Employee Benefit Highlights

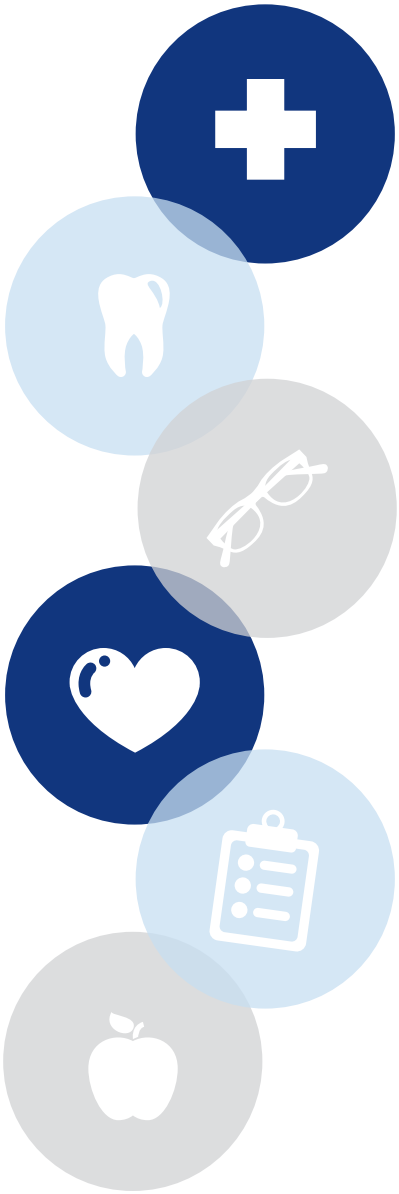
2026

Your Choice
MANATEE HEALTH PLAN

Contact Information

Employee Health Benefits Team		(941) 748-4501 Ext. 3865	Benefits@mymanatee.org
Online Benefit Enrollment	Benefit Express		www.manateeyourchoice.com
Medical Insurance	Aetna	(877) 580-5019	www.aetna.com
Prescription Drug Coverage & Mail Order Program	OptumRX	(888) 290-5416	www.optumrx.com
Telehealth	Teladoc		www.teladoc.com/aetna
Dental Insurance	Aetna	(877) 238-6200	www.aetna.com
Vision Insurance	Aetna	(877) 973-3238	www.aetnavision.com
Flexible Spending Accounts	Inspira Financial	(844) 729-3539	www.inspirafinancial.com
Employee Assistance Program	ComPsych	(844) 301-8443	www.compsych.com
Core Life and AD&D Insurance	Securian Financial	(866) 293-6047	www.securian.com
Voluntary Life Insurance	Securian Financial	(866) 293-6047	www.securian.com
Voluntary Short Term Disability Insurance	The Hartford	(888) 277-4767	www.thehartford.com
Core and Additional Long Term Disability Insurance	The Hartford	(888) 277-4767	www.thehartford.com
Supplemental Benefits	Beyond Med	(844) 267-6192	www.beyondmedplans.com
	Noom		www.noom.com

Table of Contents



This booklet is merely a summary of employee benefits. For a full description, refer to the plan document. Where conflict exists between this summary and the plan document, the plan document controls. Manatee County reserves the right to amend, modify or terminate the plan at any time. This booklet should not be construed as a guarantee of employment.

YourChoice
MANATEE HEALTH PLAN

Introduction

Manatee County provides group insurance benefits to eligible employees. The Employee Benefit Highlights Booklet provides a general summary of the benefit options as a convenient reference. Please refer to the County Personnel Policies and/or Certificates of Coverage for detailed descriptions of all available employee benefit programs and stipulations therein. If employee requires further explanation or needs assistance regarding claims processing, please refer to the customer service phone numbers under each benefit description heading or contact Employee Health Benefits Team.

Online Benefit Enrollment

Manatee County provides employees with an online benefits enrollment platform through the Benefit Express System. The Benefit Express System provides benefit-eligible employees the ability to select or change insurance benefits online during the Annual Enrollment Period, New Hire Orientation, or for Qualifying Life Events.

Accessible 24 hours a day, throughout the year, employee may log in and review comprehensive information regarding benefit plans, and view and print an outline of benefit elections for employee and dependent(s). Employee also has access to important forms and carrier links, can report qualifying life events and review and make changes to Life insurance beneficiary designations.

To Access Benefit Express

- ✓ Visit **www.manateeyourchoice.com**
- ✓ In the top-right corner, click "Benefits Login"
- ✓ Under "Benefit Express Enrollment System," click "Login"
- ✓ Enter your Username and Password as follows:
- ✓ Username: Your Employee ID number (not case sensitive)
- ✓ Password: If you have previously logged into the Benefit Express system before, you were required to create a password. If you do not remember your password, please call (941) 748-4501 ext. 6412 to request a password reset. Once the reset is done, you will need to login with the following default password: First letter of your first name (uppercase) + first letter of your last name (lowercase) + your home ZIP code.
- ✓ If you are a new hire, or if you have never been in the Benefit Express system before, use the default password shown above.

Group Insurance Eligibility

The County's group insurance plan year is January 1 through December 31.

Employee Eligibility

Employees are eligible to participate in County's insurance plans if they are full-time employees working a minimum of 30 hours per week. Coverage will be effective the first of the month following 30 days of employment. For example, if employee is hired on April 11, then the effective date of coverage will be June 1.

Separation of Employment

If employee separates employment from Manatee County, insurance for medical, dental and vision will continue through the end of month in which separation occurs. Other coverage may terminate on the last date of employment. COBRA continuation of coverage may be available as applicable by law.

Dependent Eligibility

A dependent is defined as the legal spouse and/or dependent child(ren) of the participant or spouse. The term "child" includes any of the following:

- A natural child
- A stepchild
- A legally adopted child
- A newborn child (up to the age of 18 months) of a covered dependent (per state statute)
- A child for whom legal guardianship has been awarded to the participant or the participant's spouse

Dependent Age Requirements

Medical Coverage: A dependent child may be covered through the end of the month the child turns age 26. Coverage may continue until the end of the month the dependent child turns age 30, if the dependent meets the following requirements:

- Unmarried with no dependents; and
- A Florida resident, or full-time/part-time student; and
- Uninsured elsewhere: and
- Not entitled to Medicare benefits under Title XVIII of the Social Security Act, unless the child is disabled.

Dental Coverage: A dependent child may be covered through the end of the month in which the child turns age 26.

Vision Coverage: A dependent child may be covered through the end of the month in which the child turns age 26.

Please see Taxable Dependents if covering eligible over-age dependents.

Disabled Dependents

Coverage for a dependent child may be continued beyond age 26 if child:

- Is physically or mentally disabled and incapable of self-sustaining employment (prior to age 26); and
- Unmarried and primarily dependent upon the employee for support; and
- Is otherwise eligible for coverage under the group's insurance plans; and
- Has been continuously insured.

Proof of disability will be required upon request. Contact Employee Health Benefits Team for more information.

Taxable Dependents

Employee covering adult child(ren) under employee's medical, insurance plans may continue to have the related coverage premiums payroll deducted on a pre-tax basis through the end of the calendar year in which dependent child reaches age 26. Beginning January 1 of the calendar year in which dependent child reaches age 27 through the end of the calendar year in which the dependent child reaches age 30, the value of the coverage must be reported on the employee's W-2 for that entire tax year and will be subject to all applicable Federal, Social Security and Medicare taxes. Contact Employee Health Benefits Team for further details if an adult dependent child will turn age 27 in the upcoming calendar year.

Please Note: *There is no imputed income if adult dependent child is eligible to be claimed as a dependent for Federal income tax purposes on the employee's tax return.*

Qualifying Events and Section 125

Section 125 of the Internal Revenue Code

Premiums for medical, dental, vision insurance, contributions to Flexible Spending Accounts (FSA), and/or certain supplemental policies are deducted pre-tax under a Cafeteria Plan established by Section 125 of the Internal Revenue Code. Under Section 125, changes to employee's pre-tax benefits can ONLY be made during Annual Enrollment unless the employee or qualified dependent(s) experience(s) a Qualifying Event and the request is submitted within 30 days.

Under certain circumstances, benefit changes may be allowed if the event affects coverage eligibility for employee, spouse or dependent's coverage eligibility. Any requested changes must be directly related to the Qualifying Event.

Examples of Qualifying Events:

- Marriage or divorce
- Birth or adoption of a child
- Death of a spouse and/or other dependent(s)
- Loss or gain of coverage due to employee, employee's spouse and/or dependent(s) termination or start of employment
- An increase or decrease in employee's work hours causing eligibility or ineligibility
- A covered dependent no longer meets eligibility criteria for coverage
- A child gains or loses coverage with parent/guardian
- Change of coverage under an employer's plan
- Gain or loss of Medicare coverage
- Gain or loss of eligibility for State Medicaid or CHIP (including Florida Kid Care) program (60 day notification period)

IMPORTANT NOTES

If employee experiences a Qualifying Event, **Employee Health Benefits Team must be notified within 30 days of the Qualifying Event** to update coverage. Employee may be required to furnish valid documentation supporting a change in status or "Qualifying Event". If approved, changes may be effective on the date of the event or the first of the month following the event. Newborns are effective on the date of birth. Qualifying Events will be processed in accordance with employer and carrier eligibility policy. Requests made after 30 days, will be denied and employee may be responsible, both legally and financially, for any claim and/or expense incurred by an ineligible enrollee.

Summary of Benefits and Coverage

A **Summary of Benefits & Coverage (SBC)** for the Medical Plan(s) is provided as a supplement to this booklet for new hires and existing employees during Annual Enrollment. The summary is an important item in understanding employee's benefit options. A free paper copy of the SBC document can be requested or accessed as follows:

From:	Employee Health Benefits Team
Address:	5213 4th Ave Cir E
	Bradenton, FL 34208
Phone:	(941) 748-4501 Ext 3865
Website:	www.manateeyourchoice.com

The SBC provides a summary of the plan's coverage. A copy of the plan document, policy, or certificate of coverage should be consulted to determine the governing contractual provisions of the coverage. A copy of the document, policy, or certificate can be reviewed and obtained by contacting Employee Health Benefits Team.

Medical Insurance

The County offers medical insurance through Aetna to benefit-eligible employees. The costs per pay period for coverage are listed in the premium tables below and a brief summary of benefits is provided on the following pages. For more detailed information about the medical plans, please refer to the carrier's Summary of Benefits and Coverage (SBC) document or contact customer service.

Medical Insurance – Aetna Choice POS II Standard Plan

24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	$36.30
Employee + Spouse	$154.51
Employee + Child(ren)	$132.43
Employee + Family	$183.30

Medical Insurance – Aetna Choice POS II Premium Plan

24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	$46.61
Employee + Spouse	$175.61
Employee + Child(ren)	$150.52
Employee + Family	$213.05

Medical Plan Resources

Enrolled employees and dependents have access to additional services and discounts through value added programs. Resources, such as in-network providers, benefits, deductibles, ID cards, claims and more, are easily accessed through the carrier portal and mobile app. For more details regarding medical plan resources, contact customer service.

Mobile App

Mobile app provides on-the-go access to the medical benefit account to view benefits, download ID card, locate providers or view claims.

Aetna
Phone: (877) 580-5019 | www.aetna.com

Telehealth

The medical plan provides access to telehealth services, for convenient non-emergency medical assistance through phone or video consultation. The service should be considered when employee's primary care doctor is unavailable, after-hours or on holidays

The benefit is provided to all enrolled members. Registration should be completed ahead of time. This program allows members 24 hours a day, seven (7) days a week, on-demand access to affordable medical care.

Telehealth doctors do not replace employee's primary care physician but may be a convenient alternative for non emergency urgent care and ER visits.

Teladoc | www.teladoc.com/aetna

LAMP Behavioral Health

LAMP is your confidential behavioral health benefit through the County's Health Plan. It offers solution-focused counseling and emotional support for employees and their families.

Services Offered

- Individual, couples, and family (ages 7+), in-person or Telehealth.
- Crisis Support: LAMP can respond to workplace trauma or urgent needs.
- On-Site Programs: Available for work-related mental health topics.

Counseling:

- Counseling: 5 free sessions/year for all employees. After that, $15 co-pay.
- Psychiatry: Free evaluation, then $15/session. Phone or Zoom

How to Access LAMP

Location	Office Hours
363 6th Ave W, Bradenton, FL 34205	Mon, Tue, Thu: 8:00 AM – 4:30 PM Wed: 8:00 AM – 6:00 PM Fri: 8:00 AM – 3:00 PM

Centerstone Walk-In
Open until 7 PM (Mon–Fri) 371 6th Ave W, Bradenton | Emergency: Call 911 or go to the nearest ER.

Important Numbers	
LAMP Line	941-741-2995
Bayside Center (Sarasota)	941-917-7760
Centerstone (Bradenton)	941-782-4600
Suncoast Behavioral (Bradenton)	941-251-5000
Emergency	911

Aetna Choice POS II Standard Plan At-A-Glance

Locate a Provider

To find a participating provider, contact customer service or visit www.aetna.com. When searching, select the Aetna Choice POS II (Open Access) network.

Plan References

***Out-of-Network Balance Billing:** For information regarding out-of-network balance billing that may be charged by out-of-network providers, please refer to the Summary of Benefits and Coverage (SBC) document.*

***LabCorp or Quest Diagnostics are the preferred labs for bloodwork through Aetna. When using another lab, please confirm the lab is contracted with the plans network before receiving services.*

**** Additional cost savings are available when utilizing the LAMP Behavioral Health Program.*

Network	Aetna Choice POS II (Open Access)	
Calendar Year Deductible (CYD)	**In-Network**	**Out-of-Network***
Individual	$250	$750
Family	$500	$1,500
Coinsurance		
Member Responsibility	20%	20%
Calendar Year Out-of-Pocket Limit		
Single	$3,600	$10,000
Family	$7,200	$20,000
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance, Copays and Rx	
Physician Services		
Primary Care Physician *(PCP)* Office Visit	$30 Copay	20% After CYD
Specialist Office Visit	$30 Copay	20% After CYD
Preventive Services	No Charge	20% After CYD
Non-Hospital Services; Freestanding Facility		
Clinical Lab *(Bloodwork)***	20% After CYD	20% After CYD
X-rays	20% After CYD	20% After CYD
Advanced Imaging *(MRI, PET, CT)*	20% After CYD	20% After CYD
Outpatient Surgery at Surgical Center	20% After CYD	20% After CYD
Physician Services at Surgical Center	$30 Copay	20% After CYD
Urgent Care *(Per Visit)*	20% After CYD	20% After CYD
Hospital Services		
Inpatient Hospital *(Per Admission)*	$250 Copay + 20%	20% After CYD
Outpatient Hospital *(Per Visit)*	20% After CYD	20% After CYD
Physician Services at Hospital	20% After CYD	20% After CYD
Emergency Room *(Per Visit; Waived if Admitted)*	$200 Copay + 20% After CYD	$200 Copay + 20% After CYD
Mental Health/Alcohol & Substance Abuse		
Inpatient Hospital Services *(Per Admission)*	No Charge	20% After CYD
Outpatient Office Visit***	$30 Copay	20% After CYD
Prescription Drugs *(Rx)*		
Generic	$10 Copay	Not Covered
Preferred Brand Name	$15 Copay or 25% up to $100 maximum	Not Covered
Non-Preferred Brand Name	$40 Copay or 45% up to $100 maximum	Not Covered
Specialty Drug	25% or $150 maximum	Not Covered
Mail Order Drug *(90-Day Supply)*	2-3x Retail Copay for 60,90 days	Not Covered

Aetna Choice POS II Premium Plan At-A-Glance

Network	Aetna Choice POS II (Open Access)	
Calendar Year Deductible (CYD)	**In-Network**	**Out-of-Network***
Individual	Does Not Apply	$500
Family	Does Not Apply	$1,000
Coinsurance		
Member Responsibility	0%	20%
Calendar Year Out-of-Pocket Limit		
Single	$2,800	$5,600
Family	$5,600	$11,200
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance, Copays and Rx	
Physician Services		
Primary Care Physician *(PCP)* Office Visit	$30 Copay	20% After CYD
Specialist Office Visit	$30 Copay	20% After CYD
Preventive Services	No Charge	20% After CYD
Non-Hospital Services; Freestanding Facility		
Clinical Lab *(Bloodwork)***	No Charge	20% After CYD
X-rays	No Charge	20% After CYD
Advanced Imaging *(MRI, PET, CT)*	No Charge	20% After CYD
Outpatient Surgery at Surgical Center	No Charge	20% After CYD
Physician Services at Surgical Center	No Charge	20% After CYD
Urgent Care *(Per Visit)*	$30 Copay	20% After CYD
Hospital Services		
Inpatient Hospital *(Per Admission)*	No Charge	20% After CYD
Outpatient Hospital *(Per Visit)*	No Charge	20% After CYD
Physician Services at Hospital	No Charge	20% After CYD
Emergency Room *(Per Visit; Waived if Admitted)*	$150 Copay	$150 Copay
Mental Health/Alcohol & Substance Abuse		
Inpatient Hospital Services *(Per Admission)*	No Charge	20% After CYD
Outpatient Office Visit***	$30 Copay	20% After CYD
Prescription Drugs *(Rx)*		
Generic	$10 Copay	Not Covered
Preferred Brand Name	$15 Copay or 25% up to $100 maximum	Not Covered
Non-Preferred Brand Name	$40 Copay or 45% up to $100 maximum	Not Covered
Specialty Drug	25% or $150 maximum	Not Covered
Mail Order Drug *(90-Day Supply)*	2-3x Retail Copay for 60,90 days	Not Covered

Locate a Provider

To find a participating provider, contact customer service or visit www.aetna.com. When searching, select the Aetna Choice POS II (Open Access) network.

Plan References

***Out-of-Network Balance Billing:** For information regarding out-of-network balance billing that may be charged by out-of-network providers, please refer to the Summary of Benefits and Coverage (SBC) document.*

***LabCorp or Quest Diagnostics are the preferred labs for bloodwork through Aetna. When using another lab, please confirm the lab is contracted with the plans network before receiving services.*

**** Additional cost savings are available when utilizing the LAMP Behavioral Health Program.*

Dental Insurance

Aetna Dental PPO Plan

Manatee County offers dental insurance through Aetna to benefit-eligible employees. The costs per pay period for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the dental plan, please refer to the carrier's summary plan document or contact customer service.

Dental Insurance – Aetna Dental PPO Plan

24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	$17.00
Employee + One	$27.50
Employee + Family	$37.50

In-Network Benefits

This plan provides benefits for services received from in-network and out-of-network providers. It is an open-access plan which allows members to receive from any dental provider without selecting a Primary Dental Provider (PDP) or obtaining a specialist referral. The network of participating dental providers the plan utilizes is the Aetna PPO/PDN with PPO II. These participating dental providers have contractually agreed to accept contracted fees or "allowed amounts." This fee is the maximum amount a participating dental provider can charge a member for a service. The member is responsible for a Calendar Year Deductible (CYD) and coinsurance based on the plan's charge limitations.

Out-of-Network Benefits

Out-of-network benefits are used when member receives services by a non-participating Aetna PPO/PDN with PPO II provider. If services are received from a non-participating provider, reimbursement is based on the Maximum Allowable Charge (MAC), which reflects common charges for procedures in a specific area. Members may be responsible for balance billing, the difference between the provider's charge and the reimbursable amount. Balance billing is in addition to any applicable plan deductible or coinsurance responsibility.

Calendar Year Deductible

Deductible does not apply.

Calendar Year Benefit Maximum

The maximum benefit the plan will pay for each covered member is $2,000 for in-network and out-of-network services combined. All services, including preventive, accumulate towards the benefit maximum. Once the plan's benefit maximum is met, the member is responsible for any charges until next calendar year.

Mobile App

Mobile app provides on-the-go access to the dental benefit account to view benefits, download ID card, locate providers or view claims.

Aetna
Phone: (877) 238-6200 | www.aetna.com

Aetna Dental PPO Plan At-A-Glance

Network	PPO/PDN with PPO II	
Calendar Year Deductible (CYD)	**In-Network**	**Out-of-Network***
Individual	Does Not Apply	
Family	Does Not Apply	
Calendar Year Benefit Maximum		
Per Member	$2,000	
Class I Services: Diagnostic & Preventive Care		
Routine Oral Exam *(2 Per Year)*	Plan Pays: 100%	Plan Pays: 100% Deductible Waived *(Subject to Balance Billing)*
Routine Cleanings *(2 Per Year)*		
Complete X-rays *(1 Every 2 Years)*		
Bitewing X-rays *(1 Set Per Year)*		
Class II Services: Basic Restorative Care		
Fillings	Plan Pays: 90%	Plan Pays: 80% After CYD *(Subject to Balance Billing)*
Simple Extractions		
Oral Surgery		
Periodontal Services		
Anesthetics		
Endodontics *(Root Canal Therapy)*		
Class III Services: Major Restorative Care		
Crowns	Plan Pays: 60%	Plan Pays: 50% After CYD *(Subject to Balance Billing)*
Bridges		
Dentures		
Implants		
Class IV Services: Orthodontia		
Lifetime Maximum	$2,000	
Benefit	Plan Pays: 50%	Plan Pays: 50% *(Subject to Balance Billing)*

Locate a Provider

To find a participating provider, contact customer service or visit www.aetna.com. When searching, select the PPO/PDN with PPO II network.

Plan References

***Out-of-Network Balance Billing:** For information regarding out-of-network balance billing that may be charged by an out-of-network provider, please refer to the Out-of-Network Benefits section on the previous page.*

Important Notes

- *Each covered family member may receive up to two (2) routine cleanings per calendar year covered under the preventive benefit.*
- *For any dental work expected to cost $200 or more, the plan will provide a "Pre-Determination of Benefits" upon the request of the dental provider. This will assist with determining approximate out-of-pocket costs.*
- *Waiting periods, age limitations and benefit frequency limitations may apply.*

Vision Insurance

Aetna Vision Preferred Plan

Manatee County offers vision insurance through Aetna to benefit-eligible employees. The costs per pay period for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the vision plan, please refer to the carrier's summary plan document or contact customer service.

Vision Insurance – Aetna Vision Preferred Plan

24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	$2.46
Employee + Spouse	$4.68
Employee + Child(ren)	$4.92
Employee + Family	$7.24

In-Network Benefits

The vision plan offers employee and covered dependent(s) coverage for routine eye care, including eye exams, eyeglasses (lenses and frames) or contact lenses. To schedule an appointment, employee and covered dependent(s) may select any network provider who participates in the Aetna Vision network. At the time of service, routine vision examinations and basic optical needs will be covered according to the plan's schedule of benefits. Cosmetic services and upgrades will be additional if chosen at the time of the appointment.

Out-of-Network Benefits

Employee and covered dependent(s) may choose to receive services from vision providers who do not participate in the Aetna Vision network. When going out of network, the provider will require payment at the time of appointment, then reimburse based on the plan's out-of-network reimbursement schedule, upon receipt of proof of services rendered.

Calendar Year Deductible

No calendar year deductible.

Calendar Year Out-of-Pocket Maximum

No out-of-pocket maximum. However, there are benefit reimbursement maximums for certain services.

Mobile App

Mobile app provides on-the-go access to the vision benefit account to view benefits, download ID card, locate providers or view claims.

Aetna
Phone: (877) 973-3238 | www.aetnavision.com

Aetna Vision Preferred Plan At-A-Glance

Network		Aetna Vision	
Services		**In-Network**	**Out-of-Network**
Eye Exam		$10 Copay	Up to $23 Reimbursement
Contact Lens Exam *(Fit and Follow-Up)*	Standard Lens	Up to $40 Copay	Not Covered
	Premium	10% off Retail	Not Covered
Meterials		$25 Copay	Reimbursement Based of Type of Service
Retinal Imaging		Up to $39 Copay	Not Covered
Frequency of Services			
Examination		12 Months	
Lenses		12 Months	
Frames		24 Months	
Contact Lenses		12 Months	
Lenses			
Single		No Charge After $25 Materials Copay	Up to $35 Reimbursement
Bifocal		No Charge After $25 Materials Copay	Up to $55 Reimbursement
Trifocal		No Charge After $25 Materials Copay	Up to $90 Reimbursement
Frames			
Allowance		Up to $130 Allowance, 20% Off Balance Over $130	Up to $72 Reimbursement
Contact Lenses*			
Non-Elective *(Medically Necessary)*		No Charge	Up to $200 Reimbursement
Elective	Conventional	Up to $130 Allowance, 15% Off Balance Over 130	Up to $104 Reimbursement
	Disposable	Up to $130 Allowance	Up to $104 Reimbursement

Locate a Provider

To find a participating provider, contact customer service or visit www.aetnavision.com. When searching, select the Aetna Vision network.

Plan References

**Contact lenses are in lieu of spectacle lenses.*

Important Notes

Member options, such as LASIK, UV coating, progressive lenses, etc. are not covered in full, but may be available at a discount.

Flexible Spending Accounts

Manatee County offers Flexible Spending Accounts (FSA) administered through Inspira. The FSA plan year is from January 1 to December 31.

If employee or family member(s) has predictable health care or work-related day care expenses, then employee can set aside pre-tax earnings for healthcare (FSA) and work related day care (DCFSA) expenses reducing taxable income and increasing spending power. Funds are deducted automatically and available for reimbursement of eligible expenses not covered by insurance. Participating employee must re-elect contribution amount to be deducted each plan year. There are two (2) types of FSAs:

Health Care FSA

This account allows participant to set aside up to an annual maximum of $3,400. This money will not be taxable income to the participant and can be used to offset the cost of a wide variety of eligible medical expenses that generate out-of-pocket costs. Participating employee can also receive reimbursement for expenses related to dental and vision care (that are not classified as cosmetic).

Examples of common expenses that qualify for reimbursement are listed below.

Please Note: The entire Health Care FSA election is available for use on the first day coverage is effective.

Dependent Care FSA

This account allows participant to set aside up to an annual maximum of $7,500 if single or married and file a joint tax return ($3,750 if married and file a separate tax return) for work-related day care expenses. Qualified expenses include day care centers, preschool, and before/after school care for eligible children and dependent adults.

Please note, if family income is over $20,000, this reimbursement option will likely save participants more money than the dependent day care tax credit taken on a tax return. To qualify, dependents must be:

- A child under the age of 13, or
- A child, spouse or other dependent who is physically or mentally incapable of self-care and spends at least eight (8) hours a day in the participant's household.

Please Note: Unlike the Health Care FSA, reimbursement is only up to the amount that has been deducted from participant's paycheck for the Dependent Care FSA.

A sample list of qualified health care expenses eligible for reimbursement include, but not limited to, the following:

- ✓ Prescription/Over-the-Counter Medications
- ✓ Menstrual Products
- ✓ Ambulance Service
- ✓ Chiropractic Care
- ✓ Dental and Orthodontic Fees
- ✓ Diagnostic Tests
- ✓ Health Screenings
- ✓ Physician Fees and Office Visits
- ✓ Drug Addiction
- ✓ Experimental Medical Treatment
- ✓ Corrective Eyeglasses and Contact Lenses
- ✓ Hearing Aids and Exams
- ✓ Injections and Vaccinations
- ✓ Alcoholism Treatment
- ✓ LASIK Surgery
- ✓ Mental Health Care
- ✓ Nursing Services
- ✓ Optometrist Fees
- ✓ Sunscreen SPF 15 or Greater
- ✓ Wheelchairs
- ✓ Family Planning

Log on to http://www.irs.gov/publications/p502/index.html for additional details regarding qualified and non-qualified expenses.

Flexible Spending Accounts *(Continued)*

FSA Guidelines

- Employee may carry over up to $680 of unused Health Care FSA funds into the next plan year if the employee re-enrolls. Dependent Care funds cannot be carried over.
- A 90 day run out period allows reimbursement of eligible expenses incurred during the plan year.
- Enrollment is only available during Open Enrollment, New Hire Orientation, or Qualifying Life Events.
- Funds cannot be transferred between FSAs.
- Reimbursed expenses cannot be deducted for income tax purposes.
- Only expenses for services received are eligible for reimbursement.
- Reimbursed expenses cannot be covered by insurance or other compensation.
- Domestic partners' healthcare expenses are ineligible as they are not qualified dependents under Federal law.

Filing a Claim

Claim Form

Submit a completed claim form with a receipt by mail, fax, online, or via the mobile app. The IRS requires participant to keep documentation for a minimum of one (1) year.

Debit Card

FSA participants will receive a debit card. The card is accepted at many medical providers and pharmacies allowing direct payment instead of reimbursement requests. Inspira may request supporting documentation for purchases; failure to provide supporting documentation when requested may result in card suspension. Please keep the issued card for use next year. Additional or replacement cards may be requested, however, a small fee may apply.

Mobile App

Mobile app provides on-the-go access to the FSA benefit account. Download the mobile app from the iPhone or Android app store. Using the mobile app, members are able to:

- File a Claim
- Make Payments
- View Account Activity
- Upload Receipts

HERE'S HOW IT WORKS!

An employee earning $50,000 elects to place $1,000 annually into a Health Care FSA. The payroll deduction is $41.66 based on a 24 pay period schedule. As a result, health care expenses are paid with tax-free dollars, giving the employee a tax savings of $197.

	With a Health Care FSA	Without a Health Care FSA
Salary	$50,000	$50,000
FSA Contribution	- $1,000	- $0
Taxable Pay	$49,000	$50,000
Estimated Tax 19.65% = 12% + 7.65% FICA	- $9,628	- $9,825
After Tax Expenses	- $0	- $1,000
Spendable Income	$39,372	$39,175
Tax Savings	**$197**	

Please Note: *Be conservative when estimating health care and/or dependent care expenses. IRS regulations state that any unused funds remaining in an FSA, after a plan year ends and after all claims have been filed, cannot be returned or carried forward to the next plan year with the exception of the $680 carry over that may be allowed for the Health Care FSA.* ***This rule is known as "use-it or lose-it."***

Inspira
Phone: (844) 729-3539 | www.inspirafinancial.com

Employee Assistance Program

The County cares about the well-being of all employees on and off the job and provides, at no cost, a comprehensive Employee Assistance Program (EAP) through ComPsych to support employees and their families with personal and work related challenges. Licensed mental health professionals are available 24 hours a day, 7 days a week.

What is an Employee Assistance Program (EAP)?

An Employee Assistance Program offers covered employees and family members confidential mental health support and counseling including five (5) visits with a specialist, per person, per issue, per year, online material/tools and webinars. EAP services include:

- ✓ Child & Elder Care Assistance
- ✓ Legal & Financial Resources
- ✓ Grief, Stress, Depression & Anxiety Support
- ✓ Work & Family Issues
- ✓ Substance Abuse Counseling

Are Services Confidential?

Yes. Receipt of EAP services are completely confidential. If, however, participation in the EAP is the direct result of a Management Referral (a referral initiated by a supervisor or manager), (attendance, compliance) may be shared to referring supervisor/manager. The referring supervisor/manager will not receive case details. The supervisor/manager will only receive reports on whether the referred employee is complying with the prescribed treatment plan.

ComPsych
Phone: (844) 301-8443 | www.compsych.com

Core Life and AD&D Insurance

Core Term Life Insurance

The County provides Core Term Life insurance at no cost through Securian Financial. Eligible employees will recieve a benefit amount of one (1) times annual earnings, rounded to the next higher $1,000, minimum of $20,000 to a maximum of $200,000.

Accidental Death & Dismemberment Insurance (AD&D)

In addition and at no cost to employee, Accidental Death & Dismemberment (AD&D) Insurance equal to the Core Term Life benefit amount, when death is a result of an accident. Partial payouts for qualifying injuries.

Life Insurance Imputed Income

The IRS requires the imputed cost of employer paid Employee Core Term Life insurance benefit in excess of $50,000 be included as income and subject to Federal, Social Security and Medicare taxes.

Always remember to keep beneficiary information updated. Beneficiary information may be updated at anytime through Employee Health Benefits Team.

Securian Financial
Phone: (866) 293-6047 | www.securian.com

Voluntary Life Insurance

Voluntary Employee Life Insurance

Eligible employee may elect to purchase additional Life insurance on a voluntary basis through Securian Financial. Voluntary Life insurance offers coverage for employee, spouse and/or dependent child(ren) at different benefit levels.

New Hires may purchase Voluntary Employee Life insurance without being subject to Medical Underwriting, also known as Evidence of Insurability (EOI), **up to the Guaranteed Issue amount of $100,000.**

- Units can be purchased in increments of $10,000 to the maximum of $750,000 not to exceed six (6) times annual earnings.

Voluntary Spouse Life Insurance

New Hires may purchase Voluntary Spouse Life insurance without being subject to Medical Underwriting, also known as Evidence of Insurability (EOI), **up to the Guaranteed Issue amount of $25,000.**

- Employee must participate in the Voluntary Employee Life plan for spouse to participate.
- Units can be purchased in increments of $5,000 to a maximum of $25,000 not to exceed 50% of the employee's Voluntary Life coverage amount.
- Spouse life insurance terminates at spouse's age 70.

Voluntary Life Insurance Rate Table

Monthly Premium

Age Bracket *(Based on Employee Age)*	Employee *(Rate Per $1,000 of Benefit)*	Spouse *(Rate Per $1,000 of Benefit)*
Under 35	$0.040	$0.051
35-39	$0.046	$0.066
40-44	$0.098	$0.139
45-49	$0.196	$0.263
50-54	$0.277	$0.336
55-59	$0.409	$0.518
60-64	$0.605	$0.715
65-69	$0.795	$0.715
70+	$1.048	Not Covered

Please Note: *Spouse coverage terminates when the spouse reaches age 70*

Voluntary Dependent Child(ren) Life Insurance

- Employee must participate in Voluntary Employee Life plan for dependent child(ren) to participate:
- Child Life Benefit Amount: Each eligible dependent child may be covered for a benefit amount of $10,000.
- Monthly cost for Voluntary Dependent Child(ren) Life coverage elected is $1.00 per $10,000 for all eligible dependent child(ren) enrolled.

Always remember to keep beneficiary information updated. Beneficiary information may be updated at anytime through Employee Health Benefits Team.

Securian Financial
Phone: (866) 293-6047 | www.securian.com

Voluntary Short Term Disability

The County offers Voluntary Short Term Disability (STD) insurance to all eligible employees through The Hartford. The STD benefit covers a percentage of weekly earnings if employee is disabled due to an illness or non-work related injury.

Voluntary Short Term Disability (STD) Benefits

- STD pays 60% of weekly earnings up to a maximum of $1,000 per week.
- Employee must be disabled for 14 consecutive days prior to becoming eligible for benefits (known as the elimination period).
- Benefits begin on the 15th day of disability.
- The maximum benefit period is 26 weeks.
- Employee deemed unable to return to work after the STD 26 week maximum period is exhausted, may be transitioned to Long Term Disability (LTD).
- Benefits may be reduced by other income.

The Hartford
Phone:(888) 277-4767 | www.thehartford.com

Core and Additional Long Term Disability

The County provides Core Long Term Disability (LTD) insurance at no cost to all eligible employees through The Hartford. The LTD benefit covers a percentage of monthly earnings if employee becomes disabled due to an illness or injury.

Core Long Term Disability (LTD) Benefits

Option 1 – Employer Paid

- LTD pays 50% of monthly earnings up to a maximum of $3,000 per month.
- Employee must be disabled for 90 consecutive days prior to becoming eligible for benefits (known as the elimination period).
- Benefits will begin on the 91st day of disability.
- Employee may continue to be eligible for partial benefits if employee returns to work on a part-time basis.
- The maximum benefit period is determined by age at disability.
- Benefits may be reduced by other income and may be taxable.

Additional Long Term Disability (LTD) Benefits

Option 2 – Employee Paid

- LTD pays 66.67% of monthly earnings, up to a maximum of $5,000 or $12,000 per month, depending on employee class.
- Employee must be disabled for 90 consecutive days prior to becoming eligible for benefits (known as the elimination period).
- Benefits will begin on the 91st day of disability.
- Employee may continue to be eligible for partial benefits if employee returns to work on a part-time basis.
- The maximum benefit period is determined by age at disability.
- Benefits may be reduced by other income and may be taxable.

The Hartford
Phone: (888) 277-4767 | www.thehartford.com

Supplemental Benefits

Beyond Med

The County offers an opportunity to purchase Beyond Med on a voluntary basis. Beyond Med provides exclusive access to a network of health and wellness doctors and specialists. Use the Beyond Med concierge team to make appointments for elective healthcare services, such as:

- ✓ Med Spa
- ✓ Acupuncture
- ✓ Surgical Vision
- ✓ Dermatology
- ✓ Anti-Aging
- ✓ Physical Therapy
- ✓ Fertility
- ✓ Chiropractic
- ✓ Weightloss

There are no waiting periods or limitations and members receive their discounts right at the point of service. Use the Beyond Med Concierge team to make appointments, nominate new providers and find the most advantageous pricing.

Beyond Med Rates

24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Individual	$6.00
Family	$12.00

Beyond Med
Phone: (844) 267-6192 | Email: info@beyondmedplans.com
www.beyondmedplans.com

Wellness Program

Noom Health

Noom Weight and the Noom Diabetes Prevention Program (DPP) are two digital wellness programs available to help you build healthier habits with personalized support. Noom Weight focuses on sustainable weight management through behavior change, combining daily lessons, tracking tools, and access to a health coach to guide your journey and create a dynamic plan that's flexible and comfortable for you. Noom DPP is designed specifically for individuals at risk of developing Type 2 diabetes and follows CDC-recognized standards, offering education, coaching, and goal setting to help prevent the onset of diabetes. Both programs are app-based and easy to use, making it convenient to stay on track with your health goals from your phone.

Noom
www.noom.com | Email: partnersupport@noom.com

Notes

Use this section to make notes regarding personal benefit plans or to keep track of important information such as doctors' names and addresses or prescription medications.

RISK strategies | GEHRING GROUP
A RISK STRATEGIES COMPANY

3500 Kyoto Gardens Drive, Palm Beach Gardens, Florida 33410
Toll Free: (800) 244-3696 | Fax: (561) 626-6970 | www.gehringgroup.com

FINAL
Last Modified: October 14, 2025 1:30 PM