

Walton County



2024-2025

EMPLOYEE BENEFIT HIGHLIGHTS
Board of County Commissioners

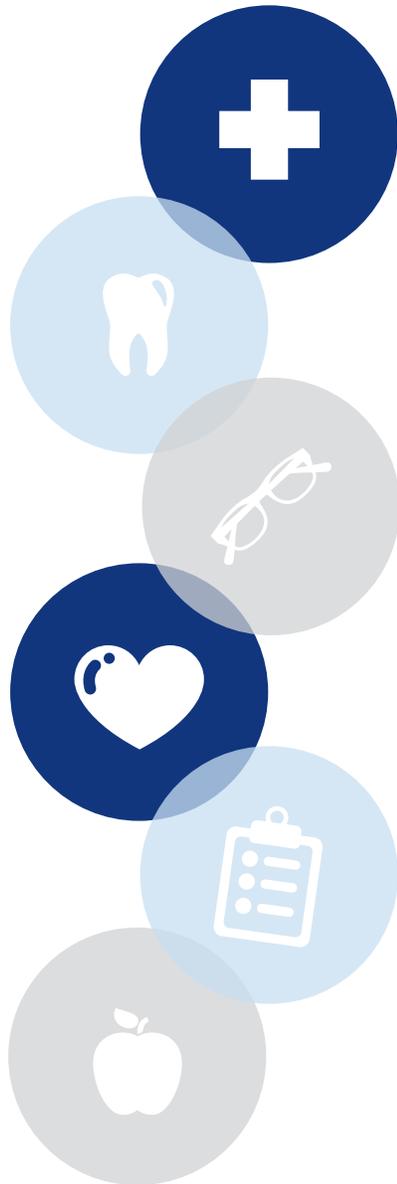


Contact Information

	Director of Human Resources	Nathan Kervin	Phone: (850) 892-8586 Email: kernathan@co.walton.fl.us
	Claims, Billing & Benefit Assistance	Jody Cockrell	Phone: (850) 892-8586 ext. 1815 Email: cocjody@co.walton.fl.us
	Online Benefit Enrollment	Bentek Support	Customer Service: (888) 5-Bentek (523-6835) Email: support@mybentek.com app.mybentek.com/waltonco
	Medical Insurance	Florida Blue	Customer Service: (800) 352-2583 www.floridablue.com
	Prescription Drug Coverage	Prime Therapeutics through Florida Blue	Customer Service: (800) 352-2583 www.floridablue.com
	Mail-Order Program	Amazon Pharmacy through Florida Blue	Customer Service: (800) 352-2583 www.floridablue.com
	Telehealth	HealthiestYou	Customer Service: (866) 703-1259 www.healthiestyou.com
	Dental Insurance	Guardian	Customer Service: (888) 482-7342 www.guardianlife.com
	Vision Insurance	Avēsis	Customer Service: (800) 828-9341 www.avesis.com
	Employee Assistance Program	TELUS	Customer Service: (866) 451-5465 www.login.lifeworks.com Username: niseap Password: EAP
	Basic Life and AD&D Insurance	Securian Financial	Customer Service: (888) 658-0193 www.lifebenefits.com
	Voluntary Life and AD&D Insurance	Securian Financial	Customer Service: (888) 658-0193 www.lifebenefits.com
	Voluntary Short Term Disability	Principal	Customer Service: (800) 245-1522 www.principal.com
	Long Term Disability Insurance	Madison National Life	Customer Service: (800) 356-9601 www.madisonlife.com
	Supplemental Insurance	Guardian	Customer Service: (800) 541-7846 www.guardianlife.com
	Legal	MetLaw	Customer Service: (800) 821-6400 www.members.legalplans.com
	Claims, Billing & Benefit Assistance	Gehring Group	Customer Service: (800) 244-3696 Email: walton@gehringgroup.com



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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. The 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.



Introduction

Walton 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. If employee requires further explanation or needs assistance regarding claims processing, please refer to the customer service phone numbers or contact **Human Resources Department at (850) 892-8586 ext. 1815 or email: cojody@co.walton.fl.us for further information.**

IMPORTANT NOTES



The Consolidated Appropriations Act, 2021 included the requirement of the No Surprises Act which took effect on January 1, 2022 for health care providers, facilities, and health plans. The No Surprises Act was designed to protect patients from surprise medical bills for situations such as emergency care or out-of-network provider charges at in-network facilities. It is important to note that if a patient wishes to obtain services from out-of-network providers or facilities and acknowledges receipt of the information, the patient is knowingly waiving the protections of the law. Ground Ambulance services may not be covered as in-network.

Online Benefit Enrollment

The County provides employees with an online benefits enrollment platform through Bentek's Employee Benefits Center (EBC). The EBC provides benefit-eligible employees the ability to select or change insurance benefits online during the annual Open 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 the Employee Benefits Center:

- ✓ Log on to app.mybentek.com/waltonco
Sign in using a previously created username and password or click "Create an Account" to set up a username and password.
- ✓ If employee has forgotten username and/or password, click on the link "Forgot Username/Password" and follow the instructions.
- ✓ Once logged on, navigate using the Launchpad to review current enrollment, learn about benefit options, and make any benefit changes or update beneficiary designations.

For technical issues directly related to using the EBC, please call (888) 5-Bentek (523-6835) or email Bentek Support at support@mybentek.com, Monday through Friday during regular business hours 8:30am - 5:00pm EST.



To access Bentek using a mobile device, scan code.



Group Insurance Eligibility



The County's group insurance plan year is October 1 through September 30.

Employee Eligibility

Employees are eligible to participate in the 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 the County, insurance will continue through the end of month in which separation occurred. 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 (Florida 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 calendar year in which the child turns age 26.

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

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

Disabled Dependents

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

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

Proof of disability will be required upon request. Please contact Human Resources if further clarification is needed.



Qualifying Events and Section 125

Section 125 of the Internal Revenue Code

Premiums for medical, dental, vision insurance, and/or certain supplemental policies are deducted through a Cafeteria Plan established under Section 125 of the Internal Revenue Code and are pre-taxed to the extent permitted. Under Section 125, changes to employee's pre-tax benefits can be made ONLY during the Open Enrollment Period unless the employee or qualified dependent(s) experience(s) a Qualifying Event and the request to make a change is made within 30 days of the Qualifying Event.

Under certain circumstances, employee may be allowed to make changes to benefit elections during the plan year if the event affects the employee, spouse or dependent's coverage eligibility. An "eligible" Qualifying Event is determined by Section 125 of the Internal Revenue Code. Any requested changes must be consistent with and due to the Qualifying Event.

Examples of Qualifying Events:

- Employee gets married or divorced
- Birth of a child
- Employee gains legal custody or adopts a child
- Employee's spouse and/or other dependent(s) die(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 causes eligibility or ineligibility
- A covered dependent no longer meets eligibility criteria for coverage
- A child gains or loses coverage with other parent or legal guardian
- Change of coverage under an employer's plan
- Gain or loss of Medicare coverage
- Losing or becoming eligible for coverage under a State Medicaid or CHIP (including Florida Kid Care) program (60 day notification period)



IMPORTANT NOTES

If employee experiences a Qualifying Event, **Human Resources must be contacted within 30 days of the Qualifying Event** to make the appropriate changes to employee's coverage. Employee may be required to furnish valid documentation supporting a change in status or "Qualifying Event". If approved, changes may be effective the date of the Qualifying Event or the first of the month following the Qualifying Event. Newborns are effective on the date of birth. Qualifying Events will be processed in accordance with employer and carrier eligibility policy. Beyond 30 days, requests will be denied and employee may be responsible, both legally and financially, for any claim and/or expense incurred as a result of employee or dependent who continues to be enrolled but no longer meets eligibility requirements.

Summary of Benefits and Coverage

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

From:	Human Resources
Address:	45 North 6th Street DeFuniak Springs, Florida 32433
Phone:	Phone: (850) 892-8586 ext. 1815
Website:	app.mybentek.com/waltonco

The SBC is only 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 group certificate of coverage can be reviewed and obtained by contacting Human Resources.

If there are any questions about the plan offerings or coverage options, please contact Human Resources at (850) 892-8586 ext. 1815.



Medical Insurance

The County offers medical insurance through Florida Blue 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 Florida Blue's customer service.

Medical Insurance Florida Blue BlueOptions PPO 3360 Plan 24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	\$0.00
Employee + Family	\$189.28

Medical Insurance Florida Blue BlueOptions PPO 03559 PPO with RX Plan 24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	\$40.43
Employee + Family	\$273.04

Medical Insurance Florida Blue BlueOptions PPO 3559 PPO without RX Plan 24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	\$0.00
Employee + Family	\$189.28

Florida Blue | Customer Service: (800) 352-2583 | www.floridablue.com



Medical Plan Resources

Florida Blue offers all enrolled employees and dependents additional services and discounts through value added programs. For more details regarding other medical plan resources, please contact Florida Blue's customer service at (800) 352-2583, or visit www.floridablue.com.

Blue365

Blue365 is provided to Florida Blue members at no additional cost and offers access to discounted products and services at participating providers such as:

- ✓ Fitness Deals
- ✓ Hearing and Vision
- ✓ Home and Family Deals
- ✓ Apparel and Footwear
- ✓ Nutrition
- ✓ Travel
- ✓ Personal Care

Members may log on to www.blue365deals.com to learn more about these programs or call (855) 511-2583.

The Florida Blue Mobile App

Florida Blue's mobile app gives members access to account information and convenient tools on the go. With the Florida Blue mobile app, members can:

- View ID card
- Find In-Network doctors or hospitals
- View benefits, deductible and claim payments
- Contact member services
- And more!

Download it today from the App StoreSM or Google PlayTM.

Wellness Incentive Program

The County offers a wellness incentive program through Better You Strides. Members can earn dollars by completing allowable activities. Earned rewards will be displayed on the gray tool bar at the top of the Dashboard. To get started:

Florida Blue Members

1. Log in to member account: www.floridablue.com; click "Health & Wellness," then "Better You Strides."
2. Once registered, download the AlwaysOn app to your smartphone or other device to access the program on the go.

AlwaysOn Mobile App Registration

1. Download and register on the AlwaysOn Mobile app from the App store. Click "New User."
2. Complete the authentication step. Group Number 78157.
3. Create your username, password and PIN.

For more information Florida Blue Members can call **800-352-2583**.

Telehealth

The County provides access to HealthiestYou, HealthiestYou is a convenient phone and video consultation company that provides immediate medical assistance for many conditions.

The benefit is provided to all enrolled members. Registration is required and 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 via phone and online video consultations when needing immediate care for non-emergency medical issues. Telehealth should be considered when employee's primary care doctor is unavailable, after-hours or on holidays for non-emergency needs. Many urgent care ailments can be treated with telehealth, such as:

- ✓ Sore Throat
- ✓ Migraine
- ✓ Dermatology
- ✓ Nutrition
- ✓ Mental Health
- ✓ Stomachache
- ✓ Fever
- ✓ Cold and Flu
- ✓ Allergies
- ✓ Rash
- ✓ Acne
- ✓ UTIs and More

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

Telehealth

Services	Cost Per Visit
General Medical	\$0
Nutrition	\$59
Dermatology	\$85
Therapy	\$95
Initial Psychiatry	\$235
Ongoing Psychiatry	\$105

Please note: Telehealth visit costs paid do not count towards medical plan deductible or out-of-pocket limit. Minors may not access mental health services through HealthiestYou.

HealthiestYou | Customer Service: (866) 703-1259 | www.healthiestyou.com



Florida Blue BlueOptions PPO 3360 Plan At-A-Glance

Network	BlueOptions	
Calendar Year Deductible (CYD)	In-Network	Out-of-Network*
Single	\$1,500	\$3,000
Family	\$4,500	\$9,000
Coinsurance		
Member Responsibility	20%	40%
Calendar Year Out-of-Pocket Limit		
Single	\$3,000	\$5,000
Family	\$6,000	\$10,000
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance, and Copays	
Physician Services		
Primary Care Physician (PCP) Office Visit	\$25 Copay	40% After CYD
Specialist Office Visit	20% After CYD	40% After CYD
Virtual Visit (through PCP)	No Charge	Not Covered
Non-Hospital Services; Freestanding Facility		
Clinical Lab (Bloodwork)**	20% After CYD	40% After CYD
X-rays	20% After CYD	40% After CYD
Advanced Imaging (MRI, PET, CT)	20% After CYD	40% After CYD
Outpatient Surgery in Surgical Center	20% After CYD	40% After CYD
Physician Services at Surgical Center	20% After CYD	40% After CYD
Urgent Care (Per Visit)	20% After CYD	20% After CYD
Hospital Services		
Inpatient Hospital (Per Admission)	20% After CYD	40% After CYD
Outpatient Hospital (Per Visit)	20% After CYD	40% After CYD
Physician Services at Hospital	20% After CYD	20% After INN Deductible
Emergency Room (Per Visit)	20% After CYD	20% After INN Deductible
Mental Health/Alcohol & Substance Abuse		
Inpatient Hospital Services (Per Admission)	No Charge	40% Coinsurance
Outpatient Services (Per Visit)	No Charge	40% Coinsurance
Outpatient Office Visit	No Charge	40% Coinsurance
Prescription Drugs (Rx)		
Generic	\$15 Copay	50% Coinsurance
Preferred Brand Name	30% Coinsurance	50% Coinsurance
Non-Preferred Brand Name	40% Coinsurance	50% Coinsurance
Mail Order Drug (90-Day Supply)	\$40/\$135/\$250 Copay	Not Covered



Locate a Provider

To search for a participating provider, contact Florida Blue's customer service or visit www.floridablue.com. When completing the necessary search criteria, select BlueOptions 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.

****Quest Diagnostics is the preferred lab for bloodwork through Florida Blue.**
When using a lab other than Quest, please confirm they are contracted with Florida Blue's BlueOptions network prior to receiving services.



Florida Blue BlueOptions PPO 03559 with RX Plan At-A-Glance



Locate a Provider

To search for a participating provider, contact Florida Blue's customer service or visit www.floridablue.com. When completing the necessary search criteria, select BlueOptions 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.

****Quest Diagnostics is the preferred lab for bloodwork through Florida Blue.**

When using a lab other than Quest, please confirm they are contracted with Florida Blue's BlueOptions network prior to receiving services.

*****Option 1 and Option 2 Facilities are based off the contract between the hospital and Florida Blue. To determine if a hospital is Option 1 or Option 2, please contact Florida Blue's customer service for more information.**

Network	BlueOptions	
Calendar Year Deductible (CYD)	In-Network	Out-of-Network*
Single		\$750
Family		\$2,250
Coinsurance		
Member Responsibility	20%	40%
Calendar Year Out-of-Pocket Limit		
Single	\$2,750	\$5,250
Family	\$5,500	\$10,500
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance, Copays and Rx	
Physician Services		
Primary Care Physician (PCP) Office Visit	\$15 Copay	40% After CYD
Specialist Office Visit	\$30 Copay	40% After CYD
Virtual Visit (through PCP)	No Charge	Not Covered
Non-Hospital Services; Freestanding Facility		
Clinical Lab (Bloodwork)**	No Charge	40% After CYD
X-rays	\$100 Copay	40% After CYD
Advanced Imaging (MRI, PET, CT)	\$100 Copay	40% After CYD
Outpatient Surgery in Surgical Center	\$100 Copay	40% After CYD
Physician Services at Surgical Center	20% After CYD	40% After CYD
Urgent Care (Per Visit)	\$30 Copay	\$30 Copay After CYD
Hospital Services		
Inpatient Hospital (Per Admission)	Option 1: \$600 Copay*** Option 2: \$900 Copay***	40% After CYD
Outpatient Hospital (Per Visit)	Option 1: \$150 Copay*** Option 2: \$250 Copay***	40% After CYD
Physician Services at Hospital	20% After CYD	20% After INN CYD
Emergency Room (Per Visit; Waived if Admitted)	\$100 Copay	\$100 Copay
Mental Health/Alcohol & Substance Abuse		
Inpatient Hospital Services (Per Admission)	No Charge	40% Coinsurance
Outpatient Services (Per Visit)	No Charge	40% Coinsurance
Outpatient Office Visit	No Charge	40% Coinsurance
Prescription Drugs (Rx)		
Generic	\$10 Copay	50% Coinsurance
Preferred Brand Name	30% Coinsurance	50% Coinsurance
Non-Preferred Brand Name	40% Coinsurance	50% Coinsurance
Mail Order Drug (90-Day Supply)	\$25/\$75/\$125 Copay	Not Covered



Florida Blue BlueOptions PPO 3559 without RX Plan At-A-Glance

Network	BlueOptions		
Calendar Year Deductible (CYD)	In-Network	Out-of-Network*	
Single		\$750	
Family		\$2,250	
Coinsurance			
Member Responsibility	20%	40%	
Calendar Year Out-of-Pocket Limit			
Single	\$2,750	\$5,250	
Family	\$5,500	\$10,500	
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance, and Copays		
Physician Services			
Primary Care Physician (PCP) Office Visit	\$15 Copay	40% After CYD	
Specialist Office Visit	\$30 Copay	40% After CYD	
Virtual Visit (through PCP)	No Charge	Not Covered	
Non-Hospital Services; Freestanding Facility			
Clinical Lab (Bloodwork)**	No Charge	40% After CYD	
X-rays	\$100 Copay	40% After CYD	
Advanced Imaging (MRI, PET, CT)	\$100 Copay	40% After CYD	
Outpatient Surgery in Surgical Center	\$100 Copay	40% After CYD	
Physician Services at Surgical Center	20% After CYD	40% After CYD	
Urgent Care (Per Visit)	\$30 Copay	\$30 Copay After CYD	
Hospital Services			
Inpatient Hospital (Per Admission)	Option 1: \$600 Copay***	Option 2: \$900 Copay***	40% After CYD
Outpatient Hospital (Per Visit)	Option 1: \$150 Copay***	Option 2: \$250 Copay***	40% After CYD
Physician Services at Hospital	20% After CYD		20% After INN CYD
Emergency Room (Per Visit; Waived if Admitted)	\$100 Copay		\$100 Copay
Mental Health/Alcohol & Substance Abuse			
Inpatient Hospital Services (Per Admission)	No Charge	40% Coinsurance	
Outpatient Services (Per Visit)	No Charge	40% Coinsurance	
Outpatient Office Visit	No Charge	40% Coinsurance	



Locate a Provider

To search for a participating provider, contact Florida Blue's customer service or visit www.floridablue.com. When completing the necessary search criteria, select BlueOptions 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.

****Quest Diagnostics is the preferred lab for bloodwork through Florida Blue.**
When using a lab other than Quest, please confirm they are contracted with Florida Blue's BlueOptions network prior to receiving services.

*****Option 1 and Option 2 Facilities are based off the contract between the hospital and Florida Blue.**
To determine if a hospital is Option 1 or Option 2, please contact Florida Blue's customer service for more information.



Dental Insurance

Guardian DentalGuard PPO Plan

The County offers dental insurance through Guardian 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 Guardian's customer service.

Dental Insurance – Guardian DentalGuard PPO Plan

24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	\$11.72
Employee + Spouse	\$25.44
Employee + Child(ren)	\$29.36
Employee + Family	\$41.83

In-Network Benefits

The Guardian Dental PPO plan provides benefits for services received from in-network and out-of-network providers. It is also an open-access plan which allows for services to be received from any dental provider without having to select a Primary Dental Provider (PDP) or obtain a referral to a specialist. The network of participating dental providers the plan utilizes is the Guardian DentalGuard Preferred PPO. These participating dental providers have contractually agreed to accept Guardian's contracted fee or "allowed amount." This fee is the maximum amount a Guardian dental provider can charge a member for a service. The member is responsible for a Calendar Year Deductible (CYD) and then 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 Guardian DentalGuard Preferred provider. Guardian reimburses out-of-network services based on what it determines as the Reasonable and Customary Charge (R&C). The R&C is defined as the most common charge for a particular dental procedure performed in a specific geographic area. If services are received from an out-of-network dentist, the member may be responsible for balance billing. Balance billing is the difference between Guardian's R&C and the amount charged by the out-of-network dental provider. Balance billing is in addition to any applicable plan deductible or coinsurance responsibility.

Calendar Year Deductible

The Guardian Dental PPO plan requires a \$50 individual or a \$150 family deductible to be met for in-network and out-of-network services before most benefits will begin. The deductible is waived for preventive services.

Calendar Year Benefit Maximum

The maximum benefit (coinsurance) the Guardian DentalGuard PPO 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 will be responsible for future charges until next calendar year.

Guardian App

Guardian's mobile app gives members access to find In-Network providers by location or name on the go. Members can also view, download or email ID card.

Download it today from the App StoreSM or Google PlayTM.

Guardian | Customer Service: (800) 541-7846
www.guardianlife.com



Guardian Dental PPO Plan At-A-Glance

Network	DentalGuard Preferred	
Calendar Year Deductible (CYD)	In-Network	Out-of-Network*
Per Member		\$50
Per Family		\$150
Waived for Class I Services?		Yes
Calendar Year Benefit Maximum		
Per Member		\$2,000
Class I Services: Diagnostic & Preventive Care		
Routine Oral Exam (2 Per Calendar Year)	Plan Pays: 100% Deductible Waived	Plan Pays: 90% Deductible Waived (Subject to Balance Billing)
Routine Cleanings (2 Per Calendar Year)		
Complete X-rays (1 Per Consecutive 36 Months)		
Bitewing X-rays (1 Set Per Calendar Year)		
Fluoride Treatment (1 Per Calendar Year; Dependent Children Up to Age 19)		
Class II Services: Basic Restorative Care		
Fillings (Amalgam & Composite)	Plan Pays: 80% After CYD	Plan Pays: 70% After CYD (Subject to Balance Billing)
Simple Extractions		
Oral Surgery		
Periodontal Services		
Anesthetics		
Endodontics		
Class III Services: Major Restorative Care		
Implants	Plan Pays: 50% After CYD	Plan Pays: 40% After CYD (Subject to Balance Billing)
Crowns		
Bridges		
Dentures		
Class IV Services: Orthodontia		
Lifetime Maximum		\$1,500
Benefit (Dependent Children Up To Age 19)	Plan Pays: 50%	Plan Pays: 50% (Subject to Balance Billing)



Locate a Provider

To search for a participating provider, contact Guardian's customer service or visit www.guardianlife.com. When completing the necessary search criteria, select DentalGuard Preferred 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 in any 12 consecutive months 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 should employee have the dental work performed.
- Waiting periods and age limitations may apply.
- Benefit frequency limitations may apply to certain services.



Vision Insurance

Avēsis Vision Plan

The County offers vision insurance through Avēsis 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 Avēsis' customer service.

Vision Insurance – Avēsis Vision Plan

24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	\$3.99
Employee + Spouse	\$8.03
Employee + Child(ren)	\$8.56
Employee + Family	\$11.49

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 Avēsis Vision network. At the time of service, routine vision examinations and basic optical needs will be covered as shown on 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 Avēsis Vision network. When going out of network, the provider will require payment at the time of appointment. Avēsis will then reimburse based on the plan's out-of-network reimbursement schedule upon receipt of proof of services rendered.

Calendar Year Deductible

There is no calendar year deductible.

Calendar Year Out-of-Pocket Maximum

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

Avēsis | Customer Service: (800) 828-9341 | www.avesis.com



Avēsis Vision Plan At-A-Glance

Network	Vision	
Services	In-Network	Out-of-Network
Eye Exam	\$10 copay	Up to \$35 Reimbursement
Frequency of Services		
Examination		12 Months
Lenses		12 Months
Frames		24 Months
Contact Lenses		12 Months
Lenses		
Single	\$15 Copay	Up to \$25 Reimbursement
Bifocal	\$15 Copay	Up to \$40 Reimbursement
Trifocal	\$15 Copay	Up to \$50 Reimbursement
Lenticular Lenses	\$15 Copay	Up to \$80 Reimbursement
Frames		
Allowance	Up to \$150 Retail Allowance; then 20% Discount Over Allowance	Up to \$45 Reimbursement
Contact Lenses*		
Non-Elective (<i>Medically Necessary</i>)	No Charge	Up to \$250 Reimbursement
Elective (<i>Lenses Only</i>)	Up to \$200 Retail Allowance; then 20% Discount Over Allowance	Up to \$170 Reimbursement



Locate a Provider

To search for a participating provider, contact Avēsis' customer service or visit www.avesis.com. When completing the necessary search criteria, select vision.



Plan References

**Contact lenses are in lieu of spectacle lenses. A separate fitting fee may apply.*



Important Notes

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



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 TELUS. EAP offers employees access to licensed mental health professionals through a confidential program protected by State and Federal laws. EAP is available to help employees gain a better understanding of problems that affect them, locate the best professional help for a particular problem, and decide upon a plan of action. EAP counselors are professionally trained and certified in their fields and available 24 hours a day, seven (7) days a week.

What is an Employee Assistance Program (EAP)?

An Employee Assistance Program offers covered employees and family members free and convenient access to a range of confidential and professional services to help address a variety of problems that may negatively affect employee or family member's well-being. Coverage includes three (3) counseling sessions with a specialist. EAP offers counseling services on issues such as:

- ✓ Child Care Resource
- ✓ Legal Resources
- ✓ Grief and Bereavement
- ✓ Stress Management
- ✓ Depression and Anxiety
- ✓ Work Related Issues
- ✓ Adult & Elder Care Assistance
- ✓ Financial Resources
- ✓ Family and/or Marriage Issues
- ✓ Substance Abuse

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, we will ask permission to communicate certain aspects of the employee's care (attendance at sessions, adherence to treatment plans, etc.) to the referring department. The referring department will not receive specific information regarding the referred employee's case. The department will only receive reports on whether the referred employee is complying with the prescribed treatment plan.

TELUS

Customer Service: (866) 451-5465 | www.login.lifeworks.com

Username: niseap | Password: EAP

Basic Life and AD&D Insurance

Basic Term Life Insurance

The County provides Basic Term Life insurance at no cost to all eligible employees through Securian Financial. Eligible employees will receive a benefit amount of \$25,000.

Accidental Death & Dismemberment Insurance

Also, at no cost to employee, the County provides Accidental Death & Dismemberment (AD&D) insurance, which pays in addition to the Basic Term Life benefit when death occurs as a result of an accident. The AD&D benefit amount equals the Basic Term Life benefit, partial benefits may also be payable.

Age Reduction Schedule

Benefit amounts are subject to the following age reduction schedule:

- > Reduces to 65% of the benefit amount at age 65
- > Reduces to 50% of the benefit amount at age 70
- > Reduces to 25% of the benefit amount at age 75

Always remember to keep beneficiary information updated. Beneficiary information may be updated at anytime through Bentek or Human Resources.

Securian Financial | Customer Service: (888) 658-0193
www.lifebenefits.com



Voluntary Life and AD&D Insurance

Voluntary Employee Life and AD&D Insurance

Eligible employee may elect to purchase additional Life and AD&D insurance on a voluntary basis through Securian Financial. This coverage may be purchased in addition to the Basic Term Life and AD&D coverage. Voluntary Life insurance offers coverage for employee, spouse and/or child(ren) at different benefit levels.

2024-2025 Open Enrollment

- If employee did not initially apply for Voluntary Employee Life insurance during the new hire eligibility period, or were previously denied, employee may enroll up to the Guaranteed Issue amount of \$100,000 without Evidence of Insurability (EOI) application.
- If employee currently has Voluntary Employee Life insurance, the employee will have the option to increase coverage up to \$100,000 not to exceed \$300,000 by increments of \$10,000, without Evidence of Insurability (EOI) application.

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 \$300,000.**

- Units can be purchased in increments of \$10,000 to the maximum of \$750,000.

Voluntary Spouse Life Insurance and AD&D Insurance

New Hires may purchase Voluntary Spouse Life and AD&D insurance without being subject to Medical Underwriting, also known as Evidence of Insurability (EOI), **up to the Guaranteed Issue amount of \$50,000**

- Units can be purchased in increments of \$5,000 to a maximum of \$250,000 not to exceed 100% of the employee's Basic and Voluntary Life coverage amount combined.

Voluntary Life and AD&D Insurance Rate Table

Monthly Premium

Age Bracket	Employee/Spouse (Includes AD&D) (Rate Per \$1,000 of Benefit)
< 30	\$0.136
30-34	\$0.156
35-39	\$0.176
40-44	\$0.236
45-49	\$0.376
50-54	\$0.606
55-59	\$1.016
60-64	\$1.566
65-69	\$2.596
70-74	\$4.566
75*	\$4.566

*Please Note: Rates increase past age 75 and will be provided upon request to Ochs

Voluntary Dependent Child(ren) Life and AD&D Insurance

- For eligible dependent child(ren) from date of live birth up to the date in which the dependent child reaches age 26.
- Employee may elect coverage in the increments of \$5,000 to the maximum of \$25,000 not to exceed 100% of the employee's Basic and Voluntary Life coverage amount combined.
- A newborn child is automatically covered for \$5,000 for 31 days from the child's live birth, not to exceed 100% of the employee's Basic and Voluntary Life coverage amount combined. To continue coverage on child, the employee must elect child coverage within those 31 days otherwise the coverage will terminate at the end of the 31-day period.

Dependent Life Package

- Employee may elect life coverage of \$5,000 for spouse and \$2,500 for child(ren). Does not include AD&D coverage
- For eligible dependent child(ren) from date of live birth up to the date in which the child reaches age 26.

Always remember to keep beneficiary information updated. Beneficiary information may be updated at anytime through Bentek.

Securian Financial | Customer Service: (888) 658-0193
www.lifebenefits.com



Voluntary Short Term Disability

The County offers Voluntary Short Term Disability (STD) insurance to all eligible employees through Principal. The STD benefit pays a percentage of monthly earnings if employee becomes disabled due to an illness or injury.

Voluntary Short Term Disability (STD) Benefits

- STD provides a benefit of 60% of employee's monthly earnings up to a benefit maximum of \$1,500 per month.
- Employee must be disabled for 14 consecutive days prior to becoming eligible for benefits (known as the elimination period).
- Benefits will begin on the 15 day after the employee is disabled due to non-work related injury or illness.
- The maximum benefit period is 24 weeks.
- Employee deemed unable to return to work after the STD 24 week maximum period is exhausted, may be transitioned to Long Term Disability (LTD).
- Benefits may be reduced by other income.

Principal | Customer Service: (800) 245-1522 | www.principal.com

Long Term Disability

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

Long Term Disability (LTD) Benefits

- LTD provides a benefit of 60% of employee's monthly earnings up to a benefit maximum of \$7,000 per month.
- Employee must be disabled for 180 consecutive days prior to becoming eligible for benefits (known as the elimination period).
- Benefits will begin on the 181st 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 is determined based on age at the time of disability.
- Benefits may be reduced by other income.

Madison National Life

Customer Service: (800) 356-9601 | www.madisonlife.com

Supplemental Insurance

Guardian

Guardian offers a variety of voluntary supplemental insurance plans that may be purchased separately on a voluntary basis and premiums paid via payroll deduction. Guardian pays money directly to employee, regardless of what other insurance plans the employee may have. To learn more about these plans, contact Guardian's customer service.

Accident Insurance

Compliments employee's major medical and disability coverage by providing a lump-sum benefit that the employee can use to pay the direct and indirect costs related to an accident such as severe burn, broken bone, or emergency room visit.

24 Payroll Deductions

Per Pay Period Rate

	Basic	Advantage
Employee	\$1.81	\$3.49
Employee + Spouse	\$3.30	\$6.34
Employee + Child(ren)	\$3.28	\$6.31
Employee + Family	\$4.77	\$9.15

Hospital Indemnity Insurance

Helps offset the out-of-pocket costs associated with a hospital stay if employee suddenly becomes sick or injured.

24 Payroll Deductions

Per Pay Period Rate

Tier of Coverage	Low	High
Employee	\$3.37	\$6.75
Employee + Spouse	\$6.62	\$13.26
Employee + Child(ren)	\$6.10	\$12.21
Employee + Family	\$10.38	\$20.76

Critical Illness/Cancer Insurance

Compliments employee's major medical coverage by providing a lump-sum benefit that the employee can use to pay the direct and indirect costs related to a covered critical illness, which can often be expensive and lengthy. Covered critical illnesses include Benign Brain Tumor, Skin Cancer, Heart Failure, Stroke, Type 1 Diabetes, and more.



Supplemental Insurance *(Continued)*

Monthly Rate (Rate Per \$1,000 of Benefit)

Age Bracket	Preferred	Non-Preferred
< 30	\$0.24	\$0.36
30-34	\$0.37	\$0.57
35-39	\$0.51	\$0.81
40-44	\$0.81	\$1.32
45-49	\$1.17	\$1.99
50-54	\$1.60	\$2.66
55-59	\$2.06	\$3.44
60-64	\$2.51	\$4.24
65-69	\$2.84	\$4.85
70-99	\$3.38	\$5.85

Guardian | Customer Service: (800) 541-7846 | www.guardianlife.com

Legal

MetLaw

The County offers employees an opportunity to participate in a voluntary legal insurance program provided by MetLife. When employees enroll, the plan covers the employee, the spouse, and dependent children up to age 26 (unmarried, living at home or full-time student), all for the cost of one person.

The services available include:

- ✓ Identity Theft Defense
- ✓ Personal Bankruptcy
- ✓ Real Estate Assistance
- ✓ Foreclosure
- ✓ Estate Planning
- ✓ Living Will
- ✓ Adoption
- ✓ Name Change
- ✓ Civil Lawsuits
- ✓ Small Claims Assistance
- ✓ Traffic Tickets
- ✓ Power of Attorney
- ✓ And much more

Employee and eligible dependents can receive legal assistance with no waiting periods, no deductibles and no claim forms, when using an in-network attorney for a covered matter. Employee can choose one from MetLife's prequalified attorneys, or use an attorney outside of the network and be reimbursed some of the cost.

Premium Schedule	Monthly Cost
MetLife Legal	\$21.00

MetLaw | Customer Service: (800) 821-6400 | www.members.legalplans.com

Q & A

Claims, Billing & Benefit Assistance

If employees have questions on claims, receive bills from providers which they do not understand or would like general information on any of the employee benefits provided, please contact the Gehring Group Service Team.

The Gehring Group Service Team works directly with the County and its employees to provide claims and benefits service and will assist employees with their concerns. Please remember this is in addition to the County's Human Resources and is not replacing assistance employee may need from Human Resources.

Employee may contact a claims specialist by:

1. Email: walton@gehringgroup.com

Please include your name, contact information and a brief description of the issue. A Gehring Group Claims Specialist will respond via email or phone call to gather additional information.

OR

2. Call: (800) 244-3696

When calling, please identify yourself as an employee of Walton County and ask to speak to a Claims Specialist or another member of the County's designated team to assist with questions or concerns.

Office hours are Monday through Friday, 8:30am – 5:00pm EST. If calling after office hours, please leave a message indicating you are a Walton County employee who would like to speak to a Claims Specialist. Please leave full name, contact information and a brief message and a Claims Specialist will be in contact with you the following business day.

At the Gehring Group, our goal is to be your advocate and ensure issues are resolved as quickly as possible.



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

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FINAL Revised
Last Modified: August 28, 2024 10:31 AM