



2025

Benefits Guide



New for Plan Year 2025

Medical

- There will be plan design changes on the PPO and the HDHP.
- Additionally, the coverage options will expand from the current two-tier coverage option (EE Only or Family) to a four-tier coverage option (EE only, EE+Spouse, EE+Child(ren), or Family).
- If you are on the HDHP, note changes to the employer contribution into your Health Savings Account will be increased.
- Added to your medical benefit- Teladoc will now be offered to anyone enrolled in a medical plan within all constitutionals.

Pharmacy

- Pharmacy benefits will now be managed through Express Scripts. This change will include the issuance of a new ID card for prescription services. Be sure to update your pharmacy with your new pharmacy member ID upon receipt.

Dental

- Dental plans will continue with MetLife with plans and coverage remaining the same, but there will be a slight increase to the rates.

Basic Life

- Basic Life through The Standard will be increased from \$20,000 to \$50,000. This benefit is at NO cost to active benefit eligible employees.

Group Supplemental Plans

- Aflac group supplemental plans will be offered for employees to elect in Workday at group rates. Plans offered via Aflac include: Accident, Critical Illness, Hospital Indemnity, and Short-Term Disability.

Enrollment Basics

WHO YOU CAN COVER

In order to be eligible to enroll in the benefits we provide, your dependents must meet the following eligibility criteria and provide dependent eligibility documentation.

Spouse

The person to whom you are legally married. Under no circumstances may ex-spouses be covered by an employee.

Required Documentation

(1) Most recent Federal Tax Return(s) showing that you are married filing jointly or separately. Financial information should be redacted, AND (2) Copy of Marriage Certificate.

Dependent child(ren)

Children up to age 26 (eligible through December 31st following the child's 26th birthday).

Required Documentation

- Biological children: Copy of Birth Certificate (must list employee as a parent)
- Stepchildren: (1) Copy of Birth Certificate (employee's spouse must listed as a parent) AND (2) Copy of Marriage Certificate
- Adopted children/Court ordered dependents: Copy of Adoption / Guardianship documents.

**Step Grandchildren are not eligible for coverage*

Over-age dependents ages 26-30 (eligible only for medical coverage) who are:

- (1) Unmarried AND have no dependents of their own AND are dependent on the employee for financial support, (2) Not offered coverage through another group or individual plan, (3) Not entitled to benefits under Title XVIII of Social Security Act, (4) Resident of Florida or are full or part-time students

Newborn children of covered dependents children (under the age of 26)

A newborn child of a covered dependent child (under the age of 26) is eligible for medical coverage for the first 18 months, as long as the newborn's parent also remains covered.

Required Documentation

- Under 18 months old: (1) Copy of Birth Certificate (of covered grandchild) AND (2) Copy of birth Certificate (of covered grandchild's natural parent/employee's biological child).
- Over 18 months old: Copy of Custody or Guardianship documentation.

WHEN YOU CAN ENROLL

After you are hired

New Hires have 30 days from their date of hire to enroll in the benefits through Workday. Benefits are effective the first of the month after 30 days of employment.

During Open Enrollment

Open Enrollment is your opportunity to evaluate your benefit options and make changes for the following year. Benefits selected during Open Enrollment are effective January 1, 2025– December 31, 2025.

Mid-year changes

You may make changes to your benefits elections if you experience a qualified life event. The changes you make must be the result of and consistent with the qualified life event that occurred.

Mid-year change requests and supporting documentation must be submitted within 30-days of the date of the event.

EXAMPLES OF QUALIFIED LIFE EVENTS:

- Birth, adoption, legal guardianship or placement for adoption
- Marriage, divorce or annulment
- Death of a dependent
- Gain or loss of other creditable coverage

IMPORTANT TO KNOW

How to make mid-year changes to your benefits if you've experienced a qualified life event

- Log in to [Workday](#).
- Supporting documentation should be uploaded into the enrollment portal at the time the change is requested
- **If you do not request the change and provide the necessary documentation within 30 days, you will have to wait until the next Open Enrollment to make the change**

WAIVING HEALTH INSURANCE

If you are covered by another health plan and do not wish to enroll in the Clay County BCC Plan, please be sure to check the area to waive coverage on the online portal.

If you wish to receive the Opt-Out Allowance for you and your family, you will be required to submit all necessary documentation for proof of coverage. **Only one opt-out per family can be claimed.**

How To Make Your Benefit Elections

To get started, log into your Workday account using the below URL:

<https://www.myworkday.com/claycountybcc/d/hme.html>

Or scan the QR code



- You will use your agency specific credentials for signing in.
- On the right-hand side of the screen navigate to:
Your Top Apps> Benefits
- To begin enrollment, select the Manage button at the bottom of each benefit.
- Once your elections are updated, click the Confirm and Continue button at the bottom



Medical Benefits



Your medical coverage is administered through **Florida Blue**. You'll have access to a broad network of doctors and hospitals, providing you with quality care and significant savings in comparison to receiving services out-of-network.

PREVENTIVE CARE SERVICES

- Clay County is committed to your health. As part of the Clay County wellness program, you are encouraged to complete at least one preventive care visit each year. Your Clay County Medical Plan pays 100% of certain preventive care services with no out-of-pocket cost to you.
- Preventive care is routine health care that includes screening, checkups and patient counseling to help prevent illnesses, diseases or other health problems. There may be some exceptions, so it's important to know what qualifies as preventive care and what questions to ask your doctor to avoid extra costs.
- Preventive care guidelines vary based on factors such as your age and stage in life, as well as your personal and family health history. Your doctor can help determine what's appropriate for you.
- For more information, see current [Florida Blue's general wellness guidelines](#) for preventive care services.



MEDICAL AND PRESCRIPTION DRUG PLANS

See the summary of your medical and prescription benefits below.

For complete details, exclusions and limitations, and out-of-network benefits, see the Certificates of Coverage which are available from Human Resources or your [Florida Blue benefits website](#).

	PPO Blue Options 03766	HDHP Blue Options 05168/05169
MEDICAL BENEFITS	In-Network	In-Network
Calendar Year Deductible Individual Family	\$500 \$1,500	\$2,500 \$5,000
Out-of-Pocket Maximum Individual Family	\$3,000 \$9,000	\$3,000 \$6,000
Coinsurance	80/20%	80/20%
Preventive Services	\$0	\$0
Office Visits Primary Care Physician Specialist	\$20 \$40	Deductible Deductible
Urgent Care	\$45	Deductible
Emergency Room	\$300	Deductible + 20%
Outpatient Diagnostic Tests Independent Clinical Lab Value Choice Specialist Independent Diagnostic Testing Center	\$0 \$40 \$50	Deductible Deductible Deductible
Advanced Imaging Physician Office Independent Diagnostic Testing Center	\$40 \$150	Deductible



What it means to stay "in-network" and why it saves you money

Think of it this way: in-network is about getting health care from the broad range of providers who are part of your health plan. So, for in-network, that means a group of doctors, hospitals, and other health care providers have agreed to give you discounted rates because you're a **Florida Blue** member.

They negotiate for you, so, you'll have less out-of-pocket costs when you get care. And they can't send you a bill for more than what has been agreed to - this is called balance billing and you're safe from it, as long as you stay in-network.

MEDICAL PLAN PREMIUMS

Your employee contributions for this plan year are based on your choice of plan and coverage tier.

Listed below are monthly costs for you and your dependents effective January 1, 2025 – December 31, 2025:

	PPO Blue Options 03766				HDHP Blue Options 05168/05169			
MONTHLY	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Employee Contribution	\$75.42	\$207.31	\$220.03	\$452.59	\$43.89	\$162.85	\$148.15	\$331.83
County Contribution	\$867.39	\$1,520.28	\$1,351.58	\$2,061.82	\$834.00	\$1,465.68	\$1,333.34	\$2,038.40
Total Premium	\$942.81	\$1,727.59	\$1,571.61	\$2,514.41	\$877.89	\$1,628.53	\$1,481.49	\$2,370.23

Health and Well-Being Resources

We are dedicated to helping you and your family be healthy and fit. If you enroll in a Florida Blue medical plan, you and your covered dependents have access to the following benefits and resources.

ONLINE AND MOBILE RESOURCES

You can stay on top of your benefits anywhere you go thanks to the mobile apps and websites our benefit carriers provide. These tools give you the ability to:

- Find a provider and care
- Download an ID card
- Check your benefits and review your claims
- Compare costs and access discounts
- Contact customer support

Be sure to register on our carrier partners' websites and download their apps so that you can access your benefits information anytime, anywhere.

FLORIDA BLUE CARE TEAM

Managing a health condition can be tough – your Care Team is here to help and provide one-on-one support managing your medical condition.

Your team includes nurses and clinical professionals who work hand-in-hand with your doctor so you can have peace of mind.

Call 1-844-730-2583 to get in touch or learn more at www.FloridaBlue.com/ExtraCare.

Your Florida Blue plan includes these services at no extra cost:

- Dedicated nurses and other clinical professionals focused on helping you reach your health goals
- Access to community resources that help with transportation, food, finances, and more

BLUE365

Blue365 gives Blue Cross and Blue Shield members access to savings across all aspects of your life—including discounts on wearable devices, gym membership access starting at \$19/month, discounts on healthy, organic meal delivery services from Sunbasket, and much more!

Register now for free at www.Blue365Deals.com.

BETTER YOU STRIDES

Take advantage of a personalized wellness and rewards program to help you on your health journey.

You and your enrolled family members age 18 years or older can each earn up to \$100 every year — including a one-time \$30 reward just for joining.

Every 100 points = \$1. Your health journey is unique to you. Here are some examples of activities you may be able to complete to earn points:

- Complete your online health assessment
- Complete your yearly wellness checkup

Once you've earned rewards, go to the Rewards Center in your Florida Blue member account to redeem your points and we will mail you a reloadable prepaid card you can use for health care expenses like doctor visits, prescriptions, vision and dental care, plus more.

CARE CONSULTATION & ADVOCACY

Sometimes things happen that are beyond our control like accidents, illnesses and emergencies. If your health changes, you need someone on your side to guide you through.

That's what our Care Consultation and Advocacy Program is for. The Care Consultant Team (CCT) is the heart of the program.

Care Consultants offer free advice and support to help you manage your health needs and control your total costs.

Find a care consultant (888-476-2227),

They can help you:

- Save time
- Save money
- Make informed health care decisions

HEALTHY ADDITION

Florida Blue offers a prenatal program to help moms to be prepare for baby. Early prenatal care and education may reduce the chances of pregnancy complications.

Health Addition has great ways to help give you and your baby the best care available. You can email to enroll healthaddition@floridablue.com or call (800) 955-7635. By enrolling you can receive the following assistance:

- Quick access to a Registered Nurse
- Coaching on maintaining a healthy lifestyle
- Free educational material
- Information on obtaining a breast pump and so much more.



Pharmacy Benefit



Your pharmacy benefits are provided through **Express Scripts, Inc (ESI)**, effective **1/1/2025**.

You may purchase up to a 30-day supply of covered drugs when you fill your prescription at a participating retail pharmacy or you can use the mail order pharmacy program if you use a maintenance medication, such as those for blood pressure or cholesterol. The mail order pharmacy program offers up to a 90-day supply at a reduced cost to you.

MEMBER ID CARD

Members enrolled in a medical plan will receive a separate pharmacy member ID card from Express Scripts. Use this card for all prescriptions.

PRESCRIPTION BENEFITS		
Plan	PPO – Blue Options 03766:	HDHP – Blue Options 05168/69
Retail Pharmacy Generic / Preferred Brand / Non-Preferred Brand / Specialty	\$10 / \$35 / \$50 / \$85	Deductible
Mail Order (90-day supply) Generic / Preferred Brand / Non-Preferred Brand	\$20 / \$70 / \$100 / N/A	Deductible



Express Scripts Price Assure powered by GoodRx makes generic drug pricing seamless at point-of-sale!



Certain generic medications (excluding specialty generics) are included in the program.



Clinical safety and formulary checks provided prior to any pricing checks to ensure the claim is safe and compliant with the plan.



Seamless experience without going to a discount card site to get a cheaper price.



Claim included in member deductible – even if the GoodRx discount card price was used.

Create an account on express-scripts.com or through the Express Scripts mobile app to access your prescription plan anytime and anywhere.

ONLINE ACCESS - COST, CARDS, & CLAIMS

- Visit express-scripts.com and select REGISTER or download the mobile app for free and select REGISTER.
- Enter the requested information, including your member ID or Social Security Number, and create your username and password.
- Click or tap REGISTER NOW.

Once your account is created, you can:

- Check the cost of your prescriptions before you go to the pharmacy.
- Refill or renew prescriptions
- Find your nearest preferred pharmacy.
- View and print member ID Cards.
- Enroll eligible prescriptions in automatic refill.
- Set reminders to take your medication.
- Enroll in home delivery.

MAINTENANCE PRESCRIPTIONS -

Get your 90-day prescriptions shipped right to your door with mail order.

If enrolling a new prescription:

- Contact your doctor and ask them to e-prescribe a 90-day prescription directly to ESI.
- *OR* send in a request by selection "Form" or "Forms & Cards" from the "Benefits" menu, print a mail order form and follow the mailing instructions.
- *OR* call ESI at the Member Services number on your card and they will contact your doctor for you!

If enrolling current prescriptions:

- Transfer retail prescriptions to home delivery by clicking "Add Cart" for eligible prescriptions and check out.
- You can also refill and renew prescriptions.
- Check Order Status to track shipping of your prescriptions. After ESI receives our prescription from your doctor you will receive your medication in 7 days.

It can be hard to know where to go for medical care – especially in the heat of the moment. But not every situation calls for a trip to the emergency room.

Virtual visits allow you to connect for immediate care. Their doctors can advise you on what to do next. They may even be able to help you resolve or stabilize the situation right there on the spot. Call **Teladoc** at 1-800-835-2362, visit [Teladoc.com](https://www.teladoc.com), or download the mobile app.

Access Clinicians anytime, anywhere for routine illnesses:



U.S. board-certified clinicians help with conditions like the flu, bronchitis, rashes, sinus infections and more.



Talk to a clinician from wherever you are—day or night



Skip the trip to the ER or urgent care

Healthy skin made easier with virtual dermatology:

Dealing with a rash, acne, eczema or another skin issue? Start an online skin review with a **Teladoc** dermatologist.

- Upload images of your skin condition with a detailed description. A dermatologist will review and provide a custom treatment plan in 24 hours or less – with a prescription, if needed.
- Ask follow-up questions through the secure message center at no additional charge for up to 7 days.

Your mental health deserves as much attention as your physical health

Teladoc Health licensed therapists and psychiatrists are here for you no matter what you are facing, whether it's big or small. They can help you improve your mood with things like:

- Learning to stay calm in stressful moments
- Managing and understanding depression and managing trauma
- Controlling anxiety caused by work or personal issues
- Overcoming burnout which could be causing mental or physical exhaustion and irritation

Avecina Medical for Employees & Enrolled Family Members

Clay County employees and their family members on the same health insurance plan can enjoy waived co-pays and reduced office visit costs at Avecina Medical offices. Specifically, those on the BCBS non-HSA plan will have their \$45 co-pay waived, while employees on an HSA plan will receive a \$45 reduction in office visit costs. These benefits apply to all current and future Avecina Medical locations, ensuring affordable and convenient urgent care access throughout the region. For more details, visit Avecina Medical Locations.

Health Savings Account (HSA)



BOCC employees who are enrolled in a High Deductible Health Plan (HDHP), must open a Health Savings Account (HSA) with Fidelity. There is **NO Cost** to you as an active employee, for setting up the Health Savings Account. The administrative cost of \$2.00 per month is covered by Clay County for Plan Year 2025.

With an HSA, you can gain more control over your health care expenses because contributions, interest and withdrawals for qualified health care expenses are all tax-advantaged. This plan is not available for those enrolled in the PPO Plan.

A full list of qualified expenses can be found in IRS Publication 502, at www.irs.gov/pub/irs-pdf/p502.pdf.

WHY HAVE AN HSA?

- Withdrawals to pay for eligible expenses are never taxed
- Accumulated interest earnings are tax deferred, and if used to pay eligible expenses, are tax free
- Money not used at year end 'rolls over' for use the next year
- The balance in your HSA account can be invested

ELIGIBILITY REQUIREMENTS

- Must be enrolled in a High Deductible Health Plan (HDHP)
- Must not be enrolled in Medicare, must not be covered by other medical insurance(s) such as a Health Care FSA, HRA and other 'first dollar' coverage, must not have received VA medical benefits at any time in the past three months, and may not be claimed as a dependent on another individual's tax return
- Spouse must not be contributing to/participating in a Health Care FSA through his/her employer

	Employee Only	Employee + 1 Or More (Family)
County Contribution	\$1,250	\$2,500
Maximum Employee Contribution	\$3,050	\$6,050
Total Maximum Contribution	\$4,300	\$8,550

**Over age 55 can contribute up to an addition \$1,000 catch up contribution.*

IMPORTANT INFORMATION – MEDICARE ELIGIBLE

Contributions into an HSA should be terminated at least 6 months prior to applying for Medicare or Social Security Retirement to avoid potential tax penalties.

Dental Benefits

Your dental coverage is provided through **MetLife**.

You may view your benefits, print an ID card and locate in-network dental providers by visiting www.MetLife.com.



	Low Plan	High Plan
IN-NETWORK		
Calendar Year Deductible Individual Family	\$50 \$150	\$50 \$150
Diagnostic & Preventive Cleanings, exams, x-rays, sealants, space maintainers and fluoride treatments	Covered 100%	Covered 100%
Basic Services Fillings (including tooth-colored fillings on posterior teeth), repairs, extractions, oral surgery, general anesthesia, endodontics and periodontics	50% after Ded	80% after Ded
Major Services Inlays, onlays, crowns, bridges and implants	50% after Ded	50% after Ded
Annual Benefit Max	\$1,000	\$1,500
Orthodontic Services	50%	50%
Lifetime Ortho Max	\$1,000	\$1,500

	Low Plan		High Plan	
MONTHLY	Single	Family	Single	Family
Employee Contribution	\$0	\$37.54	\$16.97	\$88.99
County Contribution	\$17.41	\$17.97	\$17.19	\$19.93
Total Premium	\$17.41	\$55.51	\$34.16	\$108.92

Vision Benefits

Your vision coverage is provided through **SuperiorVision (Now MetLife)**.

When you utilize a provider that participates in the network, discounts will be greater and there are no claim forms necessary.

You may view benefits, print an ID card and search for in-network vision providers at www.SuperiorVision.com.

IMPORTANT TO KNOW

Frequently asked questions

What is a benefit allowance?

A benefit allowance gives you a certain dollar amount to use towards contacts and glasses (lenses and frames). When you choose materials that are within that dollar amount or allowance, they are covered at 100%. If you choose a frame exceeding your plan allowance, you'll be responsible for paying the overage, in addition to any applicable copays at the time of your visit.

IN-NETWORK	
Eye Exams Routine Eye Exam <i>Benefits may be redeemed every 12 months</i>	\$20
Frames Allowance <i>Benefits may be redeemed every 12 months</i>	\$130
Lenses Single Bifocal Trifocal <i>Benefits may be redeemed every 12 months</i>	\$0 \$0 \$0
Contact Lenses Disposable Allowance Medically Necessary <i>Benefits may be redeemed every 12 months</i>	\$130 \$250
EMPLOYEE MONTHLY COST	
Employee	\$6.48
Family	\$17.35



Life and AD&D

We provide Basic Life and Accidental Death and Dismemberment (AD&D) coverage at no cost to you. Employees receive a generous benefit of \$50,000 through **The Standard**.

You can also elect Voluntary life coverage.

EMPLOYEE COVERAGE

You may elect to purchase \$10,000 coverage increments, up to 150,000. The guarantee issue amount is \$150,000 and you will be able to elect up to the guaranteed issue amount when you are first eligible for the plan without having to submit evidence of insurability.

SPOUSE COVERAGE

THIS BENEFIT IS ONLY AVAILABLE IF ENROLLED IN EMPLOYEE OPTIONAL LIFE COVERAGE

You may elect \$10,000 of coverage for your spouse. The guarantee issue amount is \$10,000 and you will be able to elect up to the guaranteed issue amount when you are first eligible for the plan without having to submit evidence of insurability.

An employee may not be insured as both an employee and a dependent.

CHILD COVERAGE

THIS BENEFIT IS ONLY AVAILABLE IF ENROLLED IN EMPLOYEE OPTIONAL LIFE COVERAGE

You may elect \$5,000 of coverage for your dependent child.

A child may not be insured by more than one employee.

IMPORTANT TO KNOW

Frequently asked questions

Can I continue this coverage if my employment ends?

Coverage may be continued through Portability or Conversion if certain criteria is met. See the Portability and Conversion explanations and criteria in the Basic Life and AD&D section of this booklet for more information.

Do I have to fill out a medical questionnaire?

Initial elections in excess of the guarantee issue amounts and late enrollees must complete evidence of insurability. Download the evidence of insurability form, complete it, and return it to HR.

Coverage will be effective on the first day of the month following the date your medical questionnaire is approved by the insurance company.



Long-Term Disability



Long-Term Disability Income benefits are offered to you through **The Standard**.

LONG-TERM DISABILITY INCOME BENEFITS

LTD is an income replacement program that protects you and your family in the event you become disabled and are unable to perform the material and substantial duties of your job. If you do not enroll when you are initially eligible, you will be required to complete an Evidence of Insurability form.

LONG-TERM DISABILITY INCOME	
Elimination Period The amount of time you must wait between an illness or disability begins and when you can start receiving benefits.	180 days
Benefits Payable Duration	Determined by your age when disability begins. Reference benefit summary.
% of Income Replaced	50% of your earnings, minimum of \$100 monthly benefit
Maximum Benefit Amount	\$6,000 monthly benefit



IMPORTANT TO KNOW

Why disability coverage is important

We understand that for most of us our income is the most important financial resource. To be without income for an extended period of time would most likely be devastating for you and your family. We recognize the importance of protecting your income in the event you are unable to work due to an injury or illness.

Supplemental group plans are offered through Aflac and provide benefits payable directly to you.

Group Hospital Indemnity Mid Plan

This plan helps provide financial assistance to enhance your current coverage. It may help avoid dipping into savings or having to borrow to address out-of-pocket-expenses major medical insurance was never intended to cover, like transportation, meals for family members, help with childcare, or time away from work.

	Benefit Overview
Inpatient Hospital Expense	
Hospital Admission (per calendar year)	\$1,000
Daily Confinement (limited to 30 days per sickness/accident)	\$100/day
Daily ICU Confinement (limited to 15 days per sickness/accident)	\$100/day
Tier Level Election:	Per Pay Period
Employee	\$6.10
Employee + Spouse	\$12.41
Employee + Child(ren)	\$9.63
Employee + Family	\$15.94

Group Hospital Indemnity High Plan

This plan similar to the Mid plan mentioned above provides financial assistance at a higher benefit allowance per expense. Understanding the expenses for hospital confinement and being prepared are important tools to making the right supplemental elections.

	Benefit Overview
Inpatient Hospital Expense	
Hospital Admission (per calendar year)	\$2,000
Daily Confinement (limited to 30 days per sickness/accident)	\$200/day
Daily ICU Confinement (limited to 15 days per sickness/accident)	\$200/day
Tier Level Election:	Per Pay Period
Employee	\$12.21
Employee + Spouse	\$24.83
Employee + Child(ren)	\$19.27
Employee + Family	\$31.89

Aflac Voluntary Group Benefits - Continued



Group Critical Illness Plan

The Group Critical Illness plan can help with the treatment costs of covered critical illnesses, such as heart attack or stroke. More importantly, this plan can help you focus on recuperation instead of the distraction of out-of-pocket costs. Benefit premiums vary per employee by age and coverage amount. Reference benefit site for a full break down in coverage elections and cost per benefit of \$10,000, \$20,000, or \$30,000.

	Benefit Overview
Guaranteed Issue Amount	
Employee	\$30,000
Spouse	\$30,000
Child(ren)	\$15,000
Base Benefits (reference add 'I benefits covered on PlanSource	
Heart Attack / Sudden Cardiac Arrest	100%
Coronary Artery Bypass Surgery	25%
Major Organ Transplant	100%
Bone Marrow Transplant	100%
Kidney Failure	100%
Stroke	100%
Cancer: Invasive I Noninvasive I Skin Cancer	100% I 25% I \$500 per calendar year

Group Accident Plan

The coverage is guaranteed-issue, which means you may qualify for coverage without having to answer health questions. After an accident, you may have expenses you've never thought about. This benefit has an annual wellness benefit of \$50. It's reassuring to know that an accident insurance plan can be there for you in your time of need to help cover expenses such as:

	Benefit Overview
Initial Treatment - once per accident	
Physician/ER	\$600
X-Ray/Diagnostic	\$1,000
Follow up Physician (up to 3 visits)/Physical Therapy (up to 6 visits)	\$450 / \$100
Ambulance - Ground / Air	\$600 / \$1,500
Fracture – varies based on bone affected	\$860 - \$10,750
Dislocation – varies based on joint affected	\$640 - \$8,000
Hospital Admission (per confinement – being admitted to the hospital)	\$1,750
Hospital Confinement (per day under admittance to the hospital) max 15 days	\$275
Tier Level Election:	Per Pay Period
Employee	\$6.36
Employee + Spouse	\$10.50
Employee + Child(ren)	\$13.81
Employee + Family	\$17.95

Group Short Term Disability Plan

This plan helps provides for payment of a monthly disability benefit when a covered employee is disabled and unable to work due to an injury or sickness. Benefit payments begin after any applicable elimination period is satisfied and continue during disability, up to the disability benefit period.

This benefit does have a pre-existing exclusion.

6 Month Duration Short Term Disability Plan – up to age 75

- \$300 to \$6,000 benefit amounts
- 0/7 elimination period
- Guaranteed issue -monthly benefit up to \$3,000
- Maximum income replacement is 60% of your base annual pay

Age Band	Rate per \$100 of monthly benefit
18-49	\$2.22
50-64	\$2.59
65-74	\$3.23

6 Month Duration Short Term Disability Plan – up to age 75

- \$300 to \$6,000 benefit amounts
- 0/14 elimination period
- Guaranteed issue -monthly benefit up to \$3,000
- Maximum income replacement is 60% of your base annual pay

Age Band	Rate per \$100 of monthly benefit
18-49	\$1.60
50-64	\$1.92
65-74	\$2.40

Calculations on Short Term Disability are based on per \$100 of benefit offering

Sample Equation – Employee Base Salary = \$10,000 age 18-49 – elimination period = 0/7 STD Benefit:

\$10,000	/	12	=	\$833.33	x	0.60	=	\$500	/	\$100	=
Annual Salary		Months		Monthly Salary		60% Benefit		Monthly STD Benefit			

5	x	\$2.22	=	\$11.10
		Rate Mthly		Premium Monthly

Sample Equation – Employee Base Salary = \$10,000 age 18-49 – elimination period = 0/14 STD Benefit:

\$10,000	/	12	=	\$833.33	x	0.60	=	\$500	/	\$100	=
Annual Salary		Months		Monthly Salary		60% Benefit		Monthly STD Benefit			

5	x	\$1.60	=	\$8.00
		Rate Mthly		Premium Monthly

Employee Assistance Program (EAP)

At some point in our lives, each of us faces a problem or situation that is difficult to resolve. **Aetna Resources for Living** is a no cost, confidential resource that is available to you and your family to help you deal with life's challenges, and the demands that come with balancing home and work.

Staffed by licensed counselors, this benefit provides support, guidance and referrals to local resources 24 hours a day, 365 days a year

To access services:

By Phone: 1-800-865-3200

Online:

www.ResourcesforLiving.com

Username: Clay County BOCC

Password: EAP



EMOTIONAL OR WORK-LIFE COUNSELING

Helps address stress, relationship or other personal issues you or your family members may face. It's staffed by Guidance Experts—highly trained master's and doctoral level clinicians—who listen to concerns and quickly make referrals to in-person counseling or other valuable resources. Situations may include:

- Job pressures
- Stress, anxiety & depression
- Substance abuse
- Relationship/marital conflicts
- Work/school disagreements
- Child & elder care referral services

FINANCIAL INFORMATION AND RESOURCES

Provides support for the complicated financial decisions you and your family members may face. Speak by phone with a CPA and Certified Financial Planners on a wide range of financial issues. Topics may include:

- Managing a budget
- Getting out of debt
- Savings for college
- Retirement
- Tax questions

LEGAL SUPPORT AND RESOURCES

Offers assistance if legal uncertainties arise. Talk to an attorney by phone about the issues that are important to you or your family members. If you require representation, you'll be referred to a qualified attorney in your area with a 25% reduction in customary legal fees thereafter. Topics may include:

- Debt and bankruptcy
- Buying a home
- Divorce guardianship
- Power of attorney

Voluntary Benefits

Even with medical insurance, you could still be subject to unexpected out-of-pocket expenses in the form of copays, deductibles, and coinsurance. Voluntary Benefits provide lump sum payments to be used towards your health care expenses, or however you see fit.

For information on those coverages, you will need to reach out to the appropriate carrier listed on the contact information page at the end of this benefits guide.

Liberty National

- Accident
- Hospital Confinement Indemnity
- Short-term Disability
- Dental
- Cancer/Specified Disease
- Critical Illness
- Vision
- Child Life

Legal Shield

- Advice and consultation
- Refer legal services
- Standard Will Prep
- Monitoring

Empower Retirement Planning Solution

- Retirement planning
- Toolkits to help set up tax advantage savings
- Additional resources to help you create plans for a monthly budget, view spending habits, and much more.

ALLSTATE

- Hospital Confinement
- Critical Illness
- Cancer Insurance
- Short-term Disability

Nationwide Deferred Compensation

Sample Services:

- Identify retirement goals
- Enroll in employer plan
- Determine individual contributions level
- Determine Investor profile
- Keep track over time of your own plan

Tips from your Financial Advisors:

- Timing is Important – It's never too early to start saving for retirement
- Increase contributions – As you can afford to, grow your account annually
- Plan ahead – Prepare to have an income to enjoy your future hobbies and live a comfortable lifestyle

Voluntary Benefits

Supplemental plans are offered through **Colonial Life** and provide benefits which pay directly to you regardless of any other insurance you may have. With most plans, you can continue the coverage when you retire or change jobs with no increase in premium. The below are policy highlights only.

Please contact your Colonial Life representative for more detailed information and to learn more go to www.coloniallife.com.

SHORT TERM DISABILITY

- Replaces a portion of income when out of work due to an accident or sickness
- Wide choice of benefit periods and elimination periods
- Features total and partial disability, portability, worldwide coverage and waiver of premium

ACCIDENT

- Guaranteed issue, guaranteed renewable product that offers several coverage levels to fit all budgets
- Features include employee and family coverage, including spouse disability rider

CANCER

- Guaranteed renewable, individual cancer product that helps pay some of the direct and indirect costs related to cancer diagnosis and treatment
- Offers several levels of coverage to provide maximum flexibility
- Help with the costs associated with treatment such as bone marrow, transplants, travel expenses, surgical procedures and supportive or protective care drugs

MEDICAL BRIDGE

- Individual hospital confinement indemnity plan that complements your core medical coverage
- Benefits for hospital confinements, wellness, rehabilitation unit confinement, outpatient surgical procedures, diagnostic testing and doctor's office visits
- HSA compliant plan is available

LIFE INSURANCE

- **Universal Life 1000:** A cash value life insurance product with flexible premiums and an adjustable death benefit. Flexibility allows an employee to adapt to changing needs by varying face amounts and premiums. Options Long-term care rider and restoration of benefits rider available.
- **Term Life 1000:** Individual term life insurance product that offers three level term options (10, 20 and 30 year), level death benefits, family coverage, guaranteed rates. It is guaranteed renewable to age 95, convertible to age 75.
- **Whole Life 1000:** Permanent whole life plan that provides guaranteed level premiums, guaranteed case values and a guaranteed death benefit.

CRITICAL ILLNESS

- Individual, guaranteed renewable critical illness product that provides lump-sum for specific illnesses
- Can be purchased alone or with an optional lump-sum cancer benefit, allowing greater flexibility in choosing whether a traditional cancer plan is needed
- Can include Subsequent Diagnosis benefit which allows for multiple payouts

Key Terms to Know

Affordable Care Act (ACA)

The Patient Protection and Affordable Care Act, commonly called the Affordable Care Act (ACA) is a United States federal statute signed into law by President Obama in March 2010. The law puts in place comprehensive health insurance reforms.

Annual Maximum

Total dollar amount a plan pays during a calendar year toward the covered expenses of each person enrolled.

Out-of-Pocket Maximum

The maximum amount of coinsurance a Plan member must pay towards covered medical expenses in a calendar year for both network and non-network services. Once you meet this out-of-pocket maximum, the Plan pays the entire coinsurance amount for covered services for the remainder of the calendar year. Deductibles and copays apply to the annual out-of-pocket maximum.

Coinsurance

A percentage of the medical costs, based on the allowed amount, you must pay for certain services after you meet your annual deductible.

Copayment

A set dollar amount you pay for network doctors' office visits, emergency room services and prescription drugs.

Deductible

Total dollar amount, based on the allowed amount, you must pay out-of-pocket for covered medical expenses each calendar year before the plan pays for most services. The deductible does not apply to network preventive care if any services where you pay a copayment rather than coinsurance. Some of your dental options also have an annual deductible, generally for basic and major dental care services.

Brand Formulary Drugs

The brand formulary is an approved, recommended list of brand-name medications. Drugs on this list are available to you at a lower cost than drugs that do not appear on this preferred list.

Generic Drugs

These drugs are usually the most cost-effective. Generic drugs are chemically identical to their brand-name counterparts. Purchasing generic drugs allows you to pay a lower out-of-pocket cost than if you purchase formulary or non-formulary brand name drugs.

Maintenance Drugs

Prescriptions commonly used to treat conditions that are considered chronic or long-term. These conditions usually require regular, daily use of medicines. Examples of maintenance drugs are those used to treat high blood pressure, heart disease, asthma and diabetes.

Non-Formulary Drugs

These drugs are not on the recommended formulary list. These drugs are usually more expensive than drugs found on the formulary. You may purchase brand-name medications that do not appear on the recommended list, but at a significantly higher out-of-pocket cost.

Specialty Drugs

Prescription medications that require special handling, administration or monitoring. These drugs may be used to treat complex, chronic and often costly conditions.

Primary Care Physician (PCP)

The health care professional who monitors your health needs and coordinates your overall medical care, including referrals for tests or specialists.

Network

A group of health care providers, including dentists, physicians, hospitals and other health care providers that agree to accept pre-determined rates when servicing members.

Qualifying Event

An occurrence that qualifies the subscriber to make an insurance coverage change outside of Open Enrollment.

Federal Notices

HEALTH INSURANCE MARKETPLACE

PART A: General Information

What is the Health Insurance Marketplace? The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly insurance premium right away.

Can I Save Money on my Health Insurance Premiums in the Marketplace? You may qualify to save money or lower your monthly premium but only if your employer does not offer coverage that does not meet certain standards. The savings on your premium that you are eligible for, depends on your household income. The coverage offered by Clay County meets healthcare reform standards and is intended to be affordable to you. Based on these qualifications, employees offered coverage are not able to receive a subsidy.

Does Employer Health Coverage Affect Premium Savings through the Marketplace? Yes, if the health coverage from your employer meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, if the cost of the plan from Clay County that would cover you (and not any other members of your family) is more than 9.86% of your household income for the year or if the coverage that Clay County provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost sharing. An employer-sponsored health plan meets “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than sixty percent (60%) of such costs. Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by Clay County, you will lose the employer-offered coverage, which is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information? For more information about your coverage offered by your employer, please check your Summary Plan Description or contact your Benefits Administrator. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit www.HealthCare.gov for more information, including online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information about Health Coverage Offered by Clay County

This section contains information about any health coverage offered by Clay County. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. However, it is important for you to understand that, since you are eligible for comprehensive health coverage through Clay County, you may not be eligible for premium savings through the Marketplace if Clay County health coverage meets both of the standards described above. The information below is numbered to correspond to the Marketplace application.

3. Employer Name: Clay County | 4. Employer Identification Number: **59-6000553** | 5. Employer Address: 477 Houston Street | 6. Employer Phone Number: 904-529-4719 | 7. City: Green Cove Springs 8. State: FL | 9. Zip Code: 32043 | 10. Who can we contact about associate health coverage at this job? Personnel | 11. Phone Number: 904-529-4719 | 12. Email Address: humanresources@claycountygov.com

▶ As your employer, we offer a health plan to some employees. Eligible employees are Full-Time Employees working an average of thirty (30) hours per week and must satisfy a new hire eligibility waiting period.

▶ With respect to dependents, we do offer coverage. Eligible employees are defined as spouse, child, adopted child, stepchild and foster child. Please review policy provisions.

▶ This coverage meets the minimum value standard and the cost to you is intended to be affordable, based on employee wages.

Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week, if you are newly employed mid-year or if you have other income losses, you may still qualify for a premium discount.

CHIPRA - PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your dependents are already enrolled in Medicaid or CHIP, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan. If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –

- FLORIDA – Medicaid Website: <https://www.flmedicaidtplecovery.com/flmedicaidtplecovery.com/hipp/index.html> | Phone: 1-877-357-3268
- GEORGIA – Medicaid Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp> | Phone: 678-564-1162, press 1

If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

HEALTH INSURANCE PROTECTION (USERRA)

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage and your dependents for up to twenty-four (24) months while in the military. Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are re-employed, generally without waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

Enforcement: The U.S Department of Labor, Veterans' Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations. For assistance in filing a complaint or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its website at <http://www.dol.gov/vets>.

HIPPA-PRIVACY ACT LEGISLATION

Clay County and your health insurance carrier(s) are obligated to protect your confidential protected health information that identifies you or could be used to identify you and relates to a physical or mental health condition or the payment of your health care expenses. Clay County and your health insurance carrier(s) are required to notify you and your beneficiaries about our policies and practices to protect the confidentiality of your personal protected health information.

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollments within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, you may be able to enroll yourself and your dependents if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, if your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP. However, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption or within 60 days of the date of loss of CHIP coverage. To request special enrollment or obtain more information, contact your Benefits Administrator.

SECTION 125 QUALIFYING EVENTS

Under IRC § 125, you are allowed to pay for certain group insurance premiums with tax-free dollars. This means your premium deductions are taken out of your paycheck before federal income and Social Security taxes are calculated. You must make your benefit elections carefully, including the choice to waive coverage. Your pretax elections will remain in effect until the next Open Enrollment period, unless you experience an IRS-approved qualifying event. A qualifying event, also known as a "Family Status Change," is a change in your personal life that may impact you or your dependents' eligibility for benefits under the employer group medical plan.

Qualifying events include but are not limited to: Marriage or divorce, death of spouse or other dependent, birth or adoption of a child, a spouse's employment begins or ends, a dependent's eligibility status changes due to age, student status, marital status or employment status and you or your spouse experience a change in work hours that affects benefit eligibility. Note: Your qualified status change must be consistent with the event. You must notify Human Resources within thirty (30) days of your qualifying event.

IMPORTANT NOTICE FROM CLAY COUNTY ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Clay County and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- Clay County has determined that the prescription drug coverage offered by your employer's group medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered Creditable Coverage. You can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When can you join a Medicare drug plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a 2-month Special Enrollment Period (SEP) to join a Medicare drug plan.

What happens to your current coverage if you decide to join a Medicare drug plan?

If you decide to join a Medicare drug plan, your current coverage with Clay County may be affected. See pages 9-11 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current Clay County coverage, be aware that you and your dependents will only be able to get this coverage back only during a qualified life event or during the annual enrollment period.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Clay County and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen (19) months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For more information about this notice or your current prescription drug coverage...

Contact your Benefit Administrator (contact below). NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if this coverage through Clay County changes. You also may request a copy of this notice at any time.

For more information about your options under Medicare prescription drug coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and therefore, whether or not you are required to pay a higher premium (a penalty).

Date: 01/01/2025
Name of Entity: Clay County Board of County Commissioners
Contact-Position: Personnel
Address: 477 Houston Street; Green Cove Springs, FL 32043
Phone Number: (904) 529-4719
Email: humanresources@claycountygov.com

Key Contacts

CONTACT	PHONE	EMAIL / WEBSITE
Medical Florida Blue	1.800.322.2808 1.888.476.2227 (Care Consultant)	www.FloridaBlue.com
Pharmacy Express Scripts, Inc. (ESI)	1.877.817.4044	www.express-scripts.com
Health Savings Account (HSA) Fidelity	1.800.544.3716	www.netbenefits.com
Dental MetLife	1.800.942.0854	www.MetLife.com
Vision SuperiorVision- MetLife	1.800.507.3800	www.SuperiorVision.com
Life and Disability Standard	1.904.793.5413	humanresources@claycountygov.com
Voluntary Benefits Aflac – Shellie Pittman-Gaskins Allstate – Jammie Saunders Colonial Life – Tatiana Mac Dougall Liberty National – Haim Ephraim Legal Shield – Rebecca Smith	1.904.860.8124 1.904.215.2088 1.904.755.2373 1.904.647.8514 1.904.262.2311	Shellie_Gaskins@us.Aflac.com JSaunders@Allstate.com Tatiana.MacDougall@Coloniallifesales.com haim.elfersy@gmail.com RjSmith@SmithTerry.com
Deferred Compensation Nationwide Empower	1.352.682.2342 1.866.816.4400	mckinns6@nationwide.com www.empowermyretirement.com
Benefits Team	1.904.793.5413	humanresources@claycountygov.com
The Bailey Group Benefits Consultants Teresa Anderson	1.904.417.9127	tanderson@mbaileygroup.com

Notes

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Clay County BOCC
2025 Benefits

The information in this 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. The benefit options selected during Open Enrollment will be binding. The terms and provisions will govern you and restrictions of the plans in which you enroll. Generally, unless you experience a qualifying life event, your elections will remain in effect for the entire plan year. By completing your enrollment, you authorize Clay County BOCC to deduct contributions from your paycheck, now and in the future, as required under each of the plans. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources. Clay County BOCC reserves the right to change, amend or cease these benefits at any time.