

Employee Benefit Guide

2025

PLAN YEAR

July 1, 2025

to

June 30, 2026

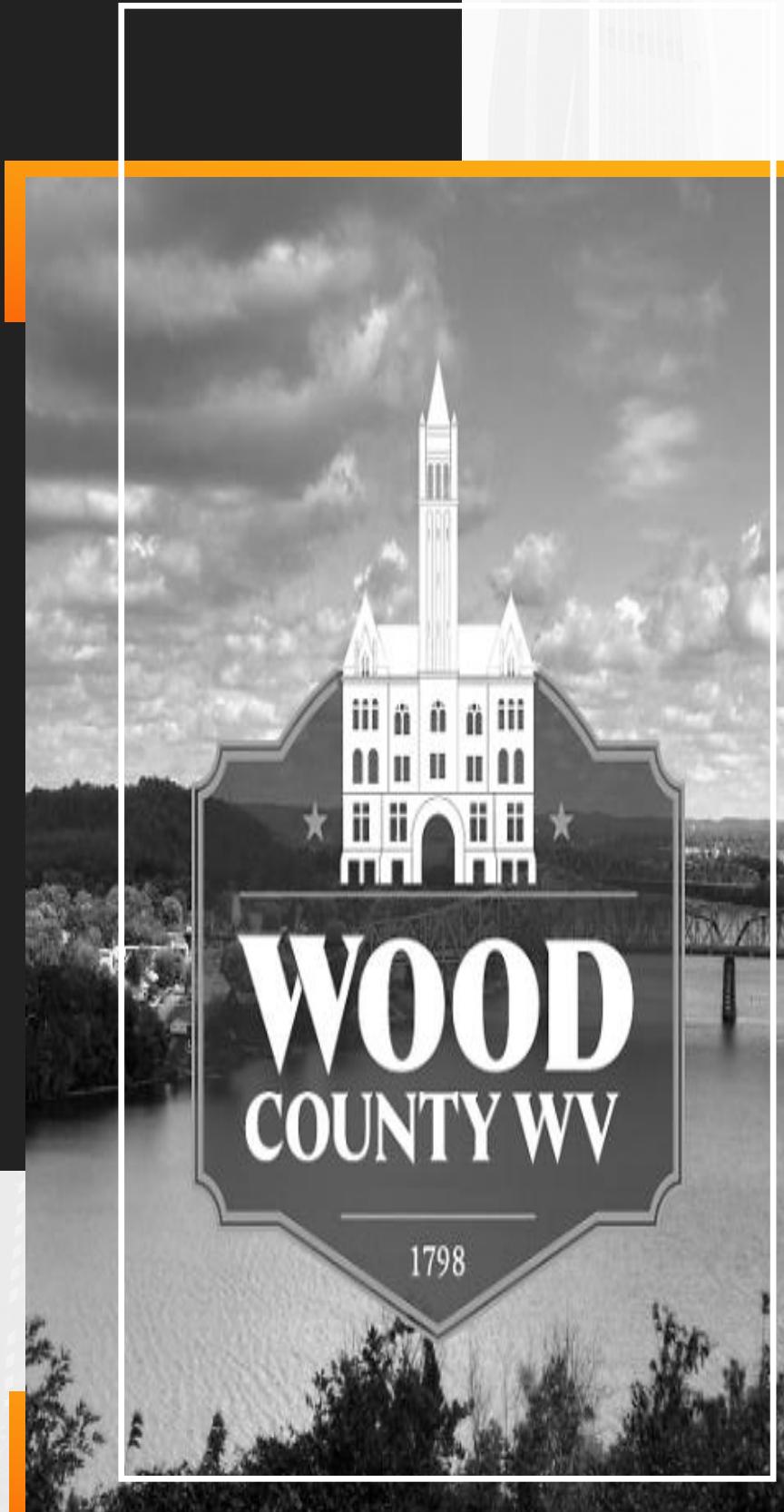


Table of CONTENTS

01	SCHWENDEMAN AGENCY DISCLAIMER
02	CLIENT ADVOCACY SERVICES
03	ELIGIBILITY
04	ENROLLMENT & QUALIFYING EVENTS
05	SPOUSAL SURCHARGE
06	FLEXIBLE SPENDING ACCOUNT
07	HEALTH REIMBURSMENT ACCOUNT
08-10	MEDICAL AND PHARMACY SUMMARY
11	DENTAL SUMMARY
12	VISION SUMMARY
13-14	WELL360 & GROUP WEBSITE
15	BASIC TERM LIFE SUMMARY
16-17	VOLUNTARY LIFE RATES AND SUMMARY
18	LONG-TERM DISABILITY SUMMARY
19	SHORT-TERM DISABILITY SUMMARY

Schwendeman Agency

This Handbook is intended only to be used by employees of
Wood County Commission
(hereinafter referred to as “Wood County”).

DISCLAIMER

This employee benefits guide presents an overview of your current benefits, but it is not a contract.

This guide does not include all plan rules and details and is not to be considered a summary plan description or a certificate of coverage of all your benefits.

The terms of your benefits are governed by legal plan documents including insurance contracts.

If there is any differences between the benefit described in this guide and the legal plan documents and/or insurance contracts, the legal plan documents and/or insurance contracts have the final authority.

Your employer reserves the right to change, discontinue or terminate the benefit plans at any time.



Client Advocacy



Wood County employees have access to the **Schwendeman Agency, Inc. Advocacy Team** to provide help with questions involving claims, coverage, enrollment and all other concerns regarding your employee benefits. Our advocacy team is made up of trained professionals who understand your benefits plan and are highly dedicated to providing solutions to your problems.

Contact Information

info@schwendeman.com

Account Managers:

Jessie Hembree - j.hembree@schwendeman.com

Kris Davis - k.davis@schwendeman.com

Client Advocates:

Heather Delaney - h.delaney@schwendeman.com

Jenny McAtee - j.mcatee@schwendeman.com

Benefits	Provider	Group Website	Customer Service
Medical/HRA/FSA	Highmark BCBS	9068742	888.809.9121
Dental	United Concordia	925839-000	800.332.0366
Vision-Choice Network	VSP	12023866	800.877.7195
Group Basic Life, Voluntary Life, AD&D, Short- & Long-Term Disability, EAP	Mutual of Omaha	G000BKB9	800.523.2233

Benefit Eligibility

Determine your Eligibility.

To determine the benefits for which you may be eligible, please refer to the chart below. You are eligible to participate in these plans upon meeting each plan's eligibility requirements. You also have the option to enroll your eligible dependents in some of these plans.

Eligible Dependents may include:

Medical

- Your legal spouse
- You or your Spouse's child who is under age 26, including a natural child, stepchild, a legally adopted child, a child placed for adoption or a child for whom you or your Spouse are the legal guardian
- An unmarried child aged 26 or over who is or becomes disabled and dependent upon you
- A child for whom health care coverage is required through a Qualified Medical Child Support Order or other court administrative order.

Dental

- Your legal spouse
- Your children. For a child to be eligible, they must be:
 - Less than 26 years of age (ends on the day the dependent turns 26)
 - The natural child, stepchild or adopted child of the subscriber

Vision

- Your legal spouse
- Your children. For a child to be eligible, they must be:
 - Less than 19 years of age, unless enrolled as a full-time student at which coverage will end at 23 years of age.
 - The natural child, stepchild or adopted child of the subscriber

Benefit Type	Eligibility	Waiting Period
Medical & Pharmacy Vision and Dental, Life Insurance & AD&D, Long & Short-Term Disability	Employees working 30 hours or greater per week	30 days from the date of hire beginning on the 1 st of the following month if after the 1 st of the month they become eligible

Enrollment, Making Changes & Qualifying Events

Enrollment Details

Making Changes to your Benefits

The Section 125 Plan year is from July 1 – June 30 each year.

Your election to participate in Medical, Dental, and/or Vision, will constitute your election to participate under the Premium Only plan on a pre-tax basis.

A Section 125 Premium Expense plan allows you to pay for your portion of the health insurance premium on a pre-tax basis.



Important Note: The deductible year is from July 1st – June 30th

What is a Qualifying Event?

The following events qualify for a mid-year change in coverage:

- Marriage
- Ineligibility of a dependent
- Divorce or legal separation
- Loss of coverage
- Birth

- An Employee may drop coverage if their hours drop below 30 hours/week on average, even if the Employee does not lose eligibility for coverage due to Affordable Care Act rules on eligibility
- Change in your or your spouse's employment status or an increase or decrease in hours worked
- Adoption or Placement for Adoption
- A Qualified Medical Child Support Order or similar court order
- Death of a dependent
- Entitlement to Medicare or Medicaid

Employee Responsibilities:

Employees that experience a qualifying event must notify the administration office within 30 days of the qualifying event.

Spousal Waiver



Wood County
Commission

Part of the cost of employment includes the cost of health insurance benefits. Many employers are not held responsible for their fair share of this cost. By implementing a spousal waiver policy, it will save the Wood County plan money and will help enable us to continue to offer excellent health insurance coverage.

If your spouse has coverage available through their employer, then they will have to take that coverage as primary coverage. If you elect to keep your spouse on Wood County coverage when other coverage is available through their employer, a \$20 a month surcharge will be added in addition to your monthly insurance contribution. If your spouse works, but the company does not offer health insurance, or if your spouse does not work, you will not be affected by the spousal waiver policy. Your children may remain on the Wood County plan.

Because of this change in coverage at Wood County as primary, it is viewed as a "qualifying event" therefore your spouse's employer must let your spouse enroll. Wood County will provide a letter of support for your spouse to present to their employer.

There will be a form for you to complete each enrollment year indicating if your spouse has coverage. If you do not give accurate information, at the time of enrollment, the following may occur: It will make your spouse ineligible for Wood County health insurance; falsification may result in disciplinary action up to and including termination of employment. Additionally, your spouse may have difficulty obtaining coverage with their employer because they missed the opportunity for enrollment under the qualifying event rule.

Should you have a change in your availability of coverage or a change in employment status, you must notify the Human Resources Manager within 30 days of the date this change occurred.

If you have any questions, please contact Human Resources. Thank you.

FSA Plan Overview

Flexible Spending Account (FSA)

The Wood County Commissioner provides eligible employees an option to enroll in an FSA administered by Highmark BCBS.

An FSA allows you to set aside pre-tax money from your paycheck to help pay for qualified medical expenses, such as copays, deductibles, coinsurance and even prescription, dental and vision expenses.

FSA Advantages:

- ◆ Contribute pre-tax dollars from your paycheck
- ◆ Your full contribution amount is available at the start of the plan year
- ◆ You can use this account to pay for qualified medical expenses for you, your spouse, and/or your tax dependents
- ◆ You can elect up to the IRS Maximum of \$3,300
- ◆ You can roll-over up to \$660 of unused funds into the next plan year

Other Features:

Mobile App Access: Manage your account on the go with Highmark's free and secure mobile app Online Personal Dashboard: Easily access your account balance, pay claims, view messages, and use Highmark's educational tools and resources

Messaging: Stay informed about your account with personalized messages (email/text) throughout the plan year about:

- ◆ Account Balance
- ◆ Claim Status
- ◆ Claim Submission Deadlines

When you sign up for a health care FSA, you will receive a welcome communication that guides you to register and to get started managing your account.

Note:

Wood County FSA coverage contains 2 separate parts to their FSA coverage that allows members the opportunity to use and not lose the maximum amount of dollars permitted under IRS.

These 2 additional parts to the spending account are detailed below:

1. Your FSA account allows **roll-over**. This amount is set by IRS guidelines annually. For 2026 it is \$660. This amount is in addition to your newly elected amount that starts on 7/1/2025. These additional funds must be used by end of your plan year of 6/30/2026.
2. You are permitted a **grace period**. Three additional months starting on 6/30/2025 are permitted to submit claims from the prior year. Any unused funds over the \$660, that would normally be forfeited, may be used to pay any run-out claims until 9/30/2025. On 10/1/2025 any unused funds will be forfeited back to Wood County Commissioners. This extension is permitted to allow you to maximize your account spending before losing any remaining funds at the end of your plan year of 6/30/2026.

HRA Plan Overview

Health Reimbursement Arrangement (HRA)

The Wood County Commission provides a Health Reimbursement Arrangement designed to assist members and their families offset the cost of the Highmark Medical Plan in-network deductibles. The Health Reimbursement Arrangement is administered by Highmark BCBS.

HRA In-Network Deductible Single Contract Cost Share:

- The employee is responsible to pay the first \$500 of in-network medical deductible
- The employer's HRA is responsible to pay the next \$6,250 of in-network medical deductible
- The employee is responsible to pay the last \$250 of in-network medical deductible

Therefore, the total employee in-network deductible cost share is \$750.

HRA In-Network Deductible Family Contract Cost Share:

- The Family is responsible to pay the first \$1,000 of in-network medical deductible
- The employer's HRA is responsible to pay the next \$12,500 of in-network medical deductible
- The employee is responsible to pay the last \$500 of in-network medical deductible

Therefore, the total family in-network deductible cost share is \$1,500

How Your HRA Works:

After you receive medical services, simply show your medical insurance card to your provider. These health care providers will send a claim to your insurance. After your insurance processes the claim, you may still owe money for your share of the expense. These **medical claims** will be **automatically submitted to your HRA** for payment, this automatic process is called autojudication. Your HRA will pay the employer's share to the provider automatically. You will not need to do anything to make this happen.

Your full annual **HRA account balance is available** to you on the **first day of the plan year**. You can check and review your claims and balances by creating a member account on **www.Highmark.com**





Medical & Pharmacy Benefit Summary

Preferred Provider Organizations Plan (PPO) is a type of plan that offers lower deductibles and out of pocket maximums. The monthly premium is higher because these type of plans offer first dollar copays and lower deductibles, meaning you don't have to meet your deductible before you pay copays for services.

MEDICAL SUMMARY- PPO

Medical Benefits	In-Network	Out-of-Network
Deductible		
Single	\$7,000	\$14,000
Family	\$14,000	\$28,000
Coinurance	0%	20%
Out-of-Pocket Maximum		
Single	\$9,200	Not Applicable
Family	\$18,400	Not Applicable
Physician Office Visit		
Primary Care/ Telehealth	\$15 Copay	\$15 Copay + Coinsurance
Specialist/Telehealth	\$15 Copay	\$15 Copay + Coinsurance
Preventative Care/ Screenings	No Charge	Deductible then Coinsurance
Diagnostic Test (X-ray, blood work)	Deductible then No Charge	Deductible then Coinsurance
Imaging (CT/PET scans, MRIs)	Deductible then No Charge	Deductible then Coinsurance
Telemedicine (24/7 Virtual Care)	\$10 Copay	Not Covered
Hospital Services		
Facility Fee (e.g., hospital room) <i>(preauthorization may be required)</i>	Deductible then No Charge	Deductible then Coinsurance
Physician/Surgeon Fee <i>(preauthorization may be required)</i>	Deductible then No Charge	Deductible then Coinsurance
Emergency Services		
Urgent Care	\$35 Copay	Deductible then Coinsurance
Emergency Room <i>(waived if admitted)</i>	\$150 Copay	\$150 Copay
Emergency Ambulance Services	No Charge	No Charge
Non-Emergency Services	Deductible then No Charge	Deductible then Coinsurance
Mental Health		
Inpatient Mental Health	Deductible then No Charge	Deductible then Coinsurance
Outpatient Mental Health	Deductible then No Charge	Deductible then Coinsurance
Other Services		
DME & Prosthetics <i>(preauthorization may be required)</i>	Deductible then No Charge	Deductible then Coinsurance
Physical Therapy	\$15 Copay	\$15 Copay + Coinsurance
Occupational Therapy	\$15 Copay	\$15 Copay + Coinsurance
Speech Therapy	\$15 Copay	\$15 Copay + Coinsurance
Home Health Care	Deductible then No Charge	Deductible then Coinsurance
Cardiac Rehabilitation	Deductible then No Charge	Deductible then Coinsurance
Skilled Nursing Care	Deductible then No Charge	Deductible then Coinsurance
Hospice Services	Deductible then No Charge	Deductible then Coinsurance

*YOU CAN ACCESS 24/7 VIRTUAL CARE SERVICES WITHIN THE SYDNEY MOBILE APP OR BY GOING ONLINE TO WWW.ANTHEM.COM/REGISTER TO CREATE AN ACCOUNT

PHARMACY SUMMARY- PPO

National Plus Pharmacy Network

	IN-NETWORK RETAIL & MAIL ORDER PHARMACY	IN-NETWORK RETAIL & MAINTENENCE MAIL ORDER PHARMACY	OUT-OF-NETWORK PHARMACY
	UP TO 34-DAY SUPPLY	35-90-DAY SUPPLY	
TIER 1	\$5 Copay	\$15 Copay	
TIER 2	\$25 Copay	\$75 Copay	
TIER 3	\$50 Copay	\$150 Copay	
SPECIALTY	\$200 Copay	\$200 Copay	NOT COVERED

- If you choose **Brand** over **Generic**, you will pay the difference between the Brand and Generic Allowance, in addition to your Coinsurance, unless the physician writes "brand necessary" (DAW) on the prescription, or if no generic equivalent exists.
- Cost-Share for **Insulin Drugs** will not exceed **\$35** for a 30-day supply
- Cost-sharing for **Diabetic Devices** will not exceed \$100 for a 30-day supply
- Prescription deductibles, copayments and/or coinsurance amounts apply to the Total Maximum Out-of- Pocket
- **Specialty Drugs** are limited to a 34 days supply for Retail and Mail Order

Benefit Maximums		
Per Calendar Year		
Home Health Care		100 Visits
Private Duty Nursing		35 Visits
Physical Therapy		30 Visits
Occupational Therapy		30 Visits
Chiropractic Care		30 Visits
		COMBINED BENEFIT
<i>(Spinal manipulation, 30 visits per chronic pain event)</i>		

-Dental Summary

Effective Date: July 1, 2025

Network: Elite Plus

Benefit Category	CONCORDIA FLEX PLAN	
	In-Network	Non-Network
Class I - Diagnostic/Preventive Services		
Exams		
Bitewing X-rays		
All Other X-rays		
Cleaning & Fluoride Treatments	100%	100%
Sealants		
Space Maintainers		
Palliative Treatment		
Class II - Basic Services		
Basic Restorative (Fillings)		
Simple Extractions		
Endodontics		
Nonsurgical Periodontics	80%	80%
Surgical Periodontics		
Complex Oral Surgery		
General Anesthesia		
Class III - Major Services		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Inlays, Onlays, Crowns		
Prosthetics (Bridges, Dentures)	50%	50%
Implants		
Orthodontics for dependent children to age 19		
Diagnostic, Active, Retention Treatment	50%	50%
Included Plan Features	<ul style="list-style-type: none"> Earn Tuition Rewards® points redeemable for tuition discounts Receive 2,000 at signup, then 2,000 points/year Each child enrolled receives a one-time bonus of 500 Tuition Rewards points One Tuition Rewards point = \$1 reduction in full tuition Use Tuition Rewards points at participating private colleges and universities 	
The College Tuition Benefit® - College Savings Program⁵	<ul style="list-style-type: none"> Covers 1 additional periodontal maintenance per year and all are covered at 100% Scaling and root planning are covered at 100% 4 periodontal surgery procedures are covered at 100% 	
Smile for Health®--Wellness <i>Provides periodontal care for people with certain chronic medical conditions: diabetes, heart disease, lupus, oral cancer, organ transplant, rheumatoid arthritis and stroke</i> <i>Pregnancy is also a covered condition</i>	<ul style="list-style-type: none"> Covers 1 additional cleaning during pregnancy in addition to the benefits listed for Smile for Health®--Wellness 	
Maximums & Deductibles (applies to the combination of services received from network and non-network dentists)		
Plan Year Deductible (per person/per family) (July 1 through June 30)	\$50/\$150 Excludes Class I & Orthodontics	
Plan Year Maximum (per person) (July 1 through June 30)	\$1,500 Excludes Orthodontics	
Lifetime Orthodontic Maximum (per person)	\$1,000	
Reimbursement	Elite Plus	90th Percentile

Find a Dentist- www.unitedconcordia.com/find-a-dentist, then select the Elite Plus Network

Vision Summary

VSP Choice Network

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP DOCTOR			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Routine retinal screening 	\$10 Up to \$39	Every 12 months
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal imaging for members with diabetes covered-in-full Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP network doctor for details. 	\$20 per exam	Available as needed
PRESCRIPTION GLASSES			
FRAME	<ul style="list-style-type: none"> \$220 Featured Frame Brands allowance \$200 frame allowance 20% savings on the amount over your allowance 	Included in Prescription Glasses	Every 24 months
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Progressive lenses Average savings of 30% on other lens enhancements 	\$0	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$140 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every 12 months
ADDITIONAL SAVINGS	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Discover all current eyewear offers and savings at vsp.com/offers. 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam. <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average of 15% off the regular price; discounts available at contracted facilities. <p>Exclusive Member Extras for VSP Members</p> <ul style="list-style-type: none"> Contact lens rebates, lens satisfaction guarantees and more offers at vsp.com/offers. Save up to 60% on digital hearing aids with TruHearing®. Visit vsp.com/offers/special-offers/hearing-aids for details. Enjoy everyday savings on health, wellness, and more with VSP Simple Values. 		

GET MORE AT PREFERRED IN-NETWORK LOCATIONS

With so many in-network choices, VSP makes it easy to maximize your benefits. Choose from our large doctor's network including private practice and retail locations. Plus, you can shop for eyewear online at Eyeconic®. Log in to vsp.com to find an in-network doctor.

Well360

Virtual Visits

Save time and get care — wherever it's convenient for you

With **VIRTUAL VISITS**, you can see a provider for symptoms & conditions from the privacy of your own home, or get prescription refills sent to your preferred pharmacy!



YOU ALSO HAVE VIRTUAL ACCESS TO:

Behavioral health

Get the care you need to feel your best. Meet with a therapist or psychiatrist for services like talk therapy and medication management.

Urgent care

Doctors are available 24/7 to treat minor injuries and ailments like colds, flu, sprains, ear pains, and more.



Well360

VIRTUAL HEALTH
is now exclusively
available in the
MY HIGHMARK
APP under the
Get Care section

Group Benefits Website



The Wood County Commissioners Benefits Portal is Now LIVE!

[HTTPS://WOODCOUNTYWELLNESS.COM/](https://woodcountywellness.com/)

This Benefits/HR portal is available for county employees to access important plan details, contract information, and helpful forms 24/7.

Login Information:

Username: woodcountywv

Password: benefits



EASY ANSWERS TO YOUR BENEFIT AND HR QUESTIONS

Basic Term Life and AD&D

Mutual of Omaha



Basic Term Life and Accidental Death & Dismemberment (AD&D) Benefits

Benefit Amount	
Basic Term Life and AD&D	Your employer provides \$10,000 Basic Term Life coverage for employees working 30 hours or more a week, \$5,000 for their Spouse and \$2,000 for eligible dependents. Your Accidental Death and Dismemberment (AD&D) coverage is equal to the amount of your life insurance benefit.
Additional Features	
Portability	Allows you to take your coverage with you if you terminate employment (Age and other restrictions may apply).
Conversion	Allows you to continue your coverage after your group plan has terminated without having to provide evidence of insurability. You will be responsible for the premium of your coverage (Restrictions may apply; refer to your certificate of benefits).
Waiver of Premiums	Allows for your premium payments to continue to be covered in the event you become totally disabled before the age of 60 and still under the policy. You must remain totally disabled during the 6-month elimination period before premium payments cease; subject to approval. You must provide proof of total disability within the 12-months after the date you became totally disabled and continue to do so annually. Benefit discontinues at age 65.

Your Basic Life Coverage comes with the following services. Refer to the policy for details:

Travel Assistance- provides assistance for travel over 100 miles from home or outside the country.
EAP- Employee Assistance Program that provided resources to you and your loved ones. Call 1.800.316.2796 to access services or visit www.mutualofomaha.com/eap.

Hearing Discount Program- Provides discounts on hearing products for you and your family. Call 1.888.534.1747 or visit www.amplifonusa.com/mutualofomaha to learn more.

Will Prep Services- Epoq, Inc, offers employees online will prep tools. Visit www.willprepservices.com to get started.

Voluntary Term Life & AD&D

Mutual of Omaha



Voluntary Term Life and Accidental Death & Dismemberment (AD&D)

Benefit Amount	
Employee Voluntary Term Life	You may elect an amount in increments of \$10,000 up to \$300,000 (Guarantee Issue); 5x your annual earnings up to \$100,000, whichever is less. This benefit is only available upon your initial hire.
Spousal Voluntary Term Life	You may elect to have your spouse insured for an amount in increments of \$10,000 up to \$30,000. Insured amount may not exceed 100% of the elected employee coverage. Coverage will terminate at age 70.
Child(ren) Voluntary Term Life	You may elect to have your child(ren) insured for an amount in increments of \$10,000 up to \$10,000. Insured amount may not exceed 100% of the elected employee coverage. Each dependent must carry the same amount of insurance.
Reduction Schedule	Voluntary Life Insurance and AD&D benefit amounts will both reduce by 65% at age 65, and 50% at age 70,
Additional Benefits	
Portability	Allows you to take your coverage with you if you terminate employment. (Age and other restrictions may apply including evidence of insurability).
Conversion	Allows you to continue your coverage after your group plan has terminated. (Restrictions may apply; refer to your certificate of benefits).
Waiver of Premiums	Premium will not need to be paid if you are totally disabled. (For employees disabled prior to age 60, with premiums waived until age 65, if conditions are met).
Accelerated Death Benefit	A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan.
Annual Benefit Increase	If you enroll for even the minimum amount of coverage during your initial enrollment, you have the ability to increase your coverage at your next enrollment by up to \$20,000, provided the total amount of insurance does not exceed your maximum benefit amount.

Voluntary Life & AD&D

MUTUAL OF OMAHA



Amounts /Age	0-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
\$10,000	\$0.40	\$0.45	\$0.55	\$0.90	\$1.15	\$1.70	\$2.80	\$3.75	\$6.35	\$10.30	\$25.00	\$50.00
\$20,000	\$0.80	\$0.90	\$1.10	\$1.80	\$2.30	\$3.40	\$5.60	\$7.50	\$12.70	\$20.60	\$50.00	\$100
\$30,000	\$1.20	\$1.35	\$1.65	\$2.70	\$3.45	\$5.10	\$8.40	\$11.25	\$19.05	\$30.90	\$75.00	\$150
\$40,000	\$1.60	\$1.80	\$2.20	\$3.60	\$4.60	\$6.80	\$11.20	\$15.00	\$25.40	\$41.20	\$100	\$200
\$50,000	\$2.00	\$2.25	\$2.75	\$4.50	\$5.75	\$8.50	\$14.00	\$18.75	\$31.75	\$51.50	\$125	\$250
\$60,000	\$2.40	\$2.70	\$3.30	\$5.40	\$6.90	\$10.20	\$16.80	\$22.50	\$38.10	\$61.80	\$150	\$300
\$70,000	\$2.80	\$3.15	\$3.85	\$6.30	\$8.05	\$11.90	\$19.60	\$26.25	\$44.45	\$72.10	\$175	\$350
\$80,000	\$3.20	\$3.60	\$4.40	\$7.20	\$9.20	\$13.60	\$22.40	\$30.00	\$50.80	\$82.40	\$200	\$400
\$90,000	\$3.60	\$4.05	\$4.95	\$8.10	\$10.35	\$15.30	\$25.20	\$33.75	\$57.15	\$92.70	\$225	\$450
\$100,000	\$4.00	\$4.50	\$5.50	\$9.00	\$11.50	\$17.00	\$28.00	\$37.50	\$63.50	\$103	\$250	\$500

SPOUSE PREMIUM TABLE
(24 PAYROLL DEDUCTIONS PER YEAR)

Age	\$10,000	\$20,000	\$30,000
0 - 29	\$0.40	\$0.80	\$1.20
30 - 34	\$0.45	\$0.90	\$1.35
35 - 39	\$0.55	\$1.10	\$1.65
40 - 44	\$0.90	\$1.80	\$2.70
45 - 49	\$1.15	\$2.30	\$3.45
50 - 54	\$1.70	\$3.40	\$5.10
55 - 59	\$2.80	\$5.60	\$8.40
60 - 64	\$3.75	\$7.50	\$11.25
65 - 69	\$6.35	\$12.70	\$19.05

All CHILDREN PREMIUM TABLE
(24 PAYROLL DEDUCTIONS PER YEAR)

\$10,000
\$1.04

*Regardless of how many children you have, they are included in the "All Children" premium amounts listed in the table above

Long-Term Disability

Mutual of Omaha



Long-Term Disability Benefit

Benefit Details	
Benefit Design	If you become disabled, there is an elimination period before benefits are payable.
Monthly Benefit	60% of earnings income, with a maximum of \$6,000, and a minimum of \$100 a month.
Own Occupational Definition	3 years
Elimination Period	Your benefits begin on the later of 180 calendar days after the onset of your disabling injury or illness or the date your short-term disability ends.
Maximum Benefit Period	Dependent on Age of Disability, please see policy for details
Cost of Living	3% for 5 years
Survivor Benefit	3 months
Vocational Rehabilitation Benefit	5%

ADDITIONAL PROGRAMS

OFFERED BY THE CARRIER:

- Will Prep
- ID Theft Assistance
- Travel Assistance
- Hearing Aid Discount
- EAP

Short-Term Disability

Mutual of Omaha



Short-Term Disability Benefit

Benefit Details	
Benefit Design	You have the option to elect Short-Term Disability Coverage and pay via payroll deduction
Elimination Period	If you become disabled, there is a elimination period before benefits are payable. Your benefits begin: On the 31 st day of your disabling injury On the 31 st day of your disabling illness
Weekly Benefit	60% of weekly before-tax earnings income, with a maximum of \$1,500, and a minimum of \$25 a week.
Maximum Benefit Period	Up to 22 weeks
Minimum Monthly Benefit	\$25
Maximum Monthly Benefit	\$1,500
Additional Features	
Pre-Existing Conditions	See policy certificate
Portability	Included

ADDITIONAL PROGRAMS
OFFERED BY THE CARRIER:

- Will Prep
- ID Theft Assistance
- Travel Assistance
- Hearing Aid Discount
- EAP

Employee Benefit Guide 2025

Thank You

CONTACT

Wood County Commissioners
Office of Human Resources

#1 Court Square, Suite 205
Parkersburg, WV 26101
304.424.1852

