



City of

Bay Minette

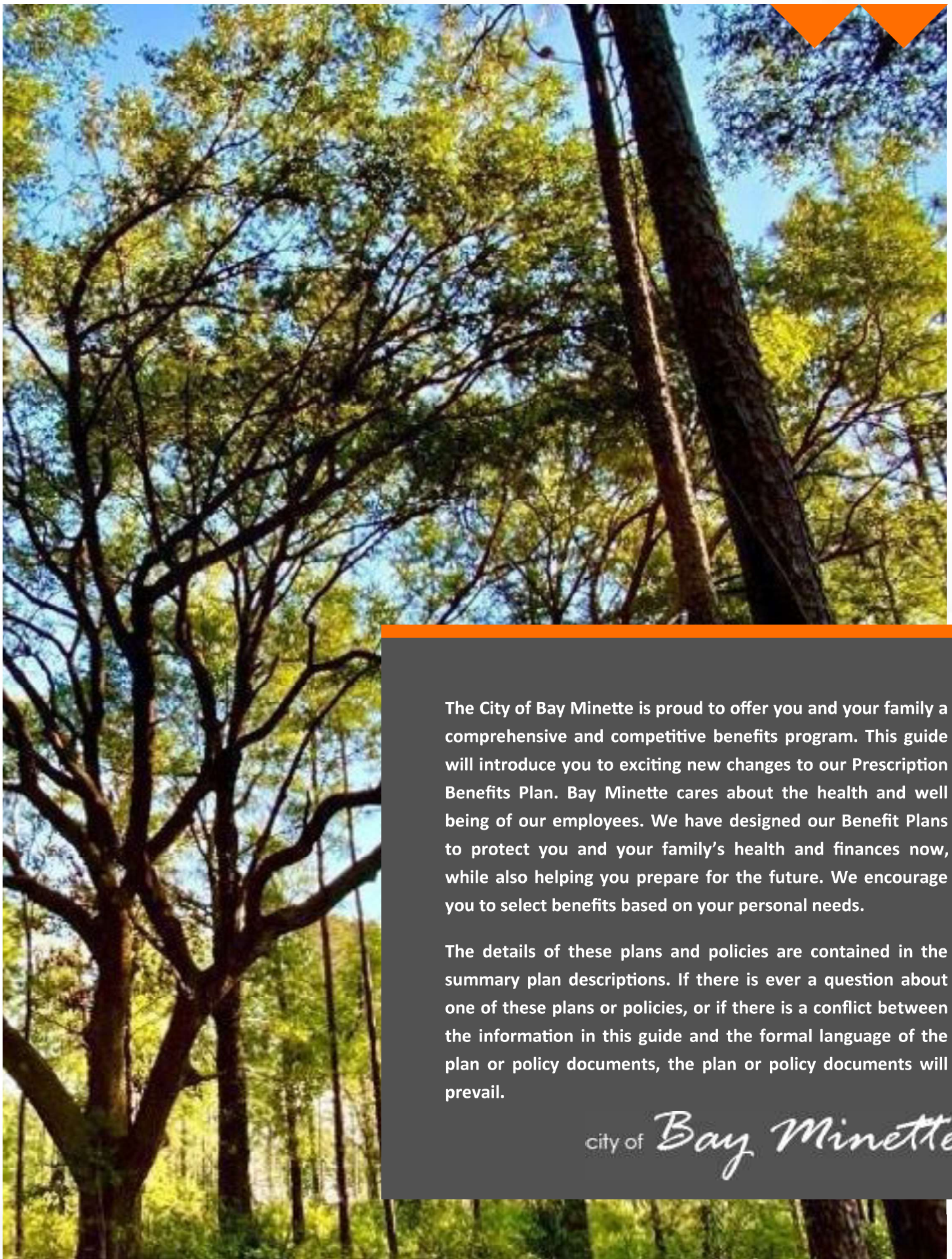


2025-2026

Employee Benefits

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The City of Bay Minette is proud to offer you and your family a comprehensive and competitive benefits program. This guide will introduce you to exciting new changes to our Prescription Benefits Plan. Bay Minette cares about the health and well being of our employees. We have designed our Benefit Plans to protect you and your family's health and finances now, while also helping you prepare for the future. We encourage you to select benefits based on your personal needs.

The details of these plans and policies are contained in the summary plan descriptions. If there is ever a question about one of these plans or policies, or if there is a conflict between the information in this guide and the formal language of the plan or policy documents, the plan or policy documents will prevail.

city of *Bay Minette*

ELIGIBILITY & ENROLLMENT

WELCOME TO YOUR NEW EMPLOYEE BENEFITS



WHO IS ELIGIBLE

All full-time employees working at least 30 hours per week are eligible for the full range of benefits described in this guide. You may also enroll your eligible dependents.



EFFECTIVE DATE OF COVERAGE

During the plan year, eligible new hires will be subject to a 30 day waiting period. Most plans will become effective the first of the month following 30 days of employment.



HOW & WHEN TO ENROLL

Benefit eligible employees initially have the two following opportunities to enroll in the employee benefits program:

NEW HIRE ENROLLMENT: New hires have thirty days from their date of hire to enroll in coverages. Most plans become effective the first of the month following the first 30 days of employment. Employees not enrolling during this period must wait until the next open enrollment to elect coverage (Evidence of Insurability forms may be required for certain coverages).

WHEN YOU CAN MAKE CHANGES

City of Bay Minette's benefits plan year is from November 1st to October 31st. Generally, you can only change your benefit choices during the annual Benefits Enrollment period or if you have an IRS "Qualifying Event" during the year, which includes:

- Marriage or Divorce
- Birth, adoption or placement for adoption of an eligible child
- Death of your spouse or covered child
- Change in your spouse's work status that results in cancellation of your benefits
- Your dependent child is no longer eligible
- Loss of coverage through a parent's plan
- Becoming eligible for Medicare or Medicaid during the year

If you have a life event change, you must submit notification to Human Resources within 30 days of the qualifying event.

Depending on the type of change, you may need to provide proof or documentation (for example, a marriage license or birth certificate). If you do not submit notification within 30 days, you will have to wait until the next annual Open Enrollment period to make benefit changes.

WHEN COVERAGE ENDS

Benefits end on the last day of the month in which your employment with City of Bay Minette ends, or when you cease to meet eligibility guidelines. COBRA (the Consolidated Omnibus Budget Reconciliation Act of 1985) continuation of coverage is available for eligible terminations for medical, dental and vision coverages.



MEDICAL INSURANCE

BLUE CROSS & BLUE SHIELD OF ALABAMA

GROUP #: 73257

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

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

	2025-2026 PPO PLAN	
	IN-NETWORK	OUT-OF-NETWORK
Deductible <i>Individual</i> <i>Family</i>	\$250 \$750	
Out-of-Pocket Maximum <i>Individual</i> <i>Family</i>	\$4,500 \$9,000	
Inpatient Hospital Services <i>Inpatient Hospital Facility</i>	\$375 deductible per admission; then covered 100%	Covered at 80%, subject to \$500 per admission deductible
Emergency Room	Medical Emergency: \$200 copay Accident: \$100 copay Physician: \$50 copay	
Outpatient Hospital Services <i>Outpatient Surgical</i> <i>Hospital Diagnostic Labs & X-Ray</i> <i>Hospital Diagnostics: IV Therapy, Chemo & Radiation</i>	\$125 copay \$75 copay then 100% \$75 copay then 100%	Covered at 80%, subject to CYD Covered at 80% Covered at 80%
Preventative Care Services <i>Routine Immunizations and other preventative care services</i>	Covered at 100%	Not covered
Physician Office Services <i>Office Visits/ in-Office Surgery</i> <i>Specialist</i> <i>Nurse Practitioner/Midwives/Physician Assistant</i> <i>Maternity Care</i> <i>Office Diagnostics</i>	\$35 copay \$50 copay \$35 copay Covered at 100% \$50 copay then covered 100%	Covered at 80% Covered at 80% Covered at 80% Covered at 80% Covered at 80% Covered at 80%
EPS - Mental Health Disorders & Substance Abuse <i>Inpatient Facility Services</i> <i>Inpatient Physician Services</i> <i>Outpatient Services</i>	Covered at 100% Covered at 100% Covered at 100%	Covered at 100% Covered at 100% Covered at 100%
Other Covered Services <i>Chiropractor</i> <i>Physical, Speech, Occupational Therapy (15 visits/year)</i> <i>Durable Medical Equipment, Ambulance Services, Allergy Testing & Treatment, and Home Health Services</i>	Covered at 80% Covered at 80%, subject to CYD (pre-authorization may be required) Covered at 80%, subject to CYD	

MEDICAL INSURANCE

BLUE CROSS & BLUE SHIELD OF ALABAMA

GROUP #: 73257

2025–2026 MEDICAL INSURANCE EMPLOYEE MONTHLY CONTRIBUTIONS

	Total Monthly Premium	Employee Contribution	City Contribution
Wellness Rates			
Employee Only	\$832.96	\$75.00	\$757.96
Employee + Spouse	\$1,675.73	\$202.00	\$1,473.73
Employee + Children	\$1,537.50	\$150.00	\$1,387.50
Family	\$2,314.10	\$341.00	\$1,973.10
Non-Wellness Rates			
Employee Only	\$832.96	\$100.00	\$732.96
Employee + Spouse	\$1,675.73	\$227.00	\$1,448.73
Employee + Children	\$1,537.50	\$175.00	\$1,362.50
Family	\$2,314.10	\$366.00	\$1,948.10



SYMBOL CARE CLINICS

SYMBOL HEALTH SOLUTIONS

As an employee of the City of Bay Minette, you and your family have exclusive access to any Symbol Health Clinic at no cost to you. Symbol Health Clinics provide easy access to primary care, preventive care, and ongoing health management.

WHAT TO EXPECT FROM YOUR SYMBOL CARECLINIC:

- Easy access to primary care, disease management, and wellness services
- Zero copays for all visits
- Onsite distribution of generic prescriptions, insulins, and non-controlled substances
- Preventative immunizations and vaccinations
- Wellness coaching with a personal health coach
- 100% confidential—your personal information is never shared with your employer
- Walk-ins welcome, appointments preferred
- Open to all employees and families (2 years and above) on the Bay Minette health plan
- Multiple locations—all benefits the same at each CareClinic

CARECLINIC LOCATIONS:

Bay Minette CareClinic

324 Courthouse Square

Bay Minette, AL 36507

251-580-2555 or BCBMclinic@symbolhealth.com

Mon/Wed/Fri: 7:00am-4:00pm

Tues/Thurs: 8:30am—5:30 pm

(closed 12:30pm –1:30pm daily)

Robertsdale CareClinic

22259-A Palmer Street

Robertsdale, AL 36567

251-970-4075 or BCRclinic@symbolhealth.com

Mon/Wed/Fri: 7:00am-4:00pm

Tues/Thurs: 8:00am—5:00 pm

(closed 12:30pm –1:30pm daily)

CARECLINIC SERVICES INCLUDE:

Acute / Minor Care

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

Preventative Health Care

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

Routine Primary Care

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

PATIENT PORTAL ACTIVATION INSTRUCTIONS:

Step 1: Call 844-7-SYMBOL (844-779-6265)

Step 2: Click link from registration email from HFAAlerts@nextgen.com

Step 3: Verify Date of Birth and click “Activate Account”

Step 4: Enter desired Account Details and click “ Update Account”

Step 5: Log in with your new Username and Password

Step 6: Answer basic demographic and insurance information





HEALTH PLAN RESOURCES

BLUE CROSS & BLUE SHIELD OF ALABAMA

WWW.BCBSAL.ORG / 1-800-292-8868

Individual Case Management

If you or an enrolled dependent suffers from catastrophic, long-term, or chronic illness or injury, a Blue Cross Registered Nurse may work with you and your physician to design a benefit plan to best meet your healthcare needs. If you think you may benefit from individual case management, please call BCBS Health Management Department at 205-733-7067 or 1-800-821-7231.

Chronic Condition Management

The chronic condition management program is available for members with heart failure, coronary artery disease, diabetes, chronic obstructive pulmonary disease (COPD), asthma, and other specialized conditions. This program offers personalized care designed to meet your lifestyle and health concerns. BCBS's staff of healthcare professionals will help you cope with your illness and serve as a source of information and education.

Participation in the program is completely voluntary. If you would like to enroll in the program or obtain more information, call 1-888-841-5741 (Monday – Friday, 8 a.m. to 4:45 p.m. CST) or e-mail membermanagement@bcbsal.org.

Baby Yourself Program

Please call a BCBS nurse at 1-800-222-4379 or visit AlabamaBlue.com/BabyYourself as soon as you find out you are pregnant. Begin care for you and your baby as early as possible and continue throughout your pregnancy. Your baby has the best chance for a healthy start by early, thorough care while you are pregnant.

MEDICAL TERM GLOSSARY

Coinsurance

The amount or percentage that you pay for certain covered health care services under your health plan. This is typically the amount paid after a deductible is met, and can vary based on the plan design.

Copayment

A flat fee that you pay toward the cost of covered medical services.

Deductible

A specific dollar amount you pay out of pocket before benefits are available through a health plan. Under some plans, the deductible is waived for certain services.

Flexible Spending Account (FSA)

An account that allows you to save tax-free dollars for qualified medical and/or dependent care expenses that are not reimbursed. You determine how much you want to contribute to the FSA at the beginning of the plan year. Most funds must be used by the end of the year, as there is only a limited carryover amount. See additional information regarding FSA's on page 11.

In-Network Services

Health care received from your primary care physician or from a specialist within an outlined list of health care practitioners.

Out-of-Network

Health care you receive without a physician referral, or services received by a non-network service provider. Out-of-network health care and plan payments are subject to deductibles and copayments.

Out-of-Pocket Maximum

The highest out-of-pocket amount paid for covered services during a benefit period. Once your out-of-pocket maximum is reached, all services will be covered at 100% for the remainder of the calendar year.

Premium

The amount you pay for a health plan in exchange for coverage. Health plans with higher deductibles typically have lower premiums.

BLUE365

BLUECROSS BLUESHIELD OF ALABAMA

City of Bay Minette ultimate goal is to make living well more affordable for our associates. We wanted to ensure you had access to BCBS of Alabama's **FREE** Blue365 health and wellness discount program offered to you as a member of BCBS of Alabama's Health plan. This program offers year round discounts on gym memberships, fitness gear, healthy eating options, healthy travel experiences, hearing aids and so much more. Blue365 provides members with access to a wide range of savings from top health and wellness brands around the country plus some of your favorite local companies. Once you join, you will see "Featured Deals" and long term "Ongoing Deals" on health products along with the discounts.

Check out these top brands with discounts just for you:



1. Website: AlabamaBlue.com/Blue365

2. Click on "Go To Blue365"

3. Login

(Enter your BCBS Member Login Information)

1. Complete your registration



DENTAL INSURANCE

DELTA DENTAL

GROUP #: 21497

City of Bay Minette dental coverage is offered to you through Delta Dental. Your dental plan provides coverage to help with the cost of many dental services including routine cleanings, x-rays, restorative and prosthetic services. The plan includes an extensive network of dental providers.

City of Bay Minette covers the cost for the employee. The Family coverage is \$26.00 per month. For additional information, please contact Human Resources.

DENTAL INSURANCE			
	PPO	Premier	Non– Delta Dental
Deductibles Per member/per family each calendar year Deductibles waived for Diagnostic/Preventative? Deductibles waived for Orthodontics?		\$25/75 No Yes	
Maximums Per member each calendar year D&P counts toward maximum? Orthodontic Maximum		\$1,500 Yes \$1,000 Lifetime	
Diagnostic & Preventative Services (D&P) Exams, Cleanings, X-Rays, Sealants, and Space Maintainers		100%	
Basic Services Fillings, Simple Extractions & Denture Repair/ Reline/Rebase		100%	
Endodontics Root Canals		100%	
Periodontics Surgical & Non-surgical		80%	
Oral Surgery		80%	
Major Services Crowns, Inlays, Onlays, and Cast Restorations		50%	
Prosthodontics Bridges & Dentures		50%	
Orthodontic Services Surgical & Non-surgical		50%	

For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with you benefits administrator, plan sponsor, or employer).

*Limitations or waiting periods may apply for some benefits; some services may be excluded from your plans. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees. Reimbursement is based on PPO contracted fees for PPO dentists, PPO contracted fees for Premier dentists and PPO contracted fees for Non– Delta dentists.

Delta Dental Insurance Company
 1130 Sanctuary Parkway, Suite 600
 Alpharetta, GA 30009

Customer Service
 800.521.2651
 deltadentalins.com

Claims Address
 P.O. Box 1809
 Alpharetta, GA 30023-1809

Where's My ID Card?

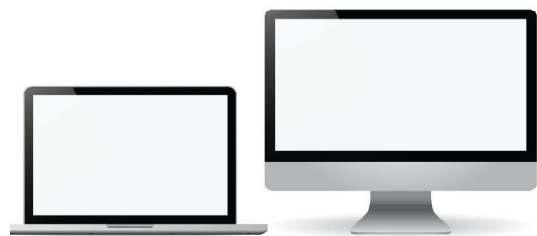
If you've been looking for your dental plan ID card, we have good news for you: **You don't need one!**



Just tell your dental office that you're covered by Delta Dental and provide your **name**, your **date of birth**, your **social security number** (or enrollee ID number) and the **name of your employer**.

Got dependents on your plan? Tell them to provide your details.

Want an ID card anyway?



Print one from your computer

- Go to deltadentalins.com
- Log in to Online Services > Click on **Print ID Card** > Print



Pull it up on your smartphone

- Go to deltadentalins.com
- Log in to your Online Services account > Select **My ID card** from the main menu

VISION INSURANCE

VISION SERVICE PLAN (VSP)

City of Bay Minette vision coverage is now being offered through VSP. You will receive the maximum benefits and pay less out-of-pocket if you visit an in-network provider. Visit www.vsp.com to create or access account information or to find an eye doctor in your area. You will not need an ID card. At your appointment, inform them you have VSP.

VISION	IN-NETWORK
Vision Exam (<i>Once every 12 months</i>)	\$10 Copay
Prescription Glasses	
Frames (<i>Once every 24 months</i>)	\$130 Allowance; plus 20% off balance over allowance
Lenses (<i>Once every 12 months</i>)	
Single Vision	\$25 Copay
Lined Bifocal	\$25 Copay
Lined Trifocal	\$25 Copay
Contact Lenses (<i>Once every 12 months</i>)	
Elective	\$130 Allowance
Medically Necessary	Covered In Full
Employee Cost	Monthly
Employee Only	\$10.18
Employee + One	\$16.29
Employee + Children	\$16.63
Employee + Family	\$26.81

Vision Service Plan
3333 Quality Drive
Rancho Cordova, CA. 95670

Customer Service
800.877.7195
www.vsp.com

Claims Address
P.O. Box 495907
Cincinnati, OH 45249





FLEXIBLE SPENDING ACCOUNT (FSA)

WEX BENEFITS

Flexible Spending Account (FSA) benefits through WEX will allow you to save money on your eligible health care and/or dependent care expenses every year by using pre-tax dollars. You can obtain full policy documents and FSA enrollment forms by contacting Human Resources.

HOW IT WORKS

Upon enrollment, you choose the dollar amount you want to contribute based on your estimated upcoming Plan Year expenses, up to \$3,300. Your contributions will be deducted in equal amounts from 24 paychecks, pre-tax, throughout the Plan Year.

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

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

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

Qualified Dependent Care arrangements include:

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

You may contribute up to \$5,000 to your Dependent Care FSA for 2025 if you are married filing a joint tax-return or you are head of the household. You and your spouse may each contribute up to \$2,500 if you are married and filing separate tax-returns.

The IRS requires that you substantiate:

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

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

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

BASIC LIFE AND AD&D INSURANCE

ONE AMERICA

www.oneamerica.com / 1-800-553-5381

City of Bay Minette provides Basic Life/AD&D Insurance coverage (\$15,000) through OneAmerica to all full-time eligible employees (working at least 30 hours/week) at NO COST to you. Enrollment is automatic with coverage effective on the first of the month following the 30th day of employment.

VOLUNTARY LIFE INSURANCE AND AD&D

ONE AMERICA

Employee	\$10,000 increments not to exceed \$500,000; not to exceed 5 times your annual base salary rounded to the next higher \$10,000 Guaranteed: \$50,000	Rate per \$1,000 of Coverage	
		Age	Employee / Spouse Rate
Spouse	\$10,000 increments not to exceed \$250,000; not to exceed 100% of the employee's amount Guaranteed: \$25,000	Under 30	\$0.08
		30-34	\$0.09
Child(ren)	Birth to under 6 months: \$1,000 6 months to under 19: \$10,000 (25 if full time student)	35-39	\$0.18
		40-44	\$0.28
		45-49	\$0.43
		50-54	\$0.69
		55-59	\$1.19
		60-64	\$1.43
		65-69	\$2.49
		70+	\$6.59
		AD&D	\$0.04

Voluntary Life/AD&D benefits are also available to eligible spouses (under age 70) and dependent children as outlined in the table. Age based reductions apply once you reach age 65 and terminate upon retirement (full policy documents can be obtained through HR).

Employee's Benefits will reduce to:

- 65% at age 65
- 45% at age 70
- 30% at age 75
- 20% at age 80
- 15% at age 85
- 10% at age 90

*Spouse Life coverage ends at age 70.

The monthly rates you pay for Voluntary Life and AD&D Insurance coverage is based on the Employee's age. Premiums are paid through payroll deductions on an after-tax basis.

***See the Basic & Voluntary Life Plan Documents for specific coverage information.**



2025-2026 HOLIDAY SCHEDULE



SCHEDULED HOLIDAYS	
Veterans Day	Tuesday, November 11, 2025
Thanksgiving Holidays	Thursday, November 27, 2025 Friday, November 28, 2025
Christmas Holidays	Wednesday, December 24, 2025 Thursday, December 25, 2025
New Year's Day	Thursday, January 1, 2026
Martin Luther King Day, Jr.	Monday, January 19, 2026
Presidents Day	Monday, February 16, 2026
Mardi Gras Day	Tuesday, February 17, 2026
Good Friday	Friday, April 3, 2026
Memorial Day	Monday, May 25, 2026
Juneteenth Independence Day	Friday, June 19, 2026
Independence Day	Friday, July 3, 2026
Independence Day (For Emergency Personnel)	Saturday, July 4, 2026
Labor Day	Monday, September 7, 2026

CONTACT INFORMATION

CONTACT LIST FOR YOUR EMPLOYEE BENEFITS

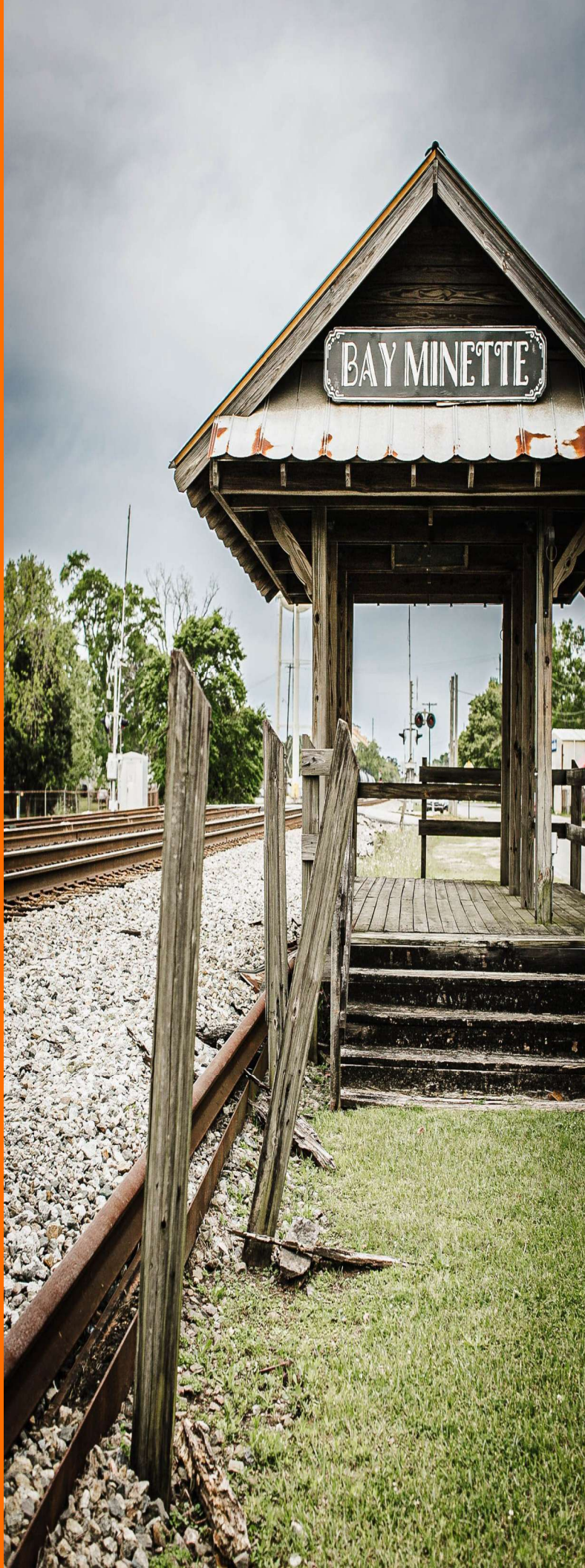


Provider / Plan	Website	Phone Number
BlueCross BlueShield of Alabama Medical	www.bcbsal.org	1-800-292-8868
WEX Flexible Spending Account (FSA)	https://customer.wexinc.com/login	1-833-CALL-WEX 1-833-225-5939
One America Life & Disability coverages	www.oneamerica.com	1-800-553-5318
Delta Dental Dental coverage	Deltadentalins.com	1-800-521-2651
VSP Vision coverage	www.vsp.com	1-800-877-7195



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2025-2026