

# EMPLOYEE BENEFITS BOOKLET

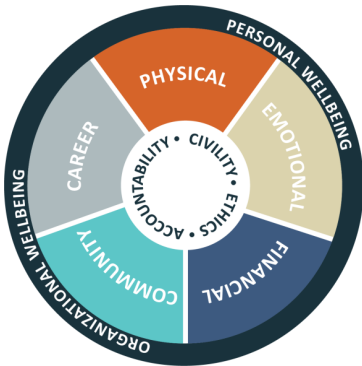
EMPLOYEE HEALTH BENEFITS – 2026



[MANATEEYOURCHOICE.COM](http://MANATEEYOURCHOICE.COM)

# Welcome to the Manatee YourChoice Health Plan!

As an employee of the Board of County Commissioners or one of our Constitutional Agencies, you have the opportunity to participate in an award-winning, nationally recognized health and wellbeing plan. You will soon learn how our unique plan design has contributed to lower premiums, generous coverage and incentives, and overall healthier employees.



At Manatee County Government, we are committed to providing quality service with an emphasis on accountability, civility and ethics. We believe that this can only be accomplished through the leadership of our employees. At the heart of it all, our employees have a passion for public service. They form partnerships, drive innovation, and invest in people, and our community, every single day. That is why we invest in a holistic wellbeing approach and offer programs and services in the areas of physical, emotional, financial, community, and career wellbeing. When each of these areas are

well, our employees are able to bring their best selves to work and help us make Manatee County a premier place in which to live, work and play.

It is important to consider the value of your health and wellbeing plan as part of your total compensation package. Unlike other employer plans, you will not be subject to high deductibles and high-cost sharing percentages. Additionally, unlike other employers, Manatee County provides access to advocates, coaches and trainers to assist employees in learning about and utilizing their medical and wellbeing benefits. Most of these services are at little to no cost to our employees.

Congratulations on your opportunity to participate in this health plan that has been featured in the Wall Street Journal, the television show The Doctors, and recognized by the Tampa Bay Business Journal and the American Heart Association as an innovator among employer-sponsored plans. Our goal at Employee Health Benefits is to provide you with every opportunity to make the most of your and your family's health and wellbeing while containing costs for our employees and our tax-paying citizens.

In Good Health,

*Bylle Jo Holzwarth*

Bylle Jo Holzwarth

Employee Benefits Manager

*"Cure people's ills and make them healthy for a day.  
Teach them to stay well and keep them healthy for a lifetime."*

# IMPORTANT DATES FOR NEW EMPLOYEES

As a new enrollee with the County, you will be required to complete your online enrollment by the deadline listed below. **Approximately one week before your deadline, Employee Health Benefits will send a reminder email. Please see page 6 for enrollment instructions.**

Hire Dates	Benefits Effective Date	Enrollment Deadline
11/2/2025 - 12/1/2025	1/1/2026	12/19/2025
12/2/2025 - 1/1/2026	2/1/2026	1/16/2026
1/2/2026 - 2/1/2026	3/1/2026	2/13/2026
2/2/2026 - 3/1/2026	4/1/2026	3/13/2026
3/2/2026 - 4/1/2026	5/1/2026	4/10/2026
4/2/2026 - 5/1/2026	6/1/2026	5/22/2026
5/2/2026 - 6/1/2026	7/1/2026	6/19/2026
6/2/2026 - 7/1/2026	8/1/2026	7/17/2026
7/2/2026 - 8/1/2026	9/1/2026	8/14/2026
8/2/2026 - 9/1/2026	10/1/2026	9/11/2026
9/2/2026 - 10/1/2026	11/1/2026	10/23/2026
10/2/2026 - 11/1/2026	12/1/2026	11/20/2026
11/2/2026 - 12/1/2026	1/1/2027	12/18/2026

## CONTACT INFORMATION

Benefits, wellness information, forms and full contact info can be found at:

<http://manateeyourchoice.com>

### HUMAN RESOURCES/EMPLOYEE HEALTH BENEFITS

**5213 4th Ave. Cir. E., Bradenton, FL 34208** — (941) 748-4501 x3865 or [benefits@mymanatee.org](mailto:benefits@mymanatee.org)

Office Hours: Monday — Friday. 8:00 a.m. to 4:00 p.m. (excluding major holidays)

### PRECERTIFICATION/PREAUTHORIZATION

**Medical** Precertification (for medical providers/physician’s offices) ..... 1-888-632-3862

**Behavioral Health/Mental Health Services** Precertification ..... 1-800-424-4047

**Pharmacy** Prior Authorization ..... (941) 748-4501 x6418

### CLAIMS & MEMBER SERVICES (GENERAL INFORMATION)

Aetna Medical Claims & Benefits ..... 1-877-580-5019

Aetna Dental Claims & Benefits ..... 1-877-238-6200

Aetna Vision Claims & Benefits ..... 1-877-973-3238

Inspira Financial (formerly PayFlex) Flexible Spending Account ..... 1-888-678-8242

The Hartford Short-/Long-Term Disability/FMLA..... 1-888-301-5615

Voya 457 Customer Support ..... 1-800-584-6001

*Manatee YourChoice Health Plan hires Aetna as a third-party administrator to process claims, provide customer service, and run the Provider Network. The Plan design is managed by Employee Health Benefits.*

# MEDICAL PLAN

## Manatee YourChoice Medical Plan, utilizing Aetna Choice POSII Open Access Network *Includes coverage for Pharmacy, Routine Eye Exam and Child Preventive Dental Exam & Cleaning*

### PLAN HIGHLIGHTS

The Manatee YourChoice Medical Plan is designed to keep your out-of-pocket costs low, while still providing quality medical care for you and your covered family members. Members receive one free preventive-care physician visit per calendar year. Routine immunizations and many medical screenings are also covered at no cost. Children under age 19 receive free preventive care under the medical plan for routine dental exams and other limited procedures. (For enhanced coverage beyond preventive care, it is recommended that dependent children have separate dental coverage. Please see dental plan details on page 13.)



#### **Key features of the medical plan include:**

- Access to Aetna's in-network primary care or specialist physicians **with no referrals needed**. More limited coverage is available for physicians outside of Aetna's network.
- Telemedicine (comprehensive remote-physician visits conducted online through your computer or mobile device) are provided through Teladoc Health (<https://www.teladoc.com/aetna>).
- Affordable urgent-care facility, emergency room coverage, and laboratory testing/x-rays/diagnostic imaging. Please note that advanced imaging (such as MRIs or CT scans) will require precertification from Aetna before the procedures can be approved. Consult with your medical provider for details.

### SPECIAL NOTE ABOUT PREGNANCY COVERAGE

The medical plan has limited maternity coverage within the first 91 days of your effective (start) date of coverage. Please contact your Employee Health Benefits Specialist at (941) 748-4501 x3865 or [benefits@mymanatee.org](mailto:benefits@mymanatee.org) for additional clarification.

**Predeterminations: For any complex medical procedures, have your doctor's office/facility complete a predetermination estimate. A predetermination estimate allows you to know in advance what is covered and what your share of the costs will be before you receive a service. Some medical services may be limited or not covered by your plan. It also shows you any deductible or maximums applied.**

# LEVELS OF REIMBURSEMENT— MEDICAL

## Manatee YourChoice Medical Plan, utilizing Aetna Choice POSII Open Access

Medical Service	Standard Plan	Premium Plan
Deductible	<ul style="list-style-type: none"> <li>In Network—Individual: \$250</li> <li>In-Network—Family: \$500</li> <li>Out-of-Network—Individual: \$750</li> <li>Out-of-Network—Family: \$1,500</li> </ul>	<ul style="list-style-type: none"> <li>In-Network—Individual: \$0</li> <li>In-Network—Family: \$0</li> <li>Out-of-Network—Individual: \$500</li> <li>Out-of-Network—Family: \$1,000</li> </ul>
Out of Pocket Limit (includes copays, inpatient hospital, mental health/substance abuse, and prescriptions)	<ul style="list-style-type: none"> <li>In-Network—Individual: \$3,600</li> <li>In-Network—Family: \$7,200</li> <li>Out-of-Network—Individual: \$10,000</li> <li>Out-of-Network—Family: \$20,000</li> </ul>	<ul style="list-style-type: none"> <li>In-Network—Individual: \$2,800</li> <li>In-Network—Family: \$5,600</li> <li>Out-of-Network—Individual: \$5,600</li> <li>Out-of-Network—Family: \$11,200</li> </ul>
Primary Care Provider Office Visit	<ul style="list-style-type: none"> <li>In-Network \$30 Copay</li> <li>Preventive Care/Screening \$0 (Deductible does not apply)</li> </ul>	<ul style="list-style-type: none"> <li>In-Network \$30 Copay</li> <li>Preventive Care/Screening \$0</li> </ul>
Health Care Specialist Office Visit	<ul style="list-style-type: none"> <li>In-Network \$30 Copay (Deductible does not apply)</li> </ul>	<ul style="list-style-type: none"> <li>In-Network \$30 Copay</li> </ul>
Diagnostic Test (X-Ray, Blood Work)	<ul style="list-style-type: none"> <li>In-Network Deductible + 20% Coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>In-Network \$0</li> </ul>
Imaging (CT/PET Scan, MRI)	<ul style="list-style-type: none"> <li>In-Network Deductible + 20% Coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>In-Network \$0</li> </ul>
Outpatient Surgery Facility Fees	<ul style="list-style-type: none"> <li>In-Network Deductible + 20% Coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>In-Network \$0</li> </ul>
Physician/Surgeon Fees	<ul style="list-style-type: none"> <li>In-Network Deductible + 20% Coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>In-Network \$0</li> </ul>
Emergency Room	<ul style="list-style-type: none"> <li>In-Network \$200 Copay per visit + 20% Coinsurance (Deductible applies)</li> </ul>	<ul style="list-style-type: none"> <li>In-Network \$150 Copay</li> </ul>
Emergency Medical Transport	<ul style="list-style-type: none"> <li>In-Network Deductible + 20% Coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>In-Network \$0</li> </ul>
Urgent Care	<ul style="list-style-type: none"> <li>In-Network Deductible + 20% Coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>In-Network \$30 Copay</li> </ul>
Hospital Stay Facility Fee	<ul style="list-style-type: none"> <li>In-Network \$250 Copay per stay + 20% Coinsurance (Deductible applies)</li> </ul>	<ul style="list-style-type: none"> <li>In-Network \$0</li> </ul>
Hospital Stay Physician/Surgeon Fees	<ul style="list-style-type: none"> <li>In-Network Deductible + 20% Coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>In-Network \$0</li> </ul>
Pregnancy Office Visits	<ul style="list-style-type: none"> <li>In-Network Deductible + 20% Coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>In-Network \$100 Copay per pregnancy</li> </ul>
Childbirth/Delivery Professional Services	<ul style="list-style-type: none"> <li>In-Network Deductible + 20% Coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>In-Network \$100 Copay per pregnancy</li> </ul>
Childbirth/Delivery Facility Services	<ul style="list-style-type: none"> <li>In-Network \$200 Copay per visit + 20% Coinsurance (Deductible applies)</li> </ul>	<ul style="list-style-type: none"> <li>In-Network \$100 Copay per pregnancy</li> </ul>

### THIS IS A SUMMARY OF BENEFITS

Refer to the Plan Document for a full listing of services and coverage online at <http://manateeyourchoice.com>

# TOBACCO-CESSATION BENEFITS

## RESOURCES TO HELP YOU QUIT

Cessation aids are available at no charge through your Manatee YourChoice medical plan pharmacy benefits:

- Patch
- Lozenges
- Gum
- Pharmaceutical Interventions (Wellbutrin, Chantix)

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## PHARMACY BENEFITS

For members enrolled in the Manatee YourChoice Medical Plan

Tier	Optum Rx Network Retail Pharmacies and Mail Order (including, but not limited to, Pelot's (Rexall), Publix, Walgreens, Walmart, and CVS)
Generic	\$10 Copay maximum per 30-day supply
Preferred Brand	\$15 Copay or 25% Coinsurance up to \$100 maximum per 30-day supply
Non-Preferred Brand	\$40 Copay or 45% Coinsurance up to \$100 maximum per 30-day supply
Specialty	25% Coinsurance up to \$150 maximum, or manufacturer's coupon/card maximum

## CONTACT INFORMATION

Pharmacy Specialist: (941) 748-4501 x6418

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## DIABETES RESOURCES

Whether you are newly diagnosed, or have a long history with diabetes, we are here to help you with whatever you may need. The Diabetes Care Program provides diabetes supplies to employees and their families. Contact (941) 748-4501 x6406 if you have any questions.

Each member with diabetes receives **AT NO COST:**

- Bluetooth-enabled glucometer
- Test strips
- Pen needles

# HEARING AID COVERAGE

Our Premium Plan insured employees can now receive great savings on hearing aids. Hearing loss is the third-most prevalent medical condition among Americans over age 65 after arthritis and hypertension. The good news is that 95% of those who suffer from hearing loss can be successfully treated with hearing aids. By using one of our contracted hearing aid Discount Providers, you can enjoy savings of over 50% off retail prices.

On the Manatee YourChoice medical plan, our hearing aid benefit covers up to \$5,000 to spend toward the purchase of hearing aids. We have two 3rd-party advocates (called Discount Providers) who assist our insureds by recommending a local doctor, setting up the initial appointment, and providing savings on prescribed hearing aids.

Before the appointment, the Discount Providers will send the insured a welcome packet that includes:

- Information on hearing aids and hearing loss
- What to expect at your appointment

## APPROVED DISCOUNT PROVIDERS

We utilize two Discount Providers (see below), who will assist our employees with scheduling an appointment at a location in their preferred local area. The providers are:

- TruHearing (formerly known as Hearing Care Solutions) — 1-866-344-7756 or <https://www.hearingcaresolutions.com/aetna-2021>
- Hearing Health Care — 1-877-301-0840 or <https://www.amplifonusa.com/lp/aetna>

## HOW TO RECEIVE DISCOUNT PROVIDER BENEFITS

1. Begin by calling a Discount Provider (contact info above); they create a profile for the insured using the Aetna ID#, date of birth, and contact phone number.
2. Within 1 to 3 days after the initial call, the Provider will complete a benefits check and contact the insured to discuss options such as in-network doctors, location preference, and suggested appointment dates/times.
3. The Provider contacts doctor, secures appointment date, then calls to confirm date/time/location with insured.
4. The Provider will provide a “Welcome Packet” with information and expectations for the appointment.
5. Once the appointment is completed and the doctor recommends the preferred hearing aid, the Discount Provider will fill the prescription.

The 2026 Aetna hearing aid benefit provides “coverage up to \$5,000 allowance every 7 years.” **The coverage is for the hearing aids alone.** The Discount Provider contracts in-network doctors and there is no fee for the doctor and exam when secured by the Discount Provider. The Provider will often be able to provide significant savings for the prescribed hearing aids. They also explain/provide any warranties and replacement aids if applicable.

It is most economical and preferred to utilize the Discount Provider service for locating a doctor; however, if a doctor is seen outside of the Discount Provider, the employee should submit a reimbursement form through the Aetna website and include receipts for service and supplies.

If you have questions about the hearing aid benefit, please contact Employee Health Benefits at (941) 784-4501 x6249 or [benefits@mymanatee.org](mailto:benefits@mymanatee.org) for assistance.

# DENTAL PLAN

## Manatee YourChoice Dental Plan, utilizing Aetna Dental PPO/PDN with PPO II Network

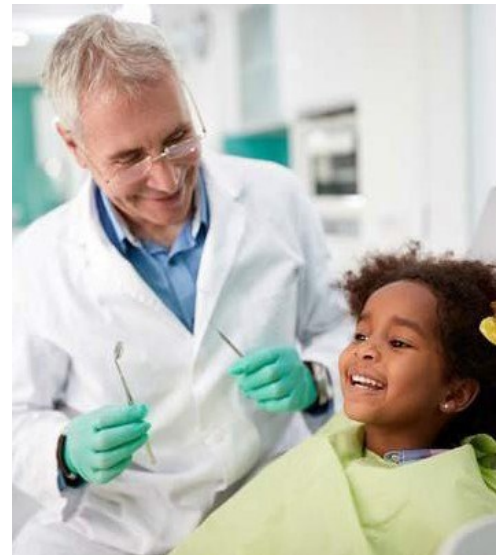
*Note: Clerk of Court employees have a different dental plan. Contact the Clerk's Office for details.*

Dental Plan Rates (2026)	Employee Monthly Premium	Employee Per Pay
Employee Only	\$34.00	\$17.00
Employee + 1 Dependent	\$55.00	\$27.50
Employee + 2 or more Dependents	\$75.00	\$37.50

### DENTAL PLAN SUMMARY

The Manatee YourChoice Dental Plan is self-insured, and the employee pays 100% of the cost by contributing through Payroll Deduction. The Dental Plan is a PPO plan that is administered by Aetna using the Aetna Dental PPO/PDN with PPO II national network.

A member can use an Out-of-Network Dentist; however, non-network dentists will be reimbursed at the Aetna PPO/PDN with PPO II contracted rate by the Plan and members are subject to additional charges by that provider.



### WHO'S ELIGIBLE?

- Full-time employees and their eligible spouses
- Dependent children (including stepchildren and adopted children) through the end of the month in which they reach 26 years of age
- Disabled children age 26 or older (must have been disabled and enrolled in the plan before age 26)
- Children under guardianship through the end of the month in which they reach 18 years of age
- Grandchildren of the employee, if the parent is covered under the employee and the grandchild resides with the employee, through the end of the month in which the grandchild reaches 18 months of age
- Dependent children, age 26 to 30, may be eligible for over-age dependent coverage (at additional cost) if they meet certain criteria. Please see page 23 for details.

**IMPORTANT:** There are limitations and exclusions that members should be aware of prior to obtaining dental care. For details, refer to the Dental Plan Description found online at <http://manateeyourchoice.com>.

**If you do not elect coverage as a new hire, you may add dental coverage for yourself and/or any eligible dependents during Annual Enrollment.**

**Predeterminations: For any complex dental procedures, have your doctor's office/facility complete a predetermination estimate. A predetermination estimate allows you to know in advance what is covered and what your share of the costs will be before you receive a service. Some dental services may be limited or not covered by your plan. It also shows you any deductible or maximums applied.**

# LEVELS OF REIMBURSEMENT— DENTAL

## Manatee YourChoice Dental Plan, utilizing Aetna Dental PPO/PDN with PPO II Network

<b>Annual Maximum</b>	\$2,000 per calendar year
<b>Deductible</b>	No deductible

Preventive Services	Member Responsibility
Oral Examination (2 per calendar year)	\$0
Cleanings (2 per calendar year)	\$0
Fluoride (1 application/year — under age 16)	\$0
Sealants (1 treatment every 3 rolling years on permanent molars only for children to age 13)	\$0
Bitewing X-rays (1 set per calendar year)	\$0
Full Mouth Series (1 set every 24 months)	\$0
Space Maintainers (covered to age 13 for premature loss of primary teeth only; includes adjustment within 6 months of installation)	\$0
Basic Services	
Root canal therapy (anterior/bicuspid/molars)	10%
Scaling and root planning (4 separate quads, every 2 rolling years)	10%
Gingivectomy (once per quad/site, every 3 rolling years) **	10%
Amalgam (silver) fillings	10%
Composite fillings (anterior/posterior)	10%
Stainless steel crowns	10%
Incision and drainage of abscess **	10%
Uncomplicated extractions	10%
Surgical removal of erupted tooth **	10%
Surgical removal of impacted tooth (soft tissue) **	10%
Osseous surgery (once per quadrant, every 3 rolling years) **	10%
Surgical removal of impacted tooth (partial bony/full bony) **	10%
General anaesthesia/intravenous **	10%
Major Services	
Inlays/Onlays	40%
Crowns. Crown Lengthening, Crown Build-ups	40%
Full and Partial Dentures. Denture repair	40%
Pontics	40%
Inplants	40%
Orthodontics (\$2,000 lifetime maximum per person)	
Adults	50%
Children	50%

\*\* = May be covered by the medical plan. Contact Aetna Member Services for more details.

### THIS IS A SUMMARY OF BENEFITS

Refer to the Plan Document for a full listing of services and coverage online at <http://manateeyourchoice.com>

# VISION PLAN

## Manatee YourChoice Vision Plan, utilizing Aetna Vision Preferred

Vision Plan Rates (2026)	Employee Monthly Premium	Employee Per Pay
Employee Only	\$4.92	\$2.46
Employee + Spouse	\$9.36	\$4.68
Employee + Child(ren)	\$9.84	\$4.92
Employee + Family	\$14.48	\$7.24

### VISION PLAN SUMMARY

Save on eyeglasses, contacts and more. You will get an allowance to buy any frames or contacts you want at any one of our providers nationwide.

### TAKE ADVANTAGE OF MANY LOCATIONS

After enrolling, you will get a welcome packet in the mail. Inside is your member ID card, insurance plan information and a list of local vision providers. The provider list includes independent neighborhood eye doctors, as well as your favorite retailers, such as LensCrafters, Target Optical, and Pearle Vision. You can also shop for contact lenses or glasses online at network retailers. Benefits are automatically applied at checkout.

At <http://aetnavision.com>, you can view providers, manage your benefits and view your ID card. Search by name, location or even by the brand name of the frames you want. You can also visit any licensed eye care provider outside the network; however, you may pay more out of pocket, and you may have to file your own claims.

### SAVE LIKE A PRO

If you have a Health Care Flexible Spending Account (FSA), you can use that toward your out-of-pocket expenses. Plus, with in-network eye care providers, you can also find discounts on products and services that may not be covered under your plan, including:

- 20% off any balance over your frame allowance
- 15% off any balance over your conventional contact lens allowance
- Up to 40% off extra pairs of prescription eyeglasses and sunglasses
- Up to 20% off other items, such as lens add-ons

**IMPORTANT:** Your Manatee YourChoice Medical Plan covers one eye exam per calendar year at a \$25 copay if you're on the Premium Plan. (Deductible and coinsurance apply on the Standard Plan.)

This Vision Plan covers one exam per calendar year for a \$10 copay. You will need to show your Vision Plan insurance card to utilize this benefit.

- Discounts on LASIK laser eye surgery
- Coupons for free shipping when shopping online

### WHO'S ELIGIBLE?

- Full-time employees and their eligible spouses
- Dependent children (including stepchildren and adopted children) through the end of the month in which they reach 26 years of age
- Disabled children age 26 or older (must have been disabled and enrolled in the plan before age 26)
- Children under guardianship through the end of the month in which they reach 18 years of age
- Grandchildren of the employee, if the parent is covered under the employee and the grandchild resides with the employee, through the end of the month in which the grandchild reaches 18 months of age
- Dependent children, age 26 to 30, may be eligible for over-age dependent coverage (at additional cost) if they meet certain criteria. Please see page 23 for details.

**If you do not elect coverage now as a new hire, you may add vision coverage for yourself and/or any eligible dependents during Annual Enrollment.**

# LEVELS OF REIMBURSEMENT— VISION

## Manatee YourChoice Vision Plan, utilizing Aetna Vision Preferred

Exam (once per calendar year)	In-Network Cost to Member	Out-of-Network Reimbursement
Routine/Comprehensive Eye Exam	\$10 copay	Up to \$23
Retinal Imaging	Up to \$39	Not covered
Contact Lenses Fit and Follow-Up (fit limited to once per calendar year)	In-Network Cost to Member	Out-of-Network Reimbursement
Standard Fit/Follow-Up	Up to \$40	Not covered
Premium Fit/Follow-Up	10% off retail price	Not covered
Eyeglass Lenses (once per calendar year)	In-Network Cost to Member	Out-of-Network Reimbursement
Single Vision	\$25 copay	Up to \$35
Bifocal/Trifocal/Lenticular	\$25 copay	Up to \$55 (bifocal) or up to \$90 (trifocal/lenticular)
Standard Progressive	\$90 copay	Up to \$55
Premium Progressive	\$90 copay; 20% off retail price, less \$120 allowance	Up to \$55
Lens Options	In-Network Cost to Member	Out-of-Network Reimbursement
Standard Anti-reflective Coating	\$45 copay	Not covered
Premium Anti-reflective Coating	20% off retail price	Not covered
Standard Polycarbonate (Adult)	\$40 copay	Not covered
Standard Polycarbonate (Child)	\$0 copay	Up to \$15
Standard Plastic Scratch Coating	\$0 copay	Up to \$15
Tint (solid and gradient)	\$15 copay	Not covered
UV Treatment	\$15 copay	Not covered
All Other Lens Options	20% off retail price	Not covered
Contact Lenses (once per calendar year)	In-Network Cost to Member	Out-of-Network Reimbursement
Conventional	\$0 copay up to \$130 allowance; additional 15% off balance over the allowance	Up to \$104
Disposable	\$0 copay up to \$130 allowance; 100% of balance over the allowance	Up to \$104
Medically Necessary	\$0 copay	Up to \$200
Frames (once every 2 calendar years)	In-Network Cost to Member	Out-of-Network Reimbursement
All frames, including frames for prescription sunglasses	\$0 copay up to \$130 allowance; additional 20% off balance over the allowance	Up to \$72
Partial Listing of Limitations/Exclusions/Discounts		
<p><b>Discounts not applicable to certain brand name materials for which the manufacturer imposes a no-discount practice.</b> Benefits may not be combined with any discount or promotional offering unless otherwise noted in an offer. Benefit allowances provide no remaining balance for future use within the same Benefit Frequency. Other exclusions and limitations may apply.</p>		

### THIS IS A SUMMARY OF BENEFITS

Refer to the Plan Document for a full listing of services and coverage online at <http://manateeyourchoice.com>

# LIFE INSURANCE

## CORE LIFE INSURANCE — PROVIDED AT NO COST TO EMPLOYEES!

Core Term Life and AD&D is equal to 1 times base annual salary up to \$200,000 and is provided at no cost to employees.

## ADDITIONAL LIFE INSURANCE

Additional Life Insurance can be elected for employee, spouse and children. Evidence of Insurability (EOI) is required unless elected at time of hire. An employee can elect up to 6 times base annual salary with a

maximum coverage volume of \$750,000.

Additional Employee Term Life, Spouse Term Life, and Child Term Life options are paid 100% by the employee through semi-monthly payroll deductions.

### WHO'S ELIGIBLE?

- Full-time employees
- Spouses through age 69
- Children through age 25



Additional Term Life Monthly Rates (2026)								
EMPLOYEE Up to 6 times base annual salary; maximum \$750,000 of coverage				SPOUSE 50% of Employee election; maximum \$25,000 of coverage				CHILD(REN) \$10,000 of coverage
Age	Rate per \$1,000 benefit	Age	Rate per \$1,000 benefit	Age	Rate per \$1,000 benefit	Age	Rate per \$1,000 benefit	Flat rate: \$1 per month, no matter how many children are covered. Each child receives \$10,000 coverage. There is no Evidence of Insurability (EOI) required for children.
< 34	\$0.040	55 - 59	\$0.409	< 34	\$0.051	55 - 59	\$0.518	
35 - 39	\$0.046	60 - 64	\$0.605	35 - 39	\$0.066	60 - 69	\$0.715	
40 - 44	\$0.098	65 - 69	\$0.795	40 - 44	\$0.139			
45 - 49	\$0.196	70+	\$1.048	45 - 49	\$0.263			
50 - 54	\$0.277			50 - 54	\$0.336			

# GUIDELINES FOR LIFE INSURANCE

The insurer for Core and Additional Life is Minnesota Life Insurance Company — A Securian Company. For more information, or to print a Certificate of Coverage, visit <http://manateeyourchoice.com>.

## CORE TERM LIFE INSURANCE

Core Term Life and Accidental & Dismemberment Insurance is paid 100% by your employer. The Core Term Life Insurance Benefit is 1 times base annual salary rounded up to the next \$1,000. The minimum benefit is \$20,000, and the maximum benefit is \$200,000.

## ABOUT IMPUTED INCOME

IRC section 79 provides an exclusion for the first \$50,000 of group-term life insurance coverage provided under a policy carried directly or indirectly by an employer. There are no tax consequences if the total amount of such policies does not exceed \$50,000. The imputed cost of coverage in excess of \$50,000 must be included in income, using the IRS Premium Table, and are subject to Social Security and Medicare taxes. This amount is shown on employee's check as "Life Over 50."

## EVIDENCE OF INSURABILITY (EOI)

Evidence of Insurability is not required by a new employee who elects Additional Life Insurance during their initial employee enrollment period prior to the employee's Effective Date. Coverage is guaranteed issue, with no underwriting.

If an employee does not elect Voluntary Life during their initial enrollment period, they may apply to add or increase Additional Life Insurance at any time during the year subject to EOI and must be approved by the Life insurer to receive the additional coverage.

If an employee is interested in increasing Voluntary Life or Spouse Life after the initial enrollment period, log on to the enrollment site and apply for coverage. Once approved, the employee will be notified, and premium deductions and coverage will begin on the first of the month following the approval date.

## ADDITIONAL EMPLOYEE TERM LIFE

Additional Term Life Insurance Benefit is a 100% employee paid benefit that gives you the option to apply for 1 times base annual salary up to 6 times base annual salary rounded to the next \$5,000. The minimum benefit is \$20,000, and the maximum benefit is \$750,000.

## SPOUSE LIFE

A spouse policy is equal to 50% of the amount of the employee's Additional Term Life Insurance up to a maximum of \$25,000. During a new employee's initial enrollment, no EOI is required. Spouse Life ceases at age 70. An additional employee term life policy must be added in order to obtain a Spouse Life policy.

## CHILD LIFE

The Child Term Life Insurance Benefit is \$10,000 on each child. A new child is covered from the day of birth through age 25. An additional employee Term Life policy is not required to obtain a Child Life policy. Child Life is never subject to EOI.

## QUALIFYING LIFE EVENTS

For a life event of birth or marriage, an employee can enroll in 1 times salary Additional Life or increase by 1 times salary (for instance, 1 times salary to 2 times salary) without EOI, if requested within 31 days of the event. A spouse added to the plan due to marriage, and requested within 31 days of marriage, is not subject to EOI.

# SHORT TERM DISABILITY (STD)

Short Term Disability (STD) is underwritten by The Hartford Insurance Company. For more information or to print a Certificate of Coverage, visit <http://manateeyourchoice.com>.

## WHO'S ELIGIBLE?

This coverage is only available to full-time employees.

## SHORT TERM DISABILITY INSURANCE

STD is a 100% employee paid benefit that allows you to receive benefits if you become sick or disabled and are unable to work. Short-term Disability insurance provides a percentage of your income every week to help you pay the bills and give you the support you need to get back on your feet and back to work safely.

You can elect to enroll in Short Term Disability with a benefit of 60% of your pre-disability earnings up to a maximum of \$1,000 per week. The cost for STD is subject to age and salary.

Benefit begins on the 15th day after disability, and ends after 13 weeks of not being able to work in your own occupation.

Plan limitations and exclusions apply. Refer to the plan summary document for more details at <http://manateeyourchoice.com>.

## EVIDENCE OF INSURABILITY (EOI)

**EOI is not required for a new employee who elects STD during their initial employee enrollment period prior to their Effective Date.** STD can be applied for at any time during the year; however, EOI will be required if not enrolled as a new hire. If an employee is interested in adding STD, log on to the enrollment site and apply for coverage. Once approved, the employee will be notified, and premium deductions and coverage will begin on the first of the month following the approval date.

Short Term Disability (STD) Monthly Rates (2026)		
Age	Rate per \$10 of weekly benefit	Evidence of Insurability (EOI) is required unless elected at time of hire. Complete the steps in the enrollment system to calculate and view your premium. Approval is subject to pre-existing conditions.
ALL	\$0.381	

# LONG TERM DISABILITY (LTD)

Long Term Disability (LTD) is underwritten by The Hartford Insurance Company. For more information or to print a Certificate of Coverage, visit <http://manateeyourchoice.com>.

## WHO'S ELIGIBLE?

This coverage is only available to full-time employees.

## CORE LONG TERM DISABILITY INSURANCE

Core LTD is an employer paid benefit that allows you to receive benefits if you become disabled and are unable to work for more than 90 days and have satisfactorily met medical verification. Core LTD is equal to 50% of an employee's base monthly salary up to \$3,000 per month after the disability exceeds 90 days, and is provided at no cost to employees.

## ADDITIONAL LONG TERM DISABILITY INSURANCE

Additional LTD is a 100% employee paid benefit that allows you to receive benefits above and beyond the Core LTD benefit if you become disabled and are unable to work for more than 90 days and have satisfactorily met medical verification.

An employee can elect to enroll in Additional LTD and increase their benefit to 66-2/3% of base monthly salary up to \$5,000 per month. The cost for Additional LTD is subject to age and salary.

Evidence of Insurability (EOI) is required unless elected at time of hire.

LTD can be applied for anytime during the year. However, Evidence of Insurability will be required if not enrolled at time of hire.

## EVIDENCE OF INSURABILITY (EOI)

**EOI is not required for a new employee who elects Additional LTD during their initial employee enrollment period prior to their Effective Date.** Additional LTD can be applied for at any time during the year; however, EOI will be required if not enrolled as a new hire. If an employee is interested in adding Additional LTD, log on to the enrollment site and apply for coverage. Once approved, the employee will be notified, and premium deductions and coverage will begin on the first of the month following the approval date.

# LEAVE MANAGEMENT (FMLA)

**Comprehensive leave-management services for employees of Manatee County Government’s Board of County Commissioners, Property Appraiser, and Housing Authority are provided by The Hartford Insurance Company.** These services include the administration of Family and Medical Leave Act (FMLA) claims. For more information or to file a claim, visit <http://abilityadvantage.thehartford.com> or call 1-888-301-5615. **All other constitutional agencies within Manatee County manage their own leave. Please contact the agency’s Human Resources department if you have any questions about their leave-administration policies.**

## WHO IS THE HARTFORD?

The Hartford is a trusted worldwide leader in insurance plans, group benefits, and financial investment services. Manatee County Government has contracted with The Hartford to provide short- and long-term disability insurance products (see pages 19 and 20) and full-service leave-of-absence administration to our employees.

## HOW DOES THE HARTFORD MANAGE LEAVE?

Manatee County’s enhanced leave-management relationship with The Hartford benefit our employees in many ways, including:

- **Streamlining Processes** — The Hartford helps us create a more efficient workflow for handling leave requests, including those under the Family and Medical Leave Act (FMLA)
- **Improved Recordkeeping and Compliance** — With The Hartford’s expertise, we enhance our ability to maintain accurate records and adhere to federal and state regulations.
- **Quicker Response Times** — You can expect fast response times when filing a claim or requesting leave.
- **Standardized Communication** — Employees benefit from clear, consistent, and timely communications throughout the leave process.

## WHAT IS THE FAMILY AND MEDICAL LEAVE ACT (FMLA)?

The Family and Medical Leave Act (FMLA) allows eligible employees to take unpaid leave for family or medical reasons. The FMLA protects employees’ jobs and access to all group health benefits while they are out on leave. In general, employees who have been employed by Manatee County Government for at least 12 months — and have worked at least 1,250 hours over the past 12 months — are eligible for up to 12 work weeks of unpaid job-protected leave under the FMLA.

## WHAT IS THE AMERICANS WITH DISABILITIES ACT (ADA)?

The Americans with Disabilities Act (ADA) protects employees with disabilities by guaranteeing rights to certain job accommodations including, but not limited to: job-task restructuring, offering modified work schedules, or improving accessibility of work facilities/equipment. ADA accommodations are managed through the Human Resources Employee Relations office. For more information, email

[hrer@mymanatee.org](mailto:hrer@mymanatee.org).

# FLEXIBLE SPENDING ACCOUNTS (FSA)

Manatee County offers two reimbursement accounts to help you pay for eligible, out-of-pocket expenses such as deductibles, copays and childcare. The dollars you set aside come out of each paycheck, tax-free, helping you budget and save money. An FSA can only be elected at time of hire, during Annual Enrollment, or with certain life events (marriage, divorce, birth, etc.). **These Accounts do not renew — A new election must be made each year.**

## HOW AN FSA SAVES MONEY

Let's say you enroll and contribute \$2,500 per year into an FSA and pay an average tax rate of 29.8 percent. By putting that money aside before paying taxes on it rather than allowing the funds to be taxed, **you would save nearly \$750 for the year!**

## HEALTH CARE FSA

You can enroll in a Health Care FSA and elect up to \$3,400 per year to use towards out-of-pocket medical expenses such as, but not limited to:

- Copays
- Deductibles
- Glasses
- Orthodontics

You can pay for your health-related expenses at time of service with an **Inspira** debit card that is linked to your FSA account, or upload receipts through the Inspira Financial website or app for reimbursement. Using the debit card does not eliminate the need to provide receipts when requested, so please keep receipts of all the expenses you place on the debit card. Up to \$680 (*limit current as of January 2026*) of unused funds can be rolled over to the following year. Any remaining balance at the end of that year will be forfeited.

## DEPENDENT DAY CARE FSA

You can enroll in a Dependent Day Care Flexible Spending Account and elect up to \$7,500 to use toward child (age 12 and under) and elder daycare expenses such as:

- Before and after school care
- Daycare, nursery school, and preschool
- Summer day camp
- Care for your spouse or relative who is physically or mentally incapable of self-care and lives in your home

If money is available in your account, you can access your funds within a few days by submitting a receipt for the expenses on the Inspira Financial website or app. Unfortunately, the debit card option is not available with the Dependent Care FSA. The Dependent Care FSA is "use it or lose it." This means that any funds you do not utilize by the end of the year will be forfeited. So, carefully consider your anticipated expenses.

Note: Terminated employees will have access to submit claim reimbursement request(s) for IRS-eligible expenses incurred up until their last day of employment. Any unused amount remaining in the FSA account is forfeited unless an election of FSA continuation under COBRA is made.

For more information, visit <http://manateeyourchoice.com> or call 1-844-729-3539.

# MEDICAL, DENTAL AND VISION PLAN ELIGIBILITY

## Eligible Dependents and Required Documentation

There are very specific criteria that must be met for eligibility. This section is designed to walk you through the questions that need to be asked to determine whether your dependent(s) is/are eligible. Please note that proof of your dependent's legal relationship to you will also be required as part of the eligibility application process. A Qualifying Life Event (page 24) must be submitted along with supporting documents within 31 days of the event (or within 60 days for births, adoptions, and certain State-funded-insurance-plan eligibility changes). **Please note: All dependents must have either a valid Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) to be added to the insurance benefits. Newborn children can receive a temporary SSN. Contact Employee Health Benefits at (941) 748-4501 x6410.**

### WHO ARE MY ELIGIBLE DEPENDENTS?

- Legal spouse
- Children (including stepchildren and adopted children) through the end of the month in which they reach 26 years of age
- Children under guardianship through the end of the month in which they reach 18 years of age
- Disabled children age 26 or older (children must have been disabled and enrolled in the plan before age 26)
- Grandchildren, if the parent is covered under the employee and the grandchild resides with the employee, through the end of the month in which the grandchild reaches 18 months of age
- Dependent children age 26 to 30 \*\*

### REQUIRED DOCUMENTS

- Spouse: Marriage certificate
- Biological/Adopted Children: Birth certificate and, if adopted, legal adoption paperwork
- Stepchildren: Birth certificate with spouse listed as parent and marriage certificate identifying spouse
- Child under Guardianship: Birth certificate along with legal paperwork signed by a judge indicating guardianship
- Disabled Child over age 26: Birth certificate and medical paperwork from a physician indicating disability
- Grandchildren: Birth certificate of the covered dependent and birth certificate of the grandchild
- Dependent Child age 26 to 30 \*\*: Birth certificate and over-age dependent affidavit

\*\* *Your Dependent Child from age 26-30 is eligible for coverage under the following conditions:*

- Child is a resident of the State of Florida or is a full-time or part-time student, AND
- Child is unmarried with no dependents, AND
- Child does not have other private insurance coverage and is not entitled to benefits under the Social Security Act, AND
- Child is not on military duty

# QUALIFYING LIFE EVENT CHANGES

## Events that allow benefit changes outside of Annual Enrollment

A Qualifying Life Event status change is a defined event identified by the IRS, including birth, death, marriage, divorce, adoption, placement for adoption or change in employment status, which may allow an employee to drop, change or enroll in medical, dental, vision and/or a flexible spending account (FSA) outside of the Annual Enrollment period, as long as the event is consistent with the requested coverage change.

### SPECIAL ENROLLMENT PERIOD

A Special Enrollment Period to add coverage is available to employees or dependents who had other health insurance coverage at the time insurance was offered through Manatee County, and the other coverage was the reason for declining enrollment under this Plan. To take advantage of the special enrollment period the employee or dependent must have lost coverage within the last 31 days due to one of the following reasons:

- COBRA continuation was exhausted
- Non-COBRA coverage was terminated whether as a result of loss of eligibility for the coverage (including as a result of divorce, death, termination of employment, or reduction in the number of hours of employment), or employer contributions towards such coverage were terminated. Open Enrollment for a spouse's plan also allows the employee to cancel coverage to join the other plan or add dependents coming from the spouse plan to theirs.

The Employee must request enrollment under this Plan **no later than 31 days after** the date of the end of the COBRA continuation, termination of coverage, or termination of employer contribution, with proof of termination and of the date of the loss of coverage, or proof of the open enrollment effective date of the spouse's plan.

### COVERAGE CHANGES

The employee may drop, add or change coverage if the request is made **no later than 31 days after** marriage, divorce, or death (of a dependent).

The employee may drop, add or change coverage if the request is made **no later than 60 days after** birth of a child, adoption (or placement for adoption), or eligibility/loss of eligibility for any State-funded programs including Medicaid, Florida Kid Care and Healthy Kids.

### EFFECTIVE DATE

The effective date of coverage for birth of a baby, adoption, or placement for adoption, will be the date of the event. The effective date of coverage for all other Qualifying Life Event enrollments will be the first day of the month following the date of the Qualifying Life Event.

### DOCUMENTATION REQUIREMENTS

The following documents are required for Qualifying Life Event status changes:

- Marriage: Marriage certificate
- Birth: Birth certificate
- Adoption: Birth certificate and legal adoption paperwork
- Loss of other coverage: Proof of coverage loss

# 457(b) DEFERRED COMPENSATION

## A tax-favored supplemental retirement savings program

The **Voya Financial** 457(b) Deferred Compensation Plan allows employees to pay themselves first by contributing towards a retirement account through payroll deduction. This program is designed to help build your own additional financial security and supplement your other retirement income. Employees can choose between a traditional 457(b) plan with pre-tax (tax-deferred) contributions or a Roth 457(b) plan with post-tax contributions.



### WHO'S ELIGIBLE?

Any employee of an agency listed below (see How to Enroll—Contacts) who is interested in paying themselves first through a supplemental retirement program can participate.

### HOW TO ENROLL

You can enroll in the 457(b) Deferred Compensation Plan at any time.

#### Contacts:

Board of County Commissioners **	..... (941) 748-4501 x3865 or <a href="mailto:benefits@mymanatee.org">benefits@mymanatee.org</a>
Clerk of Courts	..... (941) 749-1800 x4009
Manatee County Sheriff's Office	..... (941) 747-3011 x2266
Property Appraiser	..... (941) 748-8208 x5654
Tax Collector	..... (941) 741-4800 x4842

\*\* Board of County Commissioner employees can set up an account through Voya Financial at any time. Go to <http://enroll.voya.com>. Enter plan number 664385, verification number 080357, and location code 0001. If you have any questions about setting up your account online, contact Voya customer service at 1-800-584-6001.

#### For investment inquiries, contact:

Erin Morse, Financial Advisor — Voya Financial  
(813) 281-3746 or [erin.morse@voyafa.com](mailto:erin.morse@voyafa.com)

Learn more about the 457(b) Deferred Compensation Plan at <http://manateeyourchoice.com>.

## PUBLIC SERVICE LOAN FORGIVENESS (PSLF)

As a government employee, you may be eligible for the Public Service Loan Forgiveness (PSLF) Program. The PSLF Program forgives the remaining balance on certain federal student loans. Direct Loans may be eligible for forgiveness after you've made the equivalent of 120 qualifying monthly payments under an accepted repayment plan while working full-time for an eligible government or non-profit employer.

For information, or to submit documentation, please email [tuitionreimbursement@mymanatee.org](mailto:tuitionreimbursement@mymanatee.org).

# LAMP BEHAVIORAL HEALTH

## The Manatee YourChoice Medical Plan Option for EAP (Employee Assistance Program)

**LAMP (Lifestyle Assistance and Modification Program)** offers assistance to employees and members covered under the Manatee YourChoice Medical Plan in addressing emotional, behavioral, and addiction concerns. Services are designed to empower participants to make healthy changes that can result in an improved quality of life. Services are voluntary and confidential.

### BOTH MEDICAL PLAN LEVELS (ULTIMATE AND BEST) HAVE THE SAME LAMP BENEFITS

- Assessment/Screenings
- Referrals
- Behavioral Issues
- Lifestyle Changes
- Health Management
- Alcohol and Drug Abuse
- Depression
- Anxiety
- Stress and Resilience
- Marriage & Family
- Communication
- Grief
- Anger
- Tobacco Cessation Coaching
- Psychiatric Evaluations and Medication Management

### WHY WOULD I NEED TO USE LAMP SERVICES?

Dealing with the demands of today's fast paced world — trying to balance work, community and home — can become overwhelming and impact our daily lives in a negative way. These demands can have an impact on our health, career, financial security, relationships and family. Whether seeking services for personal growth, everyday stressors, or more urgent concerns, LAMP professionals are here to assist you while you find your balance and reach your potential for personal wellness.

We have a network of providers that offer personalized assistance. LAMP also offers in-house counseling and psychiatric services.

### COUNSELING SERVICES

- First 5 sessions are free of charge \*\*
- \$15 per session in-house
- \$30 per session in-network

### PSYCHIATRIC SERVICES

- First visit is free of charge for in-house
- \$15 per session in-house
- \$30 per session in-network

*\*\* Employees not covered under the Manatee YourChoice Medical Plan can access the first-5-free counseling sessions. Dependents not covered on the Medical Plan cannot use LAMP services.*

### WHAT SERVICES DOES LAMP PROVIDE?

LAMP services are provided by experienced certified and State licensed counselors. Services are available in-house and/or referrals are available to additional providers within the community. Appointments and locations are flexible. Worksite services and programs are also offered; programs may include stress management, team-building, communications and other specialized programs. Everything discussed with your LAMP Advocate is HIPAA mandated and strictly confidential in accordance with all state and federal laws. No information is shared without your written permission.

### CONTACT INFORMATION

LAMP Line: (941) 741-2995

# EMPLOYEE ASSISTANCE PROGRAM (EAP)

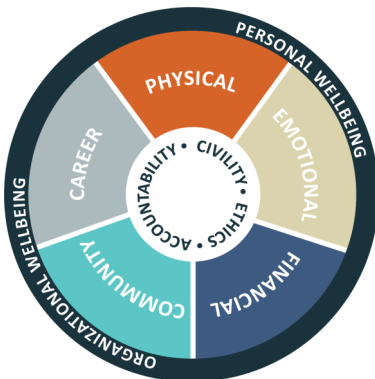
Available 24 hours per day / 7 days per week! Phone number: **1-844-301-8443**

Emotional wellbeing support: No cost, Confidential, Voluntary

**ComPsych EAP** is an employee benefit, not a medical plan benefit. This means ALL employees and family members are eligible to utilize ComPsych, regardless of medical plan status! Simply call the main line to get connected with an appropriate counselor.

Every individual is eligible for short term counseling which includes 5 sessions per issue, per year. That means employees and their families have almost unlimited support throughout the year with this program. If further support is wanted, the ComPsych team will help you find a counselor for continuing sessions. Some of these options include using our in-house LAMP services. If you are not on the Manatee YourChoice medical plan, you can use our in-house LAMP counselors at no charge for 5 sessions. If you are on the Manatee YourChoice medical plan, you can choose in-house for 5 free sessions or an in-network provider within the community as well. Copays apply after the first 5 of the long-term sessions.

## WELLBEING PROGRAM BENEFITS



At Manatee County Government, we are committed to providing quality service with an emphasis on accountability, civility and ethics, and we believe that this can only be accomplished through the leadership of our employees. At the heart of it all, our employees have a passion for public service. They form partnerships, drive innovation, and invest in people and our community, every single day. That is why we invest in a holistic wellbeing approach and offer programs and services in the areas of physical, emotional, financial, community, and career health. When each of these areas are well, our

employees are able to bring their best selves to work and help us make Manatee County a premier place in which to live and work and play.

### WHO'S ELIGIBLE?

Employees not on the medical plan are eligible for some, but not all, wellbeing programs. Refer to the Employee Wellness Program Policy at <http://manateeyourchoice.com> for details.

# EMPLOYEE WELLNESS PROGRAM

## FOR EMPLOYEES ON THE YOURCHOICE MEDICAL PLAN

Manatee County Government employees and their dependents (see eligibility notes below), **on the YourChoice Medical Plan** are eligible to participate in the following YourChoice Wellness Programs and Services:

- Access to Wellbeing Workshops including “Lose to Win,” Diabetes Management, “Health Takes Guts,” Financial Workshops and more \*\*
- *Give Me 5* — A complete wellness experience made up of five powerful programs, each focused on a different area of your health. Together, they form one simple, supportive path to living better, feeling stronger, and taking control of your wellbeing. These benefits are:
  - In-house LAMP Benefits (Behavioral Health) — 5 counseling sessions per calendar year at no cost \*\*\*
  - Registered Dietitian — 5 Nutritional sessions per calendar year at no cost
  - Personal Training — 5 Personal Training sessions per calendar year at no cost \*\*\*\*
  - Health Coaching — 5 Health Coaching sessions per calendar year at no cost \*\*\*\*
  - Symmetry AlignSmart — 5 Posture Assessment/Correction sessions per calendar year at no cost \*\*\*\*
- On-site Health Fairs and Wellbeing challenges
- Access to ComPsych (EAP) for counseling, financial, or legal services

### Eligibility notes:

\*\* = Eligibility may vary by age or other qualifications

\*\*\* = Limited to employees and dependents age 7+

\*\*\*\* = Limited to adult members of the medical plan

## FOR EMPLOYEES NOT ON THE YOURCHOICE MEDICAL PLAN

Manatee County Government employees (but not dependents of employees) **who are not on the YourChoice Medical Plan** are still eligible to participate in the following YourChoice Wellness Programs and Services:

- Wellness presentations, on-site Health Fairs, and Wellbeing challenges
- In-house LAMP Benefits (Behavioral Health) — 5 counseling sessions per calendar year at no cost
- Access to ComPsych (EAP) for counseling, financial, or legal services

## WELLBEING AT WORK

The **Wellbeing at Work** program provides opportunities for Manatee County Government employees to engage in worksite activities that promote one’s overall wellbeing, such as educational classes, ergonomic assessments, posture checks, challenges, and much more. Many worksites have a designated Wellbeing Champion who brings these resources to the worksite throughout the year.

