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# 2026 BENEFITS INSIGHT BOOKLET

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## Employee Benefits

Employees that work at least 30 hours per week are entitled to benefits. This booklet contains information about the many benefits available to our county employees.

**HUMAN  
RESOURCES**

**Keep In Touch  
With Us**

**706-868-3300**

**[humanresources@columbiacountyga.gov](mailto:humanresources@columbiacountyga.gov)**



Dear Fellow Employees,

The Columbia County Board of Commissioners is very thankful for the wonderful work you do every day for the citizens of Columbia County. We are proud of the continuous efforts by our staff to remain very fiscally conservative while still providing the residents of Columbia County first-class services. Our local, regional, state, and national reputation for excellence is a direct reflection of you, our employees.

The Board is pleased to be able to provide this 2026 benefits package. With the rising costs of healthcare, the Commission had to make the difficult decision to raise premiums and make changes to the medical plan this year. We still believe that our plan is competitive and that Columbia County provides the best insurance to our employees through United Healthcare. We encourage you to spend some time reviewing all the options as you make the best decisions for you and your family.

As a benefit to you, the County has historically paid the majority percentage of the premium cost for your medical and dental insurance. We will maintain the County's contribution to an 80/20 split. Columbia County will continue to pay 100% of the basic life insurance.

Thank you for all you do for Columbia County, and we wish you a year of good health and continued success.

Douglas R. Duncan, Jr., Chairman



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## Benefits Eligibility

New employees are eligible for benefits upon date of hire and have thirty (30) days to enroll. In the event the thirty (30) day period lapses, the employee cannot enroll until the next open enrollment period unless there is a life event change as stated below.

Employees must work at least 30 hours or more per week to be benefit eligible. Eligibility status changes due to marriage, birth, adoption, or death must be made within thirty (30) days of such life event change. If you fail to request a change within the thirty (30) day provision, then you will not be able to enroll until the next open enrollment period.

Under the medical, dental, and vision plans, dependents are eligible for coverage up to age 26. Children are covered up to age 19 or, if a full time student, to age 25 under the life insurance policies.

## Spousal Surcharge (new for 2026)

If your spouse has access to employer sponsored medical insurance, but chooses to enroll in the county plan, a \$50 surcharge per paycheck will apply. If you and your spouse both work for Columbia County, you can choose to get individual coverage or pay the surcharge.

## HIPAA Privacy Practices

Protecting the privacy and confidentiality of information about our employees is very important to the Columbia County Board of Commissioners. The separately issued Notice of Privacy Practices explains key elements of the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, as amended by the HIPAA Omnibus Final Rule of 2013, and the related regulations concerning the privacy of protected health information.

If you have questions regarding this Notice or privacy practices or wish to make requests as described above, please contact the Employee Medical Plan Privacy Officer/Human Resources Director, Columbia County Board of Commissioners, Building B, 630 Ronald Reagan Drive, Evans, GA 30809; by phone at (706) 868-3300 or by fax at (706) 868-3301. Please include your name and fax number.

## Patient Protection & Affordable Care Act (PPACA)

The Patient Protection and Affordable Care Act (commonly called the Affordable Care Act) is a United States federal statute that was signed into law on March 23, 2010. This legislation represents the most significant government expansion and regulatory overhaul of the country's healthcare system since the passage of Medicare and Medicaid in 1965. This legislation affects all health insurance plans for organizations and individuals as well. Columbia County's Employee Medical Plan meets all the requirements of this act including maintaining essential health benefits to include preventive care, wellness, prescription drugs, and hospital stays. Beginning October 1, 2013 health care exchanges began initial operations to provide health insurance to individuals who do not have health insurance. Per PPACA, the purpose of an exchange is to help individuals and small businesses purchase affordable health insurance coverage. An actuarial study has been performed and the Columbia County Employee Medical Plan has been deemed "affordable" under the requirements of PPACA. If you have any questions regarding Patient Protection & Affordable Care Act or the Columbia County Employee Medical Plan, please contact the Human Resources Department at (706) 868-3300.

## Life Status Changes

You may make certain changes to your benefits outside of the annual Open Enrollment period if you have a qualifying event. Examples include the following:

- Birth or adoption/placement for adoption of a child
- Death of a dependent
- Marriage or divorce
- You or your dependent lose coverage
- You or your dependent gain access to other coverage



You have 30 days from the date of the qualifying event to submit supporting documentation to change your coverage. Any requests submitted after 30 days of the qualifying event will not be accepted, and you will have to wait until the next Open Enrollment period to make a change. In most cases, dependents that lose eligibility are entitled to COBRA/Continuation of Coverage for a limited time. Please see the COBRA/Continuation of Coverage section for more information. If you have questions regarding life status changes, please contact the Human Resources department by phone at (706) 868-3300.



## COBRA Coverage

An employee electing medical coverage under the Columbia County Group Health Plan will receive the COBRA Initial Rights Notification via mail as required. The COBRA Initial Rights Notification is intended to inform you, in a summary fashion, of your rights and obligations under the continuation of coverage provisions of the law [Public Law 99-272, Title X].

COBRA continuation of coverage is a continuation of plan coverage when coverage would otherwise end because of a life event known as a “qualifying event.”

If you are an employee of Columbia County and covered by the Columbia County Group Health Plan, then you have a right to choose continuation of coverage for yourself or your dependents if you lose coverage due to termination of employment, reduction in hours, or your dependents are no longer eligible. You and/or your dependents may continue under COBRA for up to 18, 29, or 36 months depending upon the qualifying event. The cost is 100% plus a 2% administration fee to the participant.

It is the intent of the Columbia County Board of Commissioners to comply with the requirements of federal law governing continuation of coverage.

If you have questions regarding COBRA, please contact the Plan Administrator at Columbia County by phone at (706) 868-3300.

The Columbia County Employee Medical Plan is administered by [UnitedHealthcare](#). This plan does not require a referral for a specialist, nor do you have to choose a PCP (Primary Care Physician). Deductibles and co-insurance amounts apply to the plan. Please refer to page 7 of this booklet.

Area hospitals and centers of excellence, such as Mayo, Duke, Emory, etc., are in the UnitedHealthcare plan network. A brief description of benefits and plan design for the Medical Plan can be viewed in this booklet. The Summary Plan Description can be viewed in the Human Resources Department or online at <https://columbiacountyga.sharepoint.com/>.

For medical/surgical/eye care services, employees should refer to their regular United Healthcare physician and provider directory.

## [MYUHC.COM](http://myuhc.com)

Visit the UnitedHealthcare website @ [www.myuhc.com](http://www.myuhc.com) where you can:

- Order prescriptions
- Check the cost of a particular drug
- Order a new card
- Check claims status
- Find a physician or hospital
- Print a temporary card
- Learn more about your coverage, e.g. co-pays, deductibles and out-of-pocket information
- Organize your medical bills online (select "Manage your Claims")
- Compare cost for a particular procedure (select "Find Care and Costs")



The Personal Health Record, which presents information on your recent health conditions, medications, medical procedures, and lab results, is all in one place so you can be more informed and in control of managing your health and well-being. The information in the Personal Health Record comes from your medical and pharmacy claims and lab results data sent to UnitedHealthcare. It is automatically updated as additional claims are submitted by your physician or facility. It is also a repository where you can record and track your personal and your family's health history information.

Explanation of Benefits (EOB) may be viewed by clicking on the Claims Center tab. You may have your EOB's mailed to you or receive them online. In addition, this feature will show you how to appeal claims, download forms and view your Flexible Spending Account (FSA).

## [HEALTH 4ME SMARTPHONE APP](#)

UnitedHealthcare Health4Me provides instant access to your family's critical health information – anytime and anywhere. You can find a physician near you, check the status of a claim or speak directly with a health care professional. You can even pull up your insurance card on your phone, and have the ability to fax or email your card directly to your provider. All the features of [myuhc.com](http://myuhc.com) in a simple, convenient app. The Health4Me app is available from the Apple iTunes App Store as a free download for the iPhone, iPod Touch and iPad. It is also available as a free download in the Android marketplace for Android phones.

Medical Coverage				
UnitedHealthcare	Gold Plan		Silver Plan	
<b>Annual Deductible</b>				
Individual	\$1,250		\$2,500	
Family	\$3,750		\$7,500	
<b>Annual Out-of-Pocket Maximum</b>				
Individual	\$5,500		\$6,500	
Family	\$11,000		\$13,000	
<b>Primary care office visit</b>				
	\$30		\$35	
<b>Speciality care</b>				
Speciality care office visit	\$50		\$65	
Diagnostic out-patient testing	\$50		\$65	
Physical/Occupational/Speech therapy	\$30 / \$50 / \$50		\$35 / \$65 / \$65	
Allergy Testing	\$50		\$65	
MRI/CAT Scan/PET Scan/Nuclear Medicine	Subject to deductible then 20%		Subject to deductible then 20%	
Surgery Out-Patient	Subject to deductible then 20%		Subject to deductible then 20%	
Hospitalization	Subject to deductible then 20%		Subject to deductible then 20%	
Emergency Room	\$500		\$500	
Urgent Care Center	\$100		\$100	
Skilled Nursing Facility - 90 day limit per calendar year	Subject to deductible then 20%		Subject to deductible then 20%	
Home Health Care - 120 visits per calendar year	Subject to deductible then 20%		Subject to deductible then 20%	
Hospice Care - 180 day limit per calendar year	Subject to deductible then 20%		Subject to deductible then 20%	
Short Term Rehabilitation - 60 visits per calendar year	\$50		\$65	
Spinal Manipulation/Chiropractic Care - 20 visits per calendar year	\$30		\$35	
Ambulance	Subject to deductible then 20%		Subject to deductible then 20%	
Durable Medical Equipment	Subject to deductible then 20%		Subject to deductible then 20%	
Hearing Aid Coverage - \$3,000 limited to a single purchase	Subject to deductible then 20%		Subject to deductible then 20%	
Infertility Services	Payable - see contract for limitations		Payable - see contract for limitations	
<b>Mental Health and Alcohol/Drug Abuse Services</b>				
In-Patient	Subject to deductible then 20%		Subject to deductible then 20%	
Out-Patient	\$30		\$35	
<b>Maternity</b>				
First OB Visit	\$50		\$65	
Hospital	Subject to deductible then 20%		Subject to deductible then 20%	
<b>Preventative Care</b>				
Routine GYN Exam	100%		100%	
Routine Wellness	100%		100%	
Routine Mammogram	100%		100%	
<b>OptumRx Drug Program</b>				
	Tier 1	Tier 2	Tier 3	Tier 4
<b>Retail Drug Card Program</b>				
No deductible for Tier 1 and Tier 2	\$15	\$35	\$65 after ded	\$100 after ded
Individual \$100 / Family \$200 deductible per calendar year				
<b>Mail Order Maintenance Program</b>				
No deductible on any Tier	3 month supply for the cost of 2 months copays			

This is not a complete disclosure of the plans. The plan certificates contain specific qualifications, limitations and exclusions.

# FAQ FREQUENTLY ASKED QUESTIONS

## ABOUT YOUR MEDICAL PLAN!

### What is an EPO Plan?

EPO stands for Exclusive Provider Organization. With an EPO plan, the Plan pays benefits only when you see an in-network provider (except in an emergency) within a national network. An EPO plan only covers eligible services from providers and facilities that are contracted in the EPO plan network. Both of Columbia County plans are EPO plans and are available through UnitedHealthcare. Both cover the same services, treatments and products, but the cost for coverage is different. See the chart on the previous page to compare these two plans.

### When will I get my medical plan ID cards?

Once you enroll in a medical plan, you will receive ID cards in the mail, within 7 to 10 business days. However, you can obtain cards faster by visiting [www.myuhc.com](http://www.myuhc.com). Take these cards with you every time you receive medical services.

### What is a deductible?

A deductible is the amount you pay for covered health care services before your insurance plan starts to .

### What is the difference between a deductible and a copay?

Deductibles are paid once per year and copays are recurring until you have met your out-of-pocket maximum.

### What is Coinsurance?

Coinsurance is your share of the costs of a health care service. It's a percentage of the amount allowed to be charged for services. You start paying coinsurance after you've paid your plan's deductible.

### What is an Out-of-Pocket Maximum?

Out-of-Pocket Maximum is when the total amount of copayments and/or coinsurance you and/or your covered dependents reaches the out-of-pocket limits noted in the charts. The plan will pay 100% of your copays and coinsurance for the remainder of the plan year through December 31.

### How do I find an in-network provider?

Go to [www.uhc.com](http://www.uhc.com) and log in. Use the find care feature to locate providers.

### Are there pre-existing limitations?

There are no pre-existing condition limitations for any of the medical plans, but there may be exclusions. For further information on coverage exclusions, limitations, determination of medical necessity, preauthorization requirements, etc. Please contact UnitedHealthcare or the Human Resources Department.

### What is coordination of benefits?

Coordination of Benefits (COB) occurs when a person has health care coverage under more than one insurance plan.

### **Medical Insurance Retirement Bridge:**

Employees enrolled in the county sponsored medical insurance can continue to keep their medical insurance at the same rates as current county employees after they retire if they qualify as follows:

- Age 60 with five years of service; or
- Any age, once your combination of age plus years of service equals 75 (ex. age 55 with 20 years of service).
- Once a retiree reaches age 65, he/she will have to go on Medicare.
- This is "Employee Only" coverage.
- If a retiree subsequently accepts another job with a company that provides insurance, he/she cannot stay on the county medical insurance plan.

### **Catastrophic Leave Incentive:**

Employees with 20 or more years of service, or your combination of age plus years of service equals 65 (ex. 50 years of age with 15 years of service) are eligible to access his/her catastrophic leave balance when they retire.

Once a retiree meets the requirements for the CAT leave incentive, the employee will get a check for 50% of his/her catastrophic leave balance and the remaining 50% will go into a medical trust plan to be used for any medical insurance or medical bills.



### **Employee Medical Clinic in Building G2:**

In the past, only employees that participated in the county medical insurance plan could use the employee medical clinic housed in Building G2 on the Evans Campus. Effective immediately, all county employees can use the clinic at no cost. Employees will have to provide their employee ID card to the medical staff, but no other information is required. It does not matter what insurance plan you are on, any employee can visit the clinic. The employee clinic is located in the back hallway of building G2 behind the fitness rooms.

**The clinic is open Monday-Thursday from 9am-2pm.** However, the MedNow staff at the clinic does stop taking new visitors at 1:30pm so that the clinic can close on time. Typical things that can be treated at the clinic are colds/flu/fever, ear pain/infection, insect bites, minor cuts/burns/sprains, rashes, sore throat, cough, etc. Go to the emergency room or call 911 for chest pain, shock, severe burns/cuts, trauma, difficulty breathing, unconsciousness, severe bleeding, visible fractures, and slurred speech/paralysis.

# United Concordia dental<sup>SM</sup>

<b>Preventive Services – Group I</b> Oral examinations X-rays Cleaning Topical fluoride treatment (through age 14) Sealants (through age 14) Space maintainers (through age 14) Thumb sucking and harmful habit appliances (through age 14)	100%
<b>Basic Services – Group II</b> Emergency exams and palliative care for pain relief Oral surgery Amalgam, composite fillings Extractions (routine) Non-cast prefabricated stainless steel crowns Partial or complete denture repairs/adjustments Periodontics Endodontics (root canals)	80% after deductible
<b>Major Services – Group III</b> Crowns Inlays and onlays Removable or fixed bridgework Partial or complete dentures Denture relines/rebases	50% after deductible
<b>Orthodontic – Group IV</b> Covers adults Covers children to age 19 Lifetime Orthodontic Maximum	50% no deductible  \$1,000
<b>Calendar Year Deductible</b> Individual/Family	\$50/\$150
Annual Maximum (excludes orthodontic services)	\$2,000

United Concordia provides an in-network plan that uses Advantage PLUS Network providers or you can visit any dentist. In-network provider claims are paid on a fee schedule basis. Out-of-network provider claims are processed at the 90th percentile of usual, customary, and reasonable charges.

### **Easy To Use No claim forms.**

Simply present your ID card at each dental visit.  
 Hassle-free customer service. Call 1-800-332-0366.



### **Dental Treatment Plans**

- A treatment plan must be submitted by the dentist for recommended non-emergency services that exceed \$300. Refer to Pre-determination of Benefits in your plan certificate.

*This is not a complete disclosure of the plan. The plan certificate contains specific qualifications, limitations, and exclusions.*

**SUMMARY OF BENEFITS**

<b>Vision Care Services</b>	<b>In-Network Member Cost</b>	<b>Out-of-Network Reimbursement</b>
<b>Exam With Dilatation as Necessary</b>	<b>\$10 Copay</b>	<b>Up to \$40</b>
<b>Retinal Imaging</b>	<b>Up to \$39</b>	<b>N/A</b>
<b>Frames</b>	<b>\$0 Copay, \$150 allowance, 20% off balance over \$150</b>	
<b>Standard Plastic Lenses</b>		
Single Vision	\$25 Copay	Up to \$40
Bifocal	\$25 Copay	Up to \$80
Trifocal	\$25 Copay	Up to \$60
Lenticular	\$25 Copay	Up to \$80
Standard Progressive Lens	\$80 Copay	Up to \$80
Premium Progressive Lens*	\$100 Copay - \$80 Copay, 20% off retail less \$120 Allowance	Up to \$80
Tier 1	\$100 Copay	Up to \$80
Tier 2	\$110 Copay	Up to \$80
Tier 3	\$125 Copay	Up to \$80
Tier 4	\$80 Copay -20% off retail less \$120 Allowance	Up to \$80
<b>Lens Options (paid by the member and added to the base price of the lens)</b>		
UV Treatment	\$0	Up to \$12
Tint (Solid and Gradient)	\$0	Up to \$12
Standard Plastic Scratch Coating	\$0	Up to \$12
Standard Polycarbonate - age 19 and over	\$40	N/A
Standard Polycarbonate - under age 19	\$40	N/A
Standard Anti-Reflective Coating	\$45	N/A
Premium Anti-Reflective Coating*	\$57 - \$68	N/A
Tier 1	\$57	N/A
Tier 2	\$68	N/A
Tier 3	20% off Retail Price	N/A
Photochromic/Transitions	\$75	N/A
Polarized	20% off Retail Price	N/A
Other Add-Ons and Services	20% off Retail Price	N/A
<b>Contact Lens Fit and Follow-up (Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed)</b>		
Standard Contact Lens Fit & Follow-Up:	\$40	N/A
Premium Contact Lens Fit & Follow-Up:	10% off Retail Price	N/A
<b>Contact Lenses (Contact Lens allowance includes materials only)</b>		
Conventional	\$0 copay, \$105 allowance, 15% off balance over \$105	Up to \$105
Disposable	\$0 copay, \$105 allowance, plus balance over \$105	Up to \$105
Medically Necessary	\$0 copay, Paid-In-Full	Up to \$210
<b>Laser Vision Correction</b>		
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promotional	N/A
<b>Hearing Care</b>		
Hearing Health Care from Amplifon Hearing Network	40% off hearing exams and low price guarantee on discounted hearing aids	
<b>Frequency</b>		
Examination	Once every 12 months	
Lenses (in lieu of contact lenses)	Once every 12 months	
Contacts (in lieu of lenses)	Once every 12 months	
Frames	Once every 24 months	



# Flexible Spending Account (FSA)

You can save money by using pre-tax dollars to pay for health care expenses.

Paying less in taxes is like saving 20 to 50 percent on eligible health care services, depending on your individual income and tax filing status, when you use a FSA.

- Allows you to put a portion of your pay aside, on a pre-tax basis, to reimburse yourself for eligible out-of-pocket medical, dental, and vision expenses.
- Over-the-counter items will only be allowable if your doctor writes a prescription for those specific medicines and supplies.
- Tax free – you cannot take income deductions for expenses you pay with your health care FSA.
- The FSA account reimburses IRS defined eligible expenses to an annual maximum of \$3,300.

Goal Amount	Bi-Weekly Deduction	Monthly Deduction	Goal Amount	Bi-Weekly Deduction	Monthly Deduction
100	\$ 3.85	\$ 8.33	1800	\$ 69.23	\$ 150.00
200	\$ 7.69	\$ 16.67	1900	\$ 73.08	\$ 158.33
300	\$ 11.54	\$ 25.00	2000	\$ 76.92	\$ 166.67
400	\$ 15.38	\$ 33.33	2100	\$ 80.77	\$ 175.00
500	\$ 19.23	\$ 41.67	2200	\$ 84.62	\$ 183.33
600	\$ 23.08	\$ 50.00	2300	\$ 88.46	\$ 191.67
700	\$ 26.92	\$ 58.33	2400	\$ 92.31	\$ 200.00
800	\$ 30.77	\$ 66.67	2500	\$ 96.15	\$ 208.33
900	\$ 34.62	\$ 75.00	2600	\$ 100.00	\$ 216.67
1000	\$ 38.46	\$ 83.33	2700	\$ 103.85	\$ 225.00
1100	\$ 42.31	\$ 91.67	2800	\$ 107.69	\$ 233.33
1200	\$ 46.15	\$ 100.00	2900	\$ 111.54	\$ 241.67
1300	\$ 50.00	\$ 108.33	3000	\$ 115.38	\$ 250.00
1400	\$ 53.85	\$ 116.67	3100	\$ 119.23	\$ 258.33
1500	\$ 57.69	\$ 125.00	3200	\$ 123.08	\$ 266.67
1600	\$ 61.54	\$ 133.33	3300	\$ 126.92	\$ 275.00
1700	\$ 65.38	\$ 141.67			

*Rates are based on 26 pay periods.*

## BASIC LIFE

Basic Life is \$50,000 for Class I employees and \$25,000 for Class II employees and includes Accidental Death and Dismemberment coverage. Dependent coverage is available for spouses and children in the amount of \$2,000. Children 14 days to 6 months are covered at \$500. **Unmarried children are covered to age 19 or, if a full-time student, to age 25.** Basic Life is paid 100% by Columbia County.



## VOLUNTARY LIFE

### Program Basics

Eligible employees can purchase more coverage by enrolling in a supplemental term life insurance program (underwriting may apply). Supplemental life coverage is portable. If you change jobs or retire, you can keep your coverage at a higher premium.

### Coverage Available For You:

Voluntary Life coverage from \$10,000 to \$500,000 in \$10,000 increments not to exceed 5 times the employee's basic annual earnings. New hires are guaranteed \$150,000 for themselves and \$30,000 for their spouses. You would need to apply for any amount greater than the guaranteed issue amount.

### For Your Spouse:

Voluntary Life coverage is available for spouse up to age 76 from \$10,000 to \$500,000 in \$10,000 increments. Spousal coverage amount can not exceed employee's coverage amount.

### For Your Children:

Voluntary Life coverage is available for your children in the amount of \$10,000 if you are covered. Benefit is limited to \$1,000 for children age 14 days to 6 months. Unmarried children are covered to age 19 or, if a full-time student, to age 25.

### Rate Information

The rate is based on your age at the start of the plan's current policy year.

Future rate changes due to age will be effective on the plan anniversary date following the date you enter the new age bracket. Children's rates are \$.88 bi-weekly and \$1.90 monthly for \$10,000 coverage for one or more children.

**VOLUNTARY LIFE INSURANCE CHART - BI-WEEKLY**

LIFE + ADD Cov	AGE <30	AGE 30-34	AGE 35-39	AGE 40-44	AGE 45-49	AGE 50-54	AGE 55-59	AGE 60-64	AGE 65-69	AGE 70 & Over
Cost/M	\$ 0.068	\$ 0.077	\$ 0.110	\$ 0.170	\$ 0.250	\$ 0.440	\$ 0.660	\$ 0.960	\$ 1.580	\$ 3.180
\$ 10,000	\$ 0.31	\$ 0.36	\$ 0.51	\$ 0.78	\$ 1.15	\$ 2.03	\$ 3.05	\$ 4.43	\$ 7.29	\$ 14.68
\$ 20,000	\$ 0.63	\$ 0.71	\$ 1.02	\$ 1.57	\$ 2.31	\$ 4.06	\$ 6.09	\$ 8.86	\$ 14.58	\$ 29.35
\$ 30,000	\$ 0.94	\$ 1.07	\$ 1.52	\$ 2.35	\$ 3.46	\$ 6.09	\$ 9.14	\$ 13.29	\$ 21.88	\$ 44.03
\$ 40,000	\$ 1.26	\$ 1.42	\$ 2.03	\$ 3.14	\$ 4.62	\$ 8.12	\$ 12.18	\$ 17.72	\$ 29.17	\$ 58.71
\$ 50,000	\$ 1.57	\$ 1.78	\$ 2.54	\$ 3.92	\$ 5.77	\$ 10.15	\$ 15.23	\$ 22.15	\$ 36.46	\$ 73.38
\$ 60,000	\$ 1.88	\$ 2.13	\$ 3.05	\$ 4.71	\$ 6.92	\$ 12.18	\$ 18.28	\$ 26.58	\$ 43.75	\$ 88.06
\$ 70,000	\$ 2.20	\$ 2.49	\$ 3.55	\$ 5.49	\$ 8.08	\$ 14.22	\$ 21.32	\$ 31.02	\$ 51.05	\$ 102.74
\$ 80,000	\$ 2.51	\$ 2.84	\$ 4.06	\$ 6.28	\$ 9.23	\$ 16.25	\$ 24.37	\$ 35.45	\$ 58.34	\$ 117.42
\$ 90,000	\$ 2.82	\$ 3.20	\$ 4.57	\$ 7.06	\$ 10.38	\$ 18.28	\$ 27.42	\$ 39.88	\$ 65.63	\$ 132.09
\$100,000	\$ 3.14	\$ 3.55	\$ 5.08	\$ 7.85	\$ 11.54	\$ 20.31	\$ 30.46	\$ 44.31	\$ 72.92	\$ 146.77
\$150,000	\$ 4.71	\$ 5.33	\$ 7.62	\$ 11.77	\$ 17.31	\$ 30.46	\$ 45.69	\$ 66.46	\$109.38	\$ 220.15
\$200,000	\$ 6.28	\$ 7.11	\$ 10.15	\$ 15.69	\$ 23.08	\$ 40.62	\$ 60.92	\$ 88.62	\$145.85	\$ 293.54
\$250,000	\$ 7.85	\$ 8.88	\$ 12.69	\$ 19.62	\$ 28.85	\$ 50.77	\$ 76.15	\$110.77	\$182.31	\$ 366.92



## SHORT-TERM DISABILITY

New York Life provides disability income plans that offer protection against loss of income when you are disabled by illness or injury.

**Weekly Benefit:** The weekly benefit amount is based on 60% of your salary (basic rate of pay excluding overtime, bonuses, or special compensation). Premiums are based on age and salary.

**Elimination Period:** There is a 7 Day Accident and Sickness Elimination Period. Benefits begin on the 8th day.

**Cost of Living Freeze:** The benefit amount, once established, will not be reduced by cost of living increases payable from other income sources.

## LONG-TERM DISABILITY

**Monthly Benefit:** is based on 60% of your salary (basic rate of pay excluding overtime, bonuses, or special compensation). Premiums are based on age and salary.

**Elimination Period:** If you are totally disabled, benefits will begin after you have satisfied your elimination period of 180 days.

**Maximum Benefit Period:** Benefits start on the day following the elimination period and ends when you are no longer totally disabled or partially disabled or have reached normal social security retirement age (as defined by the Social Security Administration).

**Monthly Benefit Adjustments:** Adjustments to the monthly benefit amount due to change in salary are made on the anniversary date and are not to exceed the amount available for your salary.

**Cost of Living Freeze:** Same as short term disability.

**Minimum Monthly Benefit:** The \$100 minimum monthly benefit is guaranteed regardless of income received from other income sources.

**NOTE:** Your benefit will be reduced to \$25 per week if you are receiving Social Security disability or retirement benefits.

*Premiums for Short-Term and Long-Term Disability will be adjusted for changes in age or salary on the next plan anniversary date.*

**SHORT-TERM DISABILITY BI-WEEKLY**

Benefit Amt/Mo	0-29	30-39	40-44	45-49	50-54	55-59	60-64	65-99
	\$ 0.74	\$ 0.82	\$ 0.94	\$ 1.02	\$ 1.19	\$ 1.48	\$ 1.76	\$ 2.14
1000	\$ 3.42	\$ 3.78	\$ 4.34	\$ 4.71	\$ 5.49	\$ 6.83	\$ 8.12	\$ 9.88
1100	\$ 3.76	\$ 4.16	\$ 4.77	\$ 5.18	\$ 6.04	\$ 7.51	\$ 8.94	\$ 10.86
1200	\$ 4.10	\$ 4.54	\$ 5.21	\$ 5.65	\$ 6.59	\$ 8.20	\$ 9.75	\$ 11.85
1300	\$ 4.44	\$ 4.92	\$ 5.64	\$ 6.12	\$ 7.14	\$ 8.88	\$ 10.56	\$ 12.84
1400	\$ 4.78	\$ 5.30	\$ 6.07	\$ 6.59	\$ 7.69	\$ 9.56	\$ 11.37	\$ 13.83
1500	\$ 5.12	\$ 5.68	\$ 6.51	\$ 7.06	\$ 8.24	\$ 10.25	\$ 12.18	\$ 14.82
1600	\$ 5.46	\$ 6.06	\$ 6.94	\$ 7.53	\$ 8.79	\$ 10.93	\$ 13.00	\$ 15.80
1700	\$ 5.81	\$ 6.43	\$ 7.38	\$ 8.00	\$ 9.34	\$ 11.61	\$ 13.81	\$ 16.79
1800	\$ 6.15	\$ 6.81	\$ 7.81	\$ 8.47	\$ 9.89	\$ 12.30	\$ 14.62	\$ 17.78
1900	\$ 6.49	\$ 7.19	\$ 8.24	\$ 8.94	\$ 10.44	\$ 12.98	\$ 15.43	\$ 18.77
2000	\$ 6.83	\$ 7.57	\$ 8.68	\$ 9.42	\$ 10.98	\$ 13.66	\$ 16.25	\$ 19.75
2100	\$ 7.17	\$ 7.95	\$ 9.11	\$ 9.89	\$ 11.53	\$ 14.34	\$ 17.06	\$ 20.74
2200	\$ 7.51	\$ 8.33	\$ 9.54	\$ 10.36	\$ 12.08	\$ 15.03	\$ 17.87	\$ 21.73
2300	\$ 7.86	\$ 8.70	\$ 9.98	\$ 10.83	\$ 12.63	\$ 15.71	\$ 18.68	\$ 22.72
2400	\$ 8.20	\$ 9.08	\$ 10.41	\$ 11.30	\$ 13.18	\$ 16.39	\$ 19.50	\$ 23.70
2500	\$ 8.54	\$ 9.46	\$ 10.85	\$ 11.77	\$ 13.73	\$ 17.08	\$ 20.31	\$ 24.69
2600	\$ 8.88	\$ 9.84	\$ 11.28	\$ 12.24	\$ 14.28	\$ 17.76	\$ 21.12	\$ 25.68
2700	\$ 9.22	\$ 10.22	\$ 11.71	\$ 12.71	\$ 14.83	\$ 18.44	\$ 21.93	\$ 26.67
2800	\$ 9.56	\$ 10.60	\$ 12.15	\$ 13.18	\$ 15.38	\$ 19.13	\$ 22.74	\$ 27.66
2900	\$ 9.90	\$ 10.98	\$ 12.58	\$ 13.65	\$ 15.93	\$ 19.81	\$ 23.56	\$ 28.64
3000	\$ 10.25	\$ 11.35	\$ 13.02	\$ 14.12	\$ 16.48	\$ 20.49	\$ 24.37	\$ 29.63

# Personal Accident Insurance



## Accident Plan Highlights

- Provides 24-hour protection
- Coverage is guaranteed issue
- Benefits for both in-patient and out-patient treatment of accidents
- Supplements and pays in addition to any other insurance
- Premiums are pre-tax
- Wellness benefit of \$75
- \$50,000 accidental death benefit

## Portability (Accident)

When coverage would otherwise terminate because the employee ends employment with the employer, coverage may be continued. The employee must have been continuously insured for at least six (6) months prior to termination of employment. The employee will continue the coverage that is in force on the date employment ends including dependent coverage then in effect.

The employee will be allowed to continue the coverage until the employee fails to pay the required premium, or the date the group master policy is terminated, whichever is earlier. Coverage may not be continued if the employee fails to pay any required premium or the group master policy terminates.

## Eligibility

Accident coverage is available to full-time, benefit-eligible employees working at least thirty (30) hours or more per week, their spouse, and dependents. A dependent child is an employee's unmarried child.

BI-WEEKLY RATES		MONTHLY RATES	
Employee	\$3.72	Employee	\$8.05
Employee and Spouse	\$6.68	Employee and Spouse	\$14.48
Employee and Child(ren)	\$7.37	Employee and Child(ren)	\$15.97
Family	\$10.34	Family	\$22.40



The Columbia County Board of Commissioners Retirement and Deferred Compensation Plans are defined contribution plans which provide 401(a) employer based contributions and voluntary 457 employee deferred compensation administered by Mission Square Retirement. Defined contribution plans allow an employer and/or employee to contribute a percentage of salary to an account in the employee's name. Employees choose from a range of investment options and receive quarterly statements which detail the deposits, earnings, and other activities in their individual account(s).

Columbia County contributes 4% of each eligible employee's salary and matches ½% of an employee's deferral amount up to a maximum of 4%.

### 401a

- Employer Base Contribution is 4% of salary
- Employer Match is up to 4% of salary

### 457 Deferred Compensation

- Annual maximum contribution is:  
\$24,500 for under age 50  
\$32,500 for age 50 and over

### 457(b) Roth Contributions

- A percentage of your pay can be contributed to your 457(b) plan as a Roth contribution which is made on an after-tax basis and won't reduce your income taxes for the year. Roth contributions can be withdrawn tax-free if the requirements for a qualified distribution are met. Contribution limits for the 457(b) plan apply to the combination of pre-tax and Roth contributions.

Upon leaving employment with Columbia County, employees may withdraw both funds in a lump sum, roll over to an IRA or into another qualified employer's plan. The 401(a) distribution is subject to meeting the vesting schedule.

### Vesting Schedule For 401(a)

Year 1 – 0 %  
Year 2 – 25 %  
Year 3 – 50 %  
Year 4 – 75 %  
Year 5 – 100 %

The toll free number for Mission Square is (800) 669-7400 or visit the website at [www.missionsq.org](http://www.missionsq.org). The Mission Square representatives for Columbia County are Danny Kierath, [dkkierath@missionsq.org](mailto:dkkierath@missionsq.org), phone number (202) 759-7051 and



# Employee Assistance Program

The EAP is a confidential counseling, assessment and referral program designed to help you manage work and life problems. Just as health insurance is designed to address your physical well being, your EAP program is designed to address your emotional and mental well being, as well as to help you to manage work/life problems and achieve a healthy work/life balance. It's a comprehensive and confidential program in your benefit package that is fully paid by your employer.

A few of the problems that may be addressed are:

- Marriage or relationship problems
- Physical and emotional abuse
- Depression
- Grief and loss
- Substance abuse and addictions
- Family issues
- Eating disorders
- Divorce
- Childcare & eldercare
- Legal problems
- Debt counseling
- Adoption services
- Financial planning



## Who can use The EAP?

EAP services are available to you and any members of your immediate family. Please call us if you have any questions about who in your family is eligible for services.

## How do I access EAP services?

By phone: call 1-800-252-4555, available 24 hours a day, 7 days a week.

Public Safety may call 1-800-535-4841

Online: Access a variety of resources and tools at [www.theeap.com](http://www.theeap.com) or [www.publicsafetyeap.com](http://www.publicsafetyeap.com).

## Will my employer know I am using EAP services?

When you contact your EAP it is confidential and information is not shared with your employer. None of your information – including your name – will be shared with anyone without your written permission. (In accordance with applicable state laws, exceptions must be made for certain reports of child abuse or significant threats to your safety or the safety of others.)

## What is the cost for using The EAP?

There is no cost to you for using our professional services. The program has been prepaid by your employer as a benefit to you and to your eligible family members. Our counselors will explain the range of services that our program provides and answer any questions you may have. (Some life problems may require the help of outside professionals and we might refer you to other service providers such as attorneys or mental health specialists. External service providers are not covered by this program and might entail fees.)

## Can I make an appointment to meet with a counselor?

Many of the questions we receive can be answered conveniently and quickly on our website or through telephonic counseling. In some cases, however, it just makes sense to schedule a face-to-face meeting. We suggest you discuss this with your case manager when you call.

## Fitness Center



As part of an ongoing commitment to health and wellness Columbia County provides an employee fitness center free of charge to employees and their spouses.

If you visit the fitness facility outside of the hours of 9am-2pm Monday-Thursday, you will need your employee ID card that is activated for access.

Please contact the Fitness Specialist with any questions or to schedule an appointment.  
(Teresa Lantz #706-750-0394)

## Education Reimbursement

Eligible employees are encouraged to participate in education programs which will further their skills and knowledge for use in their current or future position. The County will reimburse an eligible employee up to 100% of the cost of tuition for approved technical, undergraduate, and graduate level courses up to a maximum of \$5,250 per calendar year.

To be eligible to participate in the Education Reimbursement Program, an employee must have completed one year of service with the County as of the date the course begins.

Policy information can be accessed from the County website by clicking [here](#).

For additional information and to obtain an Education Reimbursement application, please contact the Human Resources Department at (706) 868-3300.

# Employee Benefits Summary Effective January 1, 2026

**Medical and Hospitalization Coverage:** Employees may choose the medical plan through UnitedHealthcare. The premium is shared by the employee and employer. Spousal surcharge rates may apply.

Coverage	Gold Cost Bi-weekly	Gold Cost Monthly	Silver Cost Bi-weekly	Silver Cost Monthly
Employee Only	\$ 51.12	\$ 110.75	\$ 36.86	\$ 79.87
Employee + 1 Dependent	\$ 104.90	\$ 227.29	\$ 75.66	\$ 163.93
Employee + 2 Dependents	\$ 162.35	\$ 351.76	\$ 117.09	\$ 253.04
Family (4 or more)	\$ 197.44	\$ 427.78	\$ 154.05	\$ 333.77

**Dental coverage:** is provided by United Concordia. The plan provides \$2000 of coverage annually per family member. Premium cost includes both child and adult orthodontia. The premium is shared by the employee and employer.

Coverage	Bi-weekly	Monthly
Employee Only	\$ 3.66	\$ 7.92
Employee + Spouse	\$ 7.87	\$ 17.05
Employee + Child(ren)	\$ 8.16	\$ 17.67
Family	\$ 12.58	\$ 27.25

**Vision coverage:** Employees may elect a standalone vision plan provided by EyeMed. The premium costs are paid by the employee. Rates are effective through 12/31/26.

Coverage	Bi-weekly	Monthly
Employee Only	\$ 2.47	\$ 5.36
Employee + Spouse	\$ 4.47	\$ 9.68
Employee + Child(ren)	\$ 5.21	\$ 11.28
Family	\$ 7.23	\$ 15.67

**Flexible Spending Account:** Employees may elect to have a medical and/or dependent care account to pay for these expenses with pre-tax dollars in accordance with Section 129 of the Internal Revenue code.

**Basic Life Insurance:** is provided for the employee and dependents. The premium is paid 100% by Columbia County.

**Voluntary Life Insurance:** New York Life Voluntary Life Insurance is available for the employee, spouse, and eligible children. Life Insurance rates are based on age. Premium costs are paid by the employee. Employee must elect coverage in order to elect spouse or child(ren) coverage.

**Short-Term and Long-Term Disability:** Both are available through New York Life for eligible employees. Premiums for both of these products are based on age and income. Premium costs are paid by the employee.

**Supplemental Accident Insurance Product:** Employees may select the accident supplemental product through Unum. Premium costs are paid by the employee.

**401(a) Defined Contribution Retirement Plan:** Employer contributes 4% of eligible employee's salary into a retirement account.

**457 Deferred Compensation Retirement Plan:** Employee defers money from their paycheck into a retirement account.

**Employer Matching Contribution Retirement Plan:** Employer will contribute half of what the eligible employee contributes to their 457 account, not to exceed 4%.

# Employee Reporting Hotline

LIGHTHOUSE SERVICES (a division of Syntrio)

Columbia County provides a third-party reporting hotline for employees to anonymously report any of the following incidents:

- Fraud-related to embezzlement, fraudulent reporting or accounting issues, auditing violations, internal control matters and any securities violations.
- Compliance & Ethics-related to compliance and regulation violations, code of ethics violations, conflicts of interest, and waste and abuse of company equipment and resources.
- Human Resources-related to employee relations, abuse of benefits, discrimination, harassment and work environment.



***Please note: Regular business issues and matters not requiring anonymity should be directed to the employee's supervisor or HR Department.***

## ANONYMOUS REPORTING

**[WWW.LIGHTHOUSE-SERVICES.COM/COLUMBIACOUNTYGA](http://WWW.LIGHTHOUSE-SERVICES.COM/COLUMBIACOUNTYGA)**

**OR CALL: 844-440-0067**

**ALL CALLS ARE CONFIDENTIAL AND THE IDENTITY OF THE CALLER WILL REMAIN ANONYMOUS.**



A service provided by Lighthouse Services, LLC

### **Confidentiality Commitment:**

Lighthouse is an independent provider that assists your company to identify improper activity. We are committed to protecting the identity of all persons who use our secure reporting system. Reports are submitted by Lighthouse to the company's designee, and may or may not be investigated at the sole discretion of the company. Although we will not disclose your identity without your express permission, it is possible that your identity may be discovered during an investigation of the matter reported because of information you have provided.



	Phone	Website / Email
<b>Medical Plans</b>		
UnitedHealthcare	1-866-633-2475	<a href="http://www.uhc.com">www.uhc.com</a> or <a href="http://www.myuhc.com">www.myuhc.com</a>
<b>Prescription Drug Plan</b>		
OptumRX	1-800-791-7658	<a href="http://www.optumrx.com">www.optumrx.com</a>
<b>Flexible Spending Accounts</b>		
UnitedHealthcare	1-866-755-2648	<a href="http://www.myuhc.com">www.myuhc.com</a>
<b>Vision Plan</b>		
Eyemed	1-866-804-0982	<a href="http://www.eyemed.com">www.eyemed.com</a>
<b>Dental Plan</b>		
United Concordia	1-800-332-0366	<a href="http://www.unitedconcordia.com">www.unitedconcordia.com</a>
<b>Life Insurance</b>		
New York Life	1-800-238-2125	<a href="http://www.newyorklife.com">www.newyorklife.com</a>
<b>Disability</b>		
New York Life	1-888-842-4462	<a href="http://www.newyorklife.com">www.newyorklife.com</a>
<b>Accident Plan</b>		
Unum	1-800-635-5597	<a href="http://www.unum.com">www.unum.com</a>
<b>Retirement Plans</b>		
Mission Square Retirement	1-800-669-7400	<a href="http://www.missionsq.org">www.missionsq.org</a>
Danny Kierath	1-202-759-7051	<a href="mailto:dkkierath@missionsq.org">dkkierath@missionsq.org</a>
<b>Employee Assistance Program</b>		
ESI Group	1-800-252-4555	<a href="http://www.theeap.com">www.theeap.com</a>
<b>Helpful Contacts</b>		
Elizabeth McBurney, Assistant HR Manager		
Through 12/31/25	1-706-868-3307	<a href="mailto:emcburney@columbiacountyga.gov">emcburney@columbiacountyga.gov</a>
Paula Corbitt, Benefits Manager		
Effective 01/01/26	1-706-650-4984	<a href="mailto:pcorbitt@columbiacountyga.gov">pcorbitt@columbiacountyga.gov</a>
Danielle Colton-Couch, Benefits Specialist	1-706-312-7464	<a href="mailto:dcoltoncouch@columbiacountyga.gov">dcoltoncouch@columbiacountyga.gov</a>
Laura Travis, Benefits Specialist	1-706-312-7376	<a href="mailto:ltravis@columbiacountyga.gov">ltravis@columbiacountyga.gov</a>