

# Bryan County Board of Commissioners July 2020 Benefit Enrollment Guide







Welcome to your new Benefits Enrollment Guide. This guide is your summary of the benefit options that are available to eligible employees of the Bryan County Board of Commissioners. Each benefit is designed to protect your health and well-being as well as provide valuable financial protection.

Each section of the Benefits Enrollment Guide is structured to provide you with plan highlights as well as detailed, descriptive instructions to assist you in navigating through the web-based enrollment portal.

While the Benefits Enrollment Guide is an important component in the benefit communication process, your dedicated NFP service team continues to provide annual enrollment meetings in addition to being available for questions and concerns regarding benefits throughout the plan year.

Please review the plans contained in the Benefits Enrollment Guide and see how these plans can work for you and your eligible dependents. Your participation in the plans is voluntary. The benefit plans have been chosen to provide a continuation of protection that complements the board's leave policies and retirement plans. The plan year is in effect from July 1, 2020 to June 30, 2021.

This Benefits Enrollment Guide is intended for orientation purposes only. It is an abbreviated overview of the plan documents. Please refer to the Certificate Booklet (the contract) available from the plan carriers for complete details. Your Certificate Booklet will provide detailed information regarding copayments, coinsurance, deductibles, exclusions and other benefits. The certificate booklet will govern should a conflict arise relating to the information contained in this summary. This summary does not establish eligibility to participate in or receive benefits from any benefit plan.

**NOTICE: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage.**

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This guide describes the benefit plans available to you as an eligible Employee of Bryan County Board of Commissioners. The details of these plans are contained in the official Plan Documents, including some insurance contracts. This guide is meant only to cover the major points of each plan. It does not contain all the details that are included in your Summary Plan Descriptions (SPD) (as described by the Employee Retirement Income Security Act).

**If there is ever a question about one of these plans, or if there is a conflict between the information in this Guide and the formal language of the Plan Documents, the formal wording in the Plan Documents will govern.**

Please note the benefits described in this guide may be changed at any time and do not represent a contractual obligation on the part of Bryan County Board of Commissioners or NFP.

## New for You and Eligibility

### New for July 01, 2020

- The plan year is changing to 07/01 to 06/30 each year on all benefits with the exception of flexible spending accounts (FSA) and the health reimbursement arrangement (HRA).
- Dental coverage will be administered by MetLife.

### Eligibility

Active Full Time Employees of the Bryan County Board of Commissioners

Eligible dependents are classified as:

- Your legal spouse who resides in the United States.
- Biological children, stepchild(ren) as long as the biological parent remains in the employee's household and foster child(ren) or adopted child(ren) up to age 26 on the Medical, Dental and Vision plans.

You may make benefit changes as a result of a life status change or family status change as allowed under Section 125 of the Internal Revenue Code. **You have 30 days from the date of the event to make necessary changes.**

### Making Changes to Your Benefits

- 1) Notify human resources or NFP within 30 days of the date of the qualifying event.
- 2) Provide proof of your status change event.
- 3) Submit the documentation regarding the event.

### The Most Common Status Changes:

- Marriage, divorce, legal separation
- Birth or adoption
- Change in your or your spouse's work status that affects your benefits or an eligible dependent's benefits
- Change in health coverage due to your spouse's annual open enrollment period
- Change in dependent eligibility status
- Change in eligibility for you or a dependent for Medicaid or Medicare
- Receipt of a Qualified Medical Child Support Order, or other court order
- Death of your spouse or covered child



## Before You Enroll – Things to Know

You are REQUIRED to **provide the following information and documentation** for all dependents/beneficiaries:

- Name
- Date of birth
- Social Security number

### HOW TO ENROLL

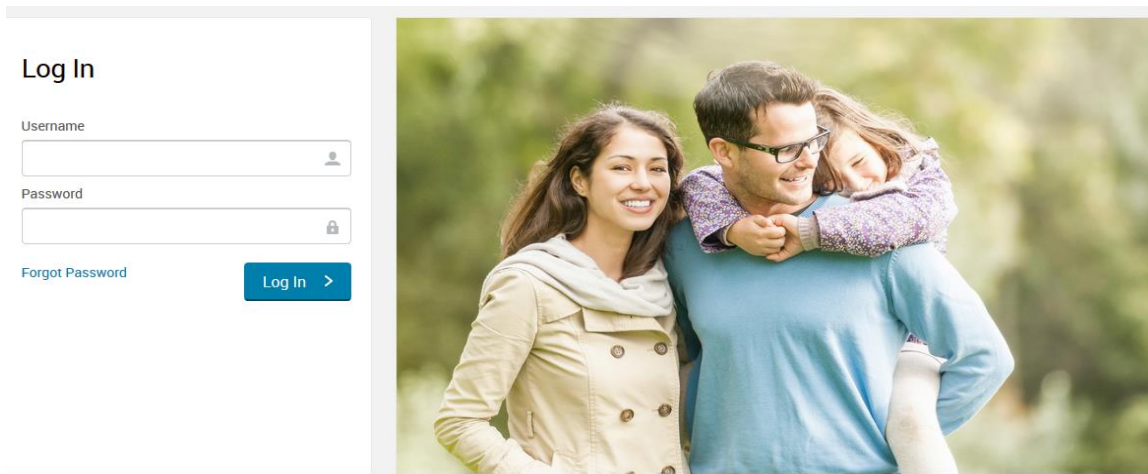
Go to [www.bryancountygovt.bswift.com](http://www.bryancountygovt.bswift.com).

**At this time, make sure to disable your pop up blocker.**

**At the enrollment website enter your Username and Password.**

- Username is the first letter of your first name, your last name, and the last four digits of your Social Security number (ex. jdoe4567).
- Password is the last 4 digits of your Social Security number (ex. 4567).

**You will then be prompted to create a new password.**



The image shows a login form on the left and a photograph of a family on the right. The login form is titled "Log In" and includes fields for "Username" and "Password". Below the password field is a "Forgot Password" link and a blue "Log In" button with a right-pointing arrow. The photograph shows a man in a blue shirt carrying a young girl on his shoulders, with a woman in a tan jacket standing next to them, all smiling outdoors.

- Please go online and make your elections during the Open Enrollment by the deadline provided.
- You may contact NFP at 800-994-7429 to speak with a Benefit Consultant if you need assistance with your enrollment.
- Or make an appointment with an enrollment specialist at <https://iqlcjgx5kl.timetap.com> or by calling the service center to schedule an appointment. Enrollers will be virtual – You will be given a phone number to call at your appointment time to help you with your enrollment.

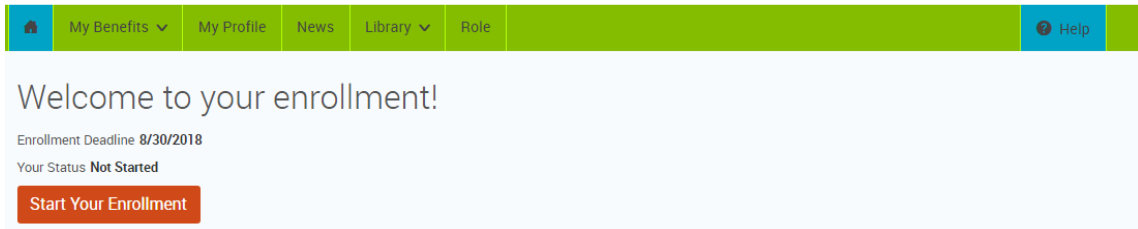
**Failure to enroll within the enrollment time period will result in the forfeiture of your eligibility for enrollment until the next annual enrollment period unless you experience an eligible qualifying event.**

**OPEN ENROLLMENT DEADLINE FOR July 1, 2020 BENEFITS IS JUNE 8, 2020**

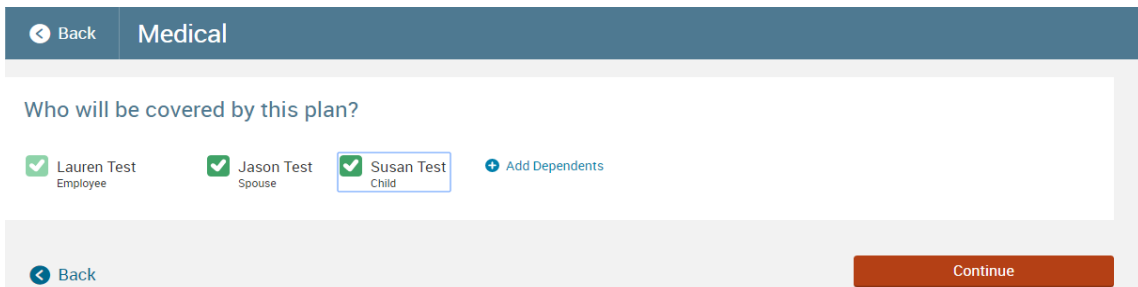
## How To Enroll

### To Begin:

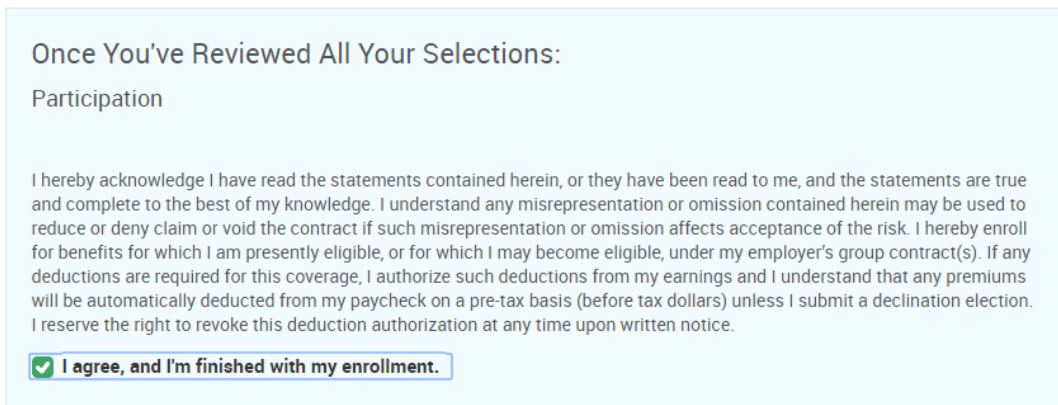
- 1) From the “Home Page” click on the “Enroll Now” link, to begin the election process.
- 2) On the “Personal & Family Page”, verify your information is accurate and “Add” all eligible dependents you wish to cover under any benefits.



- 3) To make a plan selection, select the button beside the newly elected plan. If you are covering dependents, make sure to “Select” them by checking off next to their name under “Select who to cover with this plan.” Then press “Next” at the bottom of the screen.



- 4) Once you have reviewed and completed your enrollment, click on “I Agree and I am finished with my enrollment”, then click on “Save My Enrollment”.



- 5) You will now be taken to the final confirmation page to either print or email.

Note: The enrollment images within this guide are for illustrative purposes only.

**Medical – Low Plan – Anthem BCBS**

This plan is provided through Anthem Blue Cross and Blue Shield. Please call or go online to [www.anthem.com](http://www.anthem.com) set up your account to receive Explanation of Benefits forms and to locate a provider in the **Blue Open Access POS** network.

<b>Blue Open Access POS (OAP12 5K 30L)</b>		
	<b>In-Network</b>	<b>Out-of-Network</b>
Calendar Year Deductible	\$5,000 Individual \$10,000 Family	\$15,000 Individual \$30,000 Family
Coinsurance	70%	60%
Lifetime Maximum	Unlimited	Unlimited
Out-of-Pocket Calendar Year Maximum* (Includes Deductible)	\$7,900 Individual \$15,800 Family	\$23,700 Individual \$47,400 Family
Office Visits:	Primary Care - \$30 copay Specialist - \$60 copay	Plan pays 50% After Deductible
Surgery Performed by a Primary Care Physician/Specialist	Plan Pays 70% After Deductible	Plan Pays 50% After Deductible
Preventive Care	Plan Pays 100%, Deductible Waived	Plan pays 50% After Deductible
Allergy Testing, Chiropractic and Manipulation or Rehabilitation Services	Not Covered	Not Covered
Inpatient Hospital	Plan pays 70% After Deductible and \$500 Copay	Plan pays 50% After Deductible
Outpatient Hospital	Plan pays 70% After Deductible	Plan pays 50% After Deductible
Urgent Care	\$75 copay	Plan Pays 50% After Deductible
Emergency Room	Plan pays 70% After \$350 Copay Deductible Does Not Apply	Covered as In-Network
Prescriptions Deductible • Tier 1-Retail • Tier 2-Retail • Tier 3-Retail • Tier 4-Retail	\$500 \$15 Copay – Retail No Ded \$40 After Deductible \$75 After Deductible 25% to \$350 max per script	\$500 \$15 Copay – Retail No Ded \$40 After Deductible \$75 After Deductible 25% to \$350 max per script
<b>Tier</b>	<b>Monthly</b>	<b>Bi-Weekly</b>
Employee	\$32.00	\$14.77
Employee + Spouse	\$277.82	\$128.23
Employee + Child(ren)	\$228.51	\$105.47
Employee and Family	\$571.26	\$263.66

To find a provider visit [www.anthem.com/findadoctor](http://www.anthem.com/findadoctor)



## Medical – High Plan – Anthem BCBS

This plan is provided through Anthem Blue Cross and Blue Shield. Please call or go online to [www.anthem.com](http://www.anthem.com) set up your account to receive Explanation of Benefits forms and to locate a provider in the **Blue Open Access POS** network.

Blue Open Access POS (OAP6 5K 0 5.5K N)		
	In-Network	Out-of-Network
Calendar Year Deductible	\$5,000 Individual \$10,000 Family	\$15,000 Individual \$30,000 Family
Coinsurance	100%	50%
Lifetime Maximum	Unlimited	Unlimited
Out-of-Pocket Calendar Year Maximum (Includes Deductible)	\$5,500 Individual \$11,000 Family	\$16,500 Individual \$33,000 Family
Office Visits:	Primary Care - \$30 copay Specialist - \$60 copay	Plan Pays 50% After Deductible
Preventive Care	Plan Pays 100% Deductible Waived	Plan Pays 50% After Deductible
Inpatient Hospital	\$500 Copay Plan Pays 100% After Deductible	Plan Pays 50% After Deductible
Outpatient Hospital	\$500 Copay Plan Pays 100% After Deductible	Plan Pays 50% After Deductible
Urgent Care	\$75 Copay	Plan Pays 50% After Deductible
Emergency Room	\$350 Copay	Covered as In-Network
Prescriptions Deductible • Tier 1-Retail • Tier 2-Retail • Tier 3-Retail • Tier 4-Retail	\$300 \$5 or \$20 \$45 After Deductible \$90 After Deductible 25% to \$450 max per script	Not Covered

High Plan Blue Open Access POS	Monthly	Bi-Weekly
Employee	\$103.66	\$47.84
Employee + Spouse	\$349.49	\$161.30
Employee + Child(ren)	\$292.99	\$135.23
Employee and Family	\$688.30	\$317.68

To find a provider visit [www.anthem.com/findadoctor](http://www.anthem.com/findadoctor)

The Bryan County Board of Commissioners is actively participating in a Health Reimbursement Arrangement (HRA) for you administered by TASC.

Bryan County will reimburse in increments of \$50 any amount over the first \$500 of your deductible. At the end of the deductible year, if you have in-network qualifying EOBs of less than the \$50.00 increment, you can submit for a reimbursement less than \$50.00 during the 90-day grace period at the end of the deductible year.

If you have services rendered that are subject to your deductible, you can submit your Explanation of Benefit (EOB) form for reimbursement. Reimbursements will be made for two family members on the high medical plan and three family members on the low medical plan. Remember, you can only be reimbursed based on EOBs showing an amount applied to your deductible, not bills from the provider or other claims. **Claims must be submitted no later than March 31<sup>st</sup> of the following year.** After that time, claims will no longer be considered for reimbursement.

### Eligible Medical Expenses

To be eligible for reimbursement from the County's HRA, a medical expense must meet each of the following conditions:

1. The expense must be a covered expense under the County's group health insurance plan but unreimbursed by that plan solely because it is subject to your calendar year deductible imposed by the plan. The determination regarding whether an expense is covered under the group health insurance Plan is made solely by the carrier and its decisions shall be binding on both you and the County for the purpose of this plan.
2. The County's HRA Plan must not otherwise exclude the expense from reimbursement. Excluded expenses, if any, are listed in your Summary Plan Description.
3. The expense must be for an eligible person. For the purposes of the County's HRA Plan, an eligible person is an Employee covered by the County's group health insurance as well as that employee's spouse and dependents that are covered under the County's group health insurance.
4. The expense must have been incurred while the employee was a participant in the plan. Remember that the date an expense is incurred is based on when the medical service is provided, not when it is paid for.

If you have any further questions or would like more information on the Health Reimbursement Arrangement, please feel free to contact TASC at (800) 422-4661 or log into your account at [www.tasconline.com](http://www.tasconline.com).



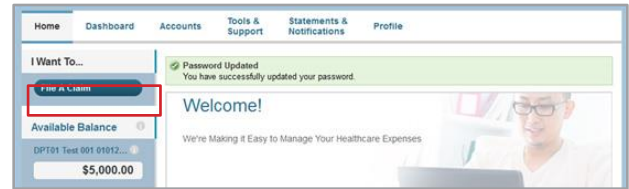


# Claims submission is efficient and hassle-free

Follow these easy steps:

Log in to your online HRA account at [www.tasconline.com](http://www.tasconline.com) using your username and password. On the left navigation, click **File A Claim**.

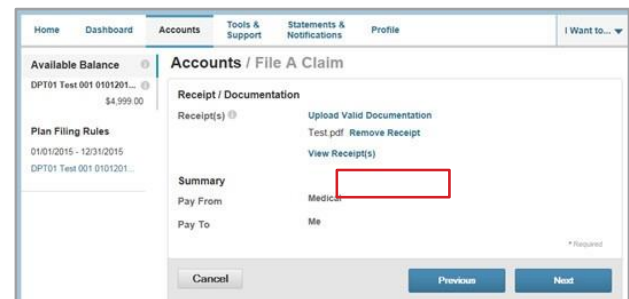
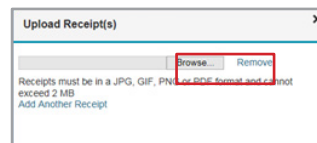
1. Select the account to pay from and payee and click Next.



2. Click **Upload Valid Documentation**, click **Browse**, attach your claim documentation, and click **Submit**. You may click **View Receipts** to verify the correct document was uploaded. Click **Next** to complete the upload process.



IMPORTANT: Claims submitted without substantiation are not processed until the required substantiation is received.



**Total Administrative Services Corporation**  
2302 International Lane | Madison, WI 53704-3140  
[www.tasconline.com](http://www.tasconline.com) | 800.422.4661

3. Enter the service start and service end date.  
NOTE: Each claim line item must be individually entered.  
Multiple claims submitted as one claim will be denied.
4. Enter the claim amount.  
NOTE: This is the amount that is eligible for reimbursement from the Plan. This is not the total amount of the claim billed to the insurance carrier.
5. Enter the Provider.
6. Choose the service Category code and Type from the dropdown lists.
7. Enter a Description (this is required for a category of Other or Over-the-Counter).
8. Select the Recipient (the person that received the service). If the correct recipient is not listed, contact your employer to add eligible dependents.
9. At this point, you may edit the claim submitted by selecting Update. You may also add another claim by selecting Add Another and select Submit when finished.
10. Upon submission of claims, a confirmation screen will display with the submitted claim information.

From	To	Expense	Amount	Approved Amount	Receipt Status
DPT01 Test 001 01012015-12312015	Me	Medical Copay	\$10.00	\$10.00	Remove Update
Total Amount			\$10.00	\$10.00	

From	To	Amount	Approved Amount	Receipt Status
DPT01 Test 001 01012015-12312015	Me	\$10.00	\$10.00	Uploaded(1) Upload another Receipt
Total Approved Amount			\$10.00	





# Say hi to Sydney

Anthem's new app is simple, smart – and all about you

With Sydney, you can find everything you need to know about your medical, pharmacy, dental, vision, life insurance, and disability insurance benefits all in one place. Sydney makes it easier to get things done, so you can spend more time focused on your health.

**Get started with Sydney**  
Download the app today!



## Simple

Ready for you to use quickly, easily, seamlessly – with one-click access to benefits info, Member Services, wellness resources and more.

### With just one click, you can:

- Find care and check costs
- Check all benefits
- See claims

## Smart

Sydney acts like a personal health guide, answering your questions and connecting you to the right resources at the right time. And you can use the interactive chat to get answers quickly.

- Get answers even faster with our interactive chat feature
- View and use digital ID cards

## Personal

Get alerts, reminders and tips directly from Sydney. Get personalized doctor suggestions based on your needs. The more you use it, the more Sydney can help you stay healthy and save money.

**Already using our Anthem Anywhere app?**  
It's easy to make the switch. Simply download the Sydney app and log in with your Anthem username and password.

Life and Disability products underwritten by Anthem Life Insurance Company. In Georgia, Life and Disability products are underwritten by Greater Georgia Life Insurance Company using the trade name Anthem Life. 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. 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): HighChoice™ Managed Care, Inc. CR7, HealthyA Member's Life Insurance Company (HMLIS), and HMO Missouri, Inc. NY and certain affiliates administer non-HMO benefits underwritten by HMLIS and HMO benefits underwritten by HMO Missouri, Inc. NY, 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 PPO policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or PPO policies; WCIC underwrites or administers Well Priority, HMO or PPO 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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## Flexible Spending Accounts – TASC

Participating in the Flexible Spending Account (FSA) available through Bryan County can increase your take-home pay by reducing your taxable income. It allows you to potentially save up to 30% on your eligible healthcare and/or dependent care expenses every year by using pre-tax dollars vs. post-tax dollars to pay for those expenses.

We recommend that, prior to making an election, you consider and derive a conservative estimate of how much you spend on healthcare and/or dependent care expenses for you and your qualified dependents in one year. For example, you may want to consider your estimated cost for prescription drugs, medical and dental office visit copays and/or deductibles, as well as vision related needs including exams and prescription glasses/lenses.

Most FSAs require you use the funds you contribute within the plan year or you lose them. However, you will be allowed to roll-over up to \$500 of unused contributions in your Healthcare Reimbursement FSA only, not dependent care.

**You MUST re-enroll each year. Your FSA election does NOT automatically continue from year to year. Unused money, up to \$500, will become available to you about April 1 of the following year even if you do not elect to participate that year.**

### Highlights

#### Healthcare Reimbursement FSA:

Maximum Employee Contribution: \$2,750 Annually

#### Dependent Day Care FSA:

Maximum Employee Contribution: \$5,000 if married filing jointly or filing head of household or \$2,500 if married filing separately.

### Pre-Tax Savings Example

	<i>Without FSA</i>	<i>With FSA</i>
Gross Monthly Pay:	\$3,500	\$3,500
<b>Pre-Tax Contributions</b>		
Medical/Dental Premiums	\$0	-\$125
Medical Expenses	\$0	-\$75
Dependent Care Expenses	\$0	-\$400
<b>TOTAL:</b>	<b>\$0</b>	<b>-\$600</b>
<b>Taxable Monthly Income</b>	<b>\$3,500</b>	<b>\$2,900</b>
Taxes (federal, state, FICA):	-\$968	-\$802
Out-of-pocket Expenses:	-\$600	\$0
<b>Monthly Take-home Pay:</b>	<b>\$1,932</b>	<b>\$2,098</b>

**Net Increase in Take-Home Pay = \$166/mo!**

For illustration only. Actual dollar amounts may vary.



### Benefits on the Go!

TASC Mobile offers fast and easy account access from anywhere at any time! MyTASC Mobile App and MyTASC Text Messaging make it easy for FlexSystem Participants to access their accounts from their mobile device. Users appreciate these flexible wireless options to securely manage their accounts and request reimbursements while on the go. These mobile features (and much more) are all-inclusive when FlexSystem is part of an employee benefits program!

### Additional Management Tools

In addition to TASC Mobile, we provide multiple methods for participant/employee account access and management:

- MyTASC Website [www.tasconline.com/mytasc](http://www.tasconline.com/mytasc)
- IVR Phone System
- Toll-Free Customer Care Center (Monday-Friday)
- Fax or Mail Requests for Reimbursement
- [Mobile Help](#)

## Dental – MetLife

Maintaining our dental health is a large component in our overall health. While brushing and flossing may help us maintain our dental health, routine dental exams and cleanings are necessary to remove bacteria, plaque and tartar and to detect early signs of gum disease. In addition, regular dental visits may actually help reveal other health issues you may have. You can register at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) to look at your benefits, locate providers and check claims. The network you would use is the **MetLife PPO Dental Network**.

Benefit	In-Network % of Negotiated Fee	Out-of-Network % of R&C Fee
Calendar Year Deductible Single Family Max	\$50 \$150	\$50 \$150
Annual Benefit Maximum	\$5,000 calendar year	\$5,000 calendar year
<b>Diagnostic/Preventive Services</b> Periodic oral evaluation; Prophylaxis (cleanings), Bitewing X-rays – four films; Topical fluoride application (to age 19)	100% No Deductible	100% No Deductible
<b>Basic Treatment (Type B)</b> Composite and amalgam fillings, simple extractions, general anesthesia, periodontal maintenance, consultations	80% coverage (subject to deductible)	80% coverage (subject to deductible)
<b>Major Treatment</b> Inlays, onlays, crowns, root canal, periodontal surgery, periodontal scaling and root planing, surgical extractions, bridges, dentures, implants	40% coverage (subject to deductible)	40% coverage (subject to deductible)
Orthodontia (Child Only) Child(ren) only up to age 19	50% coverage up to lifetime maximum benefit of \$2,000	50% coverage up to lifetime maximum benefit of \$2,000

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. Keep in mind, if your doctor charges more than the Plan's "reasonable and customary" charge, you may be required to pay the extra amount.

Coverage Tier	Monthly	Bi-Weekly
Employee Only	\$8.32	\$3.84
Employee + Spouse	\$33.12	\$15.29
Employee + Child(ren)	\$42.51	\$19.62
Employee + Family	\$67.34	\$31.08

## Vision – Anthem BCBS

A good visual health can play an important role in our overall health. For those of us with eye care needs, having a Vision plan available from our Employer can ultimately help offset some of those associated costs in preserving our eye health and ongoing wellness. Becoming a member of the Vision plan available through Bryan County Board of Commissioners will enable you to take advantage of substantial savings on your eye care and eyewear needs.

	In-Network	Out-of-Network Reimbursement
Plan Name	Blue View Vision	
Network	Blue View (EyeMed)	
Vision Copays (Exam/Materials)	\$10 copay/\$25 Copay	Up to \$30
Contacts Fitting		
• Standard	\$40	Not Covered
• Premium	10% off retail	
Contact Lenses		
• Elective	\$130 Allowance	Up to \$130
• Medically Necessary	Covered in full	Up to \$210
Standard Plastic Lenses		
• Single Vision	\$25	Up to \$30
• Bifocal	\$25	Up to \$50
• Trifocal	\$25	Up to \$70
Frames Allowance (Retail)	\$130	Up to \$45
Benefit Frequency		
• Exam	Once every 12 months	
• Lenses	Once every 12 months	
• Frames	Once every 24 months	
Additional Materials Discount	20% on additional glasses 15% on contacts	No benefit

Coverage Tier	Monthly	Bi-Weekly
Employee Only	\$0.00 (employer paid)	\$0.00
Employee + Spouse	\$3.67	\$1.69
Employee + Child(ren)	\$4.41	\$2.04
Employee + Family	\$9.31	\$4.30



**Basic Term Life**

Basic Term Life and Accidental Death and Dismemberment (AD&D) Insurance provides valuable financial protection for your family. The Bryan County Board of Commissioners is pleased to provide Basic Life & AD&D Insurance to all full-time employees in the amount of one times your base annual income, rounded to the next \$1,000 (not to exceed \$150,000) at no cost to you. You have the option to purchase \$10,000 on your spouse and children. Basic life reduces

**Voluntary Term Life**

Voluntary Term Life and AD&D Insurance is also available to provide additional financial protection for you and your family. This coverage is not permanent – please see reduction schedule below. If you did not elect the coverage when initially offered or if you want to increase your coverage you will have to complete an Evidence of Insurability form and can be denied coverage.

Benefit	Coverage
Employee Voluntary Life/AD&D	<p>You can purchase coverage in increments of \$10,000 to a maximum of \$500,000 or 5 x salary.</p> <p>You must complete an Evidence of Insurability to apply for this coverage.</p>
Spouse Voluntary Life/AD&D	<p>You can purchase coverage in increments of \$5,000 to a maximum of \$250,000 (not to exceed 50% of employee’s coverage).</p> <p>Your spouse must complete an Evidence of Insurability to apply for this coverage.</p>
Child(ren) Voluntary Life	<p>Age six months and up you can purchase \$5,000 or \$10,000</p> <p>Your children must complete an Evidence of Insurability to apply for this coverage.</p>
Reduction Schedule	Benefits will reduce to 65% at age 65.



# LIFE INSURANCE YOU CAN KEEP!

PURELIFE-PLUS

Life insurance can be an ideal way to provide money for your family when they need it most. PURELIFE-PLUS offers permanent insurance with a high death benefit and long guarantees<sup>1</sup> that can provide financial peace of mind for you and your loved ones. PURELIFE-PLUS is an ideal complement to any group term and optional term life insurance your employer might provide and has the following features:



YOU OWN IT



YOU CAN TAKE IT WITH YOU WHEN YOU CHANGE JOBS OR RETIRE



YOU PAY FOR IT THROUGH CONVENIENT PAYROLL DEDUCTIONS



YOU CAN COVER YOUR SPOUSE, CHILDREN AND GRANDCHILDREN, TOO<sup>2</sup>



YOU CAN GET A LIVING BENEFIT IF YOU BECOME TERMINALLY ILL<sup>3</sup>



IT'S AFFORDABLE

## 3 QUICK QUESTIONS

You can qualify by answering just 3 questions – no exams or needles.

### DURING THE LAST SIX MONTHS, HAS THE PROPOSED INSURED:

1. Been actively at work on a full time basis, performing usual duties?
2. Been absent from work due to illness or medical treatment for a period of more than 5 consecutive working days?
3. Been disabled or received tests, treatment or care of any kind in a hospital or nursing home or received chemotherapy, hormonal therapy for cancer, radiation, dialysis treatment, or treatment for alcohol or drug abuse?

1. After the guarantee period, premiums may go down, stay the same or go up.  
2. Coverage not available on children in WA or on grandchildren in WA or MD. In MD, children must reside with the applicant to be eligible for coverage.  
3. Conditions apply.

Flexible Premium Adjustable Life Insurance to age 121. Policy Form ICC18-PRFNG-NI-18 or Form Series PRFNG-NI-18. Some limitations apply. See the PureLife-plus brochure for details. Texas Life is licensed to do business in the District of Columbia and every state but New York.

19Mo16-C.1092 (exp0321)

**TEXASLIFE INSURANCE COMPANY**  
Since 1929 | 5000 WORTH AVENUE | FORT WORTH, TEXAS 76102-2020

Refer to your Summary Plan Description and Policy Certificate for full details on the plan

## Disability – Anthem BCBS

Disability insurance is designed to help you replace lost wages in the untimely event that you should have to miss work due to an accident or illness. Short term disability is available for you to purchase should you feel the need. If you choose to purchase short-term disability coverage after your new employee enrollment period, you must answer medical questions and can be denied coverage by the carrier. The charts below briefly show the differences in the short term and the long-term disability coverage.

Short Term Disability	
Benefit	60% of Salary
Maximum Weekly Benefit	\$1,500
Elimination Period	
• Accident	14 Days
• Sickness	14 Days
Duration of Benefits	11 Weeks
Pre-Existing Condition Limitation	3/6
Annual Open Enrollment	Yes

The Bryan County Board of Commissioners will provide Long Term Disability to all full-time employees at no cost to you. For all full-time employees working thirty or more hours per week, long term disability will pay 60% of your salary up to a maximum of \$5,000 per month starting after ninety days and paying until you reach Social Security Normal Retirement Age.

Long Term Disability	
Benefit	50% of Salary
Maximum Monthly Benefit	\$5,000
Elimination Period	90 Days
Pre-Existing Condition Limitations	3/12*
Benefit Duration	Until you return to work or until you reach Social Security Normal Retirement Age

PRE-EXISTING CONDITION means any condition for which a Person would have done any of the following at any time during the 3 months immediately prior to a Person's Individual Effective Date of Insurance, whether that condition was diagnosed at all or was misdiagnosed:

- 1) received medical treatment or consultation;
- 2) taken or were prescribed drugs or medicine; or
- 3) received care or services including diagnostic measures.

## Teledoc and other Programs – *New Benefits*

This is a discount benefits program offering significant savings from thousands of providers across the nation. All of the benefits include the employee and his/her immediate family.

The membership is simple to use. Employees can search for providers on MyMemberPortal.com.

Packages	Benefits		Monthly	Bi-Weekly
NFP Advantage	<ul style="list-style-type: none"> <li>• Teladoc</li> <li>• Health Advocacy</li> <li>• Medical Bill Saver</li> </ul>	<ul style="list-style-type: none"> <li>• Nurseline</li> <li>• Doctors Online</li> <li>• Pharmacy</li> </ul>	\$8.93	\$4.12

\*Cost shown covers all immediate family members living in your household.



### **Teladoc**

73% of Americans have trouble receiving timely medical care without having to visit the emergency room. Help employees save time and money with 24/7 access to a doctor by phone or online video consult – anytime, anywhere in the U.S. with no copay. Doctors offer diagnosis, treatment options and prescription if necessary. By using Teladoc instead of going to an urgent care clinic or ER, employees cut unnecessary out-of-pocket costs and time wasted in crowded waiting rooms.

### **Legal Care Direct**

With a national average hourly rate of \$381, contacting an attorney may seem out of reach. Give employees access to free and discounted rates on services from experienced lawyers. Attorneys help with traffic tickets, bankruptcy, divorce, spousal and child support. Additional services are also available at no cost.

### **ID Sanctuary Enhanced**

Keep employees one step ahead of identity theft. If they are online, have a bank account or use a credit card, personal information can be stolen at any time. ID Sanctuary provides the proactive tools and recovery assistance your employees need to quickly respond to an identity or fraud crisis.

For additional information on all benefits available under each benefit package, please visit the Benefit Resource Center site.

**Following your enrollment in the plan, you will receive a packet of information containing an ID card. You will be instructed to go online and register your account and list all eligible family members. Registering before receiving services will greatly reduce the wait time upon initial use.**

## Group Voluntary Critical Illness – Allstate

Chances are you know someone who's been diagnosed with a critical illness such as cancer, a heart attack (myocardial infarction), or stroke. You can't help but notice the strain it's placed on the person's life – both physically and emotionally. What's not so obvious is the impact on that person's personal finances. While the person is busy getting well, the bills may continue to pile up.

### WOULD YOU HAVE THE MONEY TO COVER THE OUT-OF-POCKET EXPENSES SUCH AS

- Transportation to a distant medical facility.
- Specialized treatment costs.
- Living expenses like rent, mortgage, and utility bills.

**IT'S INSURANCE FOR DAILY LIVING:** The Allstate Critical Illness policy pays cash benefits directly to you, unless you choose otherwise. This means that you will have added financial resources to help with medical costs or ongoing living expenses.

Pays a lump sum benefit for a covered critical illness: Cancer, Non-invasive Cancer (25%), Skin Cancer (\$250/yr), Heart Attack, Coronary Artery Bypass Surgery (25%), Stroke, End Stage Renal (Kidney) Failure, Major Organ Transplant, Bone Marrow/Stem Cell Transplant, Sudden Cardiac Arrest, Coma, Severe Burns, Paralysis, Loss of Sight, Loss of Speech, Loss of Hearing, Advanced Alzheimer's (25%), Advanced Parkinson's (25%), Benign Brain Tumor

Benefits	
Lump Sum Benefit Amount	
• Employee	\$30,000
• Spouse	Up to 50% of Employee
• Child(ren)	Up to 50% of Employee
Guarantee Issue Amount	
• Employee	\$30,000
• Spouse	\$15,000
Recurrence Benefit	Included
Separation Period for Additional Diagnosis	6 consecutive months or 12 months for cancer
Wellness Benefit	\$50 per year for Employee and Spouse

Premiums are based on attained age.

## Group Voluntary Accident Plan – Allstate

Accident coverage is provided through Allstate. This policy can provide financial protection if you suffer a covered injury and need treatment. It pays the benefit directly to you, to offset the cost of copays, deductibles and other expenses your medical insurance may not cover.

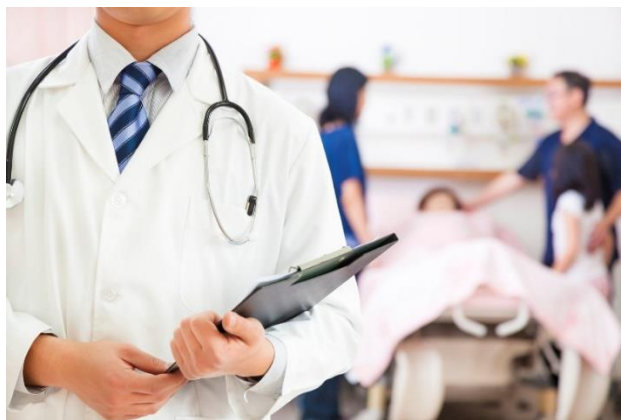
- Flexible—Freedom to choose any provider without deductibles or copayments
- Portable—Take your plan with you even if you leave your job (with certain stipulations)
- Protective—Covered routine medical exams for early detection and prevention

Sample Coverages	
Inpatient Hospital Confinement	\$1,500
Daily Hospital Confinement	\$300 per day up to 365 days
Intensive Care	\$600 per day up to 180 days max per injury
Emergency Room Treatment	\$200
Fractures (Open, Closed, Chip)	Up to \$6,000
Accident Treatment & Urgent Care Rider	
• Ground Ambulance	\$250
• Air Ambulance	\$750
• Accident Physicians Treatment	\$125
• X-ray	\$250
• Follow-Up Doctor Visit	\$100 – 2 per injury
3 <sup>rd</sup> Degree Burns	Up to \$1,000
Lacerations	\$100
Surgery	Up to \$2,000 Per Accident

Group Accident Rates	Monthly	Bi-Weekly
Employee	\$14.52	\$6.70
Employee + Spouse	\$25.11	\$11.59
Employee + Child(ren)	\$31.92	\$14.73
Family	\$39.90	\$18.42

## Hospital Indemnity – Allstate

Allstate Hospital Indemnity Insurance provides hospital confinement and indemnity hospital admission benefits to help alleviate the costs of a hospital stay. Your medical plan requires you to pay the deductible and coinsurance if you are admitted to the hospital. Hospital Indemnity Insurance can help pay for these additional out-of-pocket medical expenses. This coverage pays a benefit directly to you regardless of any other coverage you have or the actual cost of treatment.



Benefits	
Hospital Confinement	\$1,000 – Unlimited Annual Confinement
Daily Hospital Confinement	\$100 per day – Annual Maximum of 10 days
Hospital Intensive Care	\$200 per day - Annual Maximum of 10 Days
Pre-Existing Condition Exclusions	None
Waiting Period	None
Age Reduction	None but the plan terminates at age 70

	Monthly	Bi-Weekly
Employee	\$18.33	\$8.46
Employee + Spouse	\$51.22	\$23.64
Employee + Child(ren)	\$31.59	\$14.58
Family	\$54.86	\$25.32

## Cancer – Allstate

<b>Initial Diagnosis (once)</b>	\$2,000
<b>Wellness Benefit</b>	\$50 per year
<b>Ambulance</b>	\$100 per Confinement
<b>Ambulatory Surgical Center</b>	\$500 per day
<b>Private Duty Nursing</b>	\$200 per day
<b>Anesthesia</b>	25% of surgery
<b>Anti-Nausea Benefit</b>	\$200 per year
<b>Blood, Plasma &amp; Platelets</b>	Actual charges up to \$5,000 per 12 months
<b>Bone Marrow or Stem Cell Transplant</b>	Up to \$5,000 per year
<b>Extended-Care Facility</b>	\$200 per day
<b>Home Health Care</b>	\$200 per day
<b>Hospice</b>	\$200 per day in hospice facility; \$200 per hospice team home visit (max of 1 visit per day)
<b>Hospital Confinement</b>	\$200 per day
<b>Intensive Care</b>	Up to \$200 per day
<b>Lodging</b>	\$50 per day
<b>Medical Imaging</b>	\$250 per year
<b>New or Experimental Treatment</b>	Actual Charges up to a Maximum of \$5,000 per 12 months
<b>Physical or Speech Therapy</b>	\$50 per day
<b>Physician's Attendance</b>	\$50 per day
<b>Prosthesis (surgical)</b>	Up to \$2,000 per amputation
<b>Radiation and Chemotherapy</b>	Actual charges up to \$5,000 per 12 months
<b>Second Surgical Opinion</b>	\$400
<b>Surgery</b>	Up to \$3,000 depending on surgery
<b>Transportation</b>	\$0.40 Mile Personal Auto/Family member

	<b>Monthly</b>	<b>Bi-Weekly</b>
Employee	\$17.36	\$8.01
Employee + Spouse	\$27.19	\$12.55
Employee + Child(ren)	\$24.66	\$11.38
Family	\$34.46	\$15.90



## Legal Services – Administered by ARAG

UltimateAdvisor legal insurance from ARAG offers you affordable, reliable counsel when something in life turns into a legal issue, like a dispute with a contractor, a traffic ticket or the need for estate planning.

For as little as \$24.25 per month, you can enroll in the plan and have a place to turn to for help, with access to a nationwide network of attorneys who will:

- Work with you in person, over the phone or online to consult with you on legal issues
- Review or prepare documents.
- Make follow up calls or write letters on your behalf.
- Represent you, if needed.

### Save Time and Money

Attorney fees for most covered legal matters are 100% paid in full when you work with a Network Attorney, which means you'll avoid paying high-cost attorney fees.

It's like having an attorney or retainer whenever you have a question or need guidance regarding a legal matter.

### Face Life's Legal Issues with More Confidence

When you encounter situations in life that could result in legal or financial issues – like the examples show above – count on a wide variety of benefits and services to protect you and resolve these matters:

Consumer and Fraud Protection Issues	Government Benefits
Wills and Estate Planning	General Office time (up to 4 hours)
Real Estate Matters	Small Claims Court
Family Law	Tax Issues
Civil Damage Claims (Defense)	Traffic Matters
Criminal Matters	Identity Theft
Debt-Related Matters	Caregiving Services
Dispute with a Landlord	Financial Education and Counseling

To see a full list of coverages available under your plan, visit [ARAGLegalCenter.com](http://ARAGLegalCenter.com) and go to "Plan Details". For any legal matters not covered and not excluded under the plan (including Immigration Assistance), you are eligible to receive at least 25% off the Network Attorney's normal rate.

Be sure to enroll during the open enrollment period to take advantage of all of these valuable legal benefits. If you have any questions, call 800-247-4184 to speak with an ARAG Customer Care Specialist. For complete plan coverage details, visit [ARAGLegalCenter.com](http://ARAGLegalCenter.com).

	Monthly	Bi-Weekly
Employee	\$24.25	\$11.19

## Defined Benefit Pension Plan - ACCG Retirement Services

Full time employees, county commissioners, and any other elected official to the extent provide in the Plan become participants on January 1 following three years of service. The Defined Benefit Pension Plan may be used in conjunction with other retirement plans, as well as Social Security, as a source of income upon retirement. Considered the most traditional retirement plan, a defined benefit plan is also the most popular type of primary plan offered by local governments. You become vested in the benefit after five years of service. Your Normal Retirement Date is the date on which you are eligible to retire and receive your full benefit. This is the latter of age 65 or three years of plan participation. You can retire at age 70 even if you have not completed three years of plan participation.

### What's in a Name?

This plan is termed "defined benefit" plan because the benefits employees will receive during retirement are set, or "defined," by the plan's terms. The benefit amount is typically based on a formula that considers one's salary and years of service in the organization. This plan provides a lifetime, fixed monthly benefit or the option for employees to choose from several other payment options that will determine the amount of their monthly benefit. The formula is below:

1.0% of Final Average Compensation up to \$6,600  
1.5% of Final Average Compensation above \$6,600  
Plus \$54

The total is multiplied by Years of Service

Example: \$25,000 Average Annual Compensation and 15 Years of Service

.01 multiplied by the first \$6,600	\$ 66
.015 multiplied by \$18,400 (amount over \$6,600)	\$276
Plus a flat dollar amount of \$54	\$ 54
Total	\$396
Multiplied by 15 Years of Service	$\$396 \times 15 = \$5,940$ annual benefit or \$495 per month

### Plan Highlights

- Benefits in addition to Social Security
- Lifetime, monthly benefits
- Optional types of benefit payments for more effective retirement planning
- Can be used in conjunction with retirement savings plans
- Death benefits may be available

### Designating Beneficiaries In Case of Death

Employees will need to designate a beneficiary, or beneficiaries, so that their account balance will be paid to the designated individuals in the case of death. Beneficiaries will have immediate access to all of the money unless the employee receives monthly payments from an annuity. Beneficiaries are strongly encouraged to contact ACCG Retirement Services representatives for a complete description of options.

Please contact your Human Resources department for further information.

## Gym Membership – 24/7 & Raw Fitness

Your health and well-being are important factors in your job performance and in our ability to keep offering the best insurance coverage for our employees. To that end your membership at 24-7 OR Raw Fitness is now part of your benefit as a Bryan County Employee.

Any employee may sign up to three individuals on to their membership plan. **The cost is 15.00 per month per addition. This is a flat fee.** If you add anyone to your membership the cost will be deducted at the last pay cycle of the month.

Employees that have failed to go the gym within a three-month window will be removed from membership and will not be eligible to sign back up for a period of six months. Friends and family that are attending will not be taken off the list should an employee stop attending, but the employee **will be responsible for the flat 15.00** per month cost. Friends and family that are signed up that fail to attend for three months will be removed and no further deductions will be made to the employees' paycheck. The six-month reinstatement period will also apply to these individuals as well.



## Disclosure Notice-Prescription Drug and Medicare Notice

### Important Notice from the Bryan County Board of Commissioners About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Bryan County Board of Commissioners and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. The Bryan County Board of Commissioners has determined that the prescription drug coverage offered by Blue Cross and Blue Shield plans are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

#### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

#### What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Bryan County Board of Commissioners coverage will not be affected. If you drop your current prescription drug coverage and enroll in Medicare prescription drug coverage, you may enroll back into the **Bryan County Board of Commissioners** benefit plan during an open enrollment period under the Bryan County Board of Commissioners benefit plan.

#### When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the Bryan County Board of Commissioners and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

#### For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Bryan County Board of Commissioners changes. You also may request a copy of this notice at any time.

#### For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

Visit [www.medicare.gov](http://www.medicare.gov)

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

From: January 1, 2020 through December 31, 2020

Name of Entity/Sender: Bryan County Board of Commissioners

Contact Person: Riley Johnson

## Disclosure Notice - CHIP

### 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, 2019. Contact your State for more information on eligibility.

ALABAMA – Medicaid Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	FLORIDA – Medicaid Website: <a href="http://flmedicaidprecovery.com/hipp/">http://flmedicaidprecovery.com/hipp/</a> Phone: 1-877-357-3268
ALASKA – Medicaid The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	GEORGIA – Medicaid Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a>  - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a>  Phone: 1-855-MyARHIPP (855-692-7447)	INDIANA – Medicaid Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+) Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a>  Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="http://Colorado.gov/HCPF/Child-Health-Plan-Plus">Colorado.gov/HCPF/Child-Health-Plan-Plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711	IOWA – Medicaid Website: <a href="http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> Phone: 1-888-346-9562
KANSAS – Medicaid Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512	NEW HAMPSHIRE – Medicaid Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218
KENTUCKY – Medicaid Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	NEW JERSEY – Medicaid and CHIP Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/Medicaid">http://www.state.nj.us/humanservices/dmahs/clients/Medicaid</a> Medicaid Phone: 609-631-239 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710

LOUISIANA – Medicaid Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447	NEW YORK – Medicaid Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
MAINE – Medicaid Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711	NORTH CAROLINA – Medicaid Website: <a href="https://dma.ncdhhs.gov/">https://dma.ncdhhs.gov/</a> Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-462-1120	NORTH DAKOTA – Medicaid Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
MINNESOTA – Medicaid Website: <a href="http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a> Phone: 1-800-657-3739	OKLAHOMA – Medicaid and CHIP Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
MISSOURI – Medicaid Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	OREGON – Medicaid Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
MONTANA – Medicaid Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084	PENNSYLVANIA – Medicaid Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a> Phone: 1-800-692-7462
NEBRASKA – Medicaid Website: <a href="http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx">http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx</a> Phone: 1-855-632-7633	RHODE ISLAND – Medicaid Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 401-462-5300
NEVADA – Medicaid Medicaid Website: <a href="https://dwss.nv.gov/">https://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900	SOUTH CAROLINA – Medicaid Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	WASHINGTON – Medicaid Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a> Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid Website: <a href="http://gethiptexas.com/">http://gethiptexas.com/</a> Phone: 1-800-440-0493	WEST VIRGINIA – Medicaid Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669	WISCONSIN – Medicaid and CHIP Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002
VERMONT – Medicaid Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427	WYOMING – Medicaid Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282	

To see if any more States have added a premium assistance program, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Ext. 61565

OMB Control Number 1210-0137 (expires 12/31/2020)

## Disclosure Notices

Unless otherwise noted, a paper copy is available, free of charge, by calling NFP at 800-994-7429.

### **NOTICE OF YOUR HIPAA SPECIAL ENROLLMENT RIGHTS:**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, 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 towards you or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contribution 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 or your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

### **SECTION 125 PRE-TAX BENEFIT AUTHORIZATION NOTICE:**

Before-tax deductions will lower the amount of income reported to the federal government. This may result in slightly reduced Social Security benefits. If you do not enroll eligible dependents at this time, you may not enroll them until the next open enrollment period. You may not drop the coverage you elected until the next open enrollment period. You may only make a change or drop coverage elections before the next open enrollment period under the following circumstances: a change in marital status, or a change in the number of dependents due to birth, adoption, placement for adoption or death of a dependent, or a change in employment status for myself or my spouse, or open enrollment elections for my spouse, or a change in dependents eligibility, or a change in residence or worksite. Any change being made must be appropriate and consistent with the event and must be made within 30 days of when the event occurred. All changes are subject to approval by your Employer/Plan.

**NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION:** This Notice describes how the Plan(s) may use and disclose your protected health information ("PHI") and how you can get access to your information. The privacy of your protected health information that is created, received, used or disclosed by the Plan(s) is protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). This Notice is available on the web at: [www.bryancountygovt.bswift.com](http://www.bryancountygovt.bswift.com). A paper copy is also available, free of charge, by calling your Employer or NFP at 800-994-7429. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan."

**GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS:** On April 7, 1986, a federal law was enacted (Public Law 99272, Title X) requiring that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end. If you or your eligible dependents enroll in the group health benefits available through your employer you may have access to COBRA continuation coverage under certain circumstances. Therefore, your plan makes available to you and your dependents the General Notice Of COBRA Continuation Coverage Rights. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. The full Notice is available on the web at: [www.bryancountygovt.bswift.com](http://www.bryancountygovt.bswift.com).

A paper copy is also available, free of charge, by calling your Employer or NFP at 800-994-7429. Please note the participant is responsible for providing a copy to their spouse/dependents covered under the group health plan.

### **WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 ANNUAL NOTICE:**

The Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breast, prostheses, and complications resulting from a mastectomy, including lymph edema.

### **NEWBORNS' ACT DISCLOSURE:**

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.

**SUMMARY OF BENEFITS AND COVERAGE (SBC):** As an employee, the group health (medical) benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC) which summarizes important information about any health coverage option in a standard format to help you compare across options. The SBC is available on the web at [www.bryancountygovt.bswift.com](http://www.bryancountygovt.bswift.com). A paper copy is also available, free of charge, by calling your Employer or NFP at 800-994-7429. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan.

**HEALTH INSURANCE MARKETPLACE NOTICE (a.k.a. Exchange Notice):** When key parts of the health care law took effect in 2014, a new way to buy health insurance became available through the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, the Marketplace notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer. This notice is available on the web at [www.bryancountygovt.bswift.com](http://www.bryancountygovt.bswift.com). A paper copy is also available, free of charge, by calling your Employer.

**PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA):** The Patient Protection and Affordable Care Act (PPACA) generally requires group health plans and health insurance issuers offering group health coverage to prepare and distribute to plan participants and beneficiaries a brief, standard summary of the plan's benefits and coverage. Please see your BSwift enrollment site for the summary of benefits and coverage (SBC), also commonly known as the "four-page summary."



## Why Would I Contact the Service Center?

**Order ID Cards:** We can contact the insurance carrier directly and have your replacement card in ten to fifteen business days.

**Claim Resolution and Research:** We can help you understand your Explanation of Benefits (EOB) as well as contact the insurance carriers on your behalf. We can assist in appealing a denied claim or help you request a Prior Authorization (PA) from your physician as may be required by your medical carrier. We can also help you file out-of-network claims and assist with reimbursement if you require medical assistance while traveling outside of the United States.

**Locate In-Network Providers:** Staying in network saves everyone money. Our Service Center can help you locate In-Network Providers for medical, dental and vision coverage whether you are at home or away.

**Request Copies of Any Necessary Forms:** Medical claim forms, out-of-network claim forms, evidence of insurability forms, short and long-term disability claim forms and any other applicable forms are always available if the need should arise.

**Understanding Your Benefits:** We can assist you with questions regarding deductibles, copayments and coinsurance. We can explain waiting periods, elimination periods and eligibility rules.

**Explain Qualifying Events:** Most benefit plans require that you have a Qualifying Event (like marriage, birth of a child or other life event) to make a change in your election anytime other than during open enrollment. We work with your employer to ensure that your change follows the rules of the plan, that your request is allowed within the appropriate timeframes, and that you give proper documentation of the event.

**Annual Enrollment Information:** We can provide details about when open enrollment begins and ends and if your plan designs or payroll deductions are changing.

**Enrollment Assistance:** The Service Center Representative can walk you through every step of the enrollment process. Whether it's an online enrollment or paper enrollment form, your Service Center Representative is available to help.

**Confirmation Statements:** We can provide copies of your online enrollment confirmation statement or a copy of your paper enrollment form at any time.

*The Service Center is available from 8:30 a.m. to 5:00 p.m. Monday through Friday to assist you. We have an after-hours voice mailbox and your call will be returned the next business day.*

**1-800-994-7429**

[NFPseCustomerService@NFP.com](mailto:NFPseCustomerService@NFP.com)

## Contact Information

Benefits Administrator	NFP	<a href="http://www.Shawhankinsbenefits.net/bryancount">www.Shawhankinsbenefits.net/bryancount</a> ∩ <a href="mailto:NFPseCustomerService@NFP.com">NFPseCustomerService@NFP.com</a>	(800) 994-7429
Human Resources	Stella Myrick	<a href="mailto:stella@bryan-county.org">stella@bryan-county.org</a>	(912) 653-3894
Medical	Anthem BCBS	<a href="http://www.anthem.com">www.anthem.com</a>	(855) 397-9269
HRA	TASC	<a href="http://www.tasconline.com">www.tasconline.com</a>	(800) 422-4661
Flexible Spending	TASC	<a href="http://www.tasconline.com">www.tasconline.com</a>	(800) 422-4661
Dental	MetLife	<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>	(800) GET-MET8
Vision	Anthem BCBS	<a href="http://www.anthem.com">www.anthem.com</a>	(855) 397-9269
Life	Anthem BCBS	<a href="http://www.anthem.com">www.anthem.com</a>	(855) 397-9269
Disability	Anthem BCBS	<a href="http://www.anthem.com">www.anthem.com</a>	(855) 397-9269
Teladoc	NewBenefits	<a href="http://mymemberportal.com">mymemberportal.com</a>	(800) 800-7616
Group Accident	Allstate	<a href="http://www.allstate.com">www.allstate.com</a>	(800) 521-3535
Group Critical Illness	Allstate	<a href="http://www.allstate.com">www.allstate.com</a>	(800) 521-3535
Hospital Indemnity	Allstate	<a href="http://www.allstate.com">www.allstate.com</a>	(800) 521-3535
Cancer	Allstate	<a href="http://www.allstate.com">www.allstate.com</a>	(800) 521-3535
Permanent Life	Texas Life	<a href="http://www.texaslife.com">www.texaslife.com</a>	(800) 283-9233
Legal Services	ARAG	<a href="http://www.ARAGlegalcenter.com">www.ARAGlegalcenter.com</a>	(800) 247-4184
Pension Plan	ACCG Retirement Services	<a href="http://www.ACCGRetirementServices.com">www.ACCGRetirementServices.com</a>	(800) 736-7166
Gym Membership	24/7 and Raw Fitness	<a href="http://www.24sevenfamilyfitness.com">www.24sevenfamilyfitness.com</a>	(912) 858-4508 (912) 858-4508



