

A GUIDE TO YOUR

Employee Benefits



January 1, 2025 -
December 31, 2025



GRAND COUNTY

Grand County

2025 Contacts

Medical

Cigna
(800) 224-6224
mycigna.com

Health Savings Account

National Benefit Services
(800) 274-0503
nbsbenefits.com

Flexible Spending Account

National Benefit Services
(800) 274-0503
nbsbenefits.com

Dental

Cigna
(800) 224-6224
mycigna.com

Vision

Cigna
(800) 224-6224
mycigna.com

Life & AD&D

Lincoln Financial
(800) 423-2765
lfg.com

Disability

Lincoln Financial
(800) 423-2765
lfg.com

Employee Assistance Program

Blomquist Hale
(800) 926-9619
blomquisthale.com

Supplemental Benefits Accident & Critical Illness

Allstate
(800) 521-3535
allstatebenefits.com/mybenefits

Hospital

The Standard
(888) 937-4783
standard.com

Legal & ID Theft Protection

Legal Shield/IDShield
(800) 654-7757
www.legalshield.com

Pet Insurance

Pets Best
877-738-7237
www.petsbest.com/GRANDCOUNTY

For escalated claims and product questions

GBS Voluntary Department
(801) 819-7744
vbcustomerservice@gbsbenefits.com

General Benefits Information

Human Resources Department
(435) 259-1323
gchr@grandcountyutah.net

Table of Contents

This guide is designed to highlight your benefit options so that you can make the best possible decisions for you and your family. Use this guide as your go-to-resource when you're enrolling for benefits and throughout the plan year. The choices you make will remain in effect during the plan year, unless you have a qualifying major life event.

We are committed to providing our employees with quality benefits programs that are comprehensive, flexible and affordable. Giving our employees the best in benefit plans is one way we can show you that as an employee, YOU are our most important asset.

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Benefits Overview

Making wise decisions about your benefits requires planning. By selecting benefits that provide the best care and coverage, you can optimize their value and minimize the impact to your budget. The best thing you can do is “shop” for benefits carefully, using the same type of decision-making process you use for other major purchases.

- 1. Take advantage of the tools available to you.** That includes this guide, access to plan information, provider directories, and enrollment materials.
- 2. Be a smart shopper.** If you were buying a car or purchasing a home, you would do a lot of research beforehand. You should do the same for benefits because the wrong decision could be costly.
- 3. Don't miss the deadline and keep record of your enrollment!** Pay attention to the enrollment deadline and be sure to provide Human Resources with your benefit elections in a timely manner. It is important to review your paycheck to ensure the accuracy of payroll deductions. Notify HR immediately if there are any discrepancies.

Who Is Eligible?

You are eligible to enroll in Grand County's complete benefits package if you are full-time employee averaging 40+ hours per week. If you are an employee averaging 30+ hours per week, you are eligible to enroll in Grand County's medical plan only. You may also enroll your eligible dependents in the same plans you choose for yourself.

Eligible dependents include your legal spouse and your natural, adopted or step-child(ren). The dependent age limit for children on your medical plan is age 26 but may vary for other benefits offered.

When Do I Enroll?

You can enroll for coverage within 30 days of your date of hire, or during the annual open enrollment period. Outside of your open enrollment period, the only time you can change your coverage is within 30 days after you experience a qualifying event.

Benefits Overview

Making Changes During The Year

The IRS provides strict regulations about the changes to pre-tax elections during the plan year. Once you enroll in benefits, you will not be able to make any changes to your elections until the next annual open enrollment period, unless you experience a qualified life event.

Qualified life events include, but are not limited to:

- › Change in your legal marital status
- › Change in number of dependents
- › A dependent no longer meets the eligibility requirements
- › You and/or your dependent becomes eligible or loses eligibility for Medicare, Medicaid or the Children's Health Insurance Program (CHIP)
- › Employee or dependents change in employment status resulting in loss or gain of eligibility for employer sponsored benefits
- › A court or administrative order

It is your responsibility to notify Human Resources within 30 days after a qualified life event. Any benefit changes must be directly related to the qualified life event.

When Coverage Ends

For most benefits, coverage will end on the last day of the month in which:

- › Your regular work schedule is reduced to fewer than 30 hours per week
- › Your employment with Grand County ends

Your dependent(s) coverage ends:

- › When your coverage ends, or
- › The last day of the month in which the dependent is no longer eligible

Health Care Reform and You

For the most up-to-date information regarding the ACA, please visit www.healthcare.gov.

In addition to the plan information in this Benefits Guide, you can also review a Summary of Benefits and Coverage for each medical plan. This requirement of the ACA standardizes health plan information so that you can better understand and compare plan features. We will automatically provide you a copy of the SBC and Uniform Glossary annually during open enrollment. Please contact HR should you need an additional copy.

Online Benefits Enrollment

Employee Navigator

Information Needed When Adding Dependents

- Name
- Social Security Number(s)
- Dates of Birth
- Home Address (if separate from yours)

Step 1: Getting Started

- In your web browser type <https://www.employeenavigator.com/benefits/Account/Login> in the address bar.
- Username - If you have misplaced your credentials, reach out to HR.
- Reset Password - Employees can reset passwords on login screen.
- Click **“New User Registration”** (first time user)
- Create Your Account:
 - a) First Name
 - b) Last Name
 - c) Company Identifier: **GrandCounty**
 - d) Last 4 Digits of SSN
 - e) Birth Date
- On the home screen (once logged in) look for **“Start Enrollment”**.

Step 2: Verify Your Personal and Dependent Information

- Personal Information - Validate all information is accurate.
- Dependent Information:
 - a) To update information, click **“Edit”**, upon completion click **“Save”**.
 - b) Select **“Add Dependent”** if you currently do not see them listed.
- Once all of your dependents have been added/updated, click **“Save & Continue”**.
- **Please Note:** If your company offers supplemental life insurance you need to add your spouse and children as dependents in this screen.

Step 3: Making Your Open Enrollment Elections

- Complete all benefits through each step of the enrollment process (enroll or waive).
- Click **“Save & Continue”** at the end of each benefit screen.

Step 4: Confirm Your Elections

- Upon completion, please verify everything in the “Enrollment Summary Screen”.
- Click **“Click To Sign”** to complete your open enrollment elections.

Medical

Cigna

OAP Network	Traditional Plan		High Deductible Health Plan (Non-Embedded)	
	In-Network You Pay	Out-of- Network You Pay	In-Network You Pay	Out-of- Network You Pay
Deductible <i>Calendar Year</i>	\$1,000/person \$2,000/family	\$4,000/person \$8,000/family	\$2,000/EE only \$4,000/family	\$4,000/EE only \$8,000/family
Out-of-Pocket Maximum <i>Calendar Year</i>	\$4,000/person \$8,000/family	\$12,000/person \$24,000/family	\$4,000/EE only \$6,550/family	\$8,000/EE only \$13,100/family
Preventive Care	Covered in Full	Not Covered	Covered in Full	Not Covered
Office Visits <i>Primary Care</i>	\$25	50% AD	20% AD	50% AD
<i>Specialist</i>	\$35	50% AD	20% AD	50% AD
<i>Urgent Care</i>	\$45	50% AD	20% AD	50% AD
<i>Virtual Care</i>	\$25/\$35	Not Covered	20% AD	Not Covered
Hospital Services <i>Inpatient</i>	20% AD	50% AD	20% AD	50% AD
<i>Outpatient</i>	20% AD	50% AD	20% AD	50% AD
Emergency Room <i>Copay waived if admitted</i>	\$150	\$150	20% AD	20% AD
Mental Health Services <i>Office Visit</i>	\$35	50% AD	20% AD	50% AD
<i>Inpatient</i>	20% AD	50% AD	20% AD	50% AD
<i>Outpatient</i>	20% AD	50% AD	20% AD	50% AD
Pharmacy	Retail 30-day Supply	Home Delivery 90-day Supply	Retail 30-day Supply	Home Delivery 90-day Supply
<i>Generic</i>	\$5	\$13	\$10 AD	\$25 AD
<i>Preferred Brand</i>	\$25	\$63	\$40 AD	\$100 AD
<i>Non-Preferred Brand</i>	\$50	\$125	\$70 AD	\$175 AD
<i>Specialty</i>	20% up to \$150 max	N/A		

[Download the Traditional
Plan Summary](#) ↓

[Download the Full HDHP Summary](#) ↓



Cigna Provider Search

Medical

Cigna Virtual Care

Your employees' lives are demanding. It's hard for them to find time to take care of themselves as it is, never mind when they're not feeling well. That's why health plans through Cigna include access to medical and behavioral/mental health virtual care. Whether they've got meetings all day or they just don't have the time or energy to go anywhere but home after work, employees can:

- › Access care from just about anywhere via video or phone.
- › Get minor medical virtual care 24/7/365 - even on weekends and holidays.
- › Schedule a behavioral/mental health virtual care appointment online in minutes.
- › Access board-certified doctors and pediatricians as well as licensed counselors and psychiatrists.
- › Have a prescription sent directly to a local pharmacy, if appropriate.

Virtual Care Options

Cigna partners with MDLIVE® for minor medical and behavioral/mental health virtual care.* This can be accessed via **myCigna.com**. Additionally, Cigna's in-network medical and behavioral providers also provide access to virtual medical and behavioral care, including virtual counseling.

Minor medical virtual care

- Acne
- Allergies
- Asthma
- Bronchitis
- Cold & Flu
- Constipation
- Diarrhea
- Earaches
- Fever
- Headaches
- Infections
- Insect bites
- Joint aches
- Nausea
- Pink eye
- Rashes
- Respiratory infection
- Shingles
- Sinus infections
- Skin issues
- Sore throats
- UTI's

Behavioral/Mental Health virtual care

- Addictions
- Bipolar disorders
- Child/Adolescent issues
- Depression
- Eating disorders
- Grief/Loss
- Life changes
- Men's issues
- Panic disorders
- Parenting issues
- Postpartum depression
- Relationship and marriage issues
- Stress
- Trauma/PTSD
- Women's issues

MDLIVE providers can also conduct virtual wellness screenings.

Connect With Virtual Care Your Way

- Contact your in-network provider or counselor
- Talk to an MDLIVE medical provider on demand on **myCigna.com**
- Schedule an appointment with an MDLIVE provider or licensed therapist on **myCigna.com**
- Call MDLIVE 24/7 at 888-726-3171

Prescription Savings

Strategies to Save

The average American spends about \$1,200 each year on prescription drugs. And with drug prices on the rise, 1 in 4 Americans are paying more today than they were a year ago. Consider the following ways to help lower your bills for pills:

- › Go generic or ask your doctor or pharmacist if there's a similar drug with a generic version.
- › Compare prices by using an app, like GoodRx, to find the least expensive option. Call stores and pharmacies as well.
- › Order a 90-day supply and look into a mail-order program.
- › Sign up for a drugstore or chain store reward program to receive coupons and accumulate points.
- › Use a preferred pharmacy in your network.

If you have prescription drug questions, talk to your pharmacist for additional cost-cutting tips and guidance.

GoodRx

Stop paying too much for your prescriptions! With the GoodRx Comparison Tool, you can compare drug prices at over 70,000 pharmacies and discover free coupons and savings tips.

Isn't health insurance all I need?

Your health insurance provides valuable prescription and other health benefits, but a smart consumer can save much more,

especially for drugs that are not covered by health insurance (weight-loss medications, some antihistamines, etc.), drugs that have limited quantities, drugs that can be found for less than your copay, or drugs with a lower priced generic.

How can I find these savings?

The GoodRx Comparison Tool provides you with instant access to current prices on more than 6,000 drugs at virtually every pharmacy in America.

1. On the web: <https://www.goodrx.com/>
Instantly look up current drug prices at CVS, Walgreens, Walmart, Costco, and other local pharmacies.
2. On your phone: Available in the App Store or Google Play or simply visit m.goodrx.com from your phone.

Please Note:

- › Prescription drug pricing displayed on the GoodRx Comparison Tool may be more or less than your insurance drug card.
- › Please be sure to compare all discount pricing options before you purchase.
- › Check your insurance carrier's pharmacy benefit before purchasing a 90-day supply.

Health Savings Account

National Benefit Services

A Health Savings Account (HSA) paired with our qualified high deductible health plan helps you and your family plan, save and pay for qualified health care expenses. An HSA empowers you to build savings for health care expenses in a tax advantaged account.

About Health Savings Accounts

A Health Savings Account (HSA) is a tax advantaged savings account that you own and control. HSAs are similar to retirement accounts in that they rollover year-to-year, they are portable when you move jobs or retire, the balance can be invested in mutual funds, and there are survivor benefits.

Who Is Eligible?

You must be enrolled in our qualified high deductible health plan and meet the following requirements:

- › Have no other health insurance coverage except what's permitted by the IRS
- › Not be enrolled in Medicare
- › Not be claimed as a dependent on someone else's tax return

How Much Can I Contribute To An HSA?

Each year the IRS establishes the maximum contribution limit. The chart below represents the limits for 2025. These limits are for the total funds contributed, including company contributions, your contributions and any other contributions. Please keep in mind you can change your HSA allocation at any time during the plan year.

IRS HSA Limits

	2025
Single	\$4,300
Family	\$8,550

At age 55, an additional \$1,000 contribution is allowed annually



Watch Now: What is an HSA?

Health Savings Account

National Benefit Services

What Is A Qualified Health Care Expense?

You can use money in your HSA to pay for any qualified health care expenses for you, your spouse and your tax dependents, even if they are not covered on your plan. Examples of qualified health care expenses include: your insurance plan deductibles, copayments, and coinsurance; doctor's office visits; prescriptions; dental treatments and x-rays; and eyeglasses and vision exams.

Qualified Health Care Expenses

You can use money in your HSA to pay for any qualified health care expenses you, your legal spouse and your tax dependents incur, even if they are not covered on your plan. Qualified health care expenses are designated by the IRS (Publication 502). They include medical, dental, vision and prescription expenses not covered by the insurance carrier.

Important

Any funds you withdraw for non-qualified expenses will be taxed at your income tax rate plus a 20% tax penalty if you're under age 65. After age 65, you pay taxes but no penalty.

Documentation is Key

An HSA can be used for a wide range of health care services within the limits established by law. Be sure you understand what expenses are HSA qualified and be able to produce receipts for those items or services that you purchase with your HSA. You must keep records sufficient to show that:

- › The distributions were exclusively to pay or reimburse qualified medical expenses,
- › The qualified expenses had not been previously paid or reimbursed from another source, and
- › The qualified expense had not been taken as an itemized deduction in any year. Do not send these records with your tax return. Keep them with your tax records.

 Qualified Medical Expenses

Flexible Spending Account

National Benefit Services

A Flexible Spending Account (FSA) provides you the opportunity to pay for health care and dependent care expenses on a pre-tax basis. By anticipating your family's health care and dependent care costs for the next plan year, you can lower your taxable income.

How It Works

Each plan year you designate an annual election to be deposited into your health care and/or dependent care accounts. Your annual election will be divided by the number of pay periods in the plan year and deducted equally from each paycheck on a pre-tax basis. For health care expenses, you have immediate access to the total amount you elected to contribute for the plan year. With the dependent care, you have access to the amount of the current contributions in your account at the time you request reimbursement.

Things To Consider

- › Be conservative when estimating your annual election amount. The IRS has a strict "use it or lose it" rule. You can roll over up to **\$500 of unused funds**. You will forfeit any funds left in your account that exceed \$500

after the end of the plan year.

- › Your 2025 contributions must be used for expenses you incur **January 1, 2025-December 31, 2025**.
- › The health care and dependent care FSAs are two separate accounts and funds cannot be transferred between accounts.
- › You cannot stop or change your FSA contribution amount during the year unless you have a qualified change in family status.
- › Expenses reimbursed through an FSA cannot be used as a deduction or credit on your federal income taxes.
- › You have **90 days after the end of the plan year** to submit for reimbursements for services incurred during the plan year.

FSA Reimbursement Options

To receive reimbursement from your FSA, you can submit a claim online, complete a paper claim form or use your FSA debit card. It is important to save your receipts. National Benefit Services may ask you to provide a copy to substantiate a claim.

	Health Care FSA	Dependent Care FSA
Maximum Plan Year Contribution Amount	Up to \$3,300*	Up to \$5,000 (\$2,500 if married and filing separate income tax returns)
Examples of Eligible Expenses	Medical, Rx, Dental, & Vision Deductible, Coinsurance, and Copays	Cost of childcare for children under age 13 so you and your spouse can go to work or look for work.

**3,300 projected FSA amount for 2025*

Dental

Cigna

Total Cigna DPPO Network	In-Network You Pay	Out-of-Network You Pay
Deductible- Calendar Year	No deductible	
Annual Maximum	\$1,500 per person (for all Class I, II, and III expenses)	
Class I - Preventive Services Oral exams, cleanings, routine x-rays, fluoride, sealants, space maintainers, non-routine x-rays, emergency care to relieve pain	Covered in Full	Covered in Full up to U&C*
Class II - Basic Services Fillings, oral surgery, surgical extraction of impacted teeth, anesthetics, periodontics, endodontics, repairs to bridges, crowns, inlays, and dentures	20%	20% of U&C*
Class III - Major Services Crowns, inlays, onlays, stainless steel and resin crowns, dentures, bridges	50%	50% of U&C*
Class IV - Orthodontics (for dependent children up to age 19)	50%	50%
Orthodontic Lifetime Maximum	\$1,500 per person	

U&C*= Usual & Customary

Download the Full Plan Summary [↓](#)

Looking for a provider?
Check out the Cigna Provider Search [Here >](#)

Vision

Cigna

Driving to work, reading a news article and watching TV are all activities you likely perform every day. Your ability to do all of these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

Grand County's vision insurance entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

EyeMed Network	In-Network You Pay	Out-of-Network Reimbursement
Eye Exam <i>once per 12 months</i>	\$10	Up to \$45
Retinal Screening	Up to \$39	Not Covered
Frames <i>once per calendar year</i>	\$130 allowance & 20% off balance over \$130	Up to \$71
Standard Eyeglass Lenses <i>once per 12 months</i>		
Single Vision	\$20	Up to \$32
Lined Bifocal	\$20	Up to \$55
Lined Trifocal	\$20	Up to \$65
Lenticular	\$20	Up to \$80
Contact Lenses <i>once per 12 months</i>		
<i>In lieu of frames and lenses</i>		
Elective	\$130 allowance	Up to \$105
Medically Necessary	Covered in Full	Up to \$210

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Looking for a provider?
Check out the [Provider Search Here >](#)

Life and AD&D

Lincoln Financial

Life Insurance and Accidental Death & Dismemberment (AD&D) benefits provide you and your loved one's financial protection in the event of an illness, accident, or death.

Basic Life Insurance and Accidental Death and Dismemberment (AD&D)

Grand County provides all eligible employees, spouse & dependents with a basic group life insurance and accidental death and dismemberment coverage for the employee at no cost to you.

Voluntary Life Insurance and AD&D

You also have the option to purchase additional life insurance coverage for yourself, your spouse and your dependent children to age 26.

However, you may only elect coverage for your dependents if you elected additional coverage for yourself.

Beneficiary Designation

We recommend you designate a beneficiary for your life insurance policy(ies). A beneficiary is the person (or people, estate, trust, etc.) to whom benefits will be paid to in the event of your death. You may change your beneficiary at any time during the plan year.

Plan Features	Basic Life and AD&D	Employee Voluntary Life and AD&D	Spouse Voluntary Life and AD&D	Child Voluntary Life
Life Benefit Amount	Employee - \$50,000 Spouse - \$5,000 Child <i>day 1- 6 mos.</i> - \$500 Child <i>6 mos. - age 26</i> - \$2,500	5x annual salary not to exceed \$300,000 in \$10,000 increments	50% of employee amount not to exceed \$150,000 in \$5,000 increments	<i>day 1- 6 mos</i> - \$250 <i>6 mos - age 26</i> - \$2,500, \$5,000, \$7,500 or \$10,000
AD&D Benefit Amount	\$50,000 <i>(employee only)</i>	Equal to optional life benefit	Equal to employee's amount	Not Available
Guaranteed Issue <i>New Hires Only</i>	\$50,000	\$150,000	\$30,000	\$10,000

Open Enrollment

- Employees and spouses that currently have not elected coverage (and have not been previously declined or withdrawn for coverage) are eligible to increase or **add new coverage up to 2 increments without EOI.**
- Employees and spouses that are currently enrolled are eligible to **increase their amount by 2 increments (regardless of GI)** as long as they have not been previously declined or withdrawn for coverage due to medical conditions.

Disability

Lincoln Financial

Disability insurance benefits replace a portion of your income if you are unable to work for a period of time due to a qualified off-the-job injury or illness.

Long-Term Disability

Long-term disability is intended to protect your income for a long duration after you have depleted short-term disability or any sick leave your company may offer.

Definition of Disability

The definition of disability is used to determine an employee's eligibility for benefits. An individual may be considered totally or partially disabled.

Total Disability - Due to an injury or illness, you are unable to perform each of the main duties of your own occupation. Your "own" occupation is covered for a specific period of time. Following this, the definition of total

disability becomes the inability to perform any occupation for which you are reasonably suited based on your experience, education, or training.

Partial Disability - Due to an injury or illness, you are unable to perform each of the main duties of your regular occupation on a full-time basis. Partial Disability benefits may be payable if you are earning at least 20% of the income you earned prior to becoming disabled, but not more than 99%. Partial disability benefits allow you to work and earn income from your employer and continue to receive benefits, which may enable you to receive 100% of your income during your time of disability.

Plan Features

Long-Term Disability Employer Paid!

Benefit Amount	66.67% of monthly salary
Maximum Benefit	\$6,000 month
Benefit Waiting Period	90 days
Maximum Benefit Duration	Social Security Normal Retirement Age
Own Occupation	24 months
Premiums	Your employer pays 100% of the Premiums

Pre-Existing Condition

If you have a medical condition that begins before your coverage takes effect, and you receive treatment for this condition within the 3 months leading up to your coverage start date, you may not be eligible for benefits for that condition until you have been covered by the plan for 12 months

Employee Assistance Program (EAP)

Blomquist Hale

When Life Gets too Challenging, We Can Help

The Blomquist Hale Employee Assistance Program provides direct, **face-to-face** guidance to address virtually any stressful life situation problem. Not to mention there is absolutely **no cost** to you. Meeting with our team is simple and 100% confidential. Call to schedule an appointment today. **(800) 926-9619**.

Get Help With:

- › Marital & Family Counseling
- › Stress, Anxiety or Depression
- › Personal & Emotional Challenges
- › Grief or Loss
- › Financial or Legal Problems
- › Substance Abuse or Addictions
- › Senior Care Planning

Eligibility and Cost

Services are offered to employees and their eligible dependents. The entire cost of our service is covered by your employer. The services provided by Blomquist Hale are free, with no co-payment, deductible or insurance approval required.

You Can Count On:

- › 24/7 Crisis Service
- › 100% Confidential
- › Professional, Friendly Team
- › Convenient Locations
- › Extended Hours
- › No Co-Pay Required

Call Us Today or Visit Us at blomquisthale.com

Accident Insurance

Allstate

Group Accident Insurance (off-the-job)

Accident insurance can help provide you with a cushion to help cover expenses and living costs when you get hurt unexpectedly. While you can count on health insurance to cover medical expenses, it doesn't usually cover indirect costs that can arise with a serious or even not-so-serious injury. You may end up paying out of your own pocket for things like transportation, over-the-counter medicine, day care or sitters and extra help around the house. With accident insurance, the benefits you receive can help take care of these extra expenses and anything else that comes up.

With Allstate's Group Accident Insurance, you can have peace of mind knowing

- Coverage is guaranteed issue - no evidence of insurability required at initial enrollment.
- Benefits are paid directly to you unless assigned to someone else.
- Benefits are paid in addition to any other coverage.
- Hospital Admission requires a minimum confinement of 24 hours

Plan Features	Plan Pays
ER Service	\$200
Urgent Care / Physician's Office	\$100
X-ray	\$200
Ambulance	\$200 Ground / \$600 Air
Dislocation/Fracture Benefit	Up to \$4,000
Hospital Admission/Daily Benefit	\$1,000 / \$200 up to 365 days
Accident Follow-Up	\$100
Lacerations	Up to \$100
Burns	Up to \$1,000
Wellness Benefit (OPH) "Outpatient Physician's Rider"	\$50 up to twice per person, max of 4 per family per calendar year for covered health screenings or exams

Group Accident Premiums Per Pay Period

Employee Only	\$5.83
Employee & Spouse	\$10.08
Employee & Child(ren)	\$17.97
Family	\$24.09

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Critical Illness

Allstate

Group Critical Illness Insurance

Critical Illness insurance provides a lump sum benefit to help you cover the out-of-pocket expenses associated with a critical illness diagnosis.

With Allstate’s Group Critical Illness Insurance, you can have peace of mind knowing you’re covered in the event of:

Covered 100%

- Heart Attack
- Stroke, Coma
- Invasive Cancer
- Major Organ Transplant
- End Stage Renal Failure
- Advanced Parkinson’s
- Advanced Alzheimer’s
- Benign Brain Tumor
- Loss of Sight, Hearing or Speech
- Permanent Paralysis

Covered 25%

- Carcinoma in Situ
- Coronary Artery Bypass

Skin Cancer \$250

Plan Features	Employee	Spouse	Dependent
Coverage	\$10,000 or \$20,000	50% of Employee’s Elected Benefit	50% of Employee’s Elected Benefit
Guarantee Issue	\$20,000	\$10,000	\$10,000
Reoccurrence	6-month separation period between initial diagnosis of a new or reoccurring critical illness or cancer diagnosis		
Pre-Existing	No Pre-Existing Waiting Period		
Wellness Benefit	\$50 - Once per person per calendar year Must complete a covered health screening or exam		

[Download the Full Plan Summary](#)

Critical Illness Rates

Allstate

Employee Coverage - \$10,000 Uni-Tobacco Rates Per Pay Period

Age	Employee EE + CH	Employee + Spouse/Family
18-24	\$1.38	\$2.40
25-29	\$1.74	\$2.94
30-34	\$2.37	\$3.91
35-39	\$3.47	\$5.58
40-44	\$4.80	\$7.61
45-49	\$6.74	\$10.59
50-54	\$9.39	\$14.61
55-59	\$12.48	\$19.32
60-64	\$17.77	\$27.38
65-69	\$24.90	\$38.22
70-74	\$33.92	\$51.94
75-79	\$42.88	\$65.47
80+	\$60.19	\$91.47

Dependent Coverage Included at no additional charge

Employee Coverage - \$20,000 Uni-Tobacco Rates Per Pay Period

Age	Employee EE + CH	Employee + Spouse/Family
18-24	\$2.11	\$3.47
25-29	\$2.80	\$4.53
30-34	\$4.04	\$6.40
35-39	\$6.16	\$9.62
40-44	\$8.76	\$13.56
45-49	\$12.57	\$19.31
50-54	\$17.71	\$27.08
55-59	\$23.75	\$36.22
60-64	\$34.11	\$51.87
65-69	\$48.04	\$72.94
70-74	\$65.74	\$99.66
75-79	\$83.48	\$126.34
80+	\$118.00	\$178.18

Dependent Coverage Included at no additional charge

Hospital Indemnity

The Standard

Group Hospital Indemnity Insurance

An inpatient stay in the hospital is expensive, and there may be additional costs unrelated to your stay such as having a baby or missing work. Hospital Indemnity coverage pays a cash benefit when you are continuously confined to a hospital for 20 or more hours. You can use the monies to pay for medical bills not covered by insurance, or in any way you see fit.

With The Standard's Hospital Indemnity Insurance, you can have peace of mind knowing:

- Benefits from a Hospital Indemnity plan can be used to assist you in paying deductibles, coinsurance, out-of-network costs, daily living expenses, etc.
- Benefits are paid regardless of other coverage and this plan is compatible with Health Savings Accounts.

Benefits Include

Hospital Admission <i>20-hour minimum</i>	\$1,000
Daily Hospital Benefit <i>Up to 31 Days</i>	\$100 per day
Intensive Care <i>Up to 31 days</i>	\$200 per day
Guarantee Issue	Yes
Pre-Existing	N/A
Maternity Waiting Period	N/A

Hospital Indemnity Premiums Per Pay Period

Employee Only	\$6.94
Employee & Spouse	\$15.37
Employee & Child(ren)	\$13.57
Family	\$23.52

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Legal & ID Theft Protection

LegalShield / IDShield

Legal & ID Protection Services For A Low Monthly Cost

LegalShield Membership

- › **Gain access to attorneys** for personal Legal advice on contracts, will preparation, moving traffic violations and so much more!
- › **Dedicated National Law Firms** with direct access, NO CALL CENTER!
- › **Advice & Consultations** Phone consultations, letters and phone calls made on your behalf
- › **Document Review** up to 15 pages each
- › **Income Tax Audit Services**
- › **Trial Defense (Civil)** when named defendant in a covered civil lawsuit
- › **Uncontested Divorce, Separation, Adoption and/or Name Change Representation**
- › **Provides 24/7/365** Emergency legal access for covered emergencies.
- › **25% Member Discounts** available for additional services.

IDShield Membership

- › **Continuous Credit Monitoring** through TransUnion Credit reporting
- › **Privacy Management** One-on-one consultation on online privacy issues
- › **Financial Monitoring** of personal financial accounts
- › **Identity Theft Reimbursement:** You never have to worry about covering the costs of ID theft. IDShield offers a \$1 million protection policy that covers any out-of-pocket expenses for lost wages, legal defense fees, stolen funds and more!
- › **Unlimited Service Guarantee** doing whatever it takes to restore your identity, even pre-existing issues.
- › **Provides 24/7/365** live support for identity theft emergencies.
- › **Gun Owner Supplement - For an additional \$14.95 per month, you can add gun owner protection.**

	<u>Monthly Premiums</u>	
	Employee Only	Employee + Dependents
LegalShield Only	\$21.95	\$21.95
IDShield Only	\$12.95	\$22.95
LegalShield & IDShield	\$34.90	\$41.90

[↓ Download the Full Plan Summary](#)

Pet Insurance

Pets Best

Plan Overview

BestBenefit Plan Coverage	Essential	Plus	Elite
Annual Coverage Limit for Unexpected Accidents and Illnesses	\$5,000 - Unlimited	\$5,000 - Unlimited	\$5,000 - Unlimited
Annual Deductible Options	\$50 - \$1,000	\$50 - \$1,000	\$50 - \$1,000
Reimbursement Percentage Options*	70% - 90%	70% - 90%	70% - 90%
Accidents, Illnesses, Cancer, Hereditary Conditions, Emergency Surgeries & Rx Meds	✓	✓	✓
Accident & Illness Exam Fees associated with the diagnosis of your pet for an eligible injury or illness. This is not intended to cover routine exams		✓	✓
Rehabilitative, Acupuncture & Chiropractic Coverage to treat eligible injuries and illnesses			✓
Optional Routine Care <i>Available with BestBenefit plan only</i>	Coverage to help pay for regular and expected veterinary visits. Please see Wellness Plans Summary for pricing information.		

The price of the BestBenefit plans vary on location, age and breed of pet. As with all pet insurance companies, pre-existing conditions are not covered.

**50% and 60% reimbursement levels available in CA. Deductible up to \$2,000 available in CA.*

Coverage applies to conditions that are determined not to be pre-existing. Claim administration is subject to all terms, conditions, limitations and exclusions in the policy. Please review policy form for complete details.

[Download the Full Plan Summary](#)

Cost of Coverage

January 1, 2025 - December 31, 2025

Medical Traditional Plan

Status	Total Premium Per Month	Grand County's Contribution Per Month	Employee Cost Per Month	Employee Cost Per Pay Period (24)
Employee Only	\$935.05	\$835.59	\$99.46	\$49.73
Two-Party	\$1,776.37	\$1,614.07	\$162.30	\$81.15
Family	\$2,664.71	\$2,425.93	\$238.78	\$119.39

Medical High Deductible Health Plan

Status	Total Premium Per Month	Grand County's Contribution Per Month	Employee Cost Per Month	Employee Cost Per Pay Period (24)	Monthly Employer HSA Contribution
Employee Only	\$735.10	\$735.10	\$0.00	\$0.00	\$100
Two-Party	\$1,397.09	\$1,397.09	\$0.00	\$0.00	\$200
Family	\$2,095.40	\$2,095.40	\$0.00	\$0.00	\$200

Health Savings Account - National Benefit Services 2025 HSA Contributions

Status	Grand County HSA Contributions	Employee Maximum HSA Contribution	IRS Maximum HSA Contributions for 2025
Employee Only	\$100 month/ \$1,200 year	\$3,100	\$4,300
Two-Party	\$200 month/ \$2,400 year	\$6,150	\$8,550
Family	\$200 month/ \$2,400 year	\$6,150	\$8,550

***At age 55, an additional \$1,000 contribution is allowed annually. Funded monthly.**

Dental

Status	Total Premium Per Month	Grand County's Contribution Per Month	Employee Cost Per Month	Employee Cost Per Pay Period (24)
Employee Only	\$35.53	\$35.53	\$0.00	\$0.00
Two-Party	\$63.84	\$63.84	\$0.00	\$0.00
Family	\$126.21	\$126.21	\$0.00	\$0.00

Cost of Coverage

January 1, 2025 - December 31, 2025

Vision

Status	Total Premium Per Month	Grand County's Contribution Per Month	Employee Cost Per Month	Employee Cost Per Pay Period (24)
Employee Only	\$5.02	\$5.02	\$0.00	\$0.00
Employee + 1	\$9.69	\$9.69	\$0.00	\$0.00
Family	\$15.39	\$15.39	\$0.00	\$0.00

Basic Life & LTD - Lincoln Financial

Paid 100% by Grand County

Voluntary Life & AD&D - Lincoln Financial

Paid 100% by the Employee

Accident & Critical Illness - Allstate

Paid 100% by the Employee

Hospital Indemnity - The Standard

Paid 100% by the Employee

Legal & ID Theft Protection - LegalShield

Paid 100% by the Employee

Pet Insurance - Pets Best

Paid 100% by the Employee

GRAND COUNTY

This Employee Benefits Guide was created for the employees of Grand County by GBS Benefits.