



July 1, 2019 – June 30, 2020

Employee Benefits Guide

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If you wish to add or make changes to your insurance coverage(s), please consult a Mark III Benefits Representative during your scheduled enrollment period. **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., marriage, divorce, birth of a child, etc.). If you should experience a qualified event, you have 30 days from the date of the event to make any changes.

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

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

Key Points to Remember

- The Plan Year for Forsyth County Government is July 1, 2019 - June 30, 2020
- Effective Dates: July 1, 2019
- Web Enrollment Dates: May 10th - May 31st, 2019
- Enroller Support: May 20th - May 22nd, 2019
- Payroll deductions for this year's enrollment will start:

	Pay Period	Deduction Date
Health, Dental, Vision and Life	6/1/19 - 6/14/19	6/21/19
STD and LTD	6/1/19 - 6/14/19	6/21/19
Flexible Spending Account	6/29/19 - 7/12/19	7/19/19

- Participants are required to have a prescription for Over-the-Counter (“OTC”) medicines to be eligible under their FSA plan.
- **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. Again, you must re-elect your Medical and Dependent Care Flexible Spending Accounts each year. These accounts do not automatically carry-over to the next year.
- Pre-taxed elections made during annual enrollment **cannot be changed once the enrollment period ends** unless you have a qualifying event such as marriage, divorce, death of a spouse or child, birth or adoption, termination of employment or change in employment hours from full-time to part-time or vice-versa.
- If you should have a qualifying event, you will have 30-days from the date of the qualifying event to request a change to your current benefit and medical and dependent care flexible spending account elections. The participant's election change must be consistent with the qualifying event. All requests must be made in writing to Forsyth County Human Resources Office.
- Expenses for the Medical and Dependent Care Flexible Spending Accounts must be incurred during the plan year to be eligible for reimbursement. You have a 90-day run-out period to remit receipts.
- Contributions are treated on a **“use it or lose it” basis**. If you do not incur expenses during the plan year for reimbursement, you will lose it. Therefore, the key to participation is to be conservative.
- Any questions regarding your Medical or Dependent Care Flexible Spending Account can be directed to www.mywealthcareonline.com/fba or you can call Customer Contact Center at 800-437-FLEX.
- Any questions regarding all other benefits can be directed to Forsyth County Human Resources at 336-703-2400.

Qualifying Life Events

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

Examples of QLEs

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



marriage



divorce



**childbirth/
adoption**



**death of a
family
member**



**loss of
parental
coverage**



**spouse gains or
loses coverage**



Hi, Forsyth County Employee!

I'm here to help guide you through the benefits offered by your employer. If you have any questions regarding your benefits, please feel free to contact me at:

Cindy Horton
(800) 532-1044 (toll-free)
(704) 365-4280 x 210
cindy@markiieeb.com

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

Pre-Tax

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

VS.

Post-Tax

A "post-tax basis" means that the money you pay towards the cost of coverage comes out of your salary after you pay taxes. You cannot drop coverage or make any changes 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.).

Pre-Tax Plans Offered:

- BCBS Medical
- FBA Medical Spending & Dependent Care Accounts
- Ameritas Dental
- Superior Vision

Post-Tax Plans Offered:

- AUL Short-Term Disability
- AUL Long-Term Disability
- Aetna Term Life

View Your Benefits

Find details about all of your benefits, download forms, submit claims, ask questions, and more at mymarkiii.com.



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

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

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



CORE BENEFITS

Medical, FSA,
Dental & Vision
options to keep you
and your family
healthy.

⚠ The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, www.bluecrossnc.com. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary or call 1-877-275-9787 to request a copy.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	In-Network- \$1,500 Individual/\$4,500 Family Total. Out-of-Network- \$2,250 Individual/\$6,750 Family Total. Doesn't apply to In-Network <u>preventive care</u> . <u>Coinsurance</u> and <u>copayments</u> do not apply to the deductible.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own <u>individual deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. <u>Preventive services</u> .	For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	In-Network- \$2,500 Individual/\$7,500 Family Total. Out-of-Network- \$4,250 Individual/\$12,750 Family Total.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the out-of-pocket limit?	<u>Premiums</u> , <u>balance-billed charges</u> , health care this <u>plan</u> doesn't cover and penalties for failure to obtain <u>pre-authorization</u> for services.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a network provider?	Yes. See www.bcbsnc.com/FindADoctor or call 1-877-275-9787 for a list of <u>network providers</u> .	This plan uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays (<u>balance billing</u>). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.

Do you need a referral to see a specialist? No. You can see the specialist you choose without a referral.

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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$30/visit	30% coinsurance	None
	Specialist visit	\$60/visit	30% coinsurance	None
	Preventive care/screening/immunization	No Charge	Not Covered	-You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services are <u>preventive</u> . Then check what your <u>plan</u> will pay for.- Limits may apply
If you have a test	Diagnostic test (x-ray, blood work)	20% coinsurance	30% coinsurance	None
	Imaging (CT/PET scans, MRIs)	20% coinsurance	30% coinsurance	None
	Tier 1 Drugs	\$5/prescription	\$5/prescription	- * See Prescription Drug section. - For Infertility dosage limits apply -
Tier 2 Drugs	\$45/prescription	\$45/prescription		

*For more information about limitations and exceptions, see plan or policy document at www.bluecrossnc.com

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.bcbsnc.com/rxinfo	Tier 3 Drugs	\$60/prescription	\$60/prescription	Minimum of \$50 in <u>coinsurance</u> but no more than \$100 for tier 4 drugs
	Tier 4 Drugs	25% <u>coinsurance</u> with min/max/prescription	25% <u>coinsurance</u>	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	30% <u>coinsurance</u>	None
	Physician/surgeon fees	20% <u>coinsurance</u>	30% <u>coinsurance</u>	None
If you need immediate medical attention	Emergency room care	\$250/visit	\$250/visit	None
	Emergency medical transportation	20% <u>coinsurance</u>	20% <u>coinsurance</u>	None
	Urgent care	\$60/visit	\$60/visit	None
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	30% <u>coinsurance</u>	-Prior review and certification of services may be required or services will not be covered
	Physician/surgeon fees	20% <u>coinsurance</u>	30% <u>coinsurance</u>	None
If you need mental health, behavioral	Outpatient services	\$30/office visit; 20% <u>coinsurance</u> / outpatient	30% <u>coinsurance</u>	-Prior review and certification of services may be required or services will not be covered

*For more information about limitations and exceptions, see [plan](http://www.bluecrossnc.com) or policy document at www.bluecrossnc.com

CGS

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
health, or substance abuse services	Inpatient services	20% coinsurance	30% coinsurance	-Prior review and certification of services may be required or services will not be covered
	Office visits	\$30/visit	30% coinsurance	-*See Family planning section. -Cost sharing does not apply for preventive services.
If you are pregnant	Childbirth/delivery professional services	20% coinsurance	30% coinsurance	-No coverage for maternity for dependent children.
	Childbirth/delivery facility services	20% coinsurance	30% coinsurance	-Precertification may be required
If you need help recovering or have other special health needs	Home health care	20% coinsurance	30% coinsurance	-Prior review and certification of services may be required or services will not be covered
	Rehabilitation services	20% coinsurance	30% coinsurance	-*See Therapies section -30 visits/benefit period includes PT/OT/Chiropractic Care. -30 visits/benefit period Speech Therapy - \$40,000 max/benefit period for Adaptive Behavior Treatment (18 and younger)
	Habilitation services	20% coinsurance	30% coinsurance	-Habilitation services are combined with the Rehabilitation service limits listed above.

*For more information about limitations and exceptions, see plan or policy document at www.bluecrossnc.com

CGS

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If your child needs dental or eye care	Skilled nursing care	20% coinsurance	30% coinsurance	-Coverage is limited to 60 days per benefit period. -Prior review and certification of services may be required or services will not be covered
	Durable medical equipment	20% coinsurance	30% coinsurance	-Prior review and certification of services may be required or services will not be covered -Limits may apply
	Hospice services	20% coinsurance	30% coinsurance	-Precertification may be required
	Children's eye exam	No Charge	Not Covered	-Limits may apply
	Children's glasses	Not Covered	Not Covered	Excluded Service
	Children's dental check-up	Not Covered	Not Covered	Excluded Service

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Hearing aids
- Weight loss programs
- Cosmetic surgery and services
- Long-term care, respite care, rest cures
- Dental care (Adult)
- Routine Foot Care

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Bariatric surgery
- Chiropractic care
- Infertility treatment

*For more information about limitations and exceptions, see plan or policy document at www.bluecrossnc.com

- Non-emergency care when traveling outside the U.S. (PPO). Coverage provided outside the United States. See www.bluecrossnc.com
- Private duty nursing
- Routine eye care (Adult)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact Blue Cross NC at 1-877-275-9787 or www.BlueConnectNC.com. You may also receive assistance from the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform, if applicable.

Does this plan provide Minimum Essential Coverage? Yes

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? Yes

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

Language Access Services:

Spanish (Español): Para obtener asistencia en español, llame al número que aparece al respaldo de su tarjeta del seguro.

Tagalog (Tagalog): Para matulungan sa Tagalog, tawagan ang numerong nasa likuran ng insurance card.

Chinese (中文): 如需國語或廣東話協助，請致電您保險卡背面的電話號碼。

Navajo (Dine): Diné bizaad bee shika'adoowof ninzingo kwoji' hóine', naaltssoos áhts'isi nantinígíí bine'déé' binámboo bikáá'.

-----To see examples of how this plan might cover costs for a sample medical situation, see the next section-----

*For more information about limitations and exceptions, see plan or policy document at www.bluecrossnc.com

About these Coverage Examples:



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

Peg is Having a Baby
(9 months of in-network prenatal care and a hospital delivery)

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

This EXAMPLE event includes services like:

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

Total Example Cost \$12,800

In this example, Peg would pay:

Cost Sharing	
Deductibles	\$1,500
Copayments	\$0
Coinsurance	\$1,200
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$2,800

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

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

This EXAMPLE event includes services like:

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

Total Example Cost \$7,400

In this example, Joe would pay:

Cost Sharing	
Deductibles	\$1,500
Copayments	\$500
Coinsurance	\$200
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Joe would pay is	\$2,300

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

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

This EXAMPLE event includes services like:

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

Total Example Cost \$1,900

In this example, Mia would pay:

Cost Sharing	
Deductibles	\$1,500
Copayments	\$200
Coinsurance	\$10
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,700

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

Non-Discrimination and Accessibility Notice

Discrimination is Against the Law

- Blue Cross and Blue Shield of North Carolina (“BCBSNC”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
- BCBSNC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

BCBSNC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages
- If you need these services, contact Customer Service **1-888-206-4697**, TTY and TDD, call **1-800-442-7028**.
- If you believe that BCBSNC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:
 - BCBSNC, PO Box 2291, Durham, NC 27702, Attention: Civil Rights Coordinator- Privacy, Ethics & Corporate Policy Office, Telephone **919-765-1663**, Fax **919-287-5613**, TTY **1-888-291-1783** civilrightscordinator@bcbsnc.com
- You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Civil Rights Coordinator - Privacy, Ethics & Corporate Policy Office is available to help you.
- You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 **1-800-368-1019, 800-537-7697** (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.
- This Notice and/or attachments may have important information about your application or coverage through BCBSNC. Look for key dates. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call Customer Service **1-888-206-4697**.

BCBS HEALTH PLAN SEMI-MONTHLY RATES

Employee Only	\$54.94
Employee Plus One	\$155.24
Family	\$313.77

**FOR CLAIMS OR CUSTOMER SERVICES QUESTIONS PLEASE CALL
BLUECROSS BLUESHIELD OF NORTH CAROLINA AT:
(877) 258-3334
www.bcbsnc.com**



Medical Spending & Dependent Care Accounts

Medical Reimbursement Plan Maximum: \$2,549.82

Medical Reimbursement Plan Minimum: \$260

Dependent Care Maximum: \$4,999.80

Run-out Period: 90-days

Get reimbursed for out-of-pocket healthcare and 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, 2019 and ends on June 30, 2020. 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.

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 check. 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

www.mywealthcareonline.com/fba 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.

THE HEALTH CARE ACCOUNT IS A PRE-FUNDED ACCOUNT

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

Contribution Limits: The minimum you may place in the account is \$260. The maximum you may place in this account for the Plan Year is \$2,549.82

HEALTHCARE 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 | • Surgery | • Mileage |
| • Prescription Eyeglasses/ Reading glasses/ Contact lens and supplies/ Eye Exams/ Laser Eye Surgery | • Dental/ Orthodontic Fees | • Take-home screening kits |
| • Physician | • Obstetrician | • Diabetic supplies |
| • Ambulance | • X-Rays | • Routine Physicals |
| • Psychiatrist | • Eye Exams | • Oxygen |
| • Psychologist | • Prescription Drugs | • Physical Therapy |
| • Anesthetist | • Artificial limbs & teeth | • Hearing aids and batteries |
| • Hospital | • Birth control pills, patches | • Medical equipment |
| • Chiropractor | • Orthopedic shoes/ inserts | |
| • Laboratory/ Diagnostic | • Therapeutic care for drug and alcohol addiction | |
| • Fertility Treatments | • Vaccinations & Immunizations | |

OVER-THE-COUNTER EXPENSES

Examples of medications and drugs that may be purchased in reasonable quantities with a prescription:

- | | |
|-------------------------------------|----------------------------|
| • Antacids | • First aid creams |
| • Pain relievers/aspirin | • Cough & cold medications |
| • Ointments & creams for joint pain | • Laxatives |
| • Allergy & sinus medication | • Anti-diarrhea medicine |



Medical Spending & Dependent Care Accounts

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

ELIGIBLE DAY CARE/AGED ADULT CARE EXPENSES

- Au Pair
- Nannies
- Before and After Care
- Day Camps
- Babysitters
- Daycare for an Elderly Dependent
- Daycare for a Disabled Dependent
- Nursery School
- Private Pre School
- 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 a Leave of Absence or Vacation.

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.

HOW THE FLEXIBLE BENEFIT PLAN WORKS

	Without Flex Benefits	With Flex Benefits
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
Taxable Income	\$ 2500.00	\$ 1940.00
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
Monthly Spendable Income	\$ 1248.75	\$ 1403.59

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!

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. Please see the Employee Guide for more info.

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 www.mywealthcareonline.com/fba 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.

BENEFITS CARD

The Benefit 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. Benefits Cards are available upon request of the account holder for dependents over the age of 18. Please keep all your itemized receipts. Flexible Benefit Administrators, Inc. may request documentation to substantiate Benefits Card transactions to determine eligibility of an expense. Please contact Flexible Benefit Administrators, Inc. to order additional cards.



P.O. Drawer 8188 • Virginia Beach, VA 23450 • Toll Free (800) 437-3539 • Phone (757) 340-4567 • Fax (757) 431-1155
www.flex-admin.com



Medical Spending & Dependent Care Accounts



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

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

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



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

- Get started by visiting www.mywealthcareonline.com/fba and click the new user link.
- You will be directed to the registration page.
- Follow the prompts to create your account.
 - User Name
 - Password
 - Name
 - Email Address
 - Employee ID (Your SSN, no spaces/dashes)
 - Registration ID
 - Employer ID (FBAFOR)
 - Your Benefits Card Number
- Once completed, please proceed to your account.

**Getting Started
is Easy!**

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



Dental Plan

Dental Plan Summary

Effective Date: 7/1/2019

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

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





Dental Plan

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.

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.

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.

SEMI-MONTHLY RATES

Employee (paid by the County)	Paid by County
Employee + 1 Dependent	\$7.44
Employee + 2 or more Dependents	\$17.82



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





Vision Plan

You may choose from two plans: Exam & Materials Plan, or Materials Only Plan

Benefits through Superior National Network



Exam & Materials Plan	
Co-Pays	
Exam	\$0
Materials ¹	\$15
Contact Lens Fitting	\$15
Semi-Monthly Premiums	
Emp. only	\$4.57
Emp. + 1 dependent	\$8.87
Emp. + family	\$15.44
Services/Frequency	
Exam	12 months
Frames	24 months
Contact Lens Fitting	12 months
Lenses	12 months
Contact Lenses	12 months

Materials Only Plan	
Co-Pays	
Exam	N/A
Materials ¹	\$15
Contact Lens Fitting	\$15
Semi-Monthly Premiums	
Emp. only	\$3.02
Emp. + 1 dependent	\$5.84
Emp. + family	\$10.02
Services/Frequency	
Exam	N/A
Frames	24 months
Contact Lens Fitting	12 months
Lenses	12 months
Contact Lenses	12 months

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

	In-Network	Out-of-Network
	N/A	N/A
	N/A	N/A
	\$150 retail allowance	Up to \$60
	Covered in full	Not covered
	\$50 retail allowance	Not covered
	Covered in full	Up to \$26
	Covered in full	Up to \$34
	Covered in full	Up to \$50
	See description ³	Up to \$50
	\$150 retail allowance	Up to \$100

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

¹ Materials co-pay applies to lenses and frames only, not contact lenses.

² 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.

³ 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.

⁴ Contact lenses are in lieu of eyeglass lenses and frames benefit.

Discount Features

Look for providers in the Provider Directory who accept discounts, as some do not; please verify their services and discounts (range from 10%-30%) prior to service as they vary.

Discounts on Covered Materials

Frames:	20% off amount over allowance
Lens options:	20% off retail
Progressives:	20% off amount over retail lined trifocal lens, including lens options
Specialty Contact Lens Fit:	10% off retail, then apply allowance

Maximum Member Out-of-Pocket

The following options have out-of-pocket maximums⁵ on standard (not premium, brand, or progressive) lenses.

	Single Vision	Bifocal & Trifocal
Scratch coat	\$13	\$13
Ultraviolet coat	\$15	\$15
Tints, solid or gradients	\$25	\$25
Anti-reflective coat	\$50	\$50
Polycarbonate	\$40	20% off retail
High index 1.6	\$55	20% off retail
Photochromics	\$80	20% off retail

⁵ Discounts and maximums may vary by lens type. Please check with your provider.

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



The Superior Vision Plan is underwritten by National Guardian Life Insurance Company. National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America, AKA The Guardian or Guardian Life

NVIGRP 5-07

0218-BSV2/NC

SUPERIOR VISION

See yourself healthy.



STAY WELL

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



Short-Term Disability Plan

Why do you need Disability Insurance? Consider this . . .

Statistics show you are much more likely to be injured in an accident than to die from one.

- A fatal injury occurs every 5 minutes, and a disabling injury occurs every 1.5 seconds.¹
- There is a death caused by a motor vehicle crash every 12 minutes; there is a disabling injury every 14 seconds.¹
- In the home, there is a fatal injury every 16 minutes and a disabling injury every 4 seconds.¹

While many people survive accidental injuries, many others live with serious illnesses.

- In the United States, men have a little less than a 1-in-2 lifetime risk of developing cancer; for women the risk is a little more than 1-in-3. The five-year relative survival rate for all cancers combined is 63%.²
- One in five males and females has some form of cardiovascular disease. High blood pressure is the most common form of cardiovascular disease.³
- More than 35 million Americans are now living with chronic lung diseases, such as asthma, emphysema, and chronic bronchitis.⁴

Advances in medicine are allowing us to live longer. However, recovery from a serious illness or injury often requires time away from work.

- In the last 20 years, deaths due to the big three (cancer, heart attack, and stroke) have gone down significantly. But disabilities due to those same three are up dramatically! Things that use to kill now disable.⁵

You have life insurance, home insurance, and automobile insurance. But is your income insured?

1 National Safety Council, Injury Facts, 2003 Edition

2 American Cancer Society, Cancer Facts & Figures 2004

3 American Heart Association, Heart Disease and Stroke Statistics – 2004 Update

4 American Lung Association, Lung Disease Data 2003

5 National Underwriter, May 2002





Short-Term Disability Plan

Class Description

All Full-Time 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 to **insure up to 70% of an Employee's covered basic monthly earnings to a maximum monthly benefit of \$2,000.**

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. The benefit duration is thirteen (13) weeks.

Basis of Coverage

Off the job coverage only.

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.

Annual Enrollment

Enrollees that did not elect coverage during their initial enrollment are eligible to sign up for \$500 to \$1000 monthly benefit without medical questions. Current participants 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.

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). Please refer to the Mark III web-site for a copy of your certificate or a claim form.





Short-Term Disability Plan

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 policy, the group policy will prevail.

AUL Short-Term Disability (Based on 24 deductions)

Benefit Duration: 13 Weeks

Monthly Benefit	Semi-Monthly Rates
\$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

1.800-553-5318

Disability Claims

American United Life Insurance Company / c/o Custom Disability Solutions

600 Sable Oaks Drive, Suite 200 / South Portland, ME 04106

Fax: 1-844-287-9499

OneAmerica.claims@customdisability.com

Toll Free Phone 1-855-517-6365

Website: www.employeebenefits.aul.com



AMERICAN UNITED LIFE
INSURANCE COMPANY®
a ONEAMERICA® company



Long-Term Disability Plan

Class Description:

All Full-Time Eligible Employees working a minimum of 30 hours per week, electing to participate in Voluntary Long Term Disability Insurance

Monthly Benefit:

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.

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.

Basis of Coverage

LTD does not cover on the job injuries or sickness due to employment for which benefits are payable by Workers Compensation.

Maximum Benefit Duration:

This is the length 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 Duration
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.





Long-Term Disability Plan

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 that did not elect the LTD coverage when first eligible must go thru medical underwriting.

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 benefit 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.

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.





Long-Term Disability Plan

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.





Long-Term Disability Plan

Rates (Age Banded)

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

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

Example:

For an employee, age 33, making \$3,000 monthly, the calculation is:
 $\$3,000/100 * \$0.35 = \$10.50$ a month.

Customer Service

1.800-553-5318

Disability Claims

American United Life Insurance Company / c/o Custom Disability Solutions
 600 Sable Oaks Drive, Suite 200 / South Portland, ME 04106
 Fax: 1-844-287-9499

OneAmerica.claims@customdisability.com

Toll Free Phone 1-855-517-6365

Website: www.employeebenefits.aul.com

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 discrep-



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Term Life Plans

**Forsyth County Government (# 737350) - Active,
Full-time AAFT employee**

Summary of Group Term Life Benefits

Your Group Life Insurance Benefits

Minding what matters most – the ones you love

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 my coverage begin?

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 known as Evidence of Insurability (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 Aetna approval. See page2 for more details.

When will coverage that requires (EOI) begin?*

Coverage will begin after Aetna approves your EOI. If your EOI is not approved, your coverage will be limited to any Guaranteed Issue amount that may apply.

* 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 and how much will it cost?

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

Life insurance plans/policies are offered and/or underwritten by Aetna Life Insurance Company (Aetna).

26.06.306.1_(08/2016)

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Term Life Plans

Forsyth County Government(# 737350) - Active, Full-time AAFT employee

Your Summary of Group Term Life Benefits

Supplemental Life Coverage

Available Coverage Amounts	
Your	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	
New Hire/Newly Eligible*	
Your	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. See page 1, or your policy documents, for more information.

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 75% of the original amount.

What additional features should I know about?

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.





Term Life Plans

Forsyth County Government (#737350)-Active, Full-time AAFT employee

Your Summary of Group Term Life Benefits

<p>Conversion If your coverage ends or is reduced, you can convert your Group Term Life policy to a Whole Life Policy.</p>	<p>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 Aetna. Whole life insurance is generally more expensive than term life insurance so a change in your premium may apply. You will have 31 days to convert your coverage without answering any medical questions.</p>
<p>Portability If your coverage ends, you can continue coverage as a Term Life Policy</p>	<p>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 Aetna. Term insurance is generally less expensive than Whole Life insurance but your rates will increase as you reach higher age bands. You will have 31 days to convert or apply for portability without answering any medical questions.</p>
<p>Aetna Life Essentials®</p>	<p>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: www.aetna.com/aetnalifeessentials</p>
<p>Funeral Planning and Concierge Services</p>	<p>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 1-800-913-8318 or visit www.everestfuneral.com/aetna (Create an ID by entering your e-mail address and the Enrollment Identification Code: AETNA0100.)</p>

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. Merrill Edge is available through Merrill Lynch, Pierce, Fenner & Smith Incorporated (MLPF&S), and consists of the Merrill Edge Advisory Center (investment guidance) and self-directed online investing. MLPF&S is a registered broker dealer, Member SIPC, and a wholly owned subsidiary of Bank of America Corporation. The Financial Services Program is independently offered and administered by MLPF&S. Aetna does not provide financial services and makes no representations or warranties as to the quality of the information or services provided by MLPF&S. The Legal Reference™ program is independently administered by ARAG® Services LLC. Aetna has provided its life insurance policyholders with access to Everest Funeral Planning and Concierge Services ("Services"), which are independently administered by Everest Funeral Package, LLC ("Everest"). Access to these Services is not insurance, may be discontinued at any time without notice, and is void where prohibited. Everest is solely responsible for furnishing these Services, and Aetna makes no guarantee or representations as to their quality or suitability. Policy form numbers issued in Idaho and Oklahoma include: **GR-9/GR-9N and/or GR-29/GR-29N**.

26.06.306.1_(08/2016)

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Term Life Plans

Non-Discrimination Notice

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance. If you need a qualified interpreter, written information in other formats, translation or other services, email TranslationsWSM@aetna.com.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),
1-800-648-7817, TTY: 711,
Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

Availability of Language Assistance Services

TTY: 711

For language assistance in your language email TranslationsWSM@aetna.com at no cost to you. (English)

Si necesita la asistencia de un representante que hable su idioma, envíenos un correo electrónico sin costo a TranslationsWSM@aetna.com. (Spanish)

如欲獲得以您的語言提供的語言協助，請寄送電子郵件至 TranslationsWSM@aetna.com，您無需付費。(Chinese)

Pour une assistance linguistique gratuite dans votre langue, écrivez à TranslationsWSM@aetna.com. (French)

Para sa tulong sa wikang sa inyong wikamag-email sa TranslationsWSM@aetna.com na wala kayong babayaran. (Tagalog)

Sprachliche Unterstützung in Ihrer Sprache können Sie kostenfrei erhalten, wenn Sie eine E-Mail senden an TranslationsWSM@aetna.com. (German)

للمساعدة على لغوية بلغتك، أرسل رسالة بريد إلكتروني على TranslationsWSM@aetna.com من دون تكلفة عليك. (Arabic)

Pou w ka jwenn asistans nan lang ou voye yon imel nan TranslationsWSM@aetna.com gratis. (French Creole)

Per assistenza linguistica nella sua lingua, invii un email a TranslationsWSM@aetna.com a costo zero. (Italian) 無料の日本語に

よる援助をご希望の場合、 TranslationsWSM@aetna.com まで電子メールでお知らせください。 (Japanese) 귀하가 구사하는

언어로 무료 도움을 받으려면 TranslationsWSM@aetna.com 으로 이메일을 보내 주십시오. (Korean)

بر دریافت تراکم و مایه‌ها رن به زبان خودتان، به روطه اریگان به رءاس TranslationsWSM@aetna.com ایمیل بفرستید. (Persian)

W celu otrzymania pomocy w swoim języku napisz e-mail na adres TranslationsWSM@aetna.com nieponosząc żadnych opłat. (Polish)

Para assistência linguística em seu idioma, envie um e-mail para TranslationsWSM@aetna.com sem nenhum custo para você. (Portuguese)

Попросить о помощи переводчика можно по электронной почте TranslationsWSM@aetna.com. Эта помощь предоставляется бесплатно. (Russian)

Để được trợ giúp ngôn ngữ bằng ngôn ngữ của quý vị, hãy gửi email đến địa chỉ TranslationsWSM@aetna.com miễn phí cho quý vị. (Vietnamese)

26.03.415.1(11/16)



aetna[®]

Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions

Peace of mind when you need it most

Funeral planning services

Offered through Aetna Life insurance

We are pleased to provide a unique, value-added service for our life insurance members — funeral planning and concierge services from Everest.



Who is Everest?

Everest gives you the information you need to make the best choices about funeral issues. They offer both **pre-planning** and **at-need** services at or near the time of need. Their online planning tools help you prepare for the future. At-need services include family support and pricing information. And Everest advisors are available by phone 24/7.

You're never locked into a decision because Everest's funeral advisory services can be used at any funeral home across North America. Everest works for you, not a funeral home. Everest does not sell funeral goods or services, nor do they receive money in return from funeral homes or other funeral service providers.

Everest advisors talk with the funeral home about your personal plan and costs, so that you and your family can help feel assured that you made the best choices during a stressful time.

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Getting started

To use Everest's online planning tools, visit www.everestfuneral.com/aetna and follow these steps:

- Click "Log On" to create a New User account.
- Enter your e-mail address and the Enrollment Identification Code: **AETNA0100**
- Your employer will provide details regarding eligible family members
- Complete your online profile
- Access "Planning Tools" at www.everestfuneral.com/aetna using your unique user name and password
- If you do not have access to a computer, advisors are available 24/7 by calling **1-800-913-8318**

Pre-planning services

24/7 advisor assistance

- To discuss funeral planning issues

PriceFinderSM custom reports

- The only nationwide database of funeral home prices
- Compare prices for funeral homes within your ZIP code or area that you select

Online planning tools and guides

- **My Personal History** — Record your information for when your family needs it most
- **10 Key Decisions** — A form to help you make the best choices
- **My Wishes** — List your personal wishes for your funeral plans

While you can't predict life's outcome, you can help prepare for it.

We provide our life insurance members access to programs and services that provide support throughout various stages of their lives.

Life insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna).

Aetna has provided its policyholders with access to Everest Funeral Planning and Concierge Services ("Services") which are independently administered by Everest Funeral Package, LLC ("Everest"). Access to these Services is not insurance, may be discontinued at any time without notice, and is void where prohibited. Everest is solely responsible for furnishing these Services and Aetna makes no guarantee or representations as to their quality or suitability. In no event will Aetna be responsible or liable for any acts or omissions by Everest and its agents, employees or representatives in connection with the Services provided. Life insurance plans contain exclusions and limitations. This material is for information only and is not an offer or invitation to contract. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to www.aetna.com.

Policy forms issued in Oklahoma include: GR-9/GR-9N and/or GR-29/GR-29N.

www.aetna.com

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At-need services

Family support

- Everest advisors are available 24/7 throughout the funeral process
- Advisors will talk with the funeral home about your Personal Funeral Plan on your behalf

Pricing assistance


- Pricing information is given to the family in an easy-to-read format
- Advisors will help the family compare prices of all funeral-related services and talk with local funeral homes to agree on pricing

Protection for personal data

You'll have access to TenzingTM, an online data storage system for protecting, storing, updating and accessing your personal information.

- Store financial records, user names and passwords, estate plans, memberships, photos and other important personal documents
- Online access to your most valuable information while protecting against unauthorized access to personal data

The Aetna logo consists of the word "aetna" in a lowercase, sans-serif font. The letters are bold and closely spaced. A registered trademark symbol (®) is located at the top right of the letter "a".



Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions

aetna

Services that fit every stage of your life

Aetna Life EssentialsSM Program

With your Aetna Life Insurance coverage, you aren't just offering financial protection for your loved ones. You also get access to tools and services to use today for a healthy, fulfilling life. This is what Aetna Life Essentials is all about.

Support for your emotional and daily needs

Care Advocacy Program with social work services

You have access to a master's-level social worker who is able to assist if you:

- Are permanently and totally disabled
- Are terminally ill and are applying or have been approved for an accelerated death benefit
- Have an injury that has resulted in a loss covered by the accidental death and personal loss coverage benefit

Through this program, you can get access to:

- Education about coverage
- Referrals to local and national programs that may provide housing, food, prescription and financial assistance, emotional support and referrals to behavioral health services
- Experience with members dealing with advanced illness, including those who use Medicare

Want to learn more? Call us at **1-800-276-5120**.

End-of-life support

You can use the Aetna Compassionate CareSM program to be better prepared during this challenging time. You can find:

- Advice on how to start talking about end-of-life issues
- End-of-life care information
- Printable checklists that help you manage your estate

Need more information? Visit us at

www.aetnacompassionatecare.com.

Grief counseling

We're here when you need to talk. You and your family members can speak with an Aetna Behavioral Health representative. You get three telephone bereavement or grief counseling sessions as part of your life coverage.

Need to talk? Call us at **1-800-806-8891**.

Legal and financial services help estate planning

Legal services

With the Legal Reference™ program, you and your spouse can get free access to estate planning services. Plus, you get two will-preparation sessions a year. One for you and one for your spouse or domestic partner. Services include:

- Living wills
- Health care directives
- Durable financial power of attorney

Do you have an approved accelerated death benefit claim? If so, you get the above legal services and can meet in an attorney's office. You also get help with:

- Uncontested guardianship documentation
- Tax planning
- Wills

Want to learn more? Call us at **1-888-257-2934**. Or visit us at **www.ichooselegal.com**.

Financial services

You can receive financial counseling and planning. It's available to you whether you're an active employee, retiree, terminated employee having ported coverage or a beneficiary of a deceased life member.

More than life insurance coverage.
It's your essentials for various stages of life. To learn more, visit **www.aetnalifeessentials.com**.

Savings for healthy living

The Aetna Discount Program

Save money on what matters most to you — because it's your health, your wellness and your life. You can get discounts on products and services such as:

- At home products
- Books
- Fitness
- Hearing
- Natural products and services
- Oral health care
- Vision
- Weight management

Get help at the time you need it most

Funeral planning services

You can access information and tools to prepare and manage all issues surrounding a funeral through our partner, Everest Funeral Planning and Concierge Services, LLC. You can access Everest to help preplan arrangements, or use them at your time of need.

There is no additional cost for these services:

- 24/7 advisory assistance: Immediate help with all aspects of planning a funeral.
- Price comparisons: Everest will research funeral home costs in your area to help you make a decision.
- Price negotiations: Everest will help negotiate with your chosen funeral home to help you get your needs met at the best available price.
- Help coordinate paying claims: Everest will help get funeral expenses paid from the life insurance payment so that your family does not have to worry about the financial and claims process.

You can talk to an adviser any time of day or night at **1-800-913-8318**. Or you can visit

www.everestfuneral.com/aetna. Use the Enrollment Identification Code: **Aetna0100**

Life insurance policies are offered and underwritten by Aetna Life Insurance Company (Aetna).

Legal Reference Program services independently offered and administered by ARAG North America (ARAG). Aetna does not participate in attorney selection or review, and does not monitor ARAG services, content or network.

Merrill Edge is available through Merrill Lynch, Pierce, Fenner & Smith Incorporated (MLPF&S), and consists of the Merrill Edge Advisory Center (investment guidance) and self-directed online investing. MLPF&S is a registered broker dealer, Member SIPC, and a wholly owned subsidiary of Bank of America Corporation. The Financial Services Program is independently offered and administered by MLPF&S. Aetna does not provide financial services and makes no representations or warranties as to the quality of the information or services provided by MLPF&S.

Not all health and/or life services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Discount offers provide access to discounted services and are not part of an insured plan or policy. The member is responsible for the full cost of the discounted services. Aetna may receive a percentage of the fee paid to a discount vendor. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to **www.aetna.com**.

Policy forms issued in Oklahoma include: GR-9 and/or GR-9N, GR-29 and/or GR-29N.

www.aetna.com

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26.03.476.1-WC (8/16)



The Legal Reference™ Program

Estate Planning Documents offered FREE for you and your spouse.

What is estate planning?

Estate planning is the process of setting up legally valid instructions to carry out your wishes if you become disabled or you die.

Estate planning is no longer just for the wealthy.

In today's world, you should consider an estate plan if:

- You are the parent of minor children
- You own property
- You want to have a say in your healthcare treatment

Estate planning just got easier and less expensive for you.

We're offering you an important program – The Legal Reference™ Program – that allows you to easily and affordably complete several essential estate planning documents:



Brought to you by ARAG®
a leading legal services provider

Simply visit www.iChooseLegal.com for these FREE documents

- **Simple Will** - Make basic decisions about how you want to distribute your assets.
- **Living Will** - Ease the burden on your family by creating a living will that states the kind of care you wish.
- **Healthcare Power of Attorney** - Grant someone permission to make medical decisions on your behalf if you're unable.
- **Financial Power of Attorney** - Grant someone permission to make financial decisions on your behalf if you're unable.

Plus, you'll find FREE Information at iChooseLegal.com

- Educational information on Estate Planning
- Legal research tools
- Information on Identity Theft and a downloadable Victim Action Kit



***Protects Your Family,
Finances and Future***

www.iChooseLegal.com

The Legal Reference™ Program

Estate Planning Q & A

Why is a Will Important?

Without a valid Will you cannot control who will inherit your property upon your death. Should you die intestate (without a Will), your property will be distributed according to state law, which may be inconsistent with your personal wishes. Moreover, a part of your estate may go to the state instead of to family or other loved ones.

With a Will you can determine precisely who will inherit your property. Equally important, you can designate who will administer your estate and who will act as guardian for your minor children should they be without a surviving parent.

Who should make a Will?

Every adult should have an up-to-date last Will and testament.

What is a Living Will?

A Living Will is a written document that contains a person's wishes regarding the use of extraordinary life-support or other life-sustaining medical treatment when the person's condition is medically without hope of recovery or death is imminent.

Why should I create a Living Will?

A Living Will can ease the burden on family members by letting them know your wishes regarding life support in the event you cannot speak for yourself. Creating a document that states the type of care you desire may help eliminate undue stress, even legal action, between loved ones who may be faced with decisions regarding your care.

What is a Healthcare Power of Attorney?

A Healthcare Power of Attorney is a legal document you can create to grant someone permission to make medical decisions for you if you are unable to make those decisions yourself. The person you name to represent you may be called an agent, attorney-in-fact, healthcare proxy, patient advocate, or something similar, depending on where you live.

Why should I create a Healthcare Power of Attorney?

A Healthcare Power of Attorney allows you to determine who will make the important decisions in your life in the event you are unable mentally or physically to make them for yourself.

What is a Financial Power of Attorney?

A Financial Power of Attorney is a legal document you can create to grant someone permission to make financial decisions for you if you are unable to make those decisions yourself.

www.iChooseLegal.com

Toll-free Customer Care: 888-257-2934

7:00 a.m. – 7:00 p.m. Central time

Available to Aetna Group Insurance members through arrangement with **Aetna Life Insurance Company**.

The Legal Reference™ Program is available to Aetna plan sponsor employees first and cannot be used by a spouse against the covered employee.

The Legal Reference Program is independently offered and administered by ARAG®. Aetna does not provide legal services and makes no representations or warranties as to the quality of the information on the ARAG web site.

Insurance products are underwritten by ARAG Insurance Company of Des Moines, Iowa, GuideOne® Mutual Insurance Company of West Des Moines, Iowa or Guide One Specialty Mutual Insurance Company of West Des Moines, Iowa. Additional services may be provided by ARAG LLC, ARAG Services LLC or Advisory Communication Systems, Inc. Some products are only available through membership in the ARAG Association LC.

Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions

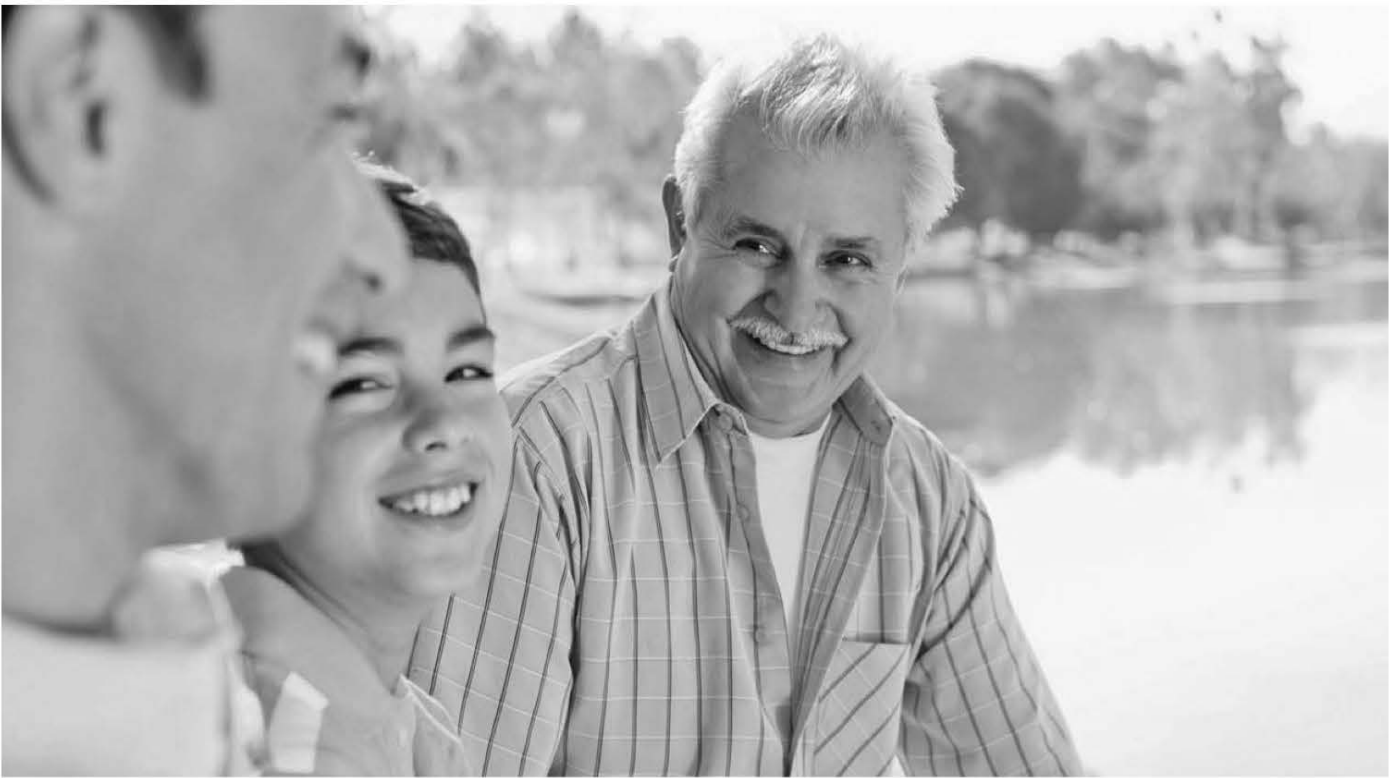
aetna[®]

A life insurance plan that offers conversion or portability **It's your choice**



**This guide will help you make the right
choice for yourself and your family.**

26.03.349.1 A (1/14)



Your group life insurance coverage helps provide important financial protection, but ...

If that help ends, can you continue your coverage? Yes. Here's how:

You can convert your coverage to an individual policy. Or you can take it with you as another group life term policy. When you understand these options, you can make an informed decision.

Conversion*

Current coverage **converts** to an Aetna Individual Whole Life policy.

- Your new policy remains in effect as long as you live if you continue to pay your premiums.
- You will not have to answer any medical questions.
- Your premium, based on your age when your policy is issued, will never change.

When your whole life policy begins to mature and earn a **cash value**:

- You can borrow against this cash value if you need a loan
- You can cancel your coverage by surrendering your policy without a claim (you'll receive a sum that's equivalent to what the policy is worth at that time**)

Portability***

You can **continue** (or port) your current group term coverage, but on an individual basis.

- Pay premiums directly to Aetna instead of having them deducted from your payroll.
- Your premium amount (determined by your age at the time you elect to port your coverage) will change as you age.
- You can't borrow against this coverage, and there is no cash surrender value if you cancel your coverage.

*Important note for residents of New York and West Virginia: If you choose conversion, you may elect to defer your whole life option for up to one year and purchase term insurance. After one year, this term life insurance will automatically convert to a whole life policy.

**You may wish to consult with a tax adviser as to the proper tax treatment.

***Important note for people who are covered under a Minnesota group policy: The state of Minnesota does not allow portability. However, your coverage may be continued for up to 18 months as required by Minnesota law. Ask your employer for details.

Now let's take a more detailed look at your options

Question	Conversion	Portability
Will I receive a new policy from Aetna?	If you convert your coverage, we'll mail your whole life policy to the address you provided. Please keep this policy in a safe place in case you need to make a claim.	If you port your coverage, your existing Certificate of Coverage will remain in effect. Please keep this certificate in a safe place in case you need to make a claim. If you don't have a copy of this certificate, please ask your employer to give you one.
How much life insurance can I convert or port?	<ul style="list-style-type: none"> • If your employment ends, you can convert the full amount of coverage you had on the date your employment ended. • If your coverage is reduced due to age or retirement, you can convert the amount of coverage you are losing. • If your policy is cancelled, you can convert a maximum of \$10,000 per person, minus any amount of group insurance you become eligible for within 31 days of your coverage end date. 	<p>If your employment ends, you can port the amount of coverage you had on the date your employment ended, up to the following limits:</p> <ul style="list-style-type: none"> • Employee — \$500,000[†] • Spouse — \$100,000[†] • Child — \$5,000[†]
Who can I cover?	You can continue to cover yourself and any family members who are listed as dependents when your coverage ends.	You can continue to cover yourself and any family members who are listed as dependents when your coverage ends.
Can I convert or port just my dependent coverage?	Yes.	No. If you want to port your dependent's life insurance coverage, you must also port your own coverage.
Can I convert or port my coverage if I get divorced or my marriage is annulled?	Yes. If your life insurance coverage ends because of divorce or annulment, you or your former spouse will be eligible to convert the coverage that is ending.	No. You cannot port your former spouse's coverage if it ends due to divorce or annulment.
If I was away from active work due to an illness or injury when my coverage ended, can I convert or port my coverage?	Yes.	No.
Is there a minimum amount that I must convert or port?	Yes: \$1,000	<p>Yes:</p> <ul style="list-style-type: none"> • Employee — \$5,000 • Spouse — \$1,000 • Child — \$1,000
Will the coverage ever reduce?	No.	<p>Yes:</p> <ul style="list-style-type: none"> • At age 65, coverage will reduce by 35%. • At age 70, it will reduce by 60%. • At age 75, it will reduce by 75%, but not to an amount less than \$5,000.
When will coverage end?	As long as premiums are paid, your coverage will have no end date and will not expire.	<p>Coverage will end on the first anniversary of your port date after you or your spouse reaches age 99.</p> <p>For any covered children, coverage will end on the first anniversary of your port date after they reach the child-limiting age that is shown on your Certificate of Coverage.</p>

[†]Amounts of life insurance in excess of these limits are eligible for conversion.



Question	Conversion	Portability
Will I need to answer any medical questions?	No.	No.
Does the policy contain any exclusions?	Yes. There is a two-year exclusion for suicide. However, you will receive credit toward the two-year period for the period of time that you were covered under your original group policy.	If your Certificate of Coverage includes a two-year suicide exclusion, it will only apply in a ported situation for the period of time that remains once ported coverage has been elected.
Does the life insurance benefit contain an accelerated death provision?	No.	Although the Certificate of Coverage may contain an accelerated death benefit provision, it does not apply after you have ported your coverage.
Does the life insurance benefit contain a disability provision?	No.	Maybe. If your Certificate of Coverage includes a premium waiver provision, you can apply for a premium waiver extension. If you meet all of the qualifying conditions, your coverage will continue while you are disabled, with no payments required. If your Certificate of Coverage does not include a premium waiver provision, you must continue to pay for your coverage if you become disabled.
Does the coverage include protection for losses that result from an accident?	Maybe. If you had accidental death and personal loss coverage on the day before you became eligible to convert your coverage, you can purchase an accidental death and dismemberment (AD&D) rider (in an amount equal to the life insurance you're converting) that pays additional benefits if you suffer a covered loss that results from an accident.	Maybe. If you had accidental death and personal loss coverage on the day before you became eligible to port your coverage, you can purchase an accidental death (AD) rider (in an amount equal to the life insurance you're porting) that pays additional benefits if you suffer a covered loss that results from an accident.
If I purchase the AD&D rider or the AD rider, will it end at a specific age?	No. The AD&D coverage will remain in effect until your date of death, provided the premium for the AD&D rider is paid.	Yes. The AD rider will terminate when you or your covered spouse reaches age 70.
When should I make my decision to convert or port my coverage?	Now. This decision is simply too important to put off and you have only 31 days to decide from the date you become eligible for conversion.	Now. This decision is simply too important to put off and you have only 31 days to decide from the date you become eligible for portability.

Conversion or portability?

It's your choice. Make it an informed decision ... for your sake and your family's.

To learn more, call toll-free **1-877-503-3448**, Monday – Friday from 9 a.m. – 7 p.m. ET.

Life insurance policies are offered, underwritten and/or administered by Aetna Life Insurance Company (Aetna).

This material is for information only. Life insurance plans/policies contain exclusions and limitations. Specific features of life insurance plans vary, depending on employers and states. Exclusions and limitations apply. See policy or plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to www.aetna.com.

www.aetna.com

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Continuation of Benefits

If you leave employment

FBA, Medical & Dependent Care Reimbursement Accounts

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 (FBA) at 800-437-FLEX.

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 800-426-8739 ext: 5342.

AUL Short-Term & Long-Term Disability Plan

months for LTD, 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.

Aetna 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.



Contact Information

Aetna Health

Conversion/Portability

877-503-3448

www.aetna.com

Ameritas Dental

800-776-9446

www.ameritasgroup.com

American United Life (AUL)One America

Customer Service

800-553-5318

Blue Cross Blue Shield

877-258-3334

Flexible Benefit Administrators

800-437-3539

www.flex-admin.com

Interactive Medical System (IMS) COBRA

800-426-8739 x 5342

Superior Vision

800-507-3800

www.superiorvision.com





View additional benefits information
or download forms at:
mymarkiii.com

Arranged and Enrolled by Mark III Brokerage, Inc.



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