

**Forsyth County** | North Carolina



# EMPLOYEE BENEFITS HANDBOOK

Plan Year: 2023 - 2024

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



# DISCLAIMER

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

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

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



# Important Points

- ✓ Your plan year runs from July 1, 2023 to June 30, 2024. This means your benefit elections will take effect July 1, 2023 unless otherwise noted.
- ✓ **Web Enrollment Dates:** May 15 – May 26, 2023
- ✓ Payroll deductions for this year’s enrollment will start:

<i>Plans</i>	<i>Pay Period</i>	<i>Deduction Date</i>
<b>Health, Dental, Vision &amp; Life</b>	6/24/2023 – 7/7/2023	7/14/2023
<b>STD &amp; LTD</b>	6/24/2023 – 7/7/2023	7/14/2023
<b>Flexible Spending Account(s)</b>	6/24/2023 – 7/7/2023	7/14/2023

- ✓ If your spouse works full-time (defined as 30 hours or more per week) and has access to coverage through their employer, your spouse is not eligible to be covered on the County’s health insurance plan.
- ✓ Participants are required to have a prescription for Over-the-Counter (OTC) medicines to be eligible under their FSA plan.
- ✓ **REMINDER!** Employees must re-enroll in their Flexible Spending Account and Dependent Care Account each year! It will not automatically renew.
- ✓ Please remember to keep your existing FBA debit card. Your card is good for 3 years from issue date. Your account will be replenished if you re-elect a Flexible Spending Account for the new plan year.
- ✓ Pre-taxed elections made during annual enrollment cannot be changed once the enrollment period ends unless you have a qualifying event such as marriage, divorce, death of a spouse or child, birth or adoption, termination of employment or change in employment hours from full-time to part-time or vice-versa.
- ✓ If you should have a qualifying event, you will have 30-days from the date of the qualifying event to request a change to your current benefit and medical and dependent care flexible spending account elections. The participant’s election change must be consistent with the qualifying event.
- ✓ Expenses for the Medical and Dependent Care Flexible Spending Accounts must be incurred during the plan year to be eligible for reimbursement. You have a 90-day run-out period to remit receipts.
- ✓ Contributions are treated on a “use it or lose it” basis. If you do not incur expenses during the plan year for reimbursement, you will lose it. Therefore, the key to participation is to be conservative.
- ✓ Any questions regarding your Medical or Dependent Care Flexible Spending Account can be directed to [www.mywealthcareonline.com/fba](http://www.mywealthcareonline.com/fba) or you can call Customer Contact Center at 800-437-FLEX.
- ✓ Any questions regarding all other benefits can be directed to Forsyth County Human Resources at 336-703-2400.
- ✓ This benefits guide is equipped with mobile-friendly barcodes commonly referred to as QR Codes. Use your smartphone to scan the QR codes to view your benefit summaries.
- ✓ All policy information can be found on your employee benefits portal at <https://mymarkiii.com/forsythcountync/>.

# Qualifying Life Events

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

## Examples of QLEs

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



marriage



divorce



childbirth/  
adoption



death of a  
family  
member



loss of  
parental  
coverage



spouse gains  
or loses  
coverage

# Welcome to Your Benefits!

Mark III Employee Benefits is here to help guide you through the benefits offered by your employer. This guide is simply a brief summary of benefits offered and does not constitute a policy.



## *Pre-Tax Benefit Information*

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

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

## *Post-Tax Benefit Information*

A “**post-tax basis**” means that the money you pay towards the cost of coverage comes out of your salary after you pay taxes. You **WILL NOT** be able to make any changes once the enrollment period is over unless you experience a qualified event outlined by the IRS (i.e. birth of a child, divorce, separation, reduction in hours, etc.).

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



# How to Enroll at Open Enrollment

## Self-Service Enrollment

**Step 1:** Visit [www.forsythbenefits.com](http://www.forsythbenefits.com) to enroll or make changes to your benefits.

**Step 2:** Your Username is the Last 5 digits of your SSN + First Letter of First Name + First Letter of Last Name

*(Example: If your SSN is 123456789 and your name is Jane Smith your username would be 56789JS.)*

**Step 3:** Your initial password is your date of birth in the format MMDDYYYY. Please note that this excludes slashes, dashes, or hyphens.

*(Example: If your date of birth is May 1st, 1975, then your password would be 05011975.)*

**Step 4:** Click on the Login button to log in.

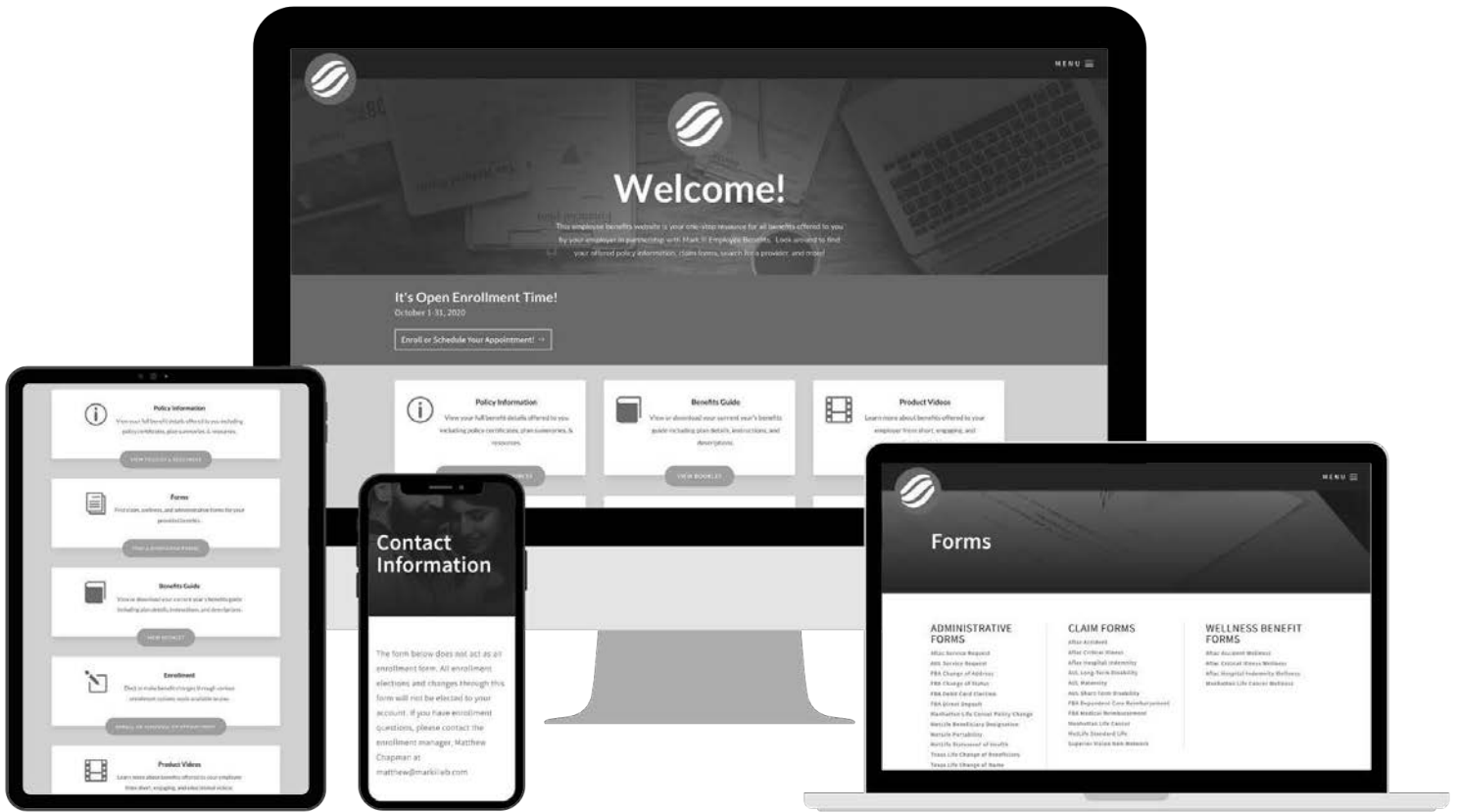
## Employee Benefits Portal

Use your smartphone to scan the QR code for quick access to your employee benefits portal page. Review your benefits guide online, download claim forms, access the online enrollment platform, and much more!



# Employee Benefits Portal

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



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



*Scan me!*

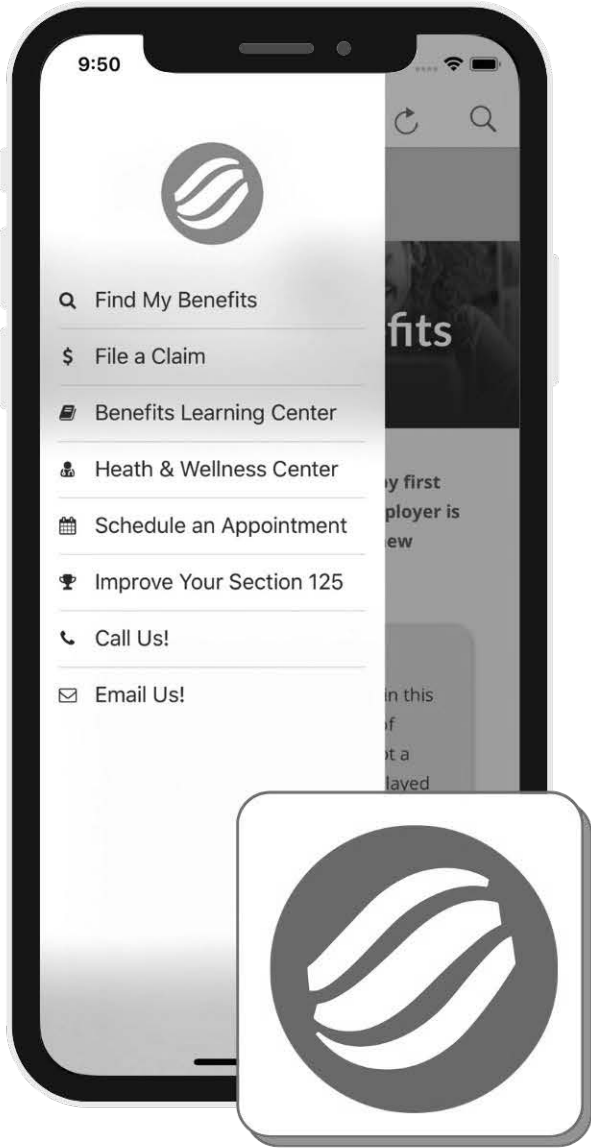
Available 24/7\* from any internet enabled device for your convenience.

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



# MyMark III Mobile App

Find details about all of your benefits, download forms, submit claims, ask questions, and more on the MyMark III Mobile App!



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

*Scan Me!*



*Your Trusted Benefits  
Partners at your fingertips!*



# Filing a Claim

## Ameritas Dental

Visit <https://mymarkiii.com/forsythcountync/forms/> to download your claim form or [www.Ameritas.com](http://www.Ameritas.com) to file online. Mail or fax a copy of the itemized invoice or receipt imprinted with the provider's name and address along with the form to the contact information located on your claim form.

## Superior Vision

Visit <https://mymarkiii.com/forsythcountync/forms/> to download your claim form. Mail or fax a copy of the itemized invoice or receipt imprinted with the provider's name and address along with the form to the contact information located on your claim form.

## AUL Disability

Visit <https://mymarkiii.com/forsythcountync/forms/> to download your claim form. Mail, fax, or email a copy of the itemized invoice or receipt imprinted with the provider's name and address along with the form to the contact information located on your claim form.

## Employee Benefits Portal

Use your smartphone to scan the QR code or visit the link for quick access to your employee benefits portal page. Review your benefits guide online, download claim forms, access the online enrollment platform, and much more!

**Visit:** <https://mymarkiii.com/forsythcountync/>





# HEALTHY LIVING

*Core Benefit options to keep you  
and your family healthy.*



# Medical Plan Benefit Summary



## Cigna Open Access Plus Summary

Benefit	In-Network	Out-of-Network
<b>Deductible</b>	\$1,500 Individual   \$4,500 Family	\$2,250 Individual   \$6,750 Family
<b>Out-of-Pocket Limit</b>	\$2,500 Individual   \$7,500 Family	\$4,250 Individual   \$12,750 Family
<b>Primary Care Visit</b>	\$30 Copay	30% Coinsurance
<b>Specialist Visit</b>	\$60 Copay	30% Coinsurance
<b>Preventative Care/Screenings</b>	No Charge	30% Coinsurance
<b>Diagnostic Text</b> (X-Ray, Blood Work)	20% Coinsurance   No Charge Blood Work	30% Coinsurance
<b>Imaging</b> (CT/PET scans, MRIs)	20% Coinsurance	30% Coinsurance
<b>Facility Fee</b>	20% Coinsurance	30% Coinsurance
<b>Physician/Surgeon Fees</b>	20% Coinsurance	30% Coinsurance
<b>Emergency Room Care</b>	\$250 Copay	\$250 Copay
<b>Emergency Medical Transportation</b>	20% Coinsurance	20% Coinsurance
<b>Urgent Care</b>	\$60 Copay	\$60 Copay

Drug Tier	In-Network	Out-of-Network
<b>Generic Drugs (Tier 1)</b>	\$5 copay/prescription (retail 30 days) \$15 copay/prescription (retail & home delivery 90 days)	25% coinsurance/prescription (retail); Not covered (home delivery)
<b>Preferred Brand Drugs (Tier 2)</b>	\$45 copay/prescription (retail 30 days) \$135 copay/prescription (retail & home delivery 90 days)	25% coinsurance/prescription (retail); Not covered (home delivery)
<b>Non-Preferred Brand Drugs (Tier 3)</b>	\$60 copay/prescription (retail 30 days) \$180 copay/prescription (retail & home delivery 90 days)	25% coinsurance/prescription (retail); Not covered (home delivery)

## Cigna Semi-Monthly Rates

Insured	County Semi-Monthly	Employee Semi-Monthly
Individual	\$455.15	<b>\$57.44</b>
Employee + One	\$566.58	<b>\$162.00</b>
Family	\$791.99	<b>\$328.04</b>

## Cigna Vision – Standard PPO Exam Only Plan

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

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

## Definitions

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

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

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

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

## In-Network Coverage Includes

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

## Healthy Rewards - Vision Network Savings Program

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

## What's Not Covered

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

## How to use your Cigna Vision Benefits

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

**1. Finding a doctor.** There are three ways to find a quality eye doctor in your area:

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

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

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

## How to use your Cigna Vision Benefits

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

**To get a Cigna Vision claim form:**

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

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

## Summary of Benefits & Coverage (SBC) Documents

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. This is only a summary. For more information about your coverage or to get a copy of the complete terms of coverage, visit [www.cigna.com/sp](http://www.cigna.com/sp).

Scan the QR Code or visit <https://mymarkiii.com/forsythcountync/policy-information/> to view your SBCs.



*Scan me!*



*This document is a highlight of plan benefits provided by Cigna as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For a complete list of covered procedures, please see your benefits administrator.*



# Flexible Spending Account



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

## Maximize Your Income

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

## Eligibility

Participation in the Plan Begins on July 1, 2023 and ends on June 30, 2024. Employees are eligible to participate in the Plan on the first day of their first pay period. Those employees having a qualifying event are eligible to enroll within 30 days of the qualifying event. Deductions begin on the first pay period following your plan start date. You must complete an enrollment to participate in the Flexible Spending Accounts each year during the enrollment period. If an enrollment is not completed during open enrollment, you will not be enrolled in the plan and you will not be able to join until the next Plan Year or if you have a qualifying event.

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

This means that you can submit a claim for medical expenses on the first day of the Plan Year and you will be reimbursed your total claim amount up to your annual election. The funds that you are pre-funded will be recovered as deductions which are taken from your paycheck on a pre-tax basis.

**Contribution Limits: The maximum you may place in this account for the Plan Year is \$2,849.86.**  
**Contribution Minimum: The minimum you may place in the account for the Plan Year is \$260.00.**

## Election Changes

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

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



## Reimbursement Schedule

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

## Online Access

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

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

## Health Care Reimbursement

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

## Examples of Eligible Health Care Expenses

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

- Acupuncture | Prescription eyeglasses/reading glasses/contact lens and supplies | Eye Exams/Laser Eye Surgery | Physician | Ambulance | Psychiatrist | Psychologist | Anesthetist | Hospital | Chiropractor | Laboratory/Diagnostic | Fertility Treatments | Surgery | Dental/Orthodontic Fees | Obstetrician | X-Rays | Eye Exams | Prescription Drugs | Artificial limbs & teeth | Orthopedic shoes/inserts | Therapeutic care for drug & alcohol addiction | Vaccinations & Immunizations | Mileage | Take-home screening kits



Diabetic supplies | Routine Physicals | Oxygen | Physical Therapy | Hearing aids & batteries | Medical equipment | Antacids | Pain relievers | Allergy & Sinus Medication

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

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

**Day Care/Aged Adult Care Reimbursement**

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

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

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

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

**How to Receive Reimbursement**

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

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

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

**Eligible Day Care/Aged Adult Expenses**

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

**Ineligible Expenses:**

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

**Forfeiting Funds**

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

**How to Enroll in our FSA Plan**

**Step 1**

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

**Step 2**

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

## How the Flexible Benefit Plan Works

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

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

### Online Wealthcare Portal

View your account status, submit claims and report your benefits card lost/stolen right from your computer. Once your account is established, you can use the same user name and password to access your account via our Mobile App!

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

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



### Benefits Card

The Benefits Card can be used as a direct payment method for eligible expenses incurred at approved service providers and merchants. Using your card allows you instant access to your funds with no out-of-pocket expense. Please keep all your itemized receipts. Flexible Benefit Administrators, Inc. may request documentation to substantiate Benefits Card transactions to determine eligibility of an expense. Benefits Cards are available upon request of the account holder for dependents over the age of 18. Please contact Flexible Benefit Administrators, Inc. to order additional cards.

### FBA Participant Portal, Mobile App, Benefits Card & Claim Submission

Scan the QR code with your smartphone to view the FBA Participant Portal, FBA Mobile App, FBA Benefits Card, and Claim submission information. The Participant Portal provides powerful self-service account access, plus education and decision-support tools that help put you in the driver's seat when it comes to your healthcare finances. The Mobile App offers a personalized, real-time and self-guided experience that allows you to easily manage your Benefit Account and delivers tools to help save you money. The benefits debit card eliminates the hassles of claim submission and waiting for a reimbursement check.



For more information, please call 800-437-3539  
 P.O. Box 8188 • Virginia Beach, VA 23450  
[www.flex-admin.com](http://www.flex-admin.com)



# Dental Plan



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

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

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

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> <li>• Routine Exam (2 per benefit period)</li> <li>• Bitewing X-rays (2 per benefit period)</li> <li>• Full Mouth/Panoramic X-rays (1 in 3 years)</li> <li>• Fluoride for Children 18 &amp; under (1 per benefit period)</li> <li>• Cleaning (2 per benefit period)</li> <li>• Periapical X-rays</li> <li>• Space Maintainers</li> <li>• Sealants (age 16 &amp; under)</li> </ul>	<ul style="list-style-type: none"> <li>• Restorative Amalgams</li> <li>• Restorative Composites</li> <li>• Endodontics (nonsurgical &amp; surgical)</li> <li>• Periodontics (nonsurgical &amp; surgical)</li> <li>• Denture Repair</li> <li>• Simple &amp; Complex Extractions</li> <li>• Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>• Crowns (1 in 5 years per tooth)</li> <li>• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)</li> <li>• Onlays</li> <li>• Crown Repair</li> <li>• TMD (nonsurgical)</li> </ul>

## Ameritas Information

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

## Dental Network Information

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

## Pretreatment

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

## Late Entrant Provision

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

## Orthodontia Benefits

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

## Incentive Coinsurance

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

## Ameritas Dental Semi-Monthly Rates

<i>Insured</i>	<i>Semi-Monthly Rates</i>
Employee	Paid by County
Employee + 1 Dependent	\$7.44
Employee + 2 or more Dependents	\$17.82

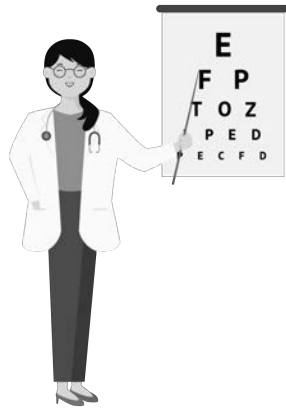


If you have any questions about the PPO or the plan, please call: Ameritas Group Claims Department at 1.800.487.5553  
For Claims/Customer Service call Ameritas: 1.800.776.9446 | Website: [www.ameritas.com](http://www.ameritas.com)

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



# Vision Plan



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### Superior Vision Semi-Monthly Rates

Insured	Exam & Materials	Materials Only
Employee Only	\$8.68	\$5.74
Employee + 1 Dependent	\$16.86	\$11.10
Employee + Family	\$29.34	\$19.04



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





# STAY WELL

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



# Short-Term Disability Plan



## *Class Description*

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

## *Disability*

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

## *Monthly Benefit*

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

## *Elimination Period*

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

## *Benefit Duration*

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

## *Basis of Coverage*

Off the job.

## *Maternity Coverage*

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

## *STD Pre-Existing Condition Exclusion*

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

## *Recurrent Disability*

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

## *Portability*

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

## *Annual Enrollment*

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

## *Exclusions and Limitations*

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

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

## AUL Short-Term Disability Semi-Monthly Rates

Benefit Duration  
13 weeks

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



Customer Service: 800-553-5318 | Disability Claims: 855-517-6365 | Fax: 844-287-9499  
Disability Claims Email: [Disability.Claims@oneamerica.com](mailto:Disability.Claims@oneamerica.com) | [www.employeebenefits.aul.com](http://www.employeebenefits.aul.com)



# Long-Term Disability Plan



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

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

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

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

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

**Minimum Monthly Benefit:** \$100

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

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

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

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

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

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

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

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

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

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

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

**Employee Contributions: 100% contributory**

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

### Additional Enhancements in this Contract

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

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

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

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

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

The LTD is age banded so the premium is based on salary and the rate for the employee's age band. The calculation is: monthly salary/100 x rate = monthly premium

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



AMERICAN UNITED LIFE  
INSURANCE COMPANY®  
a ONEAMERICA® company

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



# Term Life Plan



## Summary of Group Term Life Benefits

Forsyth County Government – Active, Full-time AAFT employee

### Am I Eligible For Coverage?

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

### When Does Coverage Become Effective?

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

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

### Do I Have To Provide Proof Of Good Health (EOI) To Enroll?

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

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

### When Will Coverage That Requires EOI Begin?

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

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

### What Is Life Coverage?

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

### How Much Coverage Does My Employer Provide?

#### Employer Paid – Term Life

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

### Can I Buy Coverage & How Much Will It Cost?

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

### Supplemental Life Coverage Amounts

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

### Guaranteed Issue Amounts

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

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

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



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

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

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

Dependent Coverage (monthly premium per Option elected):

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

## Reductions that apply to Life Insurance

Your basic life coverage will reduce as you age.

**Your coverage will reduce as follows:**

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

## Accelerated Death Benefit Provision

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

## Conversion

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

## Portability

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

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

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

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

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

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

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

## Funeral Planning & Concierge Services

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

## Additional Services

Use your smartphone to scan the QR code or visit <https://mymarkiii.com/forsythcountync/policy-information/> to learn more about The Hartford additional services including: Funeral Concierge Services, Estateguidance® Will Service, Beneficiary Assist® Counseling Services, and Travel Assistance & ID Theft Protection Services.



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

# Continuation of Benefits

## *If You Leave Employment*

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

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

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

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

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

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

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

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

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

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

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

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

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

# Contact Information

## *American United Life (AUL)*

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

## *Ameritas*

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

## *Cigna*

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

## *Flexible Benefit Administrators, Inc.*

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

## *Interactive Medical System (IMS) COBRA*

Phone: 1-800-426-8739 x 5342

## *Superior Vision*

Phone: 1-800-507-3800  
[www.superiorvision.com](http://www.superiorvision.com)

## *The Hartford*

Customer Service: 1-800-523-2233  
Conversion/Portability: 877-320-0487  
[www.thehartford.com](http://www.thehartford.com)





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

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



**211 Greenwich Road  
Charlotte, NC 28211**

**(800) 532-1044  
(704) 365-4280**