

2025



Annual Open Enrollment Handbook



October 22 – November 5



TABLE OF CONTENTS

- Accessing Employee Benefits 2
- Benefits Enrollment..... 3
- Enrollment Summary..... 4
- Benefit Plans..... 4
- Enrolling a Dependent..... 5
- Add a New Dependent 5
- Medical..... 7
- Dental..... 9
- Life and County Supplemental Life 11
- County Supplemental Life 11
- Dependent Life..... 13
- Spousal Life 14
- Short-Term Disability..... 16
- Long-Term Disability..... 17
- Flex Spending Health – U.S..... 18
- Flex Spending Dependent Care 20
- Legal Services 23
- Submitting Enrollment 24

ACCESSING EMPLOYEE BENEFITS

1. Enter your **SIM User ID** and **Password**.
2. Click on the **Sign In** button.

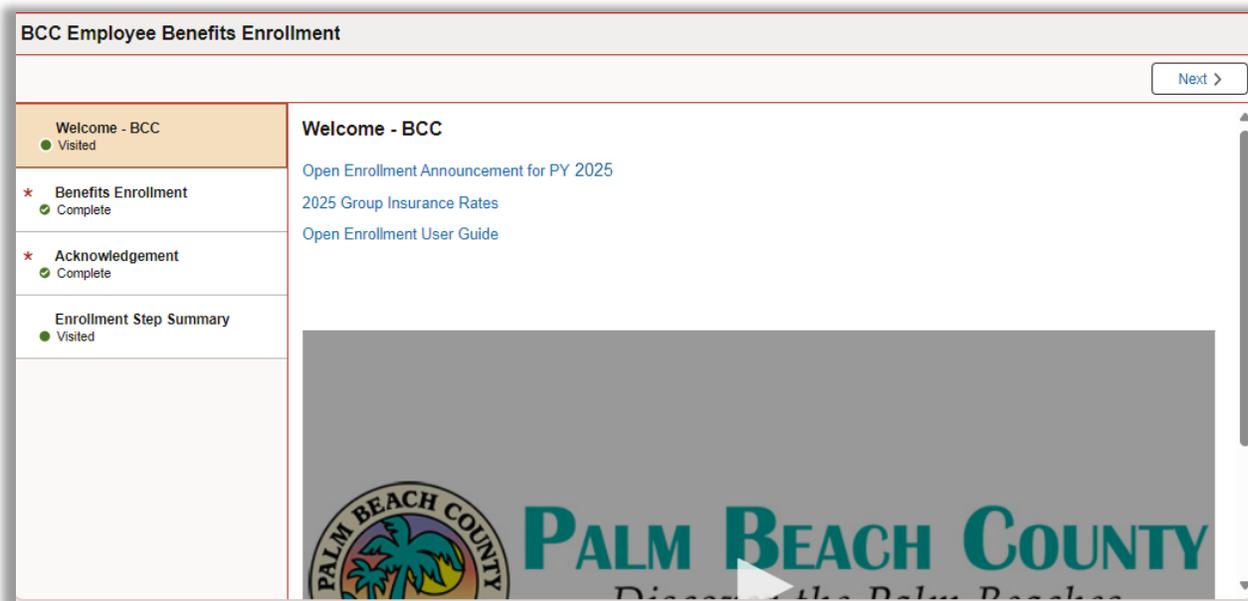
The *Employee Self Service* main page will display:

3. Click on **Open Enrollment** tile. It displays a countdown and deadline to complete your benefit selection.

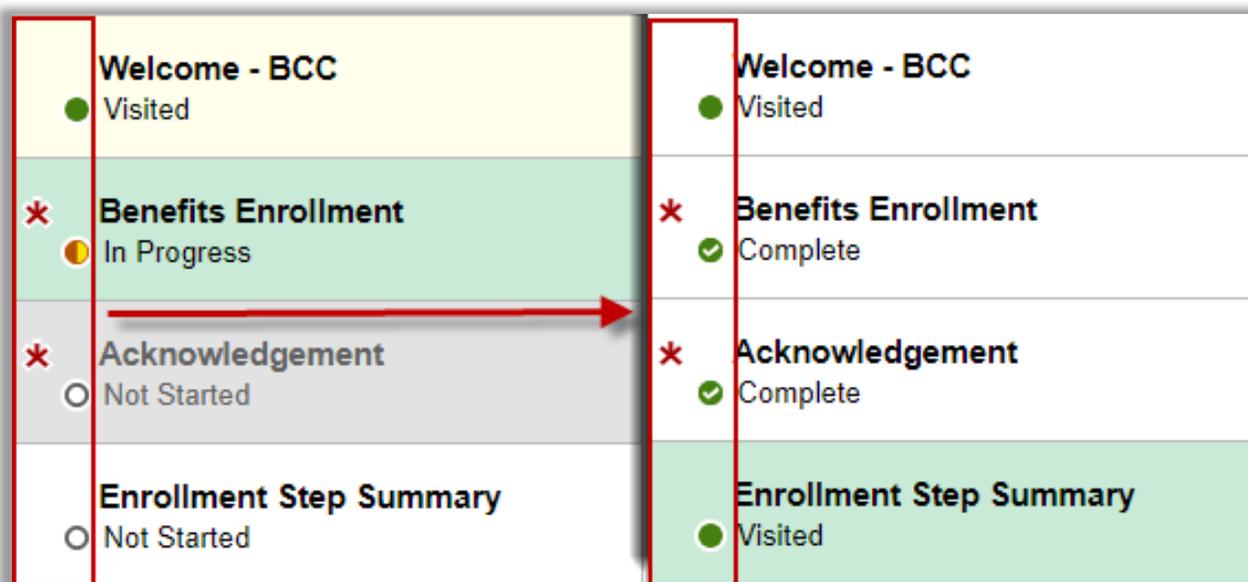
BENEFITS ENROLLMENT

Welcome to the new **BCC Employee Benefits Enrollment** page. Click **Next** to get started

Let's navigate the layout of your **Employee Benefits Enrollment** page.



You must successfully complete each session in order to have your selections properly updated in the system.



ENROLLMENT SUMMARY

This section allows employees to view the total deductions on their paycheck as they update their benefits. Once all selections have been made, employees can Review Enrollment and Submit Enrollment in order to successfully finalize their benefits elections.

Benefits Enrollment

* Indicates required field

The **Enrollment Overview** displays which benefit options are open for edits. **All of your benefit changes will be effective the date of the open enrollment event.**

Enrollment Summary

Your Pay Period Cost **\$142.16**

Status **Submitted** 09/25/2024 11:59AM

*Excess Credit Gross Pay

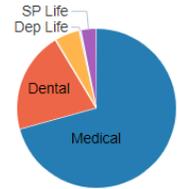
Submit Enrollment

Full Cost **\$142.16**

General Credits **\$0.00**

Plan Credits **\$0.00**

Employer Cost **\$842.97**



BENEFIT PLANS

Below are all the benefits currently available for employee selection. Employees can customize the screen layout to their preference:

Benefit Plans

Tile View

Medical

Current HMO NHP Flex - Pre Tax
New HMO NHP Flex - Pre Tax
Status ✔ **Changed**
2 Dependents

Pay Period Cost \$170.00

[Review](#)

Dental

Current DHMO Pre Tax
New DHMO Pre Tax
Status **Pending Review**
1 Dependents

Pay Period Cost \$9.91

[Review](#)

Benefit Plans

List View

Plan Type	Current	New	Dependents or Beneficiaries	Pay Period Cost	Status	Actions
Medical	HMO NHP Flex - Pre Tax	HMO NHP Flex - Pre Tax	2 Dependents	\$170.00	✔ Changed	Review
Dental	DHMO Pre Tax	DHMO Pre Tax	1 Dependents	\$9.91	Pending Review	Review

Benefit Status Legend:	
Pending Review: needs to be revised	Visited: tile has been accessed, reviewed
Changed: updated benefit selection	Error: needs update related to another selection



ENROLLING A DEPENDENT

1. Click on **Add/Update Dependent** (if necessary).

▼ **Enroll Your Dependents**

Dependents that the employee has registered are listed here. Select the Add/Update Dependent button to view, update or add a new dependent.

Dependents	Relationship
<input checked="" type="checkbox"/> PETER STARK	Child
<input checked="" type="checkbox"/> MORGAN STARK	Spouse

Previously enrolled dependents will appear.

Add/Update Dependent

ADD A NEW DEPENDENT

2. Click on the **Add Individual** button.

Dependent and Beneficiary Information

Add Individual

Name	Relationship	Beneficiary	Dependent
PETER STARK	Stepchild	✓	>
MORGAN STARK	Child	✓	>

3. Enter the following **required fields** for your new dependent:
 - a. Click on the **Add Name** button.
 - b. Enter **First Name** and **Last Name**. ***Required**
 - c. Click **Done**.

Add Individual Dependent/Beneficiary Information Cancel Save

Select Save after you have added your Dependent/Beneficiary's information. The changes will go into effect on 9/30/2024. ** Indicates required field*

Name **A**

Add Name

Name **C** **Done**

B ***First Name**

Middle Name

***Last Name**

Name Suffix

Display Name

Formal Name

Name

Required Fields

Enter the following required fields:

- d. Enter Person Information.
- e. Select **Save**.

Cancel
Add Individual Dependent/Beneficiary Information
E Save

D

Personal Information

Date of Birth

*Gender

*Relationship to Employee

Dependent

Beneficiary

*Marital Status As of

*Student As of

*Disabled As of

*Smoker As of

Required Fields

Address

Address	Address Type	Same Address as mine
1600 NANETTE COURT LAKE WORTH, FL 33461	Home	Same as mine >

National ID

No National ID exists.

Phone

No Phone exists.

Email

No Email exists

Social Security Number
is only required for
enrolling dependents for
medical coverage.

4. Verify the new dependent has been successfully added. You may add additional dependents by repeating the process. When done and click on the **X** to return to the selection page.

Add Individual
X

Name	Relationship	Beneficiary	Dependent
PETER STARK	Stepchild	✓	>
MORGAN STARK	Child	✓	>



MEDICAL

To make changes to your medical plan, follow the steps below:

1. Select the **Medical Tile** or **Medical Line**.

Medical

Current HMO NHP Flex - Pre Tax
New HMO NHP Flex - Pre Tax

Status **Pending Review**
2 Dependents

Pay Period Cost **\$170.00**

[Review](#)

Benefit Plans						
Plan Type	Current	New	Dependents or Beneficiaries	Pay Period Cost	Status	Actions
Medical	HMO NHP Flex - Pre Tax	HMO NHP Flex - Pre Tax	3 Dependents	\$170.00	Visited	Review

The medical program will continue to be offered by **United Healthcare (UHC)**.

The medical options are:

HMO NHP Flex
POS NHP Flex
CHOICE

Please review the Group Insurance Rates posted on the Welcome Page for premium information for the upcoming Plan Year.

Review the information posted on MyBenefits about the UHC plans. A recorded info session about UHC plans is posted on MyBenefits at this time.

If you have any questions about the UHC offerings, please contact:
Evelyn Giraldo – Evelyn_Giraldo@uhc.com or 561-233-5474
Leslie Smalley – Leslie_Smalley@uhc.com or 561-233-5463

The County offers three medical plans. The HMO and CHOICE plans are **in-network only** plans and a POS plan. Only the POS plan includes out-of-network benefits. Or, you may waive medical coverage. If you waive medical coverage, you cannot enroll in the medical plan, until the next applicable open enrollment period, or within 31 days of a qualified family status change.

The County offers a benefit incentive for qualified employees who decline medical insurance, or "opt-out" of the Group's medical plan, because they are otherwise covered under another qualified medical plan. This program does not automatically continue from year to year. Forward your proof of other coverage to your group insurance coverage at this time and no later than Nov 5, 2024 to ensure you are eligible for the credit in the upcoming plan year. Opt-out benefit credit - does not apply to an employee who is enrolled in a plan to which BCC contributes (including medical plans of BCC, Palm Tran, Supervisor of Elections, PBC Fire Rescue Benefit Fund).

Note: If you are enrolling dependents in the health plan, you must provide each dependent's social security number, in addition to acceptable and timely dependent verification documents, to your group Insurance Office.

Anyone who is eligible for coverage as an employee cannot be covered as a dependent.

2. Select a **Dependent**.

▼ **Enroll Your Dependents**

Dependents that the employee has registered are listed here. Select the Add/Update Dependent button to view, update or add a new dependent.

Dependents	Relationship
<input checked="" type="checkbox"/> PETER STARK	Child
<input checked="" type="checkbox"/> MORGAN STARK	Spouse

NEW [Add/Update Dependent](#)

- If you need to make changes to a selection, click the **Select** button for one of the plans listed.

▼ Enroll in Your Plan

The EE + 2 or more Dependents (3C) cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the help icon corresponding to each plan option.

	Plan Name	Proof of Coverage	Before Tax Cost	After Tax Cost	Before Tax Credit	After Tax Credit	Employer Cost	Pay Period Cost
<input checked="" type="checkbox"/>	HMO NHP Flex - Pre Tax		\$170.00				\$1113.60	\$170.00
<input type="button" value="Select"/>	POS NHP Flex - Pre Tax		\$250.50				\$1144.18	\$250.50
<input type="button" value="Select"/>	National Choice - Pre Tax		\$221.00				\$1113.60	\$221.00
<input type="button" value="Select"/>	Waive	Proof Required			\$38.46			\$-38.46

[Overview of All Plans](#)



If you change your medical benefit selection, you may receive a warning that you must change your **Long Term Disability**. Click **Yes** to proceed.

Changing your Medical plan would affect your Long-Term Disability enrollment.
 You have chosen a HMO Upgraded 60% LTD that requires you to enroll in HMO NHP Flex - Pre Tax.
 Do you still want to change the Medical plan?
 Select Yes to continue, No to keep your current Medical plan.

- Click **Done** to complete and return to the Benefit Plans.

Medical

The medical program will continue to be offered by **United Healthcare (UHC)**.

The medical options are:

- HMO NHP Flex
- POS NHP Flex
- CHOICE

Please review the Group Insurance Rates posted on the Welcome Page for premium information for the upcoming Plan Year.

Resources

- [United Healthcare Providers](#)
- [UHC Medical Plan Comparison](#)
- [UHC Pre-Member](#)

If you changed your enrollment plan, the Status will be updated accordingly:

Medical	Medical
Current HMO NHP Flex - Pre Tax	Current HMO NHP Flex - Pre Tax
New HMO NHP Flex - Pre Tax	New POS NHP Flex - Pre Tax
Status Pending Review	Status ✓ Changed
2 Dependents	2 Dependents
Pay Period Cost \$170.00	Pay Period Cost \$250.50
Review	Review



DENTAL

1. Select the **Dental Tile** or **Dental Line**.

Dental

Current DHMO Pre Tax
 New DHMO Pre Tax
 Status **Pending Review**
 1 Dependents

Pay Period Cost **\$9.91**

Review

Dental	DHMO Pre Tax	DHMO Pre Tax	1 Dependents	\$9.91	Pending Review	Review
--------	--------------	--------------	--------------	--------	----------------	---------------

Dental

The dental program will continue to be offered by Solstice Benefits, Inc. The following plans are offered; please review the Group Insurance Rates posted on the Welcome Page for premium information for the upcoming Plan Year.

DHMO:

- S200B Access+ (Enhanced DHMO Option)
- S700B Access+ (Basic DHMO Option)

DPPO:

- Low PPO
- High PPO
- Premier PPO

Resources

- Solstice Dental Plans
- Solstice Member Portal
- Locate Solstice Provider
- NEW!!! Solstice Premier PPO

There are distinct differences among these plans; review the Group Insurance Information booklet, as well as the dental plan documents for details, including waiting periods, limitations, coverage maximums, and exclusions.

It is highly recommended that prior to having dental work started, you request a pre-treatment plan or estimate through your dental office and Solstice for all treatment over \$300. Should you have any questions regarding your treatment plan, you can always refer to your Schedule of Benefits or call Solstice to ensure that you receive the maximum benefit from your dental plan.

Anyone who is eligible for coverage as an employee CANNOT be covered as a dependent.

2. Select a **Dependent**.

▼ **Enroll Your Dependents**

Dependents that the employee has registered are listed here. Select the Add/Update Dependent button to view, update or add a new dependent.

Dependents	Relationship
<input checked="" type="checkbox"/> PETER STARK	Child
<input checked="" type="checkbox"/> MORGAN STARK	Spouse

NEW Add/Update Dependent



- If you need to make changes to a selection, click the **Select** button for one of the plans listed.

▼ **Enroll in Your Plan**

The Employee + 1 Dependent (2) cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the blue information icon corresponding to each plan option.

	Plan Name		Before Tax Cost	After Tax Cost	Before Tax Credit	After Tax Credit	Employer Cost	Pay Period Cost
✓	DHMO Pre Tax		\$9.91					\$9.91
Select	Low PPO Pre Tax		\$17.31					\$17.31
Select	High PPO Pre Tax		\$34.20					\$34.20
Select	Enhanced DHMO 4 - Pre Tax		\$13.02					\$13.02
Select	Premier PPO 5 - Pre Tax		\$42.38					\$42.38
Select	Waive							\$0.00

[Overview of All Plans](#)

- Click **Done** to complete and return to the Benefit Plans.

Cancel Dental Done

The dental program will continue to be offered by Solstice Benefits, Inc. The following plans are offered; please review the Group Insurance Rates posted on the Welcome Page for premium information for the upcoming Plan Year. Resources

If you changed your enrollment plan, the Status will be updated accordingly:

<p>Dental</p> <p>Current DHMO Pre Tax New DHMO Pre Tax Status Pending Review ☼ 3 Dependents</p> <p>Pay Period Cost \$17.72</p> <p style="text-align: right;">Review</p>	<p>Dental</p> <p>Current DHMO Pre Tax New Low PPO Pre Tax Status ✓ Changed ☼ 3 Dependents</p> <p>Pay Period Cost \$29.41</p> <p style="text-align: right;">Review</p>
---	---

→



LIFE AND COUNTY SUPPLEMENTAL LIFE

IMPORTANT: Life insurance beneficiaries are managed by the carrier, The Standard. If you have not declared your beneficiaries with The Standard, please do so at this time by accessing the Standard webpage at [ReadyEnroll](#). Contact The Standard at 800-779-0519 for any questions.



Current beneficiary declarations with the prior carrier, Securian Financial, will be extracted and transferred in data file format directly to The Standard's Life Claims Department. The data file will not be uploaded to The Standard's Ready Enroll system. The Standard will honor all valid designations made with the prior carrier (Securian Financial).

When a death claim has been filed with The Standard, the following steps will be followed for confirmation of beneficiaries on file:

1. Proceeds will be paid to the beneficiaries declared by the employee in The Standard's system, Ready Enroll.
2. If the employee did not declare a beneficiary with The Standard in Ready Enroll, life insurance proceeds will be paid to declared beneficiaries referenced in the extracted beneficiary data provided by the prior carrier, Securian Financial.

If the employee did not declare their beneficiary in Ready Enroll with The Standard and no beneficiary data was found in Securian's file, then life insurance proceeds will be paid by policy order in accordance with the Group Policy.

WARNING: Do not update your beneficiaries for your term life coverage in the section below. The Standard, the life insurance carrier, is the system of record for term life beneficiary management and any entries you make in MyBenefits for beneficiary designation are null and void and not applicable.

COUNTY SUPPLEMENTAL LIFE



Life insurance plays an important role in ensuring that your family is financially secure if you were to pass away. In addition, this benefit includes Accidental Death & Dismemberment (AD&D) insurance that provides your beneficiaries with additional financial security if you die or lose a limb or sight due to an accident.

NEW Carrier:

Group term life insurance coverage will be offered by The Standard for Plan Year 2025. **Employees must verify their life insurance beneficiaries directly with The Standard for Plan Year 2025 by accessing The Standard's Ready Enroll website – <https://standard.benselect.com/palmbeach>.**

There will be numerous enhancements to the term life program, including higher coverage amounts for supplemental life (\$500,000) and a higher guaranteed issue amounts of \$300,000.

Please review the Frequently Asked Questions for important information about the transition to the new life insurance carrier and the Group Insurance Rates posted on the Welcome Page for premium information for the upcoming Plan Year.

VERY IMPORTANT:

Due to the change in life insurance carriers, employees will be provided a **one-time** opportunity during this open enrollment period only and for Plan Year 2025 to elect or increase their supplemental life up to the new guaranteed issue amount of \$300,000 without requiring any Evidence of Insurability/medical underwriting.

This is a **one-time** opportunity and will not be offered in future years. For next year's open enrollment period, employees will only be able to increase supplemental life by one step of \$10,000 as long as the resulting coverage does not exceed the guaranteed issue limit of \$300,000 and as long as the employee has not been previously declined for life insurance by The Standard.

Coverage selections or increases subject to EOI will not go into effect until the request is approved by the carrier.

1. Select the **County Supplemental Life Tile** or **County Supplemental Life Line**

County Supplemental Life

Current County Addtl Life Insurance 40
\$40,000

New County Addtl Life Insurance 40
\$40,000

Status Pending Review

Pay Period Cost **\$7.31**

Review

County Supplemental Life	County Addtl Life Insurance 40 \$40,000	County Addtl Life Insurance 40 \$40,000	\$7.31	Pending Review	Review
--------------------------	--	--	--------	----------------	--

2. If you need to make changes to a selection, click the **Select** button for one of the plans listed.

Enroll in Your Plan

	Plan Name	Proof of Coverage	Before Tax Cost	After Tax Cost	Before Tax Credit	After Tax Credit	Employer Cost	Pay Period Cost
Select	County Addtl Life Insurance 10 (\$10,000)		\$1.83					\$1.83
Select	County Addtl Life Insurance 20 (\$20,000)		\$3.65					\$3.65
Select	County Addtl Life Insurance 30 (\$30,000)		\$4.57	\$0.92				\$5.49
<input checked="" type="checkbox"/>	County Addtl Life Insurance 40 (\$40,000)		\$4.57	\$2.74				\$7.31
Select	County Addtl Life Insurance 50 (\$50,000)	Proof Required	\$4.57	\$4.57				\$9.14
Select	County Addtl Life Insurance 60 (\$60,000)	Proof Required	\$4.57	\$6.39				\$10.96
Select	County Addtl Life Insurance 70 (\$70,000)	Proof Required	\$4.57	\$8.22				\$12.79
Select	County Addtl Life Insurance 80 (\$80,000)	Proof Required	\$4.57	\$10.04				\$14.61
Select	County Addtl Life Insurance 90 (\$90,000)	Proof Required	\$4.57	\$11.87				\$16.44
Select	County Addtl Life Insurance480 (\$480,000)	Proof Required	\$4.57	\$83.04				\$87.61
Select	County Addtl Life Insurance490 (\$490,000)	Proof Required	\$4.57	\$84.87				\$89.44
Select	County Addtl Life Insurance500 (\$500,000)	Proof Required	\$4.57	\$86.69				\$91.26
Select	Waive							\$0.00

3. Click **Done**.

County Supplemental Life

Done

Life insurance plays an important role in ensuring that your family is financially secure if you were to pass away. In addition, this benefit includes Accidental Death & Dismemberment

[Resources](#)

DEPENDENT LIFE

1. Select the **Dependent Life Tile** or **Dependent Life Line**.

Dependent Life

Current County Dependent Life 10K \$10,000

New County Dependent Life 10K \$10,000

Status **Pending Review**
1 Dependents

Pay Period Cost **\$0.37**

[Review](#)

Dental	DHMO Pre Tax	DHMO Pre Tax	1 Dependents	\$9.91	Visited	Review
--------	--------------	--------------	--------------	--------	---------	------------------------



Dependent Life insurance allows you to purchase life insurance for your dependent child(ren) under the age of 26. You are the beneficiary of this life insurance. The amount elected cannot exceed 100% of your Basic and Supplemental Life Insurance combined. The premium remains the same, regardless of the number of children covered.

Anyone who is eligible for coverage as an employee **CANNOT** be covered as a dependent.

2. If you need to make changes to a selection, click the **Select** button for one of the plans listed.

▼ **Enroll in Your Plan**

	Plan Name	Before Tax Cost	After Tax Cost	Before Tax Credit	After Tax Credit	Employer Cost	Pay Period Cost
Select	County Dependent Life 5K (\$5,000)		\$0.19				\$0.19
✓	County Dependent Life 10K (\$10,000)		\$0.37				\$0.37
Select	Waive						\$0.00

3. Select a **Dependent**.

▼ **Enroll Your Dependents**

The following list displays all individuals who are eligible to be your dependents. Select the dependents you want to be covered for the insurance

Dependents	Relationship
<input checked="" type="checkbox"/> PETER STARK	Child
<input type="checkbox"/> MORGAN STARK	Spouse

[Add/Update Dependent](#)

4. Click **Done**.

[Cancel](#) [Done](#)

Dependent Life

Dependent Life insurance allows you to purchase life insurance for your dependent child(ren) under the age of 26. You are the beneficiary of this life insurance. The amount [Resources](#)



SPOUSAL LIFE

4. Select the **Spousal Life Tile** or **Spousal Life Line**.

Spousal Life

Current Waive
New Waive
Status Pending Review

Pay Period Cost \$0.00

[Review](#)

Spousal Life	Waive	Waive	\$0.00	Pending Review	Review
--------------	-------	-------	--------	----------------	------------------------

Spouse life insurance allows you to purchase life insurance for your spouse. You are the beneficiary of this life insurance.

The amount elected cannot exceed 100% of your basic and supplemental insurance combined. You can elect or increase spouse/domestic partner coverage by \$5,000 without Evidence of Insurability (EOI) of your spouse/domestic partner, as long as the resulting coverage does not exceed \$25,000 and provided your spouse/domestic partner has not been previously declined.

Group term life insurance coverage will be offered by The Standard for Plan Year 2025.

There will be numerous enhancements to the term life program, including higher coverage amount for the spouse life/Domestic Partner (DP) benefit (\$100,000) and a higher guaranteed issue amounts for spouse/DP life coverage of \$50,000.

Please review the Frequently Asked Questions for important information about the transition to the new carrier and the Group Insurance Rates posted on the Welcome Page for premium information for the upcoming Plan Year.



VERY IMPORTANT:

Due to the change in life insurance carriers, employees will be provided a **one-time** opportunity during this open enrollment period only and for Plan Year 2025 to elect or increase their spouse/DP life benefit up to the new guaranteed issue limit of \$50,000 without requiring the spouse/domestic partner to successfully complete an Evidence of Insurability (EOI) process – no medical underwriting required.

This is a **one-time** opportunity and will not be offered in future years. For next year's open enrollment period, employees will only be able to increase spouse life coverage by one step of \$5,000, as long as the resulting coverage does not exceed \$50,000 and as long as the spouse/domestic partner has not been previously declined for life insurance coverage by The Standard.

Coverage selections or increases subject to EOI will not go into effect until the request is approved by the carrier.

Newly elected coverage for your spouse/domestic partner is subject to receipt of acceptable and timely dependent verification documents by your Group Insurance Office.

Anyone who is eligible for coverage as an employee **CANNOT** be covered as a dependent.

5. If you need to make changes to a selection, click the **Select** button for one of the plans listed.

Plan Name		Proof of Coverage	Before Tax Cost	After Tax Cost	Before Tax Credit	After Tax Credit	Employer Cost	Pay Period Cost
Select	County Spousal Life & AD&D 5K (\$5,000)			\$0.92				\$0.92
Select	County Spousal Life & AD&D 10K (\$10,000)			\$1.83				\$1.83
Select	County Spousal Life & AD&D 15K (\$15,000)			\$2.74				\$2.74
Select	County Spousal Life & AD&D 20K (\$20,000)			\$3.65				\$3.65
Select	County Spousal Life & AD&D 85K (\$85,000)	Proof Required		\$15.52				\$15.52
Select	County Spousal Life & AD&D 90K (\$90,000)	Proof Required		\$16.43				\$16.43
Select	County Spousal Life & AD&D 95K (\$95,000)	Proof Required		\$17.34				\$17.34
Select	County Spousal Life & AD&D 100k (\$100,000)	Proof Required		\$18.25				\$18.25
Select	Waive							\$0.00

6. Select a **Dependent**.

▼ **Enroll Your Dependents**

The following list displays all individuals who are eligible to be your dependents. Select the dependents you want to be covered for the insurance

Dependents	Relationship
<input checked="" type="checkbox"/> PETER STARK	Child
<input type="checkbox"/> MORGAN STARK	Spouse

[Add/Update Dependent](#)

7. Click **Done**.

Cancel **Spousal Life** Done

Spouse life insurance allows you to purchase life insurance for your spouse. You are the beneficiary of this life insurance. [Resources](#)



SHORT-TERM DISABILITY

1. Select the **Short-Term Disability Tile** or **Short-Term Disability Line**.

Short-Term Disability

Current County Short Term Disability
New County Short Term Disability
Status Pending Review

Pay Period Cost **\$11.83**

Review

Short-Term Disability County Short Term Disability County Short Term Disability \$11.83 Pending Review **Review**



Short-Term Disability offers income replacement to provide financial protection for you and your family if you can't work over a temporary period of time due to injury or illness. The plan is designed to partially fill any gap in your existing sick leave bank until you recover or become eligible for Long-term disability (if enrolled).

Typically, if you are newly electing this coverage during open enrollment, you must successfully complete the Evidence of Insurability (EOI) process and your request must be approved by the carrier, before the coverage can take effect.

The Standard is again offering an annual enrollment opportunity to employees, whereby employees can newly elect STD coverage without requiring Evidence of Insurability [EOI] (without having to answer health questions). If you currently do not participate in the STD program and wish to enroll, The Standard will accept your application during open enrollment without any medical underwriting requirement. Applications for disability coverage other than new hire elections or open enrollment elections (e.g. for qualified family status changes) will continue to require EOI and the carrier has to approve the application for coverage before it will go into effect

Sick leave offsets (reduces) this benefit.

The plan will not pay any disability benefits for a disability that results, directly or indirectly from injury or sickness for which benefits are paid or payable to you from Workers' Compensation or occupational disease law. Review the coverage certificate for complete list of limitations and exclusions.

Note: If you are a worker of the CWA bargaining unit, please review your contract. The CWA offers its own short-term disability benefit program separate and apart from this plan, which is considered deductible income under this plan. Please contact your union representative with questions regarding short term disability benefits available to you under the CWA contract, before you enroll in this plan.

Review the Group Insurance Information booklet and applicable plan documents for additional details.

2. If you need to make changes to a selection, click the **Select** button for one of the plans listed.

▼ **Enroll in Your Plan**

	Plan Name	Before Tax Cost	After Tax Cost	Before Tax Credit	After Tax Credit	Employer Cost	Pay Period Cost
<input checked="" type="checkbox"/>	County Short Term Disability		\$11.83				\$11.83
Select	Waive						\$0.00

3. Click **Done**.

Cancel **Short-Term Disability** Done

Short-Term Disability offers income replacement to provide financial protection for you and your family if you can't work over a temporary period of time due to injury or illness. [Resources](#)

LONG-TERM DISABILITY

1. Select the **Long-Term Disability Tile** or **Long-Term Disability Line.**

Long-Term Disability

Current HMO Upgraded 60% LTD
 New HMO Upgraded 60% LTD
 Status Pending Review

Pay Period Cost \$17.02

Review

Long-Term Disability	HMO Upgraded 60% LTD	HMO Upgraded 60% LTD	\$17.02	Pending Review	Review
----------------------	----------------------	----------------------	---------	----------------	---------------

Long-Term Disability (LTD) offers income replacement to provide financial protection for you and your family if you can't work over an extended period of time due to injury or illness.

If you are enrolled in the HMO plan or CHOICE medical plan, the County provides a basic LTD plan to you, at no cost. If you are enrolled in the medical HMO plan or CHOICE plan and want to increase your monthly LTD benefit amount, you can elect the upgraded LTD and pay the applicable premium.

If you have enrolled in the POS medical plan or have declined medical coverage through the County, the only LTD benefit you are eligible for is the voluntary LTD benefit. The premium for voluntary LTD is fully paid by the employee

Typically, if you are newly electing long term disability, or you are electing to increase/upgrade your long term disability benefit, you will be required to successfully complete the Evidence of Insurability (EOI) process and your request must be approved by the carrier, before coverage can take effect.

The Standard is again offering an annual enrollment opportunity to employees, whereby employees can newly elect/upgrade LTD coverage without requiring Evidence of Insurability [EOI] (without having to answer health questions). If you currently do not participate in the LTD program or wish to upgrade your existing LTD election, The Standard will accept your application during open enrollment without any medical underwriting requirement. Applications for disability coverage other than new hire elections or open enrollment (e.g. for qualified family status changes) will continue to require EOI and the carrier has to approve the application for coverage before it will go into effect.

Pre-existing condition limitations continue to apply for LTD coverage.

Sick leave and Workers' Compensation offset (reduce) this benefit.



Note: If you are a worker of the CWA bargaining unit, please review your contract. The CWA offers its own short-term disability benefit program separate and apart from this plan, which is considered deductible income under this plan. Please contact your union representative with questions regarding short term disability benefits available to you under the CWA contract, before you enroll in this plan.

Review the Group Insurance Information booklet and applicable plan documents for additional details. Premium information for the upcoming Plan Year can be found on the Welcome Page.

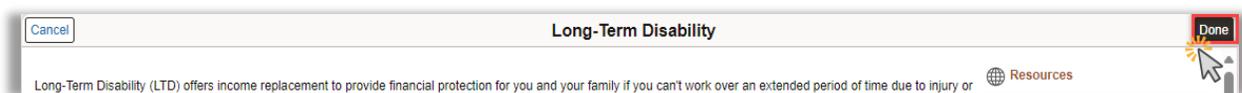


- If you need to make changes to a selection, click the **Select** button for one of the plans listed.

Enroll in Your Plan

	Plan Name	Before Tax Cost	After Tax Cost	Before Tax Credit	After Tax Credit	Employer Cost	Pay Period Cost
Select	HMO Basic 50% LTD Requires enrollment to Medical HMO NHP Flex - Pre Tax					\$51.60	\$0.00
✓	HMO Upgraded 60% LTD Requires enrollment to Medical HMO NHP Flex - Pre Tax		\$19.17		\$2.15		\$17.02
Select	CHOICE Basic 50% LTD Requires enrollment to Medical National Choice - Pre Tax					\$51.60	\$0.00
Select	CHOICE Upgraded 60% LTD Requires enrollment to Medical National Choice - Pre Tax		\$19.17		\$2.15		\$17.02
Select	County Voluntary 60% LTD		\$24.59				\$24.59
Select	Waive						\$0.00

- Click **Done**.



FLEX SPENDING HEALTH – U.S.

- Select the **Flex Spending Health – U.S. Tile** or **Flex Spending Health – U.S Line**.



The Health Care Flexible Spending Account (FSA) allows you to set aside and use pre-tax dollars, for out-of-pocket health care expenses for you and your eligible dependents. Your FLEX contribution reduces your taxable income and increase you take home pay. Whenever you have an eligible expense, once your coverage is effective, you can either pay for the expense with your FLEX debit card, or submit a claim to P&A Group for reimbursement. The health care FSA typically covers medical, dental and vision expenses that are only partially covered or not covered at all by your insurance, including insurance deductibles, insurance co-payments and over-the-counter medications by prescription.

Plan carefully, because if you don't spend all the money you have set aside for a particular plan year, you lose the money ("Use it or lose it"). Additionally, your election is committed for the remaining plan year and you may not increase/decrease your elected amount until the next applicable open enrollment period, or within 30 calendar days of a qualified family status change.



The HEALTH FSA and the DEPENDENT CARE FSA are two separate accounts. The HEALTH FSA may not be used for daycare expenses and vice versa.

Your current FLEX elections do not automatically continue for the next plan year. You must elect coverage below to participate in this benefit for the upcoming plan year.



2. Click the **Select** button for County FSA Health Care.

Enroll in Your Plan

Plan Name	
Select	County FSA Health Care
Select	Waive

3. Click on **Flexible Spending Account Worksheet**.

Contribution Amount

You may enter your total elected annual pledge amount which will be divided and deducted on a per pay period basis. By enrolling in the plan you are certifying that you meet all qualifications to contribute your elected amount and that you are responsible for any penalties incurred based on illegal or excess contributions. You may select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.

Employee Annual Pledge

Minimum Employee Pledge \$260.00
Maximum Employee Pledge \$3,200.00
Annual pledge amount for all Flexible Spending Accounts must not exceed \$8,200.00.

[Flexible Spending Account Worksheet](#)

4. There are two options to calculate your annual pledge:
 - a. Estimate from Annual Pledge: allows user to enter the amount Per-Pay-Period you would like to contribute. Click on **Calculate** to see the Annual Pledge amount and click **Done**.

Flexible Spending Account Worksheet

You may use this worksheet to estimate your per pay period contribution or annual pledge. Select Calculate to update the estimates.

*Estimate Contribution from Annual Pledge

Your New Annual Pledge

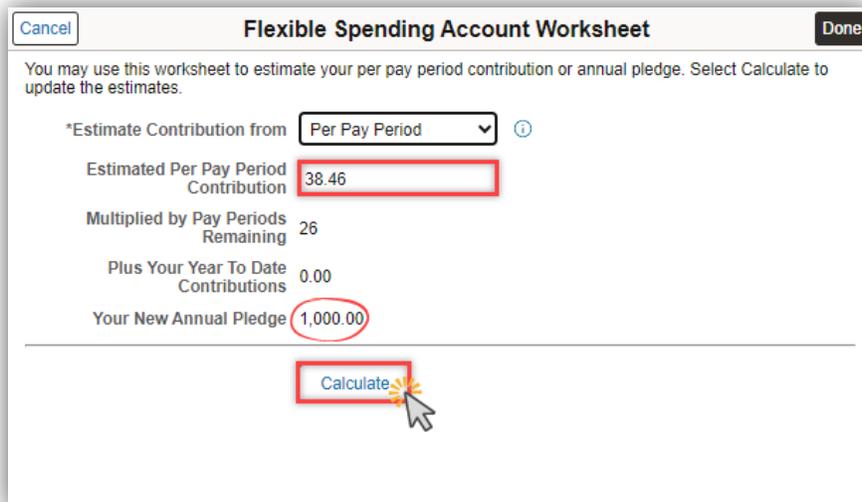
Minus Your Year To Date Contributions 0.00

Divided by Pay Periods Remaining 26

Estimated Per Pay Period Contribution 38.46

[Calculate](#)

- b. Estimate from Per-Pay-Period Contributions: allows user to determine the desired Annual Pledge amount. Click on **Calculate** to see the Estimate Per-Pay-Period Contribution amount and click **Done**.



Flexible Spending Account Worksheet

You may use this worksheet to estimate your per pay period contribution or annual pledge. Select Calculate to update the estimates.

*Estimate Contribution from **Per Pay Period**

Estimated Per Pay Period Contribution **38.46**

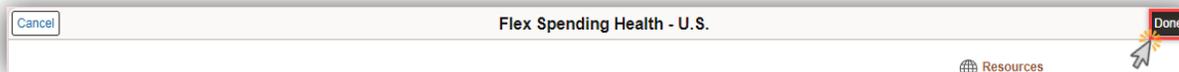
Multiplied by Pay Periods Remaining 26

Plus Your Year To Date Contributions 0.00

Your New Annual Pledge **1,000.00**

Calculate

5. Click **Done**.



Flex Spending Health - U.S.

Done

FLEX SPENDING DEPENDENT CARE

The Flexible Spending Dependent Care covers money you pay to daycare centers, babysitters, after school programs, day camp programs and eldercare facilities. **Important, this account does NOT reimburse medical expenses for your dependents. It is for qualified daycare expenses only.**

1. Select the **Flex Spending Dependent Care Tile** or **Flex Spending Dependent Care Line**.



Flex Spending Dependent Care

Current No Coverage
New No Coverage
Status Pending Review

Pay Period Cost \$0.00

Review

Flex Spending Dependent Care	No Coverage	No Coverage	\$0.00	Pending Review	Review
------------------------------	-------------	-------------	--------	----------------	---------------

The Dependent Care Flexible Spending Account (FSA) allows you to set aside and use pre-tax dollars, for dependent care expenses incurred during the plan year. Your FLEX contribution reduces your taxable income and increases you take home pay. Whenever you have an eligible expense, once your coverage is effective and when you have sufficient balance available in your dependent care account, you can either pay for the expense with your FLEX debit card, or submit a claim to P&A Group for reimbursement. The dependent care account generally covers amounts you pay to daycare centers, baby-sitters, caregivers or after school programs so that you and your spouse can work **(overnight camps are NOT eligible).**

The Dependent Care FSA is NOT for the out of pocket medical expenses of your dependents. It is for child care or other care giver expenses that allow you and your spouse to work.

Plan carefully, because if you don't spend all the money you have set aside for a particular plan year, you lose the money ("Use it or lose it"). Additionally, your election is committed for the remaining plan year and you may not increase/decrease your elected amount until the next applicable open enrollment period, or within 30 calendar days of a qualified family status change.

Please carefully review which individual is considered a "qualifying child" under the Internal Revenue Code. It's typically includes a person under age 13 who is your "qualifying child" under the Internal Revenue Code i.e., (a) he or she has the same principal residence as you for more than half the year, (b) he or she is your child or step-child (by blood or adoption), foster child, sibling or step-sibling, or a descendant of one of them; and (c) he or she does not provide more than half of his or her own support for the year. If you are divorced or separated, you must be the primary custodial parent of your child in order to be eligible for this account (irrespective of whether which parent may claim a personal exemption for the child on his or her federal income tax return). Non-custodial parents may wish to check with your legal or tax advisor to see if special rules apply to you that would enable you to utilize this account.

Other individuals may also qualify, (disabled spouse or disabled tax dependent), subject to the definitions of the IRS code.

For questions about your dependent's eligibility for this account, please contact P&A at 800-688-2611.



The HEALTH FSA and the DEPENDENT CARE FSA are two separate accounts. The HEALTH FSA may not be used for daycare expenses and vice versa.

Your current FLEX elections do not automatically continue for the next plan year. You must elect coverage below to participate in this benefit for the upcoming plan year.

2. Click the **Select** button for County FSA Health Care.

Enroll in Your Plan	
Plan Name	
Select	County FSA Dependent Care
Select	Waive

3. Click on **Flexible Spending Account Worksheet.**

Contribution Amount

You may enter your total elected annual pledge amount which will be divided and deducted on a per pay period basis. By enrolling in the plan you are certifying that you meet all qualifications to contribute your elected amount and that you are responsible for any penalties incurred based on illegal or excess contributions. You may select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.

Employee Annual Pledge

Minimum Employee Pledge \$260.00
Maximum Employee Pledge \$5,000.00
Annual pledge amount for all Flexible Spending Accounts must not exceed \$8,200.00.

[Flexible Spending Account Worksheet](#)

4. There are two options to calculate your annual pledge:
- Estimate from Annual Pledge: allows user to enter the amount Per-Pay-Period you would like to contribute. Click on **Calculate** to see the Annual Pledge amount and click **Done**.

Flexible Spending Account Worksheet

You may use this worksheet to estimate your per pay period contribution or annual pledge. Select Calculate to update the estimates.

*Estimate Contribution from **Annual Pledge**

Your New Annual Pledge **1,000.00**

Minus Your Year To Date Contributions 0.00

Divided by Pay Periods Remaining 26

Estimated Per Pay Period Contribution **38.46**

Calculate

- Estimate from Per-Pay-Period Contributions: allows user to determine the desired Annual Pledge amount. Click on **Calculate** to see the Estimate Per-Pay-Period Contribution amount and click **Done**.

Flexible Spending Account Worksheet

You may use this worksheet to estimate your per pay period contribution or annual pledge. Select Calculate to update the estimates.

*Estimate Contribution from **Per Pay Period**

Estimated Per Pay Period Contribution **38.46**

Multiplied by Pay Periods Remaining 26

Plus Your Year To Date Contributions 0.00

Your New Annual Pledge **1,000.00**

Calculate

5. Click **Done**.

Flex Spending Dependent Care

Plan carefully, because if you don't spend all the money you have set aside for a particular plan year, you lose the money ("Use it or lose it!"). Additionally, your election is

Done

LEGAL SERVICES

1. Click on the **Legal Services Tile** or **Legal Services Line**.

Legal Services

Current Waive
 New Waive
 Status Pending Review

Pay Period Cost **\$0.00**

Review

Legal Services	Waive	Waive	\$0.00	Pending Review	Review
----------------	-------	-------	--------	----------------	---------------

2. Click the **Select** button for Pre-Paid Legal Plan.

The Pre-Paid Legal Plan will reduce the costs of covered legal services for you, and your family, when you use an in-network attorney.

▼ **Enroll in Your Plan**

	Plan Name	Before Tax Cost	After Tax Cost	Before Tax Credit	After Tax Credit	Employer Cost	Pay Period Cost
Select	Pre-Paid Legal Plan		\$7.98				\$7.98
✓	Waive						\$0.00

3. Click **Done**.

Cancel
Legal Services
Done



SUBMITTING ENROLLMENT

Your selections and updates are not finalized until you submit your benefits elections. Once you have selected and reviewed all of your benefits options, click on the **Submit Enrollment** button.

All of your benefit changes will be effective January 1, 2025, unless subject to successful completion of Evidence of Insurability, which requires approval by the respective carrier.

▼ Enrollment Summary

<p>Your Pay Period Cost \$237.36</p> <p>Status Pending Review</p> <p>*Excess Credit <input type="text" value="Gross Pay"/></p> <p style="text-align: center;">Submit Enrollment</p>	<p>Full Cost \$239.51</p> <p>General Credits \$0.00</p> <p>Plan Credits -\$2.15</p> <p>Employer Cost \$1,115.81</p>	
--	---	--

A prompt will appear confirming the benefit choices have been successfully submitted. Click **Done**.

Benefits Alerts

Done

Instructions

Your benefit choices have been successfully submitted to the Benefits Department.

Select Done to return to the Benefits Enrollment Summary

Click **Next** to continue to the **Acknowledgment Task**.

BCC Employee Benefits Enrollment

< Previous **Next** >

Welcome - BCC

- Visited
- * **Benefits Enrollment**
● Complete
- * **Acknowledgement**
 Not Started
- Enrollment Step Summary**
 Not Started

The Enrollment Overview displays which benefit options are open for enrollment. All of your benefit changes will be effective the date of the open enrollment event.

▼ Enrollment Summary

Your Pay Period Cost \$237.36	Full Cost \$239.51	
Status Submitted 09/30/2024 1:06PM	General Credits \$0.00	
*Excess Credit <input type="text" value="Gross Pay"/>	Plan Credits -\$2.15	
Submit Enrollment	Employer Cost \$1,115.81	



Carefully read the important text concerning your benefits choices.

Check the box for **I Agree** and click **Save**.

Acknowledgement

By submitting your benefit choices you are authorizing the County to take deductions from your paycheck to pay for your benefit costs. You are also authorizing your Group Insurance Office to send the necessary personal information to your selected providers to initiate and support your coverage.

DEPENDENT COVERAGE

By clicking submit you are affirming that the dependents you have enrolled are eligible dependents of yours, in accordance with County PPM and applicable insurance policy/certificate. It is your responsibility to ensure your dependents continue to be eligible for coverage and you must notify your group insurance office IMMEDIATELY, if a dependent of yours loses eligibility (e.g. a "spouse" becomes an "Ex-spouse" due to divorce, and, therefore, can no longer remain covered under your group insurance plans). You must notify your Group Insurance Office to update your coverage and remove any ineligible dependents. If it is determined that employees have covered dependents not eligible for coverage, the County reserves the right to require the return of all County-paid premiums, any associated claims costs paid on behalf of the ineligible dependent, and will pursue any and all other remedies available under law. The employee may also be subject to disciplinary action, up to and including termination. Review County PPM CW-P-023 for

Save

I Agree

The Task will be updated with the Acknowledgment date and Time and Employee Name.

Acknowledged By

User ID TSTARK	Name TONY STARK
Date/Time Stamp 09/30/2024 1:09:39PM	

Click **Next** to go to the **Enrollment Step Summary Task**.

BCC Employee Benefits Enrollment

[< Previous](#)
[Next >](#)

Read the instructions carefully and review your elections.

X Exit
⋮

BCC Employee Benefits Enrollment

[< Previous](#)

- **Welcome - BCC**
Visited
- * **Benefits Enrollment**
● Complete
- * **Acknowledgement**
● Complete
- **Enrollment Step Summary**
Visited

Enrollment Step Summary

If you have submitted your enrollment, review your elections on the Benefits Statements step and keep a copy of your elections as a record. If you have not completed your elections, go to the Benefits Enrollment step and complete your elections and select the Submit Enrollment button.

You can return to this event before 11:59PM EST, 11/05/2024 by selecting the Open Enrollment tile on Employee Self Service. Once the open enrollment period ends, your elections will be validated and finalized. If you did not submit your elections, your enrollment will be based on the default options. Contact your benefits administrator if you have further question.

Steps 3 rows

Step	Status	Date Completed	Required	Go to Step
Welcome - BCC	● Visited		No	Go to Step
Benefits Enrollment	● Complete	09/25/2024	Yes	Go to Step
Acknowledgement	● Complete	09/25/2024	Yes	Go to Step





Reminders



Remember you must **finalize and submit your elections by November 5, 2024**. If you have already submitted your elections and wish to make a change, contact your group insurance office at 561-233-5400 or Palm Tran at 561-841-4237.

Submit the required dependent verification documentation to your Group Insurance office for newly added dependents, no later than **Nov 5**.



Forward your **proof of other coverage to your Group Insurance office by Nov 5**, if you participate in the **Opt-Out program**.

Closely review the open enrollment **confirmation statement that will be mailed** to your address on record in **early December** and notify your Group Insurance office of any errors immediately and in **no event later than December 13, 2024**.

Additionally, **review the paycheck dated January 3, 2025, for your Opt-Out credit**, if applicable, and notify your Group Insurance office of any discrepancies immediately.

Any errors or discrepancies that were included in your open enrollment confirmation statement and were not **reported to your group insurance office by Dec 13, 2024**, cannot be corrected after this date.



Questions

If you have questions or need assistance with your group insurance options, contact your *group insurance office* at:

Tel: 561-233-5400

Palm Tran Tel: 561-841-4237

Fax: 561-242-7184

Email: Palm-benefits@pbcgov.org

Email: bccmybenefits@pbc.gov

Review the *Open Enrollment Announcement*, *Frequently Asked Questions* and other handouts posted on *MyBenefits*.

