



Plan Year: July 1, 2021 – June 30, 2022

# Employee Benefits Guide

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***All information in this booklet is a brief description of your coverage and is not a contract. Please refer to your policy or certificate for each product for the exact terms and conditions.***



# DISCLAIMER

This guide is a brief summary of benefits offered to your group and does not constitute a policy.

Your employer may amend the benefits program at any time. Your Summary Plan Description (SPD) will contain the actual detailed provisions of your benefits. The SPD will be available at [mymarkiii.com](http://mymarkiii.com)

If there are any discrepancies between the information in this guide and the SPD, the language in the SPD will always prevail.



# Important Points

✓ Your plan year runs from **July 1, 2021 to June 30, 2022**. This means your benefit elections will take effect July 1, 2021 unless otherwise noted.

✓ **Web Enrollment Dates:** April 14<sup>th</sup> – May 14<sup>th</sup>, 2021

✓ Payroll deductions for this year's enrollment will start:

	Pay Period	Deduction Date
<b>Health, Dental, Vision &amp; Life</b>	5/29/2021 – 6/11/2021	6/18/2021
<b>STD &amp; LTD</b>	5/29/2021 – 6/11/2021	6/18/2021
<b>Flexible Spending Account(s)</b>	6/26/2021 – 7/09/2021	7/16/2021

✓ Participants are required to have a prescription for Over-the-Counter (OTC) medicines to be eligible under their FSA plan.

✓ **REMEMBER:** Employees **MUST re-enroll** in their Flexible Spending Account and Dependent Care Account each year! It will not automatically renew.

✓ ***Please remember to keep your existing FBA debit card.*** Your card is good for 3 years from issue date. Your account will be replenished if you re-elect a Flexible Spending Account for the new plan year.

✓ Pre-taxed elections made during annual enrollment ***cannot be changed once the enrollment period ends*** unless you have a qualifying event such as marriage, divorce, death of a spouse or child, birth or adoption, termination of employment or change in employment hours from full-time to part-time or vice-versa.

✓ If you should have a qualifying event, you will have 30-days from the date of the qualifying event to request a change to your current benefit and medical and dependent care flexible spending account elections. The participant's election change must be consistent with the qualifying event. All requests must be made in writing to Staci Warren in the Forsyth County Government's benefits office.

✓ Expenses for the Medical and Dependent Care Flexible Spending Accounts must be incurred during the plan year to be eligible for reimbursement. You have a 90-day run-out period to remit receipts.

✓ Contributions are treated on a ***"use it or lose it"*** basis. If you do not incur expenses during the plan year for reimbursement, you will lose it. Therefore, the key to participation is to be conservative.

✓ Any questions regarding your Medical or Dependent Care Flexible Spending Account can be directed to [www.mywealthcareonline.com/fba](http://www.mywealthcareonline.com/fba) or you can call Customer Contact Center at 800-437-FLEX.

✓ Any questions regarding all other benefits can be directed to Forsyth County Human Resources at 336-703-2400.

# Qualifying Life Events

Open Enrollment selections are generally locked for the plan year, but certain exceptions called Qualifying Life Events (QLEs) can grant you a special enrollment period in which to make midyear changes. You are permitted to change benefit elections if you have a “change in status” and you make an election change that is consistent with the “change in status.”

## Examples of QLEs

The following events will open a special **30-day** enrollment period from the date of the event, allowing you to make changes to your coverage.



marriage



divorce



childbirth/  
adoption



death of a  
family  
member



loss of  
parental  
coverage



spouse gains  
or loses  
coverage



# Welcome to Your Benefits!

Mark III Employee Benefits is here to help guide you through the benefits offered by your employer. If you have any questions regarding your benefits, please feel free to contact Mark III at:

**Mark III Employee Benefits**  
**(800) 532-1044 (toll-free)**

**Cindy Horton, Account Manager**  
**(704) 365-4280 ext. 210**

As stated in the disclaimer, this guide is simply a brief summary of benefits offered and does not constitute a policy. Before we review benefits offered, let's look at the difference in pre-tax vs post-tax benefits.

## Pre-Tax

A "pre-tax basis" means that the money you pay towards the cost of coverage comes out of your salary before you pay any taxes on it. By choosing this option, you reduce your taxable income, therefore reducing the taxes you owe. If you choose this option, you cannot drop coverage until the next annual enrollment period or until you have a qualifying change in your status (i.e. birth of a child, divorce, separation, reduction in hours, etc.). If your premiums are deducted on a pre-tax basis, any benefits received under the plan could be treated as taxable income.

- ✓ Cigna Medical
- ✓ Cigna Vision
- ✓ FBA Flexible Spending Accounts
- ✓ Ameritas Dental
- ✓ Superior Vision

## Post-Tax

A "post-tax basis" means that the money you pay towards the cost of coverage comes out of your salary after you pay taxes. Although you do not get any savings from taxes, you have the flexibility of dropping your coverage at any time.

- ✓ AUL Short-Term Disability
- ✓ AUL Long-Term Disability
- ✓ The Hartford Term Life

# View Your Benefits

Find details about all of your benefits, download forms, submit claims, ask questions, and more at <https://markiii.com/employees/>.



- ✓ Benefits Guide
- ✓ Product Videos
- ✓ Policy Certificates
- ✓ Plan Forms
- ✓ Contact Info
- ✓ Enrollment Info

Available 24/7\* from any internet enabled device for your convenience.

*\*As with all technology, due to technical difficulties beyond our control there may be small windows of time the benefits website is down. In case of an outage, plan information can always be requested from your HR office or Mark III Employee Benefits.*



# Filing a Claim



## **Ameritas Dental**

Visit <https://markiii.com/employees/> to download your claim form, or simply log onto <https://www.Ameritas.com> to file an electronic claim, or you can download a claim form and submit to:  
P.O. Box 82520 | Lincoln, NE 68501-2520



## **Superior Vision**

Visit <https://markiii.com/employees/> to download your claim form. Mail or fax a copy of the itemized invoice or receipt imprinted with the provider's name and address along with the form to the contact information below. Fax your claim to 916-852-2277 or mail to:

Superior Vision Services, Inc.  
Attn: Claims Processing  
P.O. Box 967  
Rancho Cordova, CA 95741



## **AUL Disability**

Visit <https://markiii.com/employees/> to download your claim form. There are four options for submitting your Short or Long-Term Disability claim:

1. Call the disability claim team at 1-855-517-6365. You should have all information available before calling the disability claim team
2. Email to [Disability.claims@oneamerica.com](mailto:Disability.claims@oneamerica.com)
3. Fax to 1-844-287-9499
4. Mail to American United Life Insurance Company, P.O. Box 9060, Portland, ME 04104.








# HEALTHY LIVING


Core Benefit options to keep  
you and your family healthy.

**Summary of Benefits and Coverage:** What this Plan Covers & What You Pay For Covered Services  
 Forsyth County Government: Open Access Plus

Coverage Period: 07/01/2021 - 06/30/2022  
 Coverage for: Individual/Individual + Family | Plan Type: OAP

 <b>The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.</b> For more information about your coverage, or to get a copy of the complete terms of coverage, go online at <a href="http://www.cigna.com/sp">www.cigna.com/sp</a> . For general definitions of common terms, such as <u>allowed amount</u> , <u>balance billing</u> , <u>coinsurance</u> , <u>copayment</u> , <u>deductible</u> , <u>provider</u> , or other <u>underlined</u> terms, see the <u>Glossary</u> . You can view the <u>Glossary</u> at <a href="https://www.healthcare.gov/sbc-glossary">https://www.healthcare.gov/sbc-glossary</a> or call 1-800-Cigna24 to request a copy.	
Important Questions	Answers
<b>What is the overall deductible?</b>	For <u>in-network providers</u> : \$1,500/individual or \$4,500/family For <u>out-of-network providers</u> : \$2,250/individual or \$6,750/family
<b>Are there services covered before you meet your deductible?</b>	Yes. <u>In-network preventive care &amp; immunizations</u> , <u>office visits</u> , <u>prescription drugs</u> , <u>emergency room visits</u> , <u>urgent care facility visits</u> .
<b>Are there other deductibles for specific services?</b>	No.
<b>What is the out-of-pocket limit for this plan?</b>	For <u>in-network providers</u> : \$2,500/individual or \$7,500/family For <u>out-of-network providers</u> : \$4,250/individual or \$12,750/family Combined <u>medical/behavioral and pharmacy out-of-pocket limit</u>
<b>What is not included in the out-of-pocket limit?</b>	Penalties for failure to obtain <u>pre-authorization</u> for services, <u>premiums</u> , <u>balance-billing charges</u> , and health care this <u>plan</u> doesn't cover.
	<b>Why This Matters:</b> Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own <u>individual deductible</u> until the total amount of <u>deductible expenses</u> paid by all family members meets the <u>overall family deductible</u> . This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> . You don't have to meet <u>deductibles</u> for specific services. The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met. Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .

Important Questions	Answers	Why This Matters:
<b>Will you pay less if you use a network provider?</b>	Yes. See <a href="http://www.cigna.com">www.cigna.com</a> or call 1-800-Cigna24 for a list of network providers.	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider in the plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider for the difference between the provider's charge and what your plan pays (balance billing)</u> . Be aware your network <u>provider might use an out-of-network provider for some services (such as lab work)</u> . Check with your <u>provider</u> before you get services.
<b>Do you need a referral to see a specialist?</b>	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

 All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$30 <u>copay/visit</u> Deductible does not apply	30% <u>coinsurance</u>	None
	Specialist visit	\$60 <u>copay/visit</u> Deductible does not apply	30% <u>coinsurance</u>	None
	Preventive care/ screening/ immunization	No charge/visit** No charge/screening** No charge/immunizations** **Deductible does not apply	30% <u>coinsurance/visit</u> 30% <u>coinsurance/ screening</u> 30% <u>coinsurance/ immunizations</u>	None None None You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	20% <u>coinsurance</u>	30% <u>coinsurance</u>	None
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	30% <u>coinsurance</u>	\$750 penalty for no out-of-network precertification.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you need drugs to treat your illness or condition</b> More information about prescription drug coverage is available at <a href="http://www.cigna.com">www.cigna.com</a>	Generic drugs (Tier 1)	\$5 copay/prescription (retail 30 days), \$15 copay/prescription (retail & home delivery 90 days) <u>Deductible does not apply</u>	25% coinsurance/prescription (retail); Not covered (home delivery) <u>Deductible does not apply</u>	Coverage is limited up to a 90-day supply (retail and home delivery); up to a 30-day supply (retail and home delivery) for <u>Specialty drugs</u> . Certain limitations may apply, including, for example: prior authorization, step therapy, quantity limits. For drugs in the Cigna Patient Assurance Program you may pay less than the noted retail or home delivery cost share amounts. In-network Federally required preventive drugs will be provided at no charge. \$750 penalty for no out-of-network precertification. \$750 penalty for no out-of-network precertification. Per visit <u>copay</u> is waived if admitted None None \$750 penalty for no out-of-network precertification. \$750 penalty for no out-of-network precertification.
	Preferred brand drugs (Tier 2)	\$45 copay/prescription (retail 30 days), \$135 copay/prescription (retail & home delivery 90 days) <u>Deductible does not apply</u>	25% coinsurance/prescription (retail); Not covered (home delivery) <u>Deductible does not apply</u>	
	Non-preferred brand drugs (Tier 3)	\$60 copay/prescription (retail 30 days), \$180 copay/prescription (retail & home delivery 90 days) <u>Deductible does not apply</u>	25% coinsurance/prescription (retail); Not covered (home delivery) <u>Deductible does not apply</u>	
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	30% coinsurance	\$750 penalty for no out-of-network precertification. \$750 penalty for no out-of-network precertification.
	Physician/surgeon fees	20% coinsurance	30% coinsurance	
<b>If you need immediate medical attention</b>	<u>Emergency room care</u>	\$250 copay/visit <u>Deductible does not apply</u>	\$250 copay/visit <u>Deductible does not apply</u>	Per visit <u>copay</u> is waived if admitted None None \$750 penalty for no out-of-network precertification. \$750 penalty for no out-of-network precertification.
	<u>Emergency medical transportation</u>	20% coinsurance	20% coinsurance	
	<u>Urgent care</u>	\$60 copay/visit <u>Deductible does not apply</u>	\$60 copay/visit <u>Deductible does not apply</u>	
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	20% coinsurance	30% coinsurance	\$750 penalty for no out-of-network precertification. \$750 penalty for no out-of-network precertification.
	Physician/surgeon fees	20% coinsurance	30% coinsurance	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$30 copay/office visit** 20% coinsurance/all other services **Deductible does not apply	30% coinsurance/office visit 30% coinsurance/all other services	\$750 penalty if no percent of out-of-network non-routine services (i.e., partial hospitalization, etc.).  \$750 penalty for no out-of-network precertification.
	Inpatient services	20% coinsurance	30% coinsurance	
	Office visits	20% coinsurance	30% coinsurance	
If you are pregnant	Childbirth/delivery professional services	20% coinsurance	30% coinsurance	Primary Care or Specialist benefit levels apply for initial visit to confirm pregnancy. Cost sharing does not apply for preventive services. Depending on the type of services, a copayment, coinsurance or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery facility services	20% coinsurance	30% coinsurance	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<p><b>If you need help recovering or have other special health needs</b></p>	<u>Home health care</u>	20% <u>coinsurance</u>	30% <u>coinsurance</u>	\$750 penalty for no out-of-network precertification. 16 hour maximum per day
	<u>Rehabilitation services</u>	\$30 <u>copay/PCP visit**</u> \$60 <u>copay/ Specialist visit**</u> ** <u>Deductible does not apply</u>	30% <u>coinsurance/PCP visit</u> 30% <u>coinsurance/ Specialist visit</u>	\$750 penalty for failure to precertify out-of-network speech therapy services. Coverage is limited to annual max of: 60 days for Rehabilitation and Chiropractic care services; 36 days for Cardiac rehab services
	<u>Habilitation services</u>	\$30 <u>copay/PCP visit**</u> \$60 <u>copay/ Specialist visit**</u> ** <u>Deductible does not apply</u>	30% <u>coinsurance/PCP visit</u> 30% <u>coinsurance/ Specialist visit</u>	Limits are not applicable to mental health conditions for Physical, Speech and Occupational therapies. Services are covered when <u>Medically Necessary</u> to treat a mental health condition (e.g. autism). \$750 penalty for failure to precertify out-of-network speech therapy services.
	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	30% <u>coinsurance</u>	Limits are not applicable to mental health conditions for Physical, Speech and Occupational therapies.
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	30% <u>coinsurance</u>	\$750 penalty for no out-of-network precertification. Coverage is limited to 60 days annual max.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	<u>Hospice services</u>	20% coinsurance/inpatient services 20% coinsurance/outpatient services	30% coinsurance/inpatient services 30% coinsurance/outpatient services	\$750 penalty for no out-of-network precertification.
<b>If your child needs dental or eye care</b>	Children's eye exam	Not covered	Not covered	None
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	Not covered	Not covered	None

**Excluded Services & Other Covered Services:**

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)
<ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Cosmetic surgery</li> <li>• Dental care (Adult)</li> <li>• Dental care (Children)</li> </ul>
<ul style="list-style-type: none"> <li>• Eye care (Children)</li> <li>• Long-term care</li> <li>• Non-emergency care when traveling outside the U.S.</li> <li>• Private-duty nursing</li> </ul>
<ul style="list-style-type: none"> <li>• Routine eye care (Adult)</li> <li>• Routine foot care</li> <li>• Weight loss programs</li> </ul>
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)
<ul style="list-style-type: none"> <li>• Bariatric Surgery (in-network only)</li> <li>• Chiropractic care (combined with <u>Rehabilitation Services</u>)</li> </ul>
<ul style="list-style-type: none"> <li>• Hearing aids (2 devices per 36 months, through age 21)</li> <li>• Infertility treatment (in-network only)</li> </ul>



#### **Your Rights to Continue Coverage:**

There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.ccoio.cms.gov](http://www.ccoio.cms.gov). Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

#### **Your Grievance and Appeals Rights:**

There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#) or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Cigna Customer service at 1-800-Cigna24. Additionally, a consumer assistance program can help you file your [appeal](#). Contact: North Carolina Department of Insurance at (855) 408-1212.

#### **Does this plan provide Minimum Essential Coverage? Yes**

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

#### **Does this plan meet the Minimum Value Standards? Yes**

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

#### **Language Access Services:**

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-244-6224.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-244-6224.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-244-6224.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-244-6224.

-----To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.-----



About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

**Peg is Having a Baby**

(9 months of in-network pre-natal care and a hospital delivery)

- **The plan's overall deductible** \$1,500
- **Specialist copayment** \$60
- **Hospital (facility) coinsurance** 20%
- **Other coinsurance** 20%

**This EXAMPLE event includes services like:**

Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
 Diagnostic tests (*ultrasounds and blood work*)  
 Specialist visit (*anesthesia*)

**Total Example Cost** \$12,700

**In this example, Peg would pay:**

<i>Cost Sharing</i>	
Deductibles	\$1,500
Copayments	\$30
Coinsurance	\$1,000
<i>What isn't covered</i>	
Limits or exclusions	\$20
<b>The total Peg would pay is</b>	<b>\$2,520</b>

**Managing Joe's type 2 Diabetes**

(a year of routine in-network care of a well-controlled condition)

- **The plan's overall deductible** \$1,500
- **Specialist copayment** \$60
- **Hospital (facility) coinsurance** 20%
- **Other coinsurance** 20%

**This EXAMPLE event includes services like:**

Primary care physician office visits (*including disease education*)  
 Diagnostic tests (*blood work*)  
 Prescription drugs  
 Durable medical equipment (*glucose meter*)

**Total Example Cost** \$5,600

**In this example, Joe would pay:**

<i>Cost Sharing</i>	
Deductibles	\$120
Copayments	\$500
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$640</b>

**Mia's Simple Fracture**

(in-network emergency room visit and follow up care)

- **The plan's overall deductible** \$1,500
- **Specialist copayment** \$60
- **Hospital (facility) coinsurance** 20%
- **Other coinsurance** 20%

**This EXAMPLE event includes services like:**

Emergency room care (*including medical supplies*)  
 Diagnostic test (*x-ray*)  
 Durable medical equipment (*crutches*)  
 Rehabilitation services (*physical therapy*)

**Total Example Cost** \$2,800

**In this example, Mia would pay:**

<i>Cost Sharing</i>	
Deductibles	\$980
Copayments	\$600
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$1,580</b>

The plan would be responsible for the other costs of these EXAMPLE covered services.

Plan Name: OAP Plan Ben Ver: 20 Plan ID: 12291395

# DISCRIMINATION IS AGAINST THE LAW

## Medical coverage

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file

a grievance by sending an email to [ACAGrievance@Cigna.com](mailto:ACAGrievance@Cigna.com) or by writing to the following address:

Cigna  
Nondiscrimination Complaint Coordinator  
PO Box 188016  
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to [ACAGrievance@Cigna.com](mailto:ACAGrievance@Cigna.com). You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, DC 20201  
1.800.368.1019, 800.537.7697 (TDD)  
Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>.



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. **ATTENTION:** If you speak languages other than English, language assistance services, free of charge are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711). **ATENCIÓN:** Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

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## Proficiency of Language Assistance Services

**English** – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711).

**Spanish** – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

**Chinese** – 注意：我們可為您免費提供語言協助服務。對於 Cigna 的現有客戶，請致電您的 ID 卡背面的號碼。其他客戶請致電 1.800.244.6224（聽障專線：請撥 711）。

**Vietnamese** – XIN LƯU Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Dành cho khách hàng hiện tại của Cigna, vui lòng gọi số ở mặt sau thẻ Hội viên. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Quay số 711).

**Korean** – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주시십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시십시오.

**Tagalog** – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna, tawagan ang numero sa likuran ng iyong ID card. O kaya, tumawag sa 1.800.244.6224 (TTY: I-dial ang 711).

**Russian** – ВНИМАНИЕ: вам могут предоставить бесплатные услуги перевода. Если вы уже участвуете в плане Cigna, позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки участника плана. Если вы не являетесь участником одного из наших планов, позвоните по номеру 1.800.244.6224 (TTY: 711).

**Arabic** – برجاء الانتباه خدمات الترجمة المجانية متاحة لكم. لعملاء Cigna الحاليين برجاء الاتصال بالرقم المودون علي ظهر بطاقتكم الشخصية. او اتصل ب 1.800.244.6224 (TTY: اتصل ب 711).

**French Creole** – ATANSYON: Gen sèvis èd nan lang ki disponib gratis pou ou. Pou kliyan Cigna yo, rele nimewo ki deyè kat ID ou. Sinon, rele nimewo 1.800.244.6224 (TTY: Rele 711).

**French** – ATTENTION: Des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes un client actuel de Cigna, veuillez appeler le numéro indiqué au verso de votre carte d'identité. Sinon, veuillez appeler le numéro 1.800.244.6224 (ATS : composez le numéro 711).

**Portuguese** – ATENÇÃO: Tem ao seu dispor serviços de assistência linguística, totalmente gratuitos. Para clientes Cigna atuais, ligue para o número que se encontra no verso do seu cartão de identificação. Caso contrário, ligue para 1.800.244.6224 (Dispositivos TTY: marque 711).

**Polish** – UWAGA: w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni klienci firmy Cigna mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby prosimy o skorzystanie z numeru 1 800 244 6224 (TTY: wybierz 711).

**Japanese** – 注意事項: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。現在のCignaのお客様は、IDカード裏面の電話番号まで、お電話にてご連絡ください。その他の方は、1.800.244.6224 (TTY: 711) まで、お電話にてご連絡ください。

**Italian** – ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Per i clienti Cigna attuali, chiamare il numero sul retro della tessera di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (utenti TTY: chiamare il numero 711).

**German** – ACHTUNG: Die Leistungen der Sprachunterstützung stehen Ihnen kostenlos zur Verfügung. Wenn Sie gegenwärtiger Cigna-Kunde sind, rufen Sie bitte die Nummer auf der Rückseite Ihrer Krankenversicherungskarte an. Andernfalls rufen Sie 1.800.244.6224 an (TTY: Wählen Sie 711).

**Persian (Farsi)** – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. برای مشتریان فعلی Cigna، لطفاً با شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوا: شماره 711 را شماره‌گیری کنید).

# Summary of Benefits Cigna Health and Life Insurance Company



## Cigna Vision Forsyth County Government E1 - Standard PPO Exam Only Plan

### Welcome to Cigna Vision Schedule of Vision Coverage

Coverage	In-Network Benefit	Out-of-Network Benefit	Frequency Period **
Exam Copay	\$0	N/A	12 months
Exam Allowance (once per frequency period)	Covered 100% after Copay	Up to \$45	12 months

\*\* Your Frequency Period begins on January 1 (Contract year basis)

#### Definitions:

**Copay:** the amount you pay towards your exam.

**Coinsurance:** the percentage of charges Cigna will pay. Customer is financially responsible for the balance.

**Allowance:** the maximum amount Cigna will pay. Customer is financially responsible for any amount over the allowance.

- To receive in-network benefits, you cannot use this coverage with any other discounts, promotions, or prior orders.
- If you use other discounts and/or promotions instead of this vision coverage, or go to an out-of-network eye care professional, you may file an out-of-network claim to be reimbursed for allowable expenses.

#### In-Network Coverage Includes:

- One vision and eye health evaluation including but not limited to eye health examination, dilation, refraction, and prescription for glasses.

#### Healthy Rewards® - Vision Network Savings Program:

- When you see a Cigna Vision Network Eye Care Professional\*, you can save 20% (or more) on additional frames and/or lenses, including lens options, with a valid prescription. This savings does not apply to contact lens materials. See your Cigna Vision Network Eye Care Professional for details.

#### What's Not Covered:

- Orthoptic or vision training and any associated supplemental testing
- Medical or surgical treatment of the eyes
- Any eye examination, or any corrective eyewear, required by an employer as a condition of employment
- Any injury or illness when paid or payable by Workers' Compensation or similar law, or which is work-related
- Charges in excess of the usual and customary charge for covered Services
- Charges incurred after the policy ends or the insured's coverage under the policy ends, except as stated in the policy
- Experimental or non-conventional treatment or device
- Claims submitted and received in-excess of twelve (12) months from the original Date of Service

#### How to use your Cigna Vision Benefits

(Please be aware that the Cigna Vision network is different from the networks supporting our health/medical plans).



### 1. Finding a doctor

There are three ways to find a quality eye doctor in your area:

1. Log in to **myCigna.com**, go to your Cigna Vision coverage page and select "View Details." Then select "Find a Cigna Vision Network Eye Care Professional" to search the Cigna Vision Directory.
2. Don't have access to **myCigna.com**? Go to **Cigna.com** and click on the orange Find a Doctor tab at the top. Then select "Vision Directory", for routine eye exams and eyewear services, from the Other Directories listed below.
3. Prefer the phone? Call the toll-free number found on your Cigna insurance card and talk with a Cigna Vision customer service representative.

### 2. Schedule an appointment

Identify yourself as a Cigna Vision customer when scheduling an appointment. Present your Cigna or Cigna Vision ID card at the time of your appointment, which will quickly assist the doctor's office with accessing your plan details and verifying your eligibility.

### 3. Out-of-network plan reimbursement

#### How to use your Cigna Vision Benefits

Send a completed Cigna Vision claim form and itemized receipt to: Cigna Vision, Claims Department: PO Box 385018, Birmingham, AL 35238-5018.

To get a Cigna Vision claim form:

- Go to **Cigna.com** and go to Forms, Vision Forms
- Go to **myCigna.com** and go to your vision coverage page

Cigna Vision will pay for covered expenses within ten business days of receiving the completed claim form and itemized receipt.

Benefits are underwritten or administered by Connecticut General Life Insurance Company or Cigna Health and Life Insurance Company. Any benefit information displayed is intended as a summary of benefits only. It does not describe all the terms, provisions and limitations of your plan. Participating providers are independent contractors solely responsible for your routine vision examinations and products.

"Cigna" is a registered service mark, and the "Tree of Life" logo, "Cigna Vision" and "CG Vision" are service marks, of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries, including Connecticut General Life Insurance Company and Cigna Health and Life Insurance Company, and not by Cigna Corporation. In Arizona and Louisiana, the Cigna Vision product is referred to as CG Vision. Healthy Rewards® - Vision Network Savings Program powered by Cigna Vision is a discount program, not an insured benefit.





## DISCRIMINATION IS AGAINST THE LAW

### Vision coverage

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by sending an email to [ACAGrievance@Cigna.com](mailto:ACAGrievance@Cigna.com) or by writing to the following address:

Cigna  
Nondiscrimination Complaint Coordinator  
PO Box 188016  
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to [ACAGrievance@Cigna.com](mailto:ACAGrievance@Cigna.com). You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, DC 20201  
1.800.368.1019, 800.537.7697 (TDD)  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company and Connecticut General Life Insurance Company. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. ATTENTION: If you speak languages other than English, language assistance services, free of charge are available to you. Call 1.877.478.7557 (TTY: 800.428.4833). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.877.478.7557 (TTY: 800.428.4833).

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### Proficiency of Language Assistance Services

**English** - ATTENTION: Language assistance services, free of charge, are available to you. Call 1.877.478.7557 (TTY: 800.428.4833).

**Spanish** - ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1.877.478.7557 (TTY: 800.428.4833).

**Chinese** - 注意：我們可為您免費提供語言協助服務。請致電 1.877.478.7557（聽障專線：800.428.4833）。

**Vietnamese** - XIN LƯU Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi 1.877.478.7557 (TTY: 800.428.4833).

**Korean** - 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.877.478.7557 (TTY: 800.428.4833)번으로 전화해주시십시오.

**Tagalog** - PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Tumawag sa 1.877.478.7557 (TTY: 800.428.4833).

**Russian** - ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.877.478.7557 (линия ТТУ телетайп: 800.428.4833).

**Arabic** - ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.877.478.7557 (رقم هاتف الصم والبكم: 800.428.4833).

**French Creole** - ATANSYON: Gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1.877.478.7557 (TTY: 800.428.4833).

**French** - ATTENTION: Des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le 1.877.478.7557 (ATS: 800.428.4833).

**Portuguese** - ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue 1.877.478.7557 (TTY: 800.428.4833).

**Polish** - UWAGA: Możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1 877 478 7557 (TTY: 800.428.4833).

**Japanese** - 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1.877.478.7557 (TTY: 800.428.4833) まで、お電話にてご連絡ください。

**Italian** - ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1.877.478.7557 (TTY: 800.428.4833).

**German** - ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.877.478.7557 (TTY: 800.428.4833).

**Persian (Farsi)** - توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می شود. با شماره 1.877.478.7557 تماس بگیرید (شماره تلفن ویژه ناشنوايان: 800.428.4833).

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# Medical Premiums

## *Cigna Health Insurance Premiums*

Insured	County Semi-Monthly	Employee Semi-Monthly
Individual	\$409.83	<b>\$56.59</b>
Employee + One	\$510.16	<b>\$159.90</b>
Family	\$713.13	<b>\$323.19</b>







# Flexible Spending Account



*Get reimbursed for out-of-pocket healthcare & child/aged adult day care expenses with tax free dollars!!*

## **Maximize Your Income**

Flexible Spending Accounts (FSAs) allow you to pay certain healthcare and dependent care expenses with pre-tax money. (The key to the Flexible Benefit Plan is that your eligible expenses are paid for with Tax Free Dollars!) You will not pay any federal, state or social security taxes on funds placed in the Plan. You will save approximately \$27.65 to \$37.65 on every \$100 you place in the Plan. The amount of your savings will depend on your federal tax bracket.

## **Eligibility**

Participation in the Plan Begins on July 1, 2021 and ends on June 30, 2022. Employees are eligible to participate in the Plan on the first day of their first pay period. Those employees having a qualifying event are eligible to enroll within 30 days of the qualifying event. Deductions begin on the first pay period following your plan start date. You must complete an enrollment to participate in the Flexible Spending Accounts each year during the enrollment period. If an enrollment is not completed during open enrollment, you will not be enrolled in the plan and you will not be able to join until the next Plan Year or if you have a qualifying event.

## **The Health Care Account is a Pre-Funded Account**

This means that you can submit a claim for medical expenses in excess of your account balance. You will be reimbursed your total eligible expense up to your annual election. The funds that you are pre-funded will be recovered as deductions are deposited into your account throughout the Plan Year.

**Contribution Limits: The maximum you may place in this account for the Plan Year is \$2,746.76.**  
**Contribution Minimum: The minimum you may place in the account for the Plan Year is \$260.00.**

## **Election Changes**

Election changes are only allowed if you experience one of the following qualifying events:

- Marriage or divorce
- Birth or adoption
- Involuntary loss of spouse's medical or dental coverage
- Death of dependent (child or spouse)
- Unpaid FMLA or Non-FMLA leave
- Change in dependent care providers

## **Reimbursement Schedule**

All manual or paper claims received in the office of Flexible Benefit Administrators, Inc. will be processed within one week via direct deposit. You may also use your Benefits Card to pay for expenses. Please refer to the Benefits Card section for details.

## **Online Access**

Flexible Benefit Administrators, Inc. provides on-line account access for all FSA participants. Please visit their website at <https://fba.wealthcareportal.com/> to view the following features:

- FSA Login – view balances, check status and view claims history, download participation forms
- FSA Educational Tools – FSA calculator: estimate how much you can save by utilizing an FSA.

## **Health Care Reimbursement**

With this account, you can pay for your out-of-pocket health care expenses for yourself, your spouse and all of your tax dependents for healthcare services that are incurred during your plan year and while an active participant. Eligible expenses are those incurred "for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body." This is a broad definition that lends itself to creativity.

## Examples of Eligible Health Care Expenses

### Fees/Co-Pays/Deductibles for:

- Acupuncture | Prescription eyeglasses/reading glasses/Contact lens and supplies | Eye Exams/Laser Eye Surgery | Physician | Ambulance | Psychiatrist | Psychologist | Anesthetist | Hospital | Chiropractor | Laboratory/Diagnostic | Fertility Treatments | Surgery | Dental/Orthodontic Fees | Obstetrician | X-Rays | Eye Exams | Prescription Drugs | Artificial limbs & teeth | Orthopedic shoes/inserts | Therapeutic care for drug & alcohol addiction | Vaccinations & Immunizations | Mileage | Take-home screening kits | Diabetic supplies | Routine Physicals | Oxygen | Physical Therapy | Hearing aids & batteries | Medical equipment | Antacids | Pain relievers | Allergy & Sinus Medication

### Over-the-Counter Expense (Examples of medication and drugs that may be purchased in reasonable quantities with a prescription):

- Acne Treatment | Humidifiers | Multivitamins | Herbal Supplements | Baby Formula | Fiber Supplements

## Day Care/Aged Adult Care Reimbursement

The Day Care/Aged Adult Care FSA allows you to pay for day care expenses for your qualified dependent/child with pre-tax dollars. Eligible Day Care/Aged Adult Care expenses are those you must pay for the care of an eligible dependent so that you and your spouse can work. Eligible dependents, as revised under Section 152 of the Code by the Working Families Tax Act of 2005, are defined as either dependent children or dependent relatives that you claim as dependents on your taxes. Refer to the Employee Guide for more details. Eligible dependents are further defined as:

- Under age 13
- Physically or mentally unable to care for themselves such as:
  - Disabled spouse
  - Children who became disabled prior to age 19.
  - Elderly parents that live with you

**Contribution Limits:** The annual maximum contribution may not exceed the lesser of the following:

- **\$5,000 (\$2,500 if married filing separately)**
- Your wages for the year or your spouse's if less than above
- Maximum is reduced by spouse's contribution to a Day Care/Aged Adult Care FSA

## How to Receive Reimbursement

To obtain a reimbursement from your Flexible Spending Account, you must complete a Claim Form. This form is available to you in your Employee Guide or on our website. You must attach a receipt or bill from the service provider which includes all the pertinent information regarding the expense:

- Date of service
- Patient's name
- Amount charged
- Provider's name
- Nature of the expense
- Amount covered by insurance (if applicable)

Canceled checks, bankcard receipts, credit card receipts and credit card statements are NOT acceptable forms of documentation. You are responsible for paying your healthcare or dependent care provider directly.

## Eligible Day Care/Aged Adult Expenses

- Au Pair | Nannies | Before & After Care | Day Camps | Babysitters | Daycare for an Elderly Dependent | Daycare for a Disabled Dependent | Nursery School | Private Pre Schools | Sick Child Center | Licensed Day Care Centers

### Ineligible Expenses:

- Overnight Camps | Babysitting for Social Events | Tuition Expenses including Kindergarten | Food Expenses (if separate from dependent care expenses) | Care provided by children under 19 (or by anyone you claim as a dependent) | Days your spouse doesn't work (though you may still have to pay the provider) | Kindergarten expenses are ineligible as an expense because it is primarily educational, regardless if it is half or full day, private, public, state mandated or voluntary | Transportation, books, clothing, food, entertainment and registration fees are ineligible if these expenses are shown separately on your bill | Expenses incurred while on Leave of Absence or Vacation

## Forfeiting Funds

Plan carefully! Unused funds will be forfeited back to your employer as governed by the IRS's "use-it-or-lose-it" rule. **Your employer has elected to adopt the IRS offered 2 month 15-day grace period.** Please see the Employee Guide for more information.

## How to Enroll in our FSA Plan

### Step 1

Carefully estimate your eligible Health Care and Day Care/Aged Adult Care expenses for the upcoming Plan Year. Then use our online FSA Educational Tools located at <https://fba.wealthcareportal.com/> to help you determine your total expenses for the Plan Year.

### Step 2

Complete your enrollment during the open enrollment period, which instructs payroll to deduct a certain amount of money for your expenses. This amount will be contributed on a pre-tax basis from your paychecks to your FSA. Remember the amount you elect will be set aside before any federal, social security, and state taxes are calculated.

## How the Flexible Benefit Plan Works

	Without FSA	With FSA
Gross Monthly Income	\$2,500.00	\$2,500.00
Eligible Pre-Tax employer medical insurance	\$0.00	\$200.00
Eligible Pre-Tax medical expenses	\$0.00	\$60.00
Eligible Pre-Tax dependent child care expenses	\$0.00	\$300.00
<b>Taxable Income</b>	<b>\$2,500.00</b>	<b>\$1,940.00</b>
Federal Tax (15%)	\$375.00	\$291.00
State Tax (5.75%)	\$125.00	\$97.00
FICA Tax (7.65%)	\$191.25	\$148.41
After-Tax employer medical insurance	\$200.00	\$0.00
After-Tax medical expenses	\$60.00	\$0.00
After-Tax dependent child care expenses	\$300.00	\$0.00
<b>Monthly Spendable Income</b>	<b>\$1,248.75</b>	<b>\$1,403.59</b>

By taking advantage of the Flexible Benefit Plan, this employee was able to increase his/her spendable income by \$154.84 every month! This means an annual tax savings of \$1,858.08. Remember, with the FLEXIBLE BENEFIT PLAN, the better you plan the more you save!





# The FBA Benefits Card

## The easy way to access all of your benefits

*The benefits debit card eliminates the hassles of claim submission and waiting for a reimbursement check.*

### Start Saving Money by Participating in Benefit Accounts

Are your out-of-pocket healthcare, dependent care and transportation costs rising? Tax-advantaged benefit accounts are a great way for you to save your hard-earned money. These accounts can include:

- Flexible spending accounts (FSAs)
- Health reimbursement arrangements (HRAs)
- Health savings accounts (HSAs)
- Dependent care flexible spending accounts (DCAs)
- Commuter accounts (transit/parking)

### Access to Funds

Your benefits debit card gives you easy access to the funds in your tax-advantaged benefit accounts by swiping the card at the point of sale. The card can be used at any qualified service provider that accepts MasterCard.

Funds are automatically transferred from the benefit account directly to qualified providers with no out-of-pocket cost and no need to file a claim for reimbursement.

Your benefits debit card virtually eliminates:

- Out-of-pocket expenses
- Claim forms
- Reimbursement checks

### Multiple Benefit Accounts, One Card

In the event that you have multiple benefit accounts, you need only one benefits debit card. Our technology understands which purchases should be applied to any one of your accounts. If your card is swiped at your child's daycare, the funds will be deducted from your dependent care FSA. Buy a train token automatically with funds from your transit account. It's one smart card!

### Your benefits debit card is as easy as 1-2-3

#### 1. Check your account balance

You can view your transaction history, current balance, claim status, and more by logging in online, calling the phone number on the back of your card or via mobile application, if available.

#### 2. Swipe your benefits debit card

Swipe the card at the point-of-sale for eligible products and services. Most major retail chains utilize a system that will auto-substantiate the purchase, meaning it will approve eligible expenses without requiring submission of receipts. If a purchase is greater than your account balance, you can split the cost at the register or you may submit a manual claim.

#### 3. Keep all your receipts

Though the need for documentation is greatly reduced, it is a good practice to save your receipts in the rare instance documentation is requested by your administrator or in case of an IRS audit.

### How long is my card valid?

As long as you do not have a break in participation, you can use your card for three years, until the expiration date printed on it. If you are still a participant when your card expires, a new card will be automatically mailed to you.



For more information, please call 800-437-3539

P.O. Box 8188 • Virginia Beach, VA 23450 • [www.flex-admin.com](http://www.flex-admin.com)



# Get **CONNECTED** with your account... Wherever, whenever.

Introducing... our convenient participant web site!  
With the online WealthCare Portal you can view your account status, submit claims and report your benefits card lost/stolen right from your computer.

Once your account is established, you can use the same user name and password to access your account via our Mobile App!



## Follow the simple steps below to establish your secure user account.

- Get started by visiting <https://fba.wealthcareportal.com/> and click the register button in the top-right corner of the homepage.
- You will be directed to the registration page.
- Follow the prompts to create your account.
  - User Name
  - Password
  - Name
  - Email Address
  - Employee ID** (Your SSN, no spaces/dashes)
  - Registration ID
  - Employer ID** (FBAFOR)
  - Your Benefits Card Number
- Once completed, please proceed to your account.

## Getting Started is Easy!

If you are having difficulty creating your user account or you have forgotten your password to an existing account, please contact us at 800-437-3539 or [flexdivision@flex-admin.com](mailto:flexdivision@flex-admin.com).





# Your healthcare finances are at your fingertips with the Flexible Benefit Administrators mobile app!

The Flexible Benefit Administrators mobile app provides ultimate convenience and 24/7 access directly from your tablet or mobile device.



## Features

Download on iTunes



Download on Google Play



**Access accounts** – Check balances, view transaction history, and more.



**Manage claims** – Submit new claims, upload receipts and check claims status.



**Track and pay expenses** – Track medical claims and other expenses, plus pay bills electronically.



**Access cards** – Manage card details, access your PIN, and initiate card replacement for lost or stolen cards.



**Receive alerts** – View important account messages.



**Update your profile** – Update personal information, including your email and mobile phone.

## Get Started Today!

Simply search Flexible Benefit Administrators Mobile in iTunes or Google Play store, select “Install”, and log-in online if previously registered or register. Registration requires an employee ID (generally your SSN), employer ID/ benefit debit card number, and valid email address to begin.





# Managing your healthcare finances is easy with the Flexible Benefit Administrators member portal!

The Flexible Benefit Administrators member portal provides you with powerful self-service account access, plus education and decision support tools that help put you in the driver's seat with your healthcare finances.



## Features



**Full account details at your fingertips** – intuitive online access to plan details, account balances and transaction history (including prior years)



**Self-service convenience** – check balances, submit claims and receipt documentation, pay bills, manage investments, and more



**Comprehensive decision support tools** – educational and interactive tools to help you make critical spending and saving decisions throughout the plan year



**Communication when you need it** – manage your preferences, with access to more than 25 alerts to keep you connected to your account



**Value-add services and offers** – to help you get the most value from your healthcare dollars

**Get Started Today!**

Take control of your healthcare finances this open enrollment season by registering for online access to your pre-tax account at [fba.wealthcareportal.com](http://fba.wealthcareportal.com).





# Dental Plan



Dental Plan Summary	
Plan Benefit	Varies by Date of Hire
Type 1	70/80/90/100%
Type 2	70/80/90/100%
Type 3	50%
Deductible	\$50   Calendar Year Type 3 \$50   Lifetime Type 1 & 2
Maximum (per person)	\$1,500 per calendar year
Allowance	90 <sup>th</sup> Usual & Customary (U&C)
Waiting Period	None
Annual Enrollment	None

Orthodontia Summary – Adult & Child Coverage	
Allowance	U&C
Plan Benefit	50%
Lifetime Maximum (per person)	\$1,200
Waiting Period	None

## Sample Procedure Listing (Current Dental Terminology® American Dental Association)

### Type 1

- Routine Exam (2 per benefit period)
- Bitewing X-rays (2 per benefit period)
- Full Mouth/Panoramic X-rays (1 in 3 years)
- Fluoride for Children 18 & under (1 per benefit period)
- Cleaning (2 per benefit period)
- Periapical X-rays
- Space Maintainers
- Sealants (age 16 & under)

### Type 2

- Restorative Amalgams
- Restorative Composites
- Endodontics (nonsurgical & surgical)
- Periodontics (nonsurgical & surgical)
- Denture Repair
- Simple & Complex Extractions
- Anesthesia

### Type 3

- Crowns (1 in 5 years per tooth)
- Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)
- Onlays
- Crown Repair
- TMD (nonsurgical)

## Ameritas Information

We're Here to Help! This plan was designed specifically for the associates of FORSYTH COUNTY GOVERNMENT. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to [ameritas.com](http://ameritas.com).

## Dental Network Information

To find a provider, visit [ameritas.com](http://ameritas.com) and select **FIND A PROVIDER**, then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose the Ameritas Network found on your ID Card or contact Customer Connections at 800-487-5553.



## **Pretreatment**

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

## **Late Entrant Provision**

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

## **Orthodontia Benefits**

Orthodontia benefits are paid on a quarterly basis throughout the treatment program. If a member pays the full cost of treatment upfront to the Orthodontist, that does not change the Ameritas reimbursement. Even if the full cost of the Orthodontia program is paid in full by the member, the Ameritas reimbursement will still be spread across the treatment program and benefits will be issued quarterly (up to a maximum of 8 quarters). If the member discontinues the group dental benefits offered or leaves employment, the member in Orthodontic treatment must elect COBRA continuation in order to be eligible for any outstanding Orthodontia benefits.

## **Incentive Coinsurance**

Plans with coinsurance levels that progressively increase are designed to reward your loyal employees: The longer they stay on the plan, the higher their coinsurance. As long as plan members have at least one dental claim submitted each benefit period, they continue to advance one coinsurance level until they reach the plan's highest benefit level. If a plan member fails to have at least one dental claim submitted during any benefit year, he or she will revert back to the beginning coinsurance benefit. If that happens, members can progress back to higher coinsurance levels in subsequent years by submitting at least one dental claim each benefit year.

## **Ameritas Dental Semi-Monthly Rates**

Employee	Paid by County
Employee + 1 Dependent	\$7.44
Employee + 2 or more Dependents	\$17.82



This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.

# How to Get the Most From Your Dental Benefits



**Dental benefits can help boost your physical and financial health. Find out how to get the most from your plan.**



**Visit any dentist.** You are free to visit any provider, regardless if they are in- or out-of-network. Plus, your family members do not have to see the same dentist.



**Save with a network dentist.** Costs for more serious dental procedures, like fillings and crowns, are typically reimbursed at a higher rate when you visit a network dentist. And network dentists have agreed to charge up to 25-50% less than their regular rates.



**Know your cost.** Located in your secure member account, the **Dental Cost Estimator** lets you compare estimated procedure charges based on ZIP Code. You can search estimates for both in-network and out-of-network providers.

Ask your dentist to submit a **pretreatment estimate** for any dental work you consider expensive. Then Ameritas will let you know the amount insurance will cover so you can budget for the remainder. The pretreatment estimate is based on your plan benefits and submitted claims.

**Find out if your dentist is in the network.** Visit [ameritas.com](http://ameritas.com), Find a Provider, to find a new dentist or see if your current provider is in the Ameritas Dental Network. For a list of providers that allow you to use your in-network benefits in Mexico, select Find a Contracted Provider in Mexico.

**Nominate your dentist.** If your dentist is not in the network already, just go to [ameritas.com](http://ameritas.com), search for “nominate a provider” and complete the online form.



**Exceptional network.** The Ameritas Dental Network is **one of the largest in the nation**. And now you can visit dental providers in Mexico through AmexUS. Plan discounted fees and agreements will be honored by AmexUS Mexico providers, and claims will be processed by Ameritas.



# Find everything you need on any device



## In your secure online member account, you have 24/7 access to:

- your personalized ID card; print it or save it to your smartphone
- claims status and a breakdown of how benefits were calculated and payments processed
- plan details including maximum benefit and deductible amounts, and your remaining benefits
- the average cost for in- or out-of-network procedures based on ZIP Code with the Dental Cost Estimator

## Register for your secure member account at [ameritas.com](http://ameritas.com).

### The one-time set up is quick and easy:

- Go to [ameritas.com](http://ameritas.com)
- Sign in to your Customer (Member) Account under the Dental/Vision/Hearing dropdown
- On the Login page select "Register Now"
- Complete the New User Registration form

Using online services helps to minimize your risk of identity theft, protect your privacy, and get your benefit information faster.

## Sign up to receive your explanation of benefits (EOB) statements online

To receive electronic EOBs instead of paper statements, select the go paperless option when logging in to or setting up your member account.

Compared to paper, online statements are:



more secure



more detailed



better for the environment



convenient



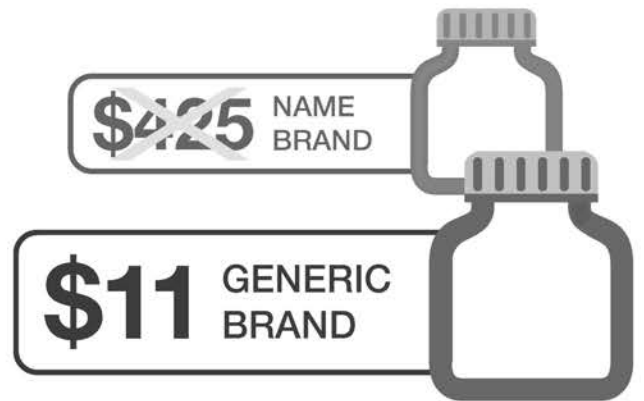
faster

# Save more with Ameritas

**Prescription savings.** You and your covered dependents can save on prescription medications at **over 60,000 pharmacies across the nation** including CVS, Walgreens, Rite Aid and Walmart. Participating pharmacies give your normal health care pharmacy benefit, or the Rx discount, whichever saves you more. Switching to generic and presenting the card **saved 97% on one prescription.\***

Find a pharmacy near you –  
[ameritas.com/rxpharmacy](http://ameritas.com/rxpharmacy)

Look up a price –  
[ameritas.com/rxpricing](http://ameritas.com/rxpricing)



<p style="text-align: center;"><b>Prescription Drug Savings Card</b></p> <div style="display: flex; justify-content: space-around;">   </div> <p>Member Name: _____</p> <p><b>RxBin # 017529    Group # AMERITAS    Member ID # AMER2233    PCN: AMRX</b></p> <p style="text-align: center;">This is not insurance Administered by Elixir Savings</p> <p><small>GR 6269 10-20</small></p>	<p style="text-align: center;"><b>THIS IS NOT INSURANCE</b></p> <p>Certain terms and conditions apply. View terms and conditions at <a href="http://ameritas.com/rxterms">ameritas.com/rxterms</a>. Void where prohibited. Discounts available only at participating pharmacies. Process all prescriptions electronically.</p> <p>For prescription discount drug pricing please visit <a href="http://ameritas.com/rxpricing">ameritas.com/rxpricing</a>.</p> <p>Discounts available at over 60,000 pharmacies across the nation. To find a pharmacy visit <a href="http://ameritas.com/rxpharmacy">ameritas.com/rxpharmacy</a>.</p> <p>Pharmacy and member help desk <b>1-877-684-0032</b></p> <p style="text-align: center;">This is a FREE card and may not be sold.</p> <p><small>GR 6269 10-20</small></p>
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**Eyewear savings.** As an Ameritas insured member, you can save on a complete pair of prescription eyeglasses at Walmart Vision Centers nationwide (excludes contacts).

The prescription and eyewear discounts are not insurance and are no additional cost to your plan premium.

**Ameritas Eyewear Savings Card**




Member Name: \_\_\_\_\_

**Members:** To locate a Walmart Vision Center near you, visit [http://www.walmart.com/cservice/ca\\_storefinder.gsp](http://www.walmart.com/cservice/ca_storefinder.gsp). Call 800-487-5553 with questions.

**Walmart Vision Center Associates:** Use plan name **SAVINGS 10** in BOSS. Call 700-277-7710 with questions.

GR 6269 Eyewear 11-19

\* On average, you could see up to 65% savings on generic prescriptions, and overall average savings of 40% across brand name and generic prescriptions combined. Illustration numbers are rounded to the nearest dollar amount, based on Lexapro TAB 20MG and Escitalopram TAB 20MG, ZIP 68510.

**Hear better with iHear®.** You and your loved ones are invited to learn about iHear by visiting [ameritas.com/listen](http://ameritas.com/listen). iHear devices cost a fraction of what traditional hearing aids cost. The hearing test is taken at home and all the supplies are ordered online.

**Here to help.** If you have questions about your plan benefits, call the Ameritas customer connections team. Claims contact center associates have earned **BenchmarkPortal's Center of Excellence award since 2006**, an achievement held only by a handful of other companies.



**92% of members enrolled in Ameritas dental, vision or hearing benefits a year ago are still with Ameritas today.**



More than 3 million calls answered with a 4.8 out of 5 overall caller satisfaction survey score



Claims processing accuracy exceeds 99%



English and Spanish, multilingual interpretation



94% of claims processed in an average of 10 business days

**Claims, benefit and provider network questions:**

group@ameritas.com | 800-487-5553  
Monday - Thursday, 7 a.m. – Midnight (CST)  
Friday, 7 a.m. – 6:30 p.m. (CST)

**¿en español?** Ameritas offers Spanish-speaking claims associates and a translation service in many languages at 800-487-5553.



**Worldwide support.** If you're traveling outside the U.S. and have a dental or vision emergency, AXA Assistance can help find a provider and schedule an appointment. Please note these are not Ameritas providers. AXA is part of a global organization with offices in more than 30 countries.



**Dental health report card.** Find out where your dental health stands and how to improve it. After 12 months of using your dental benefits, Ameritas will provide you with a dental health report card. It was developed through the University of Nebraska Medical Center College of Dentistry and includes feedback on your dental health status and dental care tips specific to you.



Claims statistics from Ameritas claims processing system, 2019. Dental or vision provider referral assistance services are independently offered and administered by AXA Assistance USA, Inc. (AXA). Providers referred by AXA are not members of the Ameritas network. Ameritas does not guarantee or make any representation as to the quality of the services provided by AXA or any provider referred by AXA. Referral to an AXA provider is not a guarantee of benefits, and all policy provisions and limitations would apply. The Ameritas Dental Network is not available in RI. In Texas, our dental network and plans are referred to as the Ameritas Dental Network. This piece is not for use in New Mexico. This information is provided by Ameritas Life Insurance Corp. (Ameritas Life). Group dental, vision and hearing care products (9000 Rev. 03-16, dates may vary by state) are issued by Ameritas Life. Ameritas, the bison design, "fulfilling life" and product names designated with SM or ® are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company. © 2020 Ameritas Mutual Holding Company.



# Vision Plan



Exam & Material Plan		Materials Only Plan	
<b>Co-Pays</b>		<b>Co-Pays</b>	
Exam	\$0	Exam	N/A
Materials <sup>1</sup>	\$15	Materials <sup>1</sup>	\$15
Contact Lens Fitting	\$15	Contact Lens Fitting	\$15
<b>Services/Frequency</b>		<b>Services/Frequency</b>	
Exams	12 month	Exams	N/A
Frames	24 month	Frames	24 month
Contact Lens Fitting	12 month	Contact Lens Fitting	12 month
Lenses	12 month	Lenses	12 month
Contact Lenses	12 month	Contact Lenses	12 month

Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network
Exam (MD)	Covered in full	Up to \$44	N/A	N/A
Exam (OD)	Covered in full	Up to \$39	N/A	N/A
Frames	\$150 retail allowance	Up to \$60	\$150 retail allowance	Up to \$60
Contact Lens Fitting (standard <sup>2</sup> )	Covered in full	Not covered	Covered in full	Not covered
Contact Lens Fitting (specialty <sup>2</sup> )	\$50 retail allowance	Not covered	\$50 retail allowance	Not covered
Lenses (standard) per pair				
Single Vision	Covered in full	Up to \$26	Covered in full	Up to \$26
Bifocal	Covered in full	Up to \$34	Covered in full	Up to \$34
Trifocal	Covered in full	Up to \$50	Covered in full	Up to \$50
Progressive lens upgrade	See description <sup>3</sup>	Up to \$50	See description <sup>3</sup>	Up to \$50
Contact Lenses <sup>4</sup>	\$150 retail allowance	Up to \$100	\$150 retail allowance	Up to \$100

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements

<sup>1</sup> Materials co-pay applies to lenses and frames only, not contact lenses.

<sup>2</sup> Standard Contact Lens Fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty Contact Lens Fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses.

<sup>3</sup> Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay.

<sup>4</sup> Contact lenses are in lieu of eyeglass lenses and frames benefit.

Discounts on Covered Materials <sup>1</sup>	
Frames	20% off amount over allowance
Conventional Contacts	20% off amount over allowance
Disposable Contacts	10% off amount over allowance

These discounts apply to the glasses and contacts that are covered under the vision benefits.

### Discounts on Non-Covered Exam & Materials<sup>1</sup>

Exams, Frames, and prescription lenses	30% off retail
Contacts, miscellaneous options	20% off retail
Disposable	10% off retail
Retinal Imaging	\$39 maximum member out-of-pocket

We offer discounts on unlimited materials after the initial benefit is utilized.

Lens Type*	Member out-of-pocket <sup>1</sup>
Scratch coat	\$15
Ultraviolet coat	\$12
Tints, solid	\$15
Tints, gradients	\$18
Polycarbonate	\$40
Blue light filtering	\$15
Digital single vision	\$30
Progressives lenses • Standard   Premium   Ultra   Unlimited	\$55   \$110   \$150   \$225
Anti-Reflective coating • Standard   Premium   Ultra   Unlimited	\$50   \$70   \$85   \$120
Polarized lenses	\$75
Plastic photochromic lenses	\$80
High index (1.67   1.74)	\$80   \$120

\*The above table highlights some of the most popular lens types and is not a complete listing. This table outlines member out-of-pocket costs<sup>1</sup> and are not available for premium/upgraded options unless otherwise noted.

### Laser Vision Correction (LASIK)<sup>1</sup>

A National LASIK Network of laser vision correction providers, featuring QualSight, offers Superior Vision members a discount on services. These discounts should be verified prior to service.

### Hearing Discounts<sup>1</sup>

A National Hearing Network of hearing care professionals, featuring Your Hearing Network, offers Superior Vision members discounts on services, hearing aids and accessories. These discounts should be verified prior to service.

<sup>1</sup>Not all providers participate in Superior Vision Discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if he/she offers the discount and member out-of-pocket features. The discount and member out-of-pocket features are not insurance. Discounts and member out-of-pocket are subject to change without notice and do not apply if prohibited by the manufacturer. Lens options may not be available from all Superior Vision providers/all locations.

### Superior Vision Semi-Monthly Rates

Insured	Exam & Materials	Materials Only
Employee Only	\$4.57	\$3.02
Employee + 1 Dependent	\$8.87	\$5.84
Employee + Family	\$15.44	\$10.02



Disclaimer: All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance Coverage for you vision plan. Please check with your Benefits Administrator or Human Resources department if you have any questions.



## Download our mobile app

### Create an online account

- Log in with the username and password you use to access your Member account on SuperiorVision.com
- Or, you can create an account in the app.

### Locate a provider

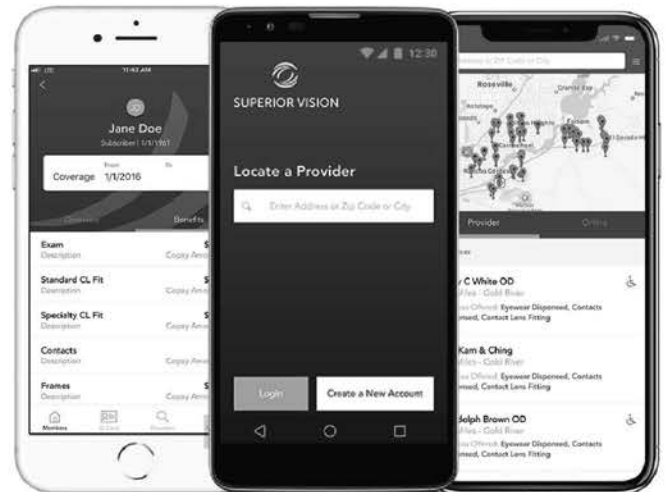
- Find a provider in your network
- Get directions
- Call the provider

### View your vision benefits

- Review your vision benefits and the benefits for any dependents

### Get your member ID card

- View our ID card full screen
- Print or email your ID card



### SEE WHAT'S NEXT

Stop by [superiorvision.com](http://superiorvision.com) any time for more information.

from  **VersantHealth™**

(800) 507-3800 | [superiorvision.com](http://superiorvision.com)

SVIPW\_SIB\_061418





# STAY WELL

Voluntary Benefit Options  
that enhance you and your  
family's well being.



# Short-Term Disability Plan



## ***Class Description***

All Eligible Employees working a minimum of 30 hours per week, electing to participate in the Voluntary Short Term Disability Insurance.

## ***Disability***

You are considered disabled if, because of injury or sickness, you cannot perform the material and substantial duties of your regular occupation. You are not working in any occupation and are under the regular attendance of a Physician for that injury or sickness.

## ***Monthly Benefit***

You can choose a benefit in \$100 increments up to 70% of an Employee's covered basic monthly earnings to a maximum monthly benefit of \$2,000. The minimum monthly benefit is \$500.

## ***Elimination Period***

This means a period of time a disabled Employee must be out of work and totally disabled before weekly benefits begin; seven (7) consecutive days for a sickness and zero (0) days for injury.

## ***Benefit Duration***

This is the period of time that benefits will be payable for disability. You can choose a maximum STD benefit duration, if continually disabled, of thirteen (13) weeks.

## ***Basis of Coverage***

24 Hour Coverage, on or off the job.

## ***Maternity Coverage***

Benefits will be paid the same as any other qualifying disability, subject to any applicable pre-existing condition exclusion.

## ***STD Pre-Existing Condition Exclusion***

3/12, If a person receives medical treatment, or service or incurs expenses as a result of an Injury or Sickness within 3 months prior to the Individual Effective Date, then the Group Policy will not cover any Disability which is caused by, contributed to by, or resulting from that Injury or Sickness; and begins during the first 12 months after the Person's Individual Effective Date. This Pre-Existing Condition limitation will be waived for all Persons who were included as part of the final premium billing statement received by AUL/OneAmerica from the prior carrier and will be Actively at work on the effective date.

## ***Recurrent Disability***

If you resume Active Work for 30 consecutive workdays following a period of Disability for which the Weekly Benefit was paid, any recurrent Disability will be considered a new period of Disability. A new Elimination Period must be completed before the Weekly Benefit is payable.

## ***Portability***

Once an employee is on the AUL disability plan for 3 consecutive months, you may be eligible to port your coverage for one year at the same rate without evidence of insurability. You have 31 days from your date of termination to apply for portability by calling 800-553-5318. The Portability Privilege is not available to any Person that retires (when the Person receives payment from any Employer's Retirement Plan as recognition of past services or has concluded his/her working career).

## ***Annual Enrollment***

Employees who did not elect coverage during their initial enrollment period are eligible to sign up for \$500 to \$1,000 monthly benefit without medical questions. Employees may increase their coverage up to \$500 monthly benefit without medical questions. The maximum benefit cannot exceed 70% of basic monthly earnings and must be in \$100 increments.

**Exclusions and Limitations**

This plan will not cover any disability resulting from war, declared or undeclared or any act of war; active participation in a riot; intentionally self-inflicted injuries; commission of an assault or felony; or a pre-existing condition for a specified time period.

This information is provided as a summary of the product. It is not a part of the insurance contract and does not change or extend AUL’s liability under the group policy. If there are any discrepancies between this information and the group, the group policy will prevail.

**AUL Short-Term Disability Semi-Monthly Rates**

**Benefit Duration  
13 weeks**

<b>Monthly Benefit</b>	<b>Semi-Monthly Premium</b>
\$500	\$5.18
\$600	\$6.21
\$700	\$7.25
\$800	\$8.28
\$900	\$9.32
\$1,000	\$10.36
\$1,100	\$11.39
\$1,200	\$12.43
\$1,300	\$13.46
\$1,400	\$14.50
\$1,500	\$15.53
\$1,600	\$16.57
\$1,700	\$17.60
\$1,800	\$18.64
\$1,900	\$19.67
\$2,000	\$20.71



**AMERICAN UNITED LIFE  
INSURANCE COMPANY®**  
*a ONEAMERICA® company*

**Customer Service**  
800-553-5318

**Disability Claims**  
855-517-6365  
Fax: 844-287-9499

Disability Claims Email: [Disability.Claims@oneamerica.com](mailto:Disability.Claims@oneamerica.com)  
[www.employeebenefits.aul.com](http://www.employeebenefits.aul.com)



# Long-Term Disability Plan



**LTD Class Description:** All Full-Time Eligible Employees working a minimum of 30 hours per week, electing to participate in the Voluntary Long-Term Disability.

**LTD Monthly Benefit:** You can choose to **insure up to 60% of an Employee's covered base monthly earnings to a maximum of \$10,000;** reduced by Other Income Benefits as outlined in the contract.

**LTD Elimination Period:** This means a period of time a disabled Employee must be out of work and totally disabled before weekly benefits begin; 90 consecutive days for a sickness or injury.

**LTD Benefit Duration:** This is the period of time that an insured Employee may be entitled to benefits if continuously disabled as outlined in the contract. Up to the greater of the Employee's Social Security Full Retirement Age (SSFRA) or age 65; if disabled prior to age 60. If disabled after age 60, on the scale as outlined below from the contract.

Age When Total Disability Begins	Maximum Period Benefits are Payable
Less than Age 60	Greater of: SSFRA or to age 65
60	5 years
61	4 years
62	3.5 years
63	3 years
64	2.5 years
65	2 years
66	21 months
67	18 months
68	15 months
Age 69 and over	12 months

**Minimum Monthly Benefit: \$100**

**Accumulation of Elimination Period:** If disability ends during the elimination period and reoccurs, the time while the Insured is Disabled will be treated as continuous and a new elimination period will not be required, if Total Disability ceases for not more than thirty days during the elimination period.

**Mental & Nervous / Drug & Alcohol:** Benefit payments will be limited to benefit duration or 24 months, whichever is less, cumulative for each of these limitations for treatment received on an outpatient basis. Benefit payments may be extended if the treatment for the disability is received while hospitalized or institutionalized in a facility licensed to provide care and treatment for the disability.

**LTD Total Disability Definition:** An Insured is considered Totally Disabled, if, because of an injury or sickness, he cannot perform the material and substantial duties of his Regular Occupation, is not working in any occupation and is under the regular care of physician. After benefits have been paid for 24 months, the definition of disability changes to mean the Insured cannot perform the material and substantial duties of any Gainful Occupation for which he is reasonably fitted for by training, education or experience.

**Partial Disability:** A partial benefit may be paid when an Insured is unable to perform every material and substantial duty of his regular occupation on a full-time basis due to injury or sickness. However, he must be performing at least one of the material and substantial duties of his regular occupation, or another occupation, on a full or part-time basis, and earning less than 80% of his indexed pre-disability earnings due to the same injury or sickness.

**Enrollment:** Coverage is 60% of an Employee's base monthly earnings to a maximum of \$10,000. There are no offsets with the NC State Disability Plan. However all other offsets will apply. Anyone previously declined would need to apply for coverage through the Evidence of Insurability (EOI) process.

**Residual Benefit:** The Residual Benefit allows the Elimination Period to be met whether the Insured is totally disabled, partially disabled or a combination of both.

**Return to Work Benefit:** If it is determined the Insured can return to work on a part-time basis, a Monthly Benefit will be paid to supplement earnings for 12 months. During the twelve month period there will be no offset against the Monthly Benefit from part-time earnings unless the Current Monthly Income combined with incomes from all other sources, including the Monthly Benefit, exceeds 100% of the pre-disability earnings.

**Pre-Existing Condition Exclusion:** The pre-existing period is 3/12. Benefits will not be paid if the Person's Disability begins in the first 12 months of coverage; and the Disability is caused by, contributed to, or the result of a condition, whether or not that condition is diagnosed at all or is misdiagnosed, for which the Person received medical treatment, consultation, care or services, including diagnostic measures, or was prescribed medicines in the 3 months just prior to the Individual's effective date of insurance.

**Maternity Coverage:** Benefits will be paid the same as any other qualifying disability, subject to any applicable pre-existing condition exclusion; also excluding elective caesarian section delivery.

**Recurrent Disability Provision:** A recurrent disability is the direct result of the injury or sickness that caused a prior disability. This benefit allows payments to resume without satisfying a new elimination period if an Employee returns to active full-time work and has a recurrent disability within 6 months of return to active work.

**Survivor Benefit:** Benefits may be paid to the Eligible Survivor when a disabled Insured dies while receiving a Monthly Benefit and the disability had continued 180 days. The lump sum benefit is equal to 3 times the Insured's last Gross Monthly Benefit.

**Employee Contributions: 100% contributory**

*There are no offsets with the NC State LTD Plan. All other offsets apply.*

**Additional Enhancements in this Contract**

**Portability:** Once an employee is on the AUL disability plan for 12 consecutive months, you may be eligible to port your coverage for one year at the same rate without evidence of insurability. You have 31 days from your date of termination to apply for portability by calling 800-553-5318.

The Portability Privilege is not available to any Person that retires (when the Person receives payment from any Employer's Retirement Plan as recognition of past services or has concluded his/her working career). *Please refer to the Mark III web-site for a copy of your certificate or a claim form.*

**Waiver of Premium Provision:** AUL will waive the premium payments for your coverage while you are disabled.

**Exclusions and Limitations:** This plan will not cover any disability resulting from war, declared or undeclared or any act of war; active participation in a riot; intentionally self-inflicted injuries; commission of an assault or felony.

Age Category	LTD Monthly Premium Rate per \$100 of Covered Monthly Earnings
29 & under	\$0.170
30 - 34	\$0.350
35 - 39	\$0.470
40 - 44	\$0.720
45 - 49	\$1.020
50 - 54	\$1.390
55 - 59	\$1.750
60+	\$1.980

The LTD is age banded so the premium is based on salary and the rate for the employee's age band. The calculation is:  $\text{monthly salary}/100 \times \text{rate} = \text{monthly premium}$

\*To calculate Semi-Monthly premium, divide monthly premium by 2.



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This information is provided as a Benefit Outline. It is not part of the insurance policy and does not change or extend American United Life Insurance Company's liability under the group Policy. Employers may receive either a group Policy or a Certificate of Insurance containing a detailed description of the insurance coverages under the group Policy. If there are any discrepancies between this information and the group Policy, the Policy will prevail.



# Term Life Plan



## Summary of Group Term Life Benefits

Forsyth County Government – Active, Full-time AAFT employee

### Am I eligible for coverage?

You qualify if you are an active full-time employee working at least 40 hours a week. You must be working in an eligible group as defined by your employer.

### When does coverage become effective?

Your coverage will begin on a date determined by your employer.\*

*\*You must be actively-at-work for your coverage to begin. Other rules may apply. Please review your policy documents for more information.*

### Do I have to provide proof of good health (EOI) to enroll?

- ✓ **New hire/Newly eligible:** EOI is not required for you and your dependents to enroll up to the Guaranteed Issue Amount during your 31-day period of initial eligibility. If you and your dependents don't enroll, you will be considered a "late applicant." During future enrollments, you may be required to submit EOI for any amount of coverage.
- ✓ **Late Applicant** (did not enroll during your initial eligibility period): EOI is required to enroll during this enrollment period. Currently Covered: EOI is not required for you and your dependents to increase coverage up to specific Guaranteed Issue Amounts.

*\*EOI (medical questionnaire) is required for amounts above the Guaranteed Issue maximum. Coverage that requires EOI is subject to The Hartford's approval.*

### When will coverage that requires EOI begin?

Coverage will begin after The Hartford's approves your EOI. If your EOI is not approved, your coverage will be limited to any Guaranteed Issue amount that may apply. Dependents can not exceed 50% of employee supplemental life coverage amount.

*\* You must be actively-at-work for coverage to begin, or any increases to take effect.*

### What is Life Coverage?

Group Term Life Insurance helps provide financial protection for those who rely on your income if something happens to you. Term life insurance is a simple and inexpensive form of life insurance, which builds no cash value.

### How much coverage does my employer provide?

Employer Paid – Term Life

You: 1.5X basic annual earnings rounded to the next higher \$1,000 to a maximum of \$150,000.

### Can I buy coverage & how much will it cost?

You can buy coverage called Supplemental Life insurance for yourself and your spouse and children.

### Supplemental Life Coverage Amounts

- ✓ **You:** 1, 2 or 3X Basic Annual Earnings up to a maximum of \$350,000
- ✓ **Your Spouse:** Option 1: Spouse \$10,000/Child(ren) \$5,000; Option 2: Spouse \$20,000/Child(ren) \$5,000; Option 3: Spouse only coverage \$10,000; Option 4: Spouse only \$20,000; Option 5: Child(ren) only \$5,000
- ✓ **Your Child(ren):** \$5,000

### Guaranteed Issue Amounts

- ✓ **You:** 3X Basic Annual Earnings or \$350,000, whichever is less
- ✓ **Your Spouse:** \$20,000
- ✓ **Your Child(ren):** \$5,000

*\*New Hire/Newly Eligible: Enroll without EOI during your initial eligibility period.*

**During Annual Enrollment** an employee may increase their coverage from 1X to 2X basic annual earnings without EOI. If an employee has 1X or 2X they must submit an EOI form to increase to 3X their basic annual earnings. If you are a dependent spouse who is covered at \$10,000 you can increase to \$20,000 during Annual Enrollment without EOI; other election or increase would require submitting an EOI form.

**Child(ren) Eligibility:** From live birth up to 20 years old. Unmarried, full-time student up to age 26 are also eligible if dependent on the employee for support.

### Monthly Rates for Term Life Insurance (rate per \$1,000)\*

Age Bands	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Employee	\$0.067	\$0.067	\$0.067	\$0.067	\$0.067	\$0.142	\$0.200	\$0.266	\$0.416	\$0.458	\$0.898	\$1.455	\$1.771

Dependent Coverage (monthly premium per Option elected):

- Option 1: \$3.39
- Option 2: \$9.51
- Option 3: \$2.74
- Option 4: \$8.86
- Option 5: \$.066

### Reductions that apply to Life Insurance

Your basic life coverage will reduce as you age.

**Your coverage will reduce as follows:**

- At age 70 your coverage will reduce by 35% of the original amount.
- At age 75 your coverage will reduce by 55% of the original amount.
- At age 80 your coverage will reduce by 70% of the original amount.

### Accelerated Death Benefit Provision

You may be eligible to receive up to 75% of your (combined basic and supplemental) life insurance coverage if diagnosed with a terminal or serious medical condition.

### Conversion

If your coverage ends or is reduced, you can convert your Group Term Life policy to a Whole Life Policy. You may convert your basic and/or supplemental coverage into a Whole Life Policy at rates based on your age at time of conversion by paying premiums directly to The Hartford. Whole life insurance is generally more expensive than term life insurance so a change in your premium may apply. You will have 91 days to convert your coverage without answering any medical questions.

### Portability

If your coverage ends, you can continue coverage as a Term Life Policy. You have an additional option to conversion. You can continue your basic and/or Supplemental life insurance as a Term Life Policy by paying premiums directly to The Hartford. Term insurance is generally less expensive than Whole Life insurance but your rates will increase as you reach higher age bands. You will have 91 days to convert or apply for portability without answering any medical questions.

### The Hartford Life Essentials<sup>SM</sup>/Value Added Services

**Legal:** Create a will, living will, health care directive or a durable/financial power of attorney.

**Financial:** Financial planning to help your beneficiaries maximize their death benefit.

**Emotional:** Master-level social workers provide emotional support in the event of an advanced illness or disabling condition.

**Physical:** Save on the cost of gym memberships, fitness equipment, eyeglasses, contact lenses and hearing aids.

To learn more visit: <https://www.thehartford.com/employee-benefits/value-added-services>

### Funeral Planning & Concierge Services

Advisory Assistance to help you and your family make decisions on all funeral-related issues. Planning advice and cost-comparison tools available 24/7 by phone and online. Call 1-866-854-5429 or visit [everestfuneral.com/hartford](http://everestfuneral.com/hartford) and use code: HFEVLC

*Insurance plans contain exclusions and limitations. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Policies may not be available in all states, and rates and benefits may vary by location. Policies are subject to United States economic and trade sanctions.*



## PEACE OF MIND WHEN IT'S NEEDED MOST

Losing a loved one is one of life's most shocking experiences. To help you through this difficult time, your employer offers **The Hartford's Funeral Concierge Services.**<sup>1</sup>

This service helps you make confident, informed decisions, understand your options, and stay within budget at a difficult time.

**We can't always predict, but we can prepare.**

To learn more about The Hartford's Funeral Concierge Services, call 1-866-854-5429 or visit [everestfuneral.com/hartford](http://everestfuneral.com/hartford) and use code: HFEVLC

FEATURES	
<b>24/7 Advisor Assistance</b>	<ul style="list-style-type: none"> <li>• Round-the-clock access to expert advisors</li> <li>• Personal support from licensed funeral directors</li> </ul>
<b>PriceFinder<sup>SM</sup> Research Reports</b>	<ul style="list-style-type: none"> <li>• The only nationwide database of funeral home prices</li> <li>• Detailed online price comparisons</li> </ul>
<b>Pre-Planning Tools</b>	<ul style="list-style-type: none"> <li>• Document and store your wishes so they can be shared with your family when needed</li> </ul>
<b>Online Planning Tools</b>	<ul style="list-style-type: none"> <li>• Unlimited use of online funeral planning, research, and knowledge tools</li> </ul>
<b>At-Need Family Support</b>	<ul style="list-style-type: none"> <li>• Communicate your personal funeral plan with your selected funeral home, removing your family from a sales-focused environment</li> <li>• Cost negotiation often resulting in significant savings</li> </ul>
<b>Hartford Express Pay</b>	<ul style="list-style-type: none"> <li>• Delivers benefits in as little as 48 hours</li> <li>• Allows beneficiaries to use proceeds immediately for funeral expenses</li> </ul>

Check with your benefits manager for more information on **The Hartford's Funeral Concierge**



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Services may not be available in all states. Visit [www.thehartford.com/employee-benefits/employees](http://www.thehartford.com/employee-benefits/employees) for more information.

<sup>1</sup> Funeral Concierge Services are offered through Everest Funeral Package, LLC (Everest). Everest and the Everest logo are service marks of Everest Funeral Package, LLC. PriceFinder is a service mark of Everest Information Services, LLC. Everest is not affiliated with The Hartford and is not a provider of insurance services. Everest and its affiliates have no affiliation with Everest Re Group, Ltd., Everest Reinsurance Company or any of their affiliates. The Hartford is not responsible and assumes no liability for the services provided by Everest Funeral Package, LLC as described in these materials.

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## CREATE A SIMPLE WILL FROM THE CONVENIENCE OF YOUR DESKTOP

Having a will is important no matter the size of your estate. A will ensures that your intentions will be honored in the event of your death, including your wishes about who will inherit your property, serve as guardian of your children, and manage your estate. Without a will, those decisions may be left to others.

### AN EASY AND EMPOWERING SOLUTION

As an employee with a Group Life insurance policy from The Hartford, you have access to EstateGuidance® Will Services provided by ComPsych®.<sup>1</sup> This free service helps you create a simple, legally binding will online, saving you the time and expense of a private legal consultation. Other advantages include:

- Online assistance from licensed attorneys should you have questions
- Unlimited revisions at no additional charge
- Additional estate planning services are also available for purchase, including the creating of a living will or a final arrangements document that allows you to specify burial or cremation preferences; funeral or memorial services options

*continued*



## QUICK ANSWERS TO KEY QUESTIONS

### Isn't will preparation complicated?

Not with EstateGuidance®. You'll be asked a series of questions online that are used to compose your will. In many states, you need only add your signature to make the will valid.

### What if I have questions as I'm creating my will?

The online education center provides answers regarding family law. You can also access fully licensed attorneys who'll respond to you online.

### What about my privacy?

All information is kept secure and confidential with the latest encryption technology.<sup>2</sup>

### What happens if I don't create a will?

The state, not you, would decide how your property is distributed. By drafting a will, you can protect your interests and those of your loved ones.

## PUT YOUR GOOD INTENTIONS INTO ACTION

Visit [www.estateguidance.com](http://www.estateguidance.com)

### USE THIS CODE: WILLHLF

#### Then follow the easy steps below:

1. Access The Hartford's EstateGuidance® Will Services online.
2. Sign in to the secure site by entering the access code.
3. Follow the instructions and create your will.
4. Download the final will to your computer and print.
5. Obtain signatures and determine if your will should be notarized.

Check with your benefits manager for more information  
on EstateGuidance Will Service



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<sup>1</sup> EstateGuidance® is offered through The Hartford by ComPsych® Corporation. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych and reserves the right to discontinue any of these services at any time. Services may not be available in all states. Visit <https://www.thehartford.com/employee-benefits/value-added-services> for more information. A simple will does not cover printing or certain other features. These features are available at an additional cost to you.

<sup>2</sup> The EstateGuidance® website is secured with a GoDaddy.com Web Server Certificate. Transactions on the site are protected with up to 256-bit Secure Sockets Layer encryption.

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## CARING SUPPORT WHEN YOU NEED IT MOST

If you're covered under The Hartford's Group Life or Accident insurance policy, you have access to Beneficiary Assist® counseling services provided by ComPsych.<sup>1</sup>

### PROFESSIONAL HELP AFTER A LOSS OR TERMINAL ILLNESS

Beneficiary Assist provides you, your eligible beneficiaries and immediate family members with unlimited 24/7 phone access.

This includes:

- Legal advice, financial planning and emotional counseling for up to one year from the date the claim is filed.
- Up to five face-to-face sessions or equivalent professional time for one service or a combination of services.

### HANDLING A SPECTRUM OF NEEDS WITH COMPASSION AND EXPERTISE

ComPsych GuidanceExperts™ are highly trained master's level clinicians who listen to your concerns with compassion and refer you to the right resources for:

- Grief and loss
- Stress, anxiety and depression
- Relationship/marital conflict
- Problems with children
- Job pressures
- Substance abuse

### FINANCIAL INFORMATION AND RESOURCES

Certified public accountants and certified financial planners can help with any financial concerns you may have, including:

- Managing a budget
- Estate closure
- Retirement impacts
- Tax questions
- Getting out of debt

*continued*



## SOLID FOOTING

Greg's sudden death at the age of 42 came as an enormous blow to his wife, Sharon. Besides the shock and grief, Sharon had to struggle with debt and claims to Greg's estate by children from a former marriage. She went back and forth between anger and depression.

Through Beneficiary Assist, she was able to link up with counselors who listened compassionately and referred her to a grief expert. She also used the legal and financial counseling resources to get solid answers to complex questions.<sup>2</sup>

## LEGAL SUPPORT AND RESOURCES

Licensed attorneys are available to help you with any legal uncertainties that may arise, offering private consultations for the following:

- Estate and probate
- Debt and bankruptcy
- Real estate transactions
- Family law

If additional legal representation is needed beyond the face-to-face visits, you can be referred to a qualified attorney in your area. You may qualify for a 25 percent reduction in the attorney's customary fees by using the ComPsych Network.

## HEALTH ADVOCACY SERVICES AND SUPPORT

Health care support services through HealthChampion<sup>SM</sup><sup>3</sup> are available if you have become disabled from an accident or are diagnosed with a critical illness, offering support like:

- Guidance through your health care options
- Connecting you with the right resources
- Advocating for time and fair resolution of issues

If additional medical support is needed, you have unlimited access to HealthChampion<sup>SM</sup> specialists who walk you through all aspects of your health care issue, helping to ensure you're fully supported.

## LEARN MORE

Want to know more? Call 1-800-411-7239.  
When you need it most, Beneficiary Assist counseling services will be here to help.



(Snap a photo with a mobile device to capture information above.)

Check with your benefits manager for more information on Beneficiary Assist Counseling



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<sup>1</sup> Beneficiary Assist® is offered through The Hartford by ComPsych® Corporation. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych and reserves the right to discontinue any of these services at any time. Services may not be available in all states. Visit <https://www.thehartford.com/employee-benefits/value-added-services> for more information.

<sup>2</sup> This case illustration is fictitious and for illustrative purposes only.

<sup>3</sup> HealthChampion<sup>SM</sup> services are provided through The Hartford by ComPsych®. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych. Services may not be available in all states. Visit <https://www.thehartford.com/employee-benefits/value-added-services> for more information. HealthChampion<sup>SM</sup> specialists are only available during business hours. Inquiries outside of this timeframe can either request a call-back the next day or schedule an appointment.

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## TRAVEL ASSISTANCE & ID THEFT PROTECTION SERVICES

### TRAVEL ASSISTANCE

If you are covered by your employer's group policy from The Hartford and you need pre-trip information, emergency medical assistance or personal assistance services while traveling, contact Generali Global Assistance, Inc.

**Have a serious medical emergency?** Please obtain emergency medical services first (contact the local "911"), and then contact Generali Global Assistance, Inc. to alert them to your situation.

Call: 1-800-243-6108 | Fax: 202-331-1528  
Collect from other locations: 202-828-5885

#### WHAT TO HAVE READY:

- Your employer's name
- Phone number where you can be reached
- Nature of the problem
- Travel Assistance Identification Number: **GLD-09012**
- Your Policy No. # \_\_\_\_\_  
*(Policy Number can be obtained through your Human Resources department.)*

### EVEN THE BEST PLANNED TRIPS CAN BE FULL OF SURPRISES

The best laid travel plans can go awry, leaving you vulnerable and, possibly, unable to communicate your needs. When the unexpected happens far from home, it's important to know whom to call for assistance.

If you are covered under a Hartford Group Policy, you and your family have access to Travel Assistance Services provided by Generali Global Assistance, Inc.<sup>1</sup>

With a local presence in 200 countries and territories around the world, and numerous 24/7 assistance centers, they are available to help you anytime, anywhere.

### GOOD TO GO: MULTILINGUAL ASSISTANCE 24/7

Whether you're traveling for business or pleasure, Travel Assistance services are available when you're more than 100 miles from home for 90 days or less.<sup>2,3</sup> As long as you contact Generali Global Assistance, Inc. at the time of need, you could be approved for up to \$1 million in covered services.<sup>4</sup>

### SERVICES FROM HERE TO THERE

Travel Assistance begins even before you embark, with pre-trip information, and continues throughout your trip. See the list of services in the chart on the back of this page.



(Snap a photo with a mobile device to capture information above.)

*continued*





**CASE ILLUSTRATION:  
HELP A WORLD AWAY<sup>9</sup>**

As a Human Resource Professional, Tammy had always been on the coordinating end of travel services helping her company's employees; but when her daughter was hurt while traveling with her school group in Italy, she suddenly found herself in a different position.

Using the travel assistance medical referral, medical monitoring, and repatriation services from Generali Global Assistance, Inc., Tammy's daughter was able to receive immediate medical treatment and was evacuated within 48 hours. The Generali Global Assistance, Inc. Case Manager helped Tammy through some of the most stressful days she's experienced as a mother and provided care for her daughter when she couldn't.

**IDENTITY THEFT ASSISTANCE**

The 2017 Identity Fraud Study, released by Javelin Strategy & Research, found that \$16 billion was stolen from 15.4 million U.S. consumers in 2016, compared with \$15.3 billion and 13.1 million victims a year earlier. In the past six years identity thieves have stolen over \$107 billion.<sup>5</sup> Generali Global Assistance, Inc. helps protect you and your family from its consequences 24/7,<sup>2</sup> at home and when you travel. In addition to prevention education, this service provides advice and help with administrative tasks resulting from identity theft.

<b>EMERGENCY MEDICAL ASSISTANCE<sup>6</sup></b>	<ul style="list-style-type: none"> <li>• Medical referrals</li> <li>• Medical monitoring</li> <li>• Medical evacuation</li> <li>• Repatriation</li> <li>• Traveling companion assistance</li> <li>• Dependent children assistance</li> <li>• Visit by a family member or friend</li> <li>• Emergency medical payments</li> <li>• Return of mortal remains</li> </ul>
<b>PRE-TRIP INFORMATION</b>	<ul style="list-style-type: none"> <li>• Visa and passport requirements</li> <li>• Inoculation and immunization requirements</li> <li>• Foreign exchange rates</li> <li>• Embassy and consular referrals</li> </ul>
<b>EMERGENCY PERSONAL SERVICES<sup>7</sup></b>	<ul style="list-style-type: none"> <li>• Medication and eyeglass prescription assistance</li> <li>• Emergency travel arrangements<sup>8</sup></li> <li>• Emergency cash<sup>8</sup></li> <li>• Locating lost items</li> <li>• Bail advancement</li> </ul>
<b>IDENTITY THEFT ASSISTANCE</b>	<ul style="list-style-type: none"> <li>• Prevention Services                             <ul style="list-style-type: none"> <li>- Education</li> <li>- Identity Theft Resolution Kit</li> </ul> </li> <li>• Detection Services                             <ul style="list-style-type: none"> <li>- Fraud alert to three credit bureaus</li> </ul> </li> <li>• Resolution Guidance and Assistance                             <ul style="list-style-type: none"> <li>- Credit information review</li> <li>- ID Theft Affidavit Assistance</li> <li>- Card replacement</li> </ul> </li> <li>• Personal Services                             <ul style="list-style-type: none"> <li>- Translation</li> <li>- Emergency cash advance<sup>*</sup></li> </ul> </li> </ul>

<sup>\*</sup> Cash advance available when theft occurs 100 miles or more from your primary residence. Must be secured by a valid credit card.

Check with your benefits manager for more information on Travel Assistance & ID Theft Protection



The Hartford<sup>®</sup> is The Hartford Financial Services Group, Inc. and its subsidiaries including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Home office is Hartford, CT.

<sup>1</sup> Travel Assistance and Identity Theft services are provided by Generali Global Assistance, Inc. Generali Global Assistance, Inc. is not affiliated with The Hartford and is not a provider of insurance services. None of the benefits provided by Generali Global Assistance, Inc. as a part of the Travel Assistance and Identity Theft service are insurance. Services may not be available in all states. Visit <https://www.thehartford.com/employee-benefits/value-added-services> for more information.

<sup>2</sup> Coverage includes spouse (or domestic partner) and dependent children under age 26.

<sup>3</sup> Services are available in every country of the world. Depending on the current political situation in the country to which you are traveling, GGA may experience difficulties providing assistance, which may result in delays or even the inability to render certain services. It is your responsibility to inquire, prior to departure, whether assistance service is available in the countries where you are traveling.

<sup>4</sup> The Combined Single Limit (CSL), or amount of money available to the insured under a Hartford Group policy the Travel Assistance Program, is \$1 million. One service or a combination of the services may exceed the CSL. The insured is responsible for payment of any expenses that exceed the CSL. Note: Certain Accidental Death and Dismemberment programs may offer different CSLs. Please consult with your Human Resources Manager for more details.

<sup>5</sup> Insurance Information Institute, [www.iii.org/fact-statistic/identity-theft-and-cybercrime](http://www.iii.org/fact-statistic/identity-theft-and-cybercrime), viewed on 5/1/2018.

<sup>6</sup> Services are available in every country of the world. Depending on the current political situation in the country to which you are traveling, Generali Global Assistance, Inc. may experience difficulties providing assistance, which may result in delays or even the inability to render certain services. It is your responsibility to inquire, prior to departure, whether assistance service is available in the countries where you are traveling.

<sup>7</sup> Generali Global Assistance, Inc. provides the described personal services to you in an emergency, but you are personally responsible for the cost of air fare not approved as medically necessary by the attending physician; food, hotel and car expenses; and attorney fees. Emergency cash advances and bail advancement require your personal satisfactory guarantee of reimbursement provided through a valid credit card.

<sup>8</sup> Emergency cash is charged as a cash advance, and emergency airline tickets are charged as a purchase to your credit card account and are all subject to that account's finance rates.

<sup>9</sup> This case illustration is fictitious and for illustrative purposes only.

**DISCLAIMER:** Service Exclusions and Limitations: Generali Global Assistance, Inc. (GGA) services are eligible for payment or reimbursement by GGA only if GGA was contacted at the time of the services and arranged and/or pre-approved the services. Certain terms, conditions and exclusions apply; for further information refer to the Web site listed or call GGA at the number provided.

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# Continuation of Benefits

## If you Leave Employment

### ***AUL Short-Term Disability***

Once an employee is on the AUL disability plans for 3 months, you can port the coverage for one year at the same cost without evidence of insurability. You have 30 days from your date of termination to port your coverage by calling **AUL at 1-800-553-5318**.

### ***COBRA Health, Dental & Vision***

Under the health, dental and vision plans, you and your covered dependents are eligible to continue coverage through COBRA according to the following “qualifying events”.

#### **Continuation 18 months for:**

- Resignation
- Reduction in Hours
- Layoff
- Retired
- Involuntary Termination

#### **Continuation for 36 months for:**

- Divorce/Legal Separation
- Loss of “Dependent Child” Status
- Employee Enrolled in Medicare
- Death of Employee

You will receive notification with premium and continuation options shortly following your termination of employment or you may call **IMS at 1-800-426-8739 ext. 5342**.

### ***FBA Flexible Spending Account(s)***

If you have a positive balance (payroll deductions are greater than the amount you have received in reimbursement) in your Medical Reimbursement Account at the time of your termination, you may continue participation in the Plan for the remainder of the Plan year through COBRA. If you prefer to terminate your participation and contribution to the Plan, any balance in your account on the date of termination will be forfeited if claims were not incurred prior to the date of termination. To obtain your balance, please call **Flexible Benefit Administrators at 1-800-437-3539**.

### ***The Hartford Term Life***

When you leave your employment, you may convert the existing group term coverage you have through your employer to a guaranteed issue, individual whole life policy. You also have the option of porting your existing coverage as well. It is the responsibility of the employee to convert or port coverage. You must apply for conversion or portability within 31 days from the date your employer terminates your term life coverage. If you would like to convert or port your term life coverage, please contact your employer for the appropriate forms. If you do not convert or port your group term life insurance, coverage will terminate when you leave your employer. For more information, please call **The Hartford at 1-888-563-1124**.

# Benefits Available for Retirees



## **The Standard Dental and Superior Vision Insurance Plans for Retirees of State or Local Government Offered Through North Carolina Retired Governmental Employees' Association, Inc.**

With over 54,000 members, the North Carolina Retired Governmental Employees' Association is the largest single group representing retirees before the N.C. General Assembly, the Retirement Systems Boards of Trustees, and the State Health Plan trustees. For retirees or future retirees of state or local governments in North Carolina (including teachers, legislators, National Guard, and judicial), NCRGEA is your voice for sustaining and increasing your benefits after retirement.

Additionally, there are many benefits included with membership at no additional cost (\$10,000 AD&D Insurance, bimonthly newsletter, weekly electronic legislative updates while the General Assembly is in session, a toll-free number to call for information and assistance, hearing assistance and vision care discount programs, and free district meetings).

The Association also offers optional The Standard Dental Insurance and Superior Vision Insurance plans for our members. Those premiums are conveniently deducted from your retirement benefit check monthly. Please contact us at NCRGEA, PO Box 10561, Raleigh, NC 27605, 1-800-356-1190, or go to our website, [www.ncrgea.com](http://www.ncrgea.com), for further information.





# Contact Information

## ***American United Life (AUL)***

One America Square  
P.O. Box 368  
Indianapolis, IN 46206-0368  
Claims Toll-Free Number  
1-855-517-6365  
Customer Service  
1-800-553-5318  
[www.oneamerica.com](http://www.oneamerica.com)

## ***Ameritas***

Customer Service: 1-800-487-5553  
[www.ameritas.com](http://www.ameritas.com)

## ***Cigna***

Phone: 1-800-244-6224  
[www.cigna.com](http://www.cigna.com)

## ***Flexible Benefit Administrators, Inc.***

2875 Sabre Street, Suite 300  
Virginia Beach, VA 23450  
Phone: 1-800-437-3539  
Fax: 1-757-431-1155  
[www.flex-admin.com](http://www.flex-admin.com)

## ***Interactive Medical System (IMS) COBRA***

1-800-426-8739 x 5342

## ***Superior Vision***

Customer Service: 1-800-507-3800  
Fax - 916-852-2277  
Claims Administration  
P.O. Box 967  
Rancho Cordova, CA 95741

## ***The Hartford***

Customer Service: 1-800-523-2233  
Conversion/Portability: 877-320-0487





View additional benefits information  
or download forms at:  
[mymarkiii.com](http://mymarkiii.com)

*Arranged and Enrolled by Mark III Brokerage, Inc.*



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