



2026 - 2027

Benefits Guide

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This Benefits Guide is intended to summarize your benefit offerings for the new year. The summary is sourced from summary plan descriptions and related benefit plan material (the “plan materials”). In the event of any conflict or confusion between this Benefit Guide and the plan materials, the plan materials will control and are the final word.





Welcome

Welcome!

We are pleased to announce...

the launch of our annual benefits program, a time when we come together to review and select the benefits options for the upcoming year.

As leaders, we understand the importance of providing comprehensive and competitive benefits that support the well-being and financial security of our valued employees. This guide has been designed to assist you in making informed decisions about your benefits.

We encourage you to take the time to explore the various benefits available, share with family members in your household, and make choices that align with your personal goals and priorities. Your well-being is our priority, and we are committed to providing you with a benefits package that supports your overall health, happiness, and success.

Sincerely,

Forsyth County Government

How to Use This Guide

When you see a...

You can...

QR Code

Easily click on or scan the QR code to access additional resources.

Term you're unfamiliar with or the light bulb



Head to the glossary on page 23 to gain a deeper understanding of important terms and phrases related to your benefits.

The light bulb icon signifies key terms or phrases that are important for you to know to make informed decisions about your benefits.

Eligibility & Enrollment

Who is eligible for benefits?

Full-time employees, along with their eligible dependents, can enroll in the benefits outlined in this guide.

Eligible dependents may include:

- Your legal spouse
- Your children up to age 26
- Disabled dependents over the age 26

Can I make a change after submitting my benefit elections?

Most of your benefits will be paid for through pre-tax payroll deductions under a Section 125 cafeteria plan. Due to the rules of the cafeteria plan, it's important to note that you are unable to make changes to your benefit elections until the next open enrollment period unless you experience a qualifying life event.

These events can include, but are not limited to, marriage, divorce, or the birth of a child. If you do experience a qualifying life event and wish to modify your benefit elections, it is crucial that you promptly notify your benefits administrator as some deadlines will apply. Please be aware that election changes requested after the designated timeframe or without a qualifying life event will not be approved.



Eligibility & Enrollment

When do I enroll?

If you are enrolling during the open enrollment period, this is a **passive enrollment**, meaning you do not need to make elections if you are happy with your current benefit elections. Please note – if you are enrolled in a spending account, you must make elections each year to continue participating in the plan.

The annual open enrollment period is June 1 – June 18, 2026.

If you are hired after the open enrollment period, you will have 30 days from your date of hire to make benefit elections. You are eligible for employer-paid Basic Life insurance benefits and participation in the Flexible Spending Accounts immediately upon hire. Medical and Dental coverage will be effective on the 1st of the month following your date of hire; all other coverage will begin on the 1st of the month following 30 days of employment.

The benefits you elect, either during open enrollment or the new hire period, will be effective through June 30, 2027.

Have questions?

If you have questions about benefit offerings, life events, or the enrollment process, you can contact your Forsyth County Human Resource Team at +1336-703-2400.

Employee Benefits Services Team

Your dedicated Employee Benefits Services Team is your benefits resource throughout the year. Unlike a call center, this team of experienced client benefits specialists has the knowledge and skills to provide you with personal support regarding your group benefit plans. The Employee Benefits Services Team can help with inquiries about your medical, dental, vision, disability, and voluntary benefit plans.

Call when you have questions about:

- Concerns or issues with claims
- How to obtain ID Cards
- General benefit coverage

The Employee Benefits Services team is available Monday through Friday 8am to 5pm EST.

Contact by phone or email:

- Toll Free: +1855-313-1075
- EBServices@marshmma.com



Core Benefits

Medical Plan



Below outlines your plan option through Cigna. Networks frequently change, so it is always a good idea to confirm your provider's participation is in-network to avoid additional costs. Please refer to your plan document for specific details. See the glossary for definition of terms used on this page.

	Cigna Open Access Plus OAP Network Base Plan	Cigna Open Access Plus OAP Network Enhanced Plan
Services	In-Network	In-Network
Plan Year Deductible Individual / Family	Embedded \$3,000/ \$9,000	Embedded \$1,500 / \$4,500
Coinsurance Plan Pays / You Pay	70% / 30%	80% / 20%
Out-of-Pocket Max Individual / Family	\$10,000 / \$20,000	\$5,000 / \$10,000
Preventive Services	No Charge	No Charge
Primary Care	\$50 Copay	\$30 Copay
Specialist Visit	\$75 Copay	\$60 Copay
Urgent Care	\$75 Copay	\$60 Copay
Emergency Room	\$750 Copay	\$500 Copay
Inpatient Hospital	30% Coinsurance	20% Coinsurance
Outpatient Facility	30% Coinsurance	20% Coinsurance

Services	Out-of-Network	Out-of-Network
Deductible Individual / Family	Embedded \$6,000 / \$18,000	Embedded \$2,250 / \$6,750
Coinsurance Plan Pays / You Pay	50% / 50%	70% / 30%
Out-of-Pocket Max Individual / Family	\$20,000 / \$40,000	\$10,000 / \$20,000

Preventive Services are covered at 100%. If other services are needed during your visit such as additional lab work, X-ray or MRI, deductible may apply. Claims are paid based on the code your doctor uses to bill the carrier.

Your Cost – Semi-Monthly Employee Deductions					
	Employee Only	Employee & Spouse	Employee & Child	Employee & Children	Employee & Family
Base Plan	\$63.84	\$183.84	\$175.67	\$234.40	\$371.77
Enhanced Plan	\$70.83	\$203.99	\$194.92	\$260.09	\$412.51

Cigna Healthcare Resources



Your Online myCigna Account

Your myCigna account serves as a comprehensive resource for all your health plan information. It provides convenient access to a range of features, including finding in-network providers, utilizing cost estimates, viewing claims, accessing digital ID cards and more.



Access your online account by logging into <https://my.cigna.com> or by downloading the myCigna® app, which offers seamless on-the-go access to your health plan management tools.

Telehealth

Cigna's Telehealth brings the doctor's office right to your fingertips, allowing you to have virtual appointments from anywhere, anytime. No more commuting, no more waiting rooms - just quick and convenient access to healthcare professionals, making it easier than ever to get the care you need.

What can Cigna's Telehealth services help with?	
Preventive and Urgent Care	Behavioral and Mental Health
Sore throat	Depression
Allergies	Grief/Loss
Headache	Parenting Issues
Sinus and ear infections	Life changes
Skin conditions	Stress

Getting Started with Telehealth

Accessing telehealth services is easy. Set up your MDLiveforCigna account at www.MDLIVEforCigna.com, call toll-free 888-726-3171 or download the MDLiveforCigna app to access telehealth services on-the-go.

See plan details for more information and specific costs. For covered services related to behavioral and mental health, visit <https://www.cigna.com/individuals-families/member-guide/virtual-care-services>.



Cigna Digital ID Cards

We've got some important information to share about your Cigna HealthcareSM medical ID cards. Cigna cards are digital, so you will not receive physical ID cards in the mail. Digital ID cards allow customers to access their plan coverage information more easily, and they are more conveniently available when needed. If you prefer a physical card, you can request one through the myCigna® App.

Register or log in on myCigna.com® or the myCigna® App:

- Click or tap "ID Cards"
- View your card(s), as well as any dependents' cards
- Email, text or show your card to your doctor – right from the myCigna App

Pharmacy Information



Enrolling in medical coverage provides prescription drug coverage through Cigna. Below highlights information about the prescription drug plan offered!

In-Network Benefits	Cigna Open Access Plus	
	Base Plan	Enhanced Plan
Tier 1	\$15 copay/prescription	\$10 copay/prescription
Tier 2	\$75 copay/prescription	\$50 copay/prescription
Tier 3	\$125 copay/prescription	\$75 copay/prescription
Tier 4	\$200 copay/prescription	\$100 copay/prescription
Mail Order	2x retail copay	2x retail copay

Where to Find Details

The most up-to-date drug lists and drug management program information is located below:

- www.cigna.com
- Formulary: National Preferred 4-Tier

If your medication is not listed, ask your doctor about an equivalent medication that is listed on the formulary.

Why pay more for your prescriptions?

While medications can be a necessity, the high price tag associated with prescriptions doesn't have to be a requirement. Here are a few resources available to you to help your prescriptions fit your budget.



Use the Mail

If you are currently taking any maintenance medications, take advantage of the cost savings and convenience of our Mail Order Program. Specialty drugs must be obtained directly through Cigna. Cigna will fill and ship your specialty medication right to your home.



Shop Around

Did you know you can compare drug prices based on your zip code at www.cigna.com? You can also review medications that are considered equivalent to the drug you have been prescribed to see if there is a generic or lower cost alternative to discuss with your medical provider.

Know Where to Go for Care

Knowing where to go for medical care is important so that you can get the right treatment at the right place. Different healthcare facilities offer different levels of care, and it's good to know which one is best for your needs. Whether it's a routine check-up, a minor illness, or a medical emergency, understanding where to go can save you time, money, and ensure you receive the appropriate care.

Level of Cost	Location	When Do I Use This Type of Care?	
\$	Cigna Virtual Visits	<ul style="list-style-type: none"> Upper Respiratory Infection Rash Sinus Infection Sore Throat 	<ul style="list-style-type: none"> Back Pain Urinary Tract Infections Sprains or Strains Colds and Flu
\$	Primary Care	<ul style="list-style-type: none"> Annual physicals Chronic condition care Routine, primary, and preventive care Mental health needs 	<ul style="list-style-type: none"> Regular health screenings Non-urgent treatment of minor ailments & illnesses Vaccinations
\$\$	Urgent Care	<ul style="list-style-type: none"> Migraines/Headaches Cuts that need stitches Stomachache & vomiting Fever, cold, flu, or sore throat 	<ul style="list-style-type: none"> Back Pain Animal Bites Urinary Tract Infections Sprains, strains, & sports injuries
\$\$\$	Emergency Room	<ul style="list-style-type: none"> Chest pain Stroke or TIA Seizure Head, spine, & neck injuries Loss of consciousness Life threatening emergency 	<ul style="list-style-type: none"> Uncontrolled bleeding Difficulty breathing Broken bones Poisoning, including overdose Suicidal thoughts

If you believe you are experiencing a medical emergency, go to your nearest emergency room or call 911, even if your symptoms are not as described here.

Call or text 988 or chat 988lifeline.org for support related to suicidal thoughts, mental health, and/or substance abuse crisis.

Dental



Below provides an overview of your available dental plan. Using an in-network provider will offer you the lowest service pricing. Age and frequency limits may apply to some services. Please refer to your plan document for specific details and note that out-of-network providers can balance bill you the difference between what they charge and the carrier's reasonable and customary amount.



Benefits	Dental Base Plan Classic Network	Dental Enhanced Plan Classic Network
	In-Network	In-Network
Calendar Year Deductible	\$50 per person/ \$150 per family Calendar Year Type II and III only	\$50 per person/ \$150 per family Calendar Year Type II and III only
Calendar Year Benefit Maximum	\$750 per person	\$2,000 per person
Preventive Services - Type I Routine Exam, Bitewing X-rays, Full Mouth/Panoramic X-rays, Fluoride, Cleaning, Periapical X- rays, Space Maintainers, Sealants	100%	100%
Basic Services - Type II Restorative Amalgams, Restorative Composites, Endodontics, Periodontics, Denture Repair, Simple & Complex Extractions, Anesthesia	80%	80%
Major Services - Type III Crowns, Prosthodontics, Onlays, Crown Repair, TMD	50%	50%
Orthodontia Adults & dependent children	Not Covered	50%
Orthodontia Lifetime Maximum	N/A	\$1,500

Your Cost – Semi-Monthly Employee Deductions			
	Employee Only	Employee + 1 Dependent	Employee + 2 or more Dependents
Base Plan	Paid by County	\$11.50	\$27.00
Enhanced Plan	\$9.02	\$22.50	\$51.50

Vision

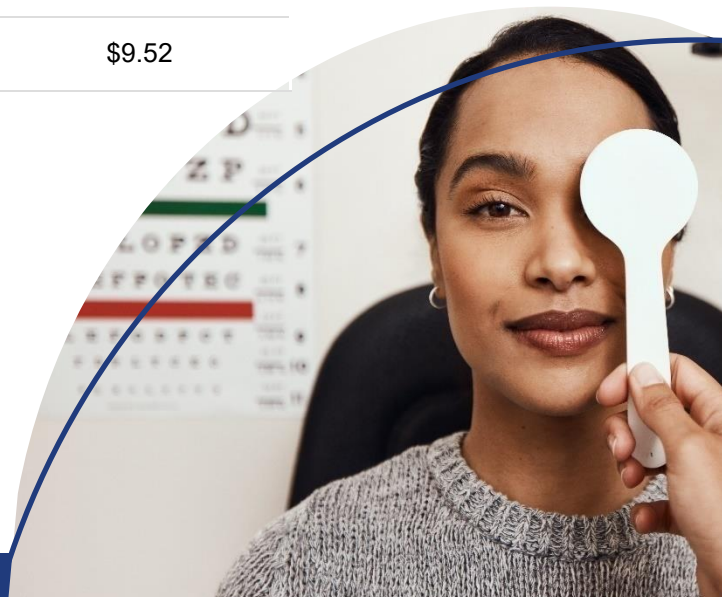
Below provides an overview of your available vision plans. Using an in-network provider will offer you the lowest service pricing. Frequency limits may apply to some services. Please refer to your plan document for specific details and note that out-of-network providers can balance bill you the difference between what they charge and the carrier's reasonable and customary amount.



Benefits	Exam & Material Plan Superior National Network	Materials Only Plan Superior National Network
	In-Network	In-Network
Exam (MD) Exam (OD)	\$0	N/A
Frames	\$150 retail allowance	\$150 retail allowance
Lenses		
Single Vision	\$15 copay	\$15 copay
Bifocal	\$15 copay	\$15 copay
Trifocal	\$15 copay	\$15 copay
Contacts*	\$150 retail allowance	\$150 retail allowance
	Frequency of Services	Frequency of Services
Exams	Once every 12 months	N/A
Frames	Once every 24 months	Once every 24 months
Lenses or Contacts	Once every 12 months	Once every 12 months

*Contact lenses are in lieu of eyeglass lenses and frames benefit.

Your Cost – Semi-Monthly Employee Deductions			
	Employee Only	Employee + 1 Dependent	Employee + Family
Exam & Materials Plan	\$4.34	\$8.43	\$14.67
Materials Only Plan	\$2.87	\$5.55	\$9.52



Spending Accounts



Flexible Spending Accounts (FSA)

FSAs provide you with an important tax advantage that can help you pay for expenses on a pre-tax basis. By anticipating your family's costs for the next year, you can actually lower your taxable income.

You must enroll in your FSA every year to contribute. Your FSA plan options are shown below.

Healthcare FSA

- Allows employees who are not enrolled in an HDHP or contributing to an HSA to pay for certain IRS-approved medical care expenses with pre-tax dollars.
- This is a pre-funded account, meaning you can submit a claim for medical expenses on the first day of the Plan Year and you will be reimbursed for your total claim amount, up to your annual election. The dollars that you are pre-funded will be recovered as deductions, which are taken from your paycheck on a pre-tax basis.
- The annual maximum contribution of \$3,400 can be used for eligible health care related expenses, including medical, dental and vision expenses. The minimum contribution amount for the plan year is \$260.
- Unused funds will be forfeited back to your employer as governed by the IRS's "use-it-or-lose-it" rule.
- There is a 90-day run-out period, in which all claims must be submitted by September 28, 2027, for the plan year ending June 30, 2027.
- There is a 2-month + 15-day grace period to spend down funds, which ends September 15, 2027.

Dependent Care FSA

- Allows employees to use pre-tax dollars toward qualified dependent care, such as caring for children under age 13 or caring for elders.
- The annual contribution maximum is \$7,500 (or \$3,750 if married and filing separately).
- Unused funds will be forfeited back to your employer as governed by the IRS's "use-it-or-lose-it" rule.
- There is a 90-day run-out period, in which all claims must be submitted by September 28, 2027, for the plan year ending June 30, 2027.
- Forsyth County has elected to adopt a 2-month + 15-day grace period to spend down funds, which ends September 15, 2027.

Have questions?

If you have any questions about your Medical or Dependent Care Flexible Spending Account, you can contact Customer Contact Center at +1800-437-FLEX or <https://fba.wealthcareportal.com/>. Questions about all other benefits can be directed to your Forsyth County Human Resources team at +1336-703-2400.

Health & Wellness Programs



Wellness

Prioritizing your wellness is essential for leading a healthier, happier life. It enables you to be more engaged at work, reduces the number of sick days, and enhances your overall performance. Forsyth County is committed to investing in your well-being, fostering a positive work environment where you can truly thrive.

What is a Wellness Benefit?

Certain plans have a wellness feature built into your benefit options. This benefit gives money back to you for having a qualified screening test and then filing a claim for the screening test performed.

Qualified Screening Tests*

- Hemocult stool analysis
- Breast ultrasound
- Mammography
- CA 125 (blood test for ovarian cancer)
- CA 15-3 (blood test for breast cancer)
- CEA (blood test for colon cancer)
- Colonoscopy
- Pap smears
- Blood Screenings
- PSA (blood test for prostate cancer)
- Stress test (bicycle or treadmill)
- Electrocardiogram (EKG)
- Coronavirus Testing

*The list of screening tests above is for illustrative purposes. Please see your plan provisions and limitations for a full list of qualified screening tests. All plan information can be found at forsyth.cc/humanresources/policy_information.aspx

Get Paid by Staying Proactive!

- The Standard Group Accident Wellness Amount - \$75
- The Standard Group Critical Illness Wellness Amount - \$100
- The Standard Group Hospital Indemnity Wellness Amount - \$50

Comprehensive Mental Health and Crisis Support

Forsyth County Government offers a variety of free, confidential mental health and crisis intervention services to support you and your household. Whether you're dealing with stress, emotional challenges, or urgent crisis situations, trained professionals are available 24/7 through phone, virtual, or in-person options. These programs provide personalized assistance including counseling, crisis de-escalation, trauma support, and more. Scan the QR code to explore detailed information about each program and how to get started.



Health & Wellness Programs



Employee Health & Wellness Clinic

Forsyth County Government and Atrium Health Wake Forest Baptist are bringing health care to you.

- Now open to all full-time employees, retirees, and dependents aged 2 and above who are enrolled in the FCG medical insurance plan.
- Sick visits, wellness exams, health management, and behavioral health services.
- Located in the Annex 1 Building (formerly known as Behavioral Health) at 725 Highland Ave, Winston-Salem, NC 27101.
- Independently operated by Atrium Health Wake Forest Baptist.

On-site and virtual CareNet behavioral health services* include:

- Individual appointments
- Behavioral and mental health screenings
- Referrals to other behavioral health professionals

Services provided by qualified counselors.

Call or text the behavioral health providers at 336-842-0009

**Behavioral health services are available for employees only*

Open to Employees, Retirees, and Dependents 2 years old and above

Call 336-716-7979 or visit www.assethealth.com/fcgwellnes to make an appointment.

Hours: Monday - Friday, 7 a.m. - 3:30 p.m. Closed for lunch from 11:30 a.m. to Noon.

Understand the Benefits of the Employee Health & Wellness Clinic

Compare the cost of other available care options.

	Primary Care Doctor (In network)	Urgent Care (In network)	Employee Health & Wellness Clinic
Co-pay:	\$30 or \$50	\$60 or \$75	\$0
Generic Drug Co-Pay:	\$10 or \$15	\$10 or \$15	\$0*
Total Cost w/ one prescription:	\$40 or \$65	\$70 or \$90	FREE

**(if filled at the FCG Pharmacy across the street at 650 Highland Avenue)*



Supplemental Health Benefits

The supplemental health benefit options below can be used to customize your coverage to complement your medical plan options. If you elect any of the voluntary options below, you will be responsible for the cost of the benefit. For more information on rates, please see your enrollment site.

Wellness benefits provide payment directly to you when you or a covered member receive health screenings or preventive exams. It's a great way to ensure you're not just protected financially, but also supported in maintaining a healthy lifestyle!

Accident Insurance

Accident Insurance pays a lump-sum benefit directly to you based on the type of injury sustained and treatment needed. This policy has on/off job coverage and it includes a \$75 Wellness Benefit for you and your dependents.

Accident coverage can help to reimburse you for expenses like:

- ✓ Ambulance transportation
- ✓ Coverage for medical expenses, hospital stays, and surgeries
- ✓ Therapy charges and rehabilitation costs
- ✓ Financial support in case of injury from an accident
- ✓ No medical exam required for quick and easy coverage

Wellness Benefit
\$75

Your Cost for Accident Insurance – Semi-Monthly Employee Deductions			
Employee Only	Employee & Spouse	Employee & Children	Employee & Family
\$4.32	\$6.82	\$8.25	\$12.93

Hospital Indemnity Insurance

This plan works as a supplemental insurance plan designed to pay for the costs of a hospital admission that may not be covered by other insurance. This plan pays cash directly to you to cover out-of-pocket expenses. The payments can be used for any purpose including medical copays, deductibles, or regular expenses (food, rent, utilities).

Wellness Benefit
\$50

Your Cost – Semi-Monthly Employee Deductions			
Employee Only	Employee & Spouse	Employee & Children	Employee & Family
\$9.65	\$16.11	\$13.92	\$24.32



Supplemental Health Benefits

Critical Illness Insurance

Critical Illness pays a lump sum benefit directly to you upon diagnosis of a covered illness after the plan's effective date of coverage. There are multiple payouts automatically included and a benefit can be paid for each covered condition. Coverage can be taken with you when you leave Forsyth County Government and includes a \$100 Wellness Benefit for you and your spouse/dependents.

Critical illness coverage helps cover expenses related to the diagnosis of:

- ✓ Cancer
- ✓ Heart attack
- ✓ Kidney failure
- ✓ Blindness
- ✓ Coma

Wellness Benefit
\$100

Employee Non-Tobacco Semi-Monthly Issue Age Premiums						
Coverage Amount	Employee Age					
	18-29	30-39	40-49	50-59	60-69	70+
\$5,000	\$1.20	\$1.70	\$2.90	\$4.60	\$7.50	\$17.70
\$10,000	\$2.40	\$3.40	\$5.80	\$9.20	\$15.00	\$35.40
\$15,000	\$3.60	\$5.10	\$8.70	\$13.80	\$22.50	\$53.10
\$20,000	\$4.80	\$6.80	\$11.60	\$18.40	\$30.00	\$70.80
\$25,000	\$6.00	\$8.50	\$14.50	\$23.00	\$37.50	\$88.50
\$30,000	\$7.20	\$10.20	\$17.40	\$27.60	\$45.00	\$106.20

Employee Tobacco Semi-Monthly Issue Age Premiums						
Coverage Amount	Employee Age					
	18-29	30-39	40-49	50-59	60-69	70+
\$5,000	\$1.40	\$2.40	\$4.70	\$8.70	\$15.70	\$32.00
\$10,000	\$2.80	\$4.80	\$9.40	\$17.40	\$31.40	\$64.00
\$15,000	\$4.20	\$7.20	\$14.10	\$26.10	\$47.10	\$96.00
\$20,000	\$5.60	\$9.60	\$18.80	\$34.80	\$62.80	\$128.00
\$25,000	\$7.00	\$12.00	\$23.50	\$43.50	\$78.50	\$160.00
\$30,000	\$8.40	\$14.40	\$28.20	\$52.20	\$94.20	\$192.00

Life & Disability

One America Basic Life Insurance

Full-time employees receive employer-paid group life insurance in the amount of 1.5X basic annual earnings rounded to the next higher \$1,000 to a maximum of \$150,000. Your benefit amount will begin reducing at age 70. Don't forget to keep your beneficiaries up to date!

One America Voluntary Life Insurance

You have the option to purchase voluntary life insurance in the increments listed below through the convenience of payroll deduction. If you elect when first eligible, you may elect coverage up to the Guaranteed Issue amount without having to answer any medical questions. Employee rates are based on age. Employees enrolling for the first time must elect coverage on themselves in order to elect coverage on dependents. Additionally, don't forget to keep your beneficiaries up to date!

Voluntary Life Insurance	
Employee Coverage	1, 2 or 3X Basic Annual Earnings up to a maximum of \$350,000
Dependent Coverage	Option 1: Spouse \$10,000/Child(ren) \$5,000; Option 2: Spouse \$20,000/Child(ren) \$5,000; Option 3: Spouse only \$10,000; Option 4: Spouse only \$20,000; Option 5: Child(ren) only \$5,000
Guaranteed Issue	Employee: 3X Basic Annual Earnings or \$350,000, whichever is less Spouse: \$20,000 Child: \$5,000
Evidence of Insurability	During Annual Enrollment this year, employees may elect coverage up to the Guaranteed Issue amount, without answering any medical questions. Requests to increase coverage beyond the GI amounts listed above will require EOI. In future years, you may be required to complete EOI for any additional increases, including applying for coverage for the first time.

Employee Monthly Rates for Supplemental Life Insurance (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	75-79
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	
Level	Premium
Option 1	\$3.39
Option 2	\$9.51
Option 3	\$2.74
Option 4	\$8.86
Option 5	\$0.66

Life & Disability



One America Disability

In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income. You are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits. The premium for this coverage will be taken out of your paycheck after taxes. This means that if you ever need to make a disability claim, the benefit you receive will be tax-free. Employees may enroll for Disability coverage during Open Enrollment with no Evidence of Insurability required. Those already enrolled in Short-Term Disability may increase their coverage by up to \$500 without Evidence of Insurability.

	Short-Term Disability	Long-Term Disability
Coverage Paid By	Employee	Employee
Percentage of Income Replaced	Increments of \$100, up to 70% of earnings	60% of monthly earnings
Benefits Begin	8 th day for a sickness 1 st day for injury	After 90 consecutive days
Benefits Duration	Thirteen (13) weeks	Social Security Full Retirement Age (SSFRA) or age 65
Maximum Monthly Benefit	\$2,000	\$10,000

Pre-Existing Exclusions	
Short-Term Disability	Any disability resulting from a condition that was treated or diagnosed within 3 months prior to the coverage effective date may not be eligible for benefits during the first 12 months of coverage.
Long-Term Disability	Any disability resulting from a condition that was treated or diagnosed within 3 months prior to the coverage effective date may not be eligible for benefits during the first 12 months of coverage.



Things to know

Additional Information



Continuation of Benefits If You Leave Employment

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 +1800-426-8739 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 Flexible Spending 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 +1800-437-3539.

OneAmerica Short-Term Disability

Once an employee is on the Forsyth County 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 OneAmerica at +1800-553-5318.

OneAmerica Basic and Voluntary Life Insurance

When you leave employment, you may convert the existing group coverage you have through Forsyth County Government to a guaranteed issue, individual life policy. You also have the option of porting your existing coverage. 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 OneAmerica at +1800-553-5318.

The Standard Accident, Hospital Indemnity, and/or Critical Illness

When you leave employment, you may continue your Accident, Hospital Indemnity, and/or Critical Illness coverage by having the premiums that are currently deducted from your paycheck billed to your home address. To set up direct bill to your home address, contact The Standard at +1888-937-4783.

Important Terms



Actively at Work	Being physically present at your place of employment and actively performing the duties of one's occupation on a full-time basis, often a qualifying factor in coverage.
Coinsurance	A percentage of a health care cost that the covered employee pays after meeting the deductible.
Copayment (Copay)	A fixed dollar amount for each doctor visit that the covered employee pays for a health care service, usually when the service is received. For example, a primary care doctor may charge a nominal copay per visit.
Deductible	A fixed dollar amount that the covered employee must pay out-of-pocket each calendar year before the plan will begin reimbursing for non-preventive health expenses. Plans usually require separate limits for individual and other coverage tiers.
Embedded vs. Non-Embedded Deductibles	An embedded deductible refers to a deductible that applies to each individual within a family plan, while a non-embedded deductible applies to the entire family as a whole.
Explanation of Benefits (EOB)	A record of a person's past and current health events. A "detailed receipt." Ask for this whenever you have a medical service performed for your records. FSAs, HSAs and HRAs will sometimes need this additional verification.
Evidence of Insurability (EOI)	Is a record of a person's past and current health events. It is used by insurance companies to verify whether a person meets the definition of good health.
Guaranteed Issue (GI)	A requirement that health plans must permit you to enroll regardless of health status, age, gender, or other factors that might predict the use of health services. Except in some states, GI doesn't limit how much you can be charged if you enroll.
In-Network	Doctors, clinics, hospitals, and other providers with whom the health plan has an agreement to care for its members. Health plans cover a greater share of the cost for in-network health providers than for providers who are out-of-network.
Out-of-Network	A health plan will cover treatment for doctors, clinics, hospitals, and other providers who are out-of-network, but covered employees will pay more out-of-pocket to use out-of-network providers than in-network providers.
Out-of-Pocket Maximum	The most an employee could pay during a coverage period (usually one year) for his or her share of the costs of covered services, including copayments and coinsurance.
Preventive Care	Most health plans must cover a set of preventive services – like shots and screening tests – at no cost to you. Visit https://www.healthcare.gov/coverage/preventive-care-benefits/ to view free preventive services for all adults, women, and children.
Premium	The amount the employee pays for insurance.
Reasonable and Customary	Refers to the standard charges for medical services or treatments that are considered reasonable and customary within a specific area and are used as a basis for determining the amount of coverage provided by an insurance policy.

Key Contacts



Benefit	Whom To Call	Phone Number	Email or Website
Medical Plan	Cigna	+1800-244-6224	www.cigna.com
Dental plan	Ameritas	Customer Service: +1800-487-5553	www.ameritas.com
Vision Plan	Superior Vision	+1800-507-3800	www.superiorvision.com
Basic Life Insurance	One America Financial	Claims Toll-Free Number: +1855-517-6365 Customer Service: +1800-553-5318	www.oneamerica.com
Voluntary Life Insurance	One America Financial	Claims Toll-Free Number: +1855-517-6365 Customer Service: +1800-553-5318	www.oneamerica.com
Disability	One America Financial	Claims Toll-Free Number: +1855-517-6365 Customer Service: +1800-553-5318	www.oneamerica.com
Hospital Indemnity, Critical Illness, Accident	The Standard Insurance Company	+1888-937-4783	www.standard.com
Flexible Spending Account	Flexible Benefit Administrators, Inc.	+1800-437-3539	www.flex-admin.com

