



2024-2025 EMPLOYEE BENEFITS GUIDE

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We at Baldwin County SWDA are committed to providing employees with a competitive and comprehensive benefits package. Our program offers a broad range of plan options to meet the needs of our diverse workforce. We know that your benefits are important to you and your family. This program is designed to assist you in providing for the health, well-being and financial security of you and your covered dependents. Helping you understand the benefits Baldwin County SWDA offers is important to us and that is why we have created this Employee Benefits Guide.

Overview

This guide provides a general overview of your benefit choices to help you select coverage that is right for you. Of course with choice, comes responsibility and planning, so please take time to read about and understand the benefit plan, and enroll on time. Included in this guide are summary explanations of the benefits and costs, as well as contact information for each provider.

It is important to remember that only those benefit programs for which you are eligible and have enrolled in apply to you. This guide is not intended to cover all provisions of all plans but rather is a quick reference to help answer most of your questions. You can obtain full policy documents from Human Resources for complete plan details. We hope this guide will give you a clear explanation of your benefits and help you be better prepared for the enrollment process.

ELIGIBILITY & ENROLLMENT

WELCOME TO YOUR NEW EMPLOYEE BENEFITS



WHO IS ELIGIBLE

All full-time associates working at least 30 hours per week are eligible for the full range of benefits provided by Baldwin County SWDA. You may also enroll your eligible dependents.

*Active part time employees may be eligible for some of the benefits listed in this guide. Contact the HR Department to inquire.



EFFECTIVE DATE OF COVERAGE

Most of the benefits described herein begin on the first day of the month following the full-time employee's hire date with Baldwin County SWDA.

BENEFIT PLAN YEAR October 1, 2024 through September 30, 2025 (Note: The deductible period for health coverage is on a Calendar Year basis, from January 1 through December 31 of each year.)



WHEN TO ENROLL Benefit eligible associates initially have the two following opportunities to enroll in the associate benefits program:

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

ANNUAL ENROLLMENT Employees can change their benefit elections during our Annual Enrollment Period, August 7, 2024 to August 18, 2024. Evidence of Insurability (EOI) forms may be required for certain coverages. Any elections made during this period are effective on October 1, 2024 (or the date EOI is approved).

WHEN YOU CAN MAKE CHANGES

Due to IRS regulations, once you have made your elections for the 2024 plan year, you cannot change your benefits until the next Annual Enrollment Period. The only exception is if you have a qualified life event change. Election changes must be consistent with your status change. If you experience one of the following qualified events, you will have the option of changing your benefits.

Qualifying Events:

- Marriage, legal separation, or divorce
- Birth or adoption of child
- Change in employment status (including spouse)
- Change in a dependent's benefits eligibility status (e.g., a dependent child exceeding the maximum age for coverage)
- A significant change in the cost or coverage of your spouse's benefits
- Loss of a dependent (death)

If you have a life event change, you must submit notification to Human Resources within 30 days of the qualifying event. Please send to Nicole Skelton, nicole.skelton@baldwincountyswda.org. Depending on the type of change, you may need to provide proof documentation (for example, a marriage license or birth certificate). If you do not submit notification within 30 days, you will have to wait until the next Annual Enrollment period to make benefit changes.

WHEN COVERAGE ENDS

All coverage ends at the end of the month following the termination date.

MEDICAL INSURANCE

BLUE CROSS & BLUE SHIELD OF ALABAMA

Baldwin County SWDA provides all eligible employees the opportunity to enroll in the group's Blue Cross Blue Shield of Alabama's medical plan. Healthcare insurance is designed to provide you and your eligible dependents with financial protection against the high costs associated with health care and prescription drugs for any potential illnesses or injuries. The Preferred Provider Organization (PPO) Plan Baldwin County SWDA offers allows you to choose from a large list of participating providers for all of your health care needs. You may access a list of providers for covered services by visiting the BCBS website at www.bcbsal.org.

BENEFITS	BALDWIN COUNTY SWDA PPO PLAN	
	IN-NETWORK	OUT-OF-NETWORK
Deductible <i>Individual</i> <i>Family</i>	\$500 \$1,500	\$1,000 \$3,000
Out-of-Pocket Maximum <i>Individual</i> <i>Family</i>	\$6,250 \$12,500	No OOPM for out of network No OOPM for out of network
Inpatient Hospital Facility	\$300 deductible per admission, then covered 100%	\$600 deductible per admission, then covered at 80% (In AL, available only for medical emergency & accidental injury)
Emergency Room Care <i>Accident</i> <i>Medical Emergency</i>	Covered 100% \$200 copay per visit, then covered 100%	
Physician Office Visits <i>Preventive Care</i> <i>Office Visits—PCP</i> <i>Office Visits—Specialist</i> <i>Urgent Care</i>	Covered 100% \$30 copay \$50 copay \$30 copay	Not Covered In Alabama, 50% coinsurance* In Alabama, 50% coinsurance* In Alabama, 50% coinsurance*
Outpatient Services <i>Outpatient Surgical</i> <i>Diagnostic Lab X-ray</i>	\$100 copay, then covered 100% Covered 100%	In Alabama, not covered** In Alabama, not covered**
Mental Health, Behavioral Health, or Substance Abuse Services (EPS) <i>Expanded Psychiatric Services (EPS)</i>	Covered 100%	Not covered, must use EPS Network Providers
Mental Health, Behavioral Health, or Substance Abuse Services (NON-EPS) <i>Inpatient Hospital Services</i> <i>Intensive Outpatient/Partial Hospitalization (Non-EPS)</i>	\$300 deductible per admission, then covered 100% \$50 hospital copay, then covered 100%	\$600 deductible per admission, then covered at 80% In Alabama, not covered**
Other Covered Services <i>Ambulance Services</i> <i>Home Health / Hospice</i> <i>Durable Medical Equipment</i> <i>Rehabilitation / Habilitation</i>	20% coinsurance* Covered 100% 20% coinsurance* 20% coinsurance*	20% coinsurance* In Alabama, not covered** In Alabama, 50% coinsurance* In Alabama, 50% coinsurance*

* Subject to Calendar Year Deductible | ** Outside of Alabama, 20% coinsurance subject to Calendar Year Deductible

PRESCRIPTION DRUG PLAN

BLUE CROSS & BLUE SHIELD OF ALABAMA

The Prescription Drug plan is included with your Blue Cross Blue Shield of Alabama’s medical plan. You can locate all participating pharmacies in your area at AlabamaBlue.com/PreferredONERetailPharmacyLocator. Click on “Find a Pharmacy”, and make sure to select “PreferredONE Retail Network or “PreferredONE ESN Network”

PRESCRIPTION TIER		BALDWIN COUNTY SWDA PPO PLAN IN-NETWORK ONLY COVERAGE FOR RX
Retail Prescriptions	Covered at the following copays for a 30-day supply for each prescriptions:	
Tier 1 Drugs:	\$15 copay	
Tier 2 Drugs:	\$40 copay	
Tier 3 Drugs:	\$60 copay	
Tier 4 (Specialty) Drugs:	\$100 copay	
Covered Insulin Products:	\$99 maximum cost share per 30-day supply	
Select Generic Specialty & Biosimilar Drugs (up to 30-day supply only): The only In-Network pharmacy for these drugs is the Pharmacy Select Network. Not available through the Home Delivery Network.	Covered at 100%	



2024-25 MEDICAL INSURANCE RATES

BLUE CROSS & BLUE SHIELD OF ALABAMA

Medical Tier Elected	Total Monthly Premium	SWDA Contribution	Employee Contribution	Employee Per Pay Deduction	
Active Employees	Single	\$524.84	\$484.84	\$40	\$20
	EE + Spouse	\$1,112.67	\$892.67	\$220	\$110
	EE + Child(ren)	\$897.48	\$722.48	\$175	\$87.50
	Family	\$1,574.53	\$1,264.53	\$310	\$155

DENTAL INSURANCE

BLUE CROSS & BLUE SHIELD OF ALABAMA

Baldwin County SWDA provides dental programs through Blue Cross Blue Shield of Alabama. Employees have the option to select between two plan design options.

With the BCBS dental plans, you may choose any dentist to provide your oral care; however, if you choose a preferred provider, claims may be paid directly to your dentist at a lower cost to the participant. You may access a list of providers for covered services by visiting the BCBS website at www.bcbsal.org. Identification cards will be provided to all enrolled participants.

SUMMARY OF BENEFITS	Option I With Ortho	Option II No Ortho
CALENDAR YEAR DEDUCTIBLE		
Individual Deductible	\$50	
Family Deductible	\$150 aggregate per family	
CALENDAR YEAR MAXIMUM		
Plan Maximum	\$2,000	
DIAGNOSTIC AND PREVENTATIVE SERVICES		
<ul style="list-style-type: none"> • Dental Exams up to 2x per year • Full Mouth X-Rays, one set during any 36 month period • Bitewing X-Rays, up to 2x per benefit period • Other dental X-Rays, used to diagnose a specific condition • Routine cleanings, 2x per benefit period • Tooth sealants on teeth numbers 3, 14, 19, and 30, limited to one application per tooth each 48 months. Benefits are limited to a maximum payment of \$20 per tooth. Limited to the first permanent molars of children through age 13. • Fluoride for children under 18, 2x per benefit period • Space maintainers (not made of precious metals) that replace prematurely lost teeth for children through age 18. 	<p style="text-align: center;">Covered at 100% Not subject to the deductible</p>	
RESTORATIVE SERVICES		
<ul style="list-style-type: none"> • Fillings made of silver amalgam and synthetic materials • Simple tooth extractions • Direct pulp capping, removal of pulp and root canals • Repairs to removable dentures • Emergency treatment for pain 	<p style="text-align: center;">Covered at 80% Subject to the deductible</p>	
SUPPLEMENTAL SERVICES		
<ul style="list-style-type: none"> • Oral surgery for tooth extractions and impacted teeth • General anesthesia given for oral or dental surgery. This means drugs injected or inhaled for relaxation or to lessen pain, or to make unconscious, but not analgesics, drugs given by local infiltration, or nitrous oxide • Treatment of the root tip of the tooth including its removal 	<p style="text-align: center;">Covered at 80% Subject to the deductible</p>	



SUMMARY OF BENEFITS	OPTION I (With Ortho)	OPTION II (No Ortho)
PROSTHETIC SERVICES		
<ul style="list-style-type: none"> • Full or partial dentures • Fixed or removable bridges • Inlays, onlays, or crowns to restore diseased or accidentally broken teeth, if less expensive fillings are not 	<p style="text-align: center;">Covered at 50% Subject to the deductible</p>	
PERIODONTIC SERVICES		
<ul style="list-style-type: none"> • Periodontic exams 2x each 12 month period • Removal of diseased gum tissue and reconstructing gums • Removal of diseased bone • Reconstruction of gums and mucous membranes by surgery • Removing plaque and calculus below the gum line for periodontal disease 	<p style="text-align: center;">Covered at 50% Subject to the deductible</p>	
ORTHODONTIC SERVICES		
<ul style="list-style-type: none"> • Coverage ONLY for dependent children up to age 26 • Limited to a lifetime maximum of \$1,000 • \$50 orthodontic lifetime deductible 	<p style="text-align: center;">Covered at 50% , Subject to \$50 orthodontic deductible</p>	<p style="text-align: center;">Not Covered</p>

DENTAL INSURANCE EMPLOYEE CONTRIBUTIONS—PER PAY PERIOD

COVERAGE TIER	OPTION 1 - WITH ORTHO	OPTION 2 - NO ORTHO
Single	\$11.37	\$11.37
Employee + Spouse	\$22.75	\$22.75
Employee + Child(ren)	\$26.49	\$24.21
Family	\$42.20	\$33.91

AIRMED CARE AMBULANCE COVERAGE

PROTECT YOUR FAMILY AND YOUR FINANCES



Baldwin County SWDA has partnered with AirMedCare to offer all full-time eligible employees membership in the AirMedCare Network program—at NO additional cost to you!

ABOUT AIRMEDCARE NETWORK

If you or a household member experience a life or limb-threatening emergency, our alliance of air ambulances can provide medical transport—dramatically reducing travel time to an emergency treatment facility. AirMedCare Network is America's largest air medical membership network, providing financial coverage for emergency air medical transport. As an AMCN member, you're covered by over 320 locations across 38 states, including Alaska & Hawaii.

MEDSTAR EMS GROUND MEMBERSHIP PROVIDES EVEN MORE COVERAGE

A Medstar membership protects you from having to pay out-of-pocket expenses for emergency Medstar ground transports that aren't covered by your insurance or benefits provider, providing financial peace of mind to focus on your recovery. Medstar EMS is the exclusive ground ambulance provider in Baldwin County, Alabama. Medstar EMS memberships are honored for all emergency transports completed by Medstar EMS in Baldwin County.

MEMBERSHIP PROVIDES FINANCIAL PEACE OF MIND

Even with medical insurance, medical transport can result in significant out-of-pocket expenses. However, an AMCN air and Medstar ground membership ensures **no out-of-pocket expenses for medically necessary transport only by an AMCN / Medstar provider.**

Our household plan provides membership benefits for any person who resides under one residential roof. Full-time undergraduate college students can be covered under their parents' membership if their primary residence is still with the parents.

For Questions, Please Contact:

William Gilmore AT 251-504-4179 OR William.Gilmore@gmr.net

PROVIDE TRACK CODE: 14942 AND PLAN CODES: 20106 / 20107



EMPLOYEE ASSISTANCE PROGRAM

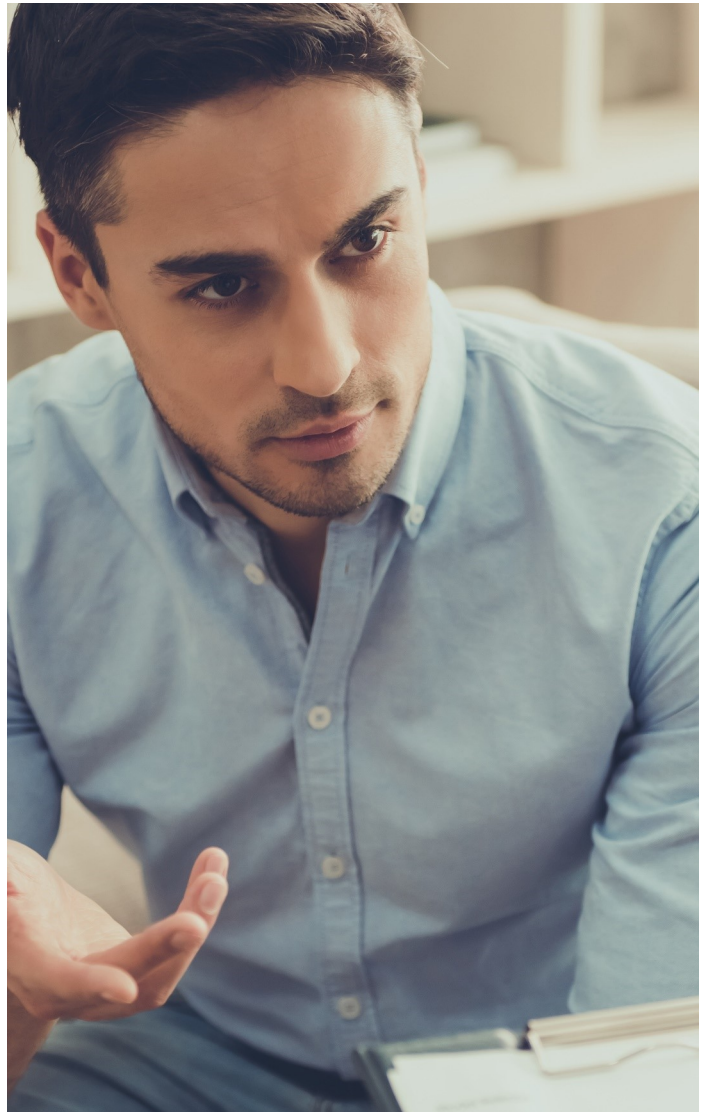
BEHAVIORAL HEALTH SYSTEMS

Living a healthy, satisfying lifestyle includes your physical health and emotional well-being. However, life can be a challenge as you juggle the demands of work, home, and other obligations. Baldwin County SWDA has partnered with Behavioral Health System to provide EAP services to help you achieve balance in your life.

ALL SERVICES ARE 100% COVERED

An Employee Assistance Program (EAP) is a professional service providing assessment, short-term counseling and referral to appropriate treatment providers or programs when needed. It is a company benefit, provided by your employer AT NO COST TO YOU! The BHS National Network is comprised of psychologists and Master's-Level Counselors.

People use the EAP for a variety of reasons. If you are preoccupied with a problem, having ongoing signs of stress, experiencing a major life transition, or simply need an objective point of view – your EAP coverage can assist you with a multitude of difficulties, no matter the situation. Your use of the EAP is completely confidential. In addition to referral for assessment, counseling or medication management, your BHS Care Coordinator can assist you in determining the appropriateness and availability of community resources, such as support groups, that may be beneficial.



WHAT SERVICES ARE OFFERED

Counseling Services: All employees and dependents may receive up to 5 visits/consults per year
24/7 Access: Call BHS at 800-245-1150 any day, any time to speak with a live Care Coordinators

Assessment and Referral Services: Face-to-face or telephonic assessments with outside referral as needed

Legal Consultation: Free, confidential access to experienced attorneys, mediators & legal document specialists. If additional services needed, you will receive a 25% discount off the professional's hourly rate

Financial Consultation: Free consultation with accountants and certified financial professionals for credit issues, debt/budgeting assistance, tax/estate planning & more! 25% discount on additional services

Eldercare Assistance: Support, guidance & planning for aging loved ones

Online Services: Please visit www.behavioralhealthsystems.com to navigate services offered, locate providers in your area, take surveys, and much more. Our online portal has access to thousands of articles and interactive modules involving work/life topics such as emotional well-being, family life, health, financial, legal, personal growth, etc. Some popular items include downloadable will kits, financial calculators, etc.



FLEXIBLE SPENDING ACCOUNT (FSA)

FLORES & ASSOCIATES

Baldwin County SWDA offers Flexible Spending Account (FSA) benefits that allow you to save money on your eligible health care and/or dependent care expenses every year by using pre-tax dollars.

HOW IT WORKS

Upon enrollment, you choose the dollar amount you want to contribute based on your estimated upcoming Plan Year expenses, up to \$3,200. Your contributions will be deducted on a pre-tax basis, in equal amounts from 24 paychecks, throughout the Plan Year.

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

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

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

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

Qualified Dependent Care arrangements include:

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

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

The IRS requires that you substantiate:

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

Note: Day-care expenses must be incurred (not just paid) in order to receive reimbursement. (Example: day care expenses that you paid in January, for February services, should be submitted in February.)

VISION INSURANCE

METLIFE (VSP NETWORK)

Baldwin County SWDA offers voluntary vision coverage through MetLife, who uses the VSP (Vision Services Plan) Network. You get the most from your vision benefits and pay less out-of-pocket when you visit an in-network eyecare provider. See overview of benefits & rates below:

SUMMARY OF BENEFITS	IN-NETWORK	OUT-OF-NETWORK
ROUTINE VISION SERVICES (1 PER 12 MONTHS)		
Exam Retinal Imaging	\$10 Copay Up to \$39 Copay Max	\$45 Allowance Applied to Exam Allow.
MATERIALS (1 PER 12 MONTHS)		
Single Vision / Bifocal / Trifocal / Lenticular Lenses	\$10 Copay for all	Allowance up to: \$30 / \$50 / \$65 / \$100
FRAMES (1 PER 12 MONTHS)		
Retail (20% discount on amount over allowance) Costco, Walmart & Sam's Club	\$150 Allowance \$85 Allowance	\$70 Allowance \$70 Allowance
CONTACT LENSES (1 PER 12 MONTHS)		
Fitting & Evaluation Elective Contacts Medically Necessary Contacts	\$60 Copay Max \$150 Allowance Covered 100%	Applied to Allowance \$105 Allowance \$210 Allowance
LASER VISION CORRECTION		
Includes PRK, LASIK & Custom LASIK surgery	Average savings of 15% off regular price or 5% off promotional offer	Not Available
LENS ENHANCEMENTS		
Ultraviolet Coating & Polycarbonate for Children Progressive Standard / Premium / Custom Lenses Polycarbonate for Adults: Single / Multi-Vision Scratch Resistant / Anti-Reflective Coating Tints: Plastic Lenses Photochromatic Lenses	Covered 100% \$55 / \$95-\$105 / \$150-\$175 \$31 / \$35 Copays \$17-\$33 / \$41-\$85 Copays \$0-\$17 Copays \$47-\$82 Copays	\$50 Allowance for all

VISION INSURANCE EMPLOYEE CONTRIBUTIONS

COVERAGE TIER	MONTHLY	PER PAY PERIOD
Single	\$8.78	\$4.39
Employee + Spouse	\$17.47	\$8.74
Employee + Child(ren)	\$14.81	\$7.41
Family	\$23.91	\$11.96

BASIC LIFE INSURANCE AND AD&D

METLIFE

Baldwin County SWDA provides you with Basic Life/AD&D insurance, and is paid 100% by the Authority. This coverage is designed to help protect your family or other beneficiary from a loss of income in the event of your death. Benefits are also paid to you if you suffer a loss of a member (hand, foot or eye) due to an injury as a result of a covered accident.

The basic life insurance coverage is equal to \$30,000. You are also provided with basic Accidental Death and Dismemberment (AD&D) insurance in the amount equal to your basic life coverage. Benefits will reduce as follows: 35% at Age 65, 60% at Age 70, 80% at Age 75. Benefits terminate upon retirement.

To obtain a full policy document, please contact the HR Department.

VOLUNTARY LIFE / AD&D COVERAGE

METLIFE

In addition to your employer paid life insurance, eligible employees (full-time, active employees working at least 30 hours/week) are allowed to purchase additional Term Life and Accidental Death & Dismemberment (AD&D) insurance for yourself and your eligible dependents on a voluntary basis (100% employee paid) through MetLife. See overview of voluntary life benefit options below:

Employee Benefit	May elect benefit amount in \$10,000 increments up to \$500,000 or 10x your Annual Salary. Amounts over \$250,000 (unless approved prior to 10/1/20) will require an EOI (Evidence of Insurability) Form.
Spouse Benefit	If employee is enrolled, spouses are eligible to elect a benefit amount in \$5,000 increments up to \$250,000; The elected amount cannot exceed the employee's vol life benefit. Amounts over \$50,000 require EOI.
Child Benefit	If employee is enrolled, you may elect coverage for eligible children. Children 15 days to 6 months have a \$1,000 benefit. Children 6 months to 26 years can elect a benefit amount of \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000.

VOLUNTARY LIFE / AD&D RATES

The monthly rates for Voluntary Life/AD&D insurance are based on age. Your life insurance rate is based on your age, and your spouse's life insurance rate is based on your age. All children have a flat rate regardless of age & number of eligible children covered. Premiums are paid through payroll deductions on an after-tax basis. Your cost automatically adjusts each year in October to reflect the age-banded rates listed below.

AGE BAND	EMPLOYEE & SPOUSE RATES PER \$1,000 OF COVERED VOLUME	EXAMPLE: 35-YEAR-OLD ELECTING \$80,000 IN OPTIONAL LIFE COVERAGE	
Less than 30	\$0.067	Step 1	Find your age bracket in the rate grid to the left.
30-34	\$0.067	Step 2	Multiply the number of thousands of voluntary life coverage that you wish to elect, multiplied by the applicable age-banded rate to determine monthly premium. *Note: rates are based per \$1,000 of coverage Vol Life: 80 x \$0.10 = \$8.00/ month AD&D: 80 x .021 = \$1.68/ month Total = \$9.68/month
35-39	\$0.100		
40-44	\$0.137		
45-49	\$0.209		
50-54	\$0.332		
55-59	\$0.618		
60-64	\$0.740	Step 3	Multiply the total monthly premium by 12 months, then divide it by 24 pay periods to determine your cost per payroll deduction: Ex: \$9.68 x 12 = \$116.16 ÷ 24 = \$4.84 per pay period
65-69	\$1.423		
70+	\$2.361		
EE & SP AD&D	\$0.021		
Child Life Rate	\$0.182		
Child AD&D	\$0.051	*Note: AD&D coverage is automatic with Voluntary Life coverage. The AD&D rate is the same for employees & spouse.	

SHORT-TERM DISABILITY

METLIFE

Voluntary short-term disability (STD) insurance provides income protection for employees who are unable to work due to personal illness or injury. Employees participating in the plan may receive disability earnings from MetLife due to an eligible illness or injury. This is a voluntary benefit and therefore 100% employee-paid, if elected. Please see an overview of the STD benefits & rates below:

Overview of STD Coverage	
Benefit	The benefit amount is 60% of your pre-disability weekly earnings up to \$500 per week
Elimination Period	Benefit payments begin on the 31st day after an employee has been determined disabled due to an illness or injury.
Maximum Benefit Period	If applicable, benefits may continue up to a maximum of 22 weeks, at which time LTD may kick in if disability continues.
Definition of Disability	Due to an eligible illness or injury, you are unable to earn more than 80% of pre-disability earnings at your own occupation for any employer.
Limitations	3/12 Pre-Existing Condition Limitation
Temporary Recovery	If you return to work after completing the elimination period, then become disabled again due to the same or related condition within 50 days or less, you will not be subject to completing a new elimination period.
Additional Benefits	Rehabilitation Program (10%), Return-to-Work, Family Care (\$100), & Moving Expense Reimbursement Incentives; Organ Donor Benefit (10%)

Age	Rates per \$10	Example: 35 Year Old – Electing STD	
< 29	\$0.307	Step 1	Annual Salary ÷ 52 x 60% = Weekly Benefit \$50,000 ÷ 52 x .60 = \$500 (\$500 max)
30-34	\$0.292	Step 2	Find your age and rate in the chart to the left
35-39	\$0.277	Step 3	Multiply your rate by your weekly premium and divide by 10 to determine monthly premium \$0.277 x \$500 ÷ 10 = \$13.85 per month
40-44	\$0.285	Step 4	Multiply your premium by 12 and then divide it by the number of pay periods (24) to determine the cost per pay period. \$13.85 x 12 ÷ 24 = \$6.93 per pay period
45-49	\$0.322		
50-54	\$0.367		
55-59	\$0.457		
60-64	\$0.555		
65+	\$0.630		



LONG-TERM DISABILITY

METLIFE

Long-term disability (LTD) benefits provide you with a percentage of your income if you become disabled due to a covered accident or illness for an extended period of time. **Baldwin County SWDA provides LTD coverage for all eligible employees at no cost to you!**

The LTD coverage pays a benefit to replace a portion of the earnings you lose as a result of your disability. If your disability is permanent, this benefit may continue until you reach normal retirement age. Benefits will be coordinated with any Social Security benefit you may receive. Please see an overview of the LTD benefits below. To receive a copy of full policy documents, please contact the HR Department.

Overview of LTD Coverage

Benefit	50% of pre-disability earnings up to \$5,000 per month
Elimination Period	Benefit payments begin on 181st day after the employee has been determined disabled due to illness or injury OR the day following the end of the STD benefit period, whichever is greater
Definition of Disability	Due to an eligible sickness or accidental injury: First 24 months: You are unable to earn more than 80% of pre-disability earnings at your OWN occupation for any employer After 24 months: You are unable to earn more than 60% of pre-disability earnings from ANY occupation for which you are reasonably qualified for based upon your training, prior education & experience.
Maximum Benefit Period	To Social Security Normal Retirement Age (SSNRA) with benefit duration scale (see plan booklet for details)
Temporary Recovery	If you return to work BEFORE completing the Elimination Period then become disabled again due to the same or related condition within 60 days, you are not subject to completing a new elimination period. If you return to work AFTER completing the elimination period and you become disabled again due to the same or related condition within 180 days, you are not subject to a new elimination period.
Limitations	3/12 Pre-Existing Condition Limitation; 24-month limitation for: Mental/Nervous Disorders; Chronic Fatigue Syndrome; Neuromuscular, Musculoskeletal or Soft Tissue Disorders; Fibromyalgia; Alcohol, Drug, Substance Abuse & Addiction
Other Provisions	Includes, but is not limited to: Waiver of Premium, Survivor Benefit, Rehabilitation Incentive, Return-to-Work Incentive, Family Care Benefit, Moving Expense Benefit, Zero Day Residual, Continuity of Coverage, Indexing of pre-disability earnings, & much more! See full policy document for additional details.

EMPLOYEE RETIREMENT (ERS/RSA)

The Employee's Retirement System is a defined benefit plan qualified under section 401(a) of the Internal Revenue Code. Since its inception in 1945, the plan has provided disability and service retirement benefits to members and survivor benefits to qualified beneficiaries. A defined benefit plan provides the employee with a specific benefit at a retirement by calculating the retirement benefit based on a formula. Benefits are payable monthly for the lifetime of the member, possibly continuing for the lifetime of his or her beneficiary. *The Code of Alabama 1975, section 16 -25* contains the actual language governing the plan.

Through your employment with Baldwin County SWDA, participation in the ERS is mandatory if a person is employed in a position eligible for coverage in a non-temporary capacity on at least a one-half time basis earning at least the deferral minimum wage. **Effective October 1, 2024, all employees will contribute 7.5% each pay period and the Authority will contribute 5.35% for Tier 1 members and 5.60% for Tier 2 members.**

*Tier 2 members are employees hired on or after January 1, 2013.

Service Retirement

Service retirement benefits are available to members who cease ERS covered employment and meet minimum service and age requirements:

- Has at least 10 years of service credit and has attained the age of 60 **or** after accumulating 25 years of service credit at any age.

Calculating Your Retirement

Average Final Salary x Years and Months of Service x Benefit Factor /12 =
Maximum Monthly Benefit

Ex: Average Final Salary: \$35,000 and Service Credit: 27 years and 6 months
 $\$35,000 * 27.5 * .020125 / 12 = \$1,614.19$ per month

RSA 1-877-517-0020

<https://www.rsa-al.gov/ers/>

Mailing Address:

P.O. Box 302150
Montgomery, AL 36130-2150

Street Address:

201 South Union Street
Montgomery, AL 36104

DEFERRED COMPENSATION PLANS

RSA-1 AND NATIONWIDE

Baldwin County SWDA offers two deferred compensation plans, sometimes referred to as a 457 plan. These benefits are provided through RSA-1 and Nationwide.

Under a Deferred Compensation Plan, employees may elect to defer receipt of a portion of his or her salary until a later determined date, usually at retirement or other termination of service. Because receipt of the income is deferred, the deferred income is NOT included in your federal or state gross taxable income.

The deferred income is paid into RSA-1/Nationwide account and invested for your benefit. Investment earnings are accumulated in the fund and like the deferred income, are not subject to federal or state income taxation until distributed to the employee. Deferred income and the investment earnings are held in the participant's account for the exclusive benefit of the plan participants and their beneficiaries.

RSA-1 now offers a Roth account. The advantage of the Roth account is the potential to make tax-free withdrawals in retirement. You can elect to make designated Roth contributions of money from your paycheck that has already been taxed. Therefore, you are paying taxes upfront rather than later. That's the power and flexibility of an RSA-1 Roth account.



HOLIDAYS, ANNUAL LEAVE, PAID TIME OFF

2025 HOLIDAY SCHEDULE

HOLIDAY	OBSERVED
New Year's Day	Wednesday, January 1
Martin Luther King Jr. Day	Monday, January 20
President's Day	Monday, February 17
Mardi Gras (Fat Tuesday)	Tuesday, March 4
Good Friday	Friday, April 18
Memorial Day	Monday, May 26
Juneteenth	Thursday, June 19
Independence Day	Friday, July 4
Labor Day	Monday, September 1
Veteran's Day	Tuesday, November 11
Thanksgiving Holiday	Thursday/Friday, November 27 & 28
Christmas Holiday	Wednesday/Thursday, December 24 & 25

ANNUAL LEAVE AND PTO

Baldwin County SWDA employees shall accrue paid annual leave on a calendar year with employees accruing leave twenty-six pay periods. Baldwin County SWDA Part-Time employees shall accrue paid time off at a rate of 0.0319 per hours worked for a maximum of 48 hours per calendar year.

YEARS OF CONSECUTIVE SERVICE	DAYS HOURS
0-4 calendar years	96 hours
5-9 calendar years	120 hours
10-14 calendar years	168 hours
Over 15 calendar years	192 hours

CONTACT INFORMATION

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BENEFIT	PROVIDER	PHONE	WEBSITE/EMAIL
Medical Prescription Drug	BCBS of Alabama	1.800.292.8868	www.bcbsal.org
Ambulance Services	AirMedCare	1.843.708.6192	wes.mcadenl@gmr.net
EAP	Behavioral Health Systems	1.800.245.1150	www.behavioralhealthsystems.com
Flexible Spending Account	Flores and Associates	1.800.532.3327	www.flores247.com
Dental	BCBS of Alabama	1.800.292.8868	www.bcbsal.org
Vision	MetLife/VSP	1.855.638.3931	www.metlife.com/mybenefits
Basic Life Insurance	MetLife	1.800.438.6388	www.metlife.com/mybenefits
Additional Life Insurance	MetLife	1.800.438.6388	www.metlife.com/mybenefits
Short-Term Disability	MetLife	1.800.438.6388	www.metlife.com/mybenefits
Long-Term Disability	MetLife	1.800.438.6388	www.metlife.com/mybenefits
Retirement Program	Retirement Systems of Alabama	1.877.517.0020	www.rsa-al.gov



NOTES:

