



**BAY COUNTY BOARD OF COUNTY COMMISSIONERS
OPEN ENROLLMENT FOR PLAN YEAR 2025-26**

January 1, 2026 through December 31, 2026

Blue Cross Blue Shield HDHP

High Deductible PLAN WITH (CYD \$1,700/\$3,400) Mail/Retail Rx

Coverage Tier	Employee - 10%	Employer - 90%	Total Premium
Employee (EE)	\$ 82.54	\$ 742.89	\$ 825.43
Employee + Spouse	\$ 171.69	\$ 1,545.20	\$ 1,716.89
Employee + Child(ren)	\$ 142.17	\$ 1,279.57	\$ 1,421.74
Family	\$ 232.12	\$ 2,051.10	\$ 2,321.21

THE STANDARD

DENTAL - AMERITAS

Coverage Tier	Employee Only	Emp + 1	Family
Low	\$ 18.40	\$ 34.40	\$ 57.48
Mid	\$ 26.88	\$ 60.40	\$ 111.64
High	\$ 31.44	\$ 72.08	\$ 128.52

*Same rates apply to Retirees

VISION - VSP

Coverage Tier	Rate*
Employee Only	\$ 6.92
Emp + Spouse	\$ 13.48
Emp + Child(ren)	\$ 11.88
Family	\$ 18.44

*Same rates apply to Retirees

BASIC LIFE and AD&D

Coverage Tier	Coverage	Rate
Active Employee	1x Annual Salary*	\$ -

*Maximum salary benefits up to \$50,000

Retiree	\$ 5,000.00	\$ 0.895
At Age 70	Reduced by 35%	\$ 0.895

DEPENDENT BASIC LIFE and AD&D

Coverage Tier	Flat Rate	Rate*
Spouse	\$ 5,000	\$ 1.03
Child(ren)	\$ 1,000	\$ 0.23



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THE STANDARD

VOLUNTARY EMPLOYEE & SPOUSE LIFE & AD&D

	Increments	Maximum Benefit	Gurantee Issue*
Employee	\$ 5,000.00	\$ 200,000	\$ 200,000
Spouse		\$ 100,000	\$ 50,000

**Guarantee issue for Newly Eligible Members. See Human Resources for eligibility requirements*

Sample Coverage Amounts and Premiums

Age	Per \$1,000	Sample Coverage Amounts and Premiums						
		5K	10K	20K	50K	100K	150K	200K
0-29	\$ 0.119	\$ 0.60	\$ 1.19	\$ 2.38	\$ 5.95	\$ 11.90	\$ 17.85	\$ 23.80
30-34	\$ 0.123	\$ 0.62	\$ 1.23	\$ 2.46	\$ 6.15	\$ 12.30	\$ 18.45	\$ 24.60
35-39	\$ 0.144	\$ 0.72	\$ 1.44	\$ 2.88	\$ 7.20	\$ 14.40	\$ 21.60	\$ 28.80
40-44	\$ 0.210	\$ 1.05	\$ 2.10	\$ 4.20	\$ 10.50	\$ 21.00	\$ 31.50	\$ 42.00
45-49	\$ 0.307	\$ 1.54	\$ 3.07	\$ 6.14	\$ 15.35	\$ 30.70	\$ 46.05	\$ 61.40
50-54	\$ 0.464	\$ 2.32	\$ 4.64	\$ 9.28	\$ 23.20	\$ 46.40	\$ 69.60	\$ 92.80
55-59	\$ 0.727	\$ 3.64	\$ 7.27	\$ 14.54	\$ 36.35	\$ 72.70	\$ 109.05	\$ 145.40
60-64	\$ 1.082	\$ 5.41	\$ 10.82	\$ 21.64	\$ 54.10	\$ 108.20	\$ 162.30	\$ 216.40
65-69	\$ 1.322	\$ 6.61	\$ 13.22	\$ 26.44	\$ 66.10	\$ 132.20	\$ 198.30	\$ 264.40
70+	\$ 1.880	\$ 9.40	\$ 18.80	\$ 37.60	\$ 94.00	\$ 188.00	\$ 282.00	\$ 376.00

AGE REDUCTIONS AT AGE 70 OR OVER - REDUCED BY 35%

VOLUNTARY CHILD LIFE

Coverage Tier	Flat Rate	Rate*
Through age 25 years old	\$ 10,000	\$ 2.30

LONG TERM DISABILITY

	Age	90-DAY		Age	180-DAY	
60% of your eligible earnings, up to a maximum benefit of \$6,000 per month	<30	\$ 0.143		<30	\$ 0.059	<p style="color: #0056b3; font-weight: bold;">How to Calculate my Premium?</p> <p>▶ Annual Salary ÷ 12 = A</p> <p>▶ A ÷ 100 = B</p> <p>▶ B × Age Rate = Mthly Premium</p>
	30-34	\$ 0.220		30-34	\$ 0.132	
	35-39	\$ 0.385		35-39	\$ 0.227	
	40-44	\$ 0.561		40-44	\$ 0.347	
	45-49	\$ 0.825		45-49	\$ 0.514	
	50-54	\$ 1.290		50-54	\$ 0.812	
	55-59	\$ 1.760		55-59	\$ 1.090	
	60-64	\$ 1.780		60-64	\$ 1.060	
	65-69	\$ 1.550		65-69	\$ 0.872	
	70-74	\$ 2.760		70-74	\$ 1.420	
	75 or older	\$ 3.380		75 or older	\$ 2.080	



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VOLUNTARY WORKSITE - SUPPLEMENTAL COVERAGES

MefLife

CRITICAL ILLNESS

Benefit Amount Option: \$ 15,000

Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + 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

Benefit Amount Option: \$ 30,000

Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + 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



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VOLUNTARY WORKSITE - SUPPLEMENTAL COVERAGES

MefLife

HOSPITAL INDEMNITY

Tier	Employee	Emp + Spouse	Emp + Child(ren)	Family
Low	\$ 9.72	\$ 23.42	\$ 17.36	\$ 31.06
High	\$ 17.84	\$ 42.94	\$ 31.84	\$ 56.94

ACCIDENT PLAN

Coverage Tier	Rate
Employee	\$ 9.62
Emp + Spouse	\$ 17.96
Emp + Child(ren)	\$ 19.76
Family	\$ 24.32