EMPLOYEE BENEFITS

Dixie County Board of County Commissioners and Constitutional Offices

2026-2027

Open Enrollment Guide

Brought to you by

Brad Hoard, Managing Partner, Daybright Financial

Andrew Rains, Nature Coast Insurance

Open Enrollment Announcement
2026-2027 Benefit Year

DIXIE COUNTY BOARD OF COUNTY COMMISSIONERS
AND CONSTITUTIONAL OFFICES

August 2026

Dear Dixie County Board of County Commissioners and Constitutional Offices Employees:

Thank you for allowing Daybright Financial and Nature Coast Insurance to work with you over the years. We appreciate the opportunity to support your employee benefits program and assist with this year's open enrollment for the 2026-2027 benefit year, beginning October 1, 2026.

Open enrollment will be held August 24, 2026 through September 4, 2026. During this period, employees may review benefit options, make benefit elections, and complete any needed enrollment changes for the upcoming plan year.

Open Enrollment Details

Enrollment Period	August 24, 2026 through September 4, 2026
On-site Enrollment	August 25, 26, and 27, 2026 9:00 AM to 4:00 PM Dixie County Courthouse
Self-Service Enrollment	Log on to employeenavigator.com
Virtual Appointment Requests	To schedule a virtual appointment between August 24 and September 4, please send your preferred appointment time to flenrollment@daybright.com.

Enclosed in this packet, you will find a summary of benefits for all of your plans, as well as a summary rate sheet. Please review these materials carefully so you can make the elections that best meet your needs for the upcoming benefit year.

If you have any questions, please reach out to Brad Hoard at jbhoard@daybright.com or 850-906-9099. You may also contact Andrew Raines with Nature Coast Insurance at 352-498-3328.

Thank you, and please let us know how we can help you during your 2026 open enrollment.

Sincerely,
Daybright Financial
In partnership with Nature Coast Insurance

daybright FINANCIAL

Payroll Deduction Rate Sheet
2026-2027 Benefit Year

DIXIE COUNTY BOARD OF COUNTY COMMISSIONERS
AND CONSTITUTIONAL OFFICES

Effective October 1, 2026 | Payroll Deductions Per Pay Period

MEDICAL PLAN PAYROLL DEDUCTIONS

Coverage Tier	HMO 126 24 Pay	HMO 126 26 Pay	PPO 5181 24 Pay	PPO 5181 26 Pay	HMO 54 24 Pay	HMO 54 26 Pay
Employee Only	-	-	$67.31	$62.13	$30.31	$27.98
Employee + Spouse	$613.95	$566.72	$767.40	$708.37	$683.05	$630.51
Employee + Children	$479.65	$442.75	$479.65	$442.75	$540.26	$498.70
Employee + Family	$1,093.59	$1,009.47	$1,314.35	$1,213.25	$1,193.00	$1,101.23

DENTAL AND VISION PAYROLL DEDUCTIONS

Coverage Tier	Dental 24 Pay	Dental 26 Pay	Vision 24 Pay	Vision 26 Pay
Employee Only	-	-	$3.84	$3.54
Employee + Spouse	$16.54	$15.27	$8.32	$7.68
Employee + Children	$16.86	$15.56	$11.51	$10.62
Employee + Family	$30.25	$27.92	$16.84	$15.54

COUNTY PAID LIFE AND ADDITIONAL BENEFITS OFFERED

County Paid Life Insurance	Additional Ancillary Benefits Offered
$20,000 Age Reduction Applies	• Short-Term Disability • Accident Insurance • Hospital Indemnity • Critical Illness

Please review the enclosed benefits summaries for plan details and limitations.

Contact Daybright Financial or Nature Coast Insurance with questions.

daybright FINANCIAL

DIXIE COUNTY BOARD OF COUNTY COMMISSIONERS
AND CONSTITUTIONAL OFFICES
2026-2027 Medical Plan Comparison

Florida Blue
Health Plan Options

Side-by-side summary of key in-network benefits. This comparison is a summary only; please refer to the official SBCs for full plan details, limitations, and exclusions.

Key Plan Feature	BlueCare 54 HMO Lower Premium	BlueCare 126 HMO HSA Compatible	BlueOptions 05180 PPO HSA Compatible
Plan Type	HMO	HMO	PPO
HSA Compatible	No	Yes	Yes
Network Access	In-network only; out-of-network not covered	In-network only; out-of-network not covered	In-network and out-of-network benefits available
In-Network Deductible	$5,000 individual / $10,000 family	$1,700 per person	$1,700 per person
Out-of-Pocket Maximum	$6,350 individual / $12,700 family	$3,300 per person	$3,300 per person
Primary Care Visit	Value Choice: no charge; Primary Care: $40 copay; Virtual: no charge	Value Choice: no charge after deductible; otherwise deductible + 10%	Value Choice: no charge after deductible; otherwise deductible + 10%
Specialist Visit	Value Choice Specialist: $20 copay; Specialist: $65 copay	Value Choice Specialist: no charge after deductible; otherwise deductible + 10%	Value Choice Specialist: no charge after deductible; otherwise deductible + 10%
Preventive Care	No charge; deductible does not apply	No charge; deductible does not apply	No charge; deductible does not apply
Diagnostic Test / Lab	Value Choice Specialist: $20; independent lab: no charge; diagnostic center: $65	Value Choice Specialist: no charge after deductible; labs/diagnostic center: deductible + 10%	Value Choice Specialist and independent lab: no charge after deductible; diagnostic center: deductible + 10%
Imaging: CT/PET/MRI	Physician office: $300; independent diagnostic center: $200	Deductible + 10%	Deductible + 10%
Prescription Drugs	$10 generic / $50 preferred / $80 non-preferred / 20% specialty	Deductible + $10 / $50 / $80; specialty based on applicable tier	Deductible + $10 / $50 / $80; specialty based on applicable tier
Emergency Room Care	Facility: $300 copay; physician services: deductible + 30%	Deductible + 10%	Deductible + 10%
Urgent Care	Value Choice: no charge for visits 1-2; then $85; urgent care: $85	Value Choice: no charge after deductible; urgent care: deductible + 10%	Value Choice: no charge after deductible; urgent care: deductible + 10%
Outpatient Surgery	ASC facility: deductible + 30%; surgeon fees: $100 ASC or	Deductible + 10%	Deductible + 10%

	deductible + 30% hospital		
Hospital Facility / Inpatient	Deductible + 30%	Deductible + 10%	Deductible + 10%
Rehabilitation / Chiropractic	Rehab: $65 copay; chiropractic included in 45 visits with 30 manipulations	Deductible + 10%; 45 visits including 30 manipulations	Deductible + 10%; 50 visits including 26 manipulations
Best Fit Summary	Lower payroll deduction option with higher deductible and copay structure	HSA-compatible HMO with lower deductible and coinsurance after deductible	HSA-compatible PPO with broader provider flexibility

Sources: BlueCare Lower Premium 54 SBC, BlueCare HSA Compatible 126 SBC, BlueOptions HSA Compatible 05180 SBC. Rates are shown separately on the payroll deduction rate sheet.

Standard Insurance Company
Dixie County Board of County Commissioners
Group Policy #150917
Effective Date January 1, 2010

Group Basic Life and Accidental Death and Dismemberment Insurance

Group Basic Life insurance from Standard Insurance Company helps provide financial protection by promising to pay a benefit in the event of an eligible member's covered death. Basic Accidental Death and Dismemberment (AD&D) insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident.

The cost of this insurance is paid by Dixie County Board of County Commissioners.

Eligibility

Definition of a Member	You are a member if you are an active employee of Dixie County Board of County Commissioners and regularly working at least 30 hours each week. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
Class Definition	Class 1 - Active Members
Eligibility Waiting Period	You are eligible on the first of the month that follows or coincides with 30 consecutive days as a member.

Benefits

Basic Life Coverage Amount	Your Basic Life coverage amount is $20,000.
Basic AD&D Coverage Amount	For a covered accidental loss of life, your Basic AD&D coverage amount is equal to your Basic Life coverage amount. For other covered losses, a percentage of this benefit will be payable.
Life Age Reductions	Basic Life and AD&D insurance coverage amount reduces to 50 percent at age 70.

Other Basic Life Features and Services

- Accelerated Benefit
- Life Services Toolkit
- Portability of Insurance
- Repatriation Benefit
- Right to Convert Provision
- Standard Secure Access account payment option
- Travel Assistance
- Waiver of Premium

Other Basic AD&D Features

- Family Benefits Package
- Line of Duty Benefit (Public Safety Employees only)
- Seat Belt and Air Bag Benefits

This information is only a brief description of the group Basic Life/AD&D insurance policy sponsored by Dixie County Board of County Commissioners. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reductions in benefits, exclusions and when The Standard and Dixie County Board of County Commissioners may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of coverage, contact your human resources representative.

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 13279-D-FL-150917-C1 (8/22)
7138041-889090

Benefits and Rates Summary

BlueDental Plan: Single Plan Options	BlueDental Choice Plus True Group
Dental Plan Benefits	
Deductible	In-Network/Out-of-Network
No Deductible for Preventive Services	
Per Person Per Plan Year	$75 / $75
Per Family Per Plan Year	No Limit / No Limit
Benefits	**Coinsurance**
Preventive Services	100% * / 100%
Basic Services	60% * / 60%
Major Services	50% * / 50%
Periodic Oral Evaluation (0120)	Preventive
Comprehensive Oral Evaluation (0150)	Preventive
Bitewing X-rays, two films (0272)	Preventive
Cleanings - Adult/Child (1110, 1120)	Preventive
Fluoride Treatment - Child (1203)	Preventive
Office Visits (9430)	Preventive
X-rays - Intraoral/Complete Series (0210)	Basic
Sealant – per tooth (1351)	Preventive
Amalgam Restorations (Silver Fillings) (2140)	Basic
Resin-Based Restorations - Anterior (2330)	Basic
Extractions - Routine and Surgical (7140)	Basic
Root Canal Molar (3330)	Major
Periodontal Scaling & Root Planing-per quad (4341)	Major
Crowns - Porcelain fused to noble metal (2752)	Major
Complete Dentures (5110, 5120)	Major
Pontic - Porcelain fused to noble metal (6242)	Major
Partial Dentures (5213, 5214)	Major
Surgical placement of implant body: endosteal implant (6010)	Major
Implant supported porcelain fused to metal crown (titanium, high noble metal) (6066)	Major
Orthodontia Services	None
BlueDental Coverage	N/A#
Waiting Periods	
Major Service Benefits	None
Orthodontia Benefits	N/A
Maximum Benefits	
Plan Year (per person)	$1,000
Lifetime Orthodontia (per person)	N/A
Dental Rollover	Opt In
OON Reimbursement	90th U&C
Procedures Performed by Specialist	Covered / Covered
Dental Rates Employee Census	
Employee Only	
Employee + Spouse	
Employee + Children	
Family	

* Of allowable expenses established by contract for the participating dentists.

Standard Insurance Company
Dixie County Board of County Commissioners
Group Policy #150917 (Semi-Monthly Premiums)

Group Accident Insurance

Keep your finances on track when an accident happens.

Here's How Accident Insurance Works

1 You have an accident.

Your health insurance covers some costs, after you meet your deductible. But you still may have copays and a lot of out-of-pocket expenses.

2 We send you a check.

The Standard will send a check directly to you — not to your medical providers — upon approval of your claim. You decide how you spend the money.

3 You focus on getting better.

With The Standard helping you handle the unexpected expenses, you get to pay attention to what matters most — your health.

Here's what it does:

- **Pays you directly**, so you can choose how to spend the money.
- **Pays you for what happens**, regardless of your other coverage.
- **Goes with you** if you leave your employer.
- **Provides coverage without answering any medical questions.**
- Gives you the option to **cover your spouse and children**.
- **Pays an additional 25 percent benefit** if your child, 18 or under, is injured playing organized sports.
- **You pay the same premium** for as long as you have your coverage.
- Provides the convenience of having your **premium payments deducted directly from your paycheck**.

This coverage from Standard Insurance Company (The Standard) can help you stress less about unexpected medical bills.

Here's an example of benefits paid for a covered accident:

You're injured during your city league soccer game. An ER visit and scans reveal a concussion, broken leg, torn ACL and meniscus - requiring a 2 day hospital stay and surgery.

Here's what your plan would cover for this example:

Benefits Paid to You	Benefit Amounts
Emergency Room Visit	$600
X-ray	$400
Concussion	$600
Leg Fracture (Surgical)	$3,400
Knee Cartilage Repair	$1,000
Hospital Admission	$2,500
2 Days Hospital Confinement	$1,400
Medical Appliance	$600
Physician Follow-Up Appointment	$450
2 Physical Therapy Appointments	$900
TOTAL	**$11,850**

Here's what it would cost you:

Coverage for…	Semimonthly Premium
You	$8.84
You and your spouse	$14.34
You and your children	$16.35
You, your spouse and your children	$25.79

Accident Insurance Includes 70+ Benefits for Covered Injuries and Treatment

This is only a partial listing of benefits offered. The specific benefit amounts you'd receive vary. Please consult with your human resources representative or plan administrator for more details.

Injury

- Burns
- Dislocations
- Eye Injuries
- Concussion
- Loss of Hearing
- Lacerations
- Fractures
- Coma
- Paralysis

Emergency

- Emergency Dental
- Urgent Care
- Ambulance
- Emergency Room
- X-ray
- Major Diagnostic Exam

Surgery

- Abdominal/Thoracic Surgery
- Outpatient Surgical Facility
- Skin Grafts
- Knee Cartilage/ Ligament/ Tendon Repair
- Ruptured Disk
- Rotator Cuff

Hospitalization

- Hospital Admission
- Hospital Confinement
- CCU Confinement
- CCU Admission

Follow-Up Care

- Chiropractor
- Medical Appliance
- Hearing Device
- Physical Therapy
- Physician Care
- Prosthesis
- Rehab Facility

Value Added Benefits

- Transportation
- Lodging
- Youth Organized Sports Benefit

Additional Benefits

24-hour coverage – Includes coverage for accidents that occur on and off the job.

Accidental Death & Dismemberment — Includes a benefit for an accidental death or covered dismemberment for you or your dependents.

Line of Duty Benefit — Provides an additional benefit for public safety officers who suffer an accidental death or covered dismemberment or impairment while on the job.

Health Maintenance Screening Benefit — Pays a $200 benefit once per calendar year when you or your dependents go to the doctor for a covered wellness screening, which may include a novel infectious disease test (including COVID-19) or a mammogram.

Automobile Accident Benefit — Provides an additional $500 benefit for injuries you or your dependents sustain while traveling in an automobile involved in a covered accident.

Important Details

Here's where you'll find the nitty-gritty details about Accident insurance.

Portability

This coverage is portable. That means that you may be able to continue your coverage through direct bill if your employment ends or your insurance ends because you no longer meet the eligibility requirements.

Eligibility Requirements

To be eligible for this coverage, you must be 18 years old or older, a regular employee of Dixie County Board of County Commissioners, actively working in the United States at least 20 hours per week and a citizen or resident of the United States. Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

You can choose to cover your spouse, 18 years old or older, a person to whom you are legally married. You can also cover your children from birth through age 25. Your children cannot be insured by more than one employee. Your spouse or children must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

A minimum number of eligible employees must apply and qualify for the proposed plan before Accident insurance coverage can become effective.

Your Effective Date

You must satisfy the eligibility requirements listed above, serve an eligibility waiting period, agree to pay premium, and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your human resources representative or plan administrator for more information regarding the requirements that must be satisfied for your insurance to become effective.

Exclusions

Benefits are not payable if an accident is caused by or contributed to any of the following:

- War or any act of war
- Suicide or other intentionally self-inflicted injury, while sane or insane
- Committing or attempting to commit an assault, felony or act of terrorism
- Active participation in a violent disorder or riot
- The voluntary use or consumption of any poison, chemical compound, drug or alcohol in excess of the legal limit in the state your accident occurred
- Sickness existing at the time of the accident, including any medical or surgical treatment or diagnostic procedure for a sickness
- Travel or flight in or on any aircraft, except as a fare-paying passenger on a commercial aircraft
- Engaging in mountain climbing, caving, heli-skiing, boxing, full contact martial arts, bungee jumping, parachuting, base jumping, skydiving, hang gliding, sail gliding, parasailing, kitesurfing, kiteboarding or scuba diving
- Practicing for, or participating in, any semiprofessional or professional competitive athletic contests for which any type of compensation or remuneration is received
- Routine eye exams and dental procedures other than a crown or extraction for a tooth or teeth as a result of a covered accident
- Riding in or driving any automobile in a race, stunt show or speed test
- Cosmetic surgery or other procedure to improve appearance, unless it is necessary to correct a deformity or restore bodily function after a covered accident
- An accident that occurs while you or your dependent is incarcerated in a jail or penal or correctional institution

When Your Insurance Ends

Your insurance ends if you notify your employer or policyholder to terminate your coverage, you stop making premium payments, your employment terminates, you cease meeting the member definition or the group policy terminates.

Child and spouse insurance ends when your insurance ends, they cease to meet the definition of child or spouse, you stop making premium payments for child or spouse insurance, spouse or child insurance is no longer offered under the group policy or the group policy terminates.

Group Insurance Certificate

If coverage becomes effective and you become insured, you may receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and

terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

IMPORTANT NOTICE TO PERSONS ON MEDICARE: THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

Some healthcare services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- Hospitalization
- Physician services
- Hospice
- Outpatient prescription drugs if you are enrolled in Medicare Part D
- Other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before you buy this insurance:

- Check the coverage in all health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from Standard Insurance Company.
- For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).

About Standard Insurance Company

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at **www.standard.com**.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

This is a limited benefit policy.

GP0614-ACC

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 17615-D-FL-150917-24PP (8/22)
7138041-889126

Standard Insurance Company
Dixie County Board of County Commissioners
Group Policy #150917 (Semi-Monthly Premiums)

Group Critical Illness Insurance

Plan for the Costs of a Serious Illness So You Can Focus on Getting Well.

1 You get a critical illness diagnosis

Your health insurance covers many of your treatment costs, but you still have a lot of expenses that your finances aren't ready for.

2 The Standard is there for you

The Standard helps shield your finances by paying benefits directly to you. And you get to decide how you spend that money.

3 Focus on getting better

With The Standard helping cover your out-of-pocket or everyday expenses, you get to concentrate on what's most important to you, getting better.

Here's what it does:

- **Pays you directly**, so you can choose how to spend the money
- **Goes with you** if you leave your employer
- **Provides coverage** without answering any medical questions
- **Covers children** at a 50% of your benefit amount at no additional cost
- Gives you the option to **cover your spouse**

This coverage from Standard Insurance Company (The Standard) helps fill the gap caused by out-of-pocket costs, creating a financial safety net for you and your family.

Here's how it works:

Cancer: Shayna beat cancer, but faced many costs she didn't expect. There were her medical plan's copays for doctor visits and what she owed for chemotherapy after meeting her deductible. She also bought hair prosthetics, paid for travel to specialists, and had alternative treatments. The benefits from Shayna's Critical Illness insurance helped cover the expenses. And, her plan also gave her access to Health Advocate™. Through this service, Shayna received the support of a personal guide who helped her make sense of her diagnosis and treatment options.

You choose your coverage amount. Here's an example of what each benefit could cover:

Example Of Out-Of-Pocket Expenses

Medical plan	$1,400
Lost wages	$5,000
Alternate treatments and diets not covered by medical plan	$4,500
Total Out-Of-Pocket Expenses	**$10,900**

Example Of Benefits

Critical Illness Benefit Option	$5,000	$20,000
Total Out-Of-Pocket Expenses	**$10,900**	**$10,900**
Remaining Out-Of-Pocket Expenses	$5,900	$0
Remaining Benefit For Other Expenses	**$0**	**$9,100**

These are the benefit options you may elect:

Coverage for...	Coverage Amount...
You	$5,000-$20,000 in increments of $5,000
Your spouse	$5,000-$20,000 in increments of $5,000, as long as it's not more than your coverage amount
Your children	Automatically covered at 50% of your coverage amount

See the Important Details section for more information, including requirements, exclusions and definitions.

Affordable Group Rates

Because you'll be buying this insurance through Dixie County Board of County Commissioners, you'll have access to affordable group rates. You'll also have the convenience of having your premium deducted directly from your paycheck.

The semimonthly premiums you would pay for Critical Illness insurance benefits are below.

Employee Non-Tobacco Semimonthly Attained Age Premiums

Coverage Amount	Employee Age					
	18-29	30-39	40-49	50-59	60-69	70+
$5,000	$0.73	$1.13	$2.30	$4.53	$8.13	$14.28
$10,000	$1.45	$2.25	$4.60	$9.05	$16.25	$28.55
$15,000	$2.18	$3.38	$6.90	$13.58	$24.38	$42.83
$20,000	$2.90	$4.50	$9.20	$18.10	$32.50	$57.10

Employee Tobacco Semimonthly Attained Age Premiums

Coverage Amount	Employee Age					
	18-29	30-39	40-49	50-59	60-69	70+
$5,000	$0.83	$1.43	$3.53	$8.60	$17.70	$31.28
$10,000	$1.65	$2.85	$7.05	$17.20	$35.40	$62.55
$15,000	$2.48	$4.28	$10.58	$25.80	$53.10	$93.83
$20,000	$3.30	$5.70	$14.10	$34.40	$70.80	$125.10

Spouse Semimonthly Attained Age Premiums - Based on Employee's Age and Non-Tobacco status

Coverage Amount	Employee Age					
	18-29	30-39	40-49	50-59	60-69	70+
$5,000	$0.73	$1.13	$2.30	$4.53	$8.13	$14.28
$10,000	$1.45	$2.25	$4.60	$9.05	$16.25	$28.55
$15,000	$2.18	$3.38	$6.90	$13.58	$24.38	$42.83
$20,000	$2.90	$4.50	$9.20	$18.10	$32.50	$57.10

Spouse Semimonthly Attained Age Premiums - Based on Employee's Age and Tobacco status

Coverage Amount	Employee Age					
	18-29	30-39	40-49	50-59	60-69	70+
$5,000	$0.83	$1.43	$3.53	$8.60	$17.70	$31.28
$10,000	$1.65	$2.85	$7.05	$17.20	$35.40	$62.55
$15,000	$2.48	$4.28	$10.58	$25.80	$53.10	$93.83
$20,000	$3.30	$5.70	$14.10	$34.40	$70.80	$125.10

With Critical Illness insurance, you can:

- **Protect your loved ones.** Cover your spouse up to $20,000, as long as it's not more than your benefit amount. Your kids are automatically covered at 50 percent of the amount elected for yourself for the same critical illnesses that you are. Kids are also covered for 21 additional childhood diseases, including cystic fibrosis, Down syndrome, muscular dystrophy, spina bifida and cerebral palsy.
- **Receive a benefit for taking care of your health.** You and your covered loved ones receive a Health Maintenance Screening benefit of $50 once per calendar year when visiting the doctor for a covered wellness screening, which may include a novel infectious disease test (including COVID-19) or a mammogram — that typically cost you nothing under your medical insurance.
- **Receive additional benefits.** If you are diagnosed with a covered illness again after a treatment-free period of 6 months, you will receive 100 percent of the original benefit amount. If you are diagnosed with a different and subsequent covered illness after the diagnosis of the first critical illness, you will receive an additional Critical Illness insurance benefit.
- **Access a Health Advocate*.** Additional services available through Health Advocate, include access to specialists for a second opinion upon approval of a covered claim.
- **Update your coverage as needed.** As your life circumstances change, increase or decrease your coverage, in accordance with your employer's plan.

Covered Conditions

Receive 100 percent of your coverage amount for:

- Heart attack
- Stroke
- Cancer (cancer that has spread beyond initial tissue)
- End stage renal (kidney) failure
- Major organ failure
- Coma
- Paralysis of two or more limbs
- Loss of sight
- Occupational HIV
- Occupational Hepatitis

Receive 25 percent of your coverage amount for:

- Severe coronary artery disease with recommendation for bypass
- Cancer that has not spread beyond initial tissue, also known as Carcinoma in situ

Payment of benefit is subject to the terms and conditions of the policy.
Diagnosis and recommendation must occur after your coverage becomes effective.

* Health Advocacy services are provided through an arrangement with Health Advocate, a leading health advocacy and assistance company. Health Advocate is not affiliated with The Standard or any insurance or third-party provider, and does not replace health insurance coverage, provide medical care or recommend treatment.

Important Details

Here's where you'll find the nitty-gritty details about Critical Illness Insurance.

Portability

This coverage is portable. That means that you may be able to continue your coverage through direct bill if your employment ends or your insurance ends because you no longer meet the eligibility requirements.

Eligibility Requirements

To be eligible for this coverage, you must be 18 years old or older, a regular employee of Dixie County Board of County Commissioners, actively working in the United States at least 20 hours per week and a citizen or resident of the United States. Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

You can choose to cover your spouse, 18 years old or older, a person to whom you are legally married. You can also cover your child(ren) from birth through age 25. Your child(ren) cannot be insured by more than one employee. Your spouse or child(ren) must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

A minimum number of eligible employees must apply and qualify for the proposed plan before Critical Illness insurance coverage can become effective.

Your Effective Date

You must satisfy the eligibility requirements listed above, serve an eligibility waiting period, agree to pay premium and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your human resources representative or plan administrator for more information regarding the requirements that must be satisfied for your insurance to become effective.

Annual Open Enrollment

You may enroll for coverage for you and your spouse up to the maximum amount if you enroll within 31 days after becoming eligible. However, if you do not enroll during this period or want to increase your coverage up to the maximum amount, you may do so during your employer's annual open enrollment period.

Reoccurrence Benefit

If you or your dependents receive a benefit for a covered critical illness and are later diagnosed with the same critical illness, a one-time reoccurrence benefit will be paid if you or your dependents have:

- Been continuously insured under the group policy between the initial and subsequent diagnosis or recommendation
- Served a 6-month treatment-free period in connection with the critical illness during which you or your dependents did not:
  - Consult a physician or other licensed medical professional
  - Receive medical treatment, services or advice
  - Undergo diagnostic procedures, including self-administered procedures
  - Take prescribed drugs or medications

Exclusions

Benefits are not payable if a critical illness is caused or contributed to by any of the following:

- War or any act of war
- Attempted suicide or other intentionally self-inflicted injury, while sane or insane
- Committing or attempting to commit an assault, felony or act of terrorism
- Active participation in a violent disorder or riot
- The voluntary use or consumption of any poison, chemical compound, drug or alcohol in excess of the legal limit in the state the critical illness occurred, unless used or consumed according to the directions of a physician
- Elective surgery or other procedure which:
  - Does not promote the proper function of your or your dependent's body or prevent or treat sickness or injury
  - Is directed at improving your or your dependent's appearance, unless such surgery or procedure is necessary to correct a deformity resulting from a congenital abnormality or disfigurement

  Note: This exclusion will not apply to a critical illness caused or contributed to by your or your dependent's donation of an organ or tissue.

When Your Insurance Ends

Your insurance ends if you notify your employer or

policyholder to terminate your coverage, you stop making premium payments, your employment terminates, you cease meeting the member definition or the group policy terminates.

Child and spouse insurance ends when your insurance ends, they cease to meet the definition of child or spouse, you stop making premium payments for spouse insurance, spouse or child insurance is no longer offered under the group policy or the group policy terminates.

Group Insurance Certificate

If coverage becomes effective and you become insured, you may receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

IMPORTANT NOTICE TO PERSONS ON MEDICARE: THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

Some healthcare services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed dollar amount, regardless of your expenses, if you meet the policy conditions, for one of the specific diseases or health conditions named in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- Hospitalization
- Physician services
- Hospice
- Outpatient prescription drugs if you are enrolled in Medicare Part D
- Other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before you buy this insurance:

- Check the coverage in all health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from Standard Insurance Company.
- For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).

About Standard Insurance Company

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at **www.standard.com**.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

This is a limited benefit policy.

GP0614-CI FLORIDA

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 17616-D-FL-150917-24PP (8/22)
7138041-889128

Standard Insurance Company
Dixie County Board of County Commissioners
Group Policy #150917 (Semi-Monthly Premiums)

Group Hospital Indemnity Insurance

Keep your finances on track when you're in the hospital.

1 You're admitted to the hospital.

Your health insurance covers many costs of your stay and treatment. But you still have a lot of expenses, including deductibles, copays, and other costs you couldn't predict.

2 We send you a check.

The Standard will send a check directly to you - not to your medical providers - upon approval of your claim. You decide how you spend the money.

3 You focus on recovering.

With The Standard helping you handle the costs of your hospital stay, you get to concentrate on what matters most - your health.

Here's what it does:

- **Pays you directly**, so you can choose how to spend the money
- **Goes with you** if you leave your employer
- **Provides coverage** without answering any medical questions
- Gives you the option to **cover your spouse and children**
- **Protects your HSA Account**
- Provides the convenience of having your **premium payments deducted directly from your paycheck**

This coverage from Standard Insurance Company (The Standard) can help protect your finances and provides you peace of mind.

Here's how it works:

Ruptured Ulcer: Kim is out of town on a business trip when she experiences abdominal pain and a racing heartbeat. Diagnosis: ruptured gastric ulcer. She is rushed to the hospital, admitted and taken into surgery. She ends up being hospitalized for 10 days, three of which are in a critical care unit. Kim's spouse leaves their two kids with their daycare provider and flies to be at her side. The family now faces additional costs for medical bills, travel, and childcare amounting to $3,850.

Here's what your plan would cover for this example:

Benefits Paid to You	Benefit Amount
Hospital admission	$1,500
Hospital confinement (10 days)	$3,500
Critical care unit admission	$500
Critical care unit confinement (3 days)	$1,050
Total paid to you	**$6,550**

Here's what it would cost you:

Coverage for…	Semimonthly Premium
You	$9.84
You and your spouse	$16.77
You and your children	$14.21
You, your spouse and your children	$25.10

Here's what it covers:

Benefits Paid to You	Benefit Amount
Hospital Admission[1]	$1,500 Maximum 1 per calendar year
Daily Hospital Confinement [1]	$350 per day Maximum 31 days per stay
Critical Care Unit Admission [1,2]	$500 Maximum 1 per calendar year
Daily Critical Care Unit Confinement[1,2]	$350 per day Maximum 15 days per stay

1 Defined as a stay for at least 20 consecutive hours in a hospital setting.

2 Payable in addition to the Hospital Admission and Daily Hospital Confinement benefit you may be eligible to receive.

Additional Benefits

Waiver of Premium – Premium waived if you are confined to a hospital for more than 30 days.

Health Maintenance Screening Benefit — Pays a $50 benefit once per calendar year when you or your dependents go to the doctor for a covered wellness screening, which may include a novel infectious disease test (including COVID-19) or a mammogram.

Protect your HSA Account — Hospital Indemnity insurance provides financial protection while you are building your HSA assets. Contact your employer to determine if this Hospital Indemnity plan impacts the taxability of your contributions to an HSA. It's protection that's also convenient: Your premium payments can be deducted directly from your paycheck.

Important Details

Here's where you'll find the nitty-gritty details about Hospital Indemnity insurance.

Portability

This coverage is portable. That means that you may be able to continue your coverage through direct bill if your employment ends or your insurance ends because you no longer meet the eligibility requirements.

Eligibility Requirements

To be eligible for this coverage, you must be 18 years old or older, a regular employee of Dixie County Board of County Commissioners, actively working in the United States at least 20 hours per week and a citizen or resident of the United States. Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

You can choose to cover your spouse, 18 years old or older, a person to whom you are legally married. You can also cover your children from birth through age 25. Your child cannot be insured by more than one employee. Your spouse or children must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

A minimum number of eligible employees must apply and qualify for the proposed plan before Hospital Indemnity insurance coverage can become effective.

Your Effective Date

You must satisfy the eligibility requirements listed above, serve an eligibility waiting period, agree to pay premium, and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your human resources representative or plan administrator for more information regarding the requirements that must be satisfied for your insurance to become effective.

Annual Open Enrollment

You may enroll for coverage for you and your dependents if you enroll within 31 days after becoming eligible. However, if you do not enroll during this period, you may do so during your employer's annual open enrollment period.

Waiver of Premium

Your insurance will continue without payment of premiums if you are confined in a hospital for more than 30 days in a row. We will waive payment of premium for your insurance from the 31st day of your confinement until the last day of the month you are in the hospital.

Exclusions

Benefits are not payable if an injury or sickness is caused or contributed to by any of the following:

- War or any act of war
- Attempted suicide or other intentionally self-inflicted injury, while sane or insane
- Committing or attempting to commit a felony or act of terrorism
- Active participation in a violent disorder or riot
- Alcoholism, drug abuse, misuse of alcohol or any other substance, the voluntary use or consumption of any drug or alcohol in excess of the legal limit in the state in which an injury occurred, or taking of drugs unless used or consumed according to the directions of a health care provider.
- Travel or flight in or on any aircraft, except as a fare-paying passenger on a commercial aircraft
- Cosmetic surgery or other procedure to improve appearance, unless it is necessary to correct a deformity or restore bodily function resulting from an injury or sickness
- Any injury or sickness which arises out of or in the course of you or your dependent being incarcerated in a jail, penal or correctional institution
- Dental care or dental procedures, unless treatment is the result of an injury
- Routine newborn nursing or well-baby care
- Hospital confinement of a newborn child following the child's birth unless the confinement is as a result of an injury or sickness
- Riding in or driving any automobile in a race, stunt show or speed test

When Insurance Ends

Your insurance ends if you notify your employer or policyholder to terminate your coverage, you stop making premium payments, your employment terminates, you cease meeting the member definition or the group policy

terminates.

Child and spouse insurance ends when your insurance ends, they cease to meet the definition of child or spouse, you stop making premium payments for child or spouse insurance, spouse or child insurance is no longer offered under the group policy or the group policy terminates.

Group Insurance Certificate

If coverage becomes effective and you become insured, you may receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

IMPORTANT NOTICE TO PERSONS ON MEDICARE: THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

Some healthcare services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- Hospitalization
- Physician services
- Hospice
- Outpatient prescription drugs if you are enrolled in Medicare Part D
- Other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before you buy this insurance:

- Check the coverage in all health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from Standard Insurance Company.
- For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).

About Standard Insurance Company

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at **www.standard.com.**

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

This is a limited benefit policy.

GP0614-HI

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 17617-D-FL-150917-24PP (8/22)
7138041-889127

Standard Insurance Company
Dixie County Board of County Commissioners
Group Policy #150917 (Semi-Monthly Premiums)

Group Additional Life Insurance

Help protect your loved ones from financial hardship.

This coverage is designed to help provide financial support and stability to your family should you pass away. You can also cover your eligible spouse and child(ren). Life insurance is an easy, responsible way to help protect your family from financial hardship during a difficult time — and into the future.

This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Benefits if you become terminally ill or die

About This Coverage

If you take no action you'll be covered under Basic Life insurance provided you meet the eligibility requirements. Consider whether that would be enough to help your family meet daily expenses, maintain their standard of living, pay off debt and fund your children's education. If not, you may want to apply for additional coverage now.

How Much Can I Apply For? The coverage amount for your spouse cannot exceed 100 percent of your Additional Life coverage. The coverage amount for your child(ren) cannot exceed 100 percent of your Additional Life coverage. **NOTE: You are only required to be insured under Basic Life in order to elect coverage for your eligible child(ren). However, you must elect Additional Life for yourself in order to elect coverage for your spouse.**	For You:	**$10,000 – $350,000** in increments of **$10,000**
	For Your Spouse:	**$10,000 – $350,000** in increments of **$10,000**
	For Your Child(ren):	**$5,000** or **$10,000**
What is the Guarantee Issue Maximum? Depending on your eligibility, this is the maximum amount of coverage you may apply for during initial enrollment without answering health questions.	For You:	Up to **$100,000**
	For Your Spouse:	Up to **$30,000**

See the Important Details section for more information, including requirements, exclusions, age reductions and definitions.

Additional Feature

Accelerated Benefit	If you become terminally ill, you may be eligible to receive up to 75 percent of your combined Basic and Additional Life benefit to a maximum of $500,000.

How Much Life Insurance Do You Need?

After a death in the family, there are many unexpected expenses. Your benefits could help your family pay for:

- Outstanding debt
- Burial expenses
- Medical bills
- Your children's education
- Daily expenses

To estimate your insurance needs, you'll need to consider your unique circumstances. Use our online calculator at **www.standard.com/life/needs.**

How Much Your Coverage Costs

Your Basic Life insurance is paid for by Dixie County Board of County Commissioners. If you choose to purchase Additional Life coverage, you'll have access to competitive group rates, which may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck. How much your premium costs depends on a number of factors, such as your age and the benefit amount.

NOTE: You are only required to be insured under Basic Life in order to elect coverage for your eligible child(ren). However, you must elect Additional Life for yourself in order to elect coverage for your spouse.

Use this formula to calculate your premium payment:

_____ ÷ 1000 = _____ x _____ = _____ → _____

Enter the amount of coverage you are requesting (see benefit amounts in the About This Coverage section).

Enter your rate from the rate table.

This amount is an estimate of how much you would pay each month.

To get a sense of your semimonthly premium, divide your monthly premium amount by 2.

If you buy coverage for your spouse, your monthly rate is shown in the table below. Use the same formula to calculate the premium that you used for yourself, but use your spouse's age and your spouse's rate.

If you buy Dependents Life coverage for your child(ren), your monthly rate is $0.30 per $1,000, no matter how many children you're covering.

Your Age (as of January 1)	Your Rate (Per $1,000 of Total Coverage)
<30	$0.08
30–34	$0.12
35–39	$0.15
40–44	$0.25
45–49	$0.41
50–54	$0.66
55–59	$1.12
60–64	$1.61
65–69	$1.75
70–74	$2.64
75+	$5.28

Spouse's Age (as of January 1)	Spouse's Rate (Per $1,000 of Total Coverage)
<30	$0.08
30–34	$0.12
35–39	$0.15
40–44	$0.25
45–49	$0.41
50–54	$0.66
55–59	$1.12
60–64	$1.61
65–69	$1.75
70–74	$2.64
75+	$5.28

Employee Life Semi-Monthly Premiums

Coverage Amount	Employee's Age as of January 1										
	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74*	75+*
$10,000	0.40	0.60	0.75	1.25	2.05	3.30	5.60	8.05	8.75	6.60	13.20
$20,000	0.80	1.20	1.50	2.50	4.10	6.60	11.20	16.10	17.50	13.20	26.40
$30,000	1.20	1.80	2.25	3.75	6.15	9.90	16.80	24.15	26.25	19.80	39.60
$40,000	1.60	2.40	3.00	5.00	8.20	13.20	22.40	32.20	35.00	26.40	52.80
$50,000	2.00	3.00	3.75	6.25	10.25	16.50	28.00	40.25	43.75	33.00	66.00
$60,000	2.40	3.60	4.50	7.50	12.30	19.80	33.60	48.30	52.50	39.60	79.20
$70,000	2.80	4.20	5.25	8.75	14.35	23.10	39.20	56.35	61.25	46.20	92.40
$80,000	3.20	4.80	6.00	10.00	16.40	26.40	44.80	64.40	70.00	52.80	105.60
$90,000	3.60	5.40	6.75	11.25	18.45	29.70	50.40	72.45	78.75	59.40	118.80
$100,000	4.00	6.00	7.50	12.50	20.50	33.00	56.00	80.50	87.50	66.00	132.00
$110,000	4.40	6.60	8.25	13.75	22.55	36.30	61.60	88.55	96.25	72.60	145.20
$120,000	4.80	7.20	9.00	15.00	24.60	39.60	67.20	96.60	105.00	79.20	158.40
$130,000	5.20	7.80	9.75	16.25	26.65	42.90	72.80	104.65	113.75	85.80	171.60
$140,000	5.60	8.40	10.50	17.50	28.70	46.20	78.40	112.70	122.50	92.40	184.80
$150,000	6.00	9.00	11.25	18.75	30.75	49.50	84.00	120.75	131.25	99.00	198.00
$160,000	6.40	9.60	12.00	20.00	32.80	52.80	89.60	128.80	140.00	105.60	211.20
$170,000	6.80	10.20	12.75	21.25	34.85	56.10	95.20	136.85	148.75	112.20	224.40
$180,000	7.20	10.80	13.50	22.50	36.90	59.40	100.80	144.90	157.50	118.80	237.60
$190,000	7.60	11.40	14.25	23.75	38.95	62.70	106.40	152.95	166.25	125.40	250.80
$200,000	8.00	12.00	15.00	25.00	41.00	66.00	112.00	161.00	175.00	132.00	264.00
$210,000	8.40	12.60	15.75	26.25	43.05	69.30	117.60	169.05	183.75	138.60	277.20
$220,000	8.80	13.20	16.50	27.50	45.10	72.60	123.20	177.10	192.50	145.20	290.40
$230,000	9.20	13.80	17.25	28.75	47.15	75.90	128.80	185.15	201.25	151.80	303.60
$240,000	9.60	14.40	18.00	30.00	49.20	79.20	134.40	193.20	210.00	158.40	316.80
$250,000	10.00	15.00	18.75	31.25	51.25	82.50	140.00	201.25	218.75	165.00	330.00
$260,000	10.40	15.60	19.50	32.50	53.30	85.80	145.60	209.30	227.50	171.60	343.20
$270,000	10.80	16.20	20.25	33.75	55.35	89.10	151.20	217.35	236.25	178.20	356.40
$280,000	11.20	16.80	21.00	35.00	57.40	92.40	156.80	225.40	245.00	184.80	369.60
$290,000	11.60	17.40	21.75	36.25	59.45	95.70	162.40	233.45	253.75	191.40	382.80
$300,000	12.00	18.00	22.50	37.50	61.50	99.00	168.00	241.50	262.50	198.00	396.00
$310,000	12.40	18.60	23.25	38.75	63.55	102.30	173.60	249.55	271.25	204.60	409.20
$320,000	12.80	19.20	24.00	40.00	65.60	105.60	179.20	257.60	280.00	211.20	422.40
$330,000	13.20	19.80	24.75	41.25	67.65	108.90	184.80	265.65	288.75	217.80	435.60
$340,000	13.60	20.40	25.50	42.50	69.70	112.20	190.40	273.70	297.50	224.40	448.80
$350,000	14.00	21.00	26.25	43.75	71.75	115.50	196.00	281.75	306.25	231.00	462.00

* Coverage amounts for ages 70 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Spouse Life Semi-Monthly Premiums

Coverage Amount	Spouse's Age as of January 1										
	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74*	75+*
$10,000	0.40	0.60	0.75	1.25	2.05	3.30	5.60	8.05	8.75	6.60	13.20
$20,000	0.80	1.20	1.50	2.50	4.10	6.60	11.20	16.10	17.50	13.20	26.40
$30,000	1.20	1.80	2.25	3.75	6.15	9.90	16.80	24.15	26.25	19.80	39.60
$40,000	1.60	2.40	3.00	5.00	8.20	13.20	22.40	32.20	35.00	26.40	52.80
$50,000	2.00	3.00	3.75	6.25	10.25	16.50	28.00	40.25	43.75	33.00	66.00
$60,000	2.40	3.60	4.50	7.50	12.30	19.80	33.60	48.30	52.50	39.60	79.20
$70,000	2.80	4.20	5.25	8.75	14.35	23.10	39.20	56.35	61.25	46.20	92.40
$80,000	3.20	4.80	6.00	10.00	16.40	26.40	44.80	64.40	70.00	52.80	105.60
$90,000	3.60	5.40	6.75	11.25	18.45	29.70	50.40	72.45	78.75	59.40	118.80
$100,000	4.00	6.00	7.50	12.50	20.50	33.00	56.00	80.50	87.50	66.00	132.00
$110,000	4.40	6.60	8.25	13.75	22.55	36.30	61.60	88.55	96.25	72.60	145.20
$120,000	4.80	7.20	9.00	15.00	24.60	39.60	67.20	96.60	105.00	79.20	158.40
$130,000	5.20	7.80	9.75	16.25	26.65	42.90	72.80	104.65	113.75	85.80	171.60
$140,000	5.60	8.40	10.50	17.50	28.70	46.20	78.40	112.70	122.50	92.40	184.80
$150,000	6.00	9.00	11.25	18.75	30.75	49.50	84.00	120.75	131.25	99.00	198.00
$160,000	6.40	9.60	12.00	20.00	32.80	52.80	89.60	128.80	140.00	105.60	211.20
$170,000	6.80	10.20	12.75	21.25	34.85	56.10	95.20	136.85	148.75	112.20	224.40
$180,000	7.20	10.80	13.50	22.50	36.90	59.40	100.80	144.90	157.50	118.80	237.60
$190,000	7.60	11.40	14.25	23.75	38.95	62.70	106.40	152.95	166.25	125.40	250.80
$200,000	8.00	12.00	15.00	25.00	41.00	66.00	112.00	161.00	175.00	132.00	264.00
$210,000	8.40	12.60	15.75	26.25	43.05	69.30	117.60	169.05	183.75	138.60	277.20
$220,000	8.80	13.20	16.50	27.50	45.10	72.60	123.20	177.10	192.50	145.20	290.40
$230,000	9.20	13.80	17.25	28.75	47.15	75.90	128.80	185.15	201.25	151.80	303.60
$240,000	9.60	14.40	18.00	30.00	49.20	79.20	134.40	193.20	210.00	158.40	316.80
$250,000	10.00	15.00	18.75	31.25	51.25	82.50	140.00	201.25	218.75	165.00	330.00
$260,000	10.40	15.60	19.50	32.50	53.30	85.80	145.60	209.30	227.50	171.60	343.20
$270,000	10.80	16.20	20.25	33.75	55.35	89.10	151.20	217.35	236.25	178.20	356.40
$280,000	11.20	16.80	21.00	35.00	57.40	92.40	156.80	225.40	245.00	184.80	369.60
$290,000	11.60	17.40	21.75	36.25	59.45	95.70	162.40	233.45	253.75	191.40	382.80
$300,000	12.00	18.00	22.50	37.50	61.50	99.00	168.00	241.50	262.50	198.00	396.00
$310,000	12.40	18.60	23.25	38.75	63.55	102.30	173.60	249.55	271.25	204.60	409.20
$320,000	12.80	19.20	24.00	40.00	65.60	105.60	179.20	257.60	280.00	211.20	422.40
$330,000	13.20	19.80	24.75	41.25	67.65	108.90	184.80	265.65	288.75	217.80	435.60
$340,000	13.60	20.40	25.50	42.50	69.70	112.20	190.40	273.70	297.50	224.40	448.80
$350,000	14.00	21.00	26.25	43.75	71.75	115.50	196.00	281.75	306.25	231.00	462.00

* Coverage amounts for ages 70 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Child Life Semi-Monthly Premiums

Coverage Amount	Premium
$5,000	0.75
$10,000	1.50

Important Details

Here's where you'll find the nitty-gritty details about the plan.

Eligibility Requirements

To be eligible for coverage, you must be:

- Insured for Basic Life insurance through The Standard to qualify for Additional Life insurance
- An active employee of Dixie County Board of County Commissioners
- Regularly working at least 30 hours per week

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

NOTE: You are only required to be insured under Basic Life in order to elect coverage for your eligible child(ren). However, you must elect Additional Life for yourself in order to elect coverage for your spouse.

You can choose to cover your spouse, meaning a person to whom you are legally married.

Child means your child from live birth through age 25.

- Your child cannot be insured by more than one employee.
- Your spouse and/or child(ren) must not be full-time member(s) of the armed forces.
- You cannot be insured as both an individual and a dependent.

Medical Underwriting Approval

Required for:

- Coverage amounts higher than the guarantee issue maximum amount
- All late applications (applying 31 days after becoming eligible)
- Requests for coverage increases
- Reinstatements, if required
- Eligible but not insured under the prior life insurance plan

Visit **www.standard.com/mhs** to submit a medical history statement online.

Coverage Effective Date

To become insured, you must:

- Meet the eligibility requirements listed in the previous sections,
- Serve an eligibility waiting period*,
- Receive medical underwriting approval (if applicable),
- Apply for coverage and agree to pay premium, and
- Be actively at work (able to perform all normal duties of your job) on the day before the insurance is scheduled to be effective.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance, including any Dependents Life insurance, will not become effective until the day after you complete one full day of active work as an eligible employee.

You may have a different effective date for Life coverage below and above the guarantee issue amount.

Contact your human resources representative or plan administrator for further information about the applicable coverage effective date for your insurance, including any Dependents Life insurance.

*Defined as first of the month that follows or coincides with 30 consecutive days as a member

Life Insurance Age Reductions

Under this plan, your coverage amount reduces to 50 percent at age 70. Your spouse's coverage amount reduces by your spouse's age as follows: to 50 percent at age 70. If you or your spouse are age 70 or over, ask your human resources representative or plan administrator for the amount of coverage available.

Waiver of Premium

Your premiums may be waived if you:

- Become totally disabled while insured under this plan,
- Are under age 60, and
- Complete a waiting period of 180 days.

If these conditions are met, your Life insurance coverage may continue without cost until age 65, provided you give us satisfactory proof that you remain totally disabled.

Portability

If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage from The Standard.

Conversion

If your insurance reduces or ends, you may be eligible to convert your existing Life insurance to an individual life insurance policy without submitting proof of good health.

Exclusions

Subject to state variations, you and your dependents are not covered for death resulting from suicide or other intentionally self-inflicted injury, while sane or insane. The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death.

When Your Insurance Ends

Your insurance ends automatically when any of the following occur:

- The date the last period ends for which a premium was paid
- The date your employment terminates
- The date you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances)
- The date the group policy, or your employer's coverage under the group policy, terminates
- For each elective insurance coverage, the date that coverage terminates under the group policy

In addition to the above requirements, your Dependents Life coverage ends automatically on the date your dependent ceases to meet the eligibility requirements for a dependent.

For more details on when your insurance ends, contact your human resources representative or plan administrator.

Group Insurance Certificate

If coverage becomes effective and you become insured, you may receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

About Standard Insurance Company

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at **www.standard.com**.

GP190-LIFE/S399, GP399-LIFE/TRUST, GP899-LIFE, GP190-LIFE/A997/S399, GP411-LIFE

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 12506-D-AL-FL-150917-24PP (8/22)
7138041-889132

EMPLOYEE BENEFITS SUMMARY | **50056104**
DIXIE COUNTY BOARD OF COUNTY COMMISSIONERS

FOR ALL FULL-TIME ACTIVE EMPLOYEES

VOLUNTARY LONG TERM DISABILITY	**EMPLOYER CONTRIBUTION: 0%**

AMOUNT OF COVERAGE: You may purchase a benefit of 60% of your Basic Monthly Earnings to a maximum of $5,000 per month, less offsets for other income. Benefits begin on the 181st day of a covered disability and are payable for 2 years if you are disabled from your own occupation, or for 5 years if you are disabled from any occupation.

This plan will not cover any disability which is caused or contributed to by, or results from a pre-existing condition for which treatment was received during the 12 month period immediately preceding the effective date of coverage, and which begins in the first 24 months after the effective date of coverage, unless the insured goes 6 months treatment-free after the effective date.

VOLUNTARY LONG TERM DISABILITY (VLTD) is designed to provide partial income replacement for you should you become disabled as the result of a covered sickness or injury.

VOLUNTARY LONG TERM DISABILITY ALSO INCLUDES THE FOLLOWING:

- Return to Work Incentive
- Survivor Benefit
- Managed Rehabilitation Benefit
- Child Care Benefit
- Waiver of Premium Benefit

Life & Disability Notices

If you are not actively at work on the date your insurance or any increase in insurance is scheduled to take effect, the coverage or increase in coverage will take effect on the day you return to active work. This benefit summary provides a very brief description of USAble Life's insurance products. This is not an insurance policy and only the actual provisions of an issued policy control. USAble Life's policies set forth the rights and obligations of covered persons and USAble Life. Please be aware that certain participation requirements, limitations, or exclusions may apply, and certain coverage may reduce or terminate due to age or lack of eligibility. If you enroll and are approved for coverage, you will be furnished with a certificate of insurance. Please read your insurance documents carefully.

INTENDED FOR EMPLOYEE USE
P.O Box 1650 | Little Rock, AR 72203-1650 | (800) 370-5856 | USAbleLife.com

This benefit summary was generated by USAble Life on 8/4/2025 at 1:14 PM and may not reflect changes recently submitted to USAble Life.

EMPLOYEE BENEFITS SUMMARY | **50056104**
DIXIE COUNTY BOARD OF COUNTY COMMISSIONERS

FOR ALL FULL-TIME ACTIVE EMPLOYEES

VOLUNTARY SHORT TERM DISABILITY	**EMPLOYER CONTRIBUTION: 0%**

AMOUNT OF COVERAGE: You may purchase a benefit of 60% of your Basic Weekly Earnings to a maximum of $1,000 per week, less offsets for other income. Benefits begin on the 1st day of a covered disability resulting from an accident, and on the 8th day of a covered disability resulting from sickness, and are payable up to a maximum of 26 weeks for any one covered disability.

Benefit does not reduce, and terminates when you are no longer eligible or your retirement, whichever occurs first.

VOLUNTARY SHORT TERM DISABILITY (VSTD) is designed to provide partial income replacement should you become disabled as the result of sickness or injury. USAble Life will pay the weekly benefit if you become disabled while insured and are under the regular care of a physician due to sickness or injury; including pregnancy or complications of pregnancy.

VOLUNTARY SHORT TERM DISABILITY ALSO INCLUDES THE FOLLOWING:

- Recurrent Disability
- Return to Work Incentive
- Waiver of Premium Benefit

Life & Disability Notices

If you are not actively at work on the date your insurance or any increase in insurance is scheduled to take effect, the coverage or increase in coverage will take effect on the day you return to active work. This benefit summary provides a very brief description of USAble Life's insurance products. This is not an insurance policy and only the actual provisions of an issued policy control. USAble Life's policies set forth the rights and obligations of covered persons and USAble Life. Please be aware that certain participation requirements, limitations, or exclusions may apply, and certain coverage may reduce or terminate due to age or lack of eligibility. If you enroll and are approved for coverage, you will be furnished with a certificate of insurance. Please read your insurance documents carefully.

INTENDED FOR EMPLOYEE USE
P.O Box 1650 | Little Rock, AR 72203-1650 | (800) 370-5856 | USAbleLife.com

This benefit summary was generated by USAble Life on 7/21/2025 at 3:11 PM and may not reflect changes recently submitted to USAble Life.

EMPLOYEE BENEFITS SUMMARY | **50056104**
DIXIE COUNTY BOARD OF COUNTY COMMISSIONERS

FOR ALL FULL-TIME ACTIVE EMPLOYEES

VOLUNTARY SHORT TERM DISABILITY	**EMPLOYER CONTRIBUTION: 0%**

AMOUNT OF COVERAGE: You may purchase a benefit of 60% of your Basic Weekly Earnings to a maximum of $1,000 per week, less offsets for other income. Benefits begin on the 15th day of a covered disability resulting from an accident, and on the 15th day of a covered disability resulting from sickness, and are payable up to a maximum of 26 weeks for any one covered disability.

Benefit does not reduce, and terminates when you are no longer eligible or your retirement, whichever occurs first.

VOLUNTARY SHORT TERM DISABILITY (VSTD) is designed to provide partial income replacement should you become disabled as the result of sickness or injury. USAble Life will pay the weekly benefit if you become disabled while insured and are under the regular care of a physician due to sickness or injury; including pregnancy or complications of pregnancy.

VOLUNTARY SHORT TERM DISABILITY ALSO INCLUDES THE FOLLOWING:

- Recurrent Disability
- Return to Work Incentive
- Waiver of Premium Benefit

Life & Disability Notices

If you are not actively at work on the date your insurance or any increase in insurance is scheduled to take effect, the coverage or increase in coverage will take effect on the day you return to active work. This benefit summary provides a very brief description of USAble Life's insurance products. This is not an insurance policy and only the actual provisions of an issued policy control. USAble Life's policies set forth the rights and obligations of covered persons and USAble Life. Please be aware that certain participation requirements, limitations, or exclusions may apply, and certain coverage may reduce or terminate due to age or lack of eligibility. If you enroll and are approved for coverage, you will be furnished with a certificate of insurance. Please read your insurance documents carefully.

INTENDED FOR EMPLOYEE USE
P.O Box 1650 | Little Rock, AR 72203-1650 | (800) 370-5856 | USAbleLife.com

This benefit summary was generated by USAble Life on 7/21/2025 at 3:22 PM and may not reflect changes recently submitted to USAble Life.

Blue Vision Benefits Summary

BlueVision Plan 4

DIXIE COUNTY BOARD OF COUNTY COMMISSIONERS | Quote Number: LG-RA-52695 | Proposal Expiration: 10/01/2025 | Coverage Effective: 10/01/2025

In-Network Benefits

Benefit	Frequency / Detail
Contribution Type	Voluntary
Eye Examination inclusive of Dilation	Once every 12 months
Spectacle Lenses	Once every 12 months
Frame	Once every 12 months
Contact Lens Evaluation, Fitting & Follow-Up Care	Once every 12 months
Contact Lenses in lieu of eyeglasses	Once every 12 months

Copayments

Service	Member Cost
Eye Examination	$10 Copay
Spectacle Lenses	$20 Copay
Contact Lens Evaluation, Fitting & Follow-Up Care	$20 Copay

Frames and Lens Options

Frame Benefit	Plan 4
Non-Collection Frame Allowance (Retail)	Up to $130 plus a 20% discount on any overage for in-network only
Exclusive Frame Collection - Fashion Level	Included
Exclusive Frame Collection - Designer Level	Included
Exclusive Frame Collection - Premier Level	$25 Copay

Additional Lens Option	Plan 4
Standard Clear Plastic Lenses (any size or Rx)	Included
Tinting of Plastic Lenses	Included
Polycarbonate Lenses - Adults	Included
Intermediate-Vision Lenses	$30 Copay
High-Index Lenses	$55 Copay
Polarized Lenses	$75 Copay
Plastic Photosensitive Lenses	$65 Copay
Scratch-Resistant Coating	Included
Ultraviolet Coating	$12 Copay
Standard Anti-Reflective (AR) Coating	$35 Copay
Premium AR Coating	$48 Copay
Ultra AR Coating	$60 Copay
Standard Progressive Lenses	$50 Copay
Premium Progressives (Varilux, etc.)	$90 Copay
Ultra Progressive Lenses	$140 Copay
Scratch Protection Plan: Single Vision Lenses	$20 Copay
Scratch Protection Plan: Multifocal Lenses	$40 Copay

This page has been reformatted for easier scanning while preserving the original BlueVision Plan 4 benefit details.

Blue Vision Contact Lens and Out-of-Network Summary

BlueVision Plan 4

DIXIE COUNTY BOARD OF COUNTY COMMISSIONERS | Quote Number: LG-RA-52695 | Proposal Expiration: 10/01/2025 | Coverage Effective: 10/01/2025

Contact Lens Benefits

Contact Lens Benefit in lieu of eyeglasses	Plan 4
Non-Collection Contact Lenses: Material Allowance	Up to $130 plus a 15% discount on any overage for in-network only
Evaluation, Fitting & Follow-Up Care - Standard Lens Types	15% Discount
Evaluation, Fitting & Follow-Up Care - Specialty Lens Types	15% Discount
Collection Contact Lenses: Materials Allowance	Included (up to 4 boxes)
Collection Contact Lenses: Evaluation, Fitting & Follow-Up Care - Standard Lens Types	Included
Collection Contact Lenses: Evaluation, Fitting & Follow-Up Care - Specialty Lens Types	Included
Medically Necessary Contact Lenses with prior approval: Materials, Evaluation, Fitting & Follow-Up Care	Included

Out-of-Network Reimbursement Schedule

Out-of-Network Reimbursement	Plan 4
Eye Examination	Up to $40
Frame	Up to $50
Single Vision Lenses	Up to $40
Bifocal/Progressive Lenses	Up to $60
Trifocal Lenses	Up to $80
Lenticular Lenses	Up to $100
Elective Contact Lenses	Up to $105
Medically Necessary Contact Lenses	Up to $225

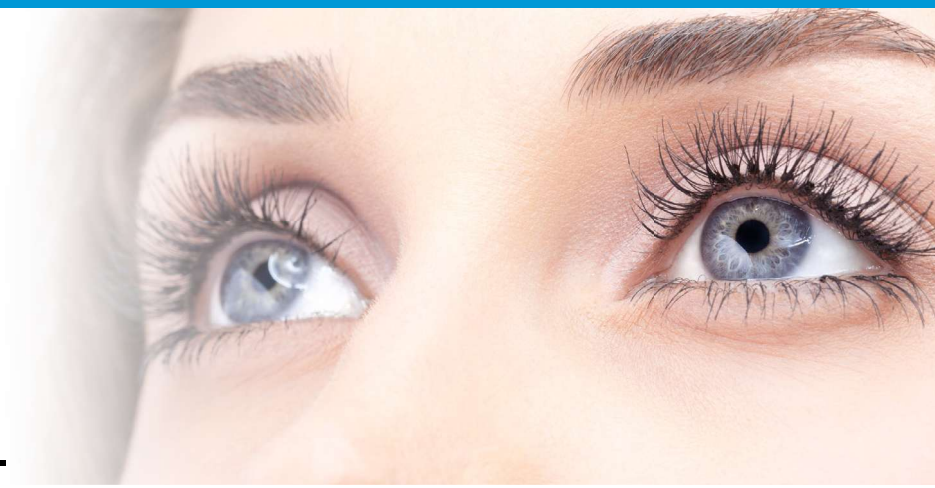
Benefits shown are a summary of BlueVision Plan 4 and should be reviewed alongside the applicable carrier certificate and enrollment materials. In-network discounts and reimbursements are subject to carrier terms and provider participation.

BlueVision

Florida Blue
Your Health Solutions Partner

Vision care is essential to maintaining a healthy lifestyle.

That's why vision insurance is an important benefit for your employees—and a vital component of your overall health plan. With Florida Blue, you get double the value—value for your employees and value for your business.



Value for your employees

Coverage you can count on | BlueVision Plans provide coverage with low or no copays on the most popular eye care features including eye exams, glasses, and contact lenses. Your employees enjoy the lowest member out-of-pocket costs starting on day one.

Comprehensive provider network | With over 163,000 points of access including national private and retail providers, as well as independent optometrists and ophthalmologists, your employees are covered. Plus, your employees can receive partial out-of-network reimbursement.

Savings above and beyond | With the flexibility to choose from hundreds of frames and lens options at significant savings, your employees also get a one-year eyeglass breakage warranty for all collection frames at no additional cost, and laser vision surgery through a nationwide credentialed provider network at up to a 20–35% discount.

Value for your business

Rates that compete | Florida Blue offers some of the most competitive rates industry-wide. You can be confident when you choose from any of our six employer-sponsored or voluntary plan options.

Quality you can trust | All providers in the BlueVision network undergo a NCQA-certified credentialing process to ensure the industry leading standards for quality.

Service you can expect | Receive onsite support at benefit fairs and open enrollment meetings as well as client-specific communication, education materials, and customer service 7 days a week.

You can see how the savings* add up

Description	Avg. Retail Cost	Employee pays	Employee Savings
Eye Exam	$160	$10	$150
Collection Frames: Designer	$150	$0	$150
Standard Progressive Lenses	$230	$50	$180
Tinting of Plastic	$20	$0	$20
Scratch-Resistant Coating	$40	$0	$40
One-Year Breakage Warranty for all Collection Frames	$30	$0	$30
Total	$630	$60	$570

*These are average in-network discount savings with BlueVision Plan 3.

80397-1023R