

Benefits

July 1, 2025 – June 30, 2026



Below is a snapshot that provides you with a basic summary of each of the in-network benefits City of Beaufort offers.

The following benefit summary is a non-legal outline of the benefits. Refer to the full plan documents for more specific details.

Medical	
BCBS of SC Group #70-84733 (800) 760-9290 www.southcarolinablues.com Benefit Period: July 1 – June 30	
HDHP	CO-PAY PLAN
<ul style="list-style-type: none"> • Deductible: \$3,950 (Individual) / \$7,900 (Family) • You pay 30% coinsurance after the deductible • Max Out of Pocket: \$5,200 (Individual) / \$10,400 (Family) • You can contribute into a Health Savings Account 	<ul style="list-style-type: none"> • Deductible: \$1,500 (Individual) / \$3,000 (Family) • You pay 30% coinsurance after the deductible • Max Out of Pocket: \$7,900 (Individual) / \$15,800 (Family) • \$20/\$40 office visit co-pay (Primary Care / Specialist) • Prescription Drugs: \$15/\$40/\$70/\$125 co-pay
Flexible Spending Accounts (FSA)	
Flores (800) 331-9610 www.flores247.com	<ul style="list-style-type: none"> • HCFSAs IRS Limits: \$3,300 • DCFSAs IRS Limits: \$5,000 (\$2,500 if married and filing separately)
Telehealth	
HealthiestYou (866) 703-1259 www.healthiestyou.com	<ul style="list-style-type: none"> • Access medical care by phone or online video. • Available to elect for those enrolling in the Co-pay medical plan
Dental	
Delta Dental Group #07170501 (800) 355-8266 www.deltadentalsc.com Benefit Period: January 1 – December 31	<ul style="list-style-type: none"> • \$50 Deductible (Individual) / \$150 Deductible (Family) • You pay: 0%/20%/50%/50% (Preventive / Basic / Major services / Orthodontia) • \$2,000 Annual Maximum • Child Orthodontia \$2,000 Lifetime Max • Maximum Rollover: \$400 up to \$1,500 Account Limit
Vision	
Community Eye Care Group #CITYBEAU01 (888) 254-4290 www.cecvision.com Benefit Period: July 1 – June 30	<ul style="list-style-type: none"> • \$10 exam co-pay/\$20 materials co-pay/\$10 contact lens fitting co-pay • \$175 allowance for frames/\$175 allowance for contact lenses (Contacts are in-lieu of glasses) • Frequency: 12/12/12 (Exams/Frames/Lenses or Contacts)
Life/AD&D and Disability	
Mutual of Omaha Group #G000AWVK (800) 775-8805 www.mutualofomaha.com	
Basic Life/ AD&D	<ul style="list-style-type: none"> • \$25,000; benefit amount
Voluntary Life/ AD&D	<ul style="list-style-type: none"> • Employee Amount: increments of \$10,000 up to \$500,000 • Spouse Amount: 100% of employee coverage up to \$100,000 • Child(ren) Amount: \$15,000; covers all child(ren)
Voluntary Short Term Disability	<ul style="list-style-type: none"> • 60% weekly earnings up to \$1,500 per week • Benefits begin on 15th day of disability for up to 11 weeks
Long Term Disability	<ul style="list-style-type: none"> • 60% monthly earnings up to \$8,000 per month • Benefits begin on 91st day of disability for up to SSNRA
Additional Voluntary Benefits	
Colonial Life (800) 325-4368 Visit www.coloniallife.com	<ul style="list-style-type: none"> • Critical Care, Accident (off/on job), Whole Life, Gunshot Wound
Employee Assistance Program (EAP)	
SupportLinc Group Code: cityofbeaufort (888) 881-5462 www.supportlinc.com	



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