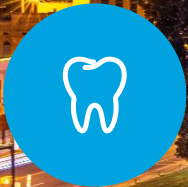




2026 - 2027 Employee Benefits



UNIONCOUNTY

plant your future.



- 2 Welcome To Your Benefits
- 3 Benefits Contacts and Resources
- 4 Eligibility and Enrollment
- 5 Medical and Prescription Benefits
- 8 Variable Copay Program
- 9 ScriptSourcing
- 10 HealthMapRx
- 11 Atrium Wellness Clinic
- 12 Flexible Spending Accounts (FSA)
- 13 Dental Benefits
- 14 Vision Benefits
- 15 Life and AD&D
- 16 Disability
- 17 Voluntary Benefits
- 18 How to Enroll
- 19 Benefit Costs
- 20 My UC Benefits App
- 21 Where to Go for Care

Health Plan Notices

- HIPAA—Privacy Notice
- Medicaid and the Children’s Health Insurance Program (CHIP)
- Medicare Part D Creditable Coverage Notice

These documents, as well as other health plan related information, can be found on County Connect under Human Resources and Health Insurance.



Welcome To Your Benefits

Our most important asset is our people. That's why Union County offers a comprehensive benefits program to meet all your needs. Review this guide to learn about everything provided to you and to determine which benefits are best for you and your family. You will find many resources outlined in this guide available during enrollment and throughout the year to help you make the most of your benefits plans and answer your questions.

The health care coverage you elect begins with your initial eligibility date and continues through the end of the enrollment year. Union County’s benefits year begins July 1, 2026, and ends June 30, 2027.

You may also enroll or change your benefits during the annual Open Enrollment period, May 1st through May 29th for a July 1st effective date.

You must make your elections during the specified enrollment window, or you will not have coverage. You may not enroll again until the next Open Enrollment period unless you experience a qualifying life event. To have coverage, you must confirm your benefit choices through BenefitFirst by the deadline.



Benefits Contacts and Resources



Find more details about the benefits offered to you by contacting your insurance carrier or logging in to BenefitFirst at www.Benefitfirst.com. Register on the insurance carrier’s website to access plan information, including your ID cards, coverages, claims, network providers, and more. Search for the carrier apps on Google Play™ or the App Store® to access your benefits information anytime, anywhere from your mobile device. If you have questions about or need assistance with enrolling, you may contact Human Resources or our partners at MMA.

Benefit	Carrier	Phone	Website / Email
Medical	Brighton/BlueCross BlueShield	844-759-2477	MyCreateHealth.com/employee
Prescriptions	Liviniti	833-395-5553	liviniti.com
Health & Wellness Center	Atrium Clinic	980-993-9140	ucgov.info/employeehealth
Condition Management	HealthMapRx	336-482-7898	
Flexible Spending Accounts (FSA)	Health Equity	877-924-3967	healthequity.com
Dental	Sun Life	800-442-7742	sunlife.com/us
Vision	Community Eye Care	888-254-4290	cecvision.com
Voluntary Life and AD&D	Sun Life	800-247-6875	sunlife.com/us
Voluntary Disability	Sun Life	800-247-6875	sunlife.com/us
Supplemental Benefits	Sun Life	800-247-6875	sunlife.com/us
Union County Human Resources	Benefits	704-283-3892	benefits@unioncountync.gov
Insurance Consultant	MMA		MCG.UCService@MarshMMA.com

This is a highlight manual only. You may reference additional details on these resources:

- County Connect
- [BenefitFirst](#)
- [Benefits Explorer](#)



Eligibility & Enrollment

All regular full-time and benefited part-time Union County employees working at least 30 hours per week are eligible for medical and dental benefits. Full-time and benefited part-time employees working at least 20 hours per week are eligible for all other benefits. As a new hire, you are eligible for benefits on the first day of the month following your Date of Hire. You may also enroll during open enrollment for a July 1st effective date.

Dependents You Can Enroll

- Your legal spouse*
- Your natural, adopted, or stepchildren living with you, or children whom you have legal guardianship, up to age 26
- Unmarried children of any age if disabled and claimed as a dependent on your income taxes

When You Can Enroll

You can enroll in benefits during the following times:

- Your initial new hire eligibility period
- The annual Open Enrollment period for a July 1st effective date

If you fail to enroll within the timeframe given for your new hire eligibility period or the annual open enrollment window, you will not be able to elect benefits again until the next Open Enrollment period, and you will not have coverage.

Please make your elections on time, or you may experience a delay in using your benefits such as seeing a doctor or refilling a prescription.

***Please note: Union County's health plan will not cover an employee's spouse if the spouse is offered coverage through his or her employer. Limiting spousal coverage to those who do not have other opportunities to obtain group coverage helps ensure Union County can continue to offer you a quality health plan with lower premiums.**

Outside of your initial new hire or the Open Enrollment period, changes to your benefits can only be made throughout the year within 30 days of a qualifying life event. Examples of the most common events include:

- Marriage or divorce
- Birth or adoption of an eligible child
- Death of a covered dependent
- Change in your or your spouse's work status that affects your benefits
- Change in residence that affects your eligibility for coverage
- Change in your child's eligibility for coverage
- Receipt of a Qualified Medical Child Support Order (QMCSO)

This could also include enrollment. Some employees initially waive all benefits and then enroll later after losing other coverage such as an employee reaching age 26 who was previously carried by their parent as a dependent child.

To see a complete list, or to report an event, contact Human Resources. Documentation may be required. If you fail to report a life event and supply the necessary documentation, you will be required to wait until the next annual enrollment period to make changes to your benefits.

Termination of Coverage

Benefits coverage is terminated as follows:

- If you leave, coverage will terminate on the last day of the month following the termination or resignation date for medical, dental and vision. All other policies terminate on the last day worked.
- When a covered dependent reaches age 26, medical, dental and vision will terminate at the end of the month in which the dependent reaches age 26. All other policies will terminate at midnight on the dependent's 26th birthday.



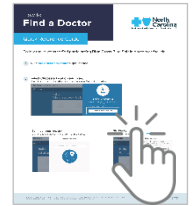
Medical Benefits

Union County employees have the option of two PPO plans through Brighton/BlueCross BlueShield. The plans offer services on the BlueCross BlueShield of North Carolina network. All full-time and benefited part-time employees are eligible to open a Flexible Spending Account to set aside pre-tax dollars to pay for their deductible and other out-of-pocket healthcare costs. See page 12 for more information on tax-advantaged savings accounts that can help you save on healthcare expenses.

The PPO plans offer preventive care visits covered at 100%, an out-of-pocket maximum to protect you should a catastrophic event occur, and out-of-network coverage if needed. Although out-of-network coverage is available, using in-network providers will save you money. Make mycreatehealth.com be your first stop for your personalized member services website and get the help you need understanding your own health care and treatment options. You can find information about your coverage and claims, find a provider near you, access your digital ID cards, estimate the cost of a medical procedure, earn rewards and much more. You can also search the BlueCross BlueShield network on provider.bcbs.com. Search the Blue Card PPO/EPO network and **use member ID prefix Z2E**.

Embedded Deductible

Each covered individual has their own separate deductible as well as a family deductible. Each member must meet their deductible individually before the coverage begins. Accordingly, if an individual family member meets their deductible, the insurance company will start paying according to the plan's coverage for that individual. If only one person meets an individual deductible, the rest of the family still must pay their deductible. However, out-of-pocket expenses used to meet an individual deductible are counted toward meeting the family deductible. Once the family deductible is met, all family members will have medical expenses paid according to the plan's coverage, even if not all members have met their individual deductibles. See example on following page.



BCBSNC How to Find a Doctor



BCBSNC Plan Overview Video



BCBSNC Core Summary of Benefits and Coverage



BCBSNC Buy-up Summary of Benefits and Coverage



Brighton/BlueCross BlueShield Mobile App



Medical Benefits

	PPO Core Plan		Buy-Up PPO Plan	
	In-Network <i>You pay:</i>	Out-of-Network <i>You pay:</i>	In-Network <i>You pay:</i>	Out-of-Network <i>You pay:</i>
Deductible (first dollar cost for covered in-network services, see embedded deductible example below)				
Individual / Family	\$2,500 / \$5,000 *embedded	\$5,000 / \$10,000 *embedded	\$400 / \$800 *embedded	\$800 / \$1,600 *embedded
Coinsurance (after you reach your deductible)				
Plan Pays	70%	50%	80%	60%
Out-of-Pocket Maximum (includes deductibles, copays, prescription costs, and coinsurance)				
Individual / Family	\$5,000 / \$10,000	\$10,000 / \$20,000	\$4,000 / \$8,000	\$8,000 / \$16,000
Plan Features				
Preventive Care*	Covered in full	50% after deductible	Covered in full	40% after deductible
Primary Care Visits	\$35 copay	50% after deductible	\$25 copay	40% after deductible
Specialist Visits	30% after deductible	50% after deductible	\$50 copay	40% after deductible
Urgent Care	\$75 copay	\$150 copay	\$75 copay	\$150 copay
Emergency Room	30% after deductible	30% after deductible	\$500 copay	\$500 copay
Inpatient Hospital	30% after deductible	50% after deductible	20% after deductible	40% after deductible
Outpatient Surgery	30% after deductible	50% after deductible	20% after deductible	40% after deductible
Labs and X-rays	30% after deductible	50% after deductible	20% after deductible	40% after deductible
Advanced Imaging	30% after deductible	50% after deductible	20% after deductible	40% after deductible

Refer to the plan documents for the full plan description and out-of-network coverage details. This chart is intended only to highlight the benefits available and should not be relied upon to fully determine your coverage.

*Preventive Care is defined by the [USPSTF](#)

Benefit Cost	Employee Only	Employee + Spouse	Employee + Child(ren)	Family	Benefit Cost	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Core PPO Plan	\$20.00	\$190.00	\$129.00	\$248.50	Buy-Up PPO Plan	\$37.50	\$212.00	\$168.00	\$315.50



Prescription Benefits

Prescription Drugs

When you enroll in a medical plan, you are automatically enrolled in prescription drug coverage. If you regularly take the same medications, the [Liviniti](#) Home Delivery program may allow you to get a 90-day supply for a lower cost, saving you trips to the pharmacy and time waiting in line. Check with your pharmacy to determine if any special programs are available. Discuss lower-cost alternatives with your physician and check the insurance company's website for a complete drug list at [liviniti.com](#).



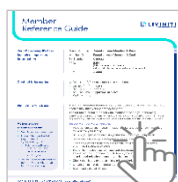
Services – Core Plan	In-Network You pay:	Out-of-Network You pay:
Prescription Benefits		
Rx Deductible	None	None
Tier 1 (Generic)	\$0 copay	\$0 copay
Tier 2 (Preferred Brand)	20% (\$20 min / \$150 max)	20% (\$20 min / \$150 max)
Tier 3 (Non-Preferred Brand)	40% (\$40 min / \$250 max)	40% (\$40 min / \$250 max)
Specialty	40% (\$40 min / \$500 max)	Not Covered
Mail Order	3x copay	3x copay

Services – Buy-Up Plan	In-Network You pay:	Out-of-Network You pay:
Prescription Benefits		
Rx Deductible	None	None
Tier 1 (Generic)	\$0 copay	\$0 copay
Tier 2 (Preferred Brand)	20% (\$20 min / \$150 max)	20% (\$20 min / \$150 max)
Tier 3 (Non-Preferred Brand)	40% (\$40 min / \$150 max)	40% (\$40 min / \$150 max)
Specialty	40% (\$40 min / \$250 max)	Not Covered
Mail Order	3x copay	3x copay

Refer to the plan documents for the full plan description and out-of-network coverage details. This chart is intended only to highlight the benefits available and should not be relied upon to fully determine your coverage.



Liviniti Home Delivery Program



Liviniti Home Delivery Member Guide



Liviniti Mobile App





Big Savings

On Brand And Specialty Drugs

What is Variable Copay?

Variable Copay™ is a program offered through your employer's benefit package that significantly reduces the cost on eligible specialty and brand medications by utilizing manufacturer-provided coupons. If you are taking a medication that is on the Variable Copay Drug list, you will receive an enrollment letter and phone call to enroll in the program. It's that easy!

How it works

1. Enroll in the program and the Variable Copay Network Pharmacy will communicate with you each month on reminders of your shipment and verification of address.
2. Your medication(s) will arrive at your doorstep monthly via a shipping courier. You can expect your delivery approximately 5-7 days before your current medications are completed. Additionally, the Variable Copay network pharmacy will contact your prescribing physician when refills are needed.
3. Should you have any questions regarding your prescription fulfillment, please call (833) 439-9617 to speak with a Variable Copay concierge.

How to enroll

Enrollment in Variable Copay is quick and simple. Please call (833) 439-9617 to speak with a dedicated Variable Copay concierge. Enrollment is also available within the Liviniti mobile app.

Interested in a simple and fast way to track and manage your prescriptions?

Download the Liviniti app today — freely available on iOS and Android. The Liviniti app provides convenient access to your pharmacy information, such as digital ID card, prescription history with Liviniti, drug price check, drug formulary search, pharmacy locator, Variable Copay enrollment, prior authorization reviews, plus more.

Questions?

Numerous specialty and brand drugs have manufacturer coupons available to bring value and savings to you. Please visit variablecopay.com to search for eligible Variable Copay medications. You can also call us at (833) 439-9617 or email us at questions@variablecopay.com.



Common medications that qualify for savings with Variable Copay



\$0 RX COPAY PROGRAM

Name-brand maintenance & specialty medications



Med-Finder



Scan here to search for your medication & schedule a call
or
Call 410-902-8811

How to Enroll

- 1 Search for Your Medication**
Use the Med-Finder tool or call us directly and ask for a member advocate.
- 2 Submit Your Enrollment Forms**
A member advocate will walk you through the entire enrollment process.
- 3 \$0 COPAYS**
Once enrolled you receive your medication(s) at no cost.



Employees and their dependents pay a **\$0 copay** for their medication(s).



ScriptSourcing saves the health plan money and **lowers premiums** and **deductibles**.



Prescriptions are **shipped directly** to the member.



HealthMapRx

Union County is pleased to offer an important benefit for participants in our health care plan. Plan members with diabetes, high blood pressure, high cholesterol, asthma, and/ or depression can take advantage of HealthMapRx, an innovative health coaching program designed to empower and support participants in better managing their conditions.

The program is provided through PPCN, a N.C. based company that specializes in designing and delivering HealthMapRx and similar programs to employers throughout the country. PPCN will pair participants with a mentor or “coach” who is a licensed Pharmacist and has specialized training and expertise in the conditions being managed.

The program is designed to help participants achieve a high level of control over targeted conditions and decrease the risk of common and sometimes serious complications associated with their diseases, such as heart attacks, strokes and damage to organs such as kidneys, eyes, nerves, and blood vessels.

Following established protocols, participants will meet with their coaches by appointment 4 to 6 times per year. Appointments typically run 30 minutes to an hour and are conducted in an office setting. Areas of emphasis include:

- Improving knowledge and self-care skills
- Working with participants and their doctors to help “tailor” medications to individual circumstances
- Working with participants to establish individual goals and identify resources to help them achieve
- Working with participants to address nutrition, exercise, and other lifestyle improvements

- Assisting participants and their doctors in identifying and addressing “gaps of care” and important standard of care steps for managing risks associated with each condition (up to date vaccines, foot exams, eye exams, lab studies at appropriate intervals, etc.).

Incentives

Participants will receive \$20 per month, beginning with the first coaching appointment and \$20 per month thereafter as long as they are compliant with basic program requirements. Incentive payments will be made through a special debit card issued to each participant and applied following each appointment.

In addition, co-payments for commonly required diabetic supplies will be waived following the first coaching appointment (test strips, needles and syringes, lancets, swabs, etc.).

HealthMapRx Program

- Employees and dependents enrolled on the County’s health plan are eligible.
- Participation in the program is completely voluntary.
- Cost is 100% covered, paid by the County - no cost to participants.
- Incentives are given for active participation.
- Information about your health remains confidential.

Enrollment forms and additional program information are available on County Connect and in the Human Resources office.



Your lowest cost care option!

- For employees, spouses and dependents enrolled on the Union County health plan.
- There is no cost for clinic services
- Many common prescription medicines are available on-site at no additional cost
- Sick visits available for patients ages 6 months and older
- Well visits available for patients ages 2 years and older
- Same-day/next-day visits available

Services

- Sick visits for colds, flu, COVID-19, allergies, sinus infections, urinary tract infections and more
- Injury care for minor cuts, burns, sprains, strains and more
- Care for chronic conditions such as diabetes, high blood pressure and asthma
- Vaccinations for flu, shingles and tetanus
- Wellness exams
- Annual physicals
- Weight management
- On-site testing and labs
- Specialty eConsults (between clinic provider and Atrium Health specialists)
- And more



Schedule a Visit

24/7 online appointment scheduling

In-person and virtual visits





Flexible Spending Accounts

Union County offers Flexible Spending Accounts (FSAs) through Health Equity. FSAs help you pay for eligible medical, dental, vision, and dependent care out-of-pocket costs by allowing you to set aside pre-tax contributions. Health Care FSA funds are available to use as of July 1st, even money you have not contributed yet. Dependent Care funds are only available as you contribute. All employees are eligible for a Dependent Care FSA (DCFSA).

How It Works

You determine the amount you wish to have deducted from each paycheck, and the funds are automatically deposited to your account(s). You may only use Health Care FSA money for health care expenses and Dependent Care FSA for funds for dependent care expenses. You cannot mix funds from one account to another.

You must re-enroll each year to continue funding the account(s), and you can incur expenses only during the plan year you are enrolled.

REMINDER: “Use-it-or-lose-it” unused Health Care amounts and any unused Dependent Care funds will be forfeited, so estimate wisely. You have until 9/15/26 to incur expenses and 9/30/26 to submit expenses for reimbursement.

Contribution Limits

The Internal Revenue Service (IRS) sets the annual contribution levels for FSAs. You are responsible for monitoring the amounts deposited into your accounts not to exceed the maximum annual limits.

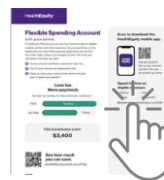
For 2026, the FSA contribution limits are as follows (minimum amount is \$100.00 to participate in either account):

- Health Care FSA: \$3,400
- Dependent Care FSA: \$7,500 per household (\$3,750 if married, filing separately)

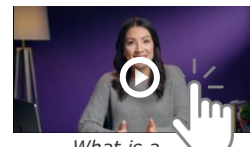
Eligible Expenses

Use your Health Care FSA funds to pay for out-of-pocket medical, dental, hearing, and vision expenses such as copays, prescriptions, supplies, appliances, and some OTC items. Visit [irs.gov/forms-pubs/about-publication-502](https://www.irs.gov/forms-pubs/about-publication-502) to see a complete list of IRS-qualified healthcare expenses.

Use Dependent Care FSA funds to pay for qualified daycare expenses for children aged 12 and younger and a spouse or an adult-dependent incapable of self-care. Eligible expenses include daycare, preschool, summer day camp, elder care, and in-home aids. Visit [irs.gov/publications/p503](https://www.irs.gov/publications/p503) to see a complete list of IRS-qualified dependent care expenses.



Flexible Spending Accounts (FSA)



What is a Healthcare FSA?



Dependent care Flexible Spending Accounts (FSA)



What is a DCFSA?

<https://www.healthequity.com/oetoolkit>

Health Equity Member Resources



Health Equity Mobile App

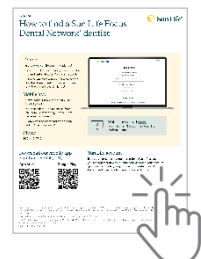


Dental Benefits

Union County offers dental coverage through Sun Life on the Sun Life Focus dental network. These plans allow you to use in-network or out-of-network benefits. However, you will be responsible for paying the difference between the allowed amount and what the dentist may charge, also known as "balance billing," when you visit an out-of-network provider. To find an in-network provider, go to sunlife.com/findadentist and search the Focus network. The chart below provides a brief overview of the plan. Refer to the full plan description for detailed coverage information.



Plan Features	Sun Life Dental	
	Core Plan	Buy-Up Plan
	You pay:	You pay:
Annual Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Paid by Plan	\$1,000	\$2,000
Diagnostic and Preventive Services* (X-rays, cleanings, exams)	Covered in full; deductible waived	Covered in full; deductible waived
Basic and Restorative Services (Fillings, extractions, root canals)	20%	20%
Major Services (Dentures, crowns, bridges)	50%	50%
Orthodontia (Adults & Children)	Not Covered	50%
Orthodontia Lifetime Maximum	Not Covered	Plan pays up to \$2,000



How to Find an In-Network Dentist



Sun Life Dental Mobile App



Sun Life Dental Plan

*Services do not count toward annual maximum benefit

Benefit Cost	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Core Plan	\$0.00	\$10.00	\$10.00	\$20.00
Buy-Up Plan	\$4.46	\$18.78	\$21.01	\$35.34

Sun Life Dental Out-of-Network Benefits

- Plan will pay at the 90th percentile of usual and customary charges
- **Note: You may receive a balance bill**



Vision Benefits

Union County offers vision coverage through Community Eye Care. Members are covered across the country by national and regional retail optical chain providers. To find in-network providers, visit cecvision.com/search and enter your search criteria. The chart below provides a brief overview of the plan. Refer to the full plan description for detailed coverage information.

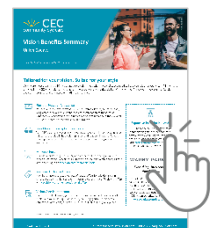


Plan Features	Community Eye Care Vision		
	150 Plan	200 Plan	250 Plan
Exam (once every 12 months)	\$15 copay	\$15 copay	\$15 copay
Frames (once every 12 months)	\$150 allowance plus 20% off balance (<i>select providers</i>)	\$200 allowance plus 20% off balance (<i>select providers</i>)	\$250 allowance plus 20% off balance (<i>select providers</i>)
Lenses (once every 12 months)			
Single Vision	\$15 copay	\$15 copay	\$15 copay
Bifocal	\$15 copay	\$15 copay	\$15 copay
Trifocal	\$15 copay	\$15 copay	\$15 copay
Contact Lenses—In lieu of lenses and frames (once every 12 months)			
Medically Necessary	\$15 copay	\$15 copay	\$15 copay
Elective	\$150 allowance plus 10% off balance (<i>select providers</i>)	\$200 allowance plus 10% off balance (<i>select providers</i>)	\$250 allowance plus 20% off balance (<i>select providers</i>)

Benefit Plan	Employee Only	Employee + One	Family
150 Plan	\$3.65	\$7.07	\$10.72
200 Plan	\$5.31	\$10.25	\$15.48
250 Plan	\$6.64	\$12.81	\$17.80



Community Eye Care Retail Network



Community Eye Care Vision Plan



Life and AD&D Insurance

Basic Life Insurance

Union County provides each full-time and benefited part-time employee with Basic Life insurance through Sun Life and pays for the full cost of coverage. Eligible employees receive 1x the employee's base annual salary in coverage up to \$250,000. Ensuring your beneficiary information is correct at enrollment and throughout the year is essential. Log in to Employee Navigator or contact HR to update your information anytime.

Voluntary Life

Union County employees can supplement their company-paid Basic Life insurance by purchasing additional coverage through Sun Life. In addition, you may purchase coverage for a spouse and dependent child(ren) after electing coverage for yourself.

The Guaranteed Issue (GI) amount is the highest amount of coverage that you or your dependents may elect without completing an Evidence of Insurability (EOI) form. If you elect an amount above the GI limit or wish to increase your benefit amount at a future date, the coverage amount over the GI level will not go into effect until your EOI has been reviewed and approved and payroll deductions have begun. For full details, refer to the Certificate of Coverage. Refer to BenefitFirst to calculate your coverage cost.

Voluntary AD&D

A serious accident can change the course of your life and leave you and the people you love with unexpected expenses. AD&D insurance provides financial protection if you or anyone on your plan suffers from a covered accidental injury or accidental death. You may receive up to 100% of your AD&D coverage amount for losses resulting from one accident, such as paralysis, speech or hearing loss, or thumb and index finger loss. If a covered accident results in your death, your beneficiary will receive 100% of your AD&D coverage amount.



Sun Life Basic Life Insurance



Sun Life Voluntary Life Insurance



Sun Life Voluntary AD&D Insurance



Sun Life Mobile App



Disability Insurance

Whether you are disabled and unable to work due to an accident or illness, Union County offers Short and Long-Term Disability benefit options through Sun Life. Disability is insurance for your paycheck should you become disabled due to an off-the-job injury or illness. This coverage will provide a percentage of your salary once you satisfy the waiting period. Refer to the Plan Summaries for details.

Voluntary Short-Term Disability

Union County offers employees the option to purchase Short-Term disability (STD) insurance. The benefit would pay 60% of your weekly pre-disability earnings to a maximum of \$1,500 per week. You will have a choice between two plan options.

Voluntary Long-Term Disability

Union County offers employees the option to purchase Long-Term disability (LTD) insurance. The benefit would pay 60% of your monthly pre-disability earnings to a maximum of \$5,000 per month for up to five years if you are under age 61 at the start of disability or until you no longer meet the definition of disability, whichever occurs first. If you become disabled at age 61 or after, a reduced benefit duration applies.

Your cost for coverage can be calculated on BenefitFirst when you make your benefit elections.

	SHORT-TERM DISABILITY	LONG-TERM DISABILITY
Waiting Period Illness / Injury	14 or 30 days	180 days
Benefit Percentage Paid	\$100 increments up to 60% of covered basic pay	60%
Maximum Benefit	\$1,500 per week	\$5,000 per month
Benefit Duration	24 or 22 weeks	5 years



Short-Term Disability



Long-Term Disability



Sun Life Mobile App



Supplemental Benefits

Union County offers employees the option to purchase supplemental worksite benefits provided through Sun Life. In addition, you have the option to cover your spouse and child(ren) after electing coverage for yourself. The premiums for elected benefits are deducted from your paycheck. Your cost for coverage can be calculated when making your benefit elections in BenefitFirst.

Voluntary Hospital Indemnity

A hospital admission can result in significant financial hardship. You may have a large deductible to meet in addition to other hospital-related charges for surgery, anesthesia, radiology, and more. A Hospital Indemnity policy provides a lump sum cash benefit paid directly to you to help offset those expenses not covered by your major medical insurance. Employees can choose between two plans. Reimbursement increases with the number of days you are hospitalized. Refer to the Certificate of Coverage for more information about pre-existing condition limitations, covered services, and other limitations and exclusions.

Voluntary Accident

Where most medical plans only pay a portion of the bills, Accident insurance can help pick up where other insurance leaves off. This policy provides a cash benefit to cover expenses if you or a covered dependent experience an eligible event.

Employees can receive reimbursement for covered services including Hospital/ICU admission, emergency transportation and care, fractures, burns, and lacerations, accidental death benefit, and more.

Voluntary Critical Illness

Critical Illness insurance pays a lump sum cash benefit when you or a covered family member is diagnosed with a serious illness, such as a heart attack, stroke, major organ failure, or cancer. You may use this benefit in any way you choose to pay for expenses that are not medical but have occurred due to the diagnosis, such as lost wages, family care, rehabilitation, or transportation. The plan may also offer a health screening benefit. Benefits are paid to you regardless of any additional coverage you may have.



Hospital Indemnity Insurance



Accident Insurance



Critical Illness Insurance



Sun Life Mobile App

Online Enrollment Overview

Benefitfirst

How to Enroll

Enroll anytime from home or work, online at www.Benefitfirst.com or on your mobile device. You may also enroll by phone. To enroll by phone, call the BenefitFirst Customer Care Center at 888-322-9374. The Customer Care Center is available Monday - Friday, 8:30 a.m. to 5:00 p.m. EST. Once you've logged on, follow these simple instructions:

- Enter your name as it appears on your paycheck and your date of birth in the following format: mm/dd/yyyy.
- Choose a unique, confidential password and click SUBMIT.
- On the Union County homepage choose ENROLL NOW!
- If you are a new hire, choose ENROLL IN OR DECLINE BENEFITS AS A NEWLY ELIGIBLE EMPLOYEE.
- If you are an existing employee going through annual enrollment or wanting to make a family status change, choose the appropriate transaction and click CONTINUE.
- Check your personal information for accuracy and click NEXT.
- Add any eligible dependents to the dependent screen and click NEXT.
- Starting with the medical screen, complete your selections. Choose the level of coverage, the plan desired and the dependents to be added.
- At the final enrollment screen, you will be required to review your elections and certify them by re-entering your password.
- The final step is to click the SUBMIT button. That's it...the entire process can take as little as 4 minutes to complete.

Enroll in 5 easy steps:

1 Log on at benefitfirst.com or our mobile app.*

2 Enter company ID:
1212

3 Create a user ID.

4 Enter password provided

5 Log in and follow instructions.



Need an explanation of insurance terms or help deciding between your benefit options?

Visit the Decision Support Center on your Benefitfirst homepage for a library of frequently asked questions.

If your browser warns you that you are entering a secure site, click "yes" to continue. We recommend turning the pop-up blocker off for the Benefitfirst website. To do this, you will need to add "www.benefitfirst.com" as the address of websites allowed in your browser preferences. Alternatively, you can press and hold down the Ctrl key when you click on the Continue button on the Enrollment Wizard start-up page.



Benefit Costs

Your deductions per pay period are shown below:

Benefit Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Medical				
Core PPO Plan	\$20.00	\$190.00	\$129.00	\$248.50
Buy-Up PPO Plan	\$37.50	\$212.00	\$168.00	\$315.50
Dental				
Core Plan	\$0.00	\$10.00	\$10.00	\$20.00
Buy-Up Plan	\$4.46	\$18.78	\$21.01	\$35.34

Benefit Plan	Employee Only	Employee + One	Family
Vision			
150 Plan	\$3.65	\$7.07	\$10.72
200 Plan	\$5.31	\$10.25	\$15.48
250 Plan	\$6.64	\$12.81	\$17.80

Your Monthly payroll deductions for Voluntary Life and Voluntary AD&D are shown in the tables below:

Age	Rate per \$1,000
<25	\$0.76
25 - 29	\$0.76
30 - 34	\$0.86
35 - 39	\$0.114
40 - 44	\$0.171
45 - 49	\$0.276
50 - 54	\$0.456
55 - 59	\$0.741
60 - 64	\$1.178
65 - 69	\$1.862
70 - 74	\$3.031
Child 15,000 Max	\$0.140
Vol. AD&D (EE/SP/CH)	\$0.030/\$0.050

2026 Health Plan Updates

AT A GLANCE



What's Changing

- Two plan options: Core & Buy-Up
- Premiums increasing
- Higher deductibles and out-of-pocket maximums
- New copays for predictable costs
- GLP-1 coverage limited to diabetes treatment
- More options for vision insurance
- Increased out of pocket max for non-preferred and specialty prescription meds

What's Staying the Same

- Blue Cross network
- Employee Health & Wellness Center (*no cost*)
- Dental plan
- Voluntary benefits
- 100% paid cancer screenings
- Wellhub and Blue 365 wellness resources
- Free generic medications

Plan Options

(2026 changes are in green)

MONTHLY RATES

Plan Type	Current Plan	Core Plan	Buy-Up Plan
Employee	\$34	▶ \$40	▶ \$75
Employee + Spouse	\$334	▶ \$380	▶ \$424
Employee + Child(ren)	\$224	▶ \$258	▶ \$336
Employee + Family	\$432	▶ \$497	▶ \$631

**Open Enrollment
May 1-29**

via Benefit first Portal.

More details are on
County Connect.

IN-NETWORK BENEFITS

Plan Type	Current Plan	Core Plan	Buy-Up Plan
Deductible (Single/Family)	\$250 / \$500	▶ \$2,500 / \$5,000	▶ \$400 / \$800
Member Coinsurance	20%	▶ 30%	20%
OOPM (Single / Family)	\$3,000 / \$6,000	▶ \$5,000 / \$10,000	▶ \$4,000 / \$8,000
Primary Care	Deductible & Coinsurance	▶ \$35 Copay	▶ \$25 Copay
Specialist	Deductible & Coinsurance	Deductible & Coinsurance	▶ \$50 Copay
Urgent Care	Deductible & Coinsurance	▶ \$75 Copay	▶ \$75 Copay
Emergency Room	Deductible & Coinsurance	Deductible & Coinsurance	▶ \$500 Copay

*Deductible & Coinsurance: You pay 100% of costs up to your deductible, then you pay a percentage of the costs, called coinsurance. After hitting the out-of-pocket maximum, insurance pays 100%.

Introducing the My UC Benefits App!

Your new benefits and wellness experience is here.



How to access the app:



Download the My UC Benefits App

Click [here](#) to download the app directly to your phone.



Click "New user? Verify your email"

Tap this on the login screen to start creating your account.



Enter your email and verification code

We'll send you a one-time passcode by email or text - enter it in the app to continue.

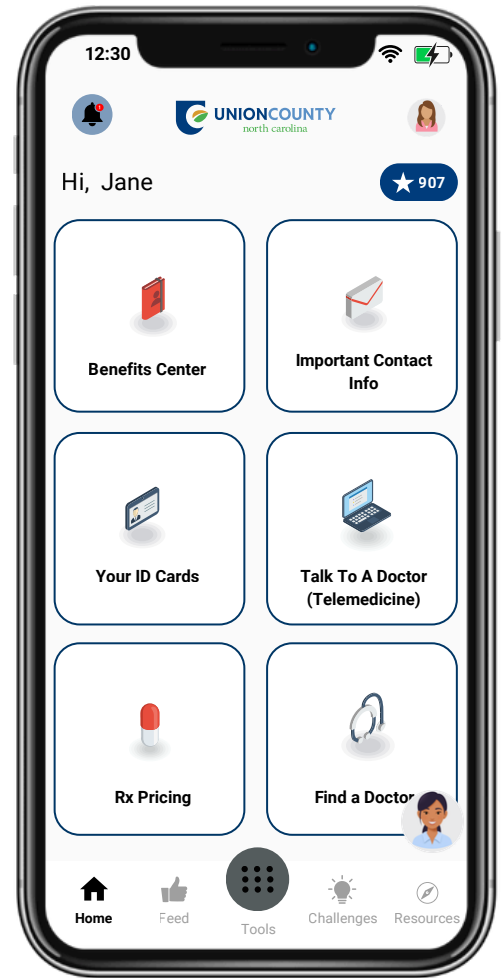


Set your password

Your username is your email - now you're ready to explore!



Already signed up? Just log in with your email and password anytime.



What's in it for you?



One place for all your benefits

No more digging through emails. Instantly access your benefit plans, ID cards, and provider contacts - right in your pocket.



Real-time updates from your organization

Stay connected with important announcements, benefit reminders, wellness programs, and more - anytime, anywhere.



Personalized experience

Your app is tailored to show only what matters to you - based on your role, location, and eligibility.



Family access made easy

Give your spouse or dependents access to the info they need - no more "Where's my ID card?" messages.



Wellness Benefits

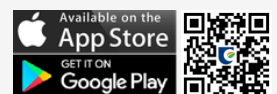
Schedule an appointment at our Employee Health & Wellness Center or access Wellhub and find a nearby gym - all through the app!



Quick tools, fast answers

Tap into helpful links, tools, and Ivy - your AI benefit assistant - for instant answers and easier navigation.




Start building your experience. Download today:





Where To Go for Care

The cost of care and the time you wait can vary greatly depending on where you go. Below is a simple guide to choosing the right place for health care.

 DOCTOR'S OFFICE When it's not an emergency, see your Primary Care doctor first	 URGENT CARE Immediate attention for non-life-threatening or after-hours care	 EMERGENCY ROOM Immediate attention for serious or life-threatening conditions
<p>Routine care Wellness screenings Annual physicals Immunizations Chronic conditions Medication refills Fever Colds and flu Allergies and asthma Cough and sore throat Sinus infection Pink eye Bladder infection Sprains and strains</p> <p>\$</p>	<p>Back pain Escalating symptoms from a chronic condition Diabetes High blood pressure Minor burns Minor cuts Minor eye injuries Pneumonia Minor fractures Stitches Worsening fever Minor asthma Dehydration</p> <p>\$\$</p>	<p>Chest pain Deep cuts or wounds Difficulty breathing Poisoning Overdose Severe abdominal pain Severe burns Severe head injuries Sudden numbness, weakness, or speech difficulty Seizures Uncontrolled bleeding Severe eye injury</p> <p>\$\$\$\$</p>



UNION COUNTY

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by your employer. The text contained in this Summary was taken from various summary plan descriptions and benefits information. While every effort was taken to report your benefits, discrepancies or errors are always possible. In case of a discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this Summary, contact Human Resources.

© 2026, Marsh & McLennan Agency LLC. All rights reserved. CA license #0H18131