

# Benefits

## OPTIONS AT A GLANCE 2026



# 2026 Insurance Benefits – All plans renew each January

- Medical Renewal – attached separately
- Dental Plans
- Vision Plans
- Employer Paid Benefit Options
- Executive Employer Paid Benefits Options
- Voluntary Life Insurance Plans
- Voluntary Ancillary Benefit Plans
  - Short-term Disability
  - Long-term Disability
- Voluntary Supplemental Benefit Plans
  - Hospital Indemnity
  - Critical Illness
  - Accident
- Other Pre-Tax Benefit Accounts
- Employee Discount Programs
- Aura Identity & Fraud Protection

Benefits are voluntary, include premiums and administration cost at the expense of the electing member and/or employer.

**In Network  
(\$ Copay or % Coinsurance)**

	Renewal Florida Blue BlueCare HMO 54 Florida	Renewal Florida Blue BlueOptions 03768 Florida
Deductible (Individual/Family)	\$5,000 / \$10,000	\$250 / \$750
Coinsurance	30%	0%
Out-of-Pocket Max (Individual/Family)	\$6,350 / \$12,700	\$3,000 / \$6,000
Primary Care	\$40	\$20
Specialist	\$65	\$45
IP Hospital - 3 day admit	30% (AD)	\$700
Surgical - OP Hosp	30% (AD)	\$300
Emergency Room	30% (AD)	\$400
Urgent Care	\$65	\$45
Lab Services	0%	0%
X-Ray Indiv. Facility	\$65	\$50
Complex Medical Imaging	\$200	\$200
Additional Pharmacy Deductible	\$0	\$0
Tier 1 Pharmacy	\$10	\$10
Tier 2 Pharmacy	\$30	\$30
Tier 3 Pharmacy	\$50	\$50
Specialty Pharmacy Benefit Per Script	\$300 (DW)	\$350 (DW)

**Out Of Network**

Deductible (Individual/Family)	N/A	\$1,000 / \$3,000
Out-of-Pocket Max (Individual/Family)	N/A	\$6,000 / \$12,000
Out-of-Network Coinsurance	N/A	50%

**Covered Employees and Rates**

	BlueCare HMO 54	BlueOptions 03768
Employee Only	\$687.85	\$1,200.67
Employee + Spouse	\$1,512.97	\$2,640.83
Employee + Child(ren)	\$1,306.34	\$2,281.53
Family	\$2,132.92	\$3,721.72

**Abbreviation Key:**

AD = After Deductible    DW = Deductible Waived    APD = After Plan Deductible    ARxD = After Rx (Pharmacy) Deductible



# DENTAL PLANS

- EMPLOYEE
- EMPLOYEE + SPOUSE
- EMPLOYEE + CHILDREN
- FAMILY

## DELTA DENTAL DHMO

## MetLife LOW PPO

## MetLife MID PPO

## MetLife HIGH PPO

### OUT OF NETWORK COVERAGE

#### DEDUCTIBLE

In Network / Out of Network

#### ANNUAL BENEFIT MAXIMUM

In Network / Out of Network

#### PREVENTATIVE SERVICES

In Network / Out of Network

#### BASIC SERVICES

In Network / Out of Network

#### MAJOR SERVICES

In Network / Out of Network

#### ORTHODONTICS

No	Yes	Yes	Yes
None	\$25	\$50	\$50
None	1,250	\$1,750	\$5,250
100%	100%	100%	100%
Copay based on service received	50%/50%	80%/50%	80%/80%
Copay based on service received	50%/50%	50%/25%	50%/50%

Available for adults and children

N/A

\$1,500 Max Benefit

\$1,500 Max Benefit

\* Primary Care Dentist Required for all enrolled DHMO

Out of Network providers may balance bill for amounts not covered by insurance. DHMO Primary Care Dentist required for all enrolled – to be selected directly with carrier upon enrollment.



# VISION PLANS

- EMPLOYEE
- EMPLOYEE + SPOUSE
- EMPLOYEE + CHILDREN
- FAMILY

## MetLife LOW PLAN SUPERIOR VISION NETWORK

## MetLife HIGH PLAN VSP NETWORK

\$5.86	\$7.06
\$10.82	\$13.04
\$11.34	\$13.65
\$16.96	\$18.05

- EYE EXAM**  
Copay
- SINGLE VISION**  
Copay
- LINED BIFOCAL**  
Copay
- LINED TRIFOCAL**  
Copay
- LENTICULAR**  
Copay
- FRAMES ALLOWANCE**  
Copay
- CONTACT LENSES**

You pay (after copay, if applicable):

\$10	\$10
\$25	\$25
\$25	\$25
\$25	\$25
\$25	\$25
\$130 + 20% discount on the balance	\$130 + 20% discount on balance
\$130 allowance	\$130 allowance

# Voluntary Life Insurance



**Voluntary Life with Accidental Death & Dismemberment (AD&D):** Provides employees with an opportunity to purchase life insurance for themselves, their spouse, and child(ren). Employees must purchase a policy to purchase coverage for a spouse and/or child(ren).

**Employee:** May purchase \$10,000 increments up to a maximum of \$500,000. Guarantee Issue (GI) Amount: \$200,000. No benefits reduction as an employee ages.

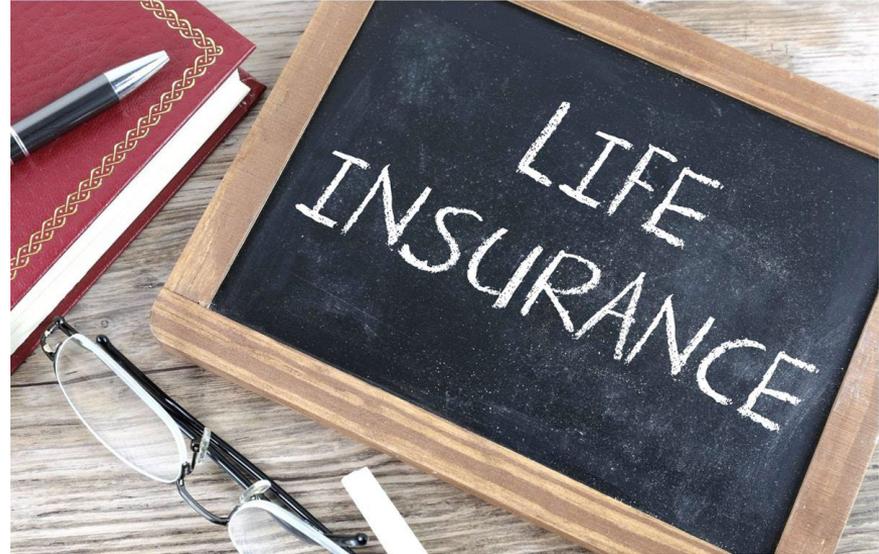
**Spouse:** May elect \$5,000 increments up to \$250,000 not to exceed 50% of the employee's amount. Guaranteed Issued (GI) Amount: \$25,000. No benefits reduction as an employee ages.

**Child(ren):** Birth to 14 days old: \$250; 15 days to 6 months+: \$5,000. 6 months to maximum age \$10,000

# Life Insurance Rate Chart



Employee & Spouse Age Bands	Proposed Rate Per \$1,000
Under 20	\$0.105
20-24	\$0.105
25-29	\$0.105
30-34	\$0.105
35-39	\$0.145
40-44	\$0.215
45-49	\$0.335
50-54	\$0.515
55-59	\$0.725
60-64	\$1.185
65-69	\$2.115
70+	\$19.675



\$2.25 per month premium covers all dependent children regardless of the number of children.

# Voluntary Ancillary Benefits



## Short-Term Disability Insurance

Provides income protection in the event an employee can't work due to an illness, injury, or pregnancy.

- **Benefit:** 60% of weekly earnings up to \$1,500.
- **Elimination period:** 14 days
- **Benefit Duration:** 13 weeks
- **Pre-existing limitation applies:** 3-month lookback and 12-month exclusion period
- **Rate per \$10 of benefit**  
**Employee Cost** \$0.387

## Long-Term Disability Insurance

Provides income protection in the event an employee can't work for an extended period.

- **Benefit:** 60% of monthly earnings up to \$6,000
- **Elimination Period:** 90 days or end of STD  
Maximum period
- **Benefit Duration:**
  - Plan A:** Lesser of Residual benefit duration or two years
  - Plan B:** Residual benefit duration w/ SSNRA
- **Pre-existing limitation applies:** 3-month lookback and 12-month exclusion period
- **Rate per \$100 of covered Payroll:**
  - Plan A:** See Table
  - Plan B:** See Table

Per \$100 of Covered Payroll	Plan A	Plan B
Under 20	\$0.085	\$0.145
20-24	\$0.085	\$0.145
25-29	\$0.085	\$0.145
30-34	\$0.128	\$0.213
35-39	\$0.213	\$0.357
40-44	\$0.332	\$0.476
45-49	\$0.408	\$0.850
50-54	\$0.476	\$0.918
55-59	\$0.927	\$1.267
60-64	\$1.097	\$1.020
65-69	\$1.097	\$1.020
70+	\$1.097	\$1.020

# Voluntary Supplemental Benefits



## Hospital Indemnity Insurance

**Hospital indemnity insurance complements a medical plan by providing cash benefits when a covered employee or dependent needs medical care or hospitalization. Refer to the MetLife plan materials for a list of covered conditions and rates**

Employee	Employee + Spouse	Employee + Child	Family
\$23.51	\$51.05	\$38.57	\$66.10

## Accident Insurance

**Accident insurance is an extra layer of protection that gives you a cash payment to help cover out-of-pocket expenses when you suffer an unexpected, qualifying event. Refer to the MetLife plan materials for a list of covered conditions and rates**

Employee	Employee + Spouse	Employee + Child	Family
\$9.15	\$18.05	\$21.05	\$25.50

\*These plans are not intended to replace medical insurance

# Voluntary Supplemental Benefits



## Critical Illness Insurance

**Critical Illness plans from MetLife pay lump sum cash payments to help with the cost of treating critical illnesses such as stroke, heart attack, and major organ failure. Refer to the MetLife plan materials for a list of covered conditions and rates**

MetLife Critical Illness \$10k				
Age	Employee	Employee + Spouse	Employee + Child	Family
0-29	\$4.20	\$7.20	\$6.50	\$9.60
30-39	\$5.60	\$9.30	\$7.90	\$11.70
40-49	\$9.40	\$15.00	\$11.70	\$17.40
50-59	\$16.50	\$25.50	\$18.80	\$27.80
60-69	\$26.10	\$39.60	\$28.40	\$42.00
70+	\$22.10	\$33.80	\$24.50	\$36.10

MetLife Critical Illness \$20k				
Age	Employee	Employee + Spouse	Employee + Child	Family
0-29	\$8.40	\$14.40	\$13.00	\$19.20
30-39	\$11.20	\$18.60	\$15.80	\$23.40
40-49	\$18.80	\$30.00	\$23.40	\$34.80
50-59	\$33.00	\$51.00	\$37.60	\$55.60
60-69	\$52.20	\$79.20	\$56.80	\$84.00
70+	\$44.20	\$67.60	\$49.00	\$72.20

\*These plans are not intended to replace medical insurance