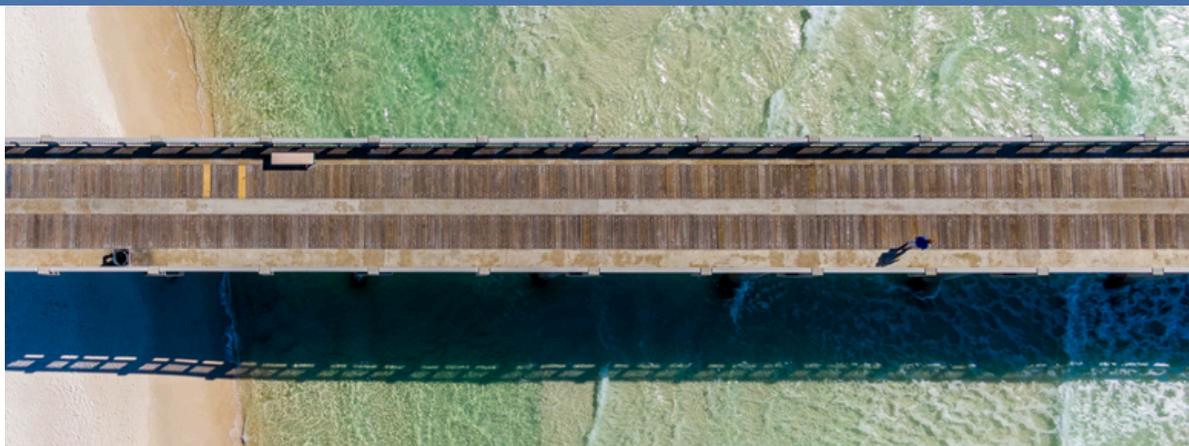




# BAY COUNTY

BOARD OF COUNTY COMMISSIONERS

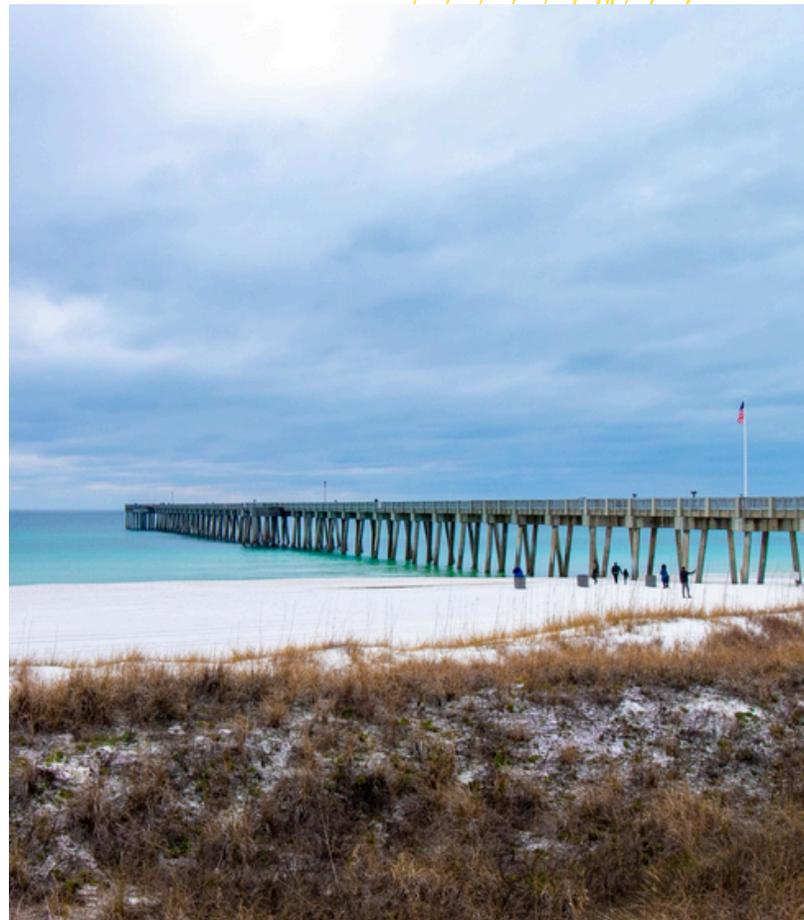
## 2026 Benefit Guide



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The following descriptions of available benefits options of the Bay County Board of County Commissioners are purely informational and have been provided to you for illustrative purposes only. This information is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the Bay County Board of County Commissioners. Payment of benefits will vary from claim to claim within a particular benefit option and will be paid at the sole discretion of the applicable insurance provider and/ or claims administrator for each benefit option. Master policies, contracts, and plan documents govern all benefit plans. Any discrepancies between any information provided through this summary and the actual terms of the policies, contracts, and plan documents are governed by the terms of the Bay County Board of County Commissioners' master policies, contracts, and the actual plan documents. The terms and conditions of each applicable policy or certificate of coverage will provide specific details and will govern in all matters relating to each particular benefit option described in this summary. In no case will any information in the summary amend, modify, expand, enhance, improve, or otherwise change any term, condition, or element of the policies or certificates of coverage that govern the benefit options described in this summary. The Bay County Board of County Commissioners reserves the right to amend, suspend, or terminate any benefit plan, in whole or in part, at any time, given legally required notice.



DANIEL RAFFIELD  
DISTRICT I

ROBERT CARROLL  
DISTRICT II

DOUG CROSBY  
DISTRICT III



DOUGLAS MOORE  
DISTRICT IV

CLAIR PEASE  
DISTRICT V

ROBERT J. MAJKA  
COUNTY MANAGER

Hello,

The Bay County Board of County Commissioners (BOCC) is excited to partner with Gallagher Benefit Services to offer you and your eligible dependents comprehensive health benefits, as outlined in this benefits guide. The new plan period will begin on January 1, 2026.

Through Gallagher Benefits Services, we will have new benefit offerings, including:

- A **High Deductible Plan** with Blue Cross Blue Shield
- An **enhanced EAP** through Telus Health

Your thoughtful choices in managing your healthcare have a direct impact on the continued success and affordability of our insurance programs. Using resources such as Healthiest You (Telemedicine) for minor illnesses and urgent care centers instead of emergency rooms helps reduce your out-of-pocket costs while helping us maintain a lower claims history.

As healthcare costs continue to rise, we appreciate your commitment to making informed decisions and utilizing the services provided by the BOCC to access high-quality healthcare in the most cost-effective way.

If you have any questions, please do not hesitate to reach out to the Human Resources Department.

Sincerely,

Robert J. Majka

County Manager

# REFERENCE- POLICY NUMBERS

BENEFIT	CARRIER/VENDOR	PHONE NUMBER	POLICY/GROUP NUMBER
ONLINE BENEFIT ENROLLMENT	WORKDAY	N/A	N/A
MEDICAL INSURANCE	BLUE CROSS BLUE SHIELD, NETWORK BLUE	1-800-801-4670	71-6340N-00
PRESCRIPTION DRUG	Optum RX	1-855-811-2218	71-6340N-00
TELEMEDICINE	HEALTHIEST YOU	1-866-703-1259	N/A
DENTAL	THE STANDARD	1-800-547-9515	160-153964
VISION	THE STANDARD	1-800-877-7195	160-153964
BASIC, VOLUNARY LIFE AND AD&D	THE STANDARD	1-800-348-3226	153964
LONG TERM DISABILITY	THE STANDARD	1-800-348-3226	153964
VOLUNTARY WORKSITE	METLIFE	1-800-438-6388	5776672
EMPLOYEE ASSISTANCE PROGRAM	TELUS	1-833-505-0672	n/a
FSA/DCA/HSA	HEALTH EQUITY	1-877-924-3967	64585
MEDICARE ADVANTAGE	FLORIDA BLUE	1-844-589-3861	16430

# YOUR OPEN ENROLLMENT PLATFORM



## HELPFUL ENROLLMENT TIPS

- Please have your dependents SSN and DOB available before you begin your enrollment.
- If your spouse also works at your employer, be sure to coordinate and not duplicate the same coverage.
- If you elect a benefit that requires medical underwriting to be completed to determine coverage eligibility, please include any existing amount of coverage you already have approved and in place, in addition to any additional amount of coverage you are requesting.
- Monitor your email account and Workday Message Center for additional Open Enrollment information.
- Please check your first paycheck with deductions for accuracy and bring any questions to your HR Department.

# ELIGIBILITY & ENROLLMENT GUIDELINES

## ELIGIBILITY

All full-time benefits-eligible employees who regularly work at least 30 hours per week (or retirees) are eligible for coverage.

Your coverage will be effective the first of the month following the day you began employment at the Bay County Board of County Commissioners, unless you begin on the first of the month, then your benefits begin immediately, or within 30 days of a life event, or following open enrollment.

## DEPENDENT ELIGIBILITY

An eligible dependent is generally defined as an employee's legal spouse or a child of the employee and/or their legal spouse.

Marriage, student status, and disability status can affect a child's eligibility.

BOCC reserves the right to require documentation to confirm dependent eligibility.

For specific eligibility provisions, please refer to the applicable benefit plan summary or policy.

MAXIMUM DEPENDENT CHILD AGES	
MEDICAL	End of the calendar year they turn 30 years old.*
DENTAL	End of the calendar year they turn 26 years old.
VISION	End of the calendar year they turn 26 years old.
LIFE	Through age 25 years old.
VOLUNTARY WORKSITE	End of the month they turn 26 years old.

## SPECIAL NOTES:

Spouses who are both employees of the Bay County Board of County Commissioners cannot double cover each other on any plan. Please keep your information updated in the Workday system so that we can properly provide any needed documentation to you as soon as possible.

In the event of a discrepancy, the plan documents rule.

## INFORMATION FOR RETIREES:

Medicare Eligibility - Once you become eligible for Medicare Part A and B, you must contact the Social Security Administration (SSA) about your Medicare benefits. Enrollment in Medicare is time sensitive, and you may be subject to financial penalties if you miss the federal deadlines. Contact your local SSA office, call 800-MEDICARE, or visit [www.medicare.gov](http://www.medicare.gov) for more information. When your Medicare benefits take effect, your insurance with the Bay County Board of County Commissioners becomes the secondary payer.

Coverage Changes - Retirees are allowed to keep the benefits they have at retirement, but may not add other benefits unless a new product is offered. Retirees are allowed to add dependents to their coverage during open enrollment or as a result of any qualifying life event during the year. Retirees may drop coverage at any time outside of Open Enrollment and Qualifying Events. Once coverage is dropped, you are not permitted to elect benefits through the Bay County Board of County Commissioners at a future date.

**\*An employee's child from 26 to 30 years old (end of calendar year) provided the Child is unmarried, does not have a dependent of their own, is a Florida resident or full-time or part-time student, is not eligible for Medicare, and is not covered under another group or individual policy.**

# QUALIFYING EVENTS & IRS SECTION 125

## IRS SECTION 125

Premiums for medical, dental, vision insurance, and/or certain supplemental plans are deducted through a Cafeteria Plan established under Section 125 of the Internal Revenue Code (IRC) and are pre-tax to the extent permitted. Under Section 125, changes to a member's pre-taxed benefits can be made ONLY during the Open Enrollment period unless the employee or qualified dependents experience a qualifying event and the request to make a change is made within 30 days of the qualifying event. Certain qualifying events may allow for changes to be made within 60-days of the qualifying event, please refer to your section 125 documents or contact your Human Resources Division.

Under certain circumstances, employees may be allowed to make changes to benefit elections during the plan year, if the event affects the member's, spouse's, or dependent's coverage eligibility. The IRS Code, Section 125, determines an "eligible" qualifying event. Any requested changes must be consistent with and due to the qualifying event.

## EXAMPLES OF QUALIFYING EVENTS

- Employee gets married or divorced
- Birth of a child
- Employee gains legal custody or adopts a child
- Employee, employee's spouse or dependent(s) terminate or start employment
- An increase or decrease in employees' work hours causes eligibility or ineligibility
- A covered dependent no longer meets eligibility criteria for coverage
- A child gains or loses coverage with an ex-spouse
- Change of coverage under an employer's plan
- Gain or loss of Medicare coverage
- Losing eligibility for coverage under a State Medicaid or CHIP (including Florida KidCare) program
- Becoming eligible for state premium assistance under Medicaid or CHIP (including Florida KidCare) program
- Enrollment in a qualified health plan offered through an exchange during the special enrollment period

## MEMBERS WHO EXPERIENCE A QUALIFYING EVENT MUST CONTACT THE HUMAN RESOURCES DIVISION WITHIN 30 DAYS TO MAKE THE APPROPRIATE CHANGES TO COVERAGE.

Beyond 30 days, requests will be denied, and the member may be responsible, both legally and financially, for any claim and/or expense incurred as a result of the member or dependent who continues to be enrolled but no longer meets eligibility requirements. If approved, billing changes are effective on the first of the month following the qualifying event. Medical benefits for newborns are effective on their date of birth, with any applicable billing changes taking place on the first of the month following 30 days from their date of birth. Cancellations will be processed according to policy guidelines. In the event of death, coverage will terminate at the end of the month following the death of the employee. Members will be required to furnish valid documentation supporting a change in status due to a qualifying event. Certain qualifying events may allow for changes to be made within 60 days of the qualifying event. Please refer to your benefit plan documents and your section 125 documents or contact your Human Resources Division.



# MEDICAL

CLAIMS ADMINISTRATOR	Florida Blue	
NAME OF PLAN	Florida Blue	
PROVIDER NETWORK	Network Blue	
IN-NETWORK BENEFITS		
CALENDAR-YEAR DEDUCTIBLE		
INDIVIDUAL	\$1,700	
FAMILY	\$3,400	
COINSURANCE (MEMBER RESPONSIBILITY)	20%	
CALENDAR YEAR OUT-OF-POCKET MAXIMUM		
INDIVIDUAL	\$5,000	
FAMILY	\$5,000	
OFFICE VISITS		
PRIMARY CARE	CALENDAR YEAR DEDUCTIBLE + 20%	
SPECIALIST	CALENDAR YEAR DEDUCTIBLE + 20%	
COMMON SERVICES		
DIAGNOSTIC LABWORK / X- RAYS	CALENDAR YEAR DEDUCTIBLE + 20%	
ADVANCED IMAGING (CT, PET, MRI)	CALENDAR YEAR DEDUCTIBLE + 20%	
INPATIENT HOSPITAL FACILITY SERVICES	CALENDAR YEAR DEDUCTIBLE + 20%	
OUTPATIENT HOSPITAL FACILITY SERVICES	CALENDAR YEAR DEDUCTIBLE + 20%	
AMBULATORY SURGICAL CENTER FACILITY FEE	CALENDAR YEAR DEDUCTIBLE + 20%	
URGENT CARE	CALENDAR YEAR DEDUCTIBLE + 20%	
EMERGENCY ROOM FACILITY	CALENDAR YEAR DEDUCTIBLE + 20%	
AMBULANCE SERVICES	CALENDAR YEAR DEDUCTIBLE + 20%	
PHARMACY	30-DAY SUPPLY*	90-DAY SUPPLY*
RX OUT-OF-POCKET MAXIMUM	SAME AS MEDICAL OUT-OF-POCKET MAXIMUM	SAME AS MEDICAL OUT-OF-POCKET MAXIMUM
TIER 1 GENERIC	\$10 COPAY	\$0 COPAY
TIER 2 PREFERRED BRAND NAME	\$50 COPAY	\$125 COPAY
TIER 3 NON-PREFERRED BRAND NAME	\$80 COPAY	\$200 COPAY
SPECIALTY	\$80 COPAY	SEE RX GLOSSARY
OUT-OF-NETWORK BENEFITS		
CALENDAR YEAR DEDUCTIBLE (INDIVIDUAL/FAMILY)	\$3,000 / \$6,000	
COINSURANCE	40%	
OUT-OF-POCKET (INDIVIDUAL/FAMILY)	\$10,000 / \$10,000	

\*Medical plan deductible must be met first.

HIGH DEDUCTIBLE HEALTH PLAN (MONTHLY)		
TIER	FULL-TIME EMPLOYEE	RETIREE
EMPLOYEE	\$82.54	\$825.43
EMPLOYEE + SPOUSE	\$171.69	\$1,716.89
EMPLOYEE + CHILD(REN)	\$142.17	\$1,421.74
FAMILY	\$232.12	\$2,321.21

# PRESCRIPTIONS

Prescription drug costs can vary depending on the type of drug:

- Is the prescription a generic, a preferred brand-name, or a non-preferred brand-name drug?
  - Do you have a 30-day or 90-day supply?
- Are you purchasing your prescriptions at a retail pharmacy or via mail order?

The Pharmacy section of the medical table shows the cost of using generic, brand-name, or mail order medications.

Check the formulary, or list of covered medications, to determine what tier your prescription is in.

- TIER 1 Generic
- TIER 2 Preferred brand name
- TIER 3 Non-preferred brand name
  - Specialty



## MAIL ORDER PRESCRIPTIONS

There are specific advantages to using mail order for prescription medications, including:

- Cost savings - You will incur fewer copays when you order a 90-day supply.
- Free shipping - There is no extra shipping charge for mail-order prescriptions.
- Convenience - You do not have to make as many trips to the pharmacy, stand in line, or wait for your prescriptions to be filled.

Note: Mail order prescriptions require a 90-day script from your provider. **GENERIC PRESCRIPTIONS** Remember, talk to your doctor to see if a generic prescription is right for you!

# EMPLOYEE ASSISTANCE PROGRAM (EAP)

The Bay County Board of County Commissioners will be providing a brand new Employee Assistance Program known as TELUS Health. TELUS EAP is available to **ALL** active employees and dependents.

People face all kinds of challenges that can cause stress at home and work. The Telus Employee Assistance Program (EAP) is here to support you in managing whatever issues life sends your way, including:

- Family and parenting issues
- Relationship problems
- Legal consultations: criminal matters, living wills, and divorce
- Life changes, personal crises
- Mediation services: child custody, real estate, and collections
- Stress related to work or personal issues
- Financial services: bankruptcy, retirement planning, and taxes
- Setting goals to live your best life
- Drug and alcohol abuse assistance

## ONLINERESOURCES

Unlimited 24/7/365 access to Masters-level specialists via phone and online. Completely confidential service with no bills, copays, or deductibles:

Contact:  
Phone number: TBD  
Website: [one.telushealth.com](http://one.telushealth.com)



# TELEMEDICINE

HealthiestYou by Teladoc is included in your health benefits. They are here to help you and your family with minor healthcare needs while traveling, at work or at home - day or night.

Wherever you are, you've got access to doctors all year long by phone or video.

## **Get Treated for:**

- Flu
- Pink Eye
- Sinus Infections
- Allergies
- Sore Throats
- Bronchitis
- Rashes
- And more



Set up your account today  
Visit [www.healthiestyou.com/](http://www.healthiestyou.com/)  
Call 866-703-1259  
Download the app

## HEALTH SAVINGS ACCOUNT (HSA)

HealthEquity®

A Health Savings Account (HSA) is a tax-exempt savings account that enables the payment of qualified health expenses. You must be enrolled in a High Deductible Health Plan (HDHP) to be eligible for this benefit.

### **Eligibility or enrollment in other plans such as Tricare and Medicare can affect your eligibility in an HSA.**

Bay County Board of County Commissioners utilizes Health Equity HSA services.

There is no use-it-or-lose-it rule, meaning employees can save and invest when they can as well as spend on eligible healthcare expenses as needed.

#### 2026 HSA CONTRIBUTION LIMITS

Single - \$4,400

Family - \$8,750

Members 55+ can contribute an extra \$1,000

Funds can be used for expenses like copays, deductibles, etc. For full listing of qualified expenses, please visit [www.irs.gov](http://www.irs.gov).

Any unused funds in the HSA at the end of the year will remain in the account to be used at a later date. Should you leave employment, the account remains with you.

# FLEXIBLE SPENDING ACCOUNT (FSA)

A Flexible Spending Account (FSA) plan is a tax- savings alternative offered through your employer under Section 125 of the Internal Revenue Code.

## ELIGIBLE EXPENSES

Most medical, dental, and vision care expenses that are not covered by your health plan (such as co-payments, coinsurance, deductibles, eyeglasses, and doctor prescribed over-the-counter medications) are eligible expenses.



## MAXIMUM ANNUAL CONTRIBUTIONS

The 2026 annual contribution limit is \$3,400.

## CARRYOVER:

This plan allows up to \$660 of unused funds to be rolled over to the next plan year. Any amount over \$660 will be forfeited.

## REMEMBER

YOU MUST ACTIVELY ENROLL IN THE FSA BENEFIT EACH PLAN YEAR. FSA ELECTIONS DO NOT ROLLOVER FROM ONE PLAN YEAR TO ANOTHER.

HOW MUCH CAN YOU SAVE WHEN YOU ENROLL IN AN FSA?

To estimate how much you could potentially save with an FSA, visit: <https://fsastore.com/fsa-calculator>.

Here you can utilize the FSA Tax Savings Calculator. This handy FSA calculator will show you an estimated list of your health spending for the year so you can make an informed decision and take full advantage of your FSA benefit.

## SPECIAL NOTE FOR RETIREES:

Flexible Spending Accounts (FSA) are not available for Retirees.

## IMPORTANT NOTE

Your FSA funds may not be used to pay for claims incurred prior to the plan's effective date.

You have until December 31st, 2025 to submit for reimbursable expenses for the 2025 plan year. FSA plans follow the same guidelines for qualifying events as other insurance coverages (birth, death, adoption, etc.) but if you resign or terminate employment before the end of the plan year, the FSA funds are non-refundable. If you do not use all of your FSA plan money during your plan year, you will lose those funds.

# DEPENDENT CARE ACCOUNT (DCA)

## Dependent Care Flexible Spending Account:

(DCA) can help pay for expenses incurred in caring for your child dependents. Child dependents are those listed in your care and claimed on your

## Maximum Annual Contributions:

You may contribute up to \$7500 per plan year into your DCA if you are a single filer or married filing jointly. You may contribute \$3750 annually if you are a married couple filing separately.

HealthEquity

**REMEMBER YOU MUST ACTIVELY ENROLL IN THE DCA BENEFIT EACH PLAN YEAR. DCA ELECTIONS DO NOT ROLLOVER FROM ONE PLAN YEAR TO ANOTHER.**

## SPECIAL NOTE FOR RETIREES

Dependent Care Accounts (DCA) are not available for Retirees.



# DENTAL

Dental care is a vital part of your overall health; it's not just about preventing cavities. Having dental coverage helps ensure that you and your family get quality dental care at an affordable cost.

CARRIER	THE STANDARD	THE STANDARD	THE STANDARD
NAME OF PLAN	PPO LOW PLAN	PPO MID PLAN	PPO HIGH PLAN
NETWORK	AMERITAS	AMERITAS	AMERITAS
OUT OF NETWORK PAYMENT LEVEL	90TH U&C*	95TH U&C*	95TH U&C*
DEDUCTIBLE	IN-NETWORK/OUT-OF-NETWORK	IN-NETWORK/OUT-OF-NETWORK	IN-NETWORK/OUT-OF-NETWORK
INDIVIDUAL- CALENDAR YEAR	\$50	\$50	\$50
FAMILY - CALENDAR YEAR	\$150	\$150	\$150
PLAN MAXIMUM			
CALENDAR YEAR MAX	\$750	\$1,000	\$1,500
CLASS			
PREVENTIVE - TYPE 1	100%	100%	100%
BASIC- TYPE 2	60%	80%	90%
MAJOR - TYPE 3	25%	50%	60%
ORTHODONTIA			
COINSURANCE (PLAN PAYS)	N/A	N/A	50%
COVERAGE FOR CHILDREN AND/OR ADULTS	N/A	N/A	ADULT & CHILD (UP TO AGE 19)
LIFETIME MAXIMUM PER PERSON	N/A	N/A	\$1,250
MAX BUILDER FLEX			
BENEFIT THRESHOLD	\$250	\$500	\$500
ANNUAL CARRYOVER AMOUNT	\$125	\$250	\$250
ANNUAL PPO BONUS	\$50	\$100	\$100
MAXIMUM CARRYOVER	\$500	\$1,000	\$1,000

\*Services received out-of-network are based on the 90th or 95th percentile of "Usual and Customary" (U&C) for all providers in the designated service area.

## LOW PLAN DENTAL RATES (MONTHLY)

TIER	FULL-TIME EMPLOYEE	RETIREE
EMPLOYEE	\$18.40	\$18.40
EMPLOYEE + 1 DEPENDENT	\$34.40	\$34.40
EMPLOYEE + 2 OR MORE DEPENDENTS	\$57.48	\$57.48

## MID PLAN DENTAL RATES (MONTHLY)

TIER	FULL-TIME EMPLOYEE	RETIREE
EMPLOYEE	\$26.88	\$26.88
EMPLOYEE + 1 DEPENDENT	\$60.40	\$60.40
EMPLOYEE + 2 OR MORE DEPENDENTS	\$111.64	\$111.64

## HIGH PLAN DENTAL RATES (MONTHLY)

TIER	FULL-TIME EMPLOYEE	RETIREE
EMPLOYEE	\$31.44	\$31.44
EMPLOYEE + 1 DEPENDENT	\$72.08	\$72.08
EMPLOYEE + 2 OR MORE DEPENDENTS	\$128.52	\$128.52

# VISION

Vision coverage provides you and your family with quality vision benefits at an affordable cost. We encourage you and your family to visit the optometrist or ophthalmologist regularly to maintain your vision health.

CARRIER	THE STANDARD	THE STANDARD
NAME OF PLAN	PPO PLAN	PPO PLAN
NETWORK	VSP NETWORK	VSP NETWORK
	IN-NETWORK	OUT-OF-NETWORK*
EXAMS	\$20 COPAY	\$20 COPAY (UP TO \$52 ALLOWANCE INCLUDING DEDUCTIBLE)
FRAMES ALLOWANCE	UP TO \$130 ALLOWANCE	UP TO \$70 ALLOWANCE
CONTACTS ALLOWANCE	MEDICALLY NECESSARY - COVERED IN FULL ELECTIVE - UP TO \$130 ALLOWANCE	MEDICALLY NECESSARY - UP TO \$210 ALLOWANCE ELECTIVE - UP TO \$105 ALLOWANCE (INCLUDES ALLOWANCE FOR FITTING & EXAM)
CONTACT FITTING	\$60 COPAY	N/A
BENEFIT FREQUENCY		
EXAMS	12 MONTHS	12 MONTHS
LENSES	12 MONTHS	12 MONTHS
FRAMES	24 MONTHS	24 MONTHS
LENS OPTIONS		
SINGLE VISION	COVERED IN FULL	UP TO \$55
BIFOCAL	COVERED IN FULL	UP TO \$75
TRIFOCAL	COVERED IN FULL	UP TO \$95

\*If you go to an out-of-network provider, you will be responsible for paying the difference between what the provider submits for payment and the amount we pay.

VISION RATES (MONTHLY)		
TIER	FULL-TIME EMPLOYEE	RETIREE
EMPLOYEE	\$6.92	\$6.92
EMPLOYEE+ SPOUSE	\$13.48	\$13.48
EMPLOYEE+ CHILD(REN)	\$11.88	\$11.88
FAMILY	\$18.44	\$18.44

# BASIC LIFE AND AD&D

No one wants to think about it, but an unexpected death can have devastating financial consequences for survivors. These consequences can linger long after the initial shock and grief. Life insurance can help your family manage expenses and make a very difficult transition less painful.

Bay County Board of County Commissioners provides Basic Life and AD&D through The Standard at no cost to active employees. Please refer to workday for your benefit coverage amounts.

AD&D pays in addition to the Basic Life benefit when death occurs as a result of an accident. The AD&D benefit amount equals the Basic Life benefit

THE STANDARD	
ACTIVE EMPLOYEE	
BASIC LIFE & AD&D	1X ANNUAL SALARY*
AGE REDUCTIONS	BENEFIT
AT AGE 70*	REDUCED BY 35%

\*Maximum salary benefits up to \$50,000

DEPENDENT BASIC LIFE AND AD&D		
SPOUSE BENEFIT	FLAT \$5,000	\$1.03
CHILD(REN) BENEFIT	FLAT \$1,000	\$0.23

RETIREE	
BASIC LIFE AD&D	\$5,000
AGE REDUCTIONS	BENEFIT
AT AGE 70	REDUCED BY 35%
RATE	\$0.895

**DON'T FORGET TO UPDATE YOUR BENEFICIARIES!**

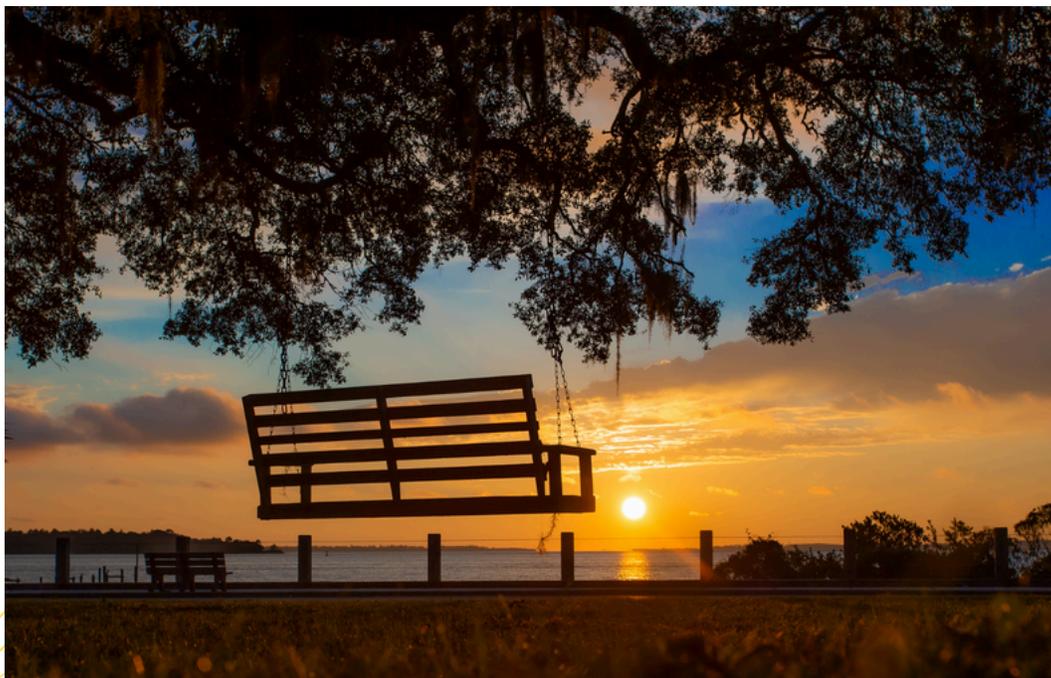
You may update your information online at [www.myworkday.com](http://www.myworkday.com).



**QUESTIONS? Contact The Standard**

Phone: 800-348-3226

Website: [www.standard.com](http://www.standard.com)



# VOLUNTARY LIFE AND AD&D

The Bay County Board of County Commissioners offers Voluntary Life. This coverage is intended to provide your family with additional financial assistance in the event of you or your covered dependent's death.

You may choose to purchase Voluntary Life coverage through The Standard for you and your dependents. The AD&D benefit amount equals the Voluntary Life Amount.

Your spouse's premiums are based on your age. For your dependent children, one premium covers all of your eligible dependent children. Age tiers change annually on January 1st.

Newly eligible employees may purchase Voluntary Life insurance without having to provide Evidence of Insurability (EOI) up to the Guarantee Issue amount.

Dependent Life and AD&D coverage is a per plan coverage that covers both your spouse and any eligible dependent children.

## IMPORTANT NOTE

This coverage is convertible and portable, so you can take it with you if you leave the Bay County Board of County Commissioners. However, your premiums may change. You must apply in writing to The Standard within 31 days after the date your employment terminates. See your policy and certificate for a full list of your portability and conversion rights.

## DON'T FORGET TO UPDATE YOUR BENEFICIARIES!

You may update your information online at [www.myworkday.com](http://www.myworkday.com).



QUESTIONS? Contact The Standard

Phone: 800-348-3226

Website: [www.standard.com](http://www.standard.com)

THE STANDARD	
EMPLOYEE LIFE AND AD&D	
INCREMENTS	\$5,000
MAXIMUM	\$200,000
GUARANTEE ISSUE FOR NEWLY ELIGIBLE MEMBERS	UP TO \$200,000
AGE REDUCTIONS	
AT AGE 70 OR OVER	REDUCED BY 35%
SPOUSE LIFE AND AD&D	
INCREMENTS	\$5,000
MAXIMUM	\$200,000
GUARANTEE ISSUE	\$50,000
AT AGE 70	REDUCED BY 35%
DEPENDENT CHILD(REN) LIFE AND AD&D	
FLAT BENEFIT - \$10,000	\$2.30

EMPLOYEE & SPOUSE VOLUNTARY LIFE & AD&D RATES	
AGE	FULL-TIME EMPLOYEE PER \$1,000
0-29	\$0.119
30-34	\$0.123
35-39	\$0.144
40-44	\$0.210
45-49	\$0.307
50-54	\$0.464
55-59	\$0.727
60-64	\$1.082
65-69	\$1.322
70+	\$1.880

# LONG TERM DISABILITY (LTD)

A Disability plan provides you with financial protection if you have to miss work due to a non- occupational disability. Benefits from a disability plan will supplement your income to help you pay for your day-to-day household expenses, as well as, copayments and other medical costs not covered under other plans.

Long Term Disability (LTD) coverage through The Standard is offered by the Bay County Board of County Commissioners to eligible employees.

The county offers two plans, one with the benefit beginning on the 91st day and the second beginning on the 181st day after the onset of the disability. Both pay 60% of your monthly earnings, subject to a benefit maximum of \$6,000 per month.

## HOW DO I CALCULATE MY PREMIUM?

- Annual Salary/12 = A
- A / 100 = B
- B x premium by age = Your monthly premium

90 DAY ELIMINATION LTD RATES (MONTHLY)	
AGE	FULL-TIME EMPLOYEE PER \$100
0-29	\$0.143
30-34	\$0.220
35-39	\$0.385
40-44	\$0.561
45-49	\$0.825
50-54	\$1.290
55-59	\$1.760
60-64	\$1.780
65-69	\$1.550
70-74	\$2.760
75+	\$3.380

180 DAY ELIMINATION LTD RATES (MONTHLY)	
AGE	FULL-TIME EMPLOYEE PER \$100
0-29	\$0.059
30-34	\$0.132
35-39	\$0.227
40-44	\$0.347
45-49	\$0.514
50-54	\$0.812
55-59	\$1.090
60-64	\$1.060
65-69	\$0.872
70-74	\$1.420
75+	\$2.080

## SPECIAL NOTE FOR RETIREES

Long Term Disability (LTD) is not available for Retirees.



**DON'T FORGET TO UPDATE YOUR BENEFICIARIES!**

You may update your information online at [myworkday.com](http://myworkday.com)

**QUESTIONS? Contact The Standard**

Phone: 800-348-3226

Website: [www.standard.com](http://www.standard.com)



# VOLUNTARY WORKSITE PRODUCTS

The Bay County Board of County Commissioners offers employees the opportunity to purchase voluntary worksite coverages through MetLife. These benefits are easy to apply for with simplified underwriting. Please note, some may apply pre-existing limitations. See plan documents for a detailed listing of coverages and benefits.

## ACCIDENT

Accidents happen. Nobody plans on breaking a bone or falling ill and ending up in the emergency room. But a lot of the time the hardest thing to heal after a hospital stay, accident, or illness is your financial health. For more information and to review required disclosures, please refer to the Reference Center at [myworkday.com](http://myworkday.com).

When an accident happens, you may be unable to work, which can lead to a loss or reduction in income. Accident insurance provides lump-sum payments for over 150 conditions (no limitations to the number of accidents payable) including:

- Fractures
- Concussions
- Skin grafts/Burns
- Coma
- Broken Teeth
- Therapy Services- Acupuncture & Chiropractic services

**Wellness Credit of \$50 per Insured per calendar year**

ACCIDENT PLAN (MONTHLY)	
TIER	ACTIVE EMPLOYEE
EMPLOYEE	\$9.62
EMPLOYEE+ SPOUSE	\$17.96
EMPLOYEE+ CHILD	\$19.76
FAMILY	\$24.32

HOSPITAL INDEMNITY LOW PLAN (MONTHLY)	
TIER	ACTIVE EMPLOYEE
EMPLOYEE	\$9.72
EMPLOYEE+ SPOUSE	\$23.42
EMPLOYEE+ CHILD	\$17.36
FAMILY	\$31.06

HOSPITAL INDEMNITY HIGH PLAN (MONTHLY)	
TIER	ACTIVE EMPLOYEE
EMPLOYEE	\$17.84
EMPLOYEE+ SPOUSE	\$42.94
EMPLOYEE+ CHILD	\$31.84
FAMILY	\$56.94

## HOSPITAL INDEMNITY

Hospital Indemnity coverage helps you and your family stay financially protected if you are suddenly hospitalized due to illness or accident. This lump sum payment can be used to cover things that your medical plan may not.

Hospital Indemnity offers two plans to select from:

High Plan pays:

- \$200 per confinement
- \$1,000 per admission

Low Plan pays:

- \$100 per confinement
- \$500 per admission

Employees receive money directly when they are admitted into the hospital and for the time of their stay.

**Wellness Credit of \$50 per Insured per calendar year**

## SPECIAL NOTE FOR RETIREES

Voluntary Worksite is not available to Retirees.

# VOLUNTARY WORKSITE PRODUCTS

Critical Illness coverage can help cover what disability insurance might not. It can assist in paying for copays, deductibles, or out-of-pocket costs.

For example:

- Cancer (including skin cancer)
- Stroke\*
- Alzheimer's
- Organ Transplant
- Kidney Failure
- Paralysis
- COVID-19
- Sudden Cardiac Arrest/Heart Attack
- Benign Brain Tumor
- Angioplasty

\*If you have a full recovery within 30 days of the stroke event, you will receive 25% of the policy amount.

CRITICAL ILLNESS MONTHLY RATES (FULL-TIME EMPLOYEE) \$15,000				
AGE	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
0-24	\$4.80	\$7.80	\$8.40	\$11.70
25-29	\$5.10	\$8.40	\$8.70	\$12.00
30-34	\$7.20	\$11.70	\$10.80	\$15.30
35-39	\$9.90	\$15.60	\$13.50	\$19.50
40-44	\$15.60	\$24.30	\$19.20	\$28.20
45-49	\$22.20	\$34.50	\$26.10	\$38.10
50-54	\$33.00	\$49.80	\$36.90	\$53.40
55-59	\$44.70	\$65.70	\$48.60	\$69.30
60-64	\$62.70	\$90.90	\$66.30	\$94.50
65-69	\$90.00	\$129.00	\$93.60	\$132.60
70-74	\$120.60	\$173.10	\$124.20	\$176.70
75+	\$153.30	\$222.90	\$156.90	\$226.50

CRITICAL ILLNESS MONTHLY RATES (FULL-TIME EMPLOYEE) \$30,000				
AGE	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
0-24	\$9.60	\$15.60	\$16.80	\$23.40
25-29	\$10.20	\$16.80	\$17.40	\$24.00
30-34	\$14.40	\$23.40	\$21.60	\$30.60
35-39	\$19.80	\$31.20	\$27.00	\$39.00
40-44	\$31.20	\$48.60	\$38.40	\$56.40
45-49	\$44.40	\$69.00	\$52.20	\$76.20
50-54	\$66.00	\$99.60	\$73.80	\$106.80
55-59	\$89.40	\$131.40	\$97.20	\$138.60
60-64	\$125.40	\$181.80	\$132.60	\$189.00
65-69	\$180.00	\$258.00	\$187.20	\$265.20
70-74	\$241.20	\$346.20	\$248.40	\$353.40
75+	\$306.60	\$445.80	\$313.80	\$453.00

## SPECIAL NOTE FOR RETIREES

Voluntary Worksite is not available to Retirees.

# ADDITIONAL BENEFITS & RESOURCES

## LEGAL NOTIFICATIONS

All legal notifications can be found in the Insurance section on the County Website at: <https://www.baycountyfl.gov/279/Insurance>

## PLAN CONTACT

Elena Johnson  
Benefits Manager

840 W 11th Street Panama City, Florida 32401  
850-248-8201

