

Alachua County Benefits Open Enrollment 2026

Open enrollment is from July 1 – July 31:

- This is your annual opportunity to review your benefits and make changes for the upcoming plan year.
 - Log into the [HR portal](#) to view your current insurance elections.
 - Deductions are employee paid; benefits are employer paid.
- Open Enrollment changes must be submitted to Risk Management by July 31, 2026
- Your elections become effective on October 1, 2026 and remain in effect for the entire plan year.
- Your first payroll deduction will be deducted from the September 11, 2026 paycheck, except for FSA and supplemental benefits, which begin with the October 9, 2026 paycheck.
- The IRS requires that Open Enrollment benefit elections remain in place for the entire year unless you experience an IRS-defined change in status. A change in status, such as marriage, loss of coverage, the birth of a child, allows you to make a corresponding change to your elections, but only within 30 days of the event.

Do I need to complete any paperwork if I am not making any changes?

If you do not want to make any changes to your current coverage, you do not need to complete any paperwork.

You must [enroll](#) in the Flexible Spending Accounts each year. Your FSA enrollment is good for one year only. **Your FSA elections will stop if you do not re-enroll.** Please use the [registration instructions](#) when you enroll.

It is also important to verify the dependents on your health, dental and vision plan.

Key Changes and Highlights for 2026-27

Health Insurance

The current **Blue Options 05770** and **BlueOptions 05781** plan designs are not changing. The new premiums deductions will begin September 11, 2026.

Biweekly Premium	PPO Plan (05770)	Per pay period increase	High Deductible Plan (05781)	Per pay period increase
Employee	\$41.57	\$1.59	\$9.85	\$0.38
Employee + 1	\$197.82	\$7.60	\$121.97	\$4.69
Family	\$278.89	\$10.73	\$171.94	\$6.62

Reduction of Pet insurance premiums

New bi-weekly premiums effective October 1, 2026

	Without Wellness Benefit	With Wellness Benefit
Cat	\$8.96	\$14.62
Dog	\$19.29	\$26.63

Flexible Spending Accounts

To enroll for the 2026-27 plan year, go online to [Chard Snyder](#) and follow the [enrollment instructions](#). The maximum annual election for the medical spending accounts is \$3,400, the carryover amount will be \$680. The new annual maximum for the dependent care account is \$7,500 maximum per household.

Dependent Verification

Employees who are enrolling dependents in health insurance for the first time will have to provide copies of the required dependent verification documents and complete the [dependent verification form](#). A list of eligible dependents and accepted documents can be found [here](#). If required documents are not provided, you will not be able to enroll your dependents. A 30 day grace period will be allowed to provide the dependent verification documents.

Summary of benefits and coverage

The Summary of Benefits and Coverage is a health plan informational document required under the Affordable Care Act and will help you understand your benefits and coverage.

The Summary of Benefits and Coverage can be viewed [online](#) after July or you can request a copy by contacting Risk Management at (352) 374-5297 or (352) 337-6180.

Alachua County Benefits for 2026-27**Medical Plan: Florida Blue**

BlueOptions 05770 the traditional PPO plan and BlueOptions 05781 the high-deductible health plan with HRA will continue to be offered with no plan changes.

Dental Plans: Florida Combined Life Dental

Low, High and Plus PPO plans will be offered with no change in premium. Alachua County pays 80% of the employee only premium for all employees

Life Insurance: USABLE Life

Current life coverage will continue to be offered with no change in premium. Alachua County pays for term life coverage for all employees - 1x salary to a maximum of \$60,000.

Vision Plan: Humana

Humana Vision plan 130 will continue to be offered with no change in premium.

Flexible Spending Accounts (Medical & Dependent Care): Chard Snyder

You must make a new election every year to participate in the Flexible Spending Accounts.

To enroll go online to [Chard Snyder](#)

View the summary of the medical and dependent care plans [here](#)

Voluntary Supplemental Benefits: The Standard and Legalshield

Employee paid benefits including critical illness, accident, legal and ID theft protection

Pet Insurance: Pet Partners

[Insurance coverage](#) for your cat and/or dog

Enroll online at the [Pet Partners Portal](#)

Health Insurance –Florida Blue**Blue Options (PPO) Plan 05781** (High Deductible Health Plan with [HRA](#))

- Blue Options Provider Network
- \$1,500 per person/\$3,000 family aggregate in network calendar year deductible (DED)
- \$4,000 Individual/\$8,000 Family Calendar Year out-of-pocket Maximum (in-network)
- \$750 Single/\$1,500 Family HRA per calendar year
- Deductible for out of network services - \$3,000 Individual/\$6,000 Family
- Cost share for Out of Network Services – Deductible + 50% unless otherwise stated
- Family Physician or Specialist,
 - DED + 20% (in Network)
- Office therapy including Physical Therapy
 - DED + 20% (in Network)
- Adult Wellness
 - In-network – covered at 100% of allowed amount
 - Out-of-Network – 50% coinsurance

- Emergency Room
 - DED + 20% (in Network)
 - INN DED + 20% (out of network)
- Inpatient or Outpatient Hospital Facility per visit
 - Option 1 - DED + 20%
 - North Florida Regional
 - Option 2 – DED + 20%
 - Shands
- Ambulatory Surgical Center
 - DED + 20%
- Advanced Imaging (MRI, MRA, PET, CT & Nuclear Medicine)
 - DED + 20%
- Medication co-payment for 30 day supply (after deductible is met)
 - \$10 generic
 - \$50 preferred name brand
 - \$80 non-preferred name brand

Health Insurance – Florida Blue

Blue Options (PPO) Plan 05770 (Predictable payment PPO plan)

- Blue Options Provider Network
- \$300 per person /\$900 family aggregate in network deductible
- Family Physician Co-pay
 - \$25 (in Network)
 - 50% coinsurance after Calendar Year Deductible (out of network)
- Specialist Co-pay
 - \$45 (In Network)
 - 50% coinsurance after Calendar Year Deductible (out of network)
- Office therapy Co-pay including Physical Therapy
 - \$25 (in Network)
 - 50% coinsurance after Calendar Year Deductible (out of network)
- Adult Wellness
 - In-network – covered at 100% of allowed amount
 - Out-of-Network – 50% coinsurance
- Emergency Room co-pay, waived if admitted to hospital
 - \$300 (in network) plus \$100 per provider
 - \$300 (out of network) plus \$100 per provider
- Hospital Facility per visit
 - Option 1 - \$600 admission co-payment
 - North Florida Regional
 - Option 2 - \$1,000 admission co-payment
 - Shands
 - Out of Network – CYD and 50% coinsurance
- Outpatient Hospital Facility per visit
 - Option 1 - \$250 co-payment
 - Option 2 - \$350 co-payment
 - Out of Network – CYD and 50% coinsurance
- Ambulatory Surgical Center
 - \$150 co-payment (in network)
 - Out of Network – CYD and 50% coinsurance
- Advanced Imaging (MRI, MRA, PET, CT & Nuclear Medicine)
 - \$100 co-payment (in network)
 - 50% coinsurance after Calendar Year Deductible (out of network)
- \$100 calendar year deductible per person for non-generic prescriptions
- Medication co-payment for 30 day supply
 - \$10 generic
 - \$50 preferred name brand
 - \$80 non-preferred name brand
- Mail order pharmacy co-payment for 90 day supply

- \$25 generic
- \$125 preferred name brand
- \$200 non-preferred name brand
- Out of network services - \$750 Individual/\$2,250 Family Calendar Year Deductible (CYD)
- \$2,500 Individual/\$5,000 Family Calendar Year out-of-pocket Maximum (in-network)
 - Deductibles, co-insurance and all co-payments apply

Dental Insurance Coverage – Florida Combined Life

There are three PPO dental plan options offered by Florida Combined Life. Alachua County pays 80% of the total employee only premium for all employees.

The plans offered by Florida Combined Life are [BlueDental Choice Low PPO](#), [BlueDental Choice High PPO](#) and [BlueDental Choice Plus PPO](#)

All PPO options (low, high, plus) have the same network of dentists, but the High and Plus options reimburse at a higher percentage than the Low, have a higher annual maximum, and have an orthodontia benefit for both children and adults. The Plus option reimburses the same percentage for in-network or out-of-network services.

All options allow you to go to the dentist of your choice, however you will be reimbursed at a higher percentage (Low and High) and are protected from balance billing (all plans) if you see an in-network provider.

All plans now include a [rollover benefit](#).

Employee Deductions for dental coverage effective 1st paycheck in September

	PPO Choice Low	PPO Choice High	PPO Choice Plus
Employee Only	\$2.22	\$2.94	\$3.29
Employee + 1	\$10.12	\$15.99	\$17.88
Employee + 2 or more	\$18.97	\$27.75	\$31.04

Alachua County pays 80% of the employee only rate for all employees.

Dental Insurance Coverage – Florida Combined Life

BlueDental Choice PPO Comparison

BlueDental Choice Benefit Summary	BlueDental Choice Low Option		BlueDental Choice High Option		BlueDental Choice Plus Option	
Deductible No Deductible for Preventive Services Per Person Per Plan Year Per Family Per Plan Year	In-Network/Out-of-Network \$50 / \$100 \$150 / \$300		In-Network/Out-of-Network \$50 / \$100 \$150 / \$300		In-Network/Out-of-Network \$50 / \$100 \$150 / \$300	
Benefits	Services	Coinsurance*	Services	Coinsurance*	Services	Coinsurance*
Periodic Oral Evaluation (0120)	Preventive	100% / 70%	Preventive	100% / 80%	Preventive	100% / 100%
Comprehensive Oral Evaluation (0150)	Preventive	100% / 70%	Preventive	100% / 80%	Preventive	100% / 100%
Bitewing X-rays, two films (0272)	Preventive	100% / 70%	Preventive	100% / 80%	Preventive	100% / 100%
Cleanings - Adult/Child (1110, 1120)	Preventive	100% / 70%	Preventive	100% / 80%	Preventive	100% / 100%
Fluoride Treatment - Child (1206, 1208)	Preventive	100% / 70%	Preventive	100% / 80%	Preventive	100% / 100%
Office Visits (9430)	Preventive	100% / 70%	Preventive	100% / 80%	Preventive	100% / 100%
Space Maintainers – fixed – unilateral (1510)	Basic	80% / 50%	Basic	85% / 60%	Basic	85% / 85%

X-rays - Intraoral/Complete Series (0210)	Basic	80% / 50%	Basic	85% / 60%	Basic	85% / 85%
Sealant – per tooth (1351)	Basic	80% / 50%	Basic	85% / 60%	Basic	85% / 85%
Amalgam Restorations (Silver Fillings) (2140)	Basic	80% / 50%	Basic	85% / 60%	Basic	85% / 85%
Resin-Based Restorations - Anterior (2330)	Basic	80% / 50%	Basic	85% / 60%	Basic	85% / 85%
Extractions - Routine and Surgical (7140)	Basic	80% / 50%	Basic	85% / 60%	Basic	85% / 85%
Root Canal Molar (3330)	Major	50% / 30%	Basic	85% / 60%	Basic	85% / 85%
Periodontal Scaling & Root Planing-per quad (4341)	Major	50% / 30%	Basic	85% / 60%	Basic	85% / 85%
Osseous Surgery – 4 or more contiguous teeth (4260)	Major	50% / 30%	Major	55% / 40%	Major	55% / 55%
Crowns - Porcelain fused to noble metal (2752)	Major	50% / 30%	Major	55% / 40%	Major	55% / 55%
Complete Dentures (5110, 5120)	Major	50% / 30%	Major	55% / 40%	Major	55% / 55%
Pontic - Porcelain fused to noble metal (6242)	Major	50% / 30%	Major	55% / 40%	Major	55% / 55%
Partial Dentures (5213, 5214)	Major	50% / 30%	Major	55% / 40%	Major	55% / 55%
Surgical placement of implant body: endosteal implant (6010)	Major	50% / 30%	Major	55% / 40%	Major	55% / 55%
Implant supported porcelain fused to metal crown (titanium, high noble metal) (6066)	Major	50% / 30%	Major	55% / 40%	Major	55% / 55%
Orthodontia Services	None		All Insureds		All Insureds	
BlueDental Coverage	NA / NA		50% / 50%		50% / 50%	
Maximum Benefits						
Plan Year (per person)	\$1000/\$1000		\$2000/\$2000		\$2000/\$2000	
Lifetime Orthodontia (per person)	NA / NA		\$1000/\$1000		\$1000/\$1000	
Dental Rollover	Yes		Yes		Yes	

Life Insurance Coverage – US Able Life

Basic Term Life Coverage

The basic or term life insurance is one times an employee’s annual salary rounded to the next highest \$1,000 with a maximum of \$60,000. This coverage is paid for by Alachua County.

Every eligible employee automatically receives 1x their salary with a maximum of \$60,000 in term life insurance coverage paid for by Alachua County

Supplemental Life

Supplemental Life Coverage can be applied for in the amount of 1, 2 or 3 times your annual salary, to a maximum of \$250,000. The age banded rate table is below, your premium increases on your birthday. The premium is paid 100% by the employee. Completion of an [evidence of medical insurability form](#) is required to apply for coverage.

Supplemental Life – Age Banded rates

Age	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Cost per month per \$1,000	\$0.05	\$0.06	\$0.08	\$0.09	\$0.10	\$0.15	\$0.23	\$0.45	\$0.72	\$1.39	\$2.28

Dependent Life Coverage

Dependent Life Coverage can be applied for to cover a spouse and dependent children. The premium is \$3.10 per pay period for all dependents with the employee as the beneficiary. A spouse is covered at \$20,000, dependent children at \$10,000. Completion of an [evidence of medical insurability form](#) is required to apply for coverage.

Voluntary Accidental Death & Dismemberment (AD&D)

- Available in increments of \$25,000 up to five times annual earnings or \$500,000 (whichever is less)

- AD&D coverage provides you with an additional insurance benefit if your death results from an accident.
- The premium is \$0.03 per \$1,000 per month

Vision Insurance – Humana

The [Humana Vision plan](#) is a prepaid vision plan. You must receive your care from a participating provider; providers can be found online using the Humana [provider directory](#).

- Independent and retail providers participating
- Eye exam once every 12 months with \$10 co-pay
- Eyeglass lenses once every 12 months \$15 co-pay
- Eyeglass frames once every 24 months \$15 co-pay
- \$130 allowance for eyeglass frames
- Up to \$55 for exam and fitting fee and \$130 allowance for contact lenses

Humana Vision Plan	Bi-weekly	Annually
Employee	\$2.55	\$61.20
Employee + 1	\$5.09	\$122.16
Employee + 2 or more	\$9.49	\$277.76

Eligible Dependents for Insurance Enrollment

Your current legal spouse is an eligible dependent. Domestic partners may be added to **health and dental insurance**. Certain criteria must be met for certification of domestic partnership and an affidavit must be completed with the enrollment form.

Your natural child, step-child, adopted child, or a child for whom you have been appointed as legal guardian through a court order are eligible dependents.

You may continue to cover your child until the end of the year they turn 26 for health, dental and vision. If a child is disabled and not capable of self-support, they may remain on the group insurance plans. No other individuals may be added to group health insurance.

You must remove overage dependents and other ineligible dependents (such as an ex-spouse) when they are no longer eligible for coverage.

To add dependents to your health insurance coverage, copies of dependent verification documents must be provided along with your enrollment or change forms. Dependent verification document requirements can be viewed online. If you do not provide the required documents, you will not be able to enroll your dependents. A 30-day grace period will be allowed to provide the dependent verification documents.

Flexible Spending Accounts – Medical and Dependent Care – [Chard Snyder](#)

Medical Spending Account

The medical spending account allows an employee to put money aside on a pre-tax basis to pay for out-of-pocket medical expenses that insurance doesn't cover, expenses like prescription and office visit co-payments, deductibles and co-insurance, dental visits, glasses and contact lenses, hearing aids, and Lasik surgery.

The medical spending account plan year is based on the fiscal year of October 1, 2026 through September 30, 2027. An employee elects an amount to set aside for the year, the maximum for the plan year is \$3,400. At the end of the plan year, you can carry over up to \$680 of your unused medical FSA balance to the next plan year.

The entire amount is available at the start of the plan year; the amount elected is divided between 24 pay periods and deducted equally from each paycheck. Expenses can be paid, and receipts submitted for reimbursement, or you can opt to pay medical expenses with the benefits card provided by Chard Snyder. Receipts are still required in many cases when using the card. The real advantage of the card is that you do not have to incur the cost and wait for reimbursement. The flexible spending account is a painless way to add money to your take home pay if you are spending money on any of these expenses.

The \$680 carry over provision applies to the medical spending accounts only.

Dependent Care Account

If you pay someone to take care of your children, spouse, or elderly parents so you can work, then the dependent care account may save you money. Expenses for childcare, elder care, and care for a disabled dependent are reimbursable if the care is necessary for you to work. If you are married, your spouse must also work, unless he or she is a full-time student or physically or mentally incapable of caring for himself or herself. The fiscal year maximum for the Dependent Care Account is \$7,500. This account is like a checking account, you must have money in the account to request reimbursement. You will be able to use the Chard Snyder card to pay for dependent care expenses if you have enough money in your account and the provider accepts the card. The IRS defines an eligible dependent for your Dependent Care FSA separately from that of a Health Care FSA dependent. The rule in qualifying an individual as an eligible day care recipient is that you must provide 50% of their care and claim them on your income taxes. If these conditions are met, then the dependent must fall into one of the following three categories:

- A child under age 13
- Your child or an elder family member who is physically or mentally incapable of caring for himself or herself and who you claim as a dependent on your income tax return
- Your spouse who is physically or mentally unable to care for himself or herself

What's best for you?

Your total savings will depend upon your family income, tax status and total expenses. If you have Dependent Care expenses, you may choose to claim a tax credit when you file your Federal taxes rather than contribute to a Dependent Care FSA. Your own circumstances will determine whether using a Dependent Care FSA or the Federal income tax credit will be better for you.

The annual amounts that an employee elects for medical or dependent care accounts are divided by 24 pay periods and deducted from the employee's check prior to income and Social Security taxes being deducted.

Employees must [enroll](#) each year to participate in the flexible spending accounts.

Please read and follow these [registration and enrollment instructions](#) to enroll for the 26-27 plan year.

July 2026 Open Enrollment Calendar

Links to Teams meetings are below, you do not need to register to attend a meeting.

There will be a short presentation at the beginning of each session.

You can also ask questions and get assistance with forms at open enrollment meetings.

Date and time	Teams Meetings
Tuesday, July 7, 2:00pm – 3:00pm	Join the meeting now
Friday, July 10, 9:00am - 10:00am	Join the meeting now
Wednesday July 15, 2:00pm – 3:00pm	Join the meeting now
Thursday July 16, 11:00am-12:00pm	Join the meeting now
Wednesday July 22, 10:00am –11:00am	Join the meeting now
Tuesday, July 28, 9:00am - 10:00am	Join the meeting now
	In person meetings
Monday, July 13, 10:00am-11:00am	Third Floor Training Room, County Admin Building
Tuesday, July 21, 11:00am – 12:00pm	Third Floor Training Room, County Admin Building
Thursday, July 9, 7:30am – 8:30am	All Hands Meeting - Public Works (Public Works employees only)

If you cannot attend a session and need to make changes, contact Risk Management at (352) 374-5297 or (352) 337-6180 to request the appropriate forms or visit the [Risk Management internet page](#) or [intranet page](#) for forms and plan summaries.

Do you have any questions about your benefits? Email crd@alachuacounty.us

What is the most important thing to remember?

To make changes to your benefits, be sure to complete the necessary paperwork during the open enrollment period during the month of July.

The last day to turn in paperwork is Friday, July 31, 2026

Please don't wait until the last minute, turn your forms in as soon as possible.

Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your State if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in most States, you may be eligible for assistance paying your employer health plan premiums. You should contact your State for further information on eligibility –

FLORIDA – Medicaid
Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268

To see if any other states have added a premium assistance program since January 31, 2018, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

For additional information about plan and premium changes, refer to the specific area of this document or go to the [Risk Management webpage](#). Details of plan design and contact information such as telephone numbers and internet links are available for all benefit vendors. This is a summary of benefits and not a substitute for plan documents or contracts.