EMPLOYEE NEWSLETTER SEPTEMBER 2021

Birthda	y Wishes	
09/01	Tracy Salsberry	Sheriff's Office
09/01	Rose Montgomery	Sheriff's Office
09/09	John Axsom	Sheriff's Office
09/10	Rusty Harris	Road & Bridge
09/10	Randall Snyder	Road & Bridge
09/21	Pat Shoush	Recorder
Service	e Anniversaries	

Hayden Coin Road & Bridge

Important 2021 Dates

Monday September 6	Labor Day County Offices Closed
Wednesday September 22	First Day of Autumn
Monday October 11	Columbus Day County Offices Closed
Saturday October 16	Boss's Day
Sunday October 31	Halloween

Welcome New E	Employees
Chanler Baird	Sheriff's Office
Matthew Guerra	Sheriff's Office
Taylor Hurley	Sheriff's Office

New Roof Installed on the Courthouse (pictures courtesy of Lori Smith and Tiffany Haley)



09/17

3 yrs.













SUPPLEMENTAL DENTAL INSURANCE INFOMATION

Employees can add dental insurance during open enrollment period (November 2021)

—	CC	DST	
Coverage	Dental Premiums per paycheck (24)	Coverage	Dental Premiums per paycheck (24)
Employee Only	\$16.50	Employee & Spouse Only	\$34.50
Employee & Child(ren)	\$29.50	Employee & Full Family	\$43.50

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Premium costs may vary slightly in 2022

### BENEFIT OVERVIEW

| Dental Benefit Deductible and Benefit Limit Summary                    | Amount      |
|------------------------------------------------------------------------|-------------|
| Annual deductible per participate (no deductible for Class 1 services) | \$25        |
| Maximum number of deductible for family                                | X2 (\$50)   |
| Maximum annual benefit limit for Class 1, 2, and 3 services            | \$1,000     |
| Maximum lifetime benefit limit for Class 4 services (Orthodontics)     | NOT COVERED |

| Class Coverage                                                                                                                                                                                                                            | Example of Services                                                                                                                                                                                                             | Benefit Paid by<br>GBS         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--|
| Class 1 Services<br>Preventative Care                                                                                                                                                                                                     | <ul> <li>Routine oral examinations (once every 6 mos.)</li> <li>Cleaning, scaling, polishing (once every 6 mos.)</li> <li>Bitewing x-rays (once every 6 mos.)</li> <li>Full or Panoramic x-rays (once every 60 mos.)</li> </ul> | 100%<br>of *customary<br>costs |  |
| Class 2 Services<br>Repair and Restoration                                                                                                                                                                                                | 90%<br>of *customary costs                                                                                                                                                                                                      |                                |  |
| <ul> <li>Gold fillings</li> <li>Crowns</li> <li>Class 3 Services</li> <li>Partial dentures</li> <li>Periodontal scaling</li> <li>Oral surgery (wisdom teeth extractions may not be covered-call GBS prior to any oral surgery)</li> </ul> |                                                                                                                                                                                                                                 | 60%<br>of *customary<br>costs  |  |
| Class 4 Services<br>Orthodontics                                                                                                                                                                                                          | All orthodontic related services                                                                                                                                                                                                | Not Covered                    |  |

\* GBS dental coverage does not have an In-Network provider system (members can go to their dentist of choice). However, GBS only pays dental claims based on the usual and customary cost of dental services (not on actual cost of a service). For example: The usual and customary cost for a crown is \$600, but the provider charges \$800. GBS will only pay 60% on the usual and customary of \$600 (which means GBS will only pay \$360 towards the \$800 bill).

Employees: The above information is a summary of coverage. If you would like a detailed description of all covered and excluded dental services through our supplemental dental insurance plan please call or email Heather in Human Resources at (660)234-7914 or hkelley@adaircomo.com

### SUPPLEMENTAL VISION INSURANCE INFOMATION

#### Employees can add vision insurance during open enrollment period (November 2021)

|          | Coverage                     | Vision Premiums<br>per paycheck (24) | Coverage                    | Vision Premiums<br>per paycheck (24) |
|----------|------------------------------|--------------------------------------|-----------------------------|--------------------------------------|
|          | Employee Only                | \$3.81                               | Employee & Spouse Only      | \$9.23                               |
|          | Employee & Child(ren)        | \$7.78                               | Employee & Full Family      | \$12.00                              |
|          |                              | Premium costs may                    | vary slightly in 2022       |                                      |
| Vi       | sion Benefit Deductible a    | nd Benefit Limit Sumn                | hary                        | Amount                               |
| An       | inual deductible per partic  | ipate (Maximum dedu                  | ctible charge 2 per family) | \$50                                 |
| Vis      | sion coinsurance % (Employ   | vee pays 10%/GBS pays                | 90%)                        | 90%                                  |
| Ma       | aximum annual benefit per    | participant                          |                             | \$600                                |
| Covere   | d Expenses                   |                                      |                             | Benefit Paid                         |
| Eye exa  | m, per person, in a 12 mo    | nth period                           |                             | \$100 Maximum                        |
| Single v | rision, frame type lenses, p | er pair, in a 12 month               | period                      | \$120 Maximum                        |
| Bi-focal | , frame type lenses, per p   | air, in a 12 month peri              | od                          | \$130 Maximum                        |

Subject to the limits in the summary of benefits, the plan pays the Usual and Customary Fees for vision care services, as follows:

- a) Eye Refractions. Eye refractions, eyeglasses, contact lenses, or vision examination for prescribing or fitting eveglasses or contact lenses, and
- b) **Recommended.** Recommended and approved by a physician or optometrist.

**Exclusions and Limitations** (Note: this is not a comprehensive list of exclusions or limitations)

Benefit Limitations. Participants can use the benefit to secure either eye glasses with frames or contact lenses (not both).

Greater Coverage. Any charges that are covered under a medical or health plan that reimburses greater than this plan amount.

Radial Keratotomy. Radial keratotomy or other plastic surgeries on the cornea in lieu of eyeglasses.

Safety Googles or Sunglasses. Charges for safety googles or sunglasses.

Tri-focal, frame type lenses, per pair, in a 12 month period

Lenticular, frame type lenses, per pair, in a 12 month period

Frames, per pair, in a 24 month period

Contact Lenses in a 12 month period

Covered Expenses

Employees: The above information is a summary of coverage. If you would like a detailed description of all covered and excluded vision services through our supplemental vision insurance plan please call or email Human Resources at (660)234-7914 or hkelley@adaircomo.com

#### Employees, did you know?

Participants in the GBS Medical Plan can get reimbursed up to \$100 for basic eye exam costs annually without being enrolled in the supplemental vision coverage. If provider does not bill insurance, employees need to complete a claim form and submit it to GBS with a paid eye exam receipt. Call Human Resources at (660)234-7914 or email hkelley@adaircomo.com for information.

\$140 Maximum

\$150 Maximum

\$130 Maximum

90/10 (Plan limit)

# **Paycheck Deduction Codes**

Do you know what is taken out of your check each pay period? It is always a good idea to look at your paystub. See below information on payroll deduction codes.

|           |                                                |                | ****Direct D | posit Stub****                               |                                          |                     |                |
|-----------|------------------------------------------------|----------------|--------------|----------------------------------------------|------------------------------------------|---------------------|----------------|
|           |                                                |                | Adai         | County                                       |                                          |                     |                |
| 01-0507   | Doe, Jane                                      |                |              |                                              | Period                                   | d End; 06/30/2018 C | HECK #: 999999 |
| =======   | ======EARNINGS==============                   |                |              | ======================================       |                                          |                     |                |
|           | HOURS                                          | CURRENT        | YTD          |                                              |                                          | CURRENT             | YTD            |
| HOURLY    | 70                                             | 1,131.69       | 17,667.05    | A                                            | FLAC                                     | 24.10               | 361.50         |
| SICK      |                                                | 0.00           | 226.34       | C                                            | ERF MA                                   | AN 22.63            | 359.11         |
| COMP TA   | COMP TAKEN                                     |                | 64.68        | CERF DED                                     |                                          | ED 10.00            | 150.00         |
| VACATIO   | VACATION 0.00 129.34                           |                |              | DENTAL                                       |                                          | 247.50              |                |
| oll Code  | Code Description                               |                | Payroll Co   | de [                                         | Description                              |                     |                |
| AC        | Taxed AFLAC Policies                           |                | DEP HEALTH   | DEP HEALTH GBS Spouse/Dependent/Buy-up Plar  |                                          | ent/Buy-up Plan Cov |                |
| AC CANCER | NCER AFLAC Cancer Policy                       |                | DEP LIFE     | DEP LIFE GBS-Spouse/Dependent Life Insurance |                                          |                     |                |
| C DEFCOM  | Pre-Tax AFLA                                   | C Policies     |              | DENTAL                                       | DENTAL GBS Supplemental Dental           |                     |                |
| F DED     | 457(b) \$ Amou                                 | unt Contribute | d            | FLEX SPEND                                   | FLEX SPEND GBS Flexible Spending Account |                     | ng Account     |
| F DED%    | 457(b) % Amount Contributed                    |                | GBS MAXI H   | GBS MAXI HTH GBS Maxi-Care                   |                                          |                     |                |
| F MAN     | MAN CERF Public Pension                        |                | VISION-GBS   | VISION-GBS GBS Supplemental Vision           |                                          | ision               |                |
| F MAN PT  | MAN PT CERF Public Pension Part-Time Employees |                | YMCA         | YMCA YMCA Membership                         |                                          |                     |                |

# IT IS NOT TOO LATE TO CHANGE YOUR TAX WITHHOLDINGS

The Federal Tax Withholding Calculator is a great way to "check-up" on your current paycheck withholdings. The Federal Tax Withholding Calculator not only tells you the status of your current withholdings (if you are putting in too little or too much), but it also tells you exactly how to complete your new Federal W-4 Form in order to appropriately adjust your withholdings.





Employees can change their Federal (or state) Form W-4 (the form that indicates how much in taxes you will have withheld from your paycheck) at any time during the year.

If you would like to complete a new Federal (or Missouri State) Form W-4 please contact Human Resources at (660)234-7914 or email hkelley@adaircomo.com.





To use the Calculator go to: https://www.irs.gov/individuals/irs-withholding-calculator and answer a few question (you will need to know how much in Federal taxes came out of your last paycheck).

# **News From Around the County**

Collop & Smith Attend Bicentennial Celebration





County Clerk Sandy Collop and Treasurer Lori Smith attended Missouri's Bicentennial Celebration in Jefferson City on August 10th, 2021. Missouri's Attorney General, Eric Schmitt, hosted part of the celebration in his office meeting and taking pictures with attendees.

Pictured above left to right: County Clerk Sandy Collop, Attorney General Eric Schmitt, and Treasurer Lori Smith.

# Surprise Surprise!



When work crews attempted to move a concrete flower planter on the south courthouse lawn they found a surprise. Under the flower planter was a 6 foot wide, 30 foot deep rain water cistern. Fortunately for the equipment operator the skid steer loader straddled the cistern opening and no one was injured. A second rain water cistern was found on the north side of the courthouse lawn as well. Adair County Road & Bridge crew members were called in to fill the cistern up with rock so that work could continue.

Thank you Road & Bridge Crew for jumping in and quickly fixing the problem!

### **Courthouse Offices Relocating**

Courthouse offices will be moving in mid-September while construction work begins inside the building. Most offices will be moving just one block north of the courthouse on Elson Street. The Circuit Clerk's Office and Courts will be moving to the former Standard Register building on Industrial Road and the Commission Office will be moving to the Road & Bridge property on Potter Trail.



The County Clerk's Office and Treasurer's Office will move to 311 N Elson.



Circuit II Clerk's Office and Courts will move to 3010 N. Industrial Road.



The Collector's Office, Assessor's Office, Recorder's Office, and Human Resources will move to 310 N Elson.



The Commission Office will move to 23016 Potter Trail.

# Check Out These Amazing Drone Pictures of the Courthouse Roof Install (Pictures provided by roofing contractor Everest Exteriors)















