

2026

Employee Benefits Guide

Brown County Government



ApexBenefits

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The employee benefit programs described in this guide are a summary of benefits, and every attempt has been made to ensure its accuracy. The actual provisions of each benefit program will govern if there is any inconsistency between the information in this guide and your group Plan Documents, Summary Plan Descriptions, programs, policies, or contracts or any subsequent change in such plans, programs, policies, or contracts. All information is confidential pursuant to the Health Insurance and Portability Act of 1996.

Benefits Overview

Brown County Government offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

Who is Eligible?

NEW HIRES: New Hires will be eligible for benefits the 1st of the month following 60 days of hire.

Regular Full-Time Active Employee and Permanent Part-Time Employees whose regularly scheduled hours will meet or exceed 20 hours per week, including Public Defenders, County Elected Officials, as well as Retirees. For more detailed definition of Your Eligibility, please refer to the Summary Plan Document, available upon request.

How to Enroll & Verify

Between October 22 and November 1, there will be a Steele representative available to meet one-on-one with each Brown County Government employee to guide you through the **Steele** online portal (<https://steele.benselect.com/enroll>) to complete the proper open enrollment process including any coverage changes, terminations or confirmations. It is necessary for **EVERY EMPLOYEE** to acknowledge the new changes in medical, dental and vision coverages and rates. The portal will also provide an overview of all of our programs.

How to Make Changes

A life event change (qualifying event) is a personal change in status which may allow you to change your benefit elections.

Examples of qualifying events include:

- Marital Status Change: Marriage, Divorce, Legal Separation
- Dependent Status Change: Birth, Death, Adoption
- Change in Employment: Full-time to Part-Time or vice versa

If you experience a life event change, you will need to request to change your benefits within 30 calendar days of the event and provide documentation to Human Resources.

Helpful Contacts

Medical & Rx	Anthem	See Number on Back of Card	www.anthem.com
Dental	Delta Dental	1 (800) 524-0149	www.deltadental.com
Vision	VSP	1 (800) 877-7195	www.vsp.com
Flexible Savings Account (FSA)	EBC	1 (800) 346-2126	www.ebcflex.com
Telemedicine	Anthem	1 (844) 784-8409	www.livehealthonline.com
Clinic	Brown County Community Health & Wellness Center	(812) 720-3297	www.pmd.center/browncounty
Life and AD&D	OneAmerica	1 (800) 553-5318 opt. 3	www.oneamerica.com
Short Term Disability	OneAmerica	1 (800) 553-5318	www.oneamerica.com
Long Term Disability	OneAmerica	1 (800) 553-5318	www.oneamerica.com
Accident Insurance	Reliance	1 (800) 922-3522	www.reliancematrix.com
Critical Illness Insurance	Reliance	1 (800) 922-3522	www.reliancematrix.com
Hospital Indemnity Insurance	Reliance	1 (800) 922-3522	www.reliancematrix.com
EAP	OneAmerica	1 (855) 387-9727	www.guidanceresources.com
Human Resources	Kimberly Lehman	(812) 988-5485 ext. 1175	lehmank@browncounty-in.gov

Anthem Blue Access HSA \$3,400 Deductible Plan

Brown County Government offers a High Deductible Health Plan (HDHP) with the option for an HSA. The HDHP allows you the freedom to use providers in-network and out-of-network as designated in the following chart. This chart gives a side-by-side look at the amounts you pay when you use in-network versus out-of-network providers.

Plan Feature	In-Network	Out-of-Network
Preventive Care Services	Covered in Full	30% Coinsurance after Deductible
Office Visit		
- Primary care	0% Coinsurance after Deductible	30% Coinsurance after Deductible
- Specialist	0% Coinsurance after Deductible	30% Coinsurance after Deductible
Annual Deductible		
- Individual / Family	\$3,400 / \$6,800	\$9,600 / \$19,200
Employee Coinsurance	0%	30%
Out-of-Pocket (Includes Deductible)		
- Individual / Family	\$3,800 / \$7,600	\$11,400 / \$22,800
Urgent Care	0% Coinsurance after Deductible	30% Coinsurance after Deductible
Emergency Room	0% Coinsurance after Deductible	30% Coinsurance after Deductible
Inpatient Services	0% Coinsurance after Deductible	30% Coinsurance after Deductible
Outpatient Services	0% Coinsurance after Deductible	30% Coinsurance after Deductible
Home Health Care	0% Coinsurance after Deductible	30% Coinsurance after Deductible
Therapy (Occupational, Physical, Speech)	0% Coinsurance after Deductible	30% Coinsurance after Deductible
X-Ray and Laboratory Services	0% Coinsurance after Deductible	30% Coinsurance after Deductible
Mental Health & Substance Abuse Services	0% Coinsurance after Deductible	30% Coinsurance after Deductible

Rx Plan Feature	In-Network (co-pays after the deductible)
Tier 1 – Generic	1-30 days: \$10 copay / 31-90 days: \$20 copay
Tier 2 – Preferred Brand	1-30 days: \$35 copay / 31-90 days: \$88 copay
Tier 3 – Non-Preferred Brand	1-30 days: \$75 copay / 31-90 days: \$188 copay
Tier 4 – Specialty (brand and generic)	25% Coinsurance up to \$350 copay

Rates	Per Pay Employee Contribution
Employee Only	\$75.00
Employee + Spouse	\$132.50
Employee + Children	\$132.50
Employee + Family	\$150.00

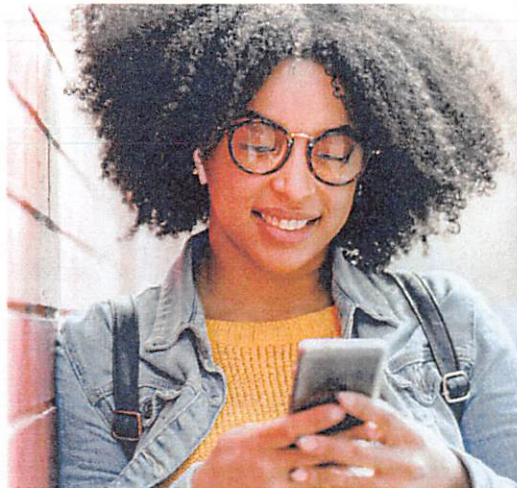
Anthem Blue Access HSA \$5,000 Deductible Plan

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- Specialist	0% Coinsurance after Deductible	30% Coinsurance after Deductible
Annual Deductible		
- Individual / Family	\$5,000 / \$10,000	\$15,000 / \$30,000
Employee Coinsurance	0%	30%
Out-of-Pocket (Includes Deductible)		
- Individual / Family	\$7,000 / \$14,000	\$21,000 / \$42,000
Urgent Care	0% Coinsurance after Deductible	30% Coinsurance after Deductible
Emergency Room	0% Coinsurance after Deductible	30% Coinsurance after Deductible
Inpatient Services	0% Coinsurance after Deductible	30% Coinsurance after Deductible
Outpatient Services	0% Coinsurance after Deductible	30% Coinsurance after Deductible
Home Health Care	0% Coinsurance after Deductible	30% Coinsurance after Deductible
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Rates	Per Pay Employee Contribution
Employee Only	\$15.00
Employee + Spouse	\$45.00
Employee + Children	\$45.00
Employee + Family	\$100.00



The Sydney Health mobile app makes healthcare easier

Access personalized health and wellness information wherever you are

Use SydneySM Health to keep track of your health and benefits — all in one place. With a few taps, you can quickly access your plan details, Member Services, virtual care, and wellness resources. Sydney Health stays one step ahead — moving your health forward by building a world of wellness around you.

Find Care

Search for doctors, hospitals, and other healthcare professionals in your plan's network and compare costs. You can filter providers by what is most important to you, such as gender, languages spoken, or location. You'll be matched with the best results based on your personal needs.

My Health Dashboard

Use My Health Dashboard to find news on health topics that interest you, health and wellness tips, and personalized action plans that can help you reach your goals. It also offers a customized experience just for you, such as syncing your fitness tracker and scanning and tracking your meals.

Chat

If you have questions about your benefits or need information, Sydney Health can help you quickly find what you're looking for and connect you to an Anthem representative.

Virtual Care

Connect directly to care from the convenience of home. Assess your symptoms quickly using the Symptom Checker or talk to a doctor via chat or video session.

In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

Sydney Health is offered through an arrangement with Cereon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2024 The Virtual Primary Care experience is offered through an arrangement with Hyogen Health. Anthem Blue Cross and Blue Shield is the trade name of, in Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to anthem.com/co/networkaccess. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. and Community Care Health Plan of Georgia, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICESM Managed Care, Inc. (RIT). Healthy AllianceSM Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In 17 southeastern counties of New York: Anthem Healthchoice Assurance, Inc., and Anthem Healthchoice HMO, Inc. In these same counties Anthem Blue Cross and Blue Shield HP is the trade name of Anthem HP, LLC. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield, and its affiliate HealthKeepers, Inc. trades as Anthem HealthKeepers providing HMO coverage, and their service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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Download the Sydney Health app today

Use the app anytime to:

- Find care and compare costs.
- See what's covered and check claims.
- View and use digital ID cards.
- Check your plan progress.
- Fill prescriptions.



Scan the QR code to download the Sydney Health app.

You can also set up an account at anthem.com/register to access most of the same features from your computer.

Connect with us 24/7

Text, chat, or ask Alexa to find answers and support whenever is best for you

When you have questions about your Anthem health plan, you can find answers in real time, in the way that suits you best. Anthem's digital tools ensure that help is available whenever you need it. Whether you prefer interactive chat, hands-free voice commands, or live chat, you now have solutions that make it easier for you to focus on your unique needs and priorities.



Sydney Health

The Sydney Health mobile app provides quick access to your health plan information — all in one place. The app's interactive chat feature helps you navigate your benefits with greater ease. Simply type your questions in the app to find answers quickly. Sydney Health can also suggest resources to help you understand your benefits, improve your health, and save money.

How to use Sydney Health's interactive chat

Download the app

- Download the Sydney Health app from the App Store® or Google Play™.
- Register or log in to your account using your Anthem username and password.
- Look for the interactive chat feature icon, then type in your questions.

Use the Sydney Health interactive chat feature to:

- Search for doctors, hospitals, labs, and other health care providers in your plan.
- Check costs for care before you see a doctor.
- Pull up your digital member ID card.
- See what your plan covers.
- Find your deductible, copay, and share of costs.
- Access your spending account balance.



Discover how Sydney Health simplifies health care

Download and start using the app today.



Use your smartphone camera to scan this QR code.



Live Chat

Available on Sydney Health or **anthem.com**, our Live Chat tool enables you to chat in real-time with a representative who can answer your benefit questions or connect you with others who can help.






How to use Live Chat

Log in using **Sydney Health** or **anthem.com**:

1. For Sydney Health, go to the **Menu** tab and under *Get Support*, select **Start a live chat**.
2. For **anthem.com**, choose **Live Chat** under the *Support* tab.

Choose your chat topic:

Once you start a chat, select a topic or program to connect with a representative who can best help you. Topics include:

-  24/7 NurseLine
-  Behavioral health
-  Benefits, coverage, and claims
-  Maternity and baby benefits
-  Pharmacy

With more ways to reach us, we're making it easier for you to find the answers and support you need, right when you need it.



Anthem Skill for Alexa

Quick, hands-free help is here. The Anthem Skill works through Alexa-ready devices, such as an Amazon Echo, or on your mobile device using the Amazon Alexa app. Say the words, "Alexa, ask Anthem ..." to start using the skill.

How to use Anthem Skill

Enable the Skill:

- Download the Amazon Alexa app from the App Store® or Google Play™.
- Go to **Skills and Games** and search for the **Anthem Skill**. Then tap **Enable to Use**.
- Enter your Anthem username and password to link the Skill with your Anthem account.
- Set up your Alexa voice profile and passcode if you haven't already.
- Ask Alexa for help by saying, "Alexa, ask Anthem ..."

Use the Skill to:

- Ask for your digital member ID card.
- Check your deductible and out-of-pocket maximum.
- Refill, renew, cancel, and check the order status of home delivery prescriptions.
- Access your spending account balance.
- Schedule a call with our Member Services team.
- Search for a doctor, specialist, or facility.
- Access claim information.
- Learn what a health care term means.

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How home delivery benefits you



- Manage your prescriptions with the SydneySM Health app or at **anthem.com**.
- Expect first-time orders to take about five days to process. Refills usually take just two days. Standard shipping time varies between 3–5 days.
- Track your order.
- Set up reminders and automatic refills, too.



- Tamperproof
- Weatherproof
- Temperature controlled, if needed



Signing up is simple

2. Go to **View Prescriptions** and follow the guided steps to switch to CarelonRx Pharmacy.



Call the CarelonRx Pharmacy
Contact Center at **833-396-0309**
or use the live chat feature on
Sydney Health or **anthem.com**.



SERVING BROWN COUNTY

Care Without Compromise

We want to give you the best care experience of your life.

In addition to personalized, comprehensive care, there are many more benefits to visiting your Health Center:

- **It's affordable.** Your employer is providing best-in-class primary care at no cost to you.
- **It's efficient.** Your time at the Health Center will be spent on what matters – your health. Expect shorter wait times and more time with your provider.
- **It's effective.** You'll receive broad-scope primary care that addresses every aspect of your health and wellbeing.

Schedule an appointment and let us serve you!

Brown County Community Health & Wellness Center

246 E. Main St., Nashville, IN 47448

Phone: 812.720.3297 **Fax:** 833.638.0105

Website: www.pmd.center/browncounty

Our services

- Basic episodic care (flu, colds, aches, pains)
- Preventive care (physicals, health coaching, immunizations)
- Disease management (diabetes, asthma, heart disease)
- Care management
- Labs & onsite medication dispensing
- Wellness consulting
- Musculoskeletal specialty care

Need care after hours? Your health center offers a free after hours line, 365 days a year. Simply call the health center at 812.720.3297 and follow the prompt. The provider can help with medication advice, triaging minor illness/injuries, and more!

www.proactive.md | [f](#) [t](#) [in](#)

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proactive **md**



After-Hours Line

ACCESS TO A PROVIDER, 365 DAYS A YEAR

An on-call provider is available any time that your clinic is not open, including after Health Center hours, on the weekends, and on holidays, at no additional cost.

The on-call provider can help you with:

- Understanding symptoms
- Treating minor illnesses, cuts & injuries
- Medication advice & dosing
- And much more!

Call the
Health
Center
812.720.3297

Select an option

Provider, Med Refill,
Voicemail, or
Information and Hours

If you select Provider...

The phone will ring to your
Health Center Provider first.
If there is no answer, it will
transfer to the on-call provider.

*No controlled substances will be filled after hours.

*Please only use the after-hours line outside of regular clinic hours.

Contact your clinic during regular hours to refill a medication or schedule an appointment.

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Dental

Brown County Government offers dental benefits through Delta Dental, which allows you to seek treatment from the dentist of your choice. In order to reduce out of pocket costs, use an in-network provider. Selecting a Delta Dental dentist removes the risk of balance billing.

Dental Benefits	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Nonparticipating Dentist*
Annual Deductible			
- Individual	\$50	\$50	\$50
- Family	\$150	\$150	\$150
Annual Benefit Maximum (per insured person)	\$1,500	\$1,500	\$1,500
Preventive/Diagnostic Includes: Exams, Cleanings, Fluoride, Space Maintainers, Sealants, Brush Biopsy, X-rays	Plan pays 100% after deductible	Plan pays 100%	Plan pays 100%
Basic Services Includes: Emergency Palliative Treatment, Fillings and Crown Repair, Extractions and Dental Surgery, Relines and Repairs to prosthetic appliances	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible
Major Restorative Root Canals, Periodontic Services, Crowns, Bridges, Implants, Dentures, Crown over Implants	Plan pays 50% after deductible	Plan pays 50% after deductible	Plan pays 50% after deductible
Orthodontia Benefits (18 years and under)	Plan pays 50%	Plan pays 50%	Plan pays 50%
Lifetime Orthodontia Maximum	\$1,000	\$1,000	\$1,000

*When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This amount may be less than what the Dentist charges or Delta Dental approves and you are responsible for that difference.

Rates	Per Pay Employee Contribution
Employee Only	\$17.12
Employee + Spouse	\$34.24
Employee + Child(ren)	\$42.72
Employee + Family	\$60.57



Stay informed about your dental benefits with member portal

Member Portal is designed to give you 24/7 access to important information regarding your dental benefits.

Use this secure online tool for access to eligibility information, current benefits information, claims information and more.

Once you have logged in to Member Portal, remember to sign up for electronic delivery of Explanation of Benefits (EOB) statements by checking the “**Paperless Preferences**” box. You will be able to view your EOBs online and print copies when necessary.



All users must first register to gain access to the Member Portal. Privacy of your online benefit information is assured through highly secure encryption technology.

Get started today

1. Visit www.memberportal.com.
2. Log in.

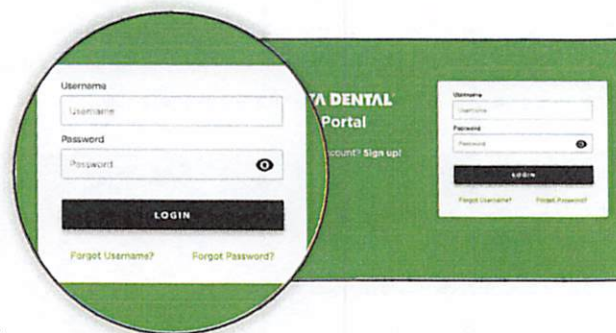
NOTE: Member Portal has replaced Consumer Toolkit®. If you currently have a Consumer Toolkit account, your username and password for Consumer Toolkit will work for Member Portal.

- If you have already registered, enter your credentials and click the “Login” button.
- If you are new to Member Portal, click the “Sign up!” link to register.

NOTE: You will need the subscriber’s (the person whose name is on the benefit package) member ID. The member ID is an assigned number unique to the subscriber. In most cases, the member ID is the same as the subscriber’s Social Security number.

3. Complete required fields and follow the on-screen instructions.
4. Select your own username and password to access the site.

Additional help can be accessed through the Help menu within Member Portal. If you need further assistance, call Toolkit Support at 866-356-0301.



Vision

Brown County Government's Vision benefits are provided by VSP utilizing the VSP network. VSP Vision offers you one of the largest vision care networks in the industry with a wide selection of experienced ophthalmologists, optometrists, and opticians. Go to an in-network provider to maximize your benefits!

Vision Benefits	In-Network	Out-of-Network
Routine Exam (one per 12 months)	\$10 copay	Reimbursed up to \$45
Lenses (1 pair every 12 months)	\$25 copay Single/Bifocal/Trifocal	Reimbursed up to \$30/\$50/\$65 Single/Bifocal/Trifocal
Frames (one every 12 months)	\$130 Allowance, 20% off balance	\$70 Allowance
Contact Lenses (once every 12 months)	\$130 Allowance	\$105 Allowance

Rates	Per Pay Employee Contribution
Employee Only	\$4.89
Employee + Spouse	\$8.23
Employee + Child(ren)	\$8.41
Employee + Family	\$13.55

A Look at Your VSP Vision Coverage

With VSP and BROWN COUNTY
GOVERNMENT, your health comes first.



Enroll in VSP® Vision Care to get access to savings and personalized vision care from a VSP network doctor for you and your family.

Value and savings you love.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

Provider choices you want.



Maximize your benefits at a Premier Program location, which is part of our incredible network of doctors.

Shop online and connect your benefits.



Eyeconic® is the preferred VSP online retailer where you can shop in-network with your vision benefits. See your savings in real time when you shop over 70 brands of contacts, eyeglasses, and sunglasses.

Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

Using your benefit is easy!

Create an account on vsp.com to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

vsp.
vision care

More Ways
to Save

Extra

\$20

to spend on
Featured Brands†

bebe	CALVIN KLEIN
COLE HAAN	DRAGON
FLEXON	LACOSTE
	and more

See all brands and offers
at vsp.com/offers.

+

Up to
40%

Savings on
lens enhancements‡

Enroll through your employer today.
Contact us: **800.877.7195** or vsp.com

Flexible Spending Accounts (FSA)

What is a Dependent Care FSA?

A Dependent Care FSA allows you to set aside funds tax-free to pay for day care expenses necessary while you (and your spouse) are working, looking for work or attending school on a full-time basis. Your dependent (child under age 13, disabled spouse, elderly parent or other dependent who is physically or mentally incapable of self-care) must live in your home at least 8 hours a day to qualify.

For calendar year 2026, the annual maximum amount a family may contribute to the Dependent Care FSA is \$7,500 (\$3,750 for a married person filing separately). Per IRS regulations, if you do not use all the pre-tax dollars in your Dependent Care FSA during the plan year, you forfeit the amount left over.

Eligible expenses include

- Costs of day care for children aged 12 and younger (longer if the dependent is disabled)
- Day care costs for spouses, parents or grandparents who cannot care for themselves
- The cost for an individual to provide care either in or out of your house (a sitter's home or day care facility)
- Nursery schools and preschools (excluding kindergarten)

Expenses that are NOT eligible for payment with a Dependent Care FSA include

- Costs of day care for reasons other than to enable you to work or attend school full-time
- Child support payments or late payment fees
- Food, clothing, activity fees/entertainment, school supplies
- Overnight camps
- Housekeeping services not provided by caregiver

What is a Limited Health Care FSA?

For 2026, employees can contribute \$3,300 to a Limited Health Care FSA. The Limited Health Care FSA gives you a smart way to save on eligible expenses not covered by the new program by allowing you to set aside money on a pre-tax basis to pay for these expenses. Some examples of eligible expenses include: deductibles for dental plans and prescription glasses or contacts. This is a great way to financially plan for medical expenses that would otherwise be classified as out-of-pocket costs. You may not use the Limited Health Care FSA account to pay the cost of over-the-counter medications that are not prescribed by your doctor.

The amount of your contributions is deducted pre-tax every pay period, therefore you do not have to pay Federal or FICA taxes on the amount of your deposit.

Here's how it works:

First, decide how much you want to contribute. A regular amount will be automatically deducted from each paycheck for the entire year. EBC makes the elected funds available at the beginning of the plan year and funds are reimbursed to you as expenses are submitted up to the amount elected for the year.

Then, when you or a qualified dependent have eligible expenses not covered by the benefits program OR any or all health benefits are exhausted, your FSA administrator reimburses you from your flexible spending account. Your expenses are reimbursed from your account and you avoid the taxes you would otherwise pay on that money.

Health Savings Account (HSA)

If you participate in the High Deductible Health Plan (HDHP), you are qualified to set aside funds in a Health Savings Account (HSA) before taxes are deducted to pay for eligible medical, dental and vision expenses. An HSA is similar to a Flexible Spending Account in that you are eligible to pay for health care expenses with pre-tax dollars, but an HSA has some additional advantages:

- Unused money in an HSA is not forfeited at the end of the year; it is carried forward
- Funds roll over each year

Your HSA is yours to keep which means, you can take it with you if you change jobs or retire. If you have any money remaining in your HSA after your retirement, you may withdraw the money as cash. HSA highlights include:

Triple Tax Advantage

- Contributions are tax-free
- Investment earnings are tax-free
- Withdrawals for qualified health care expenses are tax-free

Employee Eligibility Rules

- You must be enrolled in the Brown County Government Qualified High Deductible Health Plan to open an HSA account
- You cannot be covered by another health insurance, including a spouse's plan that is not a qualified HDHP/CDHP
- You cannot be enrolled in Medicare A or B or Medicaid or TriCare
- You cannot be claimed as a dependent on another person's tax return

2026 Annual Maximum HSA Contributions (including employee and employer)

- \$4,400 for single coverage
- \$8,750 for family coverage
- Additional \$1,000 catch-up contribution for individuals aged 55 and older

IMPORTANT NOTE: You must open an HSA account before services are rendered to be eligible.

You have the option to use the HSA:

- To pay for "qualified medical expenses":
- Expenses covered under the medical plan (i.e., deductible, coinsurance)
- Other IRS-approved expenses not covered under the medical plan such as dental or vision (IRS213d)
- Note: Withdrawals for non-qualified expenses will be taxed and include a 20% penalty
- For tax dependents, even if they are not enrolled in your medical plan
- To save the money in the account
- Funds roll over each year
- Pay retiree medical expenses
- Earn interest/investment earnings
- You OWN the account and can take the funds with you even if you leave Brown County Government

To set up your HSA, please contact HR or your Office Administrator.

Basic Life / AD&D

Life insurance can help provide for your loved ones if something were to happen to you. Brown County Government provides full-time employees with \$20,000 in Group Basic Life and Accidental Death and Dismemberment (AD&D) insurance.

Brown County Government pays for the full cost of this benefit, meaning you are not responsible for paying any monthly premiums. Contact HR if you would like to update your beneficiary information.

Voluntary Life / AD&D

While Brown County Government offers Group Basic Life insurance, some employees may want to purchase additional coverage. Think about your personal circumstances.

With Voluntary Life insurance, you are responsible for paying the full cost of coverage through payroll deductions.

Who Can Enroll	Benefit Amounts	Maximum Amount	Guaranteed Issue (GI) Amount
Employee	\$10,000 minimum	\$500,000, or five times the Employee's Annual base salary, in increments of \$1,000	\$150,000 (amounts over GI subject to medical underwriting) *
Spouse	\$5,000 minimum	\$250,000, up to 100% of Employee's Life Amount, in \$500 increments	\$25,000 (amounts over GI subject to medical underwriting) *
Children	Birth to 6 months Age 6 months to age 26	\$1,000 \$2,500	\$1,000 \$2,500

Voluntary Disability Insurance (Income Protection)

Think you will never need disability insurance? Statistics say that one in four 20-year-olds will be disabled before they reach retirement, and 95 percent of accidents are not work-related. Pregnancy, back and neck pain, cancer, heart disease, mental illness are the most common disabilities. Why not insure your paycheck the way you do your car, your house, and your health?

Voluntary Short Term Disability (STD) Insurance

Brown County Government offers Voluntary Short Term Disability coverage for purchase through OneAmerica. If purchased, STD benefits are provided as a source of income in the event you become disabled from a non-work-related injury or sickness. You are not eligible to receive STD benefits if you are receiving Workers' Compensation benefits. Please refer to the Plan Certificate for full details.

Voluntary Long Term Disability (LTD) Insurance

Brown County Government offers Long Term Disability coverage for purchase through OneAmerica. If purchased, LTD benefits are provided as a source of income in the event you become disabled from an injury or sickness for a sustained period of time. Just like Short Term Disability insurance, you are not eligible to receive LTD benefits if you are receiving Workers' Compensation benefits. Please refer to the Plan Certificate for full details

Disability Insurance	STD	LTD
Benefits Begin (accident/ sickness)	15 th day/15 th day	91 st day
Benefits Payable	11 weeks	Social security normal retirement age
Percentage of Income Replaced	60% of your weekly income	60% of your monthly income
Maximum Benefit	\$600	\$5,000 per month

Voluntary Accident Insurance

Accident insurance includes coverage for off-the-job accidents. Having an unexpected accident can cause more than just physical injury – it can hurt your bank account too. Since accidents can happen at any time, it's important to prepare for the unexpected.

This policy can help you pay for out-of-pocket expenses associated with an accident by paying you a benefit depending on the injuries you receive. You can use the money as you wish – pay for health care related expenses, childcare while you go to the doctor or save it for another unfortunate accident.

Plan Highlights

- Coverage available to you, your spouse and your children
- Benefits paid to you in the event of an accident
- Benefits do not coordinate with any other coverage

Accident Coverage Type	On & Off Job
Portability – Allows you to take your accident coverage with you if you terminate employment	Included
Emergency Room	\$225
Diagnostic Exam (Major)	\$200 per CT/MRI scan, 1 exam per person per year
Ambulance (Ground/Air)	\$240/ \$1,200
Hospital / ICU admission	\$1,250
Hospital Confinement	\$300/day, up to 1 year
ICU Confinement	\$400/day, up to 30 days
Physician Office Visit <ul style="list-style-type: none"> - Initial - Follow up 	<ul style="list-style-type: none"> - \$75 initial visit - \$75 Follow-up, 6 maximum
Blood/ Plasma / Platelets	\$200
Concussion	\$200
Prosthetic device for one	\$750

Rates	Per Pay Employee Contribution
Employee Only	\$8.54
Employee + Spouse	\$13.93
Employee + Child(ren)	\$18.23
Employee + Family	\$23.62

Voluntary Critical Illness Insurance

Critical illness insurance protects your family and your assets. Many people don't save money for health care expenses, which is why being diagnosed with a health condition can be draining, both emotionally and financially.

Critical illness insurance from Reliance helps supplement your major medical coverage by providing a lump-sum benefit you can use to pay the direct and indirect costs related to a covered critical illness.

Plan Highlights

- Coverage available to you, your spouse and your children
- Lump sum cash benefit paid to you if you are diagnosed with a covered condition
- Pre-existing limitation apply for new enrollees

Conditions	Amount Payable
Heart attack	100%
Alzheimer's	100%
Muscular Dystrophy	100%
Major Organ Failure	100%
Ruptured Cerebral, Carotid or Aortic Aneurysm	100%
Motor Neuron Disease (ALS, Lou Gehrig's)	100%
Stroke	100%
Skin Cancer	5%

Covered Cancer Benefits	Amount Payable
Cancer Invasive	100%
Carcinoma in Situ	25%

Hospital Indemnity Insurance

Hospital visits can be costly. Hospital Indemnity insurance can help. Hospital Indemnity is designed to be an economical way for you to supplement your health care plan. The cost of a hospital stay can really add up. In fact, the average price of a hospital stay in the U.S. is \$10,000.¹

While hospital stays can be unexpected, they don't have to be financially devastating. Protect your budget and enroll in Hospital Indemnity insurance today. Here's why:

- **Benefits** – You can receive a lump-sum payment when you are admitted or confined to a hospital due to an accident or sickness. (*Pre-existing condition limitations may apply.*)
- **Your name is on the check** – Payments can be made directly to you or can be assigned to a provider. They can be used to help pay for medical plan deductibles and copays, for out-of-network stays, for your family's everyday living expenses, or for whatever else you need while recuperating from an illness or accident.
- **Guaranteed acceptance** – Coverage is usually guaranteed for you and your eligible family members as long as you are actively at work. That means no medical exams and no hassle.
- **Payroll deduction** – Premiums can usually be automatically deducted from your paycheck, making this coverage more convenient for you.
- **Coverage is portable** – Most policies allow you to take the policy with you if you change jobs or retire.

	Amount Payable
Hospital Admission	\$1,000/ 1 per year
Intensive Care Unit Admission	\$1,000/ 1 per year
Hospital Confinement	\$150/ 15 days per year
Intensive Care Unit Confinement	\$150/ 15 days per year

Rates	Per Pay Employee Contribution
Employee Only	\$7.75
Employee + Spouse	\$18.47
Employee + Child(ren)	\$15.13
Employee + Family	\$23.40

¹ Costs for Hospital Stays in the United States, 2011. HCUP Statistical Brief #168. December 2013. Agency for Healthcare Research and Quality, Rockville, MD.

² Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas.



Call Your ComPsych® GuidanceResources® program anytime for confidential assistance.

Call: 855.387.9727

Go online: guidanceresources.com

TDD: 800.697.0353

Your company Web ID: **ONEAMERICA3**

Personal issues, planning for life events or simply managing daily life can affect your work, health and family. Your GuidanceResources program provides support, resources and information for personal and work-life issues. The program is company-sponsored, confidential and provided at no charge to you and your dependents. This flyer explains how GuidanceResources can help you and your family deal with everyday challenges.

Confidential Counseling

3 Session Plan

This no-cost counseling service helps you address stress, relationship and other personal issues you and your family may face. It is staffed by GuidanceConsultants™—highly trained master's and doctoral level clinicians who will listen to your concerns and quickly refer you to in-person counseling (up to 3 sessions per issue per year) and other resources for:

- › Stress, anxiety and depression
- › Relationship/marital conflicts
- › Problems with children
- › Job pressures
- › Grief and loss
- › Substance abuse

Financial Information and Resources

Discover your best options.

Speak by phone with our Certified Public Accountants and Certified Financial Planners on a wide range of financial issues, including:

- › Getting out of debt
- › Credit card or loan problems
- › Tax questions
- › Retirement planning
- › Estate planning
- › Saving for college

Legal Support and Resources

Expert info when you need it.

Talk to our attorneys by phone. If you require representation, we'll refer you to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter.

Call about:

- › Divorce and family law
- › Debt and bankruptcy
- › Landlord/tenant issues
- › Real estate transactions
- › Civil and criminal actions
- › Contracts

Work-Life Solutions

Delegate your "to-do" list.

Our Work-Life specialists will do the research for you, providing qualified referrals and customized resources for:

- › Child and elder care
- › Moving and relocation
- › Making major purchases
- › College planning
- › Pet care
- › Home repair

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Brown County Government | 2026 Employee Benefits Guide

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Glossary of Terms

Open enrollment is the time of year reserved for you to make changes to your benefit elections, and unfamiliar terms can make this process confusing. Use these definitions of common enrollment terms to help you navigate your benefits options.

Coinurance: 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.

Consumer Driven Health Care (CDHC): Health insurance programs and plans that are intended to give you more control over your health care expenses. Under CDHC plans, you can use health care services more effectively and have more control over your health care dollars. CDHC plans are designed to be more affordable because they offer reduced premium costs in exchange for higher deductibles. Health Reimbursement Arrangements (HRAs) and Health Savings Accounts (HSAs) are common examples of CDHC plans.

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

Covered Expenses: Health care expenses that are covered under your health plan.

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.

Dependent: Individuals who meet eligibility requirements under a health plan and are enrolled in the plan as a qualified dependent.

Employee Contribution: The amount you pay for a health plan in exchange for coverage.

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.

Health Management Organization (HMO): A type of health insurance plan that usually limits coverage to care from doctors who work for or contract within a specified network. Premiums are paid monthly, and a small copay is due for each office visit and hospital stay. HMOs require that you select a primary care physician who is responsible for managing and coordinating all of your health care.

Health Reimbursement Arrangement (HRA): An employer-owned medical savings account in which the company deposits pre-tax dollars for each of its covered employees. Employees can then use this account as reimbursement for qualified health care expenses.

Health Savings Account (HSA): An employee-owned medical savings account used to pay for eligible medical expenses. Funds contributed to the account are pre-tax and do not have to be used within a specified time period. HSAs must be coupled with qualified high-deductible health plans (HDHP).

High Deductible Health Plan (HDHP): A qualified health plan that combines very low monthly premiums in exchange for higher deductibles and out-of-pocket limits. These plans are often coupled with an HSA.

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

Inpatient: A person who is treated as a registered patient in a hospital or other health care facility.

Medically Necessary (or medical necessity): Services or supplies provided by a hospital, health care facility or physician that meet the following criteria: (1) are appropriate for the symptoms and diagnosis and/or treatment of the condition, illness, disease or injury; (2) serve to provide diagnosis or direct care and/or treatment of the condition, illness, disease or injury; (3) are in accordance with standards of good medical practice; (4) are not primarily serving as convenience; and (5) are considered the most appropriate care available.

Medicare: An insurance program administered by the federal government to provide health coverage to individuals aged 65 and older, or who have certain disabilities or illnesses.

Member: You and those covered become members when you enroll in a health plan. This includes eligible employees, their dependents, COBRA beneficiaries and surviving spouses.

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 Expense: Amount that you must pay toward the cost of health care services. This includes deductibles, copayments, and coinsurance.

Out-of-pocket Maximum (OOPM): The highest out-of-pocket amount paid for covered services during a benefit period.

Preferred Provider Organization (PPO): A health plan that offers both in-network and out-of-network benefits. Members must choose one of the in-network providers or facilities to receive the highest level of benefits.

Primary Care Physician (PCP): A doctor that is selected to coordinate treatment under your health plan. This generally includes family practice physicians, general practitioners, internists, pediatricians, etc.

Federal Notices

The following notices are provided to inform you of your rights as an employee. Click the read more links for more information.

Newborns' & Mothers' Health Protection Act

The Newborns' and Mothers' Health Protection Act (the Newborns' Act) provides protections for mothers and their newborn children relating to the length of their hospital stays following childbirth. Under the Newborns' Act, the plan may not restrict benefits for a hospital stay in connection with childbirth to less than 48 hours (96 hours in the case of a cesarean section), unless the attending provider (in consultation with the mother) decides to discharge earlier.

Read more: <https://www.dol.gov/general/topic/health-plans/newborns>

Women's Health & Cancer Rights Act Of 1998

In accordance with the Women's Health and Cancer Rights Act of 1998, covered members who undergo a mastectomy, and who elect breast reconstruction in connection with the mastectomy, are entitled to coverage for: Reconstruction of the breast on which the mastectomy was performed; Surgery and reconstruction of the other breast to produce a symmetric appearance; Prosthesis and treatment of physical complications at all stages of the mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient. The coverage may be subject to coinsurance and deductibles consistent with those established for other benefits.

USERRA

The Uniformed Services Employment and Reemployment Rights Act (USERRA) Advisor assists veterans in understanding employee eligibility and job entitlements, employer obligations, benefits and remedies under USERRA. Your right to continued participation in the Plan during leaves of absence for active military duty is protected by USERRA. Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted. If the absence is for more than 31 days and not more than 12 weeks, you may continue to maintain your coverage under the Plan by paying premiums.

Read more: <https://www.dol.gov/agencies/vets/programs/userra>

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage. If you or your children aren't eligible, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov.

Click this link for contact information for applicable states: [new model Employer CHIP Notice](#)

Health Insurance Marketplace Coverage Options and Your Health Coverage

Under the Affordable Care Act (ACA), employers covered by the Fair Labor Standards Act (FLSA) are required to provide a notice to employees about the health insurance marketplace/exchanges of the state(s) in which they operate. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer. You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

Access this statement and forms can be found at: <https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/model-notice-for-employers-who-offer-a-health-plan-to-some-or-all-employees.pdf>

Employer Notice

Terms of Use: Your Medical Information & Your Rights

This notice from your employer describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have questions, please contact your benefits administrator.

Read more: <https://apexbg.com/terms-of-use-your-medical-information-your-rights/>

The employee benefit programs described in this guide are effective in 2026. The information in this guide is a summary of your employers' benefits, and every attempt has been made to ensure its accuracy. The actual provisions of each benefit program will govern if there is any inconsistency between the information in this guide and your employer's formal Plan Documents, Plans, Summary Plan Descriptions, programs, policies, or contracts or any subsequent change in such plans, programs, policies, or contracts.