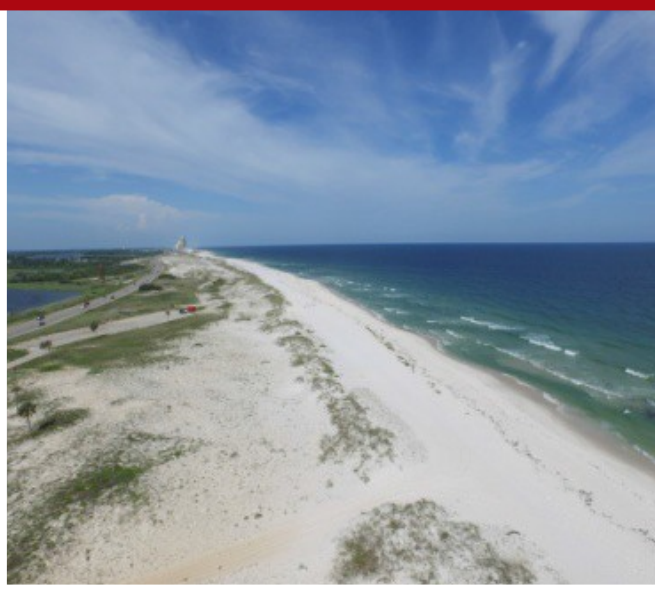
2020

EMPLOYEE BENEFIT GUIDE



BALDWIN COUNTY COMMISSION

Introduction:

We at Baldwin County are committed to providing employees with a benefits program that is both competitive and comprehensive . Our program offers a broad range of plan options to meet the needs of our diverse workforce. We know that your benefits are important to you and your family. This program is designed to assist you in providing for the health, well–being and financial security of you and your covered dependents. Helping you understand the benefits Baldwin County offers is important to us and that is why we have created this Employee Benefits Guide.

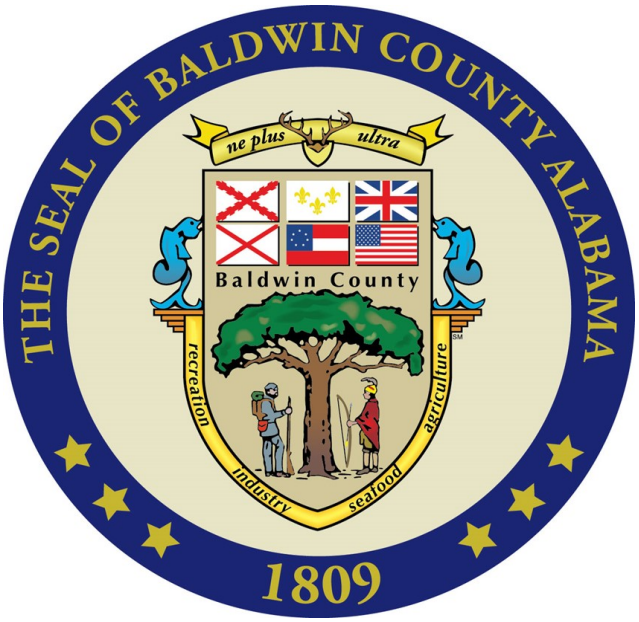


Table of Contents:

Benefits Eligibility	3
2020 Health Insurance Rate Grid	4
Medical Plan Benefits	5
Symbol CareClinics	7
Employee Assistance Program (EAP)	8
Dental Plan Options	9
Vision Plan	11
Flexible Spending Account (FSA)	12
Basic & Voluntary Life/AD&D	13
Short Term Disability (STD)	15
Long Term Disability (LTD)	16
Retirement Plan Options	17
2020 Holidays & Vacation Policy	18
Carrier Contacts & Additional Benefits	19

Benefits Guide Overview:

This guide provides a general overview of your benefit choices to help you select coverage that is right for you. Of course with choice, comes responsibility and planning, so please take time to read about and understand the benefit plan, and enroll on time. Included in this guide are summary explanations of the benefits and costs, as well as contact information for each provider.

It is important to remember that only those benefit programs for which you are eligible and have enrolled in apply to you. This guide is not intended to cover all provisions of all plans but rather is a quick reference to help answer most of your questions. You can obtain full policy documents from Human Resources for complete plan details. We hope this guide will give you a clear explanation of your benefits and help you be better prepared for the enrollment process.

Benefits Eligibility:

When Benefits Begin:

Most of the benefits described herein begin on the first day of the month following 30 days of full-time employment with Baldwin County.

Active part time employees may be eligible for some of the benefits listed in this guide. Contact the Personnel Department to inquire.

Eligible Dependents are:

- Your legal or common law spouse (common law MUST be prior to 1-1-17 to be eligible)
- Your children up to age 26 (including stepchildren, foster children, adopted children, and children placed with you for adoption)
- Children over age 26 who are physically or mentally unable to care for themselves

Change in Status:

Due to IRS regulations, once you have made your elections for 2020, you cannot change your benefits until the next Annual Enrollment Period. The only exception is if you have a qualified change in family status. Election changes must be consistent with your status change. If you experience one of the following qualified events, you will have the option of changing your benefits. You must notify the Personnel Department at Brittany.vaughn@baldwincountyal.gov within **30 days** of your qualifying event. You will also need to provide proof of the change, such as a marriage certificate or record of birth.

Qualifying Events:

- Marriage, legal separation or divorce
- Birth or adoption of a child
- Change in employment status (including spouse)
- Change in a dependent's benefits eligibility status (e.g., a dependent child exceeding the maximum age for coverage)
- A significant change in the cost or coverage of your spouse's benefits
- Loss of a dependent (death)

Annual Enrollment

Employees can change their benefit elections during our Annual Enrollment Period, **October 14, 2019 to November 15, 2019.**

Employees may also increase their supplemental life coverage (up to 2 increments without EOI) and/or enroll in other available voluntary benefits. Some of these will require submission of Medical Evidence of Insurability.

Any changes made during this period are effective on January 1, 2020 (or the date EOI is approved).

2020 Health Insurance Rates:

See 2020 medical premiums below. For bi-weekly payroll, benefits are based on 24 pay periods even though you are paid 26 times a year. Therefore, your last May & October 2020 paychecks will not have deductions.

*1 participant = employee OR spouse completed health incentive program

**2 participants = employee AND spouse completed health incentive program

Medical Tier Elected		Total Monthly Premium	County Contribution	Employee Contribution	Bi-Weekly Deduction
Wellness Rates (Participated in Biometric Screening & completed 2019 wellness coaching as required)					
Active Employees	Single	$575.00	$473.00	$102.00	$51.00
	Family (1 participant)*	$1,431.00	$1,016.00	$412.00	$206.00
	Family (2 participants)**	$1,431.00	$1,049.00	$382.00	$191.00
Retirees (25)	Single	$575.00	$475.00	$100.00	N/A
	Family (1 participant)*	$1,431.00	$445.00	$986.00	N/A
	Family (2 participants)**	$1,431.00	$475.00	$956.00	N/A
Retirees (30)	Single	$575.00	$575.00	$0.00	N/A
	Family (1 participant)*	$1,431.00	$545.00	$886.00	N/A
	Family (2 participants)**	$1,431.00	$575.00	$856.00	N/A
Non-Wellness Rates (Non-participation in Biometric Screenings or did NOT complete 2019 coaching)					
Active	Single	$575.00	$443.00	$132.00	$66.00
	Family	$1,431.00	$985.00	$442.00	$221.00
Retiree (25)	Single	$575.00	$445.00	$130.00	N/A
	Family	$1,431.00	$415.00	$1,016.00	N/A
Retiree (30)	Single	$575.00	$545.00	$30.00	N/A
	Family	$1,431.00	$515.00	$916.00	N/A

Health Insurance Overview:

BLUE CROSS & BLUE SHIELD OF ALABAMA

GROUP #: 42257 / WWW.BCBSAL.ORG / 1-800-810-BLUE (2583)

Baldwin County provides all eligible employees and retirees the opportunity to enroll in the group's Blue Cross Blue Shield of Alabama's medical plan. Healthcare insurance is designed to provide you and your eligible dependents with financial protection again the high costs associated with health care and prescription drugs for any potential illnesses or injuries.

The Preferred Provider Organization (PPO) Plan Baldwin County offers allows you to choose from a large list of participating providers for all of your health care needs. You may access a list of providers for covered services by visiting the BCBS website at www.bcbsal.org.

Benefits	In-Network	Out-of-Network
Calendar Year Deductible		
Individual	$500	
Family	$1,500	
Out-of-Pocket Maximum		
Individual	$6,250	
Family	$12,500	
Hospital Services		
Inpatient Hospital Facility	$300 deductible per admission	$600 deductible per admission, then covered at 80%
Emergency Room Care	Accident: Covered 100% / Medical Emergency: $200 copay per visit	
Outpatient Services		
Outpatient Surgery	$100 copay	In Alabama, out-of-network facilities are not covered
Urgent Care	$75 copay	50% coinsurance
Physician Office Visits		
Preventive Care	Covered 100%	Not Covered
Office Visits	Primary Care: $40 copay Specialist: $50 copay	50% coinsurance
Diagnostics/Imaging	Covered 100%	50% coinsurance

Benefits	In-Network	Out-of-Network
Mental Health, Behavioral Health, or Substance Abuse Services		
Inpatient Services	All services covered 100%	50% coinsurance
Outpatient Services	EPS: covered 100%; All other MNSA services: $50 copay	50% coinsurance
Prescription Drug Benefits		
Tier 1 (Generic)	$15 Copay	Not Covered
Tier 2 (Preferred Brand)	$40 Copay	Not Covered
Tier 3 (Non-Preferred Brand)	$60 Copay	Not Covered
Tier 4 (Specialty)	$100 Copay	Not Covered
Other Covered Services		
Ambulance Services	80% coinsurance	
Home Health Care & Hospice Services	Covered 100%	In Alabama, out-of-network services are not covered
Skilled Nursing Care	Not Covered	
Durable Medical Equipment	20% Coinsurance	50% Coinsurance
Rehabilitation & Habilitation Services (Each service has a combined maximum of 30 visits per year for occupational, physical & speech therapy) *Children ages 0-18 with autistic diagnosis are allowed unlimited therapy visits per year	20% Coinsurance	50% Coinsurance

AirMedCare is an air ambulance service provided to all eligible employees and dependents due to Baldwin County's partnership with AirMedCare. AirMedCare Network is a nationwide alliance of affiliated air ambulance providers. In the event you are involved in an accident or medical emergency that requires air lifting or transportation, you will not be responsible for any additional out-of-pocket costs that BCBS of AL does not cover.

Symbol Health Care Clinics:

As an employee of Baldwin County, you and your family have exclusive access to any Symbol Health Clinic **AT NO COST TO YOU!** Symbol Health Clinics provide easy access to primary care, preventive care, and ongoing health management.

What to expect from your Symbol CareClinic:

- EASY ACCESS to primary care, disease management and wellness services
- ZERO COPAYS for all visits!
- ONSITE distribution of generic prescriptions, insulins, & non-controlled substances
- Preventive immunizations and vaccinations
- Wellness coaching with personal Health Coach!
- 100% CONFIDENTIAL. Your personal information is never shared with your employer.
- Walk-ins welcome, appointments preferred.
- Open to all Employees and Families (2 years & above) on the Baldwin County Health Plan.
- Multiple locations, all benefits the same at each CareClinic.

Symbol Health CareClinic Locations:

Bay Minette CareClinic
324 Courthouse Square
Bay Minette, AL 36507
251-580-2555 or BCBMclinic@symbolhealth.com

Robertsdale CareClinic
22259-A Palmer Street
Robertsdale, AL 36567
251-970-4075 or BCRclinic@symbolhealth.com

Gulf Shores CareClinic
204 West 19th Ave
Gulf Shores, AL 36542
251-968-9820 or obgs@symbolhealth.com

Mobile CareClinic
3765-B Government Blvd
Mobile, AL 36693
251-459-6450 or central@symbolhealth.com

Foley CareClinic
230 East Orange Ave
Foley, AL 36535
251-943-6166 or foley@symbolhealth.com

CareClinic Services Include:

Acute / Minor Care

- Respiratory Care: Allergies, Bronchitis, Colds, Flu, Sinus Infections, Strep Throat, Cough, Sore Throat
- Fractures: X-Rays, Splinting, Orthopedic Referrals
- Ear Aches, Ear Infections, Pink Eye, Fluorescein Eye Stain, Styes, Etc.
- Cuts: Minor Laceration Closure, Minor Incision & Drainage of Abscess
- Digestive & Urinary: Bladder Infection, Diarrhea, Nausea, Urinary Tract Infection, Vomiting, Etc.

Preventive Health Care

- Office Visit: Annual Exam & Testing (Age Specific)
- Vaccinations: Flu shots, Injectable Antibiotics, Tetanus, Cortisone-Steroid Shots, Upper Respiratory, Etc.

Routine Primary Care

- Routine Physicals: Sports, Camp, College, Basic
- Blood Pressure, BMI, Chronic Disease Management
- Lab & Testing: Comprehensive Assessment Screening Panels (Lipid Profile, Glucose, Kidney/ Liver Function, etc.)

Employee Assistance Program (EAP):

BEHAVIORAL HEALTH SYSTEMS

WWW.BEHAVIORALHEALTHSYSTEMS.COM / 800-245-1150

Living a healthy, satisfying lifestyle includes your physical health and emotional well-being. However, life can be a challenge as you juggle the demands of work, home, and other obligations. Baldwin County Commission wants to help you achieve balance in your life by providing EAP services through Behavioral Health Systems.

What is an EAP?

An Employee Assistance Program (EAP) is a professional service providing assessment, short-term counseling and referral to appropriate treatment providers or programs when needed. It is a company benefit, provided by your employer **AT NO COST TO YOU!** The BHS National Network is comprised of psychologists and Master's-Level Counselors with all services are covered 100%.

Why use the EAP?

People use the EAP for a variety of reasons. If you are preoccupied with a problem, having ongoing signs of stress, experiencing a major life transition, or simply need an objective point of view - your EAP coverage can assist you with a multitude of difficulties, no matter the situation. Your use of the EAP is completely confidential. In addition to referral for assessment, counseling or medication management, your BHS Care Coordinator can assist you in determining the appropriateness and availability of community resources, such as support groups, that may be beneficial.

Covered EAP Benefits Include:

- **Counseling Services:** All employees and dependents may receive up to **5 visits/consults per year**
- **24/7 Access:** Call BHS at 800-245-1150 any day, any time to speak with a live Care Coordinators
- **Assessment and Referral Services:** Face-to-face or telephonic assessments with outside referral as needed
- **Legal Consultation:** Free, confidential access to experienced attorneys, mediators & legal document specialists. If additional services needed, you will receive a 25% discount off the professional's hourly rate
- **Financial Consultation:** Free consultation with accountants and certified financial professionals for credit issues, debt/budgeting assistance, tax/estate planning & more! 25% discount on additional services
- **Eldercare Assistance:** Support, guidance & planning for aging loved ones
- **Online Services**: Please visit www.behavioralhealthsystems.com to navigate services offered, locate providers in your area, take surveys, and much more. Our online portal has access to thousands of articles and interactive modules involving work/life topics such as emotional well-being, family life, health, financial, legal, personal growth, etc. Some popular items include downloadable will kits, financial calculators, etc.

Dental Insurance:

BLUE CROSS & BLUE SHIELD OF ALABAMA

GROUP #: 42257 / WWW.BCBSAL.ORG / 1-800-810-BLUE (2583)

Baldwin County provides dental programs through Blue Cross Blue Shield of Alabama. Employees have the option to select between two plan design options.

With the BCBS dental plans, you may choose any dentist to provide your oral care; however, if you choose a preferred provider, claims may be paid directly to your dentist at a lower cost to the participant. You may access a list of providers for covered services by visiting the BCBS website at www.bcbsal.org. Identification cards will be provided to all enrolled participants.

Summary of Benefits	Option I - With Ortho	Option II - Non-Ortho
Calendar Year Deductible		
Individual Deductible	$50	
Family Deductible	$150 aggregate per family	
Calendar Year Maximum		
Plan Maximum	$2,000	
Diagnostic and Preventive Services		
• Dental Exams up to 2x per year • Full Mouth X-Rays, one set during any 36 month period • Bitewing X-Rays, up to 2x per benefit period • Other dental X-Rays, used to diagnose a specific condition • Routine cleanings, 2x per benefit period • Tooth sealants on teeth numbers 3, 14, 19, and 30, limited to one application per tooth each 48 months. Benefits are limited to a maximum payment of $20 per tooth. Limited to the first permanent molars of children through age 13. • Fluoride for children under 18, 2x per benefit period • Space maintainers (not made of precious metals) that replace prematurely lost teeth for children through age 18.	Covered at 100%, Not subject to the deductible	
Restorative Services		
• Fillings made of silver amalgam and synthetic materials • Simple tooth extractions • Direct pulp capping, removal of pulp and root canals • Repairs to removable dentures • Emergency treatment for pain	Covered at 80%, Subject to the deductible	

Summary of Benefits	Option 1 - With Ortho	Option II - Non-Ortho
Supplemental Services		
• Oral surgery for tooth extractions and impacted teeth • General anesthesia given for oral or dental surgery. This means drugs injected or inhaled for relaxation or to lessen pain, or to make unconscious, but not analgesics, drugs given by local infiltration, or nitrous oxide • Treatment of the root tip of the tooth including its removal	Covered at 80%, Subject to the deductible	
Prosthetic Services		
• Full or partial dentures • Fixed or removable bridges • Inlays, onlays, or crowns to restore diseased or accidentally broken teeth, if less expensive fillings are not adequate	Covered at 50%, Subject to the deductible	
Periodontic Services		
• Periodontic exams 2x each 12 month period • Removal of diseased gum tissue and reconstructing gums • Removal of diseased bone • Reconstruction of gums and mucous membranes by surgery • Removing plaque and calculus below the gum line for perio-dontal disease	Covered at 50%, Subject to the deductible	
Orthodontic Services		
• Coverage ONLY for dependent children up to age 26 • Limited to a lifetime maximum of $1,000 • $50 orthodontic lifetime deductible	Covered at 50%, subject to $50 orthodontic deductible	Not Covered

2020 Dental Rates	Monthly Premium	Bi-Weekly Payroll Deduction (24 deductions per year)
Single - Both Plans	$23.00	$11.50
Family - Option I (Ortho)	$85.00	$42.50
Family - Option II (Non-Ortho)	$68.00	$34.00

Vision Insurance:

METLIFE (VSP NETWORK)

GROUP #: 5966211 / WWW.METLIFE.COM/MYBENEFITS / 855-638-3931

Baldwin County offers voluntary vision coverage through MetLife, who uses the VSP (Vision Services Plan) Network. You get the most from your vision benefits and pay less out-of-pocket when you visit an in-network eyecare provider. See overview of benefits & rates below:

Summary of Benefits	In-Network	Out-of-Network
Routine Vision Services (1 per 12 months) • Exam • Retinal Imaging	$10 Copay Up to $39 Copay Max	$45 Allowance Applied to Exam Allow.
Materials (1 per 12 months) • Single Vision / Bifocal / Trifocal / Lenticular Lenses	$10 Copay for all	Allowance up to: $30 / $50 / $65 / $100
Frames (1 per 12 months) • Retail (20% discount on amount over allowance) • Costco, Walmart & Sam's Club	$150 Allowance $85 Allowance	$70 Allowance $70 Allowance
Contact Lenses (1 per 12 months) • Fitting & Evaluation • Elective Contacts • Medically Necessary Contacts	$60 Copay Max $150 Allowance Covered 100%	Applied to Allowance $105 Allowance $210 Allowance
Laser Vision Correction • Includes PRK, LASIK & Custom LASIK surgery	Average savings of 15% off regular price or 5% off promotional offer	Not Available
Lens Enhancements • Ultraviolet Coating & Polycarbonate for Children • Progressive Standard / Premium / Custom Lenses • Polycarbonate for Adults: Single / Multi-Vision • Scratch Resistant / Anti-Reflective Coating • Tints: Single / Multi-Vision • Photochromatic Lenses	Covered 100% $55 / $95-$105 / $150-$175 $31 / $35 Copays $17-$33 / $41-$85 Copays $17-$34 / $17-$44 Copays $47-$82 Copays	$50 Allowance for all
Vision Election Tier	**Monthly Rates**	**Bi-Weekly Deduction**
Single	$9.19	$4.60
Employee + 1	$13.33	$6.67
Family	$23.91	$11.96

Flexible Spending Account (FSA):

FLORES & ASSOCIATES, LLC

GROUP #: 10002800 (MEDICAL) & 10002807 (DEP CARE) / WWW.FLORES247.COM / 1-800-532-3327

Baldwin County offers Flexible Spending Account (FSA) benefits that allow you to save money on your eligible health care and/or dependent care expenses every year by using pre-tax dollars. This is the only benefit election that does not automatically roll over, your FSA contribution must be re-elected every year. Enrollment forms will be available at the Annual Health & Wellness Fair or you can obtain coverage information/ enrollment forms by contacting Human Resources.

How it Works:

How the FSA Works – Upon enrollment, you choose the dollar amount you want to contribute based on your estimated upcoming Plan Year expenses, up to **$2,700.** Your contributions will be deducted in equal amounts from 24 paychecks, pre-tax, throughout the Plan Year.

Reimbursements and the Debit Card – As you incur eligible expenses, you may submit a request for reimbursement through Flores's website, text message, mobile app, fax, or mail. For additional convenience, you will be issued a Debit Card to directly access your flexible spending account funds when paying for eligible expenses at the point of purchase. This eliminates the need for requesting a reimbursement. Keep in mind that some purchases will always require additional substantiation as most Doctor's offices, Hospitals, Dental Providers, and some Drug Stores do not utilize the Inventory Information Approval System (IIAS). Make sure you keep your receipts for verification purposes.

FSA Eligible Expenses – Flexible spending account FSA funds may only be used for eligible expenses under your healthcare FSA and/or dependent care FSA. Some eligible expenses include: medical care, dental care and vision care expenses. Complete lists of eligible and non-eligible expenses can be found by visiting www.irs.gov.

Lower your taxable income by paying for your health care and dependent care expenses with pre-tax dollars!!

Dependent Care FSA:

The Dependent Care FSA enables you to pay for out-of-pocket qualified daycare expenses that allow you and your spouse to work or attend school full time. Two parent households can **only** utilize Dependent Care Reimbursement flexible spending accounts if **both** parents work outside of the home.

Qualified Dependent Care arrangements include:

- Dependent (Day) Care centers
- Educational Institutions for pre-school children
- An "Individual" who provides care inside or outside your home (with appropriate licensing and Tax ID number)
- After School Care

You may contribute up to $5,000 to your Dependent Care FSA for 2020 if you are married filing a joint tax -return or you are head of the household. You and your spouse may each contribute up to $2,500 if you are married and filing separate tax-returns.

The IRS requires that you substantiate:

- Dates of Service
- Dollar amount incurred
- Day-care provider name
- Day-care provider signature

Please Note: Day-care expenses must be incurred (not just paid) in order to receive reimbursement. If you prepay day-care, please submit only as incurred. (For example, day care expenses that you paid in January, for February services should be submitted for reimbursement in February.)

Basic Life/AD&D Coverage:

METLIFE

GROUP #: 5966211 / WWW.METLIFE.COM/MYBENEFITS

Baldwin County provides you with Basic Life/AD&D insurance, and is paid 100% by the County. This coverage is designed to help protect your family or other beneficiary from a loss of income in the event of your death. Benefits are also paid to you if you suffer a loss of a member (hand, foot or eye) due to an injury as a result of a covered accident.

The basic life insurance coverage is equal to $30,000. You are also provided with basic Accidental Death and Dismemberment (AD&D) insurance in the amount equal to your basic life coverage. Benefits will reduce as follows: 35% at Age 65, 60% at Age 70, 80% at Age 75. Benefits terminate upon retirement.

To obtain a full policy document, please contact the Personnel Department.

Voluntary Life/AD&D Coverage:

METLIFE

GROUP #: 5966211 / WWW.METLIFE.COM/MYBENEFITS / 1-800-438-6388

In addition to your employer paid life insurance, eligible employees (full-time, active employees working at least 30 hours/week) are allowed to purchase additional Term Life and Accidental Death & Dismemberment (AD&D) insurance for yourself and your eligible dependents on a voluntary basis (100% employee paid) through MetLife. See overview of voluntary life benefit options below:

Employee Benefit	May elect benefit amount in $10,000 increments up to $500,000 or 7x Annual Salary. Amounts over $250,000 (unless approved prior to 1/1/20) will require an Evidence of Insurability (EOI) Form.
Spouse Benefit	If employee is enrolled, spouses are eligible to elect a benefit amount in $5,000 increments up to $250,000; The elected amount cannot exceed the employee's vol life benefit. Amounts over $50,000 (unless approved prior to 1/1/20) require an EOI.
Child Benefit	If employee is enrolled, you may elect coverage for eligible children. Children 15 days to 6 months have a $1,000 benefit. Children 6 months to 26 years can elect a benefit amount of $1,000, $2,000, $4,000, $5,000 or $10,000.

Benefits are subject to age-based reductions, as follows: Age 65 - 35% reduction / Age 70 - 50% / Age 75 - 65% / Age 80: 80% / Benefits terminate at retirement.

Voluntary Life rates are age-banded and can be found in the rate table on page 11. To obtain a full policy document, please contact the Personnel Department.

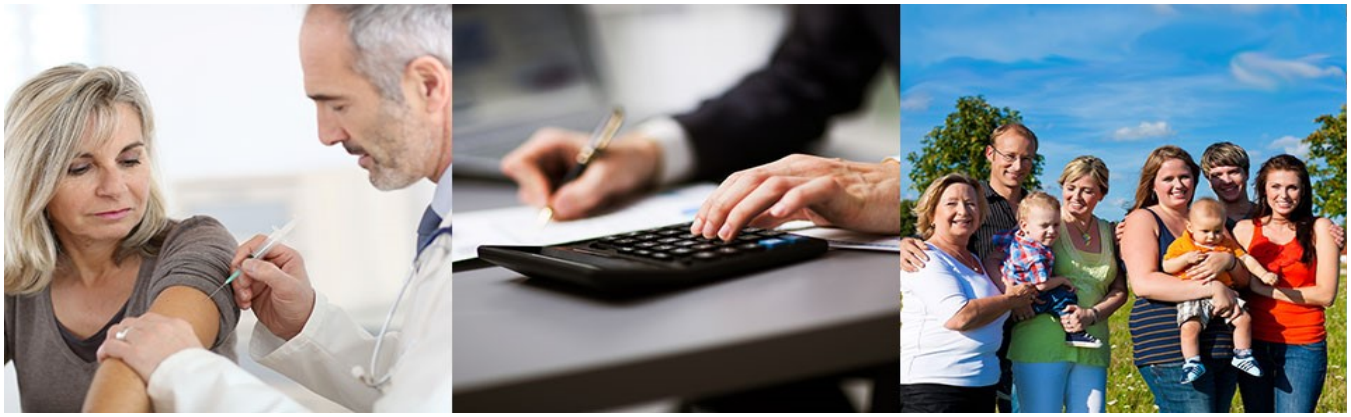
2020 Voluntary Life/AD&D Rates:

The monthly rates you pay for Voluntary Life/AD&D insurance coverage are based on the Employee's age for both employee & spouse coverage. All children have a flat rate regardless of age & number of children covered. Premiums are paid through payroll deductions on an after-tax basis. Your cost automatically adjusts each year in January to reflect the age-banded rates listed below.

Age Band	Employee & Spouse Rates *Rates are per $1,000 of coverage
< 29	$0.060
30 - 34	$0.060
35 - 39	$0.090
40 - 44	$0.123
45 - 49	$0.187
50 - 54	$0.297
55 - 59	$0.552
60 - 64	$0.660
65 - 69	$1.270
70 +	$2.108
Child Rate	$0.240
AD&D	$0.030

Example: 35-Year-Old Electing $80,000 in Optional Life Coverage	
Step 1	Find your age bracket in the rate grid to the left.
Step 2	Multiply the number of thousands of voluntary life coverage that you wish to elect, multiplied by the applicable age-banded rate to determine monthly premium. *Note: rates are based per $1,000 of coverage **Vol Life: 80 x $0.09 = $7.20 / month** **AD&D: 80 x .03 = $2.40 / month**
Step 3	Multiply the total monthly premium by 12 months, then divide it by 24 pay periods to determine your cost per payroll deduction: **Ex: $9.60 x 12 = $115.20 ÷ 24 = $4.80 per pay period**

*Note: AD&D coverage is automatic with Voluntary Life coverage. The AD&D rate is the same for employees, spouses & children.



Short-Term Disability:

METLIFE

GROUP #: 5966211 / 1-800-438-6388

Voluntary short-term disability (STD) insurance provides income protection for employees who are unable to work due to personal illness or injury. Employees participating in the plan may receive disability earnings from MetLife due to an eligible illness or injury. This is a voluntary benefit and therefore 100% employee-paid if elected. Please see an overview of the STD benefits & rates below:

Overview of STD Coverage	
Benefit	60% of your pre-disability earnings up to $500 per week
Elimination / Benefit Period	30 days for sickness or accident / 22 week maximum
Definition of Disability	Due to an eligible sickness or accidental injury, you are unable to earn more than 80% of pre-disability earnings at your own occupation for any employer.
Limitations	3/12 Pre-Existing Condition Limitation
Temporary Recovery	If you return to work after completing the elimination period, then become disabled again due to the same or related condition within 50 days or less, you will not be subject to completing a new elimination period.
Additional Benefits	Rehabilitation Program (10%), Return-to-Work, Family Care ($100), & Moving Expense Reimbursement Incentives; Organ Donor Benefit (10%)

Age	Rates per $10
< 29	$0.307
30-34	$0.292
35-39	$0.277
40-44	$0.285
45-49	$0.322
50-54	$0.367
55-59	$0.457
60-64	$0.555
65+	$0.630

Example: 35 Year Old – Electing STD	
Step 1	Annual Salary ÷ 52 x 60% = Weekly Benefit **$50,000 ÷ 52 x .60 = $500 ($500 max)**
Step 2	Find your age and rate in the chart to the right
Step 3	Multiply your rate by your weekly premium and divide by 10 to determine monthly premium **$0.277 x $500 ÷ 10 = $13.85 per month**
Step 4	Multiply your premium by 12 and then divide it by the number of pay periods (24) to determine the cost per pay period. **$13.85 x 12 ÷ 24 = $6.93 per pay period**

Long-Term Disability:

METLIFE

GROUP #: 5966211 / WWW.METLIFE.COM/MYBENEFITS / 1-800-438-6388

Long-term disability (LTD) benefits provide you with a percentage of your income if you become disabled due to a covered accident or illness for an extended period of time. Baldwin County provides LTD coverage for all eligible employees AT NO COST TO YOU!

The LTD coverage pays a benefit to replace a portion of the earnings you lose as a result of your disability. If your disability is permanent, this benefit may continue until you reach normal retirement age. Benefits will be coordinated with any Social Security benefit you may receive. Please see an overview of the LTD benefits below. To receive a copy of full policy documents, please contact the Personnel Department.

Overview of LTD Coverage	
Benefit	50% of pre-disability earnings up to $5,000 per month
Elimination Period	180 days or until the end of you STD benefit period maximum
Definition of Disability	Due to an eligible sickness or accidental injury: A) First 24 months: You are unable to earn more than 80% of pre-disability earnings at your OWN occupation for any employer B) After 24 months: You are unable to earn more than 60% of pre-disability earnings from ANY occupation for which you are reasonably qualified for based upon your training, prior education & experience.
Maximum Benefit Period	To Social Security Normal Retirement Age (SSNRA) with benefit duration scale (see plan booklet for details)
Temporary Recovery	If you return to work BEFORE completing the Elimination Period then become disabled again due to the same or related condition within 60 days, you are not subject to completing a new elimination period. If you return to work AFTER completing the elimination period and you become disabled again due to the same or related condition within 180 days, you are not subject to a new elimination period.
Limitations	3/12 Pre-Existing Condition Limitation; 24-month limitation for: Mental/Nervous Disorders; Chronic Fatigue Syndrome; Neuromuscular, Musculoskeletal or Soft Tissue Disorders; Fibromyalgia; Alcohol, Drug, Substance Abuse & Addiction
Other Provisions	Includes, but is not limited to: Waiver of Premium, Survivor Benefit, Rehabilitation Incentive, Return-to-Work Incentive, Family Care Benefit, Moving Expense Benefit, Zero Day Residual, Continuity of Coverage, Indexing of pre-disability earnings, & much more! See full policy document for additional details.

Employee Retirement System (ERS/RSA)

The ERS is a defined benefit plan for employees of the State of Alabama. Participation in this plan is mandatory and the % required for contribution is based on your member status. The amounts below are matched by Baldwin County Commission. Members will be fully vested in their benefit after accumulating 10 years of creditable service.

Employee Contribution Rate	Tier 1 Employee	Tier 2 Employee
Regular Employee	7.50%	6.00%

Deferred Compensation Plans

Baldwin County offers two deferred compensation plans, sometimes referred to as a 457 plan. These benefits are provided through **RSA-1** and **Nationwide**.

Under a Deferred Compensation Plan, employees may elect to defer receipt of a portion of his or her salary until a later determined date, usually at retirement or other termination of service. Because receipt of the income is deferred, the deferred income is NOT included in your federal or state gross taxable income.

The deferred income is paid into RSA-1/Nationwide account and invested for your benefit. Investment earnings are accumulated in the fund and like the deferred income, are not subject to federal or state income taxation until distributed to the employee. Deferred income and the investment earnings are held in the participant's account for the exclusive benefit of the plan participants and their beneficiaries.

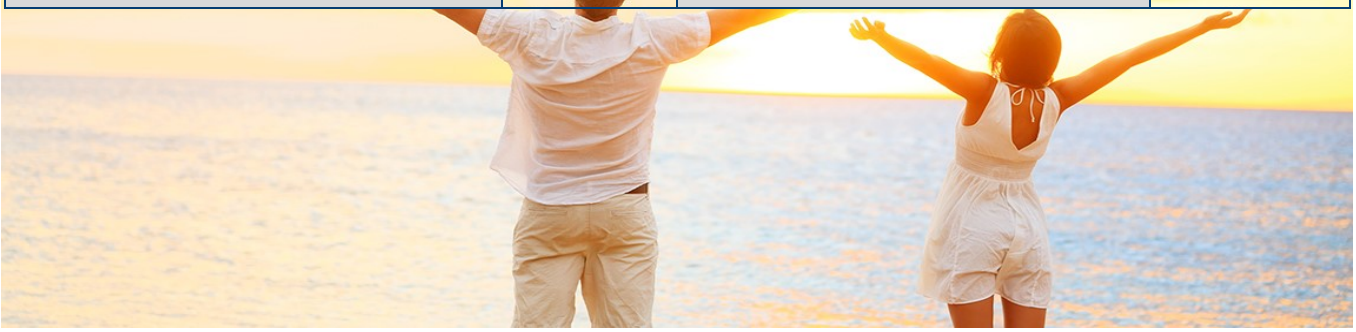
2020 Holiday Schedule:

Holidays Observed by Baldwin County	
New Years Day	Wednesday, January 1, 2020
Martin Luther King Jr.'s Birthday	Monday, January 20, 2020
President's Day	Monday, February 17, 2020
Mardis Gras / Fat Tuesday	Tuesday, February 25, 2020
Good Friday	Friday, April 10, 2020
Memorial Day	Monday, May 25, 2020
Independence Day	Friday, July 3, 2020
Labor Day	Monday, September 7, 2020
Veteran's Day	Wednesday, November 11, 2020
Thanksgiving Holiday	Thursday & Friday, November 26-27, 2020
Christmas Holiday	Thursday & Friday, December 24-25, 2020

Vacation Policy:

Baldwin County Commission provides paid vacation time for full-time employees who have completed the six month probationary period. Baldwin County also provides personal time off (PTO) for part-time employees completed the six month probationary period at a certain rate of pay per hour for a number of hours as defined by the County. Please contact the Personnel Department to see if you qualify.

Employees Hired Before 1/1/2013	Days	Employees Hired After 1/1/2013	Days
0-5 calendar years	12 days	0-5 calendar years	12 days
6-10 calendar years	15 days	6-10 calendar years	15 days
11-15 calendar years	21 days	11-15 calendar years	18 days
Over 15 calendar years	24 days	Over 15 calendar years	21 days



Contact Information:

Please reference this list whenever there is a need to contact one of your benefit vendors. Should you have any questions or concerns, or need additional assistance, please contact the Personnel Department Representative, Brittany Vaughn at: brittany.vaughn@baldwincountyal.gov

Benefit/Provider	Phone	Website/Email
Blue Cross and Blue Shield of Alabama	1-800-292-8868	www.bcbsal.org
Behavioral Health Systems (EAP)	1-800-245-1150	www.behavioralhealthsystems.com
MetLife / VSP (Vision)	1-855-638-3931	www.metlife.com/mybenefits
Flores & Associates (FSA)	1-800-532-3327	www.flores247.com
MetLife (Life & Disability)	1-800-438-6388	www.metlife.com/mybenefits
Symbol Health CareClinics	See Page 14	
Retirement Systems of Alabama	1-877-517-0020	www.rsa-al.gov

Additional Benefits May be Available to You!

Employees also be eligible for the additional benefits listed below. For more information, please contact the Personnel department.

- Aflac Individual Policies
- Fitness Center Discounts
- Jury Duty
- Bereavement Leave
- Military Leave
- Personal Leave
- Tuition Discounts
- Cellular Discounts
- CPOF
- ACPOA
- United Way
- Longevity Pay

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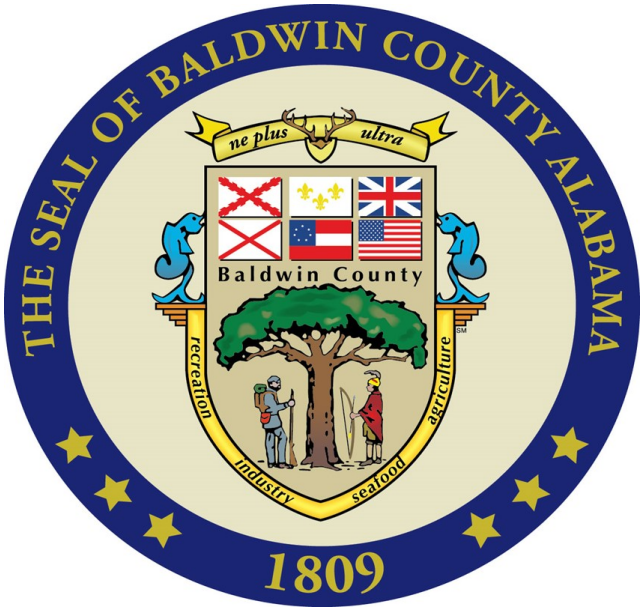

The information in this benefit guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your guide, contact your Personnel Department.