

### Vision Insurance

- Provided by Davis Vision.
- No contributions required. 100% Employer paid premium.
- Thirty (30) calendar day waiting period.
- See plan highlight for details

### Life, AD&D, and Disability Insurance

- Provided by One America
- No contributions are required. 100% Employer paid premium.
- Thirty (30) calendar day waiting period.
- Taxes are paid on disability coverage (Gross Disability Income; known as GDI) and life Insurance coverage over \$50,000 (inputted income)..
- Life Insurance-depends on employment classification starts at \$50,000 up to 3x salary, not to exceed \$150,000. **Fire Fighters and Police Uniform defer to CBA.** CBA
- Short Term Disability: 7 calendar day elimination period, 66 2/3 of covered weekly earnings not to exceed max weekly benefit of \$1,350. Maximum duration 12 weeks. **Fire Fighters and Police Uniform defer to CBA.**
- Long Term Disability: 90 calendar day elimination period, 60% of basic monthly earnings not to exceed \$5,500, less other income benefits (based on age when disabled).

## Retirement

- **Non-Uniform:** Defined contribution 401(A) pension plan. Rate of Township contribution is 7% of wages. Record keeping by Mission Square.
- **Fire Fighters:** Defined contribution 401(A) pension plan. Rate of Township contribution is 9% of wages. Record keeping by Mission Square. BA
- **Police:** Police Uniform defer to CBA.
- **401(A):** Employee selects how the contributions are invested. **No employee contributions allowed.** Vesting starts at 20% at 2 years, 40% at 3 years, 60% at 4 years, 80% at 5 years and 100% vesting at 6 years or more.
- **457 deferred compensation plans:** Administered by Mission Square. Allows tax deferred contributions to be made for retirement. Employee selects contribution amount (can be flat dollar or percent per pay) and investments. See enrollment materials for options and limitations.
- **Roth IRA:** Administered by Mission Square. See enrollment kit for qualifications, contributions limits, and investment options.

## Paid time off

- Fire Fighters and Police Uniform, defer to CBABA
- Eligible employees are provided with vacation, personal, sick, floating holiday and paid Holidays.
- New employees are eligible for 80 vacation hours. Employee's hired mid-year, vacation time will be prorated from time of hired until December 31st.
- Time is front loaded on January 1<sup>st</sup> of every year.
- 32 hours of personal time per year (prorated based on hire date).
- 48 hours of sick time per year (prorated based on hire date).
- 8 hours of Floating holiday per year
- Observed Holidays: 11 days per year
  - New Year's Day, Martin Luther King Day, President's Day, Good Friday, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, Day after Thanksgiving, Christmas Day (10 Days)
  - Early out days- Day before Thanksgiving (2 hours early), Christmas Eve (4 hours early), New Year's Eve (2 hours early) = 8 total hours (1 day)

## Township benefits

- All active employees of the Township are eligible for the discount program.
- Free family pool membership at Overlook and Skyline pool
- Employee discount (25% off) on purchases from the Pool and Rink Concessions during normal business hours.
- 10 Free rounds of golf at Overlook Golf Course (restrictions applies) and 20 driving range tokens per calendar year.
- Overlook Roller Skating Rink discount. Five (5) skating sessions per skating season (October - May). Valid for the employee and up to four (4) guests (it includes skate rentals).
- Pavilion Rental at a discounted rate per calendar year. \$45.00 for any pavilion rental (subject to availability).
- Compost Park. Three (3) free trips per calendar year; free compost and/or mulch with Township ID.

Benefit  
Highlight  
Pages

# Medical/Rx Plan QHDHP \$2000/\$4000

Benefits	Network	Out-of-Network <sup>7</sup>
Deductible	Plan Year January 1, 2026 thru December 31, 2026	
Individual Family	\$2,000 \$4,000	
Coinsurance	100% after deductible	80% after deductible
Out-of-Pocket Limit Individual Family (once met, plan pays 100% coinsurance for rest of plan year)	\$3,000 \$6,000	\$6,000 \$12,000
Total Maximum Out-of-Pocket Individual Family (includes deductible, coinsurance, copays, prescription drug costs)	\$5,000 \$10,000	N/A N/A
Retail Clinical Visits & Virtual Visits	\$20 copay after deductible	80% after deductible
Primary Care Provider Office Visits & Virtual Visits	\$20 copay after deductible	80% after deductible
Specialist Office & Virtual Visits	\$35 copay after deductible	80% after deductible
Urgent Care Center Visits	\$35 copay after deductible	80% after deductible
Telemedicine <sup>5</sup>	100% after deductible	Not covered
Preventive Care <sup>6</sup>	100%, no deductible	80% after deductible
Emergency Room	\$100 copay after network deductible	
Hospitalization	100% after deductible	80% after deductible
Physical Medicine, Respiratory Therapy, Speech & Occupational Therapy <sup>8</sup>	\$35 copay after deductible	80% after deductible
Other Therapy Services (Cardiac Rehab, Infusion Therapy, Chemotherapy, Radiation Therapy and Dialysis)	100% after deductible	80% after deductible

## Prescription Drugs

Prescription Drug Deductible Individual Family	Integrated with medical deductible Integrated with medical deductible
Rx plan uses the Comprehensive Formulary with an Incentive Benefit Design.  Prescriptions filled at a non-network pharmacy are not covered.	<b>Retail Drugs (31-day Supply)</b> \$8 generic copay \$20 formulary brand copay \$45 non-formulary brand copay  <b>Maintenance Drugs through Mail Order (90-day Supply)</b> \$16 generic copay \$40 formulary brand copay \$90 non-formulary brand copay

- (1) Services are provided for acute care for minor illnesses. Services must be performed by a Highmark approved telemedicine provider. Virtual Behavioral health visits provided by a Highmark approved telemedicine provider are eligible under the Outpatient Mental Health / Substance Abuse benefit.
- (2) Services are limited to those listed on the Highmark Preventive Schedule (Women's health Preventive Schedule may apply).
- (3) Based on plan allowance. Providers can bill the difference between charge and plan allowance in addition to applicable deductible and coinsurance amounts.
- (4) Visit limits per benefit period may apply

# Dental Plan

Manheim Township offers dental coverage through United Concordia Dental.

Benefit Category <sup>1</sup>	In-Network <sup>2</sup>	Non-Network <sup>2</sup>
<b>Class I – Diagnostic/Preventive Services</b>		
Exams Bitewing X-rays All Other X-rays Cleanings & Fluoride Treatments Sealants Palliative Treatment	100%	100%
<b>Class II – Basic Services</b>		
Basic Restorative (Includes Posterior Resin Fillings Simple Extractions Space Maintainers Repairs of Crowns, Inlays, Onlays, Bridges & Dentures Endodontics Complex Oral Surgery General Anesthesia	100%	100%
<b>Class III – Major Services</b>		
Nonsurgical Periodontics Surgical Periodontics	100%	100%
Inlays, Onlays, Crowns Prosthetics (Bridges, Dentures)	50%	50%
<b>Orthodontics for dependent children to age 19</b>		
Diagnostic, Active, Retention Treatment	50%	50%
<b>Maximums &amp; Deductibles</b> (applies to the combination of services received from network and non-network dentists)		
Annual program Deductible (per person/per family)	None	
Annual Program Maximum (per person)	\$1,500 Excludes Orthodontics	
Lifetime Orthodontic maximum (per person)	\$1,200	
<b>Reimbursement</b>	Alliance	Advantage

*Representative listing of covered services – certificate of coverage provides a detailed description of benefits*

1. Dependent children covered to age 26.
2. Reimbursement is based on our schedule of maximum allowable charges (MACs). Network dentists agree to accept our allowances as payment in full for covered services. Non-network dentists may bill the member for any difference between our allowance and their fee (also known as balance billing). United Concordia Dental's standard exclusions and limitation apply.

# Vision Plan

Manheim Township offers Designer Vision Plan Option H through Davis Vision via PMHIC

IN-NETWORK BENEFITS		
Eye Examination	Every January 1, Covered in full	
Eyeglasses		
Spectacle Lenses	Every January 1, Covered in full For standard single-vision, lined bifocal, or trifocal lenses	
Frames	Every January 1, Covered in full Any Fashion or Designer Frame from Davis Vision's Collections (value up to \$160) OR \$130 retail allowance toward any frame from provider, plus 20% of balances	
Contact Lenses		
Contact Lens Evaluation, Fitting & Follow up Card	Every January 1, Non Collection Contacts: Standard Contacts: Covered in full Specialty Contacts: \$60 allowance with 15% off balance	
Contact Lenses (in lieu of eyeglasses)	Every January 1, \$130 retail allowance toward provider supplied contact lenses, plus 15% off balance	
ADDITIONAL DISCOUNTED LENSES OPTIONS & COATINGS		
MOST POPULAR Options Savings based on in-network usage and average retail values.	Without Davis Vision	With Davis Vision
Scratch-Resistant Coating	\$25	\$0
Polycarbonate Lenses	\$66	\$0 - \$30
Standard Anti-Reflective (AR) Coating	\$83	\$35
Standard Progressives (no-line bifocal)	\$198	\$50
Photochromic Lenses (i.e., Transitions®, etc.)	\$110	\$65
Value-Added Features		
<ul style="list-style-type: none"> <li>Mail Order Contact Lenses Replacement contacts (after initial benefit) through DavisVisionContacts.com mail-order service ensures easy convenient, purchasing online and quick, direct shipping to your door.</li> <li>Davis Vision provides you and your eligible dependents with the opportunity to receive discounted laser vision correction, often referred to as LASIK.</li> </ul>		
OUT-OF-NETWORK REIMBURSEMENT SCHEDULE		
You may receive services from an out-of-network provider, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network. If you choose an out-of-network provider, you must pay the provider directly for all charges and then submit a claim for reimbursement to:		
Vision Care Processing Unit P.O. Box 1525 Latham NY 12110		
Eye Examination up to \$40   Frame up to \$50 Spectacle Lenses (per pair) up to : Single Vision \$40, Bifocal \$60, Trifocal \$80, Lenticular \$100 Daily-wear fitting and evaluation \$20, Elective Contacts up to \$105, Visually Required Contacts up to \$225		

# Opt-out/Opt-Down Payments

## Total Opt-out

Coverage Eligibility Level	Coverage Level Opt-Down to Single *	Total Opt-Out *
Single		\$1,000
Employee/Spouse	\$1,000	\$2,000
Employee/Child	\$1,000	\$2,000
Employee/Children	\$2,000	\$3,000
Family	\$2,000	\$3,000
<b>* Note - Coverage level opt-down &amp; total opt-out to be paid 1/2 in June &amp; 1/2 in Dec.</b>		

## Medical Opt-out, keep dental and vision

Coverage Eligibility Level	Coverage Level Opt-Down to Single *	Total Opt-Out *
Single		\$750
Employee/Spouse	\$750	\$1,750
Employee/Child	\$750	\$1,750
Employee/Children	\$1,750	\$2,750
Family	\$1,750	\$2,750
<b>* Note - Coverage level opt-down &amp; total opt-out to be paid 1/2 in June &amp; 1/2 in Dec.</b>		