

Cullman County Commission

PERSONNEL DEPARTMENT

2027 Benefits Enrollment

What is a Premium Only Plan?

Federal Government Guidelines

As required by IRS regulations, contributions under the POP shown on your election form under Pretax will remain in effect and cannot be revoked or changed during the plan year, unless there is an IRS recognized qualifying event.

Must inform us of the qualifying event within 30 days & submit documentation within 60 to LGHIP.

- Premium only plans (POP) are made possible by IRS Code Section 125 Cafeteria Plan to make benefits more affordable.
- Qualified insurance premiums are taken out of your gross monthly check before taxes are calculated.
- What is considered a qualifying event ?



1. Marriage/Divorce

2. Birth of a child/adoption

3. Death of your covered Dependent, etc.

Premium Only Plan (POP)

Without Section 125	
Gross Pay	$1397.50
Pretax Deduction	**$0.00**
Taxable Gross	$1397.50
Federal	$129.83
State Taxes	$60.05
FICA	$106.91
Insurance	**$218.30**
Net Take Home Pay	**$882.41**

With Section 125	
Gross Pay	$1397.50
Pretax Deduction	**$218.30**
Taxable Gross	$1179.20
Federal	$97.09
State taxes	$50.77
FICA	$90.21
Insurance	**$0.00**
Take Home pay	**$941.13**

Savings Per Pay period……$58.72

Annual Savings……..$1409.28

Insurance Benefits



- **Health** – Blue Cross Blue Shield of AL administered through the Local Government Health Insurance Plan
- **Prescription Drugs** – Prime Therapeutics (Pharmacy Benefit Manager) for Blue Cross Blue Shield of Alabama administered through the LGHIP
- **Dental** – Blue Cross Blue Shield of Alabama (Annual max benefit $1,500)
  - *Employees should have received a separate card for their Dental Insurance Coverage beginning 1/1/2026.*
- **Vision** – VSP Blue Gold Plus Vision (Administered through BCBS)
  - Employees DO NOT receive a card for their Vision Insurance Coverage. Providers look up their vision insurance by the last four numbers of the employee's social security number.
- **Retiree Health/Dental/Vision Benefits**

2027 Health Insurance Rates

(Change in both County and Employee Contributions)

Coverage	Total Monthly Cost	County Pays	Employee Pays (Pre-Tax)	Employee Semi-Monthly (Pre-Tax)
Single Med/Rx (LGHIP) Dental Vision	$658.00 $ 30.00 $ 9.00 $697.00	$648.00 (93% of LGHIP Premium)	$49.00 (7% of LGHIP Premium)	$24.50 (-$0.50)
Family Med/Rx (LGHIP) Dental Vision	$1601.00 $ 68.00 $ 19.00 $1688.00	$1435.00 (85% of LGHIP Premium)	$253.00 (15% of LGHIP Premium)	$126.50 (-$3.50)

Regular Full-Time Employee (working minimum of 30 hours per week).

These premiums are based on the LGHIP Preferred Rates, which we received for 2027 because we meet LGHIP's 80% participation requirement for completing Wellness Screenings in 2026.

Upcoming Wellness Screenings

- **2027 Wellness Screenings** - are scheduled for the following tentative dates (could change), times, and locations:

  - Commission Meeting Room 104: Tuesday – 1/5/2027 (8:30am – 4:00pm)

**Screeners Break for Lunch from 12pm – 12:30pm*

  - East Side Road Dept: Wednesday – 1/6/2027 (6:30am – 10:30am)

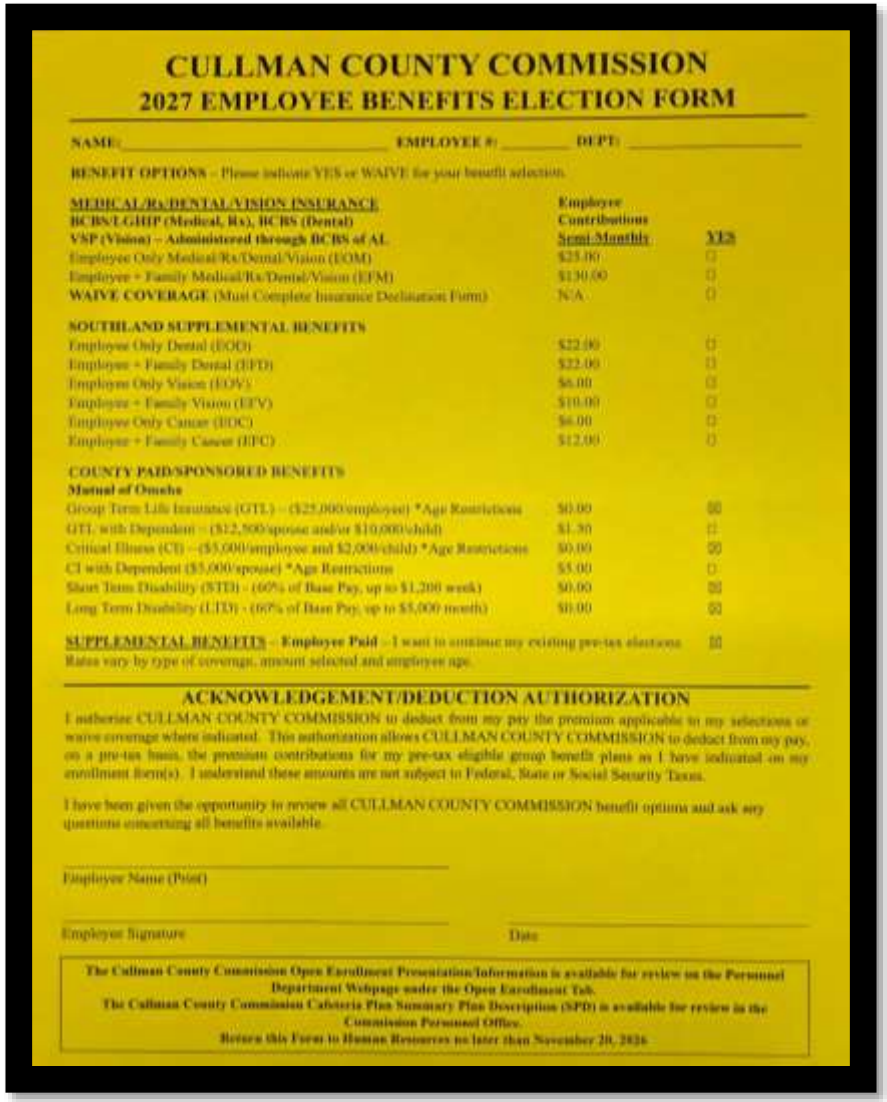
Commission Meeting Room 104: Wednesday – 1/6/2027 (12:30pm – 4:00pm)

  - West Side Road Dept: Thursday – 1/7/2027 (6:30am – 10:30am)

Sheriff's Office Training Room: Thursday – 1/7/2027 (12:30pm – 4:00pm)

* Dependents (spouse) on your health insurance Do Not need to attend a screening. Screenings are for active full-time employees only.

2027 Benefit Election Form



CULLMAN COUNTY COMMISSION
2027 EMPLOYEE BENEFITS ELECTION FORM

NAME:_____ EMPLOYEE #: _____ DEPT: _____

BENEFIT OPTIONS – Please indicate YES or WAIVE for your benefit selection.

MEDICAL/Rx/DENTAL/VISION INSURANCE	**Employee Contributions**	
BCBS/LGHIP (Medical, Rx), BCBS (Dental)		
VSP (Vision) – Administered through BCBS of AL	**Semi-Monthly**	**YES**
Employee Only Medical/Rx/Dental/Vision (EOM)	$25.00	☐
Employee + Family Medical/Rx/Dental/Vision (EFM)	$130.00	☐
WAIVE COVERAGE (Must Complete Insurance Declination Form)	N/A	☐
SOUTHLAND SUPPLEMENTAL BENEFITS		
Employee Only Dental (EOD)	$22.00	☐
Employee + Family Dental (EFD)	$22.00	☐
Employee Only Vision (EOV)	$6.00	☐
Employee + Family Vision (EFV)	$10.00	☐
Employee Only Cancer (EOC)	$6.00	☐
Employee + Family Cancer (EFC)	$12.00	☐
COUNTY PAID/SPONSORED BENEFITS		
Mutual of Omaha		
Group Term Life Insurance (GTL) – ($25,000/employee) *Age Restrictions	$0.00	☒
GTL with Dependent – ($12,500/spouse and/or $10,000/child)	$1.30	☐
Critical Illness (CI) – ($5,000/employee and $2,000/child) *Age Restrictions	$0.00	☒
CI with Dependent ($5,000/spouse) *Age Restrictions	$5.00	☐
Short Term Disability (STD) - (60% of Base Pay, up to $1,200 week)	$0.00	☒
Long Term Disability (LTD) - (60% of Base Pay, up to $5,000 month)	$0.00	☒
SUPPLEMENTAL BENEFITS – Employee Paid – I want to continue my existing pre-tax elections		☒

Rates vary by type of coverage, amount selected and employee age.

ACKNOWLEDGEMENT/DEDUCTION AUTHORIZATION

I authorize CULLMAN COUNTY COMMISSION to deduct from my pay the premium applicable to my selections or waive coverage where indicated. This authorization allows CULLMAN COUNTY COMMISSION to deduct from my pay, on a pre-tax basis, the premium contributions for my pre-tax eligible group benefit plans as I have indicated on my enrollment form(s). I understand these amounts are not subject to Federal, State or Social Security Taxes.

I have been given the opportunity to review all CULLMAN COUNTY COMMISSION benefit options and ask any questions concerning all benefits available.

_____
Employee Name (Print)

_____ _____
Employee Signature Date

The Cullman County Commission Open Enrollment Presentation/Information is available for review on the Personnel Department Webpage under the Open Enrollment Tab.
The Cullman County Commission Cafeteria Plan Summary Plan Description (SPD) is available for review in the Commission Personnel Office.
Return this Form to Human Resources no later than November 20, 2026



1) If you are not changing any of the benefits listed on the election form, just sign the form and return to HR.
2) If you would like to change anything, please contact Personnel to go over what documents are needed and to schedule an appointment.

ALL OPEN ENROLLMENT FORMS ARE DUE BACK TO THE PERSONNEL DEPARTMENT NO LATER THAN 11/20/2026

Paid Leave Benefits

- Annual Leave* – 104 to 208 hours per year (based on years of service) (Capped at 480 annually)
- Sick Leave* – 104 hours per year (Capped at 480 annually if hired/re-hired on or after 10/1/2016)
- Holidays* – 14 paid holidays per year (2 are upon designation by the Governor)
- Jury Duty* – Granted for hours served
- Bereavement Leave* – Up to 3 days leave for death of immediate family member (see handbook for list)
- Military Leave* – Up to 21 work-days per calendar year

*Pro-rated for certain full-time employee classifications working less than 40 hour work week schedule

County Paid/Sponsored Benefits

- **County Paid Benefits:**
  - Retirement – RSA (Tier 1 or Tier 2 based on service date)
    - Tier 1 and 2 employee contribution is 7.5% (8.5% for APOST certified officers) (County pays 10.23% for Tier 1 and 10.88% for Tier 2)
  - Longevity Pay – Based on years of service (Payout in October)
  - Incentive Pay – 5% for Military Service or Associate Degree; 10% for Bachelors Degree (or higher) - Some exclusions apply
  - AirMedCare – Air Ambulance Service (Coverage ends upon termination of active employment)
  - Employee Assistance Plan (EAP) – Mutual of Omaha (Employee & Family)
  - $25,000 Employee Life Insurance and $25,000 AD&D – United of Omaha
  - $5,000 Employee Critical Illness policy – Mutual of Omaha
  - Short-term & Long-term Employee Disability Coverage – Mutual of Omaha

New County Paid/Sponsored Benefit – Health Reimbursement Arrangement (HRA)

- **What is an HRA ?** An employer funded plan that reimburses employees tax-free for qualified medical expenses such as prescriptions, co-pays, and deductibles, etc.
- **Who will receive one?** Employees who participate in the upcoming Wellness Screenings in January 2027 will receive the incentive, a preloaded HRA Debit card in the mail. Cards will be effective 2/1/2027. Also, any new hires or employees who submit a Wellness Screening Form to LGHIP from 1/1/2027 to 7/31/2027 as proof of completing a screening, will receive one too.
- **How much will the Employee receive on the HRA Debit Card?** The amount received will be based on what health insurance coverage the employee currently has as follows:

  $500 – Single Coverage

  $1,000 – Family Coverage (*Amount is shared with Dependents who receive a card*)
- **Who will Administer the HRA Debit Cards?** Employee Benefits Corporation (EBC). Personnel will receive a list from LGHIP of all the employees who participated in the Wellness Screenings, and we will send EBC the list of employees then EBC will mail the HRA cards to the employees.
- **Will an Employee have to submit documentation for every purchase?** No, not every purchase. Some merchant's systems can identify the purchase as an IRS-eligible medical expense at the point of service without the need for further documentation.

New County Paid/Sponsored Benefit – HRA - Continued

- **How do Employees submit documentation for reimbursement? How will it work?** EBC has an app, EBCentral which can be downloaded to the employee's cell phone. An employee will receive an email when there is a documentation request. An employee can take a picture of their receipt and upload it immediately to the app to full fill a documentation request. EBC will also have an on-line portal employees can also use to submit required documentation. Employees who don't have an email will be mailed the documentation requests.
  - *Forms to complete documentation requests can be download and printed from www.ebcflex/forms . Employees who need assistance with requests can contact me or Kelsey in Personnel 256-775-4879 or 256-775-4884.*
- **Do the cards expire?** Yes, benefit amount must be used by 12/31/2027. Amounts DO NOT carry over annually. Benefit is for active employees only, ends with termination of employment.

Miscellaneous Benefits/Discounts

- Cullman Wellness & Aquatics Center Discount: 10%, no enrollment fee/contract

  **Separate Discount Program at CWAC for SO employees: Contact the Aquatics Center directly for details*

- Verizon Wireless Discount: 18% discount
- AT&T Wireless Discount: 17% discount
- Travel Savings Program (Save up to 75% on travel at SnazzyTraveler.com/acca for one year)
- Discounted Tuition Rates for Wallace State Community College and Columbia Southern University

For more information, see Personnel Webpage or contact Human Resources

Voluntary Supplemental Benefits – Deferred Compensation

- **County Sponsored Benefits – Supplemental Retirement (2 Options):**
  - **RSA - 1** – Is through the Retirement Systems of Alabama (RSA). Employee can elect to invest in the following 3 options per pay period:
  1. Fixed Income – Invested in various debt instruments such as corporate bonds, US agency obligations, mortgage obligations, and commercial paper.
  2. Equity – Portfolio is invested in a S&P 500 Index Fund.
  3. Short-term investment fund (STIF) could include high-quality money market securities, US Treasury bills or notes, and US government agency notes.
  - **Nationwide 457 Plan** – Employee can elect to invest in various options (more than 3). Amount is payroll deducted per pay period. Questions about investment options, contact the County's Nationwide Representative**:**
    - **Joshua Byrd – (888) 401-5272**
    - ***Both are Pre-Tax Deductions***

Voluntary Supplemental Benefits

- **County Sponsored Benefits through the Mutual of Omaha:**
  - Employee, Spouse, and/or child Supplemental Life Insurance – Can elect extra voluntary life insurance coverage as follows:
  - Employee – up to $150,000

(Employee can increase their amount annually in $10,000 increments without an E.O.I.)

  - Spouse – up to $50,000
  - Child – up to $10,000

**Any amounts over the above guaranteed issue amounts will require an E.O.I.*

  - Dependent (Spouse and/or Children) Life Insurance (GTL/Dep) – Employee-paid Basic Life coverage, spouse ($12,500) and child(ren) ($10,000). Cost $2.60/month ($1.30 per pay period).
  - Spouse Critical Illness – Employee can elect same coverage for their spouse ($5,000) at $10.00/month ($5.00 per pay period)

(Age based reductions apply to ALL)

Voluntary Supplemental Benefits Continued

- The following supplemental benefits are payroll deducted but enrollment/changes are handled by the Agency Representative and NOT the Personnel Dept.
  - *For Open Enrollment - If you would like to add, delete or change any of the below supplemental benefits please contact the agency representative directly:*

- **Colonial Life** – Chris Culpepper – (205) 914-6586
  Cameron Dennis – (205) 533-0687
- **Liberty National** – Jason Neal - (256) 708-7979
- **Aflac** – Ricky Gibbs – (256) 338-7602

Additional Information about Prescriptions

- Employees who are having trouble with paying higher prices for their prescriptions should do the following:
  - Make sure the Provider is using the correct health insurance card, Local Government Health Insurance (LGHIP) Blue Cross Blue Shield and NOT the old BCBS Health/Dental card prior to 1/1/2027.
  - Call LGHIP's Customer Service: 334-851-6802 located on the back of their health insurance card to make sure everything is being processed correctly or if there is a coupon for the medication
  - Go to LGHIP's member.services@flexaccessrx.com to check for available coupons.
  - If all else fails, they can call the following representatives at LGHIP for assistance:
    - Marie James: 334-851-6827
    - Jessica O'Donnell: 334-851-6826