

# Floyd County Government



## *Employee Benefit Guide* **2025**



**Service Provider Information**

**Health**

ANTHEM BCBS  
Group # L09118  
1.833.578.4441  
[www.anthem.com](http://www.anthem.com)

**Pharmacy Benefits**

TrueRx  
1.866.921.4047  
[www.truerx.com](http://www.truerx.com)  
email: [hello@truerx.com](mailto:hello@truerx.com)  
SHARx  
314.451.3555 (option 1)  
[www.sharxplan.com](http://www.sharxplan.com)

**HRA & FSA**

BMS  
1.800.919.BMSI  
[www.bmsllc.net](http://www.bmsllc.net)  
email: [claims@bmsllc.net](mailto:claims@bmsllc.net)

**Dental**

THE STANDARD  
Group # 160-170693  
1.800.547.9515  
[www.standard.com/services](http://www.standard.com/services)

**Vision**

ANTHEM BCBS  
Group # 160-170693  
1.866.723.0515  
[www.anthem.com](http://www.anthem.com)

**Basic Life/ Voluntary Term Life and AD&D**

Group # L09118  
The Standard  
1.888.937.4783  
[www.standard.com](http://www.standard.com)

**Accident / Critical Illness / Hospital Indemnity / Whole Life**

ATLANTIC AMERICAN  
1.866.58.7502  
[www.aaemployeebenefits.com](http://www.aaemployeebenefits.com)  
email: [groupcustomercare@atlam.com](mailto:groupcustomercare@atlam.com)

**Employee Assistance Program (EAP)**

The Standard  
1.888.293.6948  
[healthadvocate.com/standard3](http://healthadvocate.com/standard3)

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The following information is a quick overview of the benefits plans currently provided and is not to be interpreted as a complete disclosure of plans entitlement to any benefits described. The company reserves the right to adjust, amend and revise benefits plans. In all cases of specific plan interpretations, receipt of benefits or entitlements, the actual plan document shall rule. You can contact your HR Department for the actual plan documents.



## Welcome to your 2024 Annual Open Enrollment! Tuesday, October 29th – Tuesday, November 5

- This year we have partnered with AP Enroll to enroll your 2025 benefits for an effective date of **January 1<sup>st</sup>, 2025**.
- Enrollment is passive meaning all benefits will rollover with the exception of Healthcare FSA and Dependent Care FSA. If you are enrolled in either of these and wish to keep them you **MUST** complete enrollment or you will lose them.
- AP Enroll will enroll all products including medical, dental, and vision.

### **How Do I Enroll?**

#### Option 1:

To schedule your appointment please click on the link below or scan the QR code.  
A benefits counselor will call you at the time you select.

<https://t2m.io/floydcounty>



#### Option 2:

Contact the call center phone number Monday through Friday at 502-576-7672 between 8:00AM – 5:00PM EST (*please note due to high call volume it is highly recommended you schedule an appointment using the link and code above*)

### **What to expect at enrollment**

Please allow approximately 15 minutes for your call with a licensed Benefits Counselor who will answer any questions you may have.



# OUR COMMITMENT TO YOU!

Floyd County Government plans are designed to recognize the diverse needs of our workforce. In our efforts to provide enhanced benefit coverage and plan options, we continuously search for ways to make this possible.

Once again, we are able to provide competitive and comprehensive benefit options that allow you to design your own plan based on individual needs. Additionally, our plans provide long-term financial security for you and your family.

Only you can determine which benefits are the best for you and your family. We want you to understand all your options and make informed decisions.

## BENEFIT BASICS

### Eligibility

Full-time employees working 30 hours per week, are eligible to elect a variety of benefits described in this guide. New hire eligibility is the first day of the month following 30 days of employment. Dependent children may be covered until the end of the month in which they turn age 26 on the medical, dental and vision plans.

You and/or your eligible dependents must enroll within 30 days of becoming eligible. You will not be eligible to enroll until the next Open Enrollment period if you choose not to enroll for coverage within the 30-day eligibility period unless you experience a Qualifying Life Event.

Dependents Include:

- Spouse
- Step-Children
- Legal Guardianship
- Biological/Adopted Children

**As of January 1, 2014, a spouse who is eligible for medical insurance coverage from his or her own employer will not be eligible for enrollment in the Floyd County Government health insurance plan. An employee will be presented a Medical Insurance Spousal Waiver during their first day of employment.**

### Qualifying Events

Your elections will remain in effect during the entire benefit plan year unless you experience a Qualifying Life Event. If you experience a Qualifying Life Event listed below, you may change or cancel your coverage during the benefit plan year. You must notify Human Resources within 30 days of the event to ensure there is no disruption of your coverage:

- |                    |                           |
|--------------------|---------------------------|
| Birth/Adoption     | Dependent Child Age Limit |
| Divorce            | Marriage                  |
| Death              | Loss of Health Coverage   |
| FMLA related Leave | Eligible for Medicare     |

You may add or drop coverage for yourself and/or dependents as a result of a qualifying event.

For a complete list of Qualifying Life Events, please contact Human Resources.

It is important that you notify Human Resources upon any life event change so that we can ensure there is no interruption or discrepancies in your benefits. Any request for coverage change or cancellation must be consistent with your Qualifying Life Event and you must have the proper supporting documentation (i.e. birth certificate, marriage license, final divorce paperwork, etc.).



# AP Assist

## Customer Resource Center



The AP Assist team is a year-round customer resource center available to employees of Floyd County Government, comprised of experienced and helpful benefits counselors that will:



Assist with understanding plan benefits and eligibility rules



Help with understanding EOB's and other plan materials



Assist with billing and enrollment issues



Work with the insurance companies to resolve claims and billing issues



Provide information about benefits options after a life event like marriage, birth, death, divorce, job change



Assist in obtaining member ID Cards

**Monday through Friday 8:30 AM - 5:00 PM (EST)**

**EMAIL:** [apassist@assuredpartners.com](mailto:apassist@assuredpartners.com)

**PHONE:** 833-664-7195



AssuredPartners

AP Assist

[apassist@assuredpartners.com](mailto:apassist@assuredpartners.com)

833-664-7195

Floyd County Government offers two medical plans administered by Anthem. These medical plans offer freedom of choice with access to a large national network of physicians, hospitals and health care professionals (clinics, labs, care centers, etc.). To find a network provider, visit [www.anthem.com](http://www.anthem.com) or call Toll-Free 1.833.578.4441.

Network: Blue Access	PPO	
	Network	Non-Network
<b>Deductible</b> (Single / Family)	\$1,000 / \$2,000	\$3,000 / \$6,000
<b>Out-of-Pocket Maximum</b> (Single / Family)	\$6,000 / \$12,000	\$18,000 / \$36,000
	You Pay	You Pay
<b>Physician Office Services</b>	\$25 copay	50% *
<b>Specialty Office Services</b>	\$40 copay	50% *
<b>Preventive Office Services</b>	No charge	50% *
<b>Emergency Room Services</b> <i>copay waived if admitted</i>	\$150 copay	\$150 copay
<b>Urgent Care Services</b>	\$75 copay**	50% *
<b>Inpatient &amp; Outpatient Services</b>	20% *	50% *
<b>Outpatient Surgery Hospital</b>	20% *	50% *

\* After deductible has been met

\*\* Deductible does not apply

**Your pharmacy insurance provider is TrueRx. Please refer to pages 7 and 8 for additional information on TrueRx pharmacy benefits.**

True Rx. Pharmacy Benefits	You Pay
<b>Retail Prescription Drugs 30 day supply</b>	
Generic:	\$10 copay
Preferred Brand:	\$30 copay
Non-Preferred Brand:	\$50 copay
<b>Mail Order 90 day supply</b>	
Generic:	\$25 copay
Preferred Brand:	\$75 copay
Non-Preferred Brand:	\$125 copay

**Specialty Drugs:** Specialty and Brand Name medications that cost over \$350 should be filled through the SHARx program. This program is designed to help consumers like you obtain the best prices on your medications. In most cases, members can fill their prescriptions through this program at little or no cost. For more information, please refer to pages 7 & 8 of this guide, or contact Human Resources.

	WellRight Goal Achieved Cost Per Pay	Employee Cost Per Pay
<b>Employee</b>	\$30.00	\$59.50
<b>Employee + Spouse</b>	\$128.83	\$163.83
<b>Employee + Child(ren)</b>	\$96.04	\$126.04
<b>Family</b>	\$187.83	\$217.83

If you earn 100 points on the wellness platform by October 31, you will be eligible for the reduced rates.

Network: Blue Access		\$3000 Deductible	
	Network	Non-Network	
<b>Deductible</b> (Single / Family)	\$3,000 / \$6,000	\$9,000 / \$18,000	
<b>Out-of-Pocket Maximum</b> (Single / Family)	\$3,000 / \$6,000	\$11,500 / \$23,000	
	You Pay	You Pay	
<b>Physician Office Services</b>	0%*	30%*	
<b>Specialty Office Services</b>	0%*	30%*	
<b>Preventive Office Services</b>	No charge	30%*	
<b>Emergency Room Services</b> <i>copay waived if admitted</i>	0%*	0%*	
<b>Urgent Care Services</b>	0%*	30%*	
<b>Inpatient &amp; Outpatient Services</b>	0%*	30%*	
<b>Outpatient Surgery Hospital</b>	0%*	30%*	

\* After deductible has been met

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<b>Retail Prescription Drugs 30 day supply</b>	
Generic:	0%*
Preferred Brand:	0%*
Non-Preferred Brand:	0%*
<b>Mail Order 90 day supply</b>	0%*
Generic:	0%*
Preferred Brand:	0%*
Non-Preferred Brand:	0%*

**Specialty Drugs:** Specialty and Brand Name medications that cost over \$350 should be filled through the SHARx program. This program is designed to help consumers like you obtain the best prices on your medications. In most cases, members can fill their prescriptions through this program at little or no cost. For more information, please refer to pages 7 & 8 of this guide, or contact Human Resources.

	WellRight Goal Achieved Cost Per Pay	Employee Cost Per Pay
<b>Employee</b>	\$0.00	\$30.50
<b>Employee + Spouse</b>	\$68.36	\$98.36
<b>Employee + Child(ren)</b>	\$45.00	\$75.00
<b>Family</b>	\$107.79	\$137.79

If you earn 100 points on the wellness platform by October 31, you will be eligible for the reduced rates.

# HEALTH REIMBURSEMENT ARRANGEMENT (HRA)



We have established a Health Reimbursement Arrangement (HRA) program for you that will be administered by BMS. Under this program, you will be able to receive reimbursement for the cost of eligible medical and pharmacy qualified expenses without taxation to you individually.

- An HRA is an employer-funded account that will cover the difference between what the employee pays for his or her deductible, and what the health insurance will now be covering.
- The HRA is available only to those enrolled in the \$3000 deductible plan.

Anthem Medical Plan	Employer (HRA) Pays	Employee Pays
<p><b><i>In Network Deductible-</i></b>                      \$3,000 Single                      \$6,000 Family</p> <p>Per covered member.</p>	<p>First \$750 Single                      First \$1,000 Family</p> <p>Grading Levels of Contributions:</p> <ul style="list-style-type: none"> <li>• Enrolled 1<sup>st</sup> or 2<sup>nd</sup> Qtr. Of 2025-Full Amount Above</li> <li>• Enrolled 3<sup>rd</sup> Qtr. Of 2025-75% of amount above or \$562.50 Single / \$750 Family</li> <li>• Enrolled 4<sup>th</sup> Qtr. of 2025 – 50% of amount above or \$375 Single / \$500 Family</li> </ul>	<p>After the HRA is reimbursed in full, all remaining expenses incurred under the Anthem plan are the responsibility of the employee.</p>
<p><b><i>NOTE-Please be advised that the Explanation of Benefits from your carrier will be required to process your claims. ALL OTHER BENEFITS WILL BE THE RESPONSIBILITY OF THE EMPLOYEE.</i></b></p>		

- Reimbursement from the HRA Plan –

**a. Take Care Debit Card** – allows immediate reimbursement of your money.

Eligible to be used at only qualified merchants (hospitals, doctor’s office, authorized pharmacies or clinics at some grocery and discount stores.) Regardless if the debit card transaction goes through, the IRS and does require you to substantiate the majority of your transactions. **REMEMBER: YOU MUST KEEP ALL RECEIPTS.** Notification of request for receipts are available at employee website [www.bmsllc.net](http://www.bmsllc.net). You may also sign up for email or text message notification for receipt requests! It is the responsibility of the participant to only use it for qualified expenses and to respond to our request for receipts. Non-qualified expenses (NQE) will cause a \$4.00 fee to be assessed.



**b. Manual Reimbursement** – if you do not use your Take Care Debit Card, then you can submit manual claims to BMS. Once the insurance company processes your medical expenses; you will receive an Explanation of Benefits (EOB) that says what your total responsibility is for that service. You can then simply complete a Claim Form (visit [claims@bmsllc.com](mailto:claims@bmsllc.com) for a form) and then mail, fax or e-mail a copy of the claim form with your receipt (EOB) to BMS LLC. We will process your claim and cut you a check or send funds via ACH Direct Deposit if you’ve signed up (claims are paid twice a week.) We will reimburse up to the amount the Employer agrees to pay for your claim, less any amounts you are responsible for as noted above. You are to in turn, use the reimbursement to pay your outstanding billing.

- You can visit our website at [www.bmsllc.net](http://www.bmsllc.net) for more information on your account status – 24/7!

Please contact BMS LLC at (502)244-1161 or (800)-919-BMSI with any questions you may have concerning the HRA



# TRUERX & SHARx GENERAL OVERVIEW

In 2025, we will continue to use TrueRX as our Pharmacy Benefit Manager (PBM). Beginning January 1, 2025, TrueRX will be partnering with SHARx. SHARx is an advocacy solution for high-cost brand name medications (\$350+) as well as Specialty Medications. Many times, these medications can be found at greatly reduced costs for employees. We've included several important points to know.

## **How much will my medication cost?**

You can find the cost of your medication by using the member portal at [truerx.myrxplan.com](http://truerx.myrxplan.com) or by downloading the "MyRxPlan" app.

## **What is considered a High-Cost Medication?**

Any medication that has a cost of at least \$350 per month is considered high cost. Examples include: Insulin (all types), Abilify, Actemra, Advair, Ajoy, Atripla, Biktarvy, Breo, Brilinta, Budesonide, Bydureon, Cimzia, Copaxone, Cosentyx, Creon, Descovy, Dexilant, Dulera, Effient, Eliquis, Elmiron, Enbrel, Entyvio, Farxiga, Flovent HFA, Genvoya, Gilenya, Glatopa, Glyxambi, Humira, Invokana, Janumet, Januvia, Jardiance, Lantus, Latuda, Lialda, Lyrica, Multaq, Otezla, Pentasa, Premarin, Remicade, Repatha, Restasis, Spiriva, Stelara, Symbicort, Takhzyro, Taltz, Toujeo, Truvada, Victoza, Xarelto, Xeljanz, Xolair, and MANY, MANY More!!

## **I take a specialty or high-cost medication. What should I do?**

If you have already been on this medication in 2024 while with TrueRX, a case manager will contact you with personalized service to help transition you to the SHARx program. You may also receive a welcome email or phone call from SHARx (if you have contact information on file). This email will include a custom link to create an account on the SHARx platform.

If you are prescribed a high-cost medication or specialty medication in the future, we recommend that you reach out to the SHARx team directly at that time in order for them to help guide you through that process.

## **What happens if I don't enroll in the SHARx program?**

Members should enroll as you run the risk of their high-cost medications no longer being covered. It is important to utilize the SHARx program that has been put in place to partner with TrueRX.

## **What will happen if I try to fill my medication at the pharmacy and it should be through SHARx?**

TrueRx will inform SHARx of any medications that are eligible for SHARx assistance. All high-cost medications over \$350 for a 30-day supply will receive 2 grace fills. Specialty

Please Note: the summary provides an overview of the benefits available to you and your dependents. This is not considered a Summary Plan Description (SPD). The plans described are governed by contracts and plan documents, which are available upon request. We have attempted to make this explanation of the plans as accurate as possible. However, should there be a discrepancy, the provisions of the insurance contract or plan documents will govern.

# TRUERX & SHARx GENERAL OVERVIEW

medications will not receive an automatic grace fill, but if a member is in need of a transition fill while working on permanent sourcing, they should contact SHARx. Even with these grace fills for high-cost medications, the pharmacy will see a message in their system when filling your medication that future medications will need to be filled with SHARx.

## What if my medication requires prior authorization?

If you have been prescribed a medication that requires prior authorization, the following steps are what you can expect:

- ✓ The pharmacy will receive your prescription from your healthcare provider.
- ✓ The pharmacy will let you and your provider know that a PA is required, and the prescription is unable to be filled at that time. TrueRX will also be notified.
- ✓ TrueRX will request paperwork from your provider to review.
- ✓ Once reviewed and the Prior Authorization has been approved, you will receive communication from SHARx to begin the advocacy process.
- ✓ If the Prior Authorization is denied, your healthcare provider will contact you regarding alternative medication options.

## I get my Prescriptions through Mail Order today or am interested in Mail Order for 2025. Is that an option?

Yes! TrueRX partners with WB RX Express for mail order solutions. A member of the TrueRX Advocacy Team can walk you through this process, or you may visit [www.wbrsexpress.com](http://www.wbrsexpress.com) direct and click on “Become a New Patient” to get setup. You may also reach them at 833-391-0126.

## Who should I contact if I have questions?

You do have several options as far as individuals to reach out to for any questions you may have.

TrueRX	SHARx
You may reach out to the patient care team with general pharmacy and prescription questions. TrueRX is also handling Prior Authorizations. If you are not sure who to contact, we recommend starting with TrueRX to allow their Advocacy Team direct you to the right area.	The SHARx advocacy team will help you on those High Cost (\$350+) medications as well as Specialty.
866-921-4047	314-451-3555 (Option 1)
Email: <a href="mailto:hello@truerx.com">hello@truerx.com</a>	Email: <a href="mailto:sharx@sharxplan.com">sharx@sharxplan.com</a>
<a href="http://truerx.myrxplan.com">truerx.myrxplan.com</a>	<a href="http://www.sharxplan.com">www.sharxplan.com</a>


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## 24/7 Online Access

In the member portal and the app, you can access your pharmacy benefits including:

- ✓ **View** your insurance card.
- ✓ **See** current prescriptions, deductible, and out-of-pocket amounts.
- ✓ **Compare** drug pricing.
- ✓ **Find** local pharmacies.

Whether you choose the member portal or the app, setting up your online account is easy with these steps:

- 1 **Start** by visiting the member portal at [truerx.myrxplan.com](http://truerx.myrxplan.com). If you prefer to use a mobile app, download  "MyRxPlan" in your app store.
- 2 **Register** for your online account with your member ID, group number, first and last name, and date of birth.
- 3 **Finish** the two-step verification process.
- 4 **In the app**, notice the MyRxPlan logo change to the True Rx icon.





## Medication Delivered to Your Door

### Skip the pharmacy line and receive personalized care.

True Rx Health Strategists partners with WB Rx Express to deliver your prescriptions right to your door. With WB Rx Express, you can manage, refill, and get information about your medications with ease, while receiving exceptional service.

Like True Rx, WB Rx Express is a family-run pharmacy serving communities for decades. It's the place to go if you want personalized and friendly service that is convenient and accessible.

### Zero Hassles—WB Rx Express Makes Medication Easy

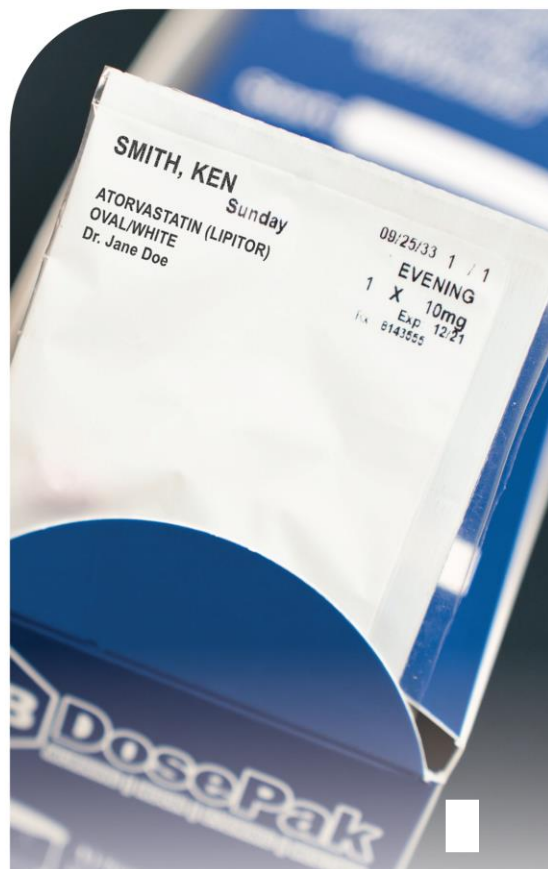
WB Rx Express offers options to simplify your medication management:

- ✓ ***Never miss a dose with WB DosePak!***  
Pharmacists sort your medications by day and time, making it easier for you take them exactly as prescribed.
- ✓ ***Synchronized refills***  
Sync your medication fills to get them all at once.
- ✓ ***Prescription autofill***  
Refills are automatically shipped before you run out.

#### ***Did You Know?***

By ordering a mail order 90-day supply, stock up and enjoy savings for months to come.

- **98% PATIENT SATISFACTION**
- **99.8% QUESTIONS RESOLVED IN ONE CALL**
- **5 SECOND AVERAGE TIME TO ANSWER**
- **PRESCRIPTIONS SHIPPED IN 24 HOURS\***  
\*Average turnaround time



## Get Started in Three Easy Steps

step  
**01**

Go to [wbrxexpress.com](http://wbrxexpress.com) and click "Become a New Patient".

step  
**02**

Complete the online form and click the red "Submit" button.

You can also set up your account by calling the pharmacy at 833-391-0126.

step  
**03**

**WB Rx Express will contact you within two business days to verify your account and medication information.**

Kindly inform us at least 14 days in advance if you need a refill or wish to cancel your automatic refill.

## Mail Order Medication Prices in the Member Portal

Mail order pricing is integrated with the True Rx member portal, [truerx.myrxplan.com](http://truerx.myrxplan.com). Compare mail order pricing with retail pharmacies in your area.

## Payment Options

WB Rx Express accepts MasterCard, Visa, Discover, and American Express.

## Limitations of Mail Order

- Please use your local pharmacy for a 30-day or less supply of medication.
- Refill orders submitted prematurely may be delayed until the earliest allowable date for processing.
- For your safety, WB Rx Express does not dispense Schedule II controlled substances.
- WB Rx Express is not able to ship to California residents.

# Register with us

for quick, secure, digital access to all your plan information

Keep on top of your health benefits with 24/7 access to your plan details. Register on our Sydney<sup>SM</sup> Health app or through our website at [anthem.com/register](https://www.anthem.com/register) so your account is ready to use when you need it. **There is no cost, and it only takes a few minutes.**

Once you're registered, you'll have one place you can go for all your plan and benefits information. You can review coverage and claims, find care, estimate cost of care, and access your digital plan ID card.

## Have your plan ID card ready to get started

- 1 Download our free Sydney Health app and select **Register new account** or go to [anthem.com/register](https://www.anthem.com/register).
- 2 Select your identification type (in most cases, this is your member ID).
- 3 Enter your plan ID number, full name, and date of birth.
- 4 Follow the one-time security prompt and create a username and password. (You'll use the same login information when you log in to either the app or website.)
- 5 Review your information to complete your registration.



Scan this QR code with your phone's camera to **download our Sydney Health app** today.



On-screen experiences may vary due to personalization, benefit plans, and ongoing enhancements.  
 Sydney Health is offered through an arrangement with Carolan Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2023  
 Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to [anthem.com/co/networkaccess](https://www.anthem.com/co/networkaccess).  
 In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. aka HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by Compcare Health Services Insurance Corporation (Compcare) or Wisconsin Collaborative Insurance Corporation (WCIC). Compcare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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Anthem offers the following programs to help you and your family with your healthcare needs. Detailed information on these programs may be found by logging onto the employee portal.

## Find high-quality doctors nearby and compare costs

Choosing a doctor you trust is important – and choosing one in your plan’s network can keep your costs down. The **Find Care** tool on the Sydney Health App and [anthem.com](http://anthem.com) can help you meet both needs.

## Emotional Well-being Resources offer help when you need it.

Your emotional health is an important part of your overall health. With Emotional Well-being Resources, administered by Learn to Live, you can receive support to help you and your household live your happiest, healthiest lives. Log in to [anthem.com](http://anthem.com), go to Care, choose Health & Wellness Center, and select **Emotional Well-being Resources**.

## ConditionCare – Take control of your health today

A little help can make a big difference when you or a Family member has:

- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Coronary artery disease (CAD)
- Type 1 or 2 diabetes (pediatric or adult)
- Heart failure

Call 866-962-0963 to learn how this no-cost program can help you take care of your health.

## 24 / 7 NurseLine

**Giving you and your family access to a registered nurse anytime.** Your health is priceless. That is why it is so important for you to be able to connect to the resources and expert guidance you need to keep you safe and healthy – day or night. For help, call 24/7 NurseLine at the customer service number on your ID card.

## Receive virtual care and support through the Sydney Health mobile app

When you aren’t feeling your best – physically, mentally or emotionally – or you need guidance managing a health condition, help is available. You can connect to the care you need using the Sydney Health mobile app. You can have a video visit with your doctor 24/7 for common health issues, and mental and emotional healthcare is available by appointment.

## Save Money

### With SpecialOffers and discounts.

As part of your health plan, you qualify for discounts on products and services that help promote better health and well-being. These discounts are available through SpecialOffers to help you save money while taking care of your health.

## Building Healthy Families – A new program to support growing families.

Anthem’s all-in-one program can help your family grow strong whether you’re trying to conceive, expecting a child, or in the thick of raising young children.

## Behavioral Health Case Management

This service will pair you with a case manager – they will be your personal advocate as you partner to work through any concerns, big or small.

To join, log in to [anthem.com](http://anthem.com), go to MyHealth Dashboard, choose Programs, and select Emotional Well-being Resources.

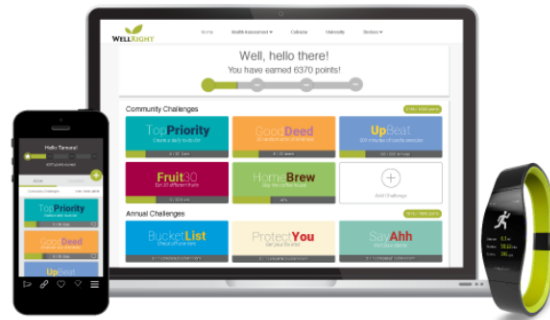
### ▶ Learn more about SpecialOffers

Log in to [anthem.com](http://anthem.com), choose Care, and select Discounts.

# Employee Wellness Platform

## For Floyd County Government Employees

Welcome to Floyd County Government's employee wellness platform! Benefit-eligible employees are able to participate in the wellness platform.



Employees earn points by completing a variety of wellness-related activities. By earning wellness points, employees can earn a future Insurance Premium Reduction!

### Future Insurance Premium Reduction

Between November 1, 2024 and October 31, 2025, earn 100 points through the completion of wellness-related activities.

### Get Started!

1. Go to the following website or scan the QR code to the right.

<https://floydcounty.wellright.com>

2. Click "Register"

3. Fill out the necessary information

4. Click "Submit"

\*You must register and login on the web before you can have access to the Wellright app.



SCAN ME



# Wellness Points and Activities

Activity	Points	Additional Information
<b>Preventative Health</b>		
Biometrics	40	1x per year
BluMine Health Clinic Visit	15	Max 4 visits per year
Weight Management Program	15	Max 4 visits per year
Dental Exam	10	Max 2x per year
Vision Exam	10	1x per year
Mammogram	10	1x per year
Colonoscopy	15	1x per year
PSA Text	10	1x per year
Pap Smear	10	1x per year
Flu Shot	15	1x per year
Vaccination	10	Max 2x per year
<b>Wellness</b>		
Health Risk Assessment	40	1x per year
Monthly Wellright Challenge	5	1x per month
5K Walk/Run	5	Max 4x per year
CPR Certification	10	1x per year
First Aid Certification	10	1x per year
Donate Blood	10	Max 2x per year
University Course	5	Max 4x per year

## Download the Mobile App

Search for the **Wellright App** in the iOS App Store or Google Play Store. Log in with the same username and password you used on the web.

## Complete Your Account Setup

1. Login on the website or the app to view available challenges.
2. Connect a device—*Fitbit, Apple watch, Garmin and more!*
3. Setup text reminders for challenge reminders and to keep track of your progress.



**For any questions please contact:**

Jordyn Golde

Wellness@bluminehealth.com

# Welcome to BluMine<sup>™</sup> HEALTH

**BluMine is excited to welcome you and your family to BluMine Healthcare.**

**Call to schedule your appointment for an annual physical today!**

## Primary Health Services

- Annual Wellness Physicals
- Annual Male/Female Check-Ups
- Asthma/Breathing Treatments
- Allergy Injections (serum provided by patient)
- Basic Lab Work/Blood Draw
- Biometrics Screenings
- Blood Pressure Maintenance
- Cold/Flu/Bronchitis Treatments
- Earaches/Infections
- EKGs with Basic Interpretation
- Minor Sprains/Strains
- Minor Suturing/Splinting

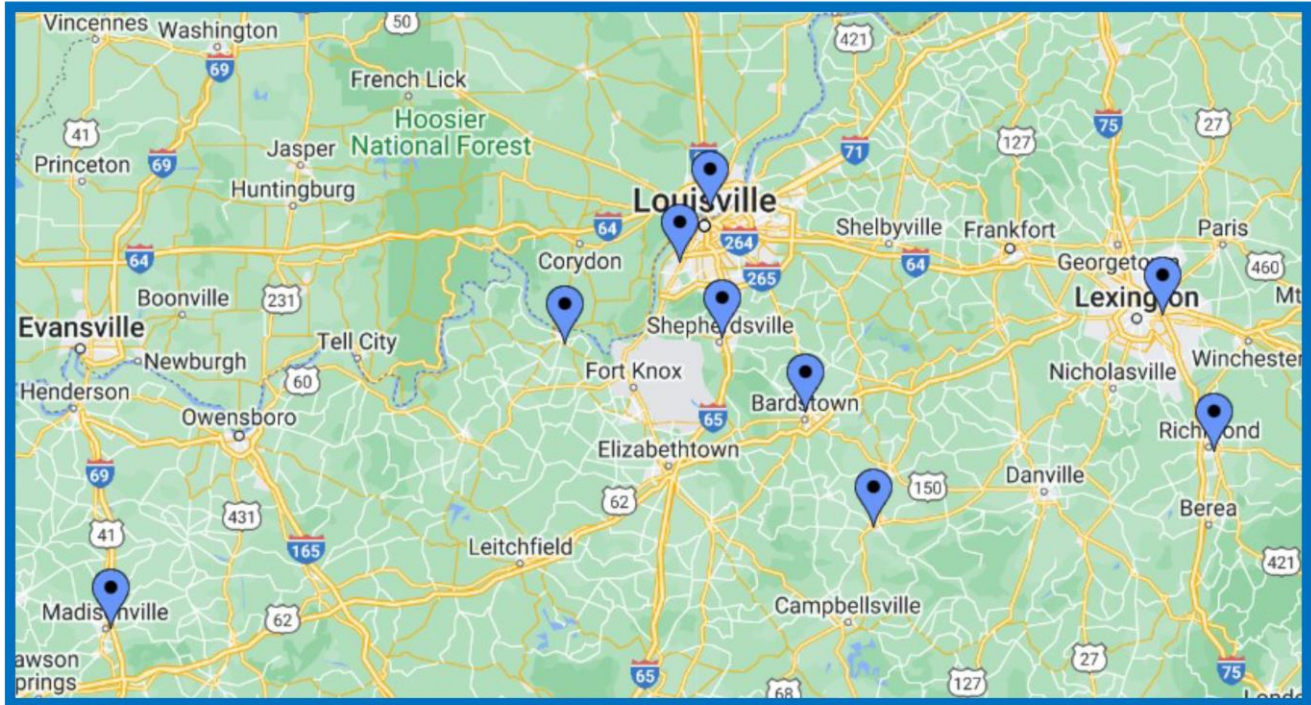
- Pink Eye/Styes
- Poison Ivy/Skin Conditions
- School/Sports Physicals
- Sinus Infection
- Sore Throat/Strep Test
- Stomach Virus
- UTI Bladder Infection

## Disease Management Programs

- Chronic Disease Management
- Hypertension Treatment
- Diabetes/Metabolic Syndrome
- Cholesterol/Nutrition Optimization
- Smoking Cessation
- Stress Reduction

**All available to you at NO cost!**

# BluMine locations available to you and your family for your Health Care needs



## Bardstown

700 Portland Avenue, Suite C  
Bardstown KY 40004  
(502) 628-2103  
Mon, Wed, Fri 7:30a-4p  
Tues, Thurs 10:30a-7p

## Lebanon

116 Lebanon Trade Center  
Lebanon, KY 40033  
(270) 225-1005  
Mon, Wed, Fri 7:30a-4p  
Tues, Thurs 10:30a-7p

## Madisonville

343 East Center Street  
Madisonville, KY 42431  
(270) 452-2420  
Mon, Wed 8a-4p  
Tues, Thurs 9a-7p  
Fri 8a-12p

## Brandenburg

1404 Old Ekron Road  
Brandenburg, KY 40108  
(502) 684-8446  
Mon, Thurs 7a-3:30p  
Tues, Wed 9:30a-6pm  
Fri 8a-4:30p

## Lexington

2285 Executive Drive, Suite 100  
Lexington, KY 40505  
(859) 254-0151  
Mon-Fri 8:30a-5pm

## Richmond

235 Boggs Lane, Suite 1  
Richmond, KY 40475  
(859) 376-1363  
Mon-Fri 7:30a-6p

## Jeffersonville - Quartermaster

255 Quartermaster Court  
Jeffersonville, IN 47130  
(812) 282-4485  
Mon, Wed, Fri 7a-5p  
Tues, Thurs 8a-6p

## Louisville - Southwest

5120 Dixie Highway, Suite 106  
Louisville, KY 40216  
(502) 995-7008  
Mon-Fri 8:30a-5p

## Shepherdsville

189 Adam Shepherd Pkwy, Suite 14  
Shepherdsville, KY 40165  
(502) 531-9823  
Mon, Wed 9a-6p  
Tues, Thurs 8a-5p  
Fri 8a-3p



# FLEXIBLE SPENDING ACCOUNTS

## Healthcare and Dependent Daycare FSA



### Using Tax-Free Dollars to Pay for Medical and Dependent Care Expenses

#### What is an FSA?

A **Flexible Spending Account (FSA)** allows you to use tax-free dollars from your paycheck to pay for medical and dependent care expenses. Contributions made to the FSA are free from federal income tax, social security tax and most state taxes. Reducing your taxable income means your take-home pay increases. **Save \$25 to \$40 on every \$100 you budget into your FSA to pay for qualified expenses!**

#### Healthcare FSA?

The **Healthcare FSA** pays for out-of-pocket medical, dental and vision care expenses incurred during your Employer's FSA Plan Year. You decide how much you contribute to your Healthcare FSA. The annual amount you elect to contribute towards the Healthcare FSA is available on the beginning date of your Employer's Plan Year and then throughout the Plan Year, minus any debit card payments and reimbursements you've already received.

#### Healthcare FSA Eligible Expenses

Expenses that are considered medically necessary are considered eligible for the **Healthcare FSA**. Eligible items include:

- Office Visit Co-pays
- Doctor & Lab fees
- Prescription drugs
- Chiropractor Fees
- Medical Equipment
- Dental cleanings, fillings, etc.
- Orthodontic services
- Eye exams
- Prescription glasses/contacts
- Over the counter medications and items.

A full listing of possible qualified items is available at our website.

#### Dependent Daycare FSA

The **Dependent Daycare FSA** covers daycare expenses for your dependent children through the age of 12, as well as care for any adult dependents that live in your home. You and your spouse must work or attend school full time to be eligible to participate in the Dependent Care FSA. The IRS allows a maximum household contribution of \$5,000 per calendar year to the Dependent Care FSA. If you are married and file separate tax returns, the maximum amount you can contribute is \$2,500. Only amounts contributed per pay period are available for Dependent Daycare FSA.

**IMPORTANT**—If you have a Dependent Daycare FSA, you cannot take the full tax credit on your tax return. Contact your tax advisor to learn which option is best for you.

#### Daycare FSA Eligible Expenses

Expenses eligible under the **Dependent Care FSA** include:

- Before/after-school care programs
- Pre-kindergarten
- Nursery school
- Summer day-camp
- Custodial or elder care expenses

Easy access to your account! With our convenient claims upload feature, you can take a snapshot or scan your receipt and send it to BMS through our mobile app or online.

Our Consumer Website and FREE BMS LLC Mobile app offer easy online and mobile claims submissions. You can submit a receipt anywhere, anytime through the Consumer Site or BMS LLC Mobile App (available in the iTunes or Google Play Store). Set up your account at [www.bmsllc.net](http://www.bmsllc.net).

#### Important FSA Notes

- You may only change your FSA election and contribution amount if you have a qualified change in status. A qualified change in status would include change in marital status, change in number of dependents, or change in employment status. If you believe you qualify for an election change, please contact your Employer.
- Eligible expenses must be incurred within your Employer's plan year. The IRS considers an expense to be "incurred" at the time you receive care, service or supply. The incurred date is not when you are billed or pay for the expense.
- Unused funds are forfeited after the end of the Plan Year, so only budget for the funds you know you and your family will spend during the Plan Year. Ask if your Employer's FSA Plan offers the 2 1/2 month flexible spending extension or the Carryover option (Carryover available for **Healthcare FSA** only).
- If you terminate employment you will have a set period of time (typically 90 days) where you may still request reimbursement for qualified expenses incurred prior to your termination date. Check with your Employer for additional rights provided by your specific plan.
- You are not required to enroll in your Employer's health insurance plan in order to participate in the FSA (eligibility rules will vary by Employer). However, if you or your spouse are enrolled in a Health Savings Account (HSA), you *cannot* contribute to a **Healthcare FSA**. Ask if the Limited FSA option for dental and vision expenses only is available.



The BMS FSA Debit Card is a convenient way to pay for your expenses. With the FSA Debit Card you do not have to submit a claim for reimbursement; your purchase is automatically deducted from the balance on your account.

**Be prepared to submit receipts per IRS requirements.** Contact your Employer or BMS LLC for information on receipt verification and submissions when using the FSA Debit Card. You may also pay out-of-pocket for your expenses and then submit a completed reimbursement claim form along with valid receipts to BMS to receive reimbursement via check or free direct deposit to your personal bank account.

Benefit Marketing Solutions LLC (BMS LLC) - FSA Claims & Flex Card Receipt Submission Options

WEBSITE: [www.bmsllc.net](http://www.bmsllc.net)

PHONE: (502)244-1161

FAX: (502)244-1162

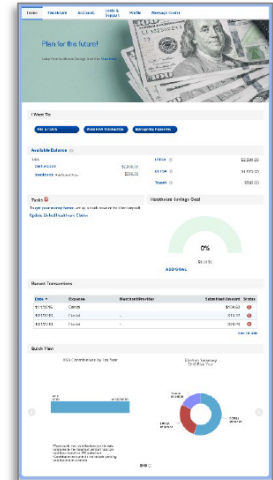
Visit our website for valuable resources including access to FSA Store, an online store for purchasing of qualified Healthcare FSA items!



## BMS LLC Consumer/Employee Website

With our new Consumer Portal you will have 24/7 access to your account information and many self-service capabilities including the ability to:

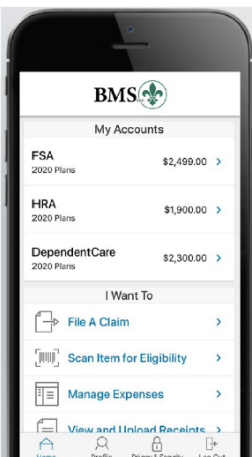
- View all account balance and transaction history: View pending and completed activity from contributions and funding sources plus claims, bill-pay, and debit card transactions. Review and consolidate all out-of-pocket expenses that are available via online or mobile expense/receipt “shoebox” entries, claims that have been filed, debit card transactions, and bill pay distributions attributable to health expenses
- Complete online transactions such as claim reimbursements, submit receipts for Flex benefit card substantiation, online bill-pay, and distributions to your own bank account.
- Manage personal information and communication options: View/Update personal data, sign up for and manage direct deposit and card status, sign up for text and email notifications.



To log-in for the first time visit the BMS website, [www.bmsllc.net](http://www.bmsllc.net), and choose the *Consumer/Employee Website* option on the main landing page. At the Consumer site, select the *New User* option and follow steps to retrieve your Username and Password.

## BMS LLC Mobile App

Our new BMS LLC Mobile App makes it easy for you to manage your account-based plan on your iOS (iPhone, iPod Touch, iPad), or Android-powered devices. Mobile App features include:



- Use fingerprint login to access account(s) with ease
- Check balances & account details
- Check claims requiring receipts.
- Submit claims for FSA, HRA, and transportation plans.
- Snap a photo of a receipt and submit with a new or existing claim, or store in the device’s camera roll for later use in claim filing
- Initiate an HSA distribution.
- View HSA investment details
- Scan a product bar code to help determine eligibility as a qualified medical expense.
- Access account funds to pay oneself or someone else, such as a doctor or other provider
- View important messages about account(s) and get notifications via text alerts.
- Retrieve forgotten username/password
- Click to call or email customer service to report a debit card as lost or stolen.

Benefit Marketing Solutions LLC: 502-244-1161 or 800-919-2674 (Phone) 502-244-1162 (Fax)  
Email: [claims@bmsllc.net](mailto:claims@bmsllc.net) Main Website - [www.bmsllc.net](http://www.bmsllc.net)

Visit our website for valuable resources including access to a searchable list of eligible FSA expenses!

# DENTAL



With Standard Dental plans, you can see any dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in the Standard Dental Network. To find a dentist in your area, visit <http://www.standard.com/services> and click on "Find a Dentist". Your provider network is Classic Network.

	Low Plan		High Plan	
	Network / Non-Network		Network / Non-Network	
<b>Deductible</b>	\$50 Single \$150 Family	\$50 Single \$150 Family	\$50 Single \$150 Family	\$50 Single \$150 Family
<b>Annual Maximum Benefit</b>	\$1,000		\$2,000	
<b>Diagnostic &amp; Preventive Services</b> <i>(Exams and X-rays)</i>	100% / 100% Deductible Waived		100% / 100% Deductible Waived	
<b>Basic Services</b> <i>(Routine fillings, space maintainers)</i>	80% / 50%		80% / 80%	
<b>Major Services</b> <i>(crowns, dentures, bridges and implants)</i>	50% / 50%		50% / 50%	
<b>Orthodontia</b> <i>(Child only)</i>	50% / 50%		50% / 50%	
<b>Orthodontia Lifetime Maximum</b>	\$1,000 per member		\$2,000 per member	

Employee Cost Per Pay Period (24 Pay)		
	Low Plan	High Plan
<b>Employee</b>	\$9.41	\$14.08
<b>Employee + Spouse</b>	\$20.60	\$30.81
<b>Employee + Child(ren)</b>	\$24.99	\$39.76
<b>Family</b>	\$36.29	\$56.88



### Tips to ensure a healthy mouth

- Use a soft-bristled toothbrush
- Choose toothpaste with fluoride
- Brush for at least two minutes twice a day
- Floss daily
- Watch for signs of periodontal disease such as red, swollen, or tender gums
- Visit a dentist regularly for exams and cleanings

You have many choices when it comes to using your benefits. As a Blue View Vision plan member, you have access to one of the nation’s largest vision networks. You may choose from many private practice doctors, local optical stores, and national retail stores including LensCrafters®, Target Optical®, and most Pearle Vision® locations. You may also use your in-network benefits to order eyewear online at Glasses.com and ContactsDirect.com. To locate a participating network eye care doctor or location, log in at anthem.com, or the Sydney app. You may also call member services for assistance at 1-866-723-0515.

	Network	Non-Network
<b>Routine eye exam</b> (every 12 months)	\$10 copay	Up to \$42
<b>Retinal Imaging</b>	Not more than \$39	NA
<b>Eyeglass frames</b> (every 24 months)	\$130 allowance 20% off balance over \$100	\$45 allowance
<b>Standard Plastic Lenses</b> (every 12 months)		
Single Vision	\$25	Up to \$40
Bifocal	\$25	Up to \$60
Trifocal	\$25	Up to \$80
<b>Eyeglass Lens Enhancements</b>		
Transitions Lenses (for child under age 19)	\$0	Not covered
Standard Polycarbonate (for child under age 19)	\$0	Not covered
Factory Scratch Coating	\$0	Not covered
<b>Lens Upgrades</b>		
Transitions Lenses (adults)	\$75	Not covered
Standard Polycarbonate (adults)	\$40	Not covered
Tint (solid and gradient)	\$15	Not covered
UV Coating	\$15	Not covered
Anti-reflective coating		
- Standard	\$45	Not covered
- Premium Tier 1	\$57	Not covered
- Premium Tier 2	\$68	Not covered
- Premium Tier 3	\$85	Not covered
Standard progressive		
- Standard	\$55	Not covered
- Tier 1	\$85	Not covered
- Tier 2	\$95	Not covered
- Tier 3	\$110	Not covered
- Tier 4	\$175	Not covered
<b>Contact Lenses</b> (every 12 months)		
Elective Conventional	\$130 allowance, 15% off remaining balance	Up to \$105
Disposable	\$100 allowance	Up to \$105
Medically Necessary	Covered in full	Up to \$210



Employee Cost Per Pay Period (24 Pay)	
Employee	\$3.08
Employee + Spouse	\$6.15
Employee + Child(ren)	\$5.85
Family	\$9.18

## BASIC LIFE AND AD&D



Basic Life with Accidental Death & Dismemberment (AD&D) Insurance can provide money for your family if you die or are diagnosed with a terminal illness. Basic Term Life/AD&D benefit is automatically provided to all full-time employees at no cost to you.

**Good News! Your Basic Life/AD&D benefit will increase to \$25,000 beginning January 1, 2025!**

*Benefits reduce to 65% at age 70 and to 50% at age 75.*

### How does it work?

You keep coverage for a set period of time, or “term.” If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

AD&D Insurance is also available, which can pay a benefit if you survive an accident but have certain serious injuries. It can pay an additional amount if you die from a covered accident.

### Who can get Term Life coverage?

If you are actively at work at least 30 hours per week, you can receive coverage for:

**Employee:** You can receive a benefit amount of \$25,000.

### Who can get Accidental Death & Dismemberment (AD&D) coverage?

**Employee:** You can receive an AD&D benefit amount of \$25,000.

### Additional Plan Design Details

- An Accelerated Death Benefit is included. Terminally ill members may withdraw up to 80% of their Life benefit to a maximum of \$500,000 (when Basic Life and any Additional Life are combined).
- The Family Benefits Package includes:
  - The Higher Education Benefit reimburses tuition expenses up to \$5,000 per child per year towards a 4-year college education for the deceased's children - not to exceed a cumulative total of \$20,000 or 25% of the AD&D benefit per child, whichever is less.
  - Career Adjustment Benefit reimburses tuition expenses up to \$5,000 per year to help a spouse to return to the workforce after the death of their spouse - not to exceed the cumulative total of \$10,000 or 25% of the AD&D benefit, whichever is less.
  - Child Care Benefit reimburses a family's child care expenses up to \$5,000 per year - not to exceed \$10,000 or 25% of the AD&D benefit, whichever is less.





# VOLUNTARY TERM LIFE AND AD&D



A simple, economical way to plan for your and your family's future.

## How does it work?

You choose the amount of coverage that's right for you, and you keep coverage for a set period of time, or "term." If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

AD&D Insurance is also available, which pays a benefit if you survive an accident but have certain serious injuries. It pays an additional amount if you die from a covered accident.

## Who can get Term Life coverage?

If you are actively at work at least 30 hours per week, you may apply for coverage for:

**Employee:** Choose from \$10,000 to \$500,000 in \$10,000 increments. You can get up to \$200,000 with no health questions during your initial enrollment.

**Spouse:** Get up to \$250,000 of coverage in \$5,000 increments. Spouse coverage cannot exceed 100% of the coverage amount you purchase for yourself. Your spouse can get up to \$25,000 with no health questions, if eligible, during the initial enrollment.

**Dependent:** - Get up to \$10,000 of coverage in \$2,000 increments if eligible. Dependent coverage includes child(ren) from live birth through age 25..

*Benefits reduce to 65% at age 70 and to 50% at age 75.*

If you elect a benefit amount over the Guaranteed Issue Amount shown above for you or your eligible dependents, or you do not enroll timely, you will need to submit a Statement of Insurability form for review. Based on health history, you and/or your dependents will be approved or declined for insurance coverage.



# VOLUNTARY TERM LIFE AND AD&D RATES



## Employee Life Semi-Monthly Premiums

Coverage Amount	Employee's Age as of January 1									
	< 35	35-39	40-44	45-49	50-54	55-59	60-64	65-69*	70-74*	75+*
\$10,000	0.27	0.36	0.68	1.31	1.98	3.38	5.76	10.17	10.21	13.16
\$20,000	0.54	0.72	1.35	2.61	3.96	6.75	11.52	20.34	20.42	26.33
\$30,000	0.81	1.08	2.03	3.92	5.94	10.13	17.28	30.51	30.62	39.49
\$40,000	1.08	1.44	2.70	5.22	7.92	13.50	23.04	40.68	40.83	52.65
\$50,000	1.35	1.80	3.38	6.53	9.90	16.88	28.80	50.85	51.04	65.81
\$60,000	1.62	2.16	4.05	7.83	11.88	20.25	34.56	61.02	61.25	78.98
\$70,000	1.89	2.52	4.73	9.14	13.86	23.63	40.32	71.19	71.46	92.14
\$80,000	2.16	2.88	5.40	10.44	15.84	27.00	46.08	81.36	81.67	105.30
\$90,000	2.43	3.24	6.08	11.75	17.82	30.38	51.84	91.53	91.87	118.46
\$100,000	2.70	3.60	6.75	13.05	19.80	33.75	57.60	101.70	102.08	131.63
\$110,000	2.97	3.96	7.43	14.36	21.78	37.13	63.36	111.87	112.29	144.79
\$120,000	3.24	4.32	8.10	15.66	23.76	40.50	69.12	122.04	122.50	157.95
\$130,000	3.51	4.68	8.78	16.97	25.74	43.88	74.88	132.21	132.71	171.11
\$140,000	3.78	5.04	9.45	18.27	27.72	47.25	80.64	142.38	142.92	184.28
\$150,000	4.05	5.40	10.13	19.58	29.70	50.63	86.40	152.55	153.12	197.44
\$160,000	4.32	5.76	10.80	20.88	31.68	54.00	92.16	162.72	163.33	210.60
\$170,000	4.59	6.12	11.48	22.19	33.66	57.38	97.92	172.89	173.54	223.76
\$180,000	4.86	6.48	12.15	23.49	35.64	60.75	103.68	183.06	183.75	236.93
\$190,000	5.13	6.84	12.83	24.80	37.62	64.13	109.44	193.23	193.96	250.09
\$200,000	5.40	7.20	13.50	26.10	39.60	67.50	115.20	203.40	204.17	263.25
\$210,000	5.67	7.56	14.18	27.41	41.58	70.88	120.96	213.57	214.37	276.41
\$220,000	5.94	7.92	14.85	28.71	43.56	74.25	126.72	223.74	224.58	289.58
\$230,000	6.21	8.28	15.53	30.02	45.54	77.63	132.48	233.91	234.79	302.74
\$240,000	6.48	8.64	16.20	31.32	47.52	81.00	138.24	244.08	245.00	315.90
\$250,000	6.75	9.00	16.88	32.63	49.50	84.38	144.00	254.25	255.21	329.06
\$260,000	7.02	9.36	17.55	33.93	51.48	87.75	149.76	264.42	265.41	342.23
\$270,000	7.29	9.72	18.23	35.24	53.46	91.13	155.52	274.59	275.62	355.39
\$280,000	7.56	10.08	18.90	36.54	55.44	94.50	161.28	284.76	285.83	368.55
\$290,000	7.83	10.44	19.58	37.85	57.42	97.88	167.04	294.93	296.04	381.71
\$300,000	8.10	10.80	20.25	39.15	59.40	101.25	172.80	305.10	306.25	394.88
\$310,000	8.37	11.16	20.93	40.46	61.38	104.63	178.56	315.27	316.46	408.04
\$320,000	8.64	11.52	21.60	41.76	63.36	108.00	184.32	325.44	326.66	421.20
\$330,000	8.91	11.88	22.28	43.07	65.34	111.38	190.08	335.61	336.87	434.36
\$340,000	9.18	12.24	22.95	44.37	67.32	114.75	195.84	345.78	347.08	447.53
\$350,000	9.45	12.60	23.63	45.68	69.30	118.13	201.60	355.95	357.29	460.69
\$360,000	9.72	12.96	24.30	46.98	71.28	121.50	207.36	366.12	367.50	473.85
\$370,000	9.99	13.32	24.98	48.29	73.26	124.88	213.12	376.29	377.71	487.01
\$380,000	10.26	13.68	25.65	49.59	75.24	128.25	218.88	386.46	387.91	500.18
\$390,000	10.53	14.04	26.33	50.90	77.22	131.63	224.64	396.63	398.12	513.34
\$400,000	10.80	14.40	27.00	52.20	79.20	135.00	230.40	406.80	408.33	526.50
\$410,000	11.07	14.76	27.68	53.51	81.18	138.38	236.16	416.97	418.54	539.66
\$420,000	11.34	15.12	28.35	54.81	83.16	141.75	241.92	427.14	428.75	552.83
\$430,000	11.61	15.48	29.03	56.12	85.14	145.13	247.68	437.31	438.95	565.99
\$440,000	11.88	15.84	29.70	57.42	87.12	148.50	253.44	447.48	449.16	579.15
\$450,000	12.15	16.20	30.38	58.73	89.10	151.88	259.20	457.65	459.37	592.31
\$460,000	12.42	16.56	31.05	60.03	91.08	155.25	264.96	467.82	469.58	605.48
\$470,000	12.69	16.92	31.73	61.34	93.06	158.63	270.72	477.99	479.79	618.64
\$480,000	12.96	17.28	32.40	62.64	95.04	162.00	276.48	488.16	490.00	631.80
\$490,000	13.23	17.64	33.08	63.95	97.02	165.38	282.24	498.33	500.20	644.96
\$500,000	13.50	18.00	33.75	65.25	99.00	168.75	288.00	508.50	510.41	658.13

## Employee AD&D Semi-Monthly Premiums

Employee's Age as of January 1

Coverage Amount	Employee's Age as of January 1		
	< 70	70-74*	75+*
\$10,000	0.15	0.10	0.08
\$20,000	0.30	0.20	0.15
\$30,000	0.45	0.29	0.23
\$40,000	0.60	0.39	0.30
\$50,000	0.75	0.49	0.38
\$60,000	0.90	0.59	0.45
\$70,000	1.05	0.68	0.53
\$80,000	1.20	0.78	0.60
\$90,000	1.35	0.88	0.68
\$100,000	1.50	0.98	0.75
\$110,000	1.65	1.07	0.83
\$120,000	1.80	1.17	0.90
\$130,000	1.95	1.27	0.98
\$140,000	2.10	1.37	1.05
\$150,000	2.25	1.46	1.13
\$160,000	2.40	1.56	1.20
\$170,000	2.55	1.66	1.28
\$180,000	2.70	1.76	1.35
\$190,000	2.85	1.85	1.43
\$200,000	3.00	1.95	1.50
\$210,000	3.15	2.05	1.58
\$220,000	3.30	2.15	1.65
\$230,000	3.45	2.24	1.73
\$240,000	3.60	2.34	1.80
\$250,000	3.75	2.44	1.88
\$260,000	3.90	2.54	1.95
\$270,000	4.05	2.63	2.03
\$280,000	4.20	2.73	2.10
\$290,000	4.35	2.83	2.18
\$300,000	4.50	2.93	2.25
\$310,000	4.65	3.02	2.33
\$320,000	4.80	3.12	2.40
\$330,000	4.95	3.22	2.48
\$340,000	5.10	3.32	2.55
\$350,000	5.25	3.41	2.63
\$360,000	5.40	3.51	2.70
\$370,000	5.55	3.61	2.78
\$380,000	5.70	3.71	2.85
\$390,000	5.85	3.80	2.93
\$400,000	6.00	3.90	3.00
\$410,000	6.15	4.00	3.08
\$420,000	6.30	4.10	3.15
\$430,000	6.45	4.19	3.23
\$440,000	6.60	4.29	3.30
\$450,000	6.75	4.39	3.38
\$460,000	6.90	4.49	3.45
\$470,000	7.05	4.58	3.53
\$480,000	7.20	4.68	3.60
\$490,000	7.35	4.78	3.68
\$500,000	7.50	4.88	3.75

Benefits reduce to 65% at age 70 and to 50% at age 75

# VOLUNTARY TERM LIFE AND AD&D RATES



## Spouse Life Semi-Monthly Premiums

Coverage Amount	Spouse's Age as of January 1									
	< 35	35-39	40-44	45-49	50-54	55-59	60-64	65-69*	70-74*	75+*
\$5,000	0.14	0.18	0.34	0.65	0.99	1.69	2.88	5.09	5.10	6.58
\$10,000	0.27	0.36	0.68	1.31	1.98	3.38	5.76	10.17	10.21	13.16
\$15,000	0.41	0.54	1.01	1.96	2.97	5.06	8.64	15.26	15.31	19.74
\$20,000	0.54	0.72	1.35	2.61	3.96	6.75	11.52	20.34	20.42	26.33
\$25,000	0.68	0.90	1.69	3.26	4.95	8.44	14.40	25.43	25.52	32.91
\$30,000	0.81	1.08	2.03	3.92	5.94	10.13	17.28	30.51	30.62	39.49
\$35,000	0.95	1.26	2.36	4.57	6.93	11.81	20.16	35.60	35.73	46.07
\$40,000	1.08	1.44	2.70	5.22	7.92	13.50	23.04	40.68	40.83	52.65
\$45,000	1.22	1.62	3.04	5.87	8.91	15.19	25.92	45.77	45.94	59.23
\$50,000	1.35	1.80	3.38	6.53	9.90	16.88	28.80	50.85	51.04	65.81
\$55,000	1.49	1.98	3.71	7.18	10.89	18.56	31.68	55.94	56.15	72.39
\$60,000	1.62	2.16	4.05	7.83	11.88	20.25	34.56	61.02	61.25	78.98
\$65,000	1.76	2.34	4.39	8.48	12.87	21.94	37.44	66.11	66.35	85.56
\$70,000	1.89	2.52	4.73	9.14	13.86	23.63	40.32	71.19	71.46	92.14
\$75,000	2.03	2.70	5.06	9.79	14.85	25.31	43.20	76.28	76.56	98.72
\$80,000	2.16	2.88	5.40	10.44	15.84	27.00	46.08	81.36	81.67	105.30
\$85,000	2.30	3.06	5.74	11.09	16.83	28.69	48.96	86.45	86.77	111.88
\$90,000	2.43	3.24	6.08	11.75	17.82	30.38	51.84	91.53	91.87	118.46
\$95,000	2.57	3.42	6.41	12.40	18.81	32.06	54.72	96.62	96.98	125.04
\$100,000	2.70	3.60	6.75	13.05	19.80	33.75	57.60	101.70	102.08	131.63
\$105,000	2.84	3.78	7.09	13.70	20.79	35.44	60.48	106.79	107.19	138.21
\$110,000	2.97	3.96	7.43	14.36	21.78	37.13	63.36	111.87	112.29	144.79
\$115,000	3.11	4.14	7.76	15.01	22.77	38.81	66.24	116.96	117.39	151.37
\$120,000	3.24	4.32	8.10	15.66	23.76	40.50	69.12	122.04	122.50	157.95
\$125,000	3.38	4.50	8.44	16.31	24.75	42.19	72.00	127.13	127.60	164.53
\$130,000	3.51	4.68	8.78	16.97	25.74	43.88	74.88	132.21	132.71	171.11
\$135,000	3.65	4.86	9.11	17.62	26.73	45.56	77.76	137.30	137.81	177.69
\$140,000	3.78	5.04	9.45	18.27	27.72	47.25	80.64	142.38	142.92	184.28
\$145,000	3.92	5.22	9.79	18.92	28.71	48.94	83.52	147.47	148.02	190.86
\$150,000	4.05	5.40	10.13	19.58	29.70	50.63	86.40	152.55	153.12	197.44
\$155,000	4.19	5.58	10.46	20.23	30.69	52.31	89.28	157.64	158.23	204.02
\$160,000	4.32	5.76	10.80	20.88	31.68	54.00	92.16	162.72	163.33	210.60
\$165,000	4.46	5.94	11.14	21.53	32.67	55.69	95.04	167.81	168.44	217.18
\$170,000	4.59	6.12	11.48	22.19	33.66	57.38	97.92	172.89	173.54	223.76
\$175,000	4.73	6.30	11.81	22.84	34.65	59.06	100.80	177.98	178.64	230.34
\$180,000	4.86	6.48	12.15	23.49	35.64	60.75	103.68	183.06	183.75	236.93
\$185,000	5.00	6.66	12.49	24.14	36.63	62.44	106.56	188.15	188.85	243.51
\$190,000	5.13	6.84	12.83	24.80	37.62	64.13	109.44	193.23	193.96	250.09
\$195,000	5.27	7.02	13.16	25.45	38.61	65.81	112.32	198.32	199.06	256.67
\$200,000	5.40	7.20	13.50	26.10	39.60	67.50	115.20	203.40	204.17	263.25
\$205,000	5.54	7.38	13.84	26.75	40.59	69.19	118.08	208.49	209.27	269.83
\$210,000	5.67	7.56	14.18	27.41	41.58	70.88	120.96	213.57	214.37	276.41
\$215,000	5.81	7.74	14.51	28.06	42.57	72.56	123.84	218.66	219.48	282.99
\$220,000	5.94	7.92	14.85	28.71	43.56	74.25	126.72	223.74	224.58	289.58
\$225,000	6.08	8.10	15.19	29.36	44.55	75.94	129.60	228.83	229.69	296.16
\$230,000	6.21	8.28	15.53	30.02	45.54	77.63	132.48	233.91	234.79	302.74
\$235,000	6.35	8.46	15.86	30.67	46.53	79.31	135.36	239.00	239.89	309.32
\$240,000	6.48	8.64	16.20	31.32	47.52	81.00	138.24	244.08	245.00	315.90
\$245,000	6.62	8.82	16.54	31.97	48.51	82.69	141.12	249.17	250.10	322.48
\$250,000	6.75	9.00	16.88	32.63	49.50	84.38	144.00	254.25	255.21	329.06

## Spouse AD&D Semi-Monthly Premiums

Coverage Amount	Spouse's Age as of January 1		
	< 70	70-74*	75+*
\$5,000	0.08	0.05	0.04
\$10,000	0.15	0.10	0.08
\$15,000	0.23	0.15	0.11
\$20,000	0.30	0.20	0.15
\$25,000	0.38	0.24	0.19
\$30,000	0.45	0.29	0.23
\$35,000	0.53	0.34	0.26
\$40,000	0.60	0.39	0.30
\$45,000	0.68	0.44	0.34
\$50,000	0.75	0.49	0.38
\$55,000	0.83	0.54	0.41
\$60,000	0.90	0.59	0.45
\$65,000	0.98	0.63	0.49
\$70,000	1.05	0.68	0.53
\$75,000	1.13	0.73	0.56
\$80,000	1.20	0.78	0.60
\$85,000	1.28	0.83	0.64
\$90,000	1.35	0.88	0.68
\$95,000	1.43	0.93	0.71
\$100,000	1.50	0.98	0.75
\$105,000	1.58	1.02	0.79
\$110,000	1.65	1.07	0.83
\$115,000	1.73	1.12	0.86
\$120,000	1.80	1.17	0.90
\$125,000	1.88	1.22	0.94
\$130,000	1.95	1.27	0.98
\$135,000	2.03	1.32	1.01
\$140,000	2.10	1.37	1.05
\$145,000	2.18	1.41	1.09
\$150,000	2.25	1.46	1.13
\$155,000	2.33	1.51	1.16
\$160,000	2.40	1.56	1.20
\$165,000	2.48	1.61	1.24
\$170,000	2.55	1.66	1.28
\$175,000	2.63	1.71	1.31
\$180,000	2.70	1.76	1.35
\$185,000	2.78	1.80	1.39
\$190,000	2.85	1.85	1.43
\$195,000	2.93	1.90	1.46
\$200,000	3.00	1.95	1.50
\$205,000	3.08	2.00	1.54
\$210,000	3.15	2.05	1.58
\$215,000	3.23	2.10	1.61
\$220,000	3.30	2.15	1.65
\$225,000	3.38	2.19	1.69
\$230,000	3.45	2.24	1.73
\$235,000	3.53	2.29	1.76
\$240,000	3.60	2.34	1.80
\$245,000	3.68	2.39	1.84
\$250,000	3.75	2.44	1.88

Benefits reduce to 65% at age 70 and to 50% at age 75

### Child Life Semi-Monthly Premiums

Coverage Amount	Premium
\$2,000	0.20
\$4,000	0.40
\$6,000	0.60
\$8,000	0.80
\$10,000	1.00

### Child AD&D Semi-Monthly Premiums

Coverage Amount	Premium
\$2,000	0.03
\$4,000	0.06
\$6,000	0.09
\$8,000	0.12
\$10,000	0.15

# LINE OF DUTY BENEFIT

## Helping Protect Those Who Protect And Serve



On a daily basis, firefighters and police officers put their lives on the line to keep our homes and communities safe and secure. To help protect them and their families from the potential financial loss of a line of duty accident, Standard Insurance Company is offering the Line of Duty Benefit.

Floyd County Government is a qualified group to receive this enhancement to your Life and Accidental Death and Dismemberment (AD&D) coverage. It pays an additional \$10,000 when an eligible public safety officer suffers a loss for which AD&D insurance benefits are payable and it is the result of a line of duty accident.

In addition to police officers and firefighters, the Line of Duty Benefit may cover corrections officers, judicial officers and officially recognized or designated volunteer firefighters, as appropriate to the group.

With the Line of Duty Benefit from The Standard, public employer groups can help to financially protect public safety officers who has dedicated their lives to protect and serve everyday.

**For more information about the Line of Duty Benefit and Group Life and AD&D insurance from The Standard, contact your insurance advisor or call the Employee Benefits Sales and Service Office for your area at 800.633.8575.**

Standard Insurance Company  
1100 SW Sixth Avenue  
Portland OR 97204

[www.standard.com](http://www.standard.com)



## A helping hand when you need it.

Rely on the support, guidance and resources of your Employee Assistance Program.

There are times in life when you might need a little help coping or figuring out what to do. Take advantage of the Employee Assistance Program,<sup>1</sup> which includes WorkLife Services and is available to you and your family in connection with your group insurance from Standard Insurance Company (The Standard). It's confidential — information will be released only with your permission or as required by law.


### Connection to Resources, Support and Guidance


You, your dependents (including children to age 26)<sup>2</sup> and all household members can contact the program's master's-level counselors 24/7. Reach out through the mobile EAP app or by phone, online, live chat, and email. You can get referrals to support groups, a network counselor, community resources or your health plan. If necessary, you'll be connected to emergency services.

Your program includes up to three counseling sessions per issue. Sessions can be done in person, on the phone or through video.

### EAP services can help with:

-  Depression, grief, loss and emotional well-being
-  Family, marital and other relationship issues
-  Life improvement and goal-setting
-  Addictions such as alcohol and drug abuse
-  Stress or anxiety with work or family
-  Financial and legal concerns
-  Identity theft and fraud resolution
-  Online will preparation and other legal documents





**Contact EAP**

**888.293.6948**  
**(TTY Services: 711)**  
24 hours a day,  
seven days a week

[healthadvocate.com/standard3](http://healthadvocate.com/standard3)

NOTE: It's a violation of your company's contract to share this information with individuals who are not eligible for this service.

With EAP, personal assistance is immediate, confidential and available when you need it.

### WorkLife Services

WorkLife Services are included with the Employee Assistance Program. Get help with referrals for important needs like education, adoption, daily living and care for your pet, child or elderly loved one.

### Online Resources

Visit [healthadvocate.com/standard3](http://healthadvocate.com/standard3) to explore a wealth of information online, including videos, guides, articles, webinars, resources, self-assessments and calculators.

<sup>1</sup> The EAP service is provided through an arrangement with Health Advocate<sup>SM</sup>, which is not affiliated with The Standard. Health Advocate<sup>SM</sup> is solely responsible for providing and administering the included service. EAP is not an insurance product and is provided to groups of 10–2,499 lives. This service is only available while insured under The Standard's group policy.

<sup>2</sup> Individual EAP counseling sessions are available to eligible participants 16 years and older; family sessions are available for eligible members 12 years and older, and their parent or guardian. Children under the age of 12 will not receive individual counseling sessions.

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## Resources and Tools to Support You and Your Beneficiary

Group Life insurance through your employer gives you assurance that your family will receive some financial assistance in the event of a death. But coverage under a group Life policy from Standard Insurance Company (The Standard) does more than help protect your family from financial hardship after a loss. We have partnered with Health Advocate<sup>SM</sup> to offer a lineup of additional services that can make a difference now and in the future.

Online tools and services can help you create a will, make advance funeral plans and put your finances in order. After a loss, your beneficiary can consult experts by phone or in person, and obtain other helpful information online.

The Life Services Toolkit is automatically available to those insured under a group Life insurance policy from The Standard.

### Services to Help You Now

Visit the Life Services Toolkit website at [standard.com/mytoolkit](https://standard.com/mytoolkit) and enter user name “assurance” for information and tools to help you make important life decisions.

- **Estate Planning Assistance:** Online tools walk you through the steps to prepare a will and create other documents, such as living wills, powers of attorney and advance directives.
- **Financial Planning:** Consult online services to help you manage debt, calculate mortgage and loan payments, and take care of other financial matters with confidence.
- **Health and Wellness:** Timely articles about nutrition, stress management and wellness help employees and their families lead healthy lives.
- **Identity Theft Prevention:** Check the website for ways to thwart identity thieves and resolve issues if identity theft occurs.
- **Funeral Arrangements:** Use the website for guidance on how to begin, to educate yourself on funeral costs, find funeral-related services and make decisions about funeral arrangements in advance.

If you are a recipient of an Accelerated Death Benefit,<sup>1</sup> you may access the services for beneficiaries outlined on the next page.



The Life Services Toolkit is provided through an arrangement with Health Advocate<sup>SM</sup> and is not affiliated with The Standard. Health Advocate is solely responsible for providing and administering the included service. This service is not an insurance product.

<sup>1</sup> An Accelerated Death Benefit or Accelerated Benefit allows a covered individual who becomes terminally ill to receive a portion of the Life insurance proceeds while living, if all other eligibility requirements are met.

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## Services for Your Beneficiary

Life insurance beneficiaries<sup>2</sup> can access services for 12 months after the beneficiary receives the Life claim letter from The Standard. Recipients of an Accelerated Death Benefit can access services for 12 months after the date of payment.

These supportive services can help your beneficiary cope after a loss:

- **Grief Support:** Care Managers with advanced training are on call to provide confidential grief sessions by phone or in person. Your beneficiaries are eligible for up to six face-to-face sessions.

Our Care Managers may offer your beneficiaries additional grief support through support kits sent to their home, based on each individual's needs. As part of this program, age-appropriate books can be sent for children and teens.

- **Legal Services:** In addition to online estate planning tools, your beneficiaries can obtain legal assistance from experienced attorneys. They can schedule an initial office visit or a telephone consultation for up to 30 minutes with a network attorney. Beneficiaries who wish to retain a participating attorney after the initial consultation receive a 25% rate reduction from the attorney's normal hourly or fixed-fee rates.
- **Financial Assistance:** Your beneficiaries can schedule up to 30-minute telephone sessions with financial counselors who can help with issues such as budgeting strategies, and credit and debt management.
- **Support Services:** During an emotional time, your beneficiaries can receive help planning a funeral or memorial service. WorkLife advisors can guide them to resources to help manage household repairs and chores, find child care and elder care providers or organize a move or relocation.
- **Online Resources:** Your beneficiaries can easily access additional services and features on the Life Services Toolkit website for beneficiaries, including online resources about funeral costs, find funeral-related services and make decisions about funeral arrangements.



Beneficiaries can participate in phone consultations or in-person meetings with trained grief counselors.

For beneficiary services, visit [standard.com/mytoolkit](https://standard.com/mytoolkit) (user name: support) or call the assistance line at 800.378.5742

<sup>2</sup> The Life Services Toolkit is not available to Life insurance beneficiaries who are minors or to non-individual entities such as trusts, estates, charities.

Things can happen on the road. Passports get stolen or lost. Unforeseen events or circumstances derail travel plans. Medical problems surface at the most inconvenient times. Travel Assistance can help you navigate these issues and more at any time of the day or night.<sup>1</sup>

You and your spouse are covered with Travel Assistance — and so are kids through age 25 — with your group insurance from Standard Insurance Company (The Standard).<sup>2</sup>

## Security That Travels with You

Travel Assistance is available when you travel more than 100 miles from home or internationally for up to 180 days for business or pleasure. It offers aid before and during your trip, including:



Visa, weather and currency exchange information, health inoculation recommendations, country-specific details and security and travel advisories



Credit card and passport replacement and missing baggage and emergency cash coordination



Help replacing prescription medication or lost corrective lenses and advancing funds for hospital admission



Emergency evacuation to the nearest adequate medical facility and medically necessary repatriation to the employee's home, including repatriation of remains<sup>3</sup>



Connection to medical care providers, interpreter services, local attorneys and assistance in coordinating a bail bond



Return travel companion if travel is disrupted due to emergency transportation services or care of minor children if left unattended due to prolonged hospitalization



Assistance with the return of your personal vehicle if your emergency transportation services leave it stranded



Evacuation arrangements in the event of a natural disaster, political unrest and social instability

## Contact Travel Assistance

**800.872.1414**

United States, Canada, Puerto Rico, U.S. Virgin Islands and Bermuda

Everywhere else  
**+1.609.986.1234**

Text:  
**+1.609.334.0807**

Email:  
**medservices@assistamerica.com**

## Get the App

### Get the most out of Travel Assistance with the Assist America Mobile App.

Click one of the links below or scan the QR code to download the app. Enter your reference number and name to set up your account. From there, you can use valuable travel resources including:

- One-touch access to Assist America's Emergency Operations Center
- Worldwide travel alerts
- Mobile ID card
- Embassy locator



**Reference Number:**  
**01-AA-STD-5201**



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<sup>1</sup> Travel Assistance is provided through an arrangement with Assist America, Inc. and is not affiliated with The Standard. Travel Assistance is subject to the terms and conditions, including exclusions and limitations of the Travel Assistance Program Description. Assist America, Inc. is solely responsible for providing and administering the included service. Travel Assistance is not an insurance product. This service is only available while insured under The Standard's group policy.

<sup>2</sup> Spouses and children traveling on business for their employers are not eligible to access these services during those trips.

<sup>3</sup> Participants are responsible for arranging transportation from the point of injury or illness to the initial point of medical care or assessment and the cost related to this transportation. Any emergency evacuation services provided by Assist America, Inc. must be arranged by Assist America, Inc.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.



# ACCIDENT



Accident Coverage with Atlantic American helps assist you with financial needs when an accident occurs. This plan helps pay for ambulance, hospital confinement, broken bones, and other medical expenses incurred due to an accident.

<b>EMERGENCY CARE</b>	Benefit Amount	<b>HOSPITAL &amp; SURGERY</b>	Benefit Amount
Emergency Room Treatment	\$200	Hospital Admission	\$1,000
Urgent Care Treatment	\$150	Separation Period	90 Day[s]
Initial Physician's Office Treatment	\$150	Hospital Confinement	\$250
		ICU Admission	\$750
X-Ray	\$60	ICU Confinement	\$150
Major Diagnostic	\$200		
Ambulance		Rehabilitation Unit Confinement	\$150
Air	\$1500	Days per Year	30 Day[s]
Ground or Water	\$300	Epidural   Pain Management	\$150 (2 days per year)
<b>FRACTURES, DISLOCATIONS, LACERATIONS, &amp; BURNS</b>		Inpatient Surgery	\$300-\$1,500
Fracture [Open Reduction]	\$7,500	Outpatient Surgery	\$750-\$1800
Dislocation	\$6,000	Non-Local transportation	\$600 for 50 miles
Laceration <sup>1</sup>	\$150-\$600	Family member lodging	\$200 per night (30 nights)
Puncture Wound <sup>1</sup>	\$50	<b>FOLLOW UP CARE</b>	
Severe Burns <sup>1</sup>	\$1,000-\$15,000	Wheelchair or Motorized Scooter	\$100
		Walker or Walking Boot	\$100
		Other medical device for mobility	\$100
		Prosthesis	\$1,250-\$2,500
<b>ACCIDENTAL DEATH &amp; DISMEMBERMENT</b>		<b>HEAD INJURIES</b>	
Insured	\$50,000	Brain Injuries – Concussion	\$375
Spouse	\$50,000	Emergency Dental, Hearing & Vision	
Dependent Child(ren)	\$10,000	Eye Injury	\$300
<b>WELLNESS SCREENING BENEFIT</b>	\$75	Emergency Dental Extraction	\$100

*this is a brief outline of benefits. For a more detailed description, please refer to your Benefit summary*

<b>Employee Cost Per Pay Period (24 Pays)</b>	
<b>Employee</b>	\$6.65
<b>Employee + Spouse</b>	\$11.25
<b>Employee + Child(ren)</b>	\$13.32
<b>Family</b>	\$17.24

# CRITICAL ILLNESS



Critical Illness with Atlantic American offers specialized benefits to supplement traditional medical coverage at a time when you and your family may be most vulnerable during your working years. Benefit payments assist in covering a variety of expenses associated with critical illness: out-of-pocket medical care costs, home healthcare, travel to and from treatment facilities, training and rehabilitation, loss of income, childcare and other expenses. Critical Illness insurance is available to Associates and their spouse and children.

Critical Illness	
<b>Benefit Amounts</b>	
Employee	Up to \$30,000 in \$10,000 increments
Spouse	Up to \$15,000 – 50% of employee election
All Children (ages 15 days through age 25)	Up to \$15,000 – 50% of employee election
<b>Benefit Category</b>	
<b>Vascular – Heart and Stroke</b>	
Heart Attack	100% of the benefit amount
Bypass Surgery	25% of the benefit amount
Stroke	100% of the benefit amount
<b>Quality of Life</b>	
Coma; Complete Loss of Sight, Speech, or Hearing; End Stage Renal Failure; Major Organ Failure; Occupational Hepatitis; Occupational HIV; Permanent Paralysis	100% of the benefit amount
<b>Cancer Category</b>	
Invasive Cancer	100% of the benefit amount
Non-Invasive Cancer	25% of the benefit amount
Skin Cancer (pays once per plan year)	\$500
<b>Wellness Screening Benefit</b> (1 per year / Family limit 6 per year)	\$75

Critical Illness Semi-Monthly Costs: \$10,000				
Age	EE	ES	EC	FA
<25	\$1.59	\$2.83	\$2.90	\$4.38
25 - 29	\$1.99	\$3.48	\$3.30	\$5.03
30 - 34	\$2.84	\$4.78	\$4.15	\$6.33
35 - 39	\$4.19	\$6.78	\$5.50	\$8.33
40 - 44	\$5.94	\$9.53	\$7.25	\$11.03
45 - 49	\$8.24	\$12.98	\$9.50	\$14.53
50 - 54	\$10.74	\$16.98	\$12.00	\$18.48
55 - 59	\$13.59	\$21.53	\$14.90	\$23.03
60 - 64	\$18.64	\$29.38	\$19.90	\$30.88
65 - 69	\$25.99	\$40.68	\$27.25	\$42.23
70+	\$32.39	\$50.38	\$33.70	\$51.93

Critical Illness Semi-Monthly Costs: \$20,000				
Age	EE	ES	EC	FA
<25	\$2.24	\$3.78	\$3.80	\$5.63
25 - 29	\$3.04	\$5.08	\$4.60	\$6.93
30 - 34	\$4.74	\$7.68	\$6.30	\$9.53
35 - 39	\$7.44	\$11.68	\$9.00	\$13.53
40 - 44	\$10.94	\$17.18	\$12.50	\$18.93
45 - 49	\$15.54	\$24.08	\$17.00	\$25.93
50 - 54	\$20.54	\$32.08	\$22.00	\$33.83
55 - 59	\$26.24	\$41.18	\$27.80	\$42.93
60 - 64	\$36.34	\$56.88	\$37.80	\$58.63
65 - 69	\$51.04	\$79.48	\$52.50	\$81.33
70+	\$63.84	\$98.88	\$65.40	\$100.73

Critical Illness Semi-Monthly Costs: \$30,000				
Age	EE	ES	EC	FA
<25	\$2.89	\$4.73	\$4.70	\$6.88
25 - 29	\$4.09	\$6.68	\$5.90	\$8.83
30 - 34	\$6.64	\$10.58	\$8.45	\$12.73
35 - 39	\$10.69	\$16.58	\$12.50	\$18.73
40 - 44	\$15.94	\$24.83	\$17.75	\$26.83
45 - 49	\$22.84	\$35.18	\$24.50	\$37.33
50 - 54	\$30.34	\$47.18	\$32.00	\$49.18
55 - 59	\$38.89	\$60.83	\$40.70	\$62.83
60 - 64	\$54.04	\$84.38	\$55.70	\$86.38
65 - 69	\$76.09	\$118.28	\$77.75	\$120.43
70+	\$95.29	\$147.38	\$97.10	\$149.53

# GROUP WHOLE LIFE



Atlantic American Group Whole Life Insurance not only expands an individual's financial protection but also offers guaranteed benefits to aid surviving family members adjusting to the loss of income that can result after the death of a loved one.

- **Employee coverage:** up to \$70,000 in \$10,000 increments.
- **Spouse coverage:** up to \$20,000 in \$10,000 increments, up to 100% of employee election
- **Children age 15 days to age 25:** Flat \$10,000, up to 100% of employee election

Employee and Spouses rates are based on their age as of the effective date.

Riders with Extension of Benefits	
<b>Employee</b>	Accelerated Death Benefit for Terminal Illness Rider
	Accelerated Death Benefit for Chronic Illness Rider
	Extension of Benefits Rider
	Restoration of Benefits Rider
	Waiver of Premium Rider
<b>Spouse</b>	Accelerated Death Benefit for Terminal Illness Rider
	Accelerated Death Benefit for Chronic Illness Rider with Extension of Benefits Rider
	Restoration of Benefits Rider 25%

Semi-Monthly Rates							
Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000
18-24	3.80	7.61	11.39	15.20	19.00	22.80	26.60
25-29	4.42	8.84	13.26	17.69	22.10	26.53	30.94
30-34	5.37	10.73	16.10	21.47	26.83	32.20	37.57
35-39	6.63	13.27	19.90	26.53	33.17	39.80	46.43
40-44	8.39	16.79	25.17	33.56	41.96	50.35	58.74
45-49	10.76	21.51	32.26	43.02	53.77	64.53	75.28
50-54	14.02	28.03	42.05	56.07	70.09	84.10	98.11
55-59	19.90	39.80	59.69	79.60	99.50	119.40	139.29
60-64	27.33	54.66	81.98	109.31	136.65	163.97	191.30
65-70*	34.85	69.70	104.54	139.40	174.25	209.10	243.94
Child	2.50						



# Hospital Indemnity



## **IMPORTANT:** This is a Hospital/Fixed Indemnity Policy, **NOT** health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

### Looking for comprehensive health insurance?

- **Visit [HealthCare.gov](https://www.healthcare.gov)** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

### Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact Human Resources and/or the Plan Administrator, see Notices Title page for contact information.

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# Hospital Indemnity



Atlantic American Hospital Indemnity plan will pay you a lump-sum benefit you can use as you feel necessary. This can supplement existing medical coverage and help provide financial support to pay for out-of-pocket expenses such as deductibles, co-payments, and non-covered medical services.

CONFINEMENT	BENEFIT AMOUNT
<b>Hospital Admission</b>	\$1,000
Days per Year	1 Day
<b>Hospital Confinement</b>	\$100
Days per Year	31 Days
<b>ICU Admission</b>	\$2,000
Days per Year	1 Day
<b>ICU Confinement</b>	\$200
Days per Year	31 Days

#### Employee Cost Per Pay Period (24 Pays)

Employee	\$6.83
Employee + Spouse	\$15.63
Employee + Child(ren)	\$9.55
Family	\$18.86

# COMPLIANCE NOTICES

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

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

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –

### ALABAMA – Medicaid

Website: <http://myalhipp.com/>  
Phone: 1-855-692-5447

### ALASKA – Medicaid

The AK Health Insurance Premium Payment Program Website: <http://myakhipp.com/>  
Phone: 1-866-251-4861  
Email: [CustomerService@MYAKHIPPO.COM](mailto:CustomerService@MYAKHIPPO.COM)  
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

### ARKANSAS – Medicaid

Website: <http://myarhipp.com/>  
Phone: 1-855-MyARHIPP (855-692-7447)

### CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program <http://dhcs.ca.gov/hipp>  
Phone: 1-916-445-8322 Fax: 1-916-440-5676  
Email: [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)

### COLORADO –Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: <https://www.healthfirstcolorado.com/>  
Health First Colorado Member Contact Ctr: 1-800-221-3943/ State Relay 711 CHP+ <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>  
CHP+ Customer Service: 1-800-359-1991/ State Relay 711  
Health Insurance Buy-In Program (HIBI) <https://www.mycohibi.com/> HIBI Customer Service: 1-855-692-6422

### FLORIDA – Medicaid

Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>  
Phone: 1-877-357-3268

### GEORGIA – Medicaid

Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>  
Phone: 678-564-1162 press 1  
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-partyliability/childrens-health-insuranceprogram-reauthorizationact-2009-chipra> Phone: 678-564-1162, Press 2

### INDIANA – Medicaid

Health Insurance Premium Payment Program All other Medicaid Website: <https://www.in.gov/medicaid/>  
<http://www.in.gov/fssa/df/>  
Phone: 1-877-438-4479  
Family and Social Services Administration Phone: 1-800-403-0864  
Member Services Phone: 1-800-457-4584

### IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: [iowa.gov/Health & Human Services](http://iowa.gov/Health&HumanServices)  
Medicaid Phone: 1-800-338-8366  
Hawki Website: [iowa.gov/Healthy and Well Kids in Iowa | Health & Human Services](http://iowa.gov/HealthyandWellKids)  
Hawki Phone: 1-800-257-8563  
HIPP Website: [Health Insurance Premium Payment \(HIPP\) | Health & Human Services \(iowa.gov\)](http://iowa.gov/HealthInsurancePremiumPayment(HIPP)|Health&HumanServices(iowa.gov))  
HIPP Phone: 1-888-346-9562

### KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>  
Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660

### KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>  
Phone: 1-855-459-6328  
Email: [KIHIPPPROGRAM@ky.gov](mailto:KIHIPPPROGRAM@ky.gov)  
KCHIP Website: <https://kvnnect.ky.gov>  
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

### LOUISIANA – Medicaid

Website: [www.Medicaid.la.gov](http://www.Medicaid.la.gov) or [www.lahipp.la.gov/laipp](http://www.lahipp.la.gov/laipp)  
Phone: 1-877-524-4718 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

### MAINE – Medicaid

Enrollment Website: [https://www.mymaineconnection.gov/benefits/s/?language=en\\_US](https://www.mymaineconnection.gov/benefits/s/?language=en_US)  
Phone: 1-800-442-6003 TTY: Maine relay 711  
Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/off/applications-forms>  
Phone: 1-800-977-6740 TTY: Maine relay 711

### MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>  
Phone: 1-800-862-4840 TTY: 711  
Email: [masspreassistance@accenture.com](mailto:masspreassistance@accenture.com)

### MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/health-care-coverage/>  
Phone: 1-800-657-3672

### MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>  
Phone: 573-751-2005

### MONTANA – Medicaid

Website: <http://dohhs.mt.gov/MontanaHealthcarePrograms/HIPP>  
Phone: 1-800-694-3084  
Email: [HSHIPPProgram@mt.gov](mailto:HSHIPPProgram@mt.gov)

### NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>  
Phone: 1-855-632-7633  
Lincoln: (402) 473-7000  
Omaha: (402) 595-1178

### NEVADA – Medicaid

Medicaid Website: <http://dhcnp.nv.gov>  
Medicaid Phone: 1-800-992-0900

### NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>  
Phone: 603-271-5218  
Toll free number for the HIPP program: 1-800-852-3345, ext 15218  
Email: [DHHS.ThirdPartyLiabi@dhhs.nh.gov](mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov)

### NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>  
Phone: 1-800-356-1561  
CHIP Premium Assistance Phone: 609-631-2392  
CHIP Website: <http://www.nifamilycare.org/index.html>  
CHIP Phone: 1-800-701-0710 (TTY: 711)

### NEW YORK – Medicaid

Website: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)  
Phone: 1-800-541-2831

### NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>  
Phone: 919-855-4100

### NORTH DAKOTA – Medicaid

Website: <https://www.hhs.nd.gov/healthcare>  
Phone: 1-844-854-4825

### OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>  
Phone: 1-888-365-3742

### OREGON – Medicaid and CHIP

Website: <http://healthcare.oregon.gov/Pages/index.aspx>  
Phone: 1-800-699-9075

### PENNSYLVANIA – Medicaid

Website: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>  
Phone: 1-800-692-7462  
CHIP Website: [Children's Health Insurance Program \(CHIP\) \(pa.gov\)](http://www.ChildrensHealthInsuranceProgram(CHIP).pa.gov)  
CHIP Phone: 1-800-986-KIDS (5437)

### RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>  
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlre Share Line)

### SOUTH CAROLINA - Medicaid

Website: <https://www.scdhhs.gov>  
Phone: 1-888-549-0820

### SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>  
Phone: 1-888-828-0059

### TEXAS – Medicaid

Website: [Health Insurance Premium Payment \(HIPP\) Program | Texas Health and Human Services](http://HealthInsurancePremiumPayment(HIPP)Program|TexasHealthandHumanServices)  
Phone: 1-800-440-0493

### UTAH – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP) Website: <https://medicaid.utah.gov/upp/>  
Email: [upp@utah.gov](mailto:upp@utah.gov)  
Phone: 1-888-222-2542  
Adult Expansion Website: <https://medicaid.utah.gov/expansion/>  
Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>  
CHIP Website: <https://chip.utah.gov/>

### VERMONT – Medicaid

Website: [Health Insurance Premium Payment \(HIPP\) Program | Department of Vermont Health Access](http://HealthInsurancePremiumPayment(HIPP)Program|DepartmentofVermontHealthAccess) Phone: 1-800-250-8427

### VIRGINIA – Medicaid and CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premiumassistance/famis-select>  
<https://coverva.dmas.virginia.gov/learn/premiumassistance/health-insurance-premium-payment-hipp-programs>  
Medicaid/CHIP Phone: 1-800-432-5924

### WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>  
Phone: 1-800-562-3022

### WEST VIRGINIA – Medicaid and CHIP

Website: <https://dhr.wv.gov/bms/>  
<https://mywvhipp.com/>  
Medicaid Phone: 304-558-1700  
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

### WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>  
Phone: 1-800-362-3002

### WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>  
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024 or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1.866.444.EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare and Medicaid  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1.877.267.2323, Menu Option 4, Ext.61565

### **Voluntary Wellness Plan Notice**

The company's wellness program through BluMline and the Wellright portal is voluntary and available to all employees on the health plan. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990 (ADA), the Genetic Information Nondiscrimination Act of 2008 (GINA), and the Health Insurance Portability and Accountability Act (HIPAA), as applicable, among others.

Various health assessments and screenings are available and voluntary as a part of the wellness program. You are not required to complete these or other medical examinations. However, employees who choose to participate are eligible for rewards. The health testing and assessment options that are either a part of or encouraged by the wellness program include Voluntary Assessment, Biometric Screening which will include a (finger stick) blood test to check for blood sugar levels, triglycerides and cholesterol.

The information from the health testing can help you understand your current health and potential risks and determine appropriate lifestyle goals. You also are encouraged to share your results or concerns with your own doctor.

### **Notice of HIPAA Special Enrollment Rights**

You have the right to request special enrollment (outside of the plan's annual enrollment period) for yourself and your eligible dependents (including your spouse) under certain circumstances, as described below.

If you decline enrollment for yourself or for an eligible dependent while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment **within 30 days** after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment **within 30 days** after the marriage, birth, adoption, or placement for adoption.

Finally, you and/or your dependents may have special enrollment rights if coverage is lost under Medicaid or coverage under a state children's health insurance program, or when you and/or your dependents become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan. However, you must request enrollment **within 60 days** after your or your dependents' coverage ends under Medicaid or a state children's health insurance program or **within 60 days** after the determination of eligibility for assistance.

If you would like more information on your special enrollment rights or need to request enrollment, contact Human Resources and/or the Plan Administrator, see the Notices Title page for contact information.

### **Women's Health and Cancer Rights Act**

If you have had or are going to have a mastectomy, you may be entitled to health care benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

Any benefits payable will be subject to the same deductibles, coinsurance and other provisions applicable to other surgical and medical benefits provided under the plan. Please see your Summary of Benefits and Coverage (SBC) or other plan materials for your medical and surgical deductible and coinsurance information.

If you would like more information on WHCRA benefits, contact Human Resources and/or the Plan Administrator, see the Notices Title page for contact information.

### **Newborns' and Mothers' Health Protection Act**

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Note, more generous lengths of stay may apply under certain state laws, when applicable. In such cases, please refer to plan documents for a description of these richer guidelines.

If you would like more information on the NMHPA, contact Human Resources and/or the Plan Administrator, see the Notices Title page for contact information.

## **Notice of Patient Protections and Selection of Providers**

**Designation of a Primary Care Provider (PCP)** - If the health plan in which you are enrolled (or enrolling) requires the designation of a primary care provider (or "PCP"), you have the right to designate any PCP who participates in the plan's provider network and who is available to accept you or your family members. For children, you may designate a participating pediatrician as the PCP. For information on how to select a PCP, and for a list of the participating primary care providers, contact Human Resources and/or the Plan Administrator, see the Notices Title page for contact information.

**Direct Access to Obstetrics and/or Gynecological Specialists** - If the health plan in which you are enrolled (or enrolling) requires referrals to see specialists, you do not need prior authorization to obtain access to obstetrical and/or gynecological care from a health care professional in the plan's network who specializes in obstetrics or gynecology. Please note, however, the health care professional, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Human Resources and/or the Plan Administrator, see the Notices Title page for contact information.

## **Notice of Availability of Plan's Notice of Privacy Practices (NPP)**

Certain employer-sponsored health plans are required by the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") to maintain the privacy of your health information that the plan creates, requests, or is created on the plan's behalf, called Protected Health Information ("PHI") and to provide you, as a participant, covered dependent, or qualified beneficiary, with notice of the plan's legal duties and privacy practices concerning Protected Health Information. The privacy policies are described in more detail in the plan's Notice of Privacy Practices (NPP). The NPP describes how medical information about you may be used and/or disclosed and how you can get access to this information. If you would like a copy of the Notice of Privacy Practices, please contact Human Resources and/or the Plan Administrator, see page see the Notices Title page for contact information. For any insured health coverage, the insurance issuer is responsible for providing its own Privacy Notice, so you should contact the insurer if you need a copy of the insurer's Privacy Notice.

## **Continuation of Coverage under COBRA**

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). Employers who employ 20 or more employees are subject to the continuation provisions of COBRA.

COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end because of certain "qualifying events", such as termination of employment (for reasons other than gross misconduct), reduction in hours, divorce, legal separation, death, or a child ceasing to meet the definition of dependent under the group health plan coverage. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if group health plan coverage is lost because of a COBRA qualifying event. Upon termination, or other COBRA qualifying event, all qualified beneficiaries will receive COBRA election information.

In addition, you may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual health plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

After your initial enrollment in our group health plan(s), you, and any other members of your family who you also enroll in coverage, will receive a COBRA Initial (or General) Notice that will explain your COBRA rights and responsibilities. Please read it carefully.

For more information about your rights and obligations, you should review the plan's Summary Plan Description or contact Human Resources and/or the Plan Administrator, see the Notices Title page for contact information.

## **Coverage While on FMLA Leave**

The FMLA entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave.

If you take Family and Medical Leave Act (FMLA) leave, we will continue to maintain your coverage to the extent required by the FMLA (that is, we will continue to pay our share of the premiums to the extent that you opt to continue coverage). If your coverage ceases during the FMLA leave (for example, because you opted not to continue coverage or due to nonpayment of your share of the health insurance premiums), you may resume your coverage upon return from FMLA leave on the same terms as before the leave was taken, or as otherwise required by the FMLA. Under special rules that apply if an employee does not return to work at the end of an FMLA leave, you may be entitled to elect COBRA even if you were not covered under the plan during the leave. Contact Human Resources and/or the Plan Administrator for more information about your rights and responsibilities under the FMLA, see the Notices Title page for contact information.

**Continuation of Coverage under USERRA**

The Uniformed Services Employment and Reemployment Rights Act (USERRA) protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents (including your spouse) for up to 24 months while in the military. Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

For more information about your rights under USERRA, contact Human Resources and/or the Plan Administrator, see the Notices Title page for contact information.

**Genetic Nondiscrimination**

The Genetic Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting, or requiring, genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we ask employees NOT to provide any genetic information when providing or responding to a request for medical information. Genetic information, as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.