



# Pulaski County Virginia

## 2025 - 2026 Benefits Guide







# GETTING STARTED

## 2025-2026 BENEFITS

July 1, 2025 through  
June 30, 2026

Whether you're enrolling in benefits for the first time, nearing retirement, or somewhere in between, Pulaski County Government and Schools supports you with benefit programs and resources to help you thrive today and prepare for tomorrow.

## MEDICARE PART D NOTICE

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the *Important Notices* section for more details.

This guide provides an overview of your healthcare coverage, dental, vision, supplemental voluntary benefits, and more.

You'll find tips to help you understand your medical coverage, save time and money on healthcare, reduce taxes, and balance your work and home life. Review the coverage and tools available to you to make the most of your benefit package.



# WHO IS ELIGIBLE FOR BENEFITS?

## Employees

- All Full Time Employees working 30 hours or more.
- All Part Time Employees working at least 30 hours

## Eligible Dependents

**A legally married spouse is eligible for coverage if he/she does NOT have access to minimum essential coverage, that their employer contributes to, at their place of employment.**

**To cover an eligible spouse, an Affidavit will need to be completed and returned to HR by the end of open enrollment or within new hire eligibility.**

- Natural, adopted or stepchildren up to age 26. Domestic partner's child(ren) are not eligible.
- Children over age 26 who are disabled and depend on you for support.
- Children named in a Qualified Medical Child Support Order (QMCSO).



## Deductions

- Deductions for Anthem Medical and Delta Dental will begin in **June 2025**.
- Deductions for EyeMed, Health Savings Accounts, Flexible Spending Accounts, Colonial Life Supplemental Insurance, Mass Mutual Whole Life and AirMed will begin in **July 2025**.

## When Can You Enroll

You can enroll in benefits each year during Open Enrollment or as a new hire.

New hire coverage is based on hire date per below:

- If you are hired between the 1st - 15th, your coverage begins the first day of the next month.
- If you are hired between the 16th and last day of the month, your coverage begins the first of the month following 30 days.

If you miss the enrollment deadline, you'll need to wait until the next open enrollment (the one time each year that you can make changes to your benefits for any reason).

# ENROLLING FOR BENEFITS



## Next steps Annual Open Enrollment will be April 28- May 9, 2025



- During Open Enrollment, benefits counselors will be onsite for group and one-on-one individual meetings to review all of the benefits offered to you.
- During your meeting they will collect your annual Proof-of-Offer for the 2025 - 2026 plan year, and enroll you in the complimentary LawAssure Program. This cannot be self-enrolled.
- If you are unable to meet with a benefits counselor when they are onsite, you can scan the QR code to schedule a phone call or shared-screen appointment.



To review your benefits:  
From a computer or phone browser, go to  
[www.employee navigator.com](http://www.employee navigator.com)

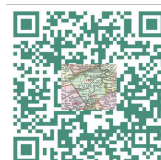
Step 2: Click "Register as New User" or  
"Login" if you are a returning user  
Step 3: Verify Your Account by entering:

- First and Last Name
- Last four of your SSN
- Date of Birth
- Company Identifier:
  - Pulaski County - PULCOU
  - Pulaski PSA - PCPSA
  - Pulaski DSS - PCDOSS
  - Pulaski School Board - PCSB

Taking the time to meet with a benefits counselor is strongly encouraged. During your brief meeting they will educate you on all benefits AND you will receive a LawAssure membership for free when you do!

## Before you enroll

- Know the date of birth, social security number, and address for each dependent you will cover.
- Update Beneficiary information
- File annual health screening benefits - bring exam dates to your meeting.
- Review your enrollment materials to understand your benefit options and costs for the coming year.



Find out more about all of your benefit options.  
Scan or click QR code

# Personalized Enrollment Support

We've made it easy...review your options with a professional



## BENEFITS EDUCATION

During Open Enrollment, or as you become newly eligible, please familiarize yourself with the benefits that Pulaski County Government & Schools offers you. This guide outlines all of your benefit options. You can also scan this QR Code to access your Benefits Learning website.



**Please schedule a meeting with a benefits counselor today!**  
**Scan QR code or the link in the text**

**[Click here to schedule your 1-on-1 session!](#)**



## PERSONALIZED SUPPORT

All Pulaski County Government & Schools' employees have access to benefit counseling support. Colonial Life Benefits Counselors are available to assist you throughout your enrollment process.

During Open Enrollment, representatives will be onsite to meet with you. At any time throughout the year, you can schedule an appointment by scanning the QR code and selecting a convenient time.



## FLEXIBLE ENROLLMENT

- In-person
- Telephonic
- Virtual through co-browsing & video chat
- Online self service



Scan to see enrollment video

Employees who speak to a rep while they are onsite, or virtually via the scheduler, will be enrolled in LawAssure - a free legal document service.

**Enrollment in benefits is not required.**  
**Visit with a rep today - can not self-enroll**



## HAVE QUESTIONS ABOUT YOUR BENEFITS?



CONTACT YOUR  
INNOVATIVE INSURANCE  
GROUP BENEFITS  
ADVOCATE TODAY



## Get help from a Benefits Advocate

- Are you getting married and not sure how and when to add your new spouse to your plan?
- Is your stepchild eligible for your healthcare plan?
- Not sure how do find a doctor or dentist?

A Benefit Advocate can help answer these questions and more. Benefit Advocates are trained benefits experts who can help you understand and use your healthcare and other coverage. Contact your Benefit Advocate for issues such as:

- General benefit questions
- Eligibility and coverage
- Finding a network provider
- Health care claim or billing issues, when warranted
- Coverage changes due to life events (marriage, new child, divorce, etc.)

### Phone

888.676.9496

### Email

[customerservice@thinkinnovative.net](mailto:customerservice@thinkinnovative.net)

### Hours

Monday – Friday

8 AM – 5 PM EST

# CHANGING YOUR BENEFITS

Outside of open enrollment, you may be able to enroll or make changes to your benefit elections if you have a big change in your life, including:

Once a family status change has occurred, an employee has 30 days to request a change in elections.

Please contact your HR Department and provide written documentation for approval.

- Change in legal marital status
- Change in number of dependents or dependent eligibility status
- Change in employment status that affects eligibility for you, your spouse, or dependent child(ren)
- Change in residence that affects access to network providers
- Change in your health coverage or your spouse's coverage due to your spouse's employment
- Change in an individual's eligibility for Medicare or Medicaid
- "Special enrollment event" under the Health Insurance
- Court order requiring coverage for your child
- Health Insurance Portability and Accountability Act (HIPAA), including a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan
- Event allowed under the Children's Health Insurance
- Program (CHIP) Reauthorization Act (you have 60 days to request enrollment due to events allowed under CHIP)



# FY 2026 MONTHLY HEALTH, DENTAL, VISION, EMPLOYEE, RETIREE AND COBRA INSURANCE PREMIUMS

## PULASKI COUNTY GOVERNMENT

ANTHEM HEALTH INSURANCE					
KeyCare HSA	EMPLOYEE PREMIUM	EMPLOYER PREMIUM	TOTAL & RETIREE PREMIUM	"HSA" DEPOSIT	HEALTH PLAN DEDUCTIBLE
EE Only	\$55	\$810	\$865	\$1,380	\$1,650
EE + child(ren)	\$270	\$1,505	\$1,775	\$2,755	\$3,300
EE + spouse	\$280	\$1,510	\$1,790	\$2,755	\$3,300
Family	\$458	\$2,092	\$2,550	\$2,755	\$3,300

\*This plan has a NON-EMBEDDED deductible. All plan members must reach the total deductible before the plan begins paying at 80%. OOP Maximum \$4,075 Individual / \$8,150 Family.

KeyCare Plus	EMPLOYEE PREMIUM	EMPLOYER PREMIUM	TOTAL & RETIREE PREMIUM	"HSA" DEPOSIT	HEALTH PLAN DEDUCTIBLE
EE Only	\$190	\$860	\$1,050	N/A	\$0
EE + child(ren)	\$510	\$1,639	\$2,149	N/A	\$0
EE + spouse	\$525	\$1,645	\$2,170	N/A	\$0
Family	\$895	\$2,055	\$2,950	N/A	\$0

TIER	COBRA PREMIUMS (+2% ADMIN FEE)			COBRA PREMIUMS (+2% ADMIN FEE)		
	CHOICE PPO	DENTAL	TOTAL	HSA PLAN	DENTAL	TOTAL
EE Only	\$1,071	\$28	\$1,099	\$882	\$28	\$910
EE + child(ren)	\$2,192	\$65	\$2,257	\$1,811	\$65	\$1,876
EE + spouse	\$2,213	\$63	\$2,277	\$1,826	\$63	\$1,889
Family	\$3,009	\$106	\$3,115	\$2,601	\$106	\$2,707

DELTA DENTAL INSURANCE			
	EMPLOYEE PREMIUM	EMPLOYER PREMIUM	TOTAL & RETIREE PREMIUM
Delta Dental PPO Plus Premier			
EE Only	\$6	\$21	\$27
EE + child(ren)	\$13	\$51	\$64
EE + spouse	\$13	\$49	\$62
Family	\$22	\$82	\$104

EYEMED VISION INSURANCE	
Enhanced Plan - Voluntary	
EE Only	\$8.21
EE + Spouse	\$15.84
EE + Children	\$16.60
Family	\$25.57





# MEDICAL

## OUR PLANS

### Anthem

KeyCare Plus - 20 / 20% / \$2,500

KeyCare HSA - 1650NE / 20% / \$4,075

## WHICH PLAN IS RIGHT FOR YOU?

That depends on your healthcare needs, favorite doctors, and budget. Here are some considerations.

### What are your usual healthcare needs?

Do you have frequent doctor or urgent care visits? Do you have a condition that requires a specialist? Do you take prescription medications? Compare how each plan covers the services you need most often.



## 2025-2026 Anthem Plan Options

Plan		<b>KeyCare Plus</b> 20 / 20% / 2500	<b>KeyCare HSA</b> 1650NE / 20% / 4075
<b>In-Network</b>	Annual Deductible (Ind/Fam)	\$0 / \$0	\$1,650 / \$3,300
	Embedded or Non-Embedded		Non-Embedded
	Annual Out-of-Pocket Maximum (Ind/Fam)	\$2,500 / \$5,000	\$4,075 / \$8,150
	Coinsurance	20% Employee	20% Employee
	Preventive Care	Covered 100%	Covered 100%
	Office Visits (PCP/Specialist)	\$20 copay / \$40 copay	Deductible + 20%
	Telemedicine (Live Health Online)	No Charge	No Charge (after deductible is met)
	Diagnostic Labs/Xrays (In Office)	Labs- No charge/ X Rays 20% Coinsurance	Deductible + 20%
	Advanced Diagnostics (MRI, CAT, PET, etc.)	20% Coinsurance	Deductible + 20%
	Urgent Care	\$40 copay	Deductible + 20%
	Emergency Room	\$250 copay per visit	Deductible + 20%
	Inpatient Hospital	\$300 copay per day to a maximum of \$1,500 per admission	Deductible + 20%
	Outpatient Hospital	\$300 copay	Deductible + 20%
	Mental Health & Substance Abuse	\$20 Copay per visit	Deductible + 20%
	Hospice Care	20% Coinsurance	Deductible + 20%
	Physical, Occupational, & Speech Therapy	\$20 Copay, limited to combined 30 visits	Deductible + 20%, limited to combined 30 visits
	Spinal Manipulation	\$20 Copay, limited to 30 visits per benefit period	Deductible + 20%, limited to 30 visits per benefit period
	Adult Vision Exam	\$15 copay, limited to 1 visit	\$15 copay, limited to 1 visit
	<b>Prescription Drugs</b>		
	Deductible	Not applicable	Combined with In-Network medical deductible
	Out-of-Pocket Maximum	Combined with In-Network medical out-of-pocket limit	Combined with In-Network medical out-of-pocket limit
	Retail Copays (30 Day Supply)	\$10 / \$30 / \$50 / \$50 w/ Preventive RX Enhanced @ 100%	\$10 / \$30 / \$50 / \$50 w/ Preventive RX Enhanced @100%
	Mail Order Copays (90 Day Supply)	\$10/\$60/\$150	\$10 / \$60 / N/A / N/A
<b>Out of Network</b>	Deductible (Ind./Fam)	\$750 / \$1,500	\$1650 / \$3,200
	Coinsurance	30% Employee	40% Employee
	Out-of-Pocket Maximum (Ind/Fam)	\$3,750 / \$7,500	\$10,000 / \$20,000

**\*For Illustrative Purposes Only - please refer the plan summary or summary of benefits for full description of benefits.\***

# Access virtual care and support through our Sydney Health mobile app

When you aren't feeling your best—physically, mentally, or emotionally—or you need guidance managing a health condition, help is available. You can connect to the care you need using our **Sydneysm Health** mobile app. You can have a video visit with a doctor 24/7 for common health issues and annual wellness visits. Care for mental and emotional health is available by appointment. <sup>1</sup>Plus, the Sydney Health app is your avenue to specialized programs designed to help you improve your habits and your health.



## Visit with a doctor for common medical concerns

Doctors are available anytime, with no long wait times and no appointments needed. They can help you with health issues, such as a cold or the flu, allergies, sore throat, migraines, or skin rashes. During your private and secure video visit, the doctor will assess your condition, provide a treatment plan, and send prescriptions to the pharmacy of your choice, if needed. <sup>3</sup>



## Receive care for your behavioral health

If you're feeling anxious or depressed, or having trouble coping, you can set up a video visit with a therapist, psychologist, or psychiatrist. <sup>4</sup> Appointments can be scheduled within one to two weeks. <sup>1</sup> Psychiatrists help manage medications; they do not provide counseling or talk therapy. <sup>5</sup>

## What people say about virtual care visits<sup>2</sup>

**92%** were able to book a virtual visit

**89%** said the doctor they saw

**92%** thought the doctor visit sooner than an in-person was professional and helpful understood their concerns

## How to download our Sydney Health app:

Scan the QR code with your phone's camera.



# PreventiveRx Plus Drug List PreventiveRx Plus Plan (National)

Preventative RX covers drugs that may keep you healthy because they may prevent illness and other health conditions. You can get the products on this list as little to no cost to you depending on your benefit. This list includes only prescription products. Brand-name drugs are listed with a first capital letter. Non-brand drugs (generics) are in lowercase.

Most brand-name drugs that have a generic equivalent available are not covered under this PreventiveRx benefit. All drugs\* listed below are covered for plans with the National Drug List. If your plan has a different drug list, please check to see if these drugs are included on your drug list. PreventiveRx Plus drugs are only covered if they are included on your specific drug list.

\*Some drugs and supplies may be excluded from your benefits. Please refer to your Certificate or Evidence for Coverage for coverage limitations and exclusions.

Please note: The drug list is subject to change and all previous versions of the drug list are no longer in effect.

This list is not all-inclusive; but many examples of preventive medications in each category are listed.

## ASTHMA

Arnuity Ellipta  
 Breo Ellipta breyna  
 budesonide inhalation  
 suspension  
 budesonide/formoterol  
 aerosol

Flovent Diskus  
 Flovent HFA  
 fluticasone HFA  
 fluticasone diskus (generic  
 for Flovent Diskus)  
 fluticasone/ salmeterol HFA  
 (generic for Advair HFA)  
 fluticasone/ salmeterol  
 powder (generic for Advair  
 Diskus) fluticasone/  
 salmeterol powder (generic  
 for Airduo RespiClick)  
 fluticasone/ vilanterol

QVAR RediHaler  
 Trelegy Ellipta  
 wixela inhub

## DIABETES

*{Diabetic supplies including  
 blood glucose meters, test  
 strips and lancets require a  
 prescription to be covered by  
 this plan. Only blood glucose  
 meters & blood glucose test  
 strips*

*for OneTouch and Accu-  
 Chek products will be  
 covered by this benefit.  
 Continuous Glucose  
 Monitors (CGMs) are not  
 included in PreventiveRx  
 Coverage.*

acarbose alogliptin  
 alogliptin/metformin  
 alogliptin/pioglitazone

Farxiga glimepiride  
 (1mg, 2 mg,  
 4mg) glipizide glipizide  
 ER/XL glipizide/  
 metformin glyburide  
 glyburide micronized  
 glyburide/ metformin

Glyxambi  
 Humalog  
 Humalog Junior KwikPen  
 Humalog KwikPen  
 Humalog Mix 50/50  
 Humalog Mix 50/50  
 KwikPen  
 Humalog Mix 75/25  
 Humalog Mix 75/25  
 KwikPen  
 Humulin 70/30  
 Humulin 70/30 KwikPen  
 Humulin N

Humulin N KwikPen  
 Humulin R  
 Humulin R KwikPen  
 Insulin Glargine (100U/ml)  
 Insulin Glargine Solostar  
 (100U/ml)  
 Insulin Lispro  
 Insulin Lispro Junior  
 KwikPen  
 Insulin Lispro KwikPen  
 Insulin Lispro Protamine  
 Janumet  
 Janumet XR  
 Januvia  
 Jardiance  
 Lantus  
 Lantus SoloStar  
 Lyumjev  
 Lyumjev KwikPen metformin  
 (500 mg, 850 mg,  
 1000 mg) metformin ER  
 (Generic for  
 Glucophage XR)

miglitol  
 Mounjaro  
 nateglinide  
 Ozempic pioglitazone  
 pioglitazone/ glimepiride  
 pioglitazone/ metformin  
 repaglinide

Rybelsus  
 Soliqua

SymlinPen  
 Synjardy  
 Synjardy XR  
 Toujeo Max  
 Toujeo SoloStar  
 Tresiba  
 Tresiba Flextouch  
 Trijardy XR  
 Trulicity  
 Xigduo XR  
 Xultophy

## HEART HEALTH AND HIGH BLOOD PRESSURE

acebutolol  
 amlodipine/ benazepril  
 atenolol atenolol/  
 chlorthalidone  
 benazepril benazepril/  
 hctz betaxolol

bisoprolol fumarate  
 bisoprolol fumarate/ hctz  
 captopril captopril/ hctz  
 carvedilol

carvedilol ER  
 enalapril oral solution  
 enalapril tablets  
 enalapril/ hctz  
 fosinopril sodium  
 fosinopril/ hctz  
 labetalol

# PreventiveRx Plus Drug List

## PreventiveRx Plus Plan (National)

lisinopril lisinopril/  
hctz metoprolol  
succinate  
ER metoprolol  
tartrate metoprolol  
tartrate/ hctz  
moexipril nadolol  
nebivolol  
perindopril pindolol  
propranolol  
propranolol ER  
quinapril quinapril/  
hctz ramipril sorine

citalopram tablets  
escitalopram  
fluoxetine capsules  
fluoxetine solution  
fluoxetine tablets  
fluoxetine DR  
fluvoxamine  
fluvoxamine ER  
paroxetine  
paroxetine ER  
sertraline tablets  
Trintellix

### OSTEOPOROSIS

alendronate  
amabelz  
calcitonin- salmon  
Climara Pro  
Combipatch  
dotti estradiol  
patch estradiol  
tablets  
estradiol/  
norethindrone  
Fosamax Plus D  
Fyavolv ibandronate  
tablets jinteli lyllana  
mimvey  
norethindrone-ethinyl  
estradiol

sotalol sotalol  
AF timolol  
tablets  
trandolapril  
trandolapril/  
verapamil

### HIGH CHOLESTEROL

atorvastatin  
atorvastatin/  
amlodipine  
ezetimibe/  
simvastatin  
fluvastatin  
lovastatin  
pravastatin  
rosuvastatin  
simvastatin

Premarin tablets  
Premphase  
Prempro  
raloxifene  
risedronate  
risedronate DR

### MENTAL HEALTH

citalopram solution

*This list may change without notice which may affect your benefit coverage. To be sure your medication is covered under the PreventiveRx benefit, call the member services number located on your ID card.* Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Virginia, Inc. Anthem Blue Cross and Blue Shield, and its affiliate HealthKeepers, Inc., serving all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123, are independent licensees of the Blue Cross Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. 05509ANMENBVA-1.1 Rev. 1/1/2025



## Use Sydney Health app to:



### Help you manage your blood pressure

Our Healthy Blood Pressure program connects you with a health coach, doctor, and therapist to help you reach your blood pressure goals through virtual visits. The program also includes a free, smart blood-pressure cuff mailed directly to your home. Of those in the program, 71% indicated that the health coach had an impact on how they manage their blood pressure. 6



### Help you avoid diabetes

Our Prevent Diabetes program combines the latest in telehealth technology, biometric data, and artificial intelligence to provide you with a personalized behavior-change experience. If you qualify, you will work with a health coach to achieve your health goals and help you prevent diabetes.



### Connect with a sleep specialist

Through our app, you can have a virtual care visit with a sleep specialist who can help diagnose sleep issues and treat them. Schedule an online visit through Sydney Health and a sleep specialist will assess your habits and history. They may suggest therapy or a sleep test. You will have a follow-up visit to discuss your results, next steps, and further treatment.

## Here's how to access the program through virtual care:

### Download our Sydney Health app or visit [anthem.com](https://www.anthem.com).

1. Appointments subject to availability.
2. Based on Sydney Health utilization trends from top national clients.
3. The doctor will determine what medication.
4. Online counseling is not appropriate for all kinds of problems. If you are a patient, you should be prescribed or refilled in.
3. Register (if you haven't yet) and log in.
4. Once you register, your username and password are the same for our app and [anthem.com](https://www.anthem.com).
5. Select **Care** and then select **Virtual Care**.

It's important that you seek help immediately. Please text, chat, or call 988 (Suicide and Crisis Lifeline), or 911 for help. If your issue is an emergency, call 911 or go to your nearest emergency room. Emergency services are not provided through virtual care on the Sydney Health app or [anthem.com](https://www.anthem.com).

Prescriptions determined to be a "controlled substance" (as defined by the Controlled Substances Act under federal law) cannot be prescribed through virtual care on the Sydney Health app or [anthem.com](https://www.anthem.com). 6 Anthem internal data, 2020.

Live Health OnLine is offered through an arrangement with Amwell, a separate company, providing telehealth services on behalf of your health plan.

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

Carelon Health, Inc. is a separate company providing care management services on behalf of Anthem Blue Cross and Blue Shield.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. and Community Care Health Plan of Georgia, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): Right CHOICE Managed Care, Inc. (RIT), Health Alliance of Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In 7 southern counties of New York: Anthem Health Choice Assurance, Inc., and Anthem Health Choice HMO, Inc. In these same counties Anthem Blue Cross and Blue Shield HPI is the trade name of Anthem HPI LLC. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield, and its affiliate Health Keepers, Inc. trades as Anthem Health Keepers providing HMO coverage, and their service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), under writes or administers PPO and indemnity policies and underwrites the out-of-network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

# HEALTH SAVINGS ACCOUNT

**\*ONLY AVAILABLE TO EMPLOYEES WHO SELECT THE HSA HEALTH PLAN OPTION.**

Health  
Equity<sup>®</sup>

## Option for High Deductible Health Plan (HDHP)

**For employees who elect the KeyCare \$1,650/\$3,300 plan**, in order to receive contribution dollars from Pulaski County, you **must** open a Health Savings Account (HSA). This HSA eligible plan provides a way to save money that is available in future years for health care expenses.

Pre-Tax Plan	What is this account and how does it work?	Maximum Contribution Allowed	Can money in accounts be "rolled over"?
Health Savings Account (HSA)	An HSA account can be funded with pre-tax dollars by you, your employer or both to help pay for eligible medical expenses.	<p>Employee only coverage: \$4,300</p> <p>Family coverage: \$8,550</p> <p>Catch up contribution (55 year of age or older): \$1,000</p>	Yes, amounts left in your HSA account can be rolled over year to year and is portable if you leave employment of the company

For Fiscal Year 2025/2026 the County will contribute:

**\$2,755 - Family, Employee Spouse & Employee Child(ren) in January 2026**  
**\$1,380 - Employee Only in January 2026**

- In 2025 individuals can contribute up to \$4,300 and families can contribute up to \$8,550 to their HSA.
- If you are 55 or older, you can make a \$1,000 catch-up contribution.
- Contributions to a HSA can be made on a pre-tax or post-tax basis, and funds within the HSA grow without incurring taxes. Funds are withdrawn tax-free for healthcare related needs without having to file receipts, although you should keep your receipts in case you are ever audited.
- Money deposited in the HSA is the employee's asset and is portable.



# Pulaski County & Pulaski County Public Schools

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 health-care and dependent care expenses with pre-tax money. You will not pay any Federal, State or FICA 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, 2025 and ends on June 30, 2026. You will be eligible to join the Plan if you are a full-time or part-time employee working at least 20 hours or more per week on a regular basis on the first of the month following your date of hire. 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 by Flexible Benefit Administrators, Inc. will be processed within one week via direct deposit. If direct deposit information is not on file for you, your reimbursement will be held until we receive that information. You may also use your Benefits Card to pay expenses. Please refer to the Benefits Card section for details.

## ONLINE ACCESS

Flexible Benefit Administrators, Inc. provides online account access for all FSA participants. Please visit their website at:

<https://fba.wealthcareportal.com/> to view the following features:

- **FSA Login** – View account transactions, create account alerts and download participation forms.
- **FSA Educational Tools** – FSA calculator: estimate how much you can save by utilizing an FSA.

## THE HEALTHCARE ACCOUNT IS A PRE-FUNDED ACCOUNT

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

**Contribution Limits:** The maximum you may place in this account for the Plan Year is \$3,300.

## HEALTHCARE REIMBURSEMENT

With this account, you can pay for your out-of-pocket healthcare expenses for yourself, your spouse and all 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 affecting any structure or function of the body.

## EXAMPLES OF ELIGIBLE HEALTH CARE EXPENSES

Fees/Co-Pays/Deductibles For:

- Acupuncture
- Prescription eyeglasses/reading glasses/Contact lens and supplies/ Eye exams/ Laser eye surgery
- Physician
- Ambulance
- Psychiatrist
- Psychologist
- Anesthetist
- Hospital
- Chiropractor • Laboratory/ diagnostic
- Fertility treatments
- Surgery
- Dental/Orthodontic fees
- Obstetrician
- X-Rays
- Eye exams
- Prescription drugs
- Artificial limbs & teeth
- Orthopedic shoes/ inserts
- Therapeutic care for drug and alcohol addiction
- Vaccinations & immunizations
- Mileage
- Take-home screening kits
- Diabetic supplies
- Routine physicals
- Oxygen • Physical therapy
- Hearing aids and batteries
- Medical equipment
- Antacids
- Pain relievers
- Allergy & Sinus Medication

## OVER-THE-COUNTER EXPENSES

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

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

## DAY CARE/AGED ADULT CARE REIMBURSEMENT

The Day Care/Aged Adult Care FSA allows you to pay for day care expenses for your qualified dependent with pre-tax dollars. Eligible Dependent Care expenses are expenses 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 Gross Monthly Income of 2005, are defined as either dependent children or dependent relatives Eligible Pre-Tax Medical Expenses that you claim as dependents on your taxes. Refer to the Employee Guide for more details. Taxable Income Eligible dependents are Federal Tax (15%) further defined as: State Tax (5.75%) FICA Tax (7.65%)

- 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) per household
- 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
- 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 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 Benefits	With Flex Benefits
	\$ 2,500.00	\$ 2,500.00
Eligible Pre-Tax employer medical insurance	\$ 0.00	\$ 200.00
Eligible Pre-Tax Dependent Child Care Expenses	\$ 0.00	\$ 100.00
	\$ 2500.00	\$ 1900.00
	\$ 375.00	\$ 285.00
	\$ 143.75	\$ 109.25
	\$ 191.25	\$ 145.35
After-Tax employer medical insurance	\$ 200.00	\$ 0.00
After-Tax medical expenses	\$ 100.00	\$ 0.00
After-Tax dependent child care expenses	\$ 300.00	\$ 0.00
Monthly Spendable Income	\$ 1190.00	\$ 1360.40

By taking advantage of the Flexible Benefit Plan this employee was able to increase his/her spendable income by \$170.40 every month! This is an annual tax savings of \$2,044.80. 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. Your employer has elected to adopt the IRS offered 2 month 15-day grace period. Please see the Employee Guide for more information.

## HOW TO ENROLL IN OUR FSA PLAN

### Step 1

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

### Step 2

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

## BENEFITS CARD

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





# Pulaski County & Pulaski County Public Schools

With the Limited Purpose FSA, get reimbursed for out-of-pocket dental and vision care expenses with tax free dollars!

## MAXIMIZE YOUR INCOME!

Limited Purpose Flexible Spending Accounts (FSAs) allow you to pay certain dental, vision and/or preventative care expenses with pre-tax money. You will not pay any Federal, State or Social Security taxes on funds placed in the Plan. You will save between approximately \$27.65 and \$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, 2025 and ends on June 30, 2026. You will be eligible to join the Plan if you are a full-time or part-time employee working at least 20 hours or more per week on a regular basis on the first of the month following your date of hire. You must also be enrolled in a High-Deductible Health Plan (HDHP). 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

## REIMBURSEMENT SCHEDULE

All manual or paper claims received in the office of Flexible Benefit Administrators, Inc. will be processed within one week via direct deposit. If direct deposit information is not on file for you, your reimbursement will be held until we receive that information. You may also use your Benefits Card to pay for expenses. Please refer to the Benefits Card section for details.

## ONLINE ACCESS

Flexible Benefit Administrators, Inc. provides on-line account access for all FSA participants. Please visit their website at:

<https://fba.wealthcareportal.com/> to view the following features:

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

## THE LIMITED FSA ACCOUNT IS A PREFUNDED ACCOUNT

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

**Contribution Limits:** The maximum you may place in this account for the Plan Year is \$3,300.

## BENEFITS OF USING A LIMITED PURPOSE FSA WITH AN HSA

With this account, you can pay for your out-of-pocket dental, vision, and preventative care expenses for yourself, your spouse and all your dependents for services that are incurred during your Plan Year and while an active participant. Funds contributed to your Health Savings Account (HSA) can also cover these expenses, so why would someone choose to make a second contribution to a Limited FSA along with an HSA? Below are a few key reasons to contribute to both to get the most out of your HSA.

### **You will likely have dental and/or vision expenses early in the Plan Year.**

A Limited Purpose FSA is prefunded at the beginning of the Plan Year while HSA funds are only available as they are deposited into your account. For this reason, if you are planning on incurring dental and/or vision expenses early in the Plan Year, a Limited Purpose FSA is a great way to pay for those expenses. With the Limited FSA, you can use your full election as soon as you need it. Since it acts like a tax-free, interest free loan. This is particularly useful for those who have just opened their HSA and/or who haven't been able to build up a balance in their HSA account.

### **You want to use your HSA contributions primarily for medical expenses.**

Since you are covered by a High-Deductible Health Plan, you know you may be required to pay higher amounts for medical expenses you incur. If you know you'll use most of your HSA contributions for these medical expenses, it makes sense to set aside separate contributions to cover any vision or dental expenses.

### **You wish to use your HSA as a retirement or investment account.**

HSAs offer a triple-tax advantage, meaning you get a tax advantage towards your contributions, distributions (if used for eligible expenses), and any interest you earn from your HSA. Medicare expenses for those 65 years and older can easily add up to \$200,000 for a couple over the course of 20 years. This does not include dental, vision, hearing aids, and out-of-pocket drugs. By using funds from a Limited Purpose FSA, you can allow more money to remain in your HSA to gain interest while still getting the same tax advantage on your vision and dental expenses.

## ELIGIBLE VISION AND DENTAL EXPENSES

The Limited FSA allows you to pay for dental and vision expenses for you and your eligible dependents with pre-tax dollars. Eligible dental expenses include dental procedures that are not for cosmetic purposed and not covered by your insurance such as those listed below.

### Examples of Eligible Dental Expenses:

- Orthodontia (Braces)
- Crowns
- Fillings
- Checkups

For orthodontia expenses, you can use funds in your Limited FSA to either be reimbursed for a payment made in full on the first orthodontic visit (up to your annual election). If you pay for your orthodontia treatments over the span of multiple plan years, you can pay the monthly payment directly to your orthodontist, then send a claim form in each month to be reimbursed or you can pay your monthly payments with your Benefits Card and send FBA a copy of your orthodontic contract to keep on file so that we can setup a recurring expense on your account.

### Examples of Eligible Vision Expenses:

- Eyeglasses
- Prescription Sunglasses
- Routine Eye Exam

## ELIGIBLE PREVENTATIVE CARE EXPENSES

In order for an expense to be considered "preventative care" you will need to acquire a prescription or Letter of Medical Necessity from your medical provider that specifically states that the treatment is for the prevention of the onset of an illness. Once you are officially diagnosed with a condition, any expenses used towards treating the condition would not be eligible. Below are two examples of preventative care to prevent the onset of illnesses.

### Diabetes

Your doctor may write you a letter of medical necessity stating that they recommend you get a gym membership and exercise in order to prevent the onset of Type II Diabetes.

### High Blood Pressure

If you have a family history of high blood pressure, your doctor may write you a prescription for blood pressure medication preventing high blood pressure.

Other eligible "preventative care" expenses include tobacco cessation programs, cancer screening, heart and vascular care screenings, substance abuse screenings, routine prenatal care, and child and adult immunizations.

Please refer to IRS Notice 2004-23 for a more comprehensive list of preventative care expenses.

## 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 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)
- Lasik Eye Surgery
- Contact Lenses
- Diagnostic Services

Canceled checks, bankcard receipts, credit card receipts and credit card statements are NOT acceptable forms of documentation. You are responsible for paying your dental and vision provider directly.

## HOW THE FLEXIBLE BENEFIT PLAN WORKS

	Without 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 Dental and Vision Expenses	\$ 0.00	\$ 150.00
Taxable Income	\$ 2500.00	\$ 2090.00
Federal Tax (15%)	\$ 375.00	\$ 313.50
State Tax (5.75%)	\$ 143.75	\$ 120.18
FICA Tax (7.65%)	\$ 191.25	\$ 159.89
After-Tax employer medical insurance	\$ 200.00	\$ 0.00
After-Tax Medical expenses	\$ 60.00	\$ 0.00
After-Tax Dental and Vision expenses	\$ 150.00	\$ 0.00
Monthly Spendable Income	\$ 1380.00	\$ 1496.43

By taking advantage of the Limited FSA to cover dental and vision expenses and the HSA to cover their Medical expenses, this employee was able to increase his/her spendable income by \$116.43 every month! This means an annual tax savings of \$1,397.16. Remember, with the FLEXIBLE BENEFIT PLAN, the better you plan the more you save!

## FORFEITING FUNDS

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

## HOW TO ENROLL IN OUR FSA PLAN

### Step 1

Carefully estimate your eligible dental, vision and/or preventative care expenses for the upcoming Plan Year. Then use our online FSA Educational Tools located at <https://fba.wealthcareportal.com/> to help you determine your total expenses for the Plan Year.

### Step 2

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

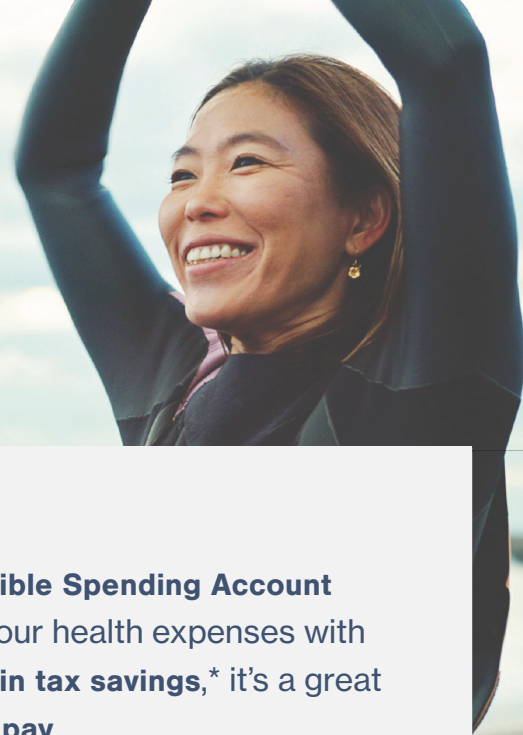
## BENEFITS CARD

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





# Enroll in an FSA — and keep more of your money



## Stretch your dollars and save more

Who wouldn't like to keep more of their income? Enrolling in a **Flexible Spending Account (FSA)** can help you do just that. An FSA lets you pay for many of your health expenses with income you won't be taxed on. That's right, **with an estimated 30% in tax savings,\*** it's a great way to reduce your taxes and effectively **increase your take-home pay.**

### Use an FSA to pay for:

- ✓ Doctor visits
- ✓ Prescription eyeglasses & contacts
- ✓ Prescription & over-the-counter meds
- ✓ Dental care
- ✓ Health trackers & diagnostics
- ✓ Menstrual products
- ✓ SPF & skincare products
- ✓ First aid & pain relief, and much more!

## Benefits you can see immediately

You can contribute up to \$3,300 to your FSA†

**Bonus:** FSA benefits extend to your spouse and dependents as well.

\*Assumes average tax rates, including state, federal and FICA taxes. For illustrative purposes only. Individual earnings may vary.

†Check with your HR representative for details on your plan.

Explore what an FSA  
can do for you at

**FSAstore.com**



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GUARANTEED**



**ALL FSA CARDS  
ACCEPTED**



**2,500+ FSA ELIGIBLE  
PRODUCTS**

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Visit **FSAstore.com**  
to redeem your  
offer.

‡One use per customer.  
Exp. 6/30/2025. See Terms for  
details.



## DENTAL

### OUR PLAN

Delta Dental PPO  
Plus Premier



### Why sign up for Dental coverage?

It's important to go to the dentist regularly. Brushing and flossing are great, but regular exams catch dental issues early before they become more expensive and difficult to treat.

That's where dental insurance comes in. Dental insurance makes it easier and less expensive to get the care you need to maintain good oral health.

### Dental insurance covers three types of treatments:

- Preventive care includes exams, cleanings and x-rays
- Basic care focuses on repair and restoration with services such as fillings, root canals, and gum disease treatment
- Major care goes further than basic and includes bridges, crowns and dentures
- Orthodontia treatment to properly align teeth within the mouth.

## Benefits for Pulaski County and Pulaski County Schools

Group Number: 00000700222 • Effective Date: July 1, 2025

Annual Deductible	N/A
Annual Maximum	\$1,000 per person, per contract year
Orthodontic Lifetime Maximum	\$1,000 per person

For the services listed below, Delta Dental will pay the stated percentage of the plan allowance based on the dentist's participation with Delta Dental.

Benefits and Limitations	Coinsurances		
	In-Network		Out-of-Network
	Delta Dental PPO™	Delta Dental Premier®	
<b>Diagnostic and Preventive Services</b>	100%	100%	100%
<ul style="list-style-type: none"> <li>• <b>Oral exams and cleanings</b> — Twice in a 12-month period.</li> <li>• <b>Periodontal cleanings</b> — Twice in a 12-month period.</li> <li>• <b>Fluoride applications</b> — Twice in a 12-month period for enrollees under age 19.</li> <li>• <b>X-rays</b> — Bitewing X-rays are limited to once in a 12-month period; limited to a maximum of four films or a set (seven to eight films) of vertical bitewings. Full-mouth X-rays are limited to once in a five-year period.</li> <li>• <b>Sealants</b> — One per tooth every 5 years for members under age 16 on first and second permanent molars.</li> </ul>			
<b>Basic Services</b>	80%	80%	80%
<ul style="list-style-type: none"> <li>• <b>Fillings</b> — One per surface in a 24-month period; composite (white) fillings are limited to upper and lower six front teeth.</li> <li>• <b>Endodontic services</b> — Root canal therapy.</li> <li>• <b>Periodontic services</b> — Treatment for gum disease.</li> <li>• <b>Simple extractions</b></li> <li>• <b>Oral surgery</b> — Surgical extractions and other surgical procedures.</li> <li>• <b>Denture repair and recementation</b></li> </ul>			
<b>Major Services</b>	50%	50%	50%
<ul style="list-style-type: none"> <li>• <b>Crowns</b> — One per tooth in a 84-month period for members age 12 and older.</li> <li>• <b>Prosthodontics/dentures and bridges</b> — Once in a 84-month period for members age 16 and older.</li> <li>• <b>Implants</b> — One per site for members age 16 and older.</li> </ul>			
<b>Orthodontic Services</b>	50%	50%	50%
<ul style="list-style-type: none"> <li>• <b>Treatment for the proper alignment of teeth</b> — For dependent children under age 19.</li> </ul>			

Continued on next page



Additional benefits included in your plan:

- Prevention First** — Visits to the dentist for diagnostic and preventive services will not count against the annual maximum.
- Healthy Smile, Healthy You®** — Provides additional cleanings, fluoride and/or sealants for members with certain health conditions. Visit [DeltaDentalVA.com](http://DeltaDentalVA.com) to learn more or to download an enrollment form.

Coverage is available for:

- Dependent children, only to the end of the month when they reach age 26 (the “limiting age”).

Convenient, Eco-Friendly Options Available:

At Delta Dental of Virginia, we are committed to taking actionable measures to minimize our environmental footprint.

Join us as we step toward reducing paper waste and promoting sustainability by signing up to receive your Delta Dental of Virginia explanation of benefits (EOB) digitally at [DeltaDentalVA.com/members](http://DeltaDentalVA.com/members).

Choosing a dentist

You may select the dentist of your choice. However, to get the most value from your dental benefits, make sure your dentist participates in the network listed at the top of your Delta Dental ID card. With Delta Dental PPO Plus Premier™, you have the option of visiting any dentist. However, your out-of-pocket costs may be lowest if you see a Delta Dental PPO™ network dentist and highest if you choose an out-of-network dentist. Delta Dental network dentists agree to discount their fees, submit claims on your behalf and not bill you for the difference. Visit [DeltaDentalVA.com](http://DeltaDentalVA.com) to find a participating dentist in your area.

If you visit an out-of-network dentist, Delta Dental will pay its portion of the bill and you are responsible for any coinsurance and deductible (if applicable), as well as the difference between the nonparticipating dentist’s charge and Delta Dental’s payment. Payment will be made to you.

**Delta Dental PPO Plus Premier™**

**Group Name:** Delta Dental of Virginia  
**Group Number:** 0000000000-000000-0000  
**Subscriber:** Jane Doe  
**ID Number:** XXXXX000  
**Effective Date:** XX/XX/XXXX

Delta Dental of Virginia, 5415 Airport Road, Roanoke, VA 24012  
**Electronic Claims Payor: 54084**  
**800-237-6060 • [DeltaDentalVA.com](http://DeltaDentalVA.com)**

Delta Dental is a Registered Mark of Delta Dental Plans Association.

This fact sheet is a brief description of dental services covered under your plan and is not designed to serve as an Evidence of Coverage. If you have questions about specific benefits or limitations under your plan, call Delta Dental’s Benefit Services at 800.237.6060 or visit [DeltaDentalVA.com/members](http://DeltaDentalVA.com/members) to register for an account.



# VISION

## OUR PLAN

EyeMed Voluntary Vision –  
Enhanced Plan

## Why sign up for Vision coverage?



Vision coverage helps with the cost of eyeglasses or contacts. But even if you don't need vision correction, an annual eye exam checks the health of your eyes and can even detect more serious health issues such as diabetes, high blood pressure, high cholesterol, and thyroid disease.



**40% OFF**

additional complete pair of prescription eyeglasses

**20% OFF**

non-covered items, including nonprescription sunglasses

## Find an eye doctor (Insight Network)

- 866.804.0982
- eyemed.com
- EyeMed Members App
- For LASIK, call 1.800.988.4221

## Heads Up

You may have additional benefits.

Log into

[eyemed.com/member](https://eyemed.com/member)

to see all plans included with your benefits.

## SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
<b>EXAM SERVICES</b>		
Exam	\$15 copay	Up to \$40
<b>CONTACT LENS FIT AND FOLLOW-UP</b>		
Fit and Follow-up - Standard	\$0 copay	Up to \$40
Fit and Follow-up - Premium	\$0 copay; 10% off retail price less \$55 allowance	Up to \$40
<b>FRAME</b>		
Frame	\$0 copay; 20% off balance over \$130 allowance	Up to \$45
<b>LENSES</b>		
Single Vision	\$15 copay	Up to \$40
Bifocal	\$15 copay	Up to \$60
Trifocal	\$15 copay	Up to \$80
Lenticular	\$15 copay	Up to \$80
Progressive - Standard	\$15 copay	Up to \$60
Progressive - Premium Tier 1 - 3	\$35 - 60 copay	Up to \$60
Progressive - Premium Tier 4	\$15 copay; 20% off retail price less \$120 allowance	Up to \$60
<b>LENS OPTIONS</b>		
Anti Reflective Coating - Standard	\$0 copay	Up to \$5
Anti Reflective Coating - Premium Tier 1 - 2	\$12 - 23 copay	Up to \$5
Anti Reflective Coating - Premium Tier 3	20% off retail price	Up to \$5
Photochromic - Non-Glass	\$75	Not covered
Polycarbonate - Standard	\$0 copay	Up to \$5
Scratch Coating - Standard Plastic	\$0 copay	Up to \$5
Tint - Solid or Gradient	\$0 copay	Up to \$5
UV Treatment	\$0 copay	Up to \$5
All Other Lens Options	20% off retail price	Not covered
<b>CONTACT LENSES</b>		
Contacts - Conventional	\$0 copay; 15% off balance over \$150 allowance	Up to \$150
Contacts - Disposable	\$0 copay; 100% of balance over \$150 allowance	Up to \$150
Contacts - Medically Necessary	\$0 copay	Up to \$150
<b>OTHER</b>		
Hearing Care from Amplifon Network	Discounts on hearing exam and aids; call 1.877.203.0675	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
<b>FREQUENCY</b>	<b>ALLOWED FREQUENCY -ADULTS</b>	<b>ALLOWED FREQUENCY - KIDS</b>
Exam	Once every 12 months from the date of service	Once every 12 months from the date of service
Lenses	Once every 12 months from the date of service	Once every 12 months from the date of service
Frame	Once every 24 months from the date of service	Once every 24 months from the date of service
Contact Lenses	Once every 12 months from the date of service	Once every 12 months from the date of service
Contact Lens Fit and Follow-up	Once every 12 months from the date of service	Once every 12 months from the date of service

(Plan allows the member to receive either contacts and frame, or frame and lens services)

Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer. Member receives a 20% discount on items not covered by the plan at In-Network locations. Discount does not apply to Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products. The Plan reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Service and amounts listed above are subject to change at any time. Discounts are not insured benefits. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, Policy number VC-19, form number M-9083, or Policy number VC-146, form number M-9184, in New York underwritten by Fidelity Security Life Insurance Company of New York, Policy Number VCN-1, form number MN-1, or Policy Number VCN-19, form number MN-28.

# Ready to live your best EyeMed life?

There's so much more to your vision benefits than copays and coverage. Get ready to see the good stuff for yourself.

## Your network is the place to start

See who you want, when you want. You have thousands of providers to choose from — independent eye doctors, your favorite retail stores, even online options.

## Keep your eyes open for extra discounts

Members already save an average 71% off retail using their EyeMed benefits,<sup>1</sup> but our long list of special offers takes benefits even further.

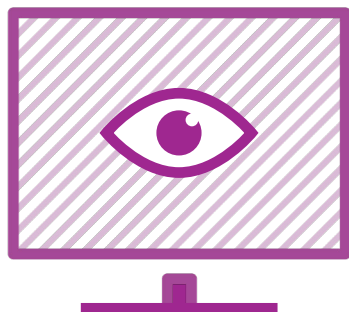
## Remember, you're never alone

We're always here to help you use your benefits like a pro. Stay in-the-know with text alerts or healthy vision resources from the experts. If it can make benefits easier for you, we do it.

<sup>1</sup> Based on weighted average of sample transactions; EyeMed Insight network/\$10 exam copay/\$10 materials copay/\$120 frame or contact lens allowance.



eye  
Med



## Create a member account at [eyemed.com](https://eyemed.com)

Everything is right there in one spot. Check claims and benefits, see special offers and find an eye doctor— search for one with the hours, location and brands you want. For maximum mobility, try the EyeMed Members App (Google Play or App Store).

INDEPENDENT  
PROVIDER  
NETWORK



LENSCRAFTERS®

PEARLE  
VISION

OPTICAL™

Colonial Life

LawAssure

LawAssure is available to ALL employees - Enrollment in benefits is not required.

To be enrolled in LawAssure, please meet with a Colonial Life benefits counselor on-site, or virtually via scheduler / QR Code, during Open Enrollment.



**NEW BENEFIT!!**  
**No Cost to you!! Meet**  
**with a rep to enroll**

## Manage your legal affairs with ease

7 in 10 households face a legal issue every year, but many don't seek help fearing lawyers are too expensive.

LawAssure ([www.lawassure.com](http://www.lawassure.com)) is here to help. The service can save you hundreds of dollars in attorney's fees by making personalized legal document creation easy and accessible.

LawAssure guides and supports you every step of the way, so you can create high-quality documents to protect your family and assets.

Services include:

- Assistance with estate planning
- Make a power of attorney
- Prepare a healthcare directive
- Write your will
- Create a living trust



### Legal document creation

Simply choose a service, answer the questions and our system creates a high-quality document tailored to your needs



### Sharing and collaboration

Use our secure workflow to share your documents with someone else (such as a trusted advisor)



### Secure account space

Safely store your documents for editing, or export them to print them off and sign them

# Our work/life resources support you through life's ups and downs.

Navigating life's challenges while handling the demands of your job can be stressful. We can help you find the right work/life balance.



**Connect with a Work/Life Consultant** Our experts provide confidential guidance to help you find the right childcare, eldercare, pet care, and education and solve other everyday living needs.



**Get Legal Advice**  
Qualified attorneys provide assistance with civil, consumer, criminal, estate, financial, immigration, IRS, personal/family, real estate, and other matters.



**Talk to a Financial Expert**  
Certified financial planners, certified public accountants, and credit counselors provide support for budget, debt, real estate, bankruptcy, credit, identity theft, retirement planning, and more.



**Access 24/7 Online Resources**  
Search our expansive library of articles, webinars, calculators, videos, assessments, and other interactive tools to find information on health, wellness, family, aging, education, legal, and financial topics.



- Visit [sentaraEAP.com](https://sentaraEAP.com) and enter your organization's username.
- Click on "Work/Life" and "Access Enhanced Online Resources." Enter the company code shown below.
- Create a unique username and password to access the resources.

Username:

**CountyofPulaski**

Company code:

**Sentara18**

## Call Sentara EAP at 1-800-899-8174

Sentara EAP is administered by Sentara v.1123 Behavioral Health Services, Inc.

# 5 Things to Know in 5 Minutes About the Sentara Employee Assistance Program



## 1 Helpful resource

Sentara EAP (Employee Assistance Program) is a resource to help you overcome life's challenges, solve personal concerns, and address work-related issues. Our services are confidential, short-term, and solution-focused.

## 2 Extends to you and household members

Sentara EAP services are available to all members of your household at no cost. The benefit provides up to **Five ( 5 )** counseling sessions per presenting issue.

## 3 Free and convenient

Sentara EAP services are paid for by your employer and available at no cost to you or your household members. Call 1-800-899-8174 and our representatives will work to schedule an appointment with a counselor near you.

## 4 Confidential

Confidentiality is an important component of our program. Discussions with our counselors are protected by strict Protected Health Information (PHI) privacy laws. Sentara EAP will not share any PHI, either in written or verbal form, unless you give prior consent.

## 5 Easy to contact us

Our phones are personally staffed and answered 24 hours a day, 365 days a year. You do not need to go through your manager or the Human Resources Department to access EAP services. Additional online resources are available by signing in to [sentaraEAP.com](https://sentaraEAP.com).

Username:

           **CountyofPulaski**



**Call us at 1-800-899-8174 or visit [sentaraEAP.com](https://sentaraEAP.com) for more resources.**

Sentara EAP is administered by Sentara Behavioral Health Services, Inc.

# PROTECT YOUR FAMILY AND YOUR FINANCES

PULASKI COUNTY GOVERNMENT & SCHOOLS

has partnered with AirMedCare Network (AMCN) to offer you the opportunity to join our membership program at a special discounted rate!

In a medical emergency every second counts, especially when transporting patients who are far away from adequate medical treatment. AMCN providers respond to scene calls and provide hospital-to-hospital transports – carrying seriously ill or injured patients to the nearest appropriate medical facility.

## ABOUT AIRMEDCARE NETWORK

AirMedCare Network is America's largest air medical membership network, providing financial coverage for emergency air medical transport. Even with medical insurance, air medical transport can result in significant out-of-pocket expenses, however an AMCN membership ensures no out-of-pocket expenses for medically necessary flights only if flown by an AMCN provider.

## MEMBERSHIP BENEFITS AT-A-GLANCE

### NO OUT-OF-POCKET COSTS:

Members have no out-of-pocket costs only if flown by an AMCN provider

### HOUSEHOLD COVERAGE:

Membership covers not just yourself, but anyone who resides within your home

### TELADOC ACCESS:

AMCN members enjoy access to Teladoc physicians at a discounted rate of \$3 per month plus co-pay

### COAST TO COAST PROTECTION:

Membership is valid in all service areas so you are covered at home and while traveling

## JOINING IS EASY!

Please follow the online portal enrollment steps on the next page. Once completed, we will work with your employer to activate your membership. Current enrolled members need to complete these steps as well.

### For questions, contact:

Joy Skovira

Membership Sales Manager

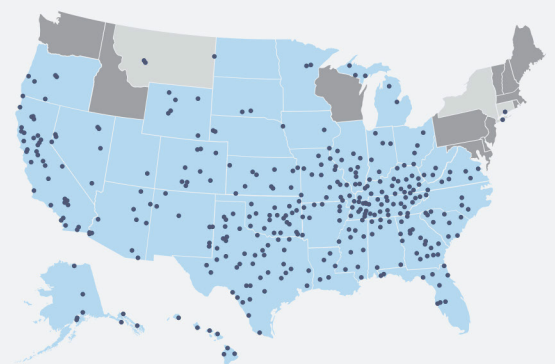
540.679.6887

joy.skovira@gmr.net

Track Code: 15185 | Plan Code: 17293



## AMERICA'S LARGEST AIR MEDICAL MEMBERSHIP NETWORK



**320+ 38**  
LOCATIONS STATES

Membership terms and conditions apply. Dispatch decisions are made by emergency personnel; membership does not guarantee transport by an AMCN provider. Location and coverage shown on this map are approximate and may be updated at any time.





A Global Medical Response Solution

## Pulaski County Government & Schools

*Pulaski County Government has elected to offer their employees an AirMedCare Network membership*

### Frequently Asked Questions:

- ☒ **What is the benefit of being a member of AMCN?** Membership provides you financial peace of mind. If you or a household member are flown by any AMCN provider; you will have no out-of-pocket expense in connection with your flight.
- ☒ **Will I receive any material in the mail?** Yes, you will receive a new member packet that includes a welcome letter, car/house stickers and membership cards.
- ☒ **What do I do in the event I need this service?** Call 911 in all medical emergencies. If medical professionals determine that you or a household member needs an air ambulance, you or a family member should relay to the emergency responders that you are an AMCN member. We also recommend placing membership stickers on your vehicle and keeping your AirMedCare Network membership card in your wallet, directly behind your driver's license. Once flown and upon recovery, you or a family member should contact our membership call center or your local Membership Sales Manager directly and, let them know you or a household member has been flown.
- ☒ **What do I do if I receive a bill for a flight?** If you have notified us about your flight, you should not receive an invoice for your transport. However, if you do receive a bill in error, simply call us at 800.793.0010.
- ☒ **What happens if I am no longer employed by/associated with this employer?** Upon termination from the company, you will be covered by the AirMedCare Network membership you selected till it expires. Once expired a representative from AMCN will personally contact you by phone to give you an opportunity to continue coverage at the regular membership rate of \$99 a year (\$79 per year for seniors over age 60).
- ☒ **What is the network coverage area?** AMCN's network extends across 38 states with over 320 locations (go to [www.amcnrep.com](http://www.amcnrep.com) for specific details).

Joy Skovira

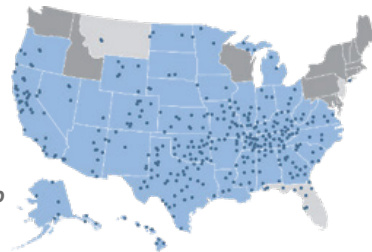
Membership Sales Manager

Phone: 540-679-6887

Email: [joy.skovira@gmr.net](mailto:joy.skovira@gmr.net)

[www.amcnrep.com/joy-skovira](http://www.amcnrep.com/joy-skovira)

*Terms and Conditions Apply. Dispatch decisions are made by emergency medical personnel; membership does not guarantee transport by an AMCN provider.*



# SUPPLEMENTAL BENEFITS



## Colonial Life

### Supplemental Benefits:

- Accident
- Critical Illness with Cancer
- Disability - "Paycheck Insurance"
- Hospital Confinement
- Term Life - Group & Individual

## You're unique - and so are your benefit needs

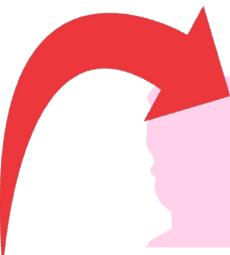
Voluntary benefits are supplemental coverages that help you customize your benefits package to your individual needs.

Pulaski County Government & Schools offers plans to help:

- replace income if you're unable to work due to an injury or illness
- bridge the gaps in your medical coverage by providing lump sum benefits to help pay the out-of-pocket expenses like deductible and copays / coinsurance
- provide benefits to your loved ones in event of your passing

These benefits are conveniently payroll deducted and employees can select premiums that fit your budget - while still providing the benefits you need to protect life's unexpected moments.

Benefits are paid directly to you regardless of any other coverage you may have, and plans are Guaranteed-Issue (NO medical questions).



**All employees who speak to a Colonial Life Benefits Counselor are eligible to receive a LawAssure Legal Assistance plan at NO COST. Enrollment in benefits is not required to receive LawAssure. Can not be self enrolled.**



Scan or Click for more info & to schedule meeting.

# Disability Insurance

Help protect your income from the unexpected

It's important to be financially prepared for the future. That's why you have insurance for your house, your car and your health. But do you have insurance for the thing you use to pay for these expenses — your income?

If an accident or illness prevented you from earning an income, how would you pay for your everyday expenses?

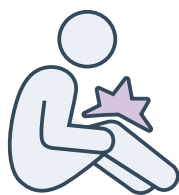
**IMPORTANT!**  
Employees need one year of employment to qualify for vldp...make sure you protect your income!

Customize a plan to fit your needs... and your budget.

**Guaranteed Issue NO Medical Questions**

**60% of monthly income to max of \$4,000**

**Sample Premiums Per Pay - 24x  
3-month OR 6-month benefit period;  
14 day wait for accidents & illnesses.**



**More than one in four 20-year-olds will become disabled before reaching retirement age.**

The Faces and Facts of Disability.  
<https://www.ssa.gov/disabilityfacts/facts.html>

Accessed April 2023

Annual Income Range	Monthly Benefit	14 / 14; 3 months			14 / 14; 6 months		
		Ages 17-49	Ages 50-64	Ages 65-74	Ages 17-49	Ages 50-64	Ages 65-74
\$30,000 - \$31,999	\$1,600	\$14.32	\$16.80	\$21.52	\$18.32	\$23.12	\$30.80
\$32,000 - \$33,999	\$1,700	\$15.22	\$17.85	\$22.87	\$19.47	\$24.57	\$32.73
\$34,000 - \$35,999	\$1,800	\$16.11	\$18.90	\$24.21	\$20.61	\$26.01	\$34.65
\$36,000 - \$37,999	\$1,900	\$17.01	\$19.95	\$25.56	\$21.76	\$27.46	\$36.58
\$38,000 - \$39,999	\$2,000	\$17.90	\$21.00	\$26.90	\$22.90	\$28.90	\$38.50
\$40,000 - \$41,999	\$2,100	\$18.80	\$22.05	\$28.25	\$24.05	\$30.35	\$40.43
\$42,000 - \$43,999	\$2,200	\$19.69	\$23.10	\$29.59	\$25.19	\$31.79	\$42.35
\$44,000 - \$45,999	\$2,300	\$20.59	\$24.15	\$30.94	\$26.34	\$33.24	\$44.28
\$46,000 - \$47,999	\$2,400	\$21.48	\$25.20	\$32.28	\$27.48	\$34.68	\$46.20
\$48,000 - \$49,999	\$2,500	\$22.38	\$26.25	\$33.63	\$28.63	\$36.13	\$48.13
\$50,000 - \$51,999	\$2,600	\$23.27	\$27.30	\$34.97	\$29.77	\$37.57	\$50.05
\$52,000 - \$53,999	\$2,700	\$24.17	\$28.35	\$36.32	\$30.92	\$39.02	\$51.98
\$54,000 - \$55,999	\$2,800	\$25.06	\$29.40	\$37.66	\$32.06	\$40.46	\$53.90
\$56,000 - \$57,999	\$2,900	\$25.96	\$30.45	\$39.01	\$33.21	\$41.91	\$55.83
\$58,000 - \$59,999	\$3,000	\$26.85	\$31.50	\$40.35	\$34.35	\$43.35	\$57.75
\$60,000 - \$61,999	\$3,100	\$27.75	\$32.55	\$41.70	\$35.50	\$44.80	\$59.68
\$70,000 - \$71,999	\$3,500	\$31.33	\$36.75	\$47.08	\$40.08	\$50.58	\$67.38
\$80,000 - \$81,999	\$4,000	\$35.80	\$42.00	\$53.80	\$45.80	\$57.80	\$77.00



[Scan or Click for more info & to schedule meeting.](#)

## How disability insurance helps people

Many people make plans for their income and savings. Yet when they least expect it, some of them will have an accident or illness that can change their plans dramatically. Here are a few stories:

### BENEFITS STORIES

#### ARIA

Aria is a recent college grad in her first full-time job. She injured her leg jogging after work one evening. Her doctor advised her to stay off her leg for three weeks. After using paid time off for a week, Aria stopped receiving a paycheck.



#### How her disability policy helped:

Aria used her disability benefits to help with her rent and monthly student loan payment.

#### MIA AND ALEX

After having a baby, Mia took maternity leave. The couple was worried about how they'd pay for everyday expenses without her income. Fortunately, Mia purchased a disability policy through work two years ago.



#### How her disability policy helped:

Mia's benefits helped the couple pay for their growing family's ongoing expenses, and they didn't have to use any of the money they'd been saving for a bigger house.

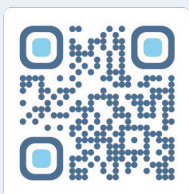
#### WILLIAM

A 50-year-old father of the bride, William suffered an unexpected heart attack and had to have surgery. He needed unpaid leave from work to recover, but his usual monthly bills didn't stop.

#### How his disability policy helped:



William's disability benefits gave him some comfort in knowing that his bills wouldn't get in the way of giving his daughter the wedding they planned.



#### KIM

Kim fell in her home and couldn't work for three months. Watch a video for Kim's story and learn how Colonial Life disability insurance helps families with unexpected moments.

Scan the code or go to [ColonialLife.com/ee-disability](https://ColonialLife.com/ee-disability).

*All benefits stories are for illustrative purposes only. They are not intended to depict real people.*



## How Colonial Life Disability Insurance works

If you can't work because of an illness or injury, you might use savings to help cover ongoing monthly expenses. But would you have enough? And what would that do to your savings goals? Disability insurance can help replace missing income so you can focus on what's most important — recovery. Here's how it works:

- At enrollment, you can choose the disability benefit amount to best meet your needs (subject to income).
- If you can't work because of a covered illness or injury, a benefit is payable in regular payments after a predetermined waiting period called an elimination period.
- Benefits are payable directly to you unless otherwise specified, and you can use them however you'd like.
- Benefit payments do not coordinate at the time of claim with other insurance or state paid medical leave benefits.
- Disability benefits may also be available if you return to work part-time.

## TOP CAUSES OF DISABILITIES IN WORKING-AGE ADULTS IN THE U.S.:



### Injuries:

- Exposure to harmful substances or environments at work
- Overexertion
- Falls, slips, trips
- Contact with objects or equipment
- Transportation incidents



### Illnesses:

- Musculoskeletal pain
- Heart disease
- Cancer
- Stroke
- Kidney disease



[Scan or Click for more info & to schedule meeting.](#)



To learn more, talk  
with your Colonial  
Life benefits  
counselor.



All employees who  
speak to a Colonial Life  
Benefits Counselor are  
eligible to receive a  
LawAssure Legal  
Assistance plan at NO  
COST.

Enrollment in benefits  
is not required to  
receive LawAssure.

Meet with a Benefits  
Counselor today!



## Meet with a benefits counselor

By attending a 1-to-1 counseling session with a Colonial Life benefits counselor, you can learn more about disability insurance and how it can help protect your income and your family's way of life. Your benefits counselor can also review the rest of your insurance coverage and help you determine where you may need additional financial protection.

**During Open Enrollment attend a group presentation and a brief individual meeting with a benefits counselor to learn more and get a customized premium that fits your needs...and your budget.**

**If you are unable to meet with a benefits counselor face-to-face, please scan the green QR code to schedule a virtual meeting and get more detailed benefits information.**

- 1.State paid medical leave (PML) benefits fall under state-specific program names. For example, in New Jersey, it may be referred to as Temporary Disability Insurance (TDI). Not available in all states.
- 2.National Safety Council, Top Work-related Injury Causes, <https://injuryfacts.nsc.org/work/work-overview/top-work-related-injury-causes/>. Accessed 5/25/2023.
- 3.MedicineNet, What Are the Leading Causes of Disability?, [https://www.medicinenet.com/what\\_are\\_the\\_leading\\_causes\\_of\\_disability/article.htm](https://www.medicinenet.com/what_are_the_leading_causes_of_disability/article.htm). Accessed 5/25/2023.

For policies issued or delivered in the Commonwealth of Virginia, THIS IS AN EXCEPTED BENEFITS POLICY. IT PROVIDES COVERAGE ONLY FOR THE LIMITED BENEFITS OR SERVICES SPECIFIED IN THE POLICY.

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form ISTD3000 and rider form ISTD3000-ADIB (including state abbreviations where used, for example: ISTD3000-TX and ISTD3000-ADIB-TX), policy form DIS1000 (including state abbreviations where used), policy form ICC21-DIP3000 and rider form ICC21-DIP3000-R-DIS (including state abbreviations where used), policy form ED DIS 1.0 (including state abbreviations where used), policy form GDIS-P and certificate form GDIS-C (including state abbreviations where used, for example: GDIS-P-EE-TX and GDIS-C-EE-TX), and policy form VSTDMP and certificate form VSTD C (including state abbreviations where used). Not applicable in Oregon for policy form ICC21-DIP3000 and rider form ICC21-DIP3000-R-DIS. For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company. An insurance producer may contact you.

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC.

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## Accident Insurance

**Breathe easier for whatever life throws your way**

Accidents can happen anywhere and in the most unexpected ways. Even with medical insurance, it may not be enough to pay all of your medical expenses, like your deductible, co-insurance and co-pays.

Colonial Life Accident Insurance can help by providing you a lump-sum benefit that can be used for your out-of-pocket expenses, such as emergency room, doctor's bills and travel costs. So if you get injured in an accident, you can breathe easier about your medical bills and focus on your recovery.



Someone in the U.S. is accidentally injured every second.<sup>1</sup>



Scan or Click for more info & to schedule meeting.

### Semi-Monthly Premiums

#### Guaranteed Issue - NO Medical Questions

Benefit Level	AD&D Level	Issue Age	Employee	Employee & Spouse	Employee & Child(ren)	Family
Preferred	\$25,000	17 - 99	\$7.36	\$11.29	\$15.94	\$19.99
Premier	\$25,000	17 - 99	\$9.72	\$15.22	\$22.25	\$27.86

# How accident insurance helps people

Most people start their day with expectations on how it's going to go. And when they least expect it, a few of them will have an accident and need medical care. Here are a few of their stories:



[Scan or Click for more info & to schedule meeting.](#)



## BENEFITS STORIES

### JAYDEN

Jayden is 30, single, likes to read and participates in clubs through his local library. On his way to a meeting, he had an automobile accident and broke two of his ribs.



#### How his accident policy helped:

Jayden's benefits helped cover his out-of-pocket costs for emergency room treatment. He also used some of his benefit to rent a car while his was in the shop.



### THE TAYLOR FAMILY

The Taylor's children, Isabella and Ben, enjoy riding their bikes around their neighborhood with friends. Isabella dislocated her ankle falling off her bike and needed treatment right away.



#### How their accident policy helped:

Isabella's care in the orthopedic clinic required co-insurance and a co-pay. Her benefits helped cover these, plus the costs for X-rays, crutches and accident follow-up treatment.



### ROBERT AND ANGIE

Now that Robert and Angie are empty-nesters, they love visiting national parks in their RV. One night, Robert tripped over his fishing gear and broke his collarbone.



#### How their accident policy helped:

Robert used his benefits to cover his yearly deductible, co-insurance and co-pays for the surgery, hospital confinement and physical therapy he needed to get back in shape.

These examples are for illustrative purposes only.



## How Colonial Life Accident Insurance works

With accident coverage, you have stronger protection so you can focus on your health and recovery instead of worrying about paying your medical expenses. Here's how it works.

- A set amount is payable based on the injury and the treatment needed.
- Benefits are payable directly to you unless otherwise specified, and you can use them to pay your bills as you see fit.
- Coverage is available for you, your spouse and eligible dependent children.<sup>2</sup>
- You don't need to answer medical questions or have a physical exam to get accident coverage.
- Benefit payments aren't reduced by any other insurance that you may have with another company.

**In 2021, 62 million people in the U.S. — about 1 in 5 — sought medical attention for nonfatal preventable injuries.<sup>3</sup>**



[Scan or Click for more info & to schedule meeting.](#)

## Top causes of sports and recreational injuries treated in the ER<sup>4</sup>



**Exercise**



**Cycling**



**Basketball**



**Skateboarding/Scooters**



**Football**



**Playground equipment**



**Contact your  
Colonial Life  
benefits counselor  
to learn more about  
accident insurance.**



**All employees who  
speak to a Colonial Life  
Benefits Counselor are  
eligible to receive a  
LawAssure Legal  
Assistance plan at NO  
COST.**

**Enrollment in benefits  
is not required to  
receive LawAssure.**

**Make your appointment  
today.**

## Flexible coverage

Your plan provides coverage for injuries and services from everyday mishaps to catastrophic events, including injury, treatment and recovery care benefits.

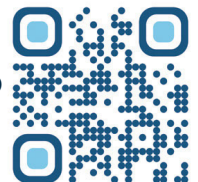
Your plan may have additional benefits, such as:

- Accidental death and dismemberment
- Accident hospital benefits
- Wellbeing assistance
- Active lifestyles

**During Open Enrollment attend a group presentation and a brief individual meeting with a benefits counselor to learn more and get a customized premium that fits your needs...and your budget.**

**If you are unable to meet with a benefits counselor face-to-face, please scan the green QR code to schedule a virtual meeting and get more detailed benefits information. If you are unable to meet with a benefits counselor face-to-face, please scan the green QR code to schedule a virtual meeting and get more detailed benefits information.**

**Scan the code to see how accident insurance can help employees, or go to [ColonialLife.com/ee-accident](https://ColonialLife.com/ee-accident).**



1. National Safety Council, Injury Facts, 2022. 2. Includes domestic partner where permitted by law.
2. National Safety Council, All Injuries, 2022. 4. National Safety Council, Safety Topics: Sports and Recreational Injuries, 2022.

#### HEALTH SAVINGS ACCOUNT (HSA) COMPATIBLE

Some plans are compatible with HSA guidelines and other HSA plans in which a covered family member may participate. It may also be offered to employees who do not have HSAs.

#### THIS INSURANCE PROVIDES LIMITED BENEFITS.

This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for accident insurance.

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy forms Accident 1.0-NS, ACCPOL, GACC1.0-P, GAC4100-P and IAC4000, and certificate forms GACC1.0-C and GAC4100-C (including state abbreviations where used, for example: Accident 1.0-NS-TX, GACC1.0-PEE-TX, GACC1.0-C-EE-TX, GAC4100-P-TX, GAC4100-C-TX and IAC4000-TX). Not applicable to policy form GAC4100-P-OR or certificate GAC4100-C-OR. For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

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ColonialLife.com

# Hospital Indemnity Insurance

How will you pay for what  
your health insurance won't  
cover?



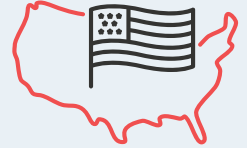
Group Medical Bridge\* insurance can help with medical costs associated with a hospital stay that your health insurance may not cover. These benefits are available for you, your spouse and eligible dependent children.

No matter how well you plan, you can't predict when sudden medical expenses could impact your way of life. Health insurance helps, but it doesn't cover everything. For instance, the average family has more than \$4,700 in out-of-pocket medical costs each year.<sup>1</sup>

If you're admitted to the hospital for a covered accident or covered sickness, Colonial Life could help pay for out-of-pocket expenses, such as deductibles, co-payments and other expenses. It's coverage that can help protect what you've worked so hard to build.

## Coverage advantages

- Benefits are payable directly to you (unless you specify otherwise) and can be used as you see fit.
- Coverage is available for you, your spouse and eligible dependent children
- You're paid regardless of any other insurance you may have with other companies.
- All benefits are indemnity based, which means you will know the benefit amount payable for covered accidents or covered sicknesses. .
- If you &/or PCVA are funding a HSA, there is a Health savings account (HSA) compatible plan.



The majority of Americans  
could not cover a \$1,000  
emergency with savings.

Bankrate, Survey: Most Americans  
Wouldn't Cover a \$1k Emergency  
with Savings, 2019.

About one-fourth of U.S. adults  
say they or a household member  
have had problems paying  
medical bills in the past year.



## EXISTING POLICYHOLDERS - VERY IMPORTANT MESSAGE!!

**If you are an existing Hospital Confinement / Medical Bridge policyholder -  
YOU MUST RE-ENROLL DURING OPEN ENROLLMENT!!**

**Coverage has been updated. Your coverage will not automatically rollover - it  
will terminate if you do not speak to a representative during Open Enrollment.**

**Please contact: Benny Nash  
[bernard.nash@coloniallifesales.com](mailto:bernard.nash@coloniallifesales.com) / 434.444.2628**

**OR speak to a rep at your  
location.**

The rising cost of health care and unplanned health emergencies are top triggers for Americans' financial anxiety.

Northwestern Mutual, Planning & Progress Study, 2018.



## One family's journey

Nathan was doing yard work with his wife when his chest pains began. After he was examined by a doctor, the couple was relieved to learn it was just a false alarm.



### HOSPITAL CONFINEMENT

Nathan was admitted to the hospital for a 24-hour stay while the doctors ran additional tests. After the tests confirmed there were no issues, he was released the following day.

#### NATHAN'S OUT-OF-POCKET EXPENSES

Deductible	\$1,500
Co-insurance	\$1,800
	<b>\$3,300</b>

#### NATHAN'S BENEFITS

Hospital confinement	<b>\$1,500</b>
----------------------	----------------

In this scenario, Nathan's Medical Bridge benefits helped pay for the out-of-pocket expenses associated with his medical care.



For more information, talk

**To Do.....**  
Talk to a rep about how this benefit helps cover my deductible & coinsurance...Less out-of-pocket for me...

**NEW!**

### Plan 1 - HSA Compliant

Applicable to Policy Forms GMB7000-P & GMB7000-C

- Wellbeing Assistance: Basic - \$50, Observation Room, Rehabilitation Unit Confinement, Daily Hospital Confinement

HOSPITAL CONFINEMENT LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE PARENT FAMILY	TWO PARENT FAMILY
Level 2: \$1000	17-99	\$6.71	\$14.40	\$8.99	\$16.68
HOSPITAL CONFINEMENT LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE PARENT FAMILY	TWO PARENT FAMILY
Level 4: \$2000	17-99	\$10.39	\$22.30	14.02	\$25.93

### Plan 2

Applicable to Policy Forms GMB7000-P & GMB7000-C

- Wellbeing Assistance: Standard - \$50, Outpatient Surgical Procedure: Option 1 - (\$500 / \$1000 / \$1500), Diagnostic Procedure: Option 1 - \$250, Observation Room, Rehabilitation Unit Confinement, Daily Hospital Confinement

HOSPITAL CONFINEMENT LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE PARENT FAMILY	TWO PARENT FAMILY
Level 2: \$1000	17-99	\$10.53	\$22.65	\$14.82	\$26.94
HOSPITAL CONFINEMENT LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE PARENT FAMILY	TWO PARENT FAMILY
Level 4: \$2000	17-99	\$14.21	\$30.55	\$19.85	\$36.19



# The facts about critical illnesses

You never know when you or someone you care for may be affected by a critical illness. The good news is that more people are surviving critical illnesses thanks to improved treatment options and lifestyle changes.

Learn the facts so that if you or your loved ones experience a critical illness, you can fight back financially during recovery.

## Common critical illnesses

Critical illnesses may include conditions such as heart attack, stroke, major organ failure and cancer.

- Survival rates for people hospitalized for heart attacks are approximately 90% to 97%.<sup>1</sup>
- Stroke is a leading cause of serious long-term disability.<sup>2</sup>
- Every nine minutes another person is added to the transplant waiting list.<sup>3</sup>

## Risk factors

Fortunately, we know more about what causes many critical illnesses, and many Americans are more conscious about their health.

- Heredity is just one stroke risk factor; others include age, gender, ethnicity and even some medical conditions.<sup>4</sup>
- Diabetes and hypertension are the leading causes of kidney failure.<sup>5</sup>



[Scan or Click for more info & to schedule meeting.](#)



Every year, about 805,000 Americans have a heart attack – 605,000 for the first time.

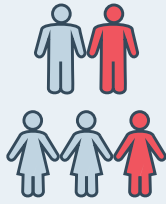
Every **40 seconds**, someone in America will have a heart attack.<sup>2</sup>



### Are you at risk?

- High blood pressure
- High cholesterol
- Smoking

are major risk factors of stroke that can be changed or treated.<sup>6</sup>



## CANCER RISK

The probability of developing cancer during a person's lifetime is **one in two for men and one in three for women.**<sup>9</sup>



Talk with your benefits counselor to learn more about how critical illness insurance can help protect what you work so hard to build.

## Importance of financial protection

Many working Americans aren't financially prepared for critical illness treatment and recovery.

- Fewer than 4 in 10 U.S. adults could cover an unexpected expense of \$1,000.<sup>7</sup>
- 17% of adults had major, unexpected medical expenses in the prior 12 months ranging between \$1,000 and \$1,999.<sup>8</sup>

## Protect your way of life

Critical illness insurance may help with costs such as:

### • Lost income

You, your spouse or another family member may need to take time away from work to help with treatment and recovery.

### • Travel and lodging

You may need to travel to a specialty treatment center and stay for an extended period of time.

### • Medical expenses

You could have out-of-pocket expenses, such as co-pays and deductibles.

### • Rehabilitation

While recovering, you may require additional assistance, such as speech therapy or physical therapy.



[Scan or Click for more info & to schedule meeting.](#)

1. Very Well Health, "How Many People Survive a Heart Attack? Why the First Hours Count." Richard N. Fogoros, MD, August 5, 2021, Heart Attack Survival Rate: How to Survive a Heart Attack (verywellhealth.com).
2. American Heart Association, Heart Disease and Stroke Statistics – 2021 Update: A Report from the American Heart Association, 2021.
3. Health Resources & Services Administration, Organ Donation Statistics, [organdonor.gov](http://organdonor.gov), 2021.
4. American Stroke Association, "Stroke Risk Factors Not Within Your Control," <https://www.stroke.org/en/about-stroke/stroke-risk-factors/stroke-risk-factors-not-within-your-control>, accessed December 2021.
5. Centers for Disease Control and Prevention. Chronic Kidney Disease in the United States, 2021. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2021.
6. American Stroke Association, "Risk Factors Under Your Control," <https://www.stroke.org/en/aboutstroke/stroke-risk-factors/risk-factors-under-your-control>, accessed December 2021.
7. Bankrate, "Survey: Bankrate's January Security Index," Jan 11 2021, [https://www.bankrate.com/banking/savings/financial-security-january-2021/?itm\\_source=parsely-api](https://www.bankrate.com/banking/savings/financial-security-january-2021/?itm_source=parsely-api), accessed December 2021.
8. Federal Reserve Board, "Report on the Economic Well-Being of U.S. Households in 2020," May 2021, The Fed - Report on the Economic Well-Being of U.S. Households in 2020 - May 2021 - Dealing with Unexpected Expenses (federalreserve.gov), accessed December 2021.
9. American Cancer Society, Cancer Facts & Figures 2021.

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Pulaski County 2025-2026 Benefits Guide

FOR EMPLOYEES 9-22 | 101570-5



**COVERAGE HAS BEEN UPDATED & IMPROVED FOR  
2025-2026 OPEN ENROLLMENT!!**

**If you are an existing policyholder - please speak to a  
benefits counselor onsite OR contact Benny Nash  
bernard.nash@coloniallifesales.com / 434.444.2628**

## Critical Illness Insurance\*

**You can't predict an illness, but you can be prepared**

Medical advancements and early detection are helping many people survive critical illnesses. However, these technologies and tests can lead to increased medical expenses.

Health insurance may only cover some of these costs, and an unexpected illness could make it difficult for you to pay your regular monthly bills, such as housing, utilities, and childcare.

Critical illness insurance from Colonial Life helps supplement your major medical coverage by providing a lump-sum benefit you can use to pay the direct and indirect costs related to a covered critical illness.

**#1**

Heart disease remains the number one cause of death in the U.S.1

**Sample Semi-Monthly Premiums - \$10,000**

**Guaranteed Issue - NO Medical Questions**

**Employee = \$35,000 / Spouse & Dependents = 50% of Employee face amount to a max of \$17,500**

Plan: Critical Illness + Cancer with \$50 Annual Health Screening. Also includes First Diagnosis Building Benefit



Issue Age	Non-Smoker		Smoker	
	Employee	EE & Spouse	Employee	EE & Spouse
	All plans include dependent children up to age 26			
17 - 29	\$5.21	\$7.74	\$7.52	\$10.98
30 - 39	\$8.84	\$13.12	\$13.29	\$19.67
40 - 49	\$15.87	\$23.91	\$24.52	\$36.91
50 - 59	\$25.45	\$38.76	\$39.83	\$60.61
60 - 74	\$37.84	\$57.56	\$59.63	\$90.75





## BENEFITS STORY

### ONE FAMILY'S JOURNEY

Everything was going great for John. To celebrate his promotion and 45th birthday, he went to dinner with his family. After returning home, John had a heart attack. Fortunately, he survived and had critical illness insurance to help with the bills while he recovered.

#### Medical expenses



John's critical illness insurance helped him pay for the hospital bills that his medical insurance didn't cover.



#### Lifestyle changes

After recovering, John's cardiologist recommended that he exercise regularly, so John used part of his benefit to pay for a gym membership.



#### Rest and relaxation

With stress factoring into John's heart attack, he used part of his benefit to take a vacation, where he took the time to decompress.



#### Prevention

To help make sure his heart stays healthy, John uses his annual health screening benefit to pay for his yearly stress test.

### How it works

Critical illness insurance provides a lump-sum benefit you can use to help pay for:

- Missed wages, bills, and recovery expenses
- Lifestyle changes that may lead to better health, such as gym memberships and smoking cessation programs
- Expenses related to additional medical procedures, such as angioplasty and pacemaker implantation
- Any other expenses you choose



**Critical illness insurance can help with expenses from a major health event.**



Scan or visit [coloniallife.com/nc](https://www.coloniallife.com/nc) to



### Covered critical illnesses may include:<sup>2</sup>

- Heart attack
- Stroke
- End-stage renal (kidney) failure
- Major organ failure
- Coronary artery bypass graft surgery (non-HSA) or coronary artery disease (HSA)

### Additional covered illnesses may include:

- Cancer
- Carcinoma *in situ*
- Coma
- Blindness
- Occupational HIV or occupational Hepatitis B, C or D
- Permanent paralysis due to a covered accident

### MEET WITH A BENEFITS COUNSELOR

By attending a 1-to-1 counseling session with a Colonial Life benefits counselor, you can learn more about critical illness insurance and how it can help protect your family's way of life.

Your benefits counselor can also review the rest of your insurance coverage and help you determine where you may need additional financial protection.



**Every 10 minutes another person is added to the transplant waiting list.<sup>3</sup>**



**Talk with your  
Colonial Life benefits  
counselor to learn  
more about critical  
illness insurance.**



**All employees who  
speak to a Colonial Life  
Benefits Counselor are  
eligible to receive a  
LawAssure Legal  
Assistance plan at NO  
COST.**

**Enrollment  
is not required to  
receive LawAssure**

**NEW!**

## Additional coverage options

Talk with your benefits counselor to find out which of these benefits may be included in your coverage

- **Health screening benefit** — You or a covered family member may receive a benefit for certain health screening tests, such as a fasting blood glucose test, chest X-ray or PSA (blood test for prostate cancer).
- **Subsequent diagnosis benefit** — You may receive additional lump-sum benefits if diagnosed with a covered critical illness more than one time.
- **Cancer vaccine benefit** — You may receive a benefit if a covered person incurs a charge for any FDA-approved cancer vaccine.

**During Open Enrollment  
attend a group presentation  
and a brief individual  
session with a benefits  
counselor to learn more and  
get a customized plan  
that fits your needs.**

**If you are unable to  
meet with a  
benefits counselor  
face-to-face,  
please scan the  
green QR code to  
schedule a virtual  
meeting and get  
more detailed  
information.**

**NEW UPDATE**

**COVERAGE HAS BEEN UPDATED &  
IMPROVED for 2025-2026!!**

**If you are an existing policyholder -  
you will need to speak to a benefits  
counselor onsite OR contact**

**Benny Nash**

**[bernard.nash@coloniallifesales.com](mailto:bernard.nash@coloniallifesales.com)**

**434.444.2628**

Critical Illness Insurance and  
Insurance." In FL, the insurance  
Specified Disease Group Limited  
and NJ, the policy is called  
Specified Critical Illness Insurance.

### THIS INSURANCE PROVIDES

This coverage is a supplement to  
law. Insureds in some states may

This information is not intended to be a contract.  
unavailable in some states. Insurance has  
GCC1.0-P and certificate form GCC1.0-C.  
complete details of coverage, call or write  
company. Pulaski County Public School

Benefits  
CI-1.0, GCC1.0

ORE 12-23 | 1017-5



# Life Insurance

## Protect the people who matter most

Throughout your life, there's one priority that stays the same — looking out for the people you love. Whether you're joining the workforce, supporting a growing family or preparing for retirement, you want what's best for your loved ones.

If you have a family who depends on you, life insurance is especially important. Without you, would they be able to pay for housing, utilities and other everyday expenses?

With life insurance from Colonial Life & Accident Insurance Company, you can tailor coverage for your family's specific needs. No matter where you are in life, we have coverage options that can help.



### TOP REASONS FOR OWNING LIFE INSURANCE:

- Cover burial and final expenses
- Replace lost income from a wage earner
- Transfer wealth/inheritance across generations
- Help pay off mortgage



Scan or Click for more info & to schedule meeting.

Colonial Life

# Group Term Life Insurance

Voluntary coverage

NEW

AVAILABLE  
NOW



Our group term life insurance can help increase financial security for your family if something were to happen to you. You can also apply for coverage for your spouse and eligible dependent children without health questions.

## How much group term coverage do I need?

You: \$ _____	<ul style="list-style-type: none"><li>• Available in \$1,000 increments • Minimum of \$10,000 increments to a maximum of five times your salary to \$500,000</li></ul>
Your spouse: \$ _____	<ul style="list-style-type: none"><li>• Available in \$1,000 increments • Minimum of \$1,000 to a maximum of \$10,000 per dependent child</li><li>• Each dependent child is covered for the same amount, except children from live birth to six months for whom the death benefit is \$1,000</li></ul>
Your dependent children (up to age 26): \$ _____	<ul style="list-style-type: none"><li>• Available in \$1,000 increments • Minimum of \$5,000 to a maximum of \$500,000 • Spouse coverage cannot exceed your coverage amount</li></ul>



### Why group term life insurance is a good option

- Death benefit
- Lower premiums
- Coverage during high-need years
- Benefit payment typically tax-free

## Additional benefits and services

**Built-in accelerated death benefit** provides an advance of up to 75% of the death benefit, to a maximum of \$150,000, if diagnosed with a terminal illness.<sup>3</sup>

**Health Advocate Employee Assistance Program (EAP)** provides 24-hour personal support and referral service, including a medical bill saver service. Face-to-face sessions and video counseling with mental health professionals are available.<sup>4</sup>

- **Online:**  
[ColonialLife.com/EAP](https://ColonialLife.com/EAP)
- **Telephone:**  
1-888-645-1772

**Life planning services** offer financial and legal counseling services, as well as grief support and referral for up to 12 months after a claim.<sup>4</sup>

## Get the most out of your coverage

**Portability:** You may be able to continue your coverage if you change jobs or retire.

**Conversion:** After the group term period ends, you may be eligible to convert to a whole life policy without health questions.

**Waiver of premium:** Your premium payments may be eligible for waiver if you become disabled.

# Colonial Life® Group Term Life Insurance

## Accidental Death & Dismemberment Insurance (AD&D)



This coverage can provide benefits for a covered accidental death or dismemberment. Benefits can be used for any purpose, including to help pay costs related to recovery or rehabilitation.

### What is my AD&D full benefit amount?

The AD&D full benefit amount is equal to your group term life insurance death benefit amount.

### What is payable under the AD&D benefit?

If the loss is:	% of full amount payable
Loss of life	100%
Loss or loss of use of both hands or both feet or sight of both eyes	100%
Loss or loss of use of one hand and one foot	100%
Loss or loss of use of one hand and sight of one eye	100%
Loss or loss of use of one foot and sight of one eye	100%
Loss of speech and hearing	100%
Loss or loss of use of one hand or one foot	50%
Loss of sight of one eye	50%
Loss of speech or hearing	50%
Loss or loss of use of thumb and index finger on the same hand	25%

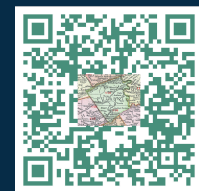
### What other benefits are included?

#### Seatbelts and airbags:

Pays a benefit if the cause of death or dismemberment is a car accident and the covered person was using a seatbelt or airbag.

#### Family coverage

AD&D is available to you with your group term life coverage, as well as all your covered family members.



Scan or click for more info & to

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form GTL1.0-P and certificate form GTL1.0-C (including state abbreviations where used for example: GTL1.0-P-TX and GTL1.0-C-TX). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company. Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC.

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## All Rates listed are Monthly per \$1,000 of coverage

Age-band	Employee		Spouse	Dependent Children
	Non-tobacco	Tobacco	Uni-tobacco	Unit
0-24	0.024	0.030	0.051	0.201
25-29	0.030	0.037	0.053	0.201*
30-34	0.042	0.053	0.069	*Dependent children coverage is available up to age 26.
35-39	0.065	0.085	0.097	
40-44	0.097	0.134	0.146	
45-49	0.149	0.206	0.229	
50-54	0.217	0.319	0.340	
55-59	0.309	0.410	0.507	
60-64	0.394	0.504	0.708	
65-69	0.569	0.704	1.003	
70-74	1.078	1.322	1.898	
75+	3.365	3.846	5.867	
AD&D	0.032		0.036	0.032



To learn more, talk with your Colonial Life benefits counselor.



Scan or Click for more info & to schedule meeting.

### GUARANTEED ISSUE! NO MEDICAL QUESTIONS

**Employees - \$150,00**  
**Spouses - \$25,000**  
**Children - \$10,00**

To calculate semi-monthly per pay premium: Locate your age and smoking status rate + AD&D rate. Multiply that rate by the \$1,000 increment you desire (face amount). Multiply by 12. Divide by 24.

$$0.065 + 0.032 = 0.10$$

$$0.10 \times 100 = \$10.00$$

$$\$10 \times 12 = \$120$$

$$\$120 / 24 = \$5 / \text{pay}$$

**Example for a 38 year-old, non-smoker, \$100,000:**

All employees who speak to a Colonial Life Benefits Counselor are eligible to receive a LawAssure Legal Assistance plan at NO COST.

Enrollment in benefits is not required to receive LawAssure.

Make your appointment today.

#### BENEFIT AGE REDUCTION SCHEDULE

When a covered person reaches age 70, but not 75, the amount of insurance will be:

- 65% of the amount of insurance prior to age 70; or
- 65% of the amount of insurance applied for on or after age 70 but before age 75.

When a covered person reaches age 75 or more, the amount of insurance will be:

- 50% of the amount of insurance prior to the first reduction; or
- 50% of the amount of insurance the employee applied for on or after age 75.

Once the benefit reduction schedule begins, there will be no further increases. If a covered person reaches age 75 at the time of enrollment, the amount of insurance applied for will be reduced by 50%.

This information is not intended to be a complete description of the insurance coverage. The insurance or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form GTL1.0-P and certificate form GTL1.0-C (including state abbreviations where used, for example: GTL1.0-P-TX and GTL1.0-C-TX). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.



**All Employees who enroll in Colonial Life's Group Term Life with AD&D receive EAP Services**

## Employee assistance and life planning

**Get support when you need it the most**



The Employee Assistance Program (EAP) and Life Planning Services from Health Advocate offer a wide range of support that can help you with life's challenges at home and work. These benefits are available to you with Colonial Life Group Term Life Insurance.

### More options to get support

Health Advocate EAP provides 24-hour confidential counseling\* and resources with unlimited phone support, online chat and up to three face-to-face sessions for a variety of personal and work issues, such as:

- Stress, anxiety and depression
- Substance dependency/addiction
- Child care, camps and after-school care
- Grief and loss
- Special needs services
- Identity theft resources
- Retirement planning
- Staying healthy

### Expert support on medical expenses

Get help in navigating your medical and dental out-of-pocket expenses with Medical Bill Saver®, another Health Advocate EAP resource. Medical Bill Saver can help:

- Negotiate out-of-pocket medical and dental costs over \$400
- Provide a Savings Results Statement summarizing the outcome
- Explain how to maximize your savings and get the most value from your benefits



Scan or Click for more info & to schedule meeting.

**To access EAP, call or go online:**



**Online**  
[ColonialLife.com/EAP](https://ColonialLife.com/EAP)



**Telephone**  
**1-888-645-1772**



## Life Planning Services

Health Advocate Life Planning Services can help ease the burden on families with a terminally ill employee, spouse or designated beneficiary. This service offers financial and legal counseling for up to 12 months, including:

- Impartial, confidential consultations
- A Life Planning Resource Guide with decisions checklist and basics on settling an estate
- Legal and financial counseling on dealing with creditors and financial changes
- Tips and downloadable forms relating to wills, estates, survivor benefits and budgeting

**To access Life Planning Services, call or go online:**

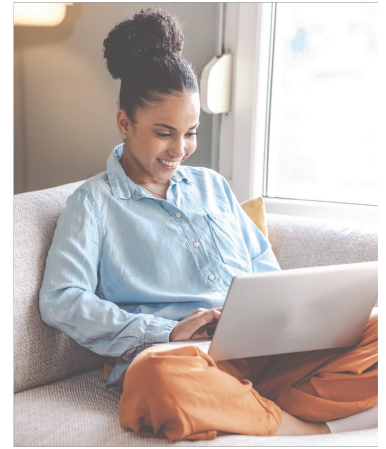
Online

[HealthAdvocate.com/members](https://HealthAdvocate.com/members)

Enter "Colonial Life – Life Planning" in the menu.

Telephone

1-800-422-5142



**EAP is included in Group Term Life Premiums. To receive this coverage, employees must be enrolled in Group Term Life coverage.**

**Talk with your Colonial Life benefits counselor to learn more about these valuable services.**

**During Open Enrollment attend a group presentation and a brief individual meeting with a benefits counselor to learn more and get a customized premium that fits your needs...and your budget.**

**If you are unable to meet with a benefits counselor face-to-face, please scan the green QR code to schedule a virtual meeting and get more detailed benefits information.**



[Scan or Click for more info & to schedule meeting.](#)

**All employees who speak to a Colonial Life Benefits Counselor are eligible to receive a LawAssure Legal Assistance plan at NO COST.**

**Enrollment in benefits is not required to receive LawAssure.**

**Make your appointment today.**

# Individual Term Life Insurance

Protection for your working years

Our term life insurance provides financial protection for you and your loved ones during your working years.



## 10, 15, 20 & 30 Year Options

Level Premium, Guaranteed Renewable, Portable & Guaranteed Issue

### Benefit features

- Helps pay for ongoing expenses to your loved ones if you pass away
- Benefit payments are typically tax free
- Higher coverage is offered with premiums that are lower than premiums for whole life insurance
- Coverage may be eligible to convert to a whole life policy without health questions

Employee Issue Age	Guaranteed Issue Amount	Spouse Issue Age	Guaranteed Issue Amount
16-50	\$125,000	16-50	\$25,000
51-60	\$75,000	51-75	\$10,000
61-75	\$30,000		

## Individual Term Life

Semi-Monthly 10-year Sample Premiums other options available: 15, 20 & 30 years)

### 10-Year Term Base Plan

#### Non-Tobacco Rates

ISSUE AGE	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000
25	\$3.32	\$5.30	\$5.11	\$6.66	\$8.21
35	\$3.79	\$6.47	\$5.63	\$7.44	\$9.25
45	\$4.59	\$8.46	\$9.31	\$12.97	\$16.63
55	\$8.09	\$17.22	\$18.19	\$26.28	\$34.38
65	\$17.44	\$22.67	\$43.33	\$64.00	\$84.67

#### Tobacco Rates

ISSUE AGE	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000
25	\$5.20	\$10.00	\$8.88	\$12.31	\$15.75
35	\$5.76	\$11.41	\$9.86	\$13.78	\$17.71
45	\$7.49	\$15.72	\$20.46	\$29.69	\$38.92
55	\$16.11	\$37.26	\$49.04	\$72.56	\$96.08
65	\$32.83	\$46.83	\$91.67	\$136.50	\$181.33

Enrollment in benefits is not required to receive LawAssure.

All employees who speak to a Colonial Life Benefits Counselor are eligible to receive a LawAssure Legal Make your appointment today. Pulaski County 2025-2026 Benefits Guide Assistance plan at NO COST.



# ENGAGE

## Maximize Your Healthcare

Knowing how to best use your healthcare coverage can help you improve your health and reduce your expenses. In this section you'll find tips on:

- Finding the right care at the right cost
- Alternatives to hospital care
- Understanding preventive care benefits
- Saving money on prescription drugs



# PREVENTIVE CARE SCREENING BENEFITS



## TYPICAL SCREENINGS FOR ADULTS

Blood pressure  
Cholesterol  
Diabetes  
Colorectal cancer screening  
Depression  
Mammograms  
OB/GYN screenings  
Prostate cancer screening  
Testicular exam

You take your car in for maintenance. Why not do the same for yourself?

Annual preventive checkups can help you and your doctor identify your baseline level of health and detect issues before they become serious.

### What is Preventive Care?

The Affordable Care Act (ACA) requires health insurers to cover a set of preventive services at no cost to you, even if you haven't met your yearly deductible. The preventive care services you'll need to stay healthy vary by age, sex, and medical history.

Visit [cdc.gov/prevention](https://www.cdc.gov/prevention) for recommended guidelines.

## Preventive care is covered in full!

### Not all exams and tests are considered preventive

Exams performed by specialists are generally not considered preventive and may not be covered at 100 percent.

Additionally, certain screenings may be considered diagnostic, not preventive, based on your current medical condition. You may be responsible for paying all or a share of the cost for those services.

If you have a question about whether a service will be covered as preventive care, contact your medical plan.

**REMINDER! All employees who have an annual preventative care visit receive a \$50 payroll deposit!**

**Many of the Colonial Life benefits include annual screening benefits too! Talk to a rep during OE about filing yours!**





**1.888.770.0925**

**AVAILABLE 24 HOURS A DAY**

## **IN CASE OF WORKPLACE INJURY**

*ACCION a seguir en caso de un accidente en el trabajo*

**01**

**Injured worker notifies supervisor.**

*Empleado lesionado notifica a su supervisor.*

**02**

**Supervisor/ Injured worker immediately calls injury hotline.**

*Supervisor / Empleado lesionado llama inmediatamente a la linea de enfermeros/as.*

**03**

**Company Nurse gathers information over the phone and helps injured worker access appropriate medical treatment.**

*Company Nurse obtiene informaci6n por telefono y asiste al empleado lesionado en localizar el tratamiento medico adecuado.*

EMPLOYER NAME / SEARCH CODE  
NOMBRE DE COMPAÑIA / CODIGO DEL BUSQUEDA

County - 071

PSA - 071C

Volunteer Fire / EMS -  
071V

### **Notice to Employer/Supervisor:**

Please post copies of this poster in multiple locations within your worksite. If the injury is non-life threatening, please call Company Nurse prior to seeking treatment. Minor injuries should be reported prior to leaving the job site when possible.

**Visit us online: [www.CompanyNurse.com](http://www.CompanyNurse.com)**

# PRESCRIPTIONS BREAKING YOUR BUDGET?



## THE FORMULARY DRUG TIERS DETERMINE YOUR COST

\$	Generic Drug
\$\$	Brand Name Drug
\$\$\$	Specialty Drug

## Understanding the formulary can save you money

If your doctor prescribes medicine, especially for an ongoing condition, don't forget to check your health plan's drug formulary. It's a powerful tool that can help you make informed decisions about your medication options and identify the lowest cost selection.

## What is a formulary?

A drug formulary is a list of prescription drugs covered by your medical plan. Most prescription drug formularies separate the medications they cover into four or five drug categories, or "tiers." These groupings range from least expensive to most expensive cost to you. "Preferred" drugs generally cost you less than "non-preferred" drugs.

## Get the most from your coverage

To get the most out of your prescription drug coverage, note where your prescriptions fall within your plan's drug formulary tiers and ask your doctor for advice. Generic drugs are usually the lowest cost option. Generics are required by the Food and Drug Administration (FDA) to perform the same as brand-name drug equivalents.

**To find out if a drug is on your plan's formulary, visit the plan's website or call the customer service number on your ID card.**



# Work + Life Empowered.

## Group Whole Life Insurance at a Glance

### Consider the advantages:

MassMutual Group Whole Life Insurance provides coverage at a set premium, builds cash value over time you can access<sup>1</sup> and pays a death benefit to your loved ones. Group Whole Life Insurance may be easier and more affordable than you think.



#### Provides guarantees:

- Guaranteed death benefit
- Guaranteed level premiums
- Guaranteed cash-value accumulation



#### Dividend eligible<sup>2</sup>

MassMutual whole life certificate owners are eligible to receive dividends. During enrollment, you'll have the opportunity to select the dividend option that fits you best. Options include:

- Cash
- Dividend accumulations
- Paid-up additional insurance

Read more about these dividend options when you enroll. While dividends are not guaranteed, MassMutual® has paid them to eligible participating policy and certificate owners every year since 1869.



#### Portable, lifelong coverage

You own the certificate along with the accumulated cash values and you can take it with you even if you leave the company. Additionally, if you leave the company and take your certificate with you, you can change your dividend option and choose to have your dividend payments reduce your premiums.



#### Tax advantages

Whole life insurance policies offer a combination of valuable tax advantages, including:

- Generally income-tax-free death benefit
- Tax-deferred cash-value growth

So how much does it cost for a tobacco-free person to be covered with \$25,000 worth of MassMutual Group Whole Life Insurance:

Age	25	45	55
Cost per week*	\$4.27	\$9.98	\$17.08
Guaranteed cash value at age 65	\$10,120	\$7,363	\$4,400

\* This is a hypothetical example only and is not binding. Additional policy features, or riders, are not included in the examples above and may be available at an additional cost. Rates may vary based on age, tobacco status and state. Rates are as of 6/1/2023 and are subject to change.

Please be sure to review all of the features of your coverage.

<sup>1</sup> Access to cash values through borrowing or partial surrenders will reduce the certificate's cash value and death benefit, increase the chance the certificate will lapse, and may result in a tax liability if the certificate terminates before the death of the insured.

<sup>2</sup> Dividends are not guaranteed. The certificate is eligible to receive dividends beginning on the second anniversary.



## Accelerated Provisions<sup>3</sup>

As the certificate owner, you can receive an advance, or acceleration, of a portion of the death benefit under your certificate, if the insured is diagnosed with a terminal illness or if the insured has a chronic illness that has been certified by a Qualified Medical Practitioner.

- **Chronic Illness:** The Accelerated Death Benefit for Chronic Illness is payable when the insured meets the definition of Chronic Illness, generally having a permanent loss of two activities of daily living (eating, toileting, transferring, bathing, dressing, or continence) due to loss of functional capacity, or requiring substantial supervision due to permanent severe cognitive impairment. In North Carolina and Washington, generally, Chronic Illness is any medical condition that requires continuous confinement in an Eligible Institution, where the Insured is

expected to remain there for the rest of their life.

- **Terminal Illness:** In most states, the Accelerated Death Benefit for Terminal Illness is payable when the insured meets the definition of Terminally Ill, generally diagnosed with an illness that will result in death within 12 months (24 months in some states).

**These benefits are not long term care insurance and may be used for any purpose.** In many cases, these benefits allow access to more funds than would be available through a certificate loan or certificate cash surrender value. There is a fee taken from the Chronic Care Benefit. Consult with your tax advisor regarding a request for accelerated benefits. Certificate owners who have exercised the Accelerated Death Benefit for Terminal Illness benefit cannot use the Chronic Care Benefit. However, the Terminal Illness Benefit will still be available on the remaining face amount after a Chronic Care Benefit payment has been made.

**The information provided is not written or intended as specific tax or legal advice. MassMutual, its subsidiaries, employees and representatives are not authorized to give tax or legal advice. Individuals are encouraged to seek advice from their own tax or legal counsel.**

<sup>3</sup> Except in Washington and North Carolina, the acceleration of the death benefit is intended to receive favorable tax treatment under §101(g) of the Internal Revenue Code. Accessing other similar benefits may cause the per diem limit to be exceeded. The insured must be chronically ill or terminally ill, as defined in 26 USC 7702B. Certificate owners should seek advice from a tax advisor prior to requesting a benefit payment. Receipt of accelerated death benefits may be taxable. For group policies issued in Washington or North Carolina, the Chronic Care Benefit defines a chronic illness in accordance with state insurance requirements, and may be taxable, as the state prescribed definition differs from the federal tax law definition.

Accelerating the payment of your death benefit may affect your eligibility for public assistance programs, including MEDICAID and SUPPLEMENTAL SECURITY INCOME ("SSI"). Contact the Medicaid Unit of the local Department of Public Welfare and the Social Security Administration Office for more information.

An acceleration of the death benefit will reduce the certificate's death benefit, any cash value and any loan values. The certificate's premium payments will be based on the reduced amount of insurance at the current rate. There is no premium required for either the chronic care or terminal illness benefits, however, there is a fee if the chronic care benefit provision is exercised. The fee for the Chronic Care Benefit is a present value adjustment shown as a percentage of the Eligible Amount for the Chronic Care Benefit. The percentage depends on the Insured's age at the time the benefit is exercised: 18% for ages 45 and above; 27% for ages 44–35; 36% for under age 35. In the situs states of Kansas, Minnesota, North Carolina and Washington the term "fee" is replaced with "Actuarial Discount." For Montana, "fee" is replaced with "Reduction."

Please carefully read the accelerated death benefit disclosure provided at application. Restrictions and limitations will apply.

The product and/or certain features may not be available in all states. State variations will apply. **The Chronic Care Benefit is not available in MA. This material is not for use in CA or NY.**

Group Whole Life Insurance (GPWL), (policy/certificate forms MM-GPWL-2014 and MM-GCWL-2014, and MM-GPWL-2014 (NC) and MM-GCWL-2014 (NC) in North Carolina), is level-premium, participating permanent life insurance. The GPWL policy and GCWL certificates are issued by Massachusetts Mutual Life Insurance Company, Springfield, MA 01111-0001.

## **Additional financial protection**

A rider can offer additional financial protection beyond the coverage in your base certificate.

### **Waiver of premium rider**

The waiver of premium rider ensures that your life insurance protection will stay in place, and your cash value will continue to grow, if you, the insured, are totally disabled and may not be able to pay the premiums. This rider is attached to each certificate for employees age 18–60 and activates following a continuous six-month waiting period. When activated, the premium for the certificate and any riders included with the certificate will be waived for the duration of the insured's disability. It will terminate when the insured reaches the attained age of 67 (state variations may apply). This rider is attached to each certificate. Your employer has elected this rider and it has an additional cost. You can elect to cancel the rider at any time; once canceled it cannot be reinstated.

### **Accidental death benefit rider**

This rider allows for your beneficiary(ies) to receive an additional death benefit in the event that your death was the result of an accident. The rider terminates when the insured reaches age 67. This rider is attached to each certificate for employees age 18–60. Your employer has elected this rider and it has an additional cost. You can elect to cancel the rider at any time; once canceled it cannot be reinstated.

### **Spouse term life insurance rider**

When you are the certificate owner, this rider provides term insurance coverage for your spouse and provides a death benefit to the certificate owner if the insured spouse dies while the rider is in force. There is an additional cost for this rider. This coverage is available to spouses between the ages of 18 to 65. Coverage limits are \$10,000 or \$20,000, not to exceed the amount issued to you, the employee.

### **Children's term life insurance rider**

When you are the certificate owner, this rider provides term insurance coverage for all of your children. The rider provides a death benefit to the certificate owner if the insured child dies while the rider is in force. There is an additional cost for this rider. This coverage is available to children between the ages of 14 days to 26 years. Must be a dependent based on federal tax rules. Coverage limits are \$10,000 or \$20,000, not to exceed the amount issued to you, the employee.

### **Group whole life insurance for spouse and dependents**

You have the option to apply for \$25,000 of whole life insurance coverage for your spouse and each dependent child and grandchild. Group whole life certificates provide the same features as the employee basic coverage. (Riders are not available with this coverage.) This coverage provides separate certificates for each spouse, child and grandchild, and is available to spouses between the ages of 18 to 60, and children or grandchildren between the ages of 14 days to 26 years. Must be a dependent based on federal tax rules.

# Work + Life Empowered.

## Group Whole Life Insurance

### LIFE INSURANCE FACTS

#### Life insurance helps ensure FINANCIAL SECURITY



**3 out of 5**

Americans own some type of life insurance.

On average, people

**Overestimate the Cost**

of life insurance to be more than three times the actual price.<sup>1</sup>



**42% of Americans**

say their household would face financial hardship within six months should a wage earner die unexpectedly.

### CONSIDER THE WHOLE PICTURE

**Whole Life = Lifetime Coverage + Cash Value Accumulation**

PAYS A GUARANTEED AMOUNT ON YOUR DEATH<sup>2</sup>

Rather than covering you for a part of your life, whole life will cover you for your entire life, as long as you keep up the premiums. That's coverage for your entire life with guaranteed cash value accumulation.

### GROUP WHOLE LIFE ADVANTAGES



Whole life protects you over your entire lifetime.



Available with no medical exams. Applying for coverage is easy – simply answer a couple of questions to determine eligibility.



It's portable – you can take it with you even if you leave the company.



Whole life offers guaranteed coverage with fixed premiums that can't increase due to age or change in health.



Whole life has the potential to receive dividends that can be used to purchase additional will increase the total death benefit and cash value over time.<sup>3</sup>



Whole life provides convenient access to available cash value for any reason.<sup>4</sup>

### CHRONIC CARE BENEFIT<sup>5</sup>



Ability to receive an advance, or acceleration, of a portion of the death benefit, paid in a lump sum. This can help reduce financial stress if the insured becomes Chronically Ill.



# IMPORTANT PLAN INFORMATION

## Employee Payroll Contributions

## Contact Information

## Glossary

## Medical Spousal Carve-out Affidavit

In this section, you'll find important plan information, including:

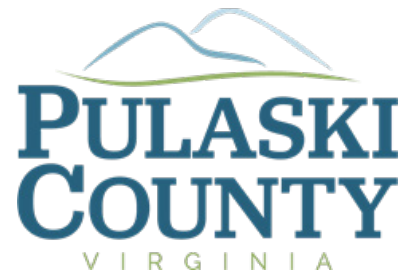
- Your medical, dental and vision benefit contributions for 2025 - 2026
- Contact information for our benefit carriers and vendors
- A summary of the health plan notices you are entitled to receive annually, and where to find them
- A Benefits Glossary to help you understand important insurance terms.



## Department of Human Resources

143 Third Street, NW, Suite 1  
Pulaski, VA 24301  
540-994-2406 Phone  
540-994-2431 Fax

[tnichols@pulaskicounty.org](mailto:tnichols@pulaskicounty.org)  
[www.pulaskicounty.org](http://www.pulaskicounty.org)



## HEALTH INSURANCE SPOUSAL EXCLUSION

Effective July 1, 2025, employees' spouses who have access to affordable employer sponsored health care coverage will no longer be eligible for enrollment in Pulaski County health insurance plans. This eligibility change will allow Pulaski County to maintain affordable coverage for its employees. Spouses, who do not have access to employer sponsored health care coverage that provides affordable coverage and minimum value through his /her employer, will continue to be eligible for enrollment as a dependent.

Employees who want to cover their eligible spouse on the Pulaski County Plan must complete the Spousal Affidavit. Employees whose spouse is currently enrolled on the health plan and does not meet the new eligibility criteria should **not sign** the affidavit. **If this affidavit is not signed and submitted, spouses will be considered ineligible and will be dropped from the plan.**

### Spousal Affidavit

I certify that my spouse does not have access to employer sponsored health insurance coverage.

If my spouse does not currently have access to employer sponsored health care that provides affordable coverage at minimum value through his/her employer but gains it at a later date, I agree to notify Pulaski County within 60 days. I further understand that on the 1st day of the month following the date my spouse becomes eligible for affordable health care that provides minimum value; I will no longer be allowed to cover my spouse under Pulaski County Plan unless a mid-year qualifying event changes the ineligibility of my spouse.

I attest that the above information is accurate to the best of my knowledge as of the date that I sign and submit this affidavit.

_____ Employee Name	_____ Employee Signature
------------------------	-----------------------------

_____ Spouse Name	_____ Date
----------------------	---------------

# Plan contacts and resources

## Medical

Anthem  
[anthem.com](https://www.anthem.com)  
833.592.9956

## Dental

Delta Dental  
[deltadentalva.com](https://www.deltadentalva.com)  
800.237.6060

## Vision

EyeMed  
[eyemed.com/en-us](https://www.eyemed.com/en-us)  
866.939.3633

## Health Savings Account (HSA)

HealthEquity  
[healthequity.com](https://www.healthequity.com)  
866.346.5800

## Flexible Spending Accounts (FSA)

Flexible Benefit Administrators  
[flex-admin.com](https://www.flex-admin.com)  
800.437.3539

## Helpful Resources

Innovative Insurance Group  
[customerservice@thinkinnovative.net](mailto:customerservice@thinkinnovative.net)  
888.676.9496

## Employee Assistance Program (EAP)

Sentara  
Sentara18  
[sentaraEAP.com](https://www.sentaraEAP.com)  
800.899.8174

## Travel Assistance

AirMedCare  
[amcnrep.com](https://www.amcnrep.com)  
800.793.0010

## Supplemental Benefits

Colonial Life  
[coloniallife.com](https://www.coloniallife.com)  
cs (existing policyholders) 800.325.4368  
enrollment (new hires or OE) 410.988.2555 /  
[getinfo@coloniallifemd.com](mailto:getinfo@coloniallifemd.com)

## Colonial Life Benefits Counselors

To enroll in your benefits throughout the year, please feel free to contact a professional to assist you and answer questions about all of the benefits offered to you.

Use enrollment phone / email above or select a convenient time for a virtual meeting by scanning or clicking the QR code



Mass Mutual  
[massmutual.com](https://www.massmutual.com)  
800.272.2216

# GLOSSARY

## -A-

### **AD&D Insurance**

An insurance plan that pays a benefit to you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you have a fatal accident.

### **Allowed Amount**

The maximum amount your plan will pay for a covered healthcare service.

### **Ambulatory Surgery Center (ASC)**

A healthcare facility that specializes in same-day surgical procedures such as cataracts, colonoscopies, upper GI endoscopy, orthopedic surgery, and more.

### **Annual Limit**

A cap on the benefits your plan will pay in a year. Limits may be placed on particular services such as prescriptions or hospitalizations. Annual limits may be placed on the dollar amount of covered services or on the number of visits that will be covered for a particular service. After an annual limit is reached, you must pay all associated health care costs for the rest of the plan year.

## -B-

### **Balance Billing**

In-network providers are not allowed to bill you for more than the plan's allowable charge, but out-of-network providers are. This is called balance billing. For example, if the provider's fee is \$100 but the plan's allowable charge is only \$70, an out-of-network provider may bill YOU for the \$30 difference (the balance).

### **Beneficiary**

The person (or persons) that you name to be paid a benefit should you die. Beneficiaries are requested for life, AD&D, and retirement plans. You must name your beneficiary in advance.

### **Brand Name Drug**

A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine.

## -C-COBRA

A federal law that may allow you to temporarily continue healthcare coverage after your employment ends, based on certain qualifying events. If you elect COBRA (Consolidated Omnibus Budget Reconciliation Act) coverage, you pay 100% of the premiums, including any share your employer used to pay, plus a small administrative fee.

### **Claim**

A request for payment that you or your health care provider submits to your healthcare plan after you receive services that may be covered.

### **Coinsurance**

Your share of the cost of a healthcare visit or service. Coinsurance is expressed as a percentage and always adds up to 100%. For example, if the plan pays 70%, your coinsurance responsibility is 30% of the cost. If your plan has a deductible, you pay 100% of the cost until you meet your deductible amount.

### **Copayment**

A flat fee you pay for some healthcare services, for example, a doctor's office visit. You pay the copayment (sometimes called a copay) at the time you receive care. In most cases, copays do not count toward the deductible.

## -D-

### **Deductible**

The amount of healthcare expenses you have to pay for with your own money before your health plan will pay. The deductible does not apply to preventive care and certain other services.

Family coverage may have an **aggregate** or **embedded** deductible. Aggregate means your family must meet the entire family deductible before any individual expenses are covered. Embedded means the plan begins to make payments for an individual member as soon as they reach their individual deductible.

### **Dental Basic Services**

Services such as fillings, routine extractions and some oral surgery procedures.

**Dental Diagnostic & Preventive** Generally includes routine cleanings, oral exams, x-rays, and fluoride treatments. Most plans limit preventive exams and cleanings to two times a year.

### **Dental Major Services**

Complex or restorative dental work such as crowns, bridges, dentures, inlays and onlays.

### **Dependent Care Flexible Spending Account (FSA)**

An arrangement through your employer that lets you pay for eligible child and elder care expenses with tax-free dollars. Eligible expenses include day care, before and after-school programs, preschool, and summer day camp for children under age

13 so included is care for a spouse or other dependent who lives with you and is physically incapable of self-care.

## -E-

### **Eligible Expense**

A service or product that is covered by your plan. Your plan will not cover any of the cost if the expense is not eligible.

### **Excluded Service**

A service that your health plan doesn't pay for or cover.

## -F-

### **Formulary**

A list of prescription drugs covered by your medical plan or prescription drug plan. Also called a drug list.

## -G-

### **Generic Drug**

A drug that has the same active ingredients as a brand name drug but is sold under a different name. For example, Atorvastatin is the generic name for medicines with the same formula as Lipitor.

### **Grandfathered**

A medical plan that is exempt from certain provisions of the Affordable Care Act (ACA).

## -H-

**Health Reimbursement Account (HRA)** An account funded by an employer that reimburses employees, tax-free, for qualified medical expenses up to a maximum amount per year. Sometimes called Health Reimbursement Arrangements.

### **Healthcare Flexible Spending Account (FSA)**

A health account through your employer that lets you pay for many out-of-pocket medical expenses with tax-free dollars. Eligible expenses include insurance copayments and deductibles, qualified prescription drugs, insulin, and medical devices, and some over-the-counter items.

### **High Deductible Health Plan (HDHP)**

A medical plan with a higher deductible than a traditional insurance plan. The monthly premium is usually lower, but you pay more health care costs (the deductible) before the insurance company starts to pay its share. A high deductible plan (HDHP) may make you eligible for a health savings account (HSA) that allows you to pay for certain medical expenses with money free from federal taxes.

# GLOSSARY

## -I-

### **In-Network**

In-network providers and services contract with your healthcare plan and will usually be the lowest cost option. Check your plan's website to find doctors, hospitals, labs, and pharmacies. Out-of-network services will not be covered.

## -L-

### **Life Insurance**

An insurance plan that pays your beneficiary a lump sum if you die.

### **Long Term Disability Insurance**

Insurance that replaces a portion of your income if you are unable to work due to a debilitating illness, serious injury, or mental disorder. Long term disability generally starts after a 90-day waiting period.

## -M-

### **Mail Order**

A feature of a medical or prescription drug plan where medicines you take routinely can be delivered by mail in a 90-day supply.

## -O-

**Open Enrollment** The time of year when you can change the benefit plans you are enrolled the same as the calendar year. In and the dependents you cover. **Open Preferred Drug** enrollment is held one time each year. Outside of open enrollment, you can only make changes if you have certain events in your life, like getting married or adding a new baby or child in the family.

### **Out-of-Network**

Out-of-network providers (doctors, hospitals, labs, etc.) cost you more because they are not contracted with your plan and are not obligated to limit their maximum fees. Some plans, such as HMOs and EPOs, do not cover out-of-network services at all.

### **Out-of-Pocket Cost**

A healthcare expense you are responsible for paying with your own money, whether from your bank account, credit card, or from a health account such as an HSA, FSA or HRA.

**Out-of-Pocket Maximum** Protects you from

- **S**-big medical bills. Once costs "out of your own pocket" reach this amount, the plan pays 100% of Insurance that replaces a portion of your most remaining eligible expenses for the rest of income if you are temporarily unable to the plan year. work due to surgery and recovery time, a prolonged illness or injury, or pregnancy issues and childbirth recovery.

Family coverage may have an *aggregate* or *embedded* maximum. Aggregate means your family must meet the entire family out-of-pocket maximum before the plan pays 100% for any member. Embedded means the plan will cover 100% for an individual member as soon as they reach their individual maximum.

### **Outpatient Care**

Care from a hospital that doesn't require you to stay overnight.

## -P-

### **Participating Pharmacy**

A pharmacy that contracts with your medical or drug plan and will usually result in the lowest cost for prescription medications.

### **Plan Year**

A 12-month period of benefits coverage. The 12-month period may or may not be

Each health plan has a preferred drug list that includes prescription medicines based on an evaluation of effectiveness and cost. Another name for this list is a "formulary." The plan may charge more for non-preferred drugs or for brand name drugs that have generic versions. Drugs that are not on the preferred drug list may not be covered.

### **Preventive Care Services**

Routine healthcare visits that may include screenings, tests, check-ups, immunizations, and patient counseling to prevent illnesses, disease, or other health problems. Many preventive care services are fully covered. Check with your health plan in advance if you have questions about whether a preventive service is covered.

### **Primary Care Provider (PCP)**

The main doctor you consult for healthcare issues. Some medical plans require members to name a specific doctor as their PCP.

## -T-

### **Telehealth / Telemedicine / Teledoc**

A virtual visit to a doctor using video chat on a computer, tablet or smartphone. Telehealth visits can be used for many common, non-serious illnesses and injuries and are available 24/7. Many health plans and medical groups provide telehealth services at no cost or for much less than an office visit.

## -U-

### **UCR (Usual, Customary, and Reasonable)**

The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

### **Urgent Care**

Care for an illness, injury or condition serious enough that care is needed right away, but not so severe it requires emergency room care. Treatment at an urgent care center generally costs much less than an emergency room visit.

## -V-

### **Vaccinations**

Treatment to prevent common illnesses such as flu, pneumonia, measles, polio, meningitis, shingles, and other diseases. Also called immunizations.

### **Voluntary Benefit**

An optional benefit plan offered by your employer for which you pay the entire premium, usually through payroll deduction.

# IMPORTANT PLAN INFORMATION

## HEALTH PLAN NOTICES

These notices must be provided to plan participants on an annual basis and are available in the Annual Notices document, located on the Employee Navigator portal or from your Human Resources Department. •

Medicare Part D Notice: Describes options to access prescription drug coverage for Medicare eligible individuals

- **Women's Health and Cancer Rights Act:** Describes benefits available to those that will or have undergone a mastectomy
- **Newborns' and Mothers' Health Protection Act:** Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery
- **HIPAA Notice of Special Enrollment Rights:** Describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment
- **HIPAA Notice of Privacy Practices:** Describes how health information about you may be used and disclosed
- **Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP):** Describes availability of premium assistance for Medicaid eligible dependents.
- **Notice of Choice of Providers:** Notifies you that your plan requires you to name a Primary Care Physician (PCP) or provides for you to select one

## COBRA CONTINUATION COVERAGE

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of our health plan. Upon enrollment, you and your dependents receive a COBRA Initial Notice that outlines the circumstances under which continued coverage is available and your obligations to notify the plan when you or your dependents experience a qualifying event. Please review this notice carefully to make sure you understand your rights and obligations.

# PLAN DOCUMENTS

Important documents for our health plan and retirement plan are available on the Employee Navigator portal. Paper copies of these documents and notices are available if requested.

## SUMMARY PLAN DESCRIPTIONS (SPD)

The legal document for describing benefits provided under the plan as well as plan rights and obligations to participants and beneficiaries.

**STATEMENT OF MATERIAL MODIFICATIONS** This enrollment guide constitutes a Summary of Material Modifications (SMM) to the Pulaski County Government & Schools Health & Welfare Plan. It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.

**Please scan the QR Code below for a  
digital copy of your benefits guide**

