



Benefit Enrollment Guide

July 1, 2025 – June 30, 2026

LOOK INSIDE FOR INFORMATION ABOUT:

How Your Benefits Work | Your Insurance Plans | Benefits Enrollment

Welcome to your 2025 Benefit Enrollment Guide

Please review this guide carefully before making benefit decisions for you and your family.



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Dear Employee:

The Lee County Board of Commissioners is proud to offer you a comprehensive benefits package. This enrollment guide will assist you in determining the coverage levels that will provide you and your family with the protection that gives you peace of mind.

This guide explains each type of coverage, gives suggestions about how to effectively use your benefits, and provides examples to help you determine your benefit and payroll deduction amounts.

We encourage you to take the time to review the enrollment guide prior to enrollment.

Participation in enrollment is mandatory this year. You will need to go online or call in to make any changes, add or drop coverage or dependents, or elect coverage. If you do not make elections this year at Open Enrollment, you may lose coverage.

Keep in mind that the benefits you select during this enrollment will be effective July 1, 2025 and will continue through June 30, 2026.

Qualifying Life Events

No changes are allowed to your medical, dental, vision, or FSA account coverage during the plan year, except for a “qualifying life event”. Qualifying life events that could result in changes to your coverage include:

- marriage or divorce
- birth or adoption of a child
- death of a dependent
- medicare entitlement
- termination of your spouse’s employment that affects benefits
- loss of other group coverage

If you have a qualifying life event, you must notify The Enrollment Center and provide necessary documentation within 30 days of the change. If you do not do so within 30 days, you must wait until the next open enrollment to make benefit plan changes.

This communication represents a brief summary of the various benefits available to you and is provided for reference only. The actual policies issued by the Insurance Carrier determine coverage and contain exclusions, limitations, full coverage terms, conditions and requirements. Any notices included in this document do not replace an Employer’s requirement for communication.

Important! 2025 Open Enrollment Information

To enroll, visit <https://leecountyboc.wl.alight.com/> or call 866-688-9727 (M - Th 8:30 am - 6 pm; F 8:30 am - 5 pm)

How to Enroll Telephonically

Please call **866-688-9727** to enroll by phone. In order to make the telephonic enrollment process as smooth as possible, it will help if you have the following information ready:

- The name(s), date(s) of birth and Social Security Number(s) for yourself, your spouse, and your dependent children. Dependent children include your natural children, adopted children, stepchildren and children for whom you have legal guardianship. Medical, dental and vision coverage is available for children up to age 26. Voluntary Life insurance is available to dependent children age 6 months to age 19 (or to age 25 if full-time student).
- Your current address to ensure that your ID cards and other important benefit information are sent to the correct address.
- Full name and relationship of your beneficiary (who must be at least age 18 or you'll be required to name a guardian for him/her).

If You're a New Employee

If you aren't currently enrolled, you and your eligible family members may participate in the Lee County benefits package on the 1st of the month following 30 days of employment.

If you are an employee who is disabled and away from work on the date that your coverage would become effective, you'll have to wait until you return to work before your coverage goes into effect. If a family member is hospitalized or confined to the house because of an illness or injury, he or she would have to wait for coverage to begin.



About Your Payroll Deductions

Equal payroll deductions will be taken from each paycheck. Your medical, dental and vision premiums, as well as your Flexible Spending Account elections, will be deducted on a pre-tax basis because they are covered under Section 125. This means that once you elect to enroll in any of these plans, you cannot drop or change your election until the following open enrollment unless you have a qualifying life event (see page 1).

2025 Enrollment Process

How to Enroll by Phone

You may enroll by telephone through e-SMMARt, Monday through Thursday, 8:30 am - 6:00 pm and Friday, 8:30 am - 5:00 pm EST. To speak with a trained Enrollment Specialist, please call **1-866-688-9727**.

How to Enroll Online

Alight Worklife is our online enrollment tool. The site is accessible 24 hours a day, 7 days a week. The following tips will help you prepare and complete the online enrollment process.

What You'll Need to Enroll

- Social Security Number and Date of Birth for any spouse or dependents you plan to cover
- Beneficiary contact information for any applicable benefits

Step 1

Log on to <https://leecountyboc.wl.alight.com/> and enter your *Username* (leeco + Social Security # without dashes) and *Password* (your full Social Security # without dashes).

- Example: Username: leeco123456789 for Social Security # 123456789
Password: 123456789

Step 2

On the home page, your applicable type of enrollment can be accessed as follows:

New Hire/Acquisition

Select the To Do titled "Enroll in your new benefits". The To Do contains the due date to complete your newhire enrollment.

Annual Enrollment

Select the To Do titled "Start Annual Enrollment". The To Do contains the due date to complete your annual enrollment.

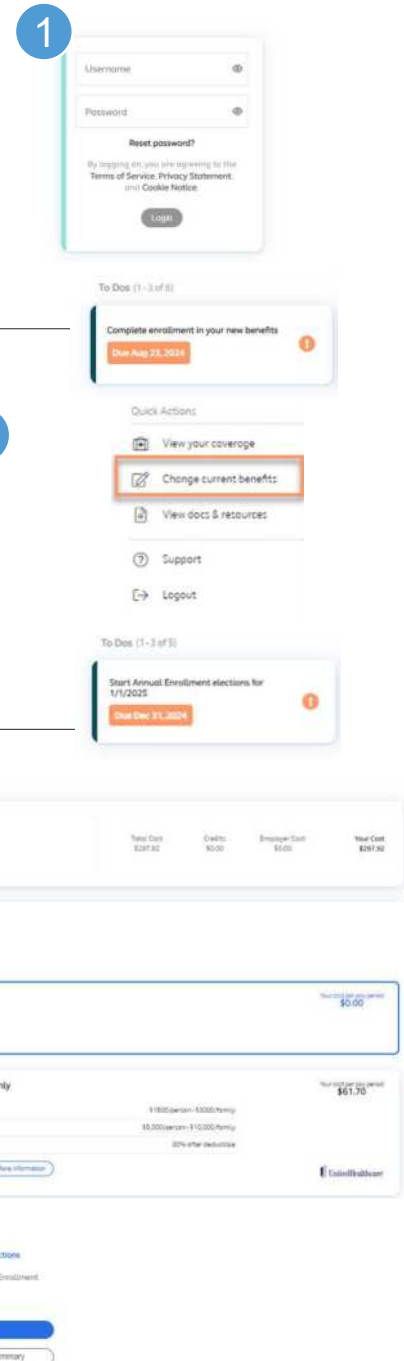
Step 3

Review and Elect Benefits: The Benefit Summary page lists all benefits you are eligible to enroll in. To enroll or make changes to a benefit, click the View/Change button on each benefit you wish to update.

Step 4

Once within the benefit, select the desired level of coverage based on **Who is being covered**:

- The plan and costs will update automatically based on the tier level selected.
 - To select a plan, select the "Select this plan" button in the lower left-hand corner of the plan option.
 - The election will be highlighted
- To keep the current coverage option, click the **Continue** button on the right side of the page.
- To waive current coverage, click the **Decline This Coverage** button at the bottom of the screen.



2025 Enrollment Process

Step 5

If spouse/dependent/beneficiary assignments are required, Alight Worklife will prompt you automatically to add these new records. You can review all dependents and beneficiaries at any time by clicking on the Dependents and Beneficiaries button.

a. Dependents and Beneficiaries page:

- Select the + button under the appropriate record type (spouse/dependent/beneficiary)
- Update all required demographic fields and click **Save**
- Once all records have been added, select the **Continue** button. This will resume the enrollment process to assign the applicable dependents.

b. **TIP:** The last question when creating the record is whether you would like to create a beneficiary record. By selecting “Yes,” this will automatically create the beneficiary record for that dependent for you. If you select “No,” and the dependent will act as a beneficiary, you will need to create the beneficiary record separately.

c. **Beneficiary:** If you are eligible for a benefit that requires a beneficiary you will be prompted to add one. Multiple beneficiaries can be added. During enrollment, you may designate your beneficiary as primary or secondary and you may also select the percentage allocation for each beneficiary.

NOTE: Adding spouse/dependent/beneficiary records to this section does NOT assign them to applicable coverage. Once all records have been added, select Continue. Official assignments to coverage will occur within the benefits as you are making your desired elections.

Step 6

After all required information is captured, the benefit will move to the completed benefits section of the benefit summary page.

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Step 7

Complete the process for any remaining benefits in the Incomplete Benefits section.

- Once all elections have been completed, the Continue button on the right side of the Benefit Summary page will turn blue and can be clicked.
- Follow the prompts and any confirmations on the following screens.
- Initial confirmation of enrollment.
- Select the **Complete Enrollment** button

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Step 8

Once enrollment is complete, you will reach the “Your Enrollment is Complete” screen and be prompted to print a confirmation page.

Next Steps:

- You will receive notice that your enrollment has successfully completed.
- You can then print your **Confirmation Page** for your records.
- Back on your home page, you may view your confirmation, review plan documents, etc.
- Once complete, click the logout on the left-hand side.

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Medical Coverage (Anthem Blue Cross Blue Shield of Georgia)

Your Medical Coverage

Lee County offers three medical plan options for your health care benefits. These plans have contracted with a network of providers, including physicians, hospitals, and other types of providers. In order to receive the highest level of benefits and pay the least amount out of your pocket, you need to access care from the providers who have elected to be a part of the network.

You may access the provider directory for these plans online at www.anthem.com. Check to make sure your providers are in the appropriate network: Blue Open Access POS.

POS Plan

With the POS plan, you may choose to seek care from a provider who is not in the network, though you are encouraged to use in-network providers. If you choose to go out-of-network, you will pay a larger portion of expenses out of your pocket. After paying your deductible, you pay a percentage of covered services. When you reach the Annual Out-of-Pocket Maximum, the Plan pays most remaining covered expenses at 100%.

Spousal Coverage

If your spouse is eligible for coverage through his or her own employer, he or she will not be covered by the Lee County medical plan. During the enrollment process, you must certify whether or not your spouse is eligible for coverage.

Please review the brief summary of your medical plans on the following pages.



Please Note: Your medical plan deductibles and out-of-pocket maximums will start over on July 1, 2025 and will run through June 30, 2026.



Contact **Know the Costs®** **BEFORE** Scheduling Outpatient Imaging

Your company is providing a free member benefit that allows you to obtain outpatient radiology imaging with no costs to you. Using your benefit is as easy as 1-2-3. Make sure to contact **Know the Costs®** before your next imaging appointment.

1

When you use **Know the Costs®** you'll pay \$0 vs. co-pays, deductibles and co-insurance under your insurance plan.

2

Ask for a copy of your imaging order at your doctor's appointment. Go online and click request appointment or scan the QR code on the back of your member card and upload your order and information.

3

Know the Costs® will facilitate your exam with one of our nationwide accredited sites.

Every Scan. Every Time.

To avoid unexpected bills, submit an appointment request.

**MRI • CT • X-ray • Ultrasound
Nuclear Medicine • PET • Bone Density**

For Member Guide, Appointment Request, or
Have Questions - Scan the QR code



\$0

**Co-pay
Deductible
Co-insurance**

KnowTheCosts.com
(833) 582-4968

After you elect your benefits, register for www.anthem.com.

Log in to www.anthem.com to access health plan documents like your ID Cards, policy, riders and amendments, to see what is and is not covered, as well as required notices and welcome materials.



Get the most out of your benefits with [anthem.com](http://www.anthem.com).

When it comes to managing your health plan and making more informed decisions, simpler is better. With www.anthem.com, you have a personalized website that helps you access and manage your health plan. Use it to:

- Find and estimate costs for the network care you need
- See what's covered, and get information about preventive care
- View claim details and account balances
- Sign up for paperless delivery of your required plan communications
- Set up home delivery for your prescriptions
- Confirm the medication you are taking is covered and find out if there is a lower-cost alternative

Log in to your account (and view your id cards)

1. Go to www.anthem.com.
2. Select ID Card from the options on the right to view your own ID card and cards for any plan dependents.
3. Choose whether you want to email, fax, or download your ID card.

Anthem is going paperless. Going paperless provides easier access to your plan documents, 24/7, so you can have greater peace of mind and confidence when managing your healthcare benefits. If you would like to continue to receive paper documents and communications from Anthem:

1. Log in to your Account on Anthem.com.
2. Choose Profile in the top right corner.
3. Scroll to the My Account section and choose Communications & Settings.
4. Under the Plan Communications Settings section, confirm your mailing address is correct.
5. Scroll to Customize Going Digital and select Mail for each communication you want to receive by mail. To switch them all, you can toggle the button under Go 100% Digital to "off."

Download the Sydney mobile app. Get on-the-go access.

Engage puts your health plan at your fingertips. Download the app for free today to:

- Access your health plan ID card
- Look up your health plan record during your doctor's visit
- Get directions to quick care options or speak to a doctor
- Check your current account balances at a glance and estimate costs of common treatments
- Find drugs and compare prices

See page 8 for more information.

Find a network provider.

Log in to www.anthem.com to find a doctor, clinic, hospital or lab based on location, specialty condition, reputation, estimated cost of services, availability, hours of operation and more. You can even see patient ratings and compare quality and costs before you choose services.

Know your potential costs before getting care.

You can find and estimate the price of care you need for an upcoming treatment or procedure on www.anthem.com. Your cost estimate shows out-of-pocket expenses based on your plan and current benefit status.

Sydney – Anthem App

Anthem's app is simple, smart — and all about you

With Sydney, you can find everything you need to know about your Anthem benefits – personalized and all in one place. Sydney makes it easier to get things done, so you can spend more time focused on your health.

With just one click, you can:

- Find care and check costs
- Check all benefits
- See claims
- Get answers even faster with our chatbot
- View and use digital ID cards

Simple

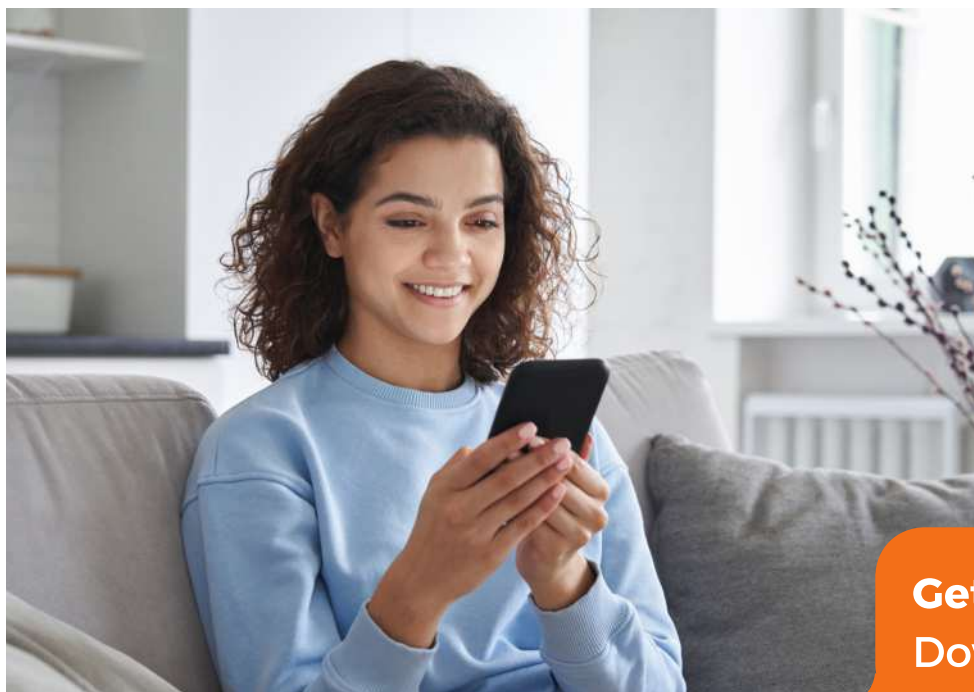
Ready for you to use quickly, easily, seamlessly — with one-click access to benefits info, Member Services, wellness resources and more.

Smart

Sydney acts like a personal health guide, answering your questions and connecting you to the right resources at the right time. And you can use the chatbot to get answers quickly.

Personal

Get alerts, reminders and tips directly from Sydney. Get doctor suggestions based on your needs. The more you use it, the more Sydney can help you stay healthy and save money.



Get started with Sydney
Download the app today!

Remember, Anthem is going paperless. You will no longer receive new Anthem ID cards, paper documents, or communications from Anthem in the mail, unless you request them to be mailed to you when you login online (see page 7 for more details). You can always download a digital copy from the Sydney app or from [Anthem.com](https://leecountyboc.wl.alight.com/). On the Sydney Health app, just select the ID card button in the top right to view your ID card.



Medical Summary of Benefits – Platinum Plan

Option 1 – Platinum Plan		
	In-Network	Out-of-Network
Deductible		
Individual	\$750	\$1,250
Family	\$2,250	\$3,750
Urgent Care Center	\$60 copay	\$60 copay
Emergency Room <i>(waived if admitted)</i>	\$250 copay	\$250 copay
Coinsurance	You pay 20% after deductible	You pay 40% after deductible
Office Visits		
Preventive Care	Covered at 100%	You pay deductible + 30% <i>(deductible waived through age 5)</i>
PCP	\$35	You pay deductible + 40%
Specialist	\$50	You pay deductible + 40%
Hospital Services	You pay deductible + 20%	You pay deductible + 40%
Mental/Health and Substance Abuse		
Inpatient		
Physician Fee / Facility Fee	You pay deductible + 20%	You pay deductible + 40%
Outpatient	You pay deductible + 20%	You pay deductible + 40%
Outpatient Professional Services	\$35 copay	You pay deductible + 40%
Prescription Drugs Copay*		
Retail <i>(30-day supply)</i>		
Tier 1	You pay \$15	
Tier 2	You pay \$30	
Tier 3	You pay \$60	
Tier 4	You pay 20% up to a \$300 max per prescription	
Mail Order <i>(90-day supply)</i>		
Tier 1	You pay \$45	
Tier 2	You pay \$90	
Tier 3	You pay \$180	
Tier 4	You pay 20% up to a \$300 max per prescription	
Out-of-Pocket Limit <i>(includes deductible and copays)</i>		
Individual	\$2,750	\$5,250
Family	\$8,250	\$15,750
Lifetime Maximum	Unlimited	
* The drug formulary can be accessed on the Express Scripts website at www.express-scripts.com . See page 16 for more info on prescription drugs.		

Your Medical, Dental & Vision Contributions (per Bi-Weekly pay period)	
FOR MEDICAL, DENTAL & VISION	
Employee Only	\$103.92
Employee + Spouse	\$192.54
Employee + Child(ren)	\$187.63
Family	\$275.77

Deductible		
Individual	\$1,500	\$3,000
Family	\$4,500	\$9,000
Urgent Care Center	\$60 copay	\$60 copay
Emergency Room <i>(waived if admitted)</i>	\$250 copay	\$250 copay
Coinsurance	You pay 20% after deductible	You pay 40% after deductible
Office Visits		
Preventive Care	Covered at 100%	You pay deductible + 30% <i>(deductible waived through age 5)</i>
PCP	\$35	You pay deductible + 40%
Specialist	\$50	You pay deductible + 40%
Hospital Services	You pay deductible + 20%	You pay deductible + 40%
Mental/Health and Substance Abuse		
Inpatient		
Physician Fee / Facility Fee	You pay deductible + 20%	You pay deductible + 40%
Outpatient	You pay deductible + 20%	You pay deductible + 40%
Outpatient Professional Services	\$35 copay	You pay deductible + 40%
Prescription Drugs Copay*		
Retail <i>(30-day supply)</i>		
Tier 1	You pay \$15	
Tier 2	You pay \$30	
Tier 3	You pay \$60	
Tier 4	You pay 20% up to a \$300 max per prescription	
Mail Order <i>(90-day supply)</i>		
Tier 1	You pay \$45	
Tier 2	You pay \$90	
Tier 3	You pay \$180	
Tier 4	You pay 20% up to a \$300 max per prescription	
Out-of-Pocket Limit <i>(includes deductible and copays)</i>		
Individual	\$3,500	\$13,500
Family	\$10,500	\$27,000
Lifetime Maximum	Unlimited	
* The drug formulary can be accessed on the Express Scripts website at www.express-scripts.com . See page 16 for more info on prescription drugs.		

FOR MEDICAL, DENTAL & VISION	
Employee Only	\$61.44
Employee + Spouse	\$109.16
Employee + Child(ren)	\$108.84
Family	\$156.37

Medical Summary of Benefits – Silver Plan

Option 3 – Silver Plan (CDHP with HSA Option)		
	In-Network	Out-of-Network
Deductible		
Individual	\$3,300	\$6,000
Family	\$6,600	\$12,000
Urgent Care Center	Deductible + 20%	Deductible + 20%
Emergency Room <i>(waived if admitted)</i>	Deductible + 20%	Deductible + 20%
Coinsurance	You pay 20% after deductible	You pay 40% after deductible
Office Visits		
Preventive Care	Covered at 100%	You pay deductible + 30% <i>(deductible waived through age 5)</i>
PCP	You pay 20% after deductible	You pay deductible + 40%
Specialist	You pay 20% after deductible	You pay deductible + 40%
Hospital Services	You pay deductible + 20%	You pay deductible + 40%
Mental/Health and Substance Abuse		
Inpatient		
Physician Fee / Facility Fee	You pay deductible + 20%	You pay deductible + 40%
Outpatient	You pay deductible + 20%	You pay deductible + 40%
Outpatient Professional Services	Deductible + 20%	You pay deductible + 40%
Prescription Drugs Copay*		
Retail <i>(30-day supply)</i>		
Tier 1	You pay 20% after deductible	
Tier 2	You pay 20% after deductible	
Tier 3	You pay 20% after deductible	
Tier 4	You pay 20% after deductible	
Mail Order <i>(90-day supply)</i>		
Tier 1	You pay 20% after deductible	
Tier 2	You pay 20% after deductible	
Tier 3	You pay 20% after deductible	
Tier 4	You pay 20% after deductible	
Out-of-Pocket Limit <i>(includes deductible and copays)</i>		
Individual	\$4,600	\$15,000
Family	\$9,200	\$30,000
Lifetime Maximum	Unlimited	
* The drug formulary can be accessed on the Express Scripts website at www.express-scripts.com. See page 16 for more info on prescription drugs.		

Dental & Vision Contributions (per Bi-Weekly pay period)	
FOR MEDICAL, DENTAL & VISION	
Employee Only	\$21.10
Employee + Spouse	\$30.83
Employee + Child(ren)	\$31.10
Family	\$41.92

Frequently Asked Questions about the CDHP Plans with HSAs

What is CDHP? A Consumer Directed Health Plan is a type of health plan that typically has a higher deductible and lower monthly premiums. "Consumer Directed" means you control and manage more of your own health care dollars, so you become a better user of health care.

How do the in-network deductible and out-of-pocket maximums work? In the CDHP plan, with the exception of preventive care, Single coverage has a \$3,300 deductible and Family has a \$6,600 deductible. Once the deductible is met, the plan pays a percentage up to your out-of-pocket max (the deductible counts towards the out-of-pocket maximum). After you meet your deductible and your out-of-pocket maximum, the plan pays the balance of covered expenses at 100%.

What is the difference between a preventive care visit and a sick visit on the CDHP plan vs. the traditional plan? Under the CDHP plan, for a sick visit, you pay the full cost of the office visit (no copays), after plan discounts. You may use your HSA account to pay for the cost of the visit, provided you have that amount available in your account. Preventive care visits are covered at 100%. Under the traditional plans, you pay an office visit copay for sick visits.

What do I need to know about my financial responsibilities when I enroll in a CDHP/HSA plan? Since you no longer have copays and are responsible for the calendar year deductible of \$3,300 for individual or \$6,600 for family, you may not have the money in your HSA at the beginning of the year to cover your deductible. Lee County will contribute to your HSA account twice a year (January and July) for a total of \$1,250 for individual, \$1,500 for employee + one, and \$2,000 for family coverage. As you accumulate more money in your HSA through your own contributions, you will be able to reimburse yourself for any expenses as long as your HSA was opened before you incurred the claim. Once you decide to participate in the CDHP, you will be automatically enrolled in the HSA. Your employee contributions to the HSA are deposited twice a year. Please note, your annual deductible must be met on a calendar year basis.

Can I use my HSA to pay for non-health-related expenses? Yes, but if you do, the amount you withdraw for non-qualified health expenses will be subject to income tax and an additional 20% tax penalty.

What's the Difference between an HSA & FSA?

	HSAs	Health care FSAs*
Who funds the Account?	Employer and/or Employee You contribute pre-tax dollars through Section 125 plan via payroll deduction	You contribute pre-tax dollars through a Section 125 plan via payroll deduction
What is the annual contribution limit?	\$4,300 – Individual \$8,550 – Family Catch-up contributions: \$1,000/year – age 55 by end of tax year	The IRS limits funding to a health care FSA account to \$3,300 annually
Who owns the account?	Employee Unused funds are yours to keep and roll over from year to year	Employer Unused portion reverts back to employer at end of year
Who's eligible?	Members covered by a qualified CDHP with no other health plan that covers the same benefits. You are not eligible if you can be claimed as a dependent on another person's tax return.	Employees enrolled in Lee County's traditional POS plan You cannot have an HSA and a health care FSA
* Please see pages 20-21 for more information on FSA plans.		

Health Savings Accounts (HSAs)

What is a Health Savings Account (HSA)? An HSA is a special, tax-advantaged account you can use to pay for qualified medical expenses. Your contributions to your HSA are direct deposited into your account through payroll deductions. You deposit money in your HSA, where it earns interest tax-free. Funds are not taxed when withdrawn for qualified medical expenses.

Am I eligible for an HSA? To be eligible for an HSA, you must first be covered by a qualified CDHP; cannot have other health insurance coverage, such as a spouse's plan, that is not an CDHP; cannot be claimed as a dependent on another person's tax return; and, cannot open a new HSA or contribute to an existing HSA once you're enrolled in Medicare.

How do I open my HSA?

- You can make an election to contribute to your HSA via payroll deduction when you enroll for benefits online
- Once you enroll in the CDHP plan online, you will automatically be set up for an account
- You will be notified when your account is activated and receive a welcome kit and HSA Bank card (these will come separately)

How are monies deposited into my account?

- Lee County will direct deposit their contribution and any contributions you make through payroll deductions
- You will receive an HSA Bank card in the mail. Activate the card upon receipt
- You may transfer any other HSA account balances to HSA Bank and consolidate your savings while taking advantage of other incentives
- If you already have an active HSA account with HSA Bank, you do not need to do anything

How much can I contribute to my HSA? What are the benefits of contributing? The maximum you can contribute is determined by IRS guidelines. You can contribute up to the IRS annual maximum, less Lee County's contributions, regardless of the deductible of your CDHP. All employee contributions are pre-tax; therefore, you will save Federal, State and other payroll taxes. In addition, by contributing to an HSA, you will accumulate balances that will earn interest that is not taxed and can be used in future years for medical-related expenses. Investment options are available also.

Who else can contribute to my HSA? Eligible individuals, such as your spouse, dependents and your employer, can contribute to your HSA up to the annual limit.

How can I access my account? You will have online access to your account and there is also an HSA Bank mobile app for on-the-go access: Check account balances, Photo Documentation, Manage Transactions and View Claims Status. Download the mobile app for free at the iTunes App Store or Google Play.

How do I access my HSA funds? You do not need to file claims with an HSA. There are several ways you can access your HSA funds to cover your qualified medical expenses:

- Use your bank card to make a point-of-sale purchase
- Use your bank card to pay for a purchase or doctor's visit
- Your HSA bank card will only have money as it is deposited throughout the year
- Reimburse yourself for purchases

How can I keep track of my HSA balance? You can track your HSA account activity online at HSA Bank's secure website anytime day or night – www.hsabank.com. You may also download monthly statements. There is also an HSA Bank mobile app available for free at the iTunes app store or Google Play.

What are the fees? There is a monthly account maintenance fee for the HSA Account. There are no transaction fees for using the card at the point of sale. However, additional fees may apply for things like checks, additional cards, etc. For the HSA Investment Account, there may be an additional maintenance fee. A complete fee schedule is available when you enroll.

Are there any forms I need to file with my taxes? Yes. The IRS requires that you complete and submit the Form 8889 with your tax return. On this form you report any employer contributions to the account as well as any excess contributions and it will assist you in calculating your HSA deduction. Lee County's contributions and your contribution will be included in your W-2. HSA Bank provides year-end tax statements as well. Please contact your tax advisor to discuss your specific situation.

What happens if I cancel my CDHP? Funds deposited into your HSA remain in the account and automatically carry over from year-to-year. You can continue to spend any remaining funds in your HSA to pay for qualified medical expenses. In general, you are not eligible to contribute to your HSA once you are no longer covered by an CDHP.

How does the CDHP work as compared to our other insurance plan? While the traditional POS plan has deductibles & copays (pharmacy, office visits, emergency room, etc.), the CDHP has no copays. With the CDHP, all expenses, except preventive care, apply to the deductible. After the deductible is met, the CDHP pays a percentage of the expenses. Like the traditional plans, your coinsurance share is limited to the out-of-pocket maximum amount. CDHPs also allow employees to have a Health Savings Account (HSA). The traditional plans permit the use of the Health care Flexible Spending Account (FSA).

Health Savings Accounts (HSAs)

HSA Benefits

Health Savings Accounts (HSA) are savings accounts for your health and medical expenses. Consumer Directed Health Plans (CDHPs) with HSAs are designed to give you more control over how you manage your health care expenses. You can use the money in your account to pay for eligible expenses such as your annual deductible, coinsurance, dental, vision, pharmacy, etc. Your HSA funds can be used to pay for the health expenses of any tax dependent (i.e. spouse, children) even if they are not on your health insurance plan. HSAs are also designed to help you save for upcoming qualified medical and retiree health expenses on a tax-free basis. The maximum HSA contribution is determined annually by the IRS.

The 2025 IRS HSA maximum contribution amounts are:

- For individuals: \$4,300
- For family: \$8,550
- Catch-up contribution for members age 55+: \$1,000



Take advantage of this opportunity to set aside tax-free money for future medical services.

- Lee County also makes a contribution to your Health Savings Account. See the chart below for contributions from Lee County.
- HSA's are similar to Individual Retirement Accounts (IRAs) because funds may grow through interest and investments, and because unused funds roll over from year to year. Just remember, you must first enroll in the high-deductible health plan (CDHP) before you can establish an HSA.

Features of Health Savings Accounts

- As long as you are enrolled in a CDHP, you may continue to contribute money into your HSA (up to the maximum IRS limit as detailed below).
- HSA's unused funds roll over each year. There is no "use it or lose it" rule. It is your personal savings account for related health expenses.
- **Tax Savings:** If you choose to contribute to your HSA, contributions are taken out of your paycheck before taxes are calculated, so you pay less tax.
- **Portability:** The money in your account is yours, so you can take it with you if you change employers, health plans, or retire.
- **Investment:** Once your account reaches a minimum balance requirement, you can transfer money to an investment account and invest in several mutual funds – earnings are tax free.
- **Savings:** Let the funds in your account grow tax-deferred. After age 65, you may withdraw from your HSA for any reason without penalty and taxes as long as you use the funds for qualified medical expenses. Use the savings to pay for qualified medical expenses or save the money and invest in various mutual funds.
Any funds you don't use will accumulate for the next year and the future; there is no "use it or lose it" rule.
- You can access your HSA with a debit card, checks, or ATM (some fees may apply).

2025 Health Savings Account (HSA) Contributions			
	IRS Annual Limits	Lee County Annual Contribution	Lee County Semi-Annual Contribution
Employee Only	\$4,300	\$1,250	\$625
Employee + 1	\$8,550	\$1,500	\$750
Family	\$8,550	\$2,000	\$1,000
Catch-up Contributions (Optional)			
Age 55 and up	\$1,000		

Lee County will deposit HSA contributions into your account twice a year (January and July).

The above information reflects the HSA contribution for those who elect CDHP. The company contributes and you have the option to make contributions, as shown above. Future Lee County HSA contributions for subsequent plan years are discretionary. If you joined your CDHP after the start of the year, you must have CDHP coverage for the last month of the taxable year and for the following 12 months in order to make the full HSA contribution. If your coverage lapses during that time period, you will generally be required to pro-rate your HSA contribution to the number of full months of CDHP coverage.

Qualified Expenses for HSAs

Your HSA can be used to pay for covered expenses that apply toward your Consumer Directed Health Plan (CDHP) annual deductible. You can also pay for qualified medical expenses that your health plan might not cover, such as vision care (eyeglasses and contact lenses), dental and orthodontic services, and even long-term care insurance. To be more specific, "qualified medical expenses" are the fees you pay for the diagnosis, care, mitigation, treatment, or prevention of disease or illness.

When you pay for qualified medical expenses with your Health Savings Account (HSA), the funds you withdraw are tax-free if they:

- Are qualified medical expenses as generally described in Section 213(d) of the Internal Revenue Service Tax Code (see at www.irs.gov); and
- Have not been compensated or reimbursed by insurance or otherwise.

The following lists give you a general overview of qualified and non-qualified expenses. These lists are not all-inclusive, and are subject to change by the IRS.

Remember that any HSA funds used for non-qualified expenses will be taxable, and will also be subject to a 20% IRS tax penalty, except in the case of distributions made after your death or disability, if you are under age 65. So be sure to consult your tax advisor if in doubt about a particular expense.

Qualified medical expenses include:

- Acupuncture
- Alcoholism treatment
- Bandages
- Birth Control Pills
- Braces
- Chiropractor
- Contact lenses
- Convalescent home (medical)
- Dental treatment/fees
- Drug addiction therapy
- Eyeglasses
- Handicap equipment
- Hearing aids and batteries
- LASIK eye surgery
- Nurses (registered) and nursing homes
- Ophthalmologist, optician and optometrist
- Prenatal care
- Prescription medicines
- Psychotherapy
- Surgeries/Operations (non cosmetic)
- Special school or home costs for the physically and mentally impaired
- Tuition for child with learning disability

Non-qualified medical expenses include:

- Athletic club membership
- Cosmetic surgery and procedures (unless due to accident, birth defect or disease)
- Illegal operations, drugs or treatments
- Over-the-Counter (OTC) medication (i.e., aspirin, cold medicine)* unless prescribed
- Premiums for life insurance, disability, etc.
- Special foods or beverages
- Stop-smoking programs
- Weight loss programs

Remember, you must comply with HSA spending regulations. You can find detailed information about qualified medical expenses in Section 213(d) of the Internal Revenue Code and IRS Publication 502. It is your responsibility to ensure that the funds from the account are being used for qualified medical expenses. For record keeping purposes or in the event of an audit, you should maintain receipts for all of your expenses.

* Health care reform legislation signed into law in March 2010 impacts OTC purchases with HSAs beginning January 1, 2011. While some OTC items will maintain current eligibility status, certain drugs and medicines will require a prescription to be considered an eligible expense.



Prescription Drugs

Spending on prescription drugs continues to be an important health care concern, particularly in light of rising pharmaceutical costs, the aging population, and increased use of costly specialty drugs. Each year, Lee County reviews medical and pharmacy claims to help ensure we are controlling costs to you and to the county as much as possible. Please remember your prescription drug costs will count toward your out-of-pocket maximum.

Voluntary Home Delivery

Home Delivery is a safe and convenient way to get your prescription medicine(s). With home delivery, you will get:

- Larger supplies of medicines
- Free Standard Shipping
- Prescription refills by phone, mail or web
- And you can check your order status online

You may use home delivery for the drugs you take regularly. This is voluntary (not mandatory) this plan year.

Specialty Drug Copays

We will continue to offer a fourth tier for specialty drugs (typically drugs used to treat serious or chronic conditions). You will pay 20% of the cost of the drug up to a maximum of \$300 per prescription or 20% after deductible on the CDHP option.

Prior Authorization

Some drugs have to be reviewed before a prescription is filled and before coverage is approved for the member. This step is called Prior Authorization. Prior Authorization is a way to help make sure drugs are used in the proper way and in doses that are right for each person, as recommended by the U.S. Food & Drug Administration (FDA). Express Scripts checks to ensure drugs are “medically necessary” before approving coverage for a member.

Prior Authorization focuses mainly on drugs that may have:

- A chance of serious side effects or unsafe drug interactions
- A high chance of incorrect use or abuse
- Better choices that may cost less
- Rules for use with very specific conditions

How it works:

1. If a drug calls for prior authorization, the pharmacy claim will be rejected.
2. Typically this health information is provided to Express Scripts by the doctor or pharmacist, who will request the approval of the drug.
3. The claim can be approved, denied, or may be sent for further review. If it is denied, a letter will be sent to the member and doctor to explain how to appeal the decision and get the prescription approved.

A list of medicines that need pre-authorization is available online at www.express-scripts.com.

Step Therapy

Step Therapy is a program that helps you and your doctor choose drugs that are right for you. Trying drugs in a step-by-step way is called Step Therapy. Certain drugs have been determined to be the best ones to start with to treat a condition. That’s because they’re proven to work well for most people, and they are more affordable.

How it works:

1. When your doctor prescribes a drug that requires step therapy, a message is sent to your pharmacy, letting the pharmacist know you must first try a different, similar drug that’s covered by your plan.
2. The pharmacist will call your doctor to get a prescription for the new drug.
3. If those drugs do not work well for you, you can request that Express Scripts covers the drugs on the Step Therapy Drug List.

HealthiestYou by Teladoc – On Demand Medical Support



The American Medical Association says that 70% of doctor visits and 40% of emergency room visits can be avoided by telemedicine.

If you are covered on one of Lee County's medical plans, you and your family are eligible for this telemedicine service regardless of what tier you are covered under (i.e. EE only, EE + Spouse or Children or Family).

What is HealthiestYou by Teladoc?

HealthiestYou by Teladoc provides members with 24/7/365 on demand access to board certified physicians for diagnosis and prescriptions via telephone or video technology for common and acute illness.

There is no cost to you for using this service. It is 100% paid by Lee County.

When do I use HealthiestYou by Teladoc?

- If you are considering ER or Urgent care for a non-emergency medical issue
- Your primary care doctor is not available
- To request prescriptions or get refills*
- When traveling and in need of medical care
- You want service now and you do not want to wait for an appointment

**Prescriptions may be written when deemed clinically appropriate. No DEA controlled substances or those that may have the potential for abuse will be written.*

Clinical Services

- General Medical
- Mental Health Care
- Dermatology
- Neck & Back Care
- Expert Medical Services
- Nutrition

Common conditions treated:

- Cold and Flu
- Cough, Congestion, Sinus
- Urinary Tract Infection
- Allergies
- Nausea
- Constipation
- Pink Eye
- Rashes
- and many more...

Many simple short-term and long-term illnesses can be treated. Redirect ER and Urgent Care utilization to more appropriate modes of care.

Members Receive

- **Easy access:** Convenient, any time of day or night from the comfort of their home, consulting with U.S. based, licensed physicians, available 24/7/365 via telephone or video technology.
- **Quality care:** Consult with physicians to get medical advice, diagnosis, or prescription medications when appropriate.*
- **Online health tools:** Participants can share their personal health records with their regular physician as needed and keep access to notes from previous visits.
- **Save money:** Avoid missing time away from work and paying costly co-pays or in-office physicians visits. No cost to the employee.

Download the app to talk to a doctor

Visit member.healthiestyou.com

Call 866-703-1259 | Download the app



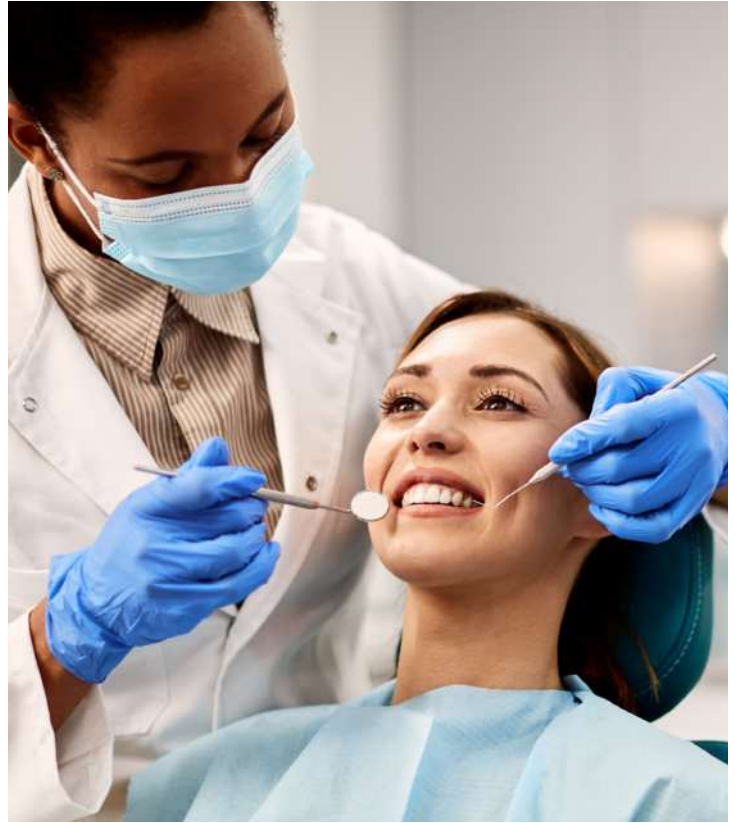
Dental Coverage (Blue Cross Blue Shield of Georgia)

Dental benefits are available to you and your eligible dependents to cover routine care such as exams, x-rays, and cleanings, as well as fillings, dentures, bridge work and periodontal care. In order to receive the highest level of benefits and pay the least amount out of your pocket, you need to access care from the providers who have elected to be part of the network.

The plan does allow you to seek care from a provider who is not in the network. Just remember that if you make this choice, you may be required to pay a larger portion of the expenses out of your pocket, and the expenses may be subject to the Reasonable and Customary charging pattern for the area. This could also result in a greater out-of-pocket expense for you.

To find an in-network provider, visit www.anthem.com.

Network: Anthem Dental Complete



Dental PPO Plans Summary of Benefits	
	Premium Option Dental PPO
Annual Deductible	
Individual	\$50
Family	\$150
Preventive Care	Plan pays 100%, no deductible
Basic Services	You pay 15% after deductible
Major Services (crowns, bridges, dentures)	You pay 50% after deductible
Annual Maximum	\$1,500 per person
Orthodontia*	You pay 50%
Orthodontia Lifetime Maximum	\$1,000
*Orthodontia for dependents up to age 19.	

Please Note: No changes are allowed to your dental coverage during the plan year, except for a "qualifying life event."

Please Note: Your dental deductibles and annual maximums will start over on July 1, 2025 and will run through June 30, 2026.

Vision Coverage (Blue Cross Blue Shield of Georgia)

Vision benefits are available to you and your eligible dependents to cover lenses, frames, contacts and routine care such as exams, through the BCBS Blue View network of providers. Use of a network provider is strongly encouraged to maximize your benefit and minimize your out-of-pocket expenses.

Please Note: You may elect vision during any open enrollment with no late entrant penalties, pre-existing clauses or “lock-in/lock-out” provisions.

To locate a Blue View network provider:

- Go to Blue Cross Blue Shield of Georgia’s online provider search at www.anthem.com
- Click “Find a Doctor”
- Search for Vision providers
- Click “**Blue View Vision** Provider Directory”
- Enter your search criteria
- Click “View Results” to pull up a list of providers and retailers in your area



Vision Summary of Benefits

	Frequency	In-Network	Out-of-Network
Routine Eye Exam	Each Calendar Year	\$10 Copay, then covered in full	\$30 allowance
Frames	Every 2 years	\$130 allowance, then 20% off remaining balance	\$45 allowance
Eyeglass Lenses (Standard)*	Each Calendar Year	\$20 copay, then covered in full	\$25-\$55 allowance
Eyeglass Lens Upgrades	Each Calendar Year	Available at a discounted rate	Discounts not available.
Contact Lenses			
Elective Conventional Lenses	Each Calendar Year	\$130 allowance, then 15% off the remaining balance	\$105 allowance
Elective Disposable Lenses	Each Calendar Year	\$130 allowance (no additional discount)	\$105 allowance
Non-Elective Contact Lenses	Each Calendar Year	Covered in full	\$210 allowance
Additional Pair of Complete Eyeglasses		40% discount off retail	
Eyewear Accessories		20% off retail price	

* Children under age 19 automatically receive factory scratch coating, polycarbonate lenses and Transitions lenses at no additional charge.

Your vision plan coverage will remain on a calendar year basis January 1 – December 31, 2025.

Flexible Spending (Admin America)

A Flexible Spending Account (FSA) allows you to set aside money, before it is taxed, to pay for eligible out-of-pocket costs for dependent and medical care expenses. There are two types of Flexible Spending Accounts:

- **Dependent Care FSA:** Any employee with children in daycare knows that a sizable amount of the family's income is used for this expense. The same is true for those who must provide day care for a disabled spouse or parent. You may elect to contribute a maximum of **\$5,000** if you are single or if you are married and filing a joint tax return. If you are married and filing separate returns, you may elect to contribute a maximum of \$2,500 for the plan year.
- **Health Care FSA:** Our employees' health care plan is a valuable benefit that provides coverage for many medical, dental, and vision expenses. Yet we all spend money every year for deductibles, copayments, and other out-of-pocket expenses our health plan doesn't pay. You may contribute a maximum of **\$3,300** for the plan year. The Health care FSA will reimburse your expenses as they occur, up to your elected contribution. For example, if you elect to contribute \$50 per month and incur a \$200 expense after only one month, the plan will reimburse the total \$200.

Keep these Important Rules in Mind

The government imposes restrictions on Flexible Spending Accounts in order to give you pre-tax advantages: You may roll over up to \$660 of your health care benefit amount for use in the following year. After that, the IRS requires that any unused portion of your account balance remaining is kept by your employer. It is important to estimate your expenses carefully. There is a 90 day period after the end of the plan year to submit all expenses incurred during the preceding year.

What Expenses are Eligible?

Below is a short list of the types of expenses which are eligible for reimbursement from your FSA, provided:

- They are incurred during your FSA plan year
- Dependent care expenses must be for children in daycare up to age 13 and adult family members who need daily care so that the husband and wife can both work
- They are not eligible for reimbursement from any other source
- You have available documentation from the provider of the services or supplies which shows the amount of each expense and the date it was incurred

FSA Worksheet

You may enroll in one or both of the Flexible Spending Accounts, depending upon your needs. Use this worksheet to help you determine how much of your pay you wish to allocate to your FSA each pay period. Once you calculate your annual FSA contribution, it will be deducted from your paycheck in equal amounts over the year. Be sure to estimate conservatively and set aside an amount that will cover your expenses without exceeding the total amount you will spend for the year. Remember: Eligible medical, dental, and vision expenses are only those NOT covered by your health plan. Your employer can provide you with a detailed list of eligible expenses.

Type of Expense	Spent in 2024	Amount for 2025
Medical Care		
Physical Exams	\$ _____	\$ _____
Deductibles	\$ _____	\$ _____
Copayments	\$ _____	\$ _____
Immunizations	\$ _____	\$ _____
Well-Baby Care	\$ _____	\$ _____
Prescription Drugs	\$ _____	\$ _____
Over-the-Counter Drugs*	\$ _____	\$ _____
Dental Care		
Exams and X-Rays	\$ _____	\$ _____
Orthodontics	\$ _____	\$ _____
Crowns and Bridges	\$ _____	\$ _____
Dentures	\$ _____	\$ _____
Vision Care		
Exams	\$ _____	\$ _____
Eyeglasses/Contacts	\$ _____	\$ _____
Contact Lense Solution	\$ _____	\$ _____
Total Health Care Expenses	\$ _____	\$ _____
Total Day Care Expenses (child or disabled adult)	\$ _____	\$ _____

Frequently Asked Questions About FSAs

Can I participate if I have my spouse's insurance? Yes.

What expenses can be reimbursed?

In general, IRS approved health care expenses not covered by another benefit plan are eligible for reimbursement through a health care FSA. Visit www.irs.gov to view eligible and ineligible items.

How much should I contribute to my FSA?

Review your out-of-pocket medical expenses and/or dependent daycare expenses from last year. Use the worksheet on the previous page to help determine your annual expenses.

Can I change my election amount?

You cannot change your election amount during the plan year unless you have a qualified family status change (marriage, divorce, birth of a child, adoption, etc.)

What is the time frame that claims can be reimbursed?

The FSA allows claims incurred between July 1, 2025 and June 30, 2026 to be paid from this account. Claims must be submitted prior to September 30, 2026.

What if I still have funds at the end of the plan year? You will be allowed to “roll over” \$660 of your benefit amount for use in the following plan year. After that, you will forfeit any unused funds. Decide your election amount carefully, and check your balance to ensure you spend your entire election amount.

Can I submit claims after the end of the plan year? There's a 90-day period after the plan year ends to submit claims.

Can the FSA pay for my health insurance premiums? No.

Can I use my FSA for my child's eligible health care expenses while he is in college? Yes, as long as you are claiming your child as a dependent.

If I make an election for dependent care expenses, can I deduct these expenses from my tax return? No, the IRS does not permit “double dipping”.

Can I transfer contributions between a Health care & Dependent Care FSA?

No, the FSAs are separate accounts and contributions cannot be transferred between them.

What happens if I retire or terminate employment during the plan year?

In accordance with IRS regulations, you are permitted to submit claims for expenses incurred prior to your retirement or termination date if you elect FSA COBRA. Please refer to your employer's Summary Plan Description (SPD) for additional information regarding your specific plan rules. Any remaining balance in either of your plans will be forfeited. However, health care and dependent care expenses incurred after you leave your employer are eligible for reimbursement if you continue making after-tax contributions by electing FSA COBRA.

What is the maximum amount I may contribute to my FSAs? Each FSA has its own separate limit. IRS regulations limit the maximum amount you may contribute. Currently, the Dependent Care annual maximum is \$5,000 per family. The annual maximum you may contribute to the Health care FSA for the 2025 plan year is \$3,300.

Please Remember: If you would like to participate in the Flexible Spending Program for 2025, you must go online or call in to enroll. FSA benefits do not carry forward from year to year. New elections must be made each year.

IRS Rule: You will be able to “roll over” up to \$660 of your benefit amount for use in the following plan year.

You will have a debit card option you can use to pay for your out-of-pocket health care expenses. Please keep your card and new balances will be reloaded onto current cards. Child care expenses will still need to be paid and filed for reimbursement.

Please Note: Our new plan year will begin on July 1, 2025. These elections will run from July 1, 2025 – June 30, 2026.

Voluntary Short Term Disability (Mutual of Omaha)

Short Term Disability (STD)

Short Term Disability provides a weekly benefit to replace a portion of your income for a relatively short period of time.

Please Note: If you choose to enroll as a late entrant or if you do not apply for coverage when you are initially eligible, you will be subject to late enrollment penalties, with limited coverage for the first 12 months.

Short Term Disability (STD)	
Benefits Begin	After 7 th day of disability
Benefit Amount	60% of weekly earnings
Maximum Weekly Benefit	\$1,250
Maximum Benefit Period	13 weeks



Calculating your STD Cost per Pay Period

1. Determine your weekly salary and multiply by 0.60.
2. If that number is greater than 1,250, use 1,250.
3. Divide that number by 10 and multiply that number by your STD rate from the chart below. This is your monthly rate.
4. To figure bi-weekly rates, multiply monthly rate by 12 and then divide by 26.

Short Term Disability Rates	
Age	Rate (per \$10 of benefit)
<30	\$0.56
30-34	\$0.63
35-39	\$0.42
40-44	\$0.35
45-49	\$0.39
50-54	\$0.46
55-59	\$0.59
60-69	\$0.78
70-99	\$1.65

Voluntary Long Term Disability

Option 1: Long Term Disability (LTD) (Mutual of Omaha)

Long Term Disability provides income protection if a serious illness or injury causes you to be unable to perform the duties of your occupation for a longer period of time. You have 2 options for your LTD needs.

If you choose to enroll as a late entrant or if you do not apply for coverage when you are initially eligible, you will be subject to late enrollment penalties, with limited coverage for the first 12 months.

Late entrants must complete a statement of health and must be approved for coverage.

Please Note: A 3/12 pre-existing condition limitation applies for new enrollees. This means benefits will be excluded for 12 months for a disability for which you received treatment within three months prior to your effective date.

Option 1: Long Term Disability (LTD)	
Benefits Begin	After 90 th day of disability
Benefit Amount	60% of monthly earnings
Maximum Monthly Benefit	\$4,700
Maximum Benefit Period	To Social Security Normal Retirement Age

Calculating your LTD Cost per Pay Period

1. Determine your monthly salary and divide by 100.
2. Multiply that number by the rate for your age group (see chart). This is your monthly rate.
3. To figure bi-weekly rate, multiply monthly rate by 12 and then divide by 26.

Long Term Disability Monthly Rates	
Age	Rate (per \$100)
0-19	\$0.19
20-24	\$0.30
25-29	\$0.34
30-34	\$0.39
35-39	\$0.46
40-44	\$0.63
45-49	\$0.93
50-54	\$1.34
55-59	\$1.79
60-64	\$2.05
65-69	\$2.34
70-74	\$1.99
75+	\$1.99

Option 2: Lump Sum Long Term Disability (OneAmerica)

Designed to complement other disability products that insure a portion of your lost wages needed for daily living, this Lump Sum single payment plan can help you meet additional expenses that can arise when you're unable to earn an income due to a disability. This lump sum payment will not be reduced by other income benefits like social security disability. You may elect this in addition to LTD (Option 1) or as a stand-alone plan.

Each year at open enrollment, you may increase your benefit by \$1,000 with no health questions.

Please note: A 3/12 pre-existing condition limitation applies. Benefits will be excluded for 12 months for a disability for which you received treatment within three months prior to your effective date.

Option 2: Lump Sum Long Term Disability	
Benefits Begin	After 90 days disability
Benefit Eligibility Period	24 months following 90 day elimination period
Benefit Amount	Single payment amount in \$1,000 increments
Minimum Benefit	\$10,000
Maximum Benefit	\$25,000

Certain limitations apply. Benefits reduce to 70% at age 65, 45% at age 70, 30% at age 75, 25% at age 80, 20% at age 85, and 15% at age 90.

Age Category	Monthly Premium per \$1,000 of Benefit
24 & under	\$0.09
25-29	\$0.12
30-34	\$0.17
35-39	\$0.27
40-44	\$0.43
45-49	\$0.70
50-54	\$1.08
55-59	\$1.59
60+	\$2.95

Basic Life and AD&D (Mutual of Omaha)

If you are eligible for benefits, Lee County automatically provides Basic Term Life Insurance and Accidental Death and Dismemberment coverages equal to \$50,000 at no cost to you. The policy also provides \$2,000 of coverage for your spouse and \$1,000 for dependent children to age 26. A \$100 benefit is available for children from birth to age 6 months. Under this policy, coverage reduces by 35% at age 65, 50% at age 70, and 65% at age 75.

Optional Life (Colonial Life)

Lee County has partnered with Colonial Life Insurance to make additional life insurance available to employees and their families. The cost is paid by the employee, & the premiums may be payroll deducted.

Voluntary Life and AD&D (Mutual of Omaha)

Voluntary Life Insurance provides the opportunity to supplement benefits provided by Lee County. If you are a new hire, you are eligible to receive up to the Guarantee Issue amount with no health questions. This means you will be approved for the guarantee issue amount regardless of any health issues you may have.

If you do not elect coverage when you first become eligible, you will be required to provide evidence of insurability and answer health questions for approval by the insurance company if you wish to elect coverage at a later date.

Each year at Open Enrollment you may increase your benefit amount by \$20,000 (up to the guarantee issue amount) with no medical questions.

If you leave Lee County, you may be able to keep your life insurance in force by paying premiums directly to Mutual of Omaha.

Voluntary Life Rates Per \$1000 of Coverage (Monthly)*		
Age	Employee	Spouse**
<29	\$0.12	\$0.124
30-34	\$0.14	\$0.125
35-39	\$0.18	\$0.164
40-44	\$0.25	\$0.202
45-49	\$0.35	\$0.289
50-54	\$0.52	\$0.422
55-59	\$0.83	\$0.678
60-64	\$1.00	\$1.007
65-69	\$1.82	\$1.686
70-74	\$3.52	
75+	\$7.27	
Benefits reduce by 35% at age 65, 50% at age 70, and 65% at age 75. Spouse age is based on member's age. Spouse coverage terminates at age 70.		

Child(ren) Rate	\$0.90 for \$5,000 of coverage or \$1.80 for \$10,000 of coverage
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Voluntary Life Summary of Benefits		
	Employee	Spouse
Benefit Amount	\$10,000 increments	\$5,000 increments (can be up to 100% of employee amount); \$10,000 minimum
Benefit Maximum	\$300,000 (not to exceed 5 times employee's base salary)	\$150,000
Guarantee Issue	\$150,000	\$30,000
Child(ren), Dependent, unmarried children from birth to age 26		
Benefit Amount	Either \$5,000 or \$10,000 of coverage	

Sick Leave

Employees will accrue 3.08 hours of sick leave per pay period (26 pay periods). This equates to 80 hours of sick leave per year. Employees may accrue up to 600 hours of sick leave.

Sick Leave Bank

Lee County has established a sick leave bank to provide its employees with additional sick leave in the event of a serious illness or injury. Employees may join the sick leave bank by contributing 8 hours of their sick leave to the sick leave bank on an annual basis.

Vacation

Vacation is accrued as follows in the chart below. Although vacation begins to accrue as soon as an employee begins working for the county, he must have completed his six month working test before he is eligible to use any vacation hours. Employees may accrue up to 500 hours of vacation leave.

Years of Continuous Service	Amount of Vacation
0-4 years	2 weeks per year
5-10 years	3 weeks per year
11-20 years	4 weeks per year
20+ years	5 weeks per year

YMCA Corporate Membership

Lose weight, feel better, look better, be healthier, save money and have fun getting fit with your family and friends.

Membership Categories	Bi-weekly Rate (Per Pay Period)
Young Adult (18-35)	\$8.46
Adult (35+)	\$10.38
Family	\$16.54
Upgrade Options	
Women's Health Center	+\$4.61
Men's Health Center	+\$6.92
Family Health Center	+\$9.23

**Family membership is defined as spouse and dependent children up to age 18, or age 22 if a child is a full-time student. Proof of guardianship or full-time student status may be required. See Human Resources to sign up for this benefit.*

Aflac

Lee County makes a variety of Aflac policies available to employees. The policies are issued and administered directly by an Aflac representative. The cost is paid by the employee, and the premiums may be payroll deducted.

Deferred Compensation Plans

Lee County offers the option for an employee to invest through a 457 plan, and investments can be selected individually, or invested in a Target date plan. All deductions are pre-tax, and follow the current year IRS regulations as to the maximum annual contribution allowed. Plans may be selected through ACCG. The cost is paid by the employee, and the premiums may be payroll deducted. The county also allows payroll deduction for the following department specific plans:

- P.O.A.B. – Sheriff's Department
- Firefighters' Pension Fund – Fire Department

Holidays

Lee County recognizes the following holidays:

- New Year's Day
- Martin Luther King Day
- Good Friday
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Thanksgiving Day (2 days)
- Christmas (2 days)

Employee Assistance Program

You and your dependents now have access to an Employee Assistance Program (EAP) through Mutual of Omaha. EAP professionals will help you identify and clarify your concerns and develop a plan of action to create solutions that work. An EAP is a confidential program to assist you with personal matters such as:

- Stress and Crisis Management
- Relationship Issues
- Financial Planning
- Childcare & Eldercare

You have access to unlimited telephone and information calls, as well as three in-person visits free of charge each year. In-person visits will be provided by a network of licensed professionals, clinical providers or consultants.

Contact the EAP at **800-316-2796** or confidentially request services or research topics online at the member access page at mutualofomaha.com/eap.

Carrier Contact Information

Lee County Human Resources Department

Phone: 229-438-2245

Medical

Anthem Blue Cross Blue Shield of Georgia

Gold & Platinum Plans: 1-855-397-9267

Silver Plan: 1-877-812-9777

Website: www.anthem.com

Know the Costs

Group # D0160

Customer Service: 833-582-4968

Website: www.knowthecosts.com

Member Guide: simplebooklet.com/membguide

Dental

Anthem Blue Cross Blue Shield of Georgia

Customer Service: 1-844-729-1567

Website: www.anthem.com

Vision

Anthem Blue Cross Blue Shield of Georgia (Blue View Vision)

Customer Service: 866-723-0515

Website: www.anthem.com

Life & Disability

Mutual of Omaha

Customer Service: 800-775-8805

Website: www.mutualofomaha.com

Lump Sum Long Term Disability

OneAmerica

Customer Service: 1-800-553-5318

Website: www.oneamerica.com

Flexible Spending Account

Admin America

Customer Service: 800-366-2961

Website: www.adminamerica.com

Email: info@adminamerica.com

Prescription Drugs

Rx Benefits

Customer Service: 800-334-8134

Website: www.express-scripts.com

Employee Assistance Program (EAP)

Mutual of Omaha

Customer Service: 800-316-2796

Website: mutualofomaha.com/eap

457 Deferred Compensation Plan

ACCG (Ron Rowe)

Phone: 470-717-4585

Email: rowe@accg.org

Optional Life Insurance

Colonial Life Insurance Company (Trey Aimar)

Customer Service: 912-224-3415

Email: tvaimar@comcast.net

Voluntary Products

Aflac (Karen Kimbrell)

Phone: 229-732-7899 (cell)

Email: Karen_kimbrell@us.aflac.com

Telemedicine

HealthiestYou by Teladoc

1-866-703-1259

<https://member.healthiestyou.com>

HSA

HSA Bank

800-357-6246

www.hsabank.com

Completing Your Enrollment

Once you have completed your enrollment, you will receive a confirmation statement outlining your elections. Please review this form carefully. If there are any errors or if you want to make changes, you can go to <https://leecountyboc.wl.alight.com/> or contact The Enrollment Center at **866-688-9727** immediately.



This communication represents a brief summary of the various benefits available to you and is provided for reference only. The actual policies issued by the Insurance Carrier determine coverage and contain exclusions, limitations, full coverage terms, conditions and requirements. Any notices included in this document do not replace an Employer's requirement for communication.