



**CUMBERLAND  
COUNTY SCHOOLS**

*Our Commitment: Every Student*  
Collaborative ★ Competitive ★ Successful

# 2022 Employee Benefits Enrollment

## Plan Year

**January 1, 2023 - December 31, 2023**

Enrollment dates September 19 - October 23, 2022

- FSA • Dental • Vision • Critical Illness
- Hospital Stay Pay • Life
- Cancer • Accident • Short Term Disability



Olde Fayetteville Insurance and Financial Services, Inc  
1308 Ft. Bragg Road, Suite 210  
Fayetteville, NC 28305  
910-483-6210 Fax 910-485-6211

Since 1995 Olde Fayetteville Insurance has been committed to helping you with any questions that you may have about your employee benefits. However if you wish to contact the carrier directly, here is a list of contact numbers for your convenience.

***PHONE DIRECTORY***

Allstate Benefits- (Customer Service )- 1-800-521-3535 1776 American Heritage Life Drive  
Jacksonville, Florida 32224

Aflac Insurance Company – (Customer Service ) 1-800-433-3036 PO BOX 427 Columbia, SC 29202

ANICO- (Customer Service) 1– 800-615-7372 1 Moody Plaza, Galveston, TX 77550

Dearborn National- (Customer Service) 910-483-6210

The Health Plan - (Customer Service) 1308 Ft. Bragg Road, Suite 210, Fayetteville NC 28305

Questions regarding dental/vision 1-888-816-3096  
Questions regarding Short Term Disability 1-877-318-4487  
Questions regarding Flexible Spending Account 1-866-347-3640

TransAmerica Employee Benefits - (Customer Service) 1-888-763-7474 P.O Box 8063 Little Rock, AR 72203

Trustmark - (Customer Service) 1-800-918-8877, select option 6

TELEHEALTH



Now, when an illness strikes, you can get care right where you are — from your phone, app or online. That's because your Aflac group plan now comes with telemedicine service from MeMD™ that allows you to reach a health provider, day or night, using your phone or computer. And it's available as soon as your Aflac coverage starts.

You're in the best position to get care for your condition.

It's simple to see a provider, no matter where you are:

- 1. Activate and log into your account at [www.MeMD.me/Aflac](http://www.MeMD.me/Aflac)
- 2. Consult a physician, pediatrician, nurse practitioner or physician assistant.  
On-demand visits when you need them most – nights, weekends and holidays
- 3. When a prescription\* is medically necessary, you can have it sent electronically to your pharmacy of choice

Avoid the waiting room and still get quality care for all kinds of concerns:

- Abrasions, bruises, minor headaches, arthritic pains
- Allergies, hives, skin infections, bites and stings
- Colds, flu, fever, sore throat, cough, congestion
- Diarrhea, vomiting, nausea, urinary tract infections
- Eye infections, conjunctivitis, earache, body ache
- Medication refills (short-term)\* **and more**

Start using Telemedicine from MeMD™ as soon as your Aflac coverage begins.

Call **855-423-8585** to get started or visit [www.MeMD.me/Aflac](http://www.MeMD.me/Aflac).

Connect  
with a board-certified,  
U.S. licensed medical  
provider for just  
**\$25** per  
visit!





# Power up your insurance protection against *big* hospital bills!

## Trustmark Hospital StayPay® Insurance

Help take care of your out-of-pocket costs and other expenses



Pays cash straight to you when you are admitted to the hospital



Includes an additional cash benefit for every day you stay



Get money back automatically, even if you don't use the plan



**Get Trustmark Hospital StayPay and more benefits during Open Enrollment: September 19 – October 23, 2022**

Call us at Olde Fayetteville Insurance for questions:  
**910-483-6210**



Learn more about Hospital StayPay at [trustmarkins.com/tvbs/tmk-hospital-stay-pay](https://trustmarkins.com/tvbs/tmk-hospital-stay-pay)

A112-2634 (8-21)

Cumberland County Schools is offering all eligible employees a comprehensive Flexible Benefits Plan. The Flexible Benefit Plan is being administered and managed by Olde Fayetteville Insurance and has been since 1995. This plan allows you to pay for certain expenses before taxes are taken out of your paycheck.

Using a flexible spending account reduces your taxes and maximizes your take home pay.

**\* Plan year begins January 1, 2023 and ends December 31, 2023\***

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TO: Cumberland County School Employees

FROM: Jay Toland, Associate Superintendent for Business Operations

SUBJECT: 2023 Employee Flexible Benefit Plan Enrollment

The Cumberland County Board of Education offers a Flexible Benefit Plan to you as an added benefit of employment. The Flexible Benefit Plan is a tax savings plan, which allows you to pay for certain voluntary supplemental benefits with pre-tax and after tax dollars through payroll deduction. Olde Fayetteville Insurance will continue to serve Cumberland County Schools as our flexible benefit provider. We have prepared this packet of information regarding your flexible benefit plan.

Electronic enrollment will continue for 2023 providing access to information on all flexible benefit offerings in addition to the ability to enroll. This system provides you greater flexibility, making enrollments much easier and more convenient with access at home, at work, or anywhere you can connect to the internet.

We are discontinuing the in-person enrollment meetings at your school. Olde Fayetteville Insurance is committed to supporting you through this enrollment process. Product education will be provided through a series of videos and educational materials through electronic enrollment. A well-trained group of benefit consultants will be available to you by phone, and Olde Fayetteville Insurance will offer extended calling hours. Take advantage of these various resources to get any questions you have answered. **Open enrollment is your only chance to enroll for the 2023 calendar year.**

This edition of the Cumberland County Board of Education "Annual Flexible Benefits Enrollment" booklet has been designed to highlight special supplemental plans available to all eligible CCS employees and to explain the enrollment process. Please review carefully and feel free to ask any questions you may have. Olde Fayetteville Insurance is committed to assisting you. You can also review the detailed information made available through online enrollment.

In addition to the insurance products, a Flexible Spending Account (FSA) is available for employees. An FSA provides a tax benefit for allowable medical and child care/dependent expenses. If you incur any medical or child care/dependent expenses in excess of \$300, then you should seriously consider taking advantage of this IRS benefit. Most people are not able to deduct medical expenses on their tax returns. The FSA allows you to save State, Federal, and FICA taxes for your out-of-pocket medical expenses. **THERE IS NO FEE FOR PARTICIPATING IN THE FSA.** Employees must **enroll every year** to participate in the Flexible Spending Accounts.

The Cumberland County Board of Education's Flexible Spending Accounts (FSA) is supported by a plan VISA Debit card. The card allows you to directly pay for your eligible FSA expenses at the point of service. The card can be used at any card terminal for both Healthcare and Dependent Care eligible expenses. Additional information on this feature is enclosed. **THERE IS NO FEE FOR THIS SERVICE.**

#### **New for Plan Year 2023-Dental and Vision Proof of Identification for Dependent Coverage**

In order to add a spouse and or children as dependents for dental and vision coverage, you must provide proof of identification for dependent coverage. See the list of acceptable forms of proof in the benefits booklet and online. Please email documents to Pam Edge at [pame@ccs.k12.nc.us](mailto:pame@ccs.k12.nc.us).

***Our Commitment: Every Student***

# ENROLLMENT INSTRUCTIONS

## Cumberland County Schools

### Zywave Self-Enrollment Instructions

*hrconnection.com*

You should have received an activation email from Zywave or HRConnection. If you have not seen one in your inbox please check your spam. Follow the directions to activate your account and set up your password.

#### **Employee Login**

**User Name:** email (use the email where you received your activation)

**Password:** personal password you set up during your initial activation

*\*If you do not know your login information or did not receive an activation email please contact Olde Fayetteville Insurance at 910-483-6210 for assistance.*

Once you are logged in select **Enroll Now**

Zywave will require you to review and update personal information

*\*Please be sure to update your address, current phone number and email*

Once all information is updated **Click Save**

Review and update family dependent information

To add dependents or beneficiaries click **add contact**

Select yes to dependent/spouse if family member is covered on any policies

***\*only spouse, children & step-children are considered dependents and may be considered for coverage under the employees policy***

Select beneficiary if dependent is a beneficiary to employee's life or accident insurance

For dependent coverage we must have Date of Birth and SSN

To edit a dependent's information click the **pencil icon** to the right of their name

To delete a dependent click the **red X** and follow the prompts

#### **Time to Enroll**

Select **Elections**

Click **Start Now**

From each benefit tab, click **Select** from the appropriate plan; or choose **Waive** if you are declining the benefit

Enter any necessary additions, such as selecting a rate, beneficiaries, and more.

Click **Elect** to continue to the next benefit; or, click back to benefit options to select a different plan for this benefit

Continue this process until all benefit tabs have a green check mark, then you will be brought to the **Looks like you're almost done!** Page to confirm elections.

***\*If you would like to make changes to what you chose, you can click on the benefit option to make the change. Your elections are not final until they are confirmed.***

#### **Review elections**

If you would like a copy of your Election Summary you may print a copy otherwise the a copy will be available to you anytime you login to HRConnection. If printing an Election Summary Be aware of the pop up blocker at the top right.

**Once elections have been confirmed if any changes need to be made the employee must contact a benefits counselor at Olde Fayetteville Insurance to re-open the election for changes.**

***\*Please note if you are currently enrolled in a Transamerica Life policy it will not show up during the election process, this policy has already been passive enrolled for you. If you wish to cancel one of these policies you will need to contact Olde Fayetteville Insurance to complete the necessary surrender forms to cancel the policy.***

***\*\*Please note that CCS will not stop a payroll deduction without a signed cancellation form. If you wish to cancel any of your existing policies during open enrollment you must complete and sign a cancellation form. You can download a copy from the home page on Zywave or you can contact Olde Fayetteville Insurance for one to be emailed or faxed to you. All forms need to be returned to Olde Fayetteville Insurance by 11/4/2022. They may be faxed to 910-485-6211 or emailed to admin@oldefayettevilleinsurance.com***



# Enrollment Reminders



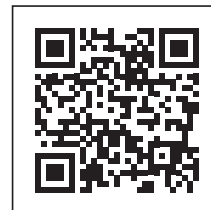
Enrollment Dates: September 19-October 23, 2022

(The State Health Plan Open enrollment is October 10-28 2022. This is for your medical insurance and you can call 855-859-0966. Olde Fayetteville Insurance does not handle these plans.)

## Ways to enroll

### You have 2 ways to enroll:

1. Self enroll– Instructions on page 4
2. Schedule a phone meeting with a benefit counselor call Olde Fayetteville Insurance at 910-483-6210. You will also receive emails that will have a link to schedule an appointment or go to <https://ccsenrollmentscheduling.as.me/>



**Schedule  
your appointment**

### Payroll deductions for January 2023:

- January 15, 2023 for classified employees such as teacher's aides, custodians, cafeteria personnel, Prime Time and some bus personnel.
- January 31, 2023 for 10 month certified employees, twelve month employees, year round employees, and some bus personnel.

### Changes after enrollment has ended:

Elections made during the annual enrollment CANNOT be changed once the enrollment period ends unless you have a qualifying event such as marriage, divorce, death of a spouse or child, birth or adoption, termination of employment or change in employment hours from full-time to part-time or vice versa. If you should have a qualifying event, you will have 30 days from the date of the qualifying event to request a change. Please call your Benefits Department for more information.

*Disclaimer: This booklet highlights the benefits offered through your employer for the current plan year. This is neither an insurance contract nor a Summary Plan Description and only the actual policy provisions will prevail. All information in the booklet including premiums are subject to change. All policy descriptions are for informational purposes only.*

When the annual enrollment has ended, you will continue to have access to the Olde Fayetteville Insurance website. You can obtain claim forms, important phone numbers and carrier information.

**(Please note that you cannot enroll for benefits on our website.  
Follow the enrollment instructions in your Benefit booklet.)**

1. Go to [www.oldefayettevilleinsurance.com](http://www.oldefayettevilleinsurance.com)
2. Click on **Resources Link** for forms.

Call 910-483-6210 with ANY questions!

*Proudly serving the Cumberland County School System since 1995.*

# Core Benefit Information: IMPORTANT

## Core benefits

- Cumberland County Schools offers dental, vision, short term disability and flexible spending account plans which are referred to as your **core benefits**. This means that the cost of coverage is paid by Cumberland County Schools and employees who contribute to these plans do so through payroll deductions. *The Health Plan* is the Third Party Administrator for the dental, vision, short term disability and flexible spending account plans. *The Health Plan* provides administrative services and claims payment services for Cumberland County Schools. If you have any questions regarding your claims or payments, their number is **1-888-816-3096**. Review and revise dependents on all benefits, especially dental and vision! You **MUST** check the dependents listed on all of your benefits, especially on the vision and dental plans. This assures that *The Health Plan* will have the correct dependents listed in their system.

## Health and Dependent Care Flexible Spending Accounts

- You **must re-elect** the Health and or Dependent Care Flexible Spending Accounts each year if you wish to participate. These accounts **DO NOT** automatically carry over to the next year. If you do not re-elect the benefit, you will not have the plan (s) on January 1, 2023.
- You are allowed up to \$500.00 rollover each year from your FSA account.

## Dental/Vision and Age limit on dependents

- Your dental and vision plans allow unmarried dependent children, aged 19-26 to remain on the coverage only if attending an accredited post-secondary school full-time. It is your responsibility to provide current information each semester regarding the status of all covered dependents, aged 19—26 to *The Health Plan*. This information must be obtained through the school's Registrar office.
- If *The Health Plan* does not receive this information, coverage will be terminated back to your child's 19th birthdate or the last time *The Health Plan* received full time status.

## Proof of identification for dependents on dental and vision insurance

The following documentation must be emailed to [pame@ccs.k12.nc.us](mailto:pame@ccs.k12.nc.us) in order for employee to add the following dependents to dental and vision plans.

- 1) Adding a spouse- must provide marriage license and a current bill with both names showing same address or the front page of your current tax filing, showing both names.
- 2) Dependent child(ren)- A birth certificate or the front page of the current tax filing.
- 3) Adoption- Adoption decree (front page and last page with judge's signature)
- 4) Guardianship- Legal documentation (front page and last page with judge's signature)
- 5) Mentally incapacitated dependents that were covered prior to age 26 will require documentation from a medical provider.
- 6) Stepchildren –Must provide marriage license of the parent of the dependent or tax document or court paperwork that shows parent is required to provide coverage.

## If you have Cancelled Dental, Vision or Short Term Disability

- If you have cancelled a Dental, Vision or Short term disability plan within a 2 year period, you will NOT be eligible to re-enroll for the plans at this time. There is a two year waiting period from the date of cancellation before you are able to re-enroll these benefits. The same rule applies to dependents.

## Cumberland County Schools Dental

- The Cumberland County Schools dental plan will remain the same for 2023. The schedule of benefits will remain the same and you can continue to see whatever dentist you choose. For a list of in-network dentists, refer to the website, [www.oldefayettevilleinsurance.com](http://www.oldefayettevilleinsurance.com) and click on Resources at top of Menu.



# DENTAL

## The HealthPlan Dental Plan



<b>Yearly Deductible</b>	<b>\$50 per participant / \$150 per family</b>
<b>Calendar Year Maximum Benefit</b>	<b>\$1,500 per participant</b>
<b>Lifetime Maximum Orthodontic Benefit</b>	<b>\$1,500 per covered child</b>

Services	Yearly Deductible	Plan Payment Rate	Waiting Period
<b>Diagnostic &amp; Preventive Services</b>			
<b>Oral Exams</b> 2 per calendar year	N/A	100% of Allowable Charges	No Waiting Period
<b>Prophy</b> 1 visit in any 6 month period	N/A	100% of Allowable Charges	No Waiting Period
<b>Fluoride</b> 1 visit in a calendar year, up to the age of 19	N/A	100% of Allowable Charges	No Waiting Period
<b>Sealants</b> Limited to one application in any 36 month period for children under age 14	N/A	100% of Allowable Charges	No Waiting Period
<b>X-Rays</b> 1 series of Bitewings in any 6 month period and 1 full mouth including panoramic x-rays in any 2 year period per participant	N/A	100% of Allowable Charges	No Waiting Period
<b>Biopsies of Oral Tissue</b>	N/A	100% of Allowable Charges	No Waiting Period
<b>Pulp Vitality Tests</b>	N/A	100% of Allowable Charges	No Waiting Period
<b>Basic Services</b>			
<b>Fillings</b>	Deductible Applies	80% of Allowable Charges	3 Months
<b>Endodontic Procedures</b> Root canal therapy, pulp capping, and vital pulpotomy	Deductible Applies	80% of Allowable Charges	3 Months
<b>Adjustments to Fixed Bridges and Dentures</b> Relining and rebasing of dentures once in any 12 month period. Reattachment of damaged or broken clasps; adjustment to a denture more than 6 months after installation	Deductible Applies	80% of Allowable Charges	3 Months
<b>Oral Surgery</b> Simple extractions; surgical extraction of erupted teeth involving tissue flap and bone removal; and surgical extraction of impacted teeth	Deductible Applies	80% of Allowable Charges	3 Months
<b>General Anesthesia</b> Given in connection with a covered surgical procedure.	Deductible Applies	80% of Allowable Charges	3 Months
<b>Space Maintainers and Non-Orthodontic Appliances</b> For the initial appliances only for children under the age of 16	Deductible Applies	80% of Allowable Charges	3 Months
<b>Emergency Palliative Treatment</b>	Deductible Applies	80% of Allowable Charges	3 Months

# DENTAL



<b>Yearly Deductible</b>	<b>\$50 per participant / \$150 per family</b>
<b>Calendar Year Maximum Benefit</b>	<b>\$1,500 per participant</b>
<b>Lifetime Maximum Orthodontic Benefit</b>	<b>\$1,500 per covered child</b>

Services	Yearly Deductible	Plan Payment Rate	Waiting Period
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## Major Services

<b>Periodontal Services</b> Gingivectomy and gingivoplasty, gingival curettage; osseous surgery, including flap entry and closure; mucogingivoplastic surgery; and periodontal scaling and root planing	Deductible Applies	50% of Allowable Charges	12 Months
<b>Complex Restorative</b> Including inlays; onlays; and crowns	Deductible Applies	50% of Allowable Charges	12 Months
<b>Prostodontics</b> Complete and partial dentures; repairs to dentures, including broken teeth; fixed bridges; and the addition of teeth to partial dentures to replace extracted teeth	Deductible Applies	50% of Allowable Charges	12 Months

## Orthodontic Services

In order to be covered under the plan, the appliances must be inserted while the child is covered under the plan and after the child has been covered for 24 consecutive months; and before the child's 19th birthday	Deductible Applies	50% of Allowable Charges	24 Months
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## Monthly Cost

Employee Only .....	\$33.00
Employee & Spouse .....	\$66.00
Employee & 1 Child .....	\$60.00
Family or Employee with more than 1 Child .....	\$99.00

## Notes

- Dental Coverage is offered through Cumberland County Schools' Flexible Benefit (Cafeteria) Plan; and, as such, the premiums are not subject to federal and state income taxes or FICA and Medicare taxes.
- New enrollees in the dental plan will receive an insurance card. These items will be mailed to the employee's home address in December.
- Pretreatment estimates are given upon request for services expected to exceed \$300.
- Dental plan participants who elect to drop their coverage must wait two (2) years before they can re-enroll in the dental plan.
- Eligible children are the unmarried children of covered individuals, up to age 18 or age 19 to age 25 and are full-time students.
- New Enrollees: Waiting periods apply to Basic Services, Major Services, and Orthodontic Services.

You can choose any dental provider, however, you may save money by using a dentist that is in-network with THP NC Dental Network. You can search for a network provider at [www.healthplan.org](http://www.healthplan.org). When you utilize a network provider you will not be responsible for the dollar amount that exceeds the reasonable and customary charges.

## The Health Plan

1110 Main Street, Wheeling, WV 26003  
Toll Free: 1.888.816.3096 Fax: 740-699-6165



# VISION

## The HealthPlan Vision Plan



### Covered Service

#### Plan 1 – Designed for Those that Would Like a Comprehensive Vision Examination

<b>Comprehensive Vision Examinations</b>	Maximum amount per exam \$100
<b>Lenses and Frames</b>	Maximum amount as specified below
<b>Single Lenses</b>	\$90
<b>Bi-focal Lenses</b>	\$110
<b>Tri-focal Lenses</b>	\$115
<b>Contact Lenses / Per Year</b> (Hard/ Soft/Disposable) Medical Necessity	\$165
<b>Contact Lenses / Per Year</b> (Hard/Soft/Disposable) Elective	\$115
<b>Frames</b> (Standard) Every two years	\$130

#### Plan 2 – Designed for Those that Would Like More Allotment for Eyewear Allowance

*Routine vision benefits are no longer covered under the state health plan! See a benefits counselor if you are currently in Vision Plan 2. Plan 2 does not pay for exams, but instead uses the benefits for lenses and frames only. There is no difference in the cost.*

<b>Lenses and Frames</b>	Maximum amount as specified below
<b>Single Lenses</b>	\$120
<b>Bi-focal Lenses</b>	\$150
<b>Tri-focal Lenses</b>	\$165
<b>Contact Lenses / Per Year</b> (Hard/ Soft/Disposable) Medical Necessity	\$195
<b>Contact Lenses / Per Year</b> (Hard/Soft/Disposable) Elective	\$135
<b>Frames</b> (Standard) Every two years	\$155

#### Monthly Contribution - Plan 1

Employee Only .....	\$10.50
Employee & Spouse .....	\$21.00
Employee & 1 Child .....	\$16.00
Family or Employee & 2+ Children .....	\$31.50

#### Monthly Contribution - Plan 2

Employee Only .....	\$11.00
Employee & Spouse .....	\$21.50
Employee & 1 Child .....	\$16.50
Family or Employee & 2+ Children .....	\$32.00

### Notes

- If you have questions regarding which vision plan you should elect you can meet with an enroller at your school in the fall.
- Vision coverage is offered through Cumberland County Schools' Flexible Benefit (Cafeteria) Plan; and, as such, the premiums are not subject to federal and state income taxes or FICA and Medicare taxes.
- New enrollees in the vision plan will receive an insurance card. These items will be mailed to the employee's home address in December.
- Eligible children are the unmarried children of covered individuals, up to age 18 or are age 19 to age 25 and are full-time students.
- **Vision plan participants who elect to drop their coverage must wait two years before they can re-enroll in the vision plan.**

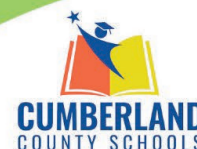
### The Health Plan

1110 Main Street, Wheeling, WV 26003  
Toll Free: 1.888.816.3096 Fax: 740-699-6165



## The HealthPlan

Flexible Spending Account (FSA)



A way to set aside money on a pre-tax basis for your out-of-pocket medical, dental, vision and dependent care expenses for a benefit year.

We offer

Healthcare FSA & Dependent Care FSA

### Advantages:

- Saves you tax dollars – set aside out-of-pocket expenses on a pre-tax basis
- Gives you flexibility – funds are available to you on the first day of the plan year

Healthcare FSA	
Eligible Expenses	Ineligible Expenses
Deductible	Health Insurance Premiums
Copayments	Cosmetic Items
Coinsurance	Cosmetic Surgery
Dental Expenses	Controlled Substances
Vision Expenses	Items that Improve General Health
Prescriptions	
Over-the-Counter Drugs	

Dependent Care FSA	
Eligible Expenses	Ineligible Expenses
Day Care Center	Overnight Camp
In-Home Care	Nursing Home Expenses
Nursey & Preschool	Educational Expenses (Kindergarten and above)
After School Care	Registration Fees
Summer Day Camp	Transportation Fees
Sick Child Facility	

### Prepaid Benefit Card

The Benefits Card is convenient, automatic and simple to track. You do not have to pay cash up front, file a claim or wait for reimbursement.

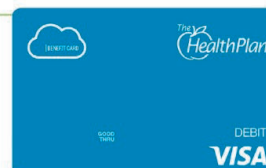
- Swipe the card like any debit/credit card
- Funds are immediately transferred from your FSA
- Track your card balance 24/7 on the website listed on the back of the card

over **10,000**  
locations to use the card

You can use the Benefits Card at participating pharmacies, discount stores, department stores, and supermarkets that can identify FSA-eligible items at checkout and accepts VISA® or MasterCard® prepaid cards. Use the card to pay hospital, doctor, dentist or vision providers as defined by your FSA.

The Benefits Card will also work for mail order and online pharmacy purchases.

Simply write your card number on the mail order, online pharmacy form, or medical and dental statements. **Please note:** amount due on medical and dental statements must be for date of service after card effective date. It cannot be a balance forward statement.



Members will receive two cards in the mail and information on how to use the cards. Don't forget to activate and sign your cards. If a merchant or provider does not accept Benefits Cards, please submit a manual claim using the payment authorization form.

### How to Reimburse Yourself

- Submit a payment authorization form with the following information:
- Explanation of benefits (EOB) for medical expenses processed by insurance; OR
  - Detailed bill from the provider showing the date of service and service provided; OR
  - Provider receipt showing date of service



# FSA

## HealthCare FSA Snapshot

	HFSA Maximum Declared Amount
Annual Contribution to Healthcare FSA	\$2,850
Annual Allowed Roll-Over Amount	\$500

- You can roll over up to \$500 of unused FSA funds each plan year. If you roll \$500 forward you could have up to \$3,350 to use for the new plan year.
- Your total declared amount is available the first day of the year. Employee Funds are deducted from your pay in equal increments.
- Pre-tax deduction results in a tax benefit to the employee.
- Funds may be used to pay for qualifying medical expenses covered under Section 213-d.

### 90 day Run Out Period:

- You will have until March 31, 2024 to submit claims incurred from January 1, 2022 - December 31, 2022.

### If You Leave the Company:

- If you are no longer employed, your Health FSA benefit is limited to active dates of service. You may submit payment requests up to your unused declared amount within 90 days of leaving employment.

## Dependent Care FSA Snapshot

	DFSA Maximum Declared Amount
Annual Contribution to Healthcare FSA	\$5,000

- You have 90 days post DFSA plan year to submit for reimbursement.
- Your balance can only be used as it is deducted from your paycheck
- Funds may be used for child or elderly dependent care expenses
- If you leave the company or are no longer employed with the company, your dependent FSA is limited to funds already deducted from your pay.

## Pre-Tax Savings Example

	Without FSA	With FSA
Gross Monthly Pay	\$3,500	\$3,500
Pre-Tax Contributions		
Medical Expenses	\$0	\$300
Prescription Expenses	\$0	\$100
Dental Expenses	\$0	\$200
Vision Expenses	\$0	\$200
Total	\$0	\$800
Taxable Monthly Income	\$3,500	\$2,700
Taxes (federal, state, FICA):	-\$968	-\$747
Out-of-pocket expenses	-\$800	\$0
Monthly Take Home Pay	\$1,732	\$1,953

Net Increase in Take Home Pay = \$221/month

For illustration purposes only. Actual dollar amounts may vary.

## Contact Information

Phone: 1.866.347.3640 Fax: 1.866.347.3643

Email: customersolutions@healthplan.org

Portal Access: myplan.healthplan.org

Mobile App: THPWallet

# SHORT TERM DISABILITY



## Short-Term Disability Program



**All full-time Cumberland County School employees may enroll during the open enrollment only.**

### Why Do You Need Disability Benefits?

What would happen if your income stopped today? Are you prepared to provide for yourself and those you love in the event of a serious accident or illness? Unless you've planned for such a loss, losing your income can produce tragic results. If you're like most of us, your income is truly your most valuable asset! Without it, all of your other assets go away. Payments for rent, mortgage, utilities, insurance, groceries, clothing, and cars continue regardless of your ability to work. Plan today! Protect yourself before it's too late.

- You are covered on or off-the-job, 24 hours a day, 365 days a year.
- You are paid regardless of workers compensation or any other insurance you may have up to but not exceeding your normal salary.
- Pregnancy is covered the same as any other sickness. If you are pregnant before January 1, 2023, it will be considered a pre-existing condition and will not be covered.
- Pays the benefit you choose directly to you.
- Amount elected cannot exceed 60% of your annual salary.
- Premium is waived after you have received payment from the Plan for three consecutive months.

### Pre-Existing Condition Limitations

If disability is due to a pre-existing condition and begins before you have been continuously covered under the policy for 12 months, no disability benefits will be payable at any time. This provision will not apply if you for 12 consecutive months have a pre-existing condition(s) that has gone treatment free, incurred no expense, taken no medication, or received no diagnosis or advice from a physician. Benefits will not be excluded for disability due to a pre-existing condition, which begins after you have been continuously covered under the policy for 12 months. Any increase in benefits will be subject to this pre-existing condition limitations. A new pre-existing period must be satisfied with respect to any increase applied for and approved by us.

### Pre-Existing Condition

The term "pre-existing condition" means a disease, accidental injury, sickness, physical condition or mental illness for which you had treatment, incurred expense, took medicine, received care or services including diagnostic testing or related measures, or received a diagnosis or advice from a physician during the 6-month period immediately before your effective date of coverage.

### Disability

Disability or disabled means you are unable to perform the material and substantial duties of your regular occupation.

# SHORT TERM DISABILITY



## Hospital

The term "Hospital" shall not include an institution used by you as a place for rehabilitation, rest or for the aged, a nursing or convalescent home, a long-term nursing unit or geriatrics ward, or as an extended care facility for the care of convalescent, rehabilitative, or ambulatory patients.

## Leave of Absence

Your coverage may be continued for up to one year during a leave of absence approved by your employer.

## Termination of Coverage

Your insurance coverage will end on the earliest of these dates:

- (a) the date you do not meet the eligibility requirements;
- (b) the date you retire;
- (c) the date you cease to be on active employment, other than leave of absence as stated above;
- (d) the end of the last period for which premiums have been paid; or
- (e) the date the policy is discontinued.

If your coverage ends as a result of your termination of active employment; and such termination is caused by an accidental injury or sickness for which disability benefits would be payable, and disability is established prior to the termination of active employment, then disability benefits will be paid as if such termination had not occurred.

Termination of the policy will have no effect of disability payments, which began before termination. We may end your coverage if you should submit a fraudulent claim.

\*\*\*Participants who elect to drop their coverage must wait two years before they can re-enroll in the short-term disability program.

Annual Salary	Disability Benefit for 1st & 2nd Month	Disability Benefit per month for 3rd to 14th month	10-Pay Premium (1st/8th)*
\$10,000	\$500	\$250	\$15.58
\$20,000	\$1,000	\$500	\$31.15
\$30,000	\$1,500	\$750	\$46.73
\$40,000	\$2,000	\$1,000	\$62.30
\$50,000	\$2,500	\$1,250	\$77.88
\$60,000	\$3,000	\$1,500	\$93.46
\$70,000	\$3,500	\$1,750	\$109.03
\$80,000	\$4,000	\$2,000	\$124.61

\*Benefit payable on the 1st day of total disability due to an accident and on the 8th day due to sickness.

## The Health Plan

141 Summers Street, Charleston, WV 25301  
Toll Free: 1.877.318.4487 Fax: 304.347.3643



# HOSPITAL STAY PAY



## Trustmark Hospital StayPay® Insurance

Keeping things balanced when you get knocked off your feet.

### Protection against high hospital bills

There are many reasons you might end up in the hospital, from **an unexpected illness** to **welcoming a new family member**. If you do, you may assume your medical insurance will pay for it all. But hospital stays can be **incredibly expensive**.

Trustmark Hospital StayPay® insurance pays **cash directly to you** for days you spend in the hospital. The plan pays **regardless of other coverage** you have, and there are no restrictions on how you may use the money.

With Hospital StayPay, you can worry less about your bills, and **focus on recovering**.



### Hospital StayPay sample rates

Protecting yourself may be more affordable than you think. The chart below displays a range of sample weekly rates for employee-only coverage for commonly issued Trustmark Hospital StayPay plans. Your rate may differ depending on your benefit amounts and features. Your rate is locked is based on your age at the time the policy is issued, and will never increase due to age. You can keep your coverage to age 70.<sup>1</sup>

Age at Purchase	Weekly Rates
<b>18-49</b>	<b>\$3.56 - \$4.91</b>
<b>50-59</b>	<b>\$5.37 - \$7.51</b>
<b>60-64</b>	<b>\$8.04 - \$10.73</b>
<b>65-70</b>	<b>\$11.37 - \$14.54</b>

*Sample rates are shown for illustrative purposes only. Rates may vary by state, employer and features selected by you and/or by your employer. An application for insurance must be completed to obtain coverage.*

<sup>1</sup> Coverage lasts to age 70 or for 5 years from issuance of the policy, whichever is longer. <sup>†</sup>Benefits marked with this symbol are designed to be compatible with Health Savings Accounts (HSAs). However, anyone who has or plans to open an HSA should consult tax and legal advisors to confirm which supplemental benefits may be purchased by persons with an HSA to maintain tax-exempt status.

### Simple, easy-to-understand benefits

- The **First Day Stay benefit** pays you a benefit when you're first admitted to a hospital.<sup>†</sup>
- You'll receive a **daily benefit** for each day your stay continues after that.<sup>†</sup>
- Days spent in an **intensive care unit** pay an even larger amount than the daily benefit.<sup>†</sup>

### PLUS:

- **Get paid even if you don't file a claim!**  
A **\$100 payment** will be **automatically sent to you** every two years that you don't have a claim – no action needed!<sup>†</sup>

See reverse for more information on Hospital StayPay® insurance from Trustmark Insurance Company.

## Voluntary Benefits

**Trustmark**  
benefits beyond benefits



# HOSPITAL STAY PAY



## Trustmark Hospital StayPay® Benefits for Cumberland County Schools

<b>First Day Stay Benefit†</b> Only one benefit amount can be selected	\$1,500
<b>Daily Hospital Stay Benefit†</b>	\$100
<b>Daily Hospital ICU Benefit†</b>	\$100
<b>Additional features</b>	
<b>Childbirth Hospital Stay†</b>	Included
<b>Claim Free Return†</b>	Included

Benefits, availability and amounts may vary by state. Your policy/certificate will contain complete information.

†Benefits marked with this symbol are designed to be compatible with Health Savings Accounts (HSAs). However, anyone who has or plans to open an HSA should consult tax and legal advisors to confirm which supplemental benefits may be purchased by persons with an HSA to maintain tax-exempt status.

This is a brief description of benefits under HII 119 and applicable riders CFR 119, CCR 119, FUR 119, IBR 119, ICR 119, RSR 119, SBR 119, TLR 119 and WBW 119. This hospital indemnity insurance policy/group certificate provides limited benefits that are the result of a covered accident or covered sickness. It is not a substitute for medical expense insurance, major medical expense insurance or a health benefit plan alternative. It does not provide comprehensive medical coverage. It is also not a Medicare Supplement policy, nor is it a policy of worker's compensation. This description represents coverage offered during a certain time period; coverage you may have selected before or select after that period may differ. Your policy/certificate will contain complete information. Limitations on pre-existing conditions may apply. Benefits, definitions, exclusions, form numbers and limitations may vary by state. For costs and coverage detail, including exclusions, limitations and terms, see your agent or write the company. Underwriting conditions may vary, and determine eligibility for the offer of insurance. For exclusions and limitations that may apply, please visit [trustmarkbenefits.com/Voluntary-Benefits/Disclosures/HSP](http://trustmarkbenefits.com/Voluntary-Benefits/Disclosures/HSP).

Trustmark® and Trustmark Hospital StayPay® are registered trademarks of Trustmark Insurance Company. <sup>1</sup>An A.M. Best rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. Trustmark is rated A- (4th out of 16 possible ratings ranging from A++ to Suspended).

**You care.  
We listen.**

Products underwritten by Trustmark Insurance Company.  
Rated A- (Excellent) for financial strength by A.M. Best.<sup>1</sup>

400 Field Drive • Lake Forest, IL 60045  
[TrustmarkVB.com](http://TrustmarkVB.com)    

**Trustmark**  
benefits beyond benefits

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CB & CFR Included

A112-2548 (1-20)

# LIFE INSURANCE WITH LONG TERM CARE



## Solving the Long-Term Care Issue with Trustmark's Hybrid Universal Life Insurance

Trustmark's Universal Life is a hybrid solution that combines permanent life insurance with protection against the **growing costs of long-term care (LTC)**. As the long-term care market continues to evolve, Trustmark provides stability that other plans struggle to match:

### Trustmark offers full benefit restoration.

With the Benefit Restoration rider, Trustmark Universal Life will instantly and continuously restore the **entire death benefit** that is advanced to pay for LTC coverage.



- This effectively **doubles** the maximum value of a policy!

### How does it work?

#### Example:

**\$100,000** Universal Life policy with LTC

#### LTC Benefits

**4%** Pays 4% of the death benefit per month for care received in the home or in a facility for up to 25 months.

#### Benefit Restoration

 Restores the benefit that is reduced to pay for LTC.

Universal Life Benefit  
**\$100,000**

+

LTC Maximum Benefit  
**\$100,000**

=

Total Maximum Benefit  
**\$200,000**



### Did you know?

Care can be **expensive** – for example, the national average cost for a home health aide is **\$4,385 a month**,<sup>1</sup> and the average duration of long-term care is 2 years.<sup>2</sup>

Long-term care benefits can **help you afford** things like:

- Home health aides to provide care in your home
- Adult day care programs
- Residency in an assisted living community

Don't Wait - Lock in rates today that you can keep and afford for life!

Rates can start as little as \$6.00 per week

Actual values will vary by age, smoking, benefits selected and current interest rate.

# LIFE INSURANCE WITH LONG TERM CARE

**70%** of people over 65 will need Long Term Care.<sup>3</sup>

**A solution that you will value.** It is more difficult than ever to find affordable long-term care protection, especially as the costs of care continue to increase. Trustmark Universal Life answers this need with a level of protection you won't find elsewhere.

Combining two benefits – life and long-term care – with permanency and portability creates a product that you can feel confident you will eventually utilize.

**40%** of people on Long Term Care are under age 65.<sup>4</sup>

## Long-term care coverage for temporary needs as well.

Some hybrid plans offer “chronic condition” riders, which only pay benefits if a condition requiring care is permanent. But Trustmark Universal Life’s long-term care rider may still pay if a condition is temporary.

You may need long-term care after an accident or major illness even if an eventual full recovery is expected. Trustmark coverage can help to fulfill this demand!

## How LifeEvents Works

Example: Universal LifeEvents with LTC benefit, 35-year-old nonsmoker. \$8/week premium

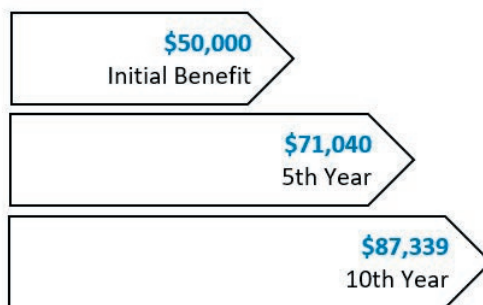
	LifeEvents	Universal Life
Face Amount	\$54,612	\$34,799
<b>Ages 35 to 70</b>		
Death Benefit	\$54,612	\$34,799
Living Benefit	\$54,612	\$34,799
<b>Age 70+</b>		
Living Benefit	\$54,612	\$34,799
Death Benefit 1/3 of face	\$18,204	\$34,799

Benefit amounts are illustrative samples and not a guarantee.

## Benefit Growth

The EZ Value future purchase option helps you automatically grow your benefit over time as your needs and means increase.

Example: Guaranteed benefit increases with \$1 increase in weekly premium per year for 10 years.



Actual values will vary by age, smoking, benefits selected and current interest rate.

**Find out more during your one-on-one session with a benefits counselor today!**

Underwritten by Trustmark Insurance Company, Lake Forest, Illinois (in New York, underwritten by Trustmark Life Insurance Company of New York, Albany, New York) The LTC Benefit is an acceleration of the death benefit. It begins to pay after 90 days of confinement or services, and to qualify you must meet conditions of eligibility for benefits. The LTC benefits provided by this policy may not cover all of the policyholder's LTC expenses. Pre-existing condition limitation may apply. Benefit amounts and rates shown are samples and not a guarantee. This provides a brief description of your benefits under GUL205/IUL205 and applicable riders. Benefits, definitions, exclusions, form numbers and limitations may vary by state. Your policy will contain complete details. Universal LifeEvents death benefit reduces to one-third at the latter of age 70 or the 15th policy anniversary; issue age is 18-64. For exclusions and limitations that may apply, visit [www.trustmarksolutions.com/disclosures/UL](http://www.trustmarksolutions.com/disclosures/UL) (A112-2216-UL). Underwriting conditions may vary, and determine eligibility for the offer of insurance. Trustmark® and LifeEvents® are registered trademarks of Trustmark Insurance Company.

<sup>1</sup>Genworth, "2019 Cost of Care Survey." <sup>2</sup>aspe.hhs.gov, "Long-Term Services and Supports for Older Americans: Risks and Financing Research Brief." <sup>3</sup>Starting Facts about Long-Term Care, lifehappens.org <sup>4</sup>Genworth. The Expanding Circle of Care. 2015

# CANCER INSURANCE



**Allstate**  
BENEFITS

Protection for the  
treatment of cancer and  
29 specified diseases

## New for 2023 – Cash benefits that you can use however you wish!

Cancer Insurance from Allstate Benefits helps protect your finances if you or an eligible family member is diagnosed with cancer or a covered disease.

During Cumberland County Schools 2023 open enrollment, you have the chance to elect affordable and valuable Cancer Insurance coverage to help you and your family cover the expenses associated with a cancer or specified disease diagnosis.

And because this coverage is from Allstate Benefits, you'll know that you are getting protection with the Good Hands® promise that millions of families in North America know and trust.

Cancer Insurance features:

- Affordable rates only available through your employer
- Works alongside your major medical coverage to help close gaps in coverage
- Cash benefits are paid directly to you, and you can use them however you want
- Individual or Family coverage available
- Convenient payroll deduction
- You can take your coverage with you if you ever leave your employer

Don't miss out – you can only elect this valuable coverage during the Cumberland County Schools open enrollment or if you experience a Qualifying Life Event, such as marriage or the birth of a child.

### Schedule your enrollment

Cumberland County Schools 2023 open enrollment is September 19th through October 23rd.

To schedule your enrollment or to talk to an enrollment representative to learn more, visit <https://OFIScheduling.as.me>.

**Cancer Insurance from Allstate Benefits helps you live your life well protected.**

Learn more about your Cancer Insurance coverage and benefits at <https://allstatevoluntary.com/ccs/>.



You have three plans to choose from. Please review the full benefit and rate information on brochure form ABJ37894X at <https://allstatevoluntary.com/ccs/>.

## BENEFIT AMOUNTS

HOSPITAL CONFINEMENT AND RELATED BENEFITS	PLAN 1	PLAN 2	PLAN 3
Continuous Hospital Confinement (daily)	\$100	\$100	\$100
Government or Charity Hospital (daily)	\$100	\$100	\$100
Private Duty Nursing Services (daily)	\$100	\$100	\$100
Extended Care Facility (daily)	\$100	\$100	\$100
At Home Nursing (daily)	\$100	\$100	\$100
Hospice Care Center (daily) or Hospice Care Team (per visit)	\$100 \$100	\$100 \$100	\$100 \$100
RADIATION/CHEMOTHERAPY/RELATED BENEFITS	PLAN 1	PLAN 2	PLAN 3
Radiation/Chemotherapy for Cancer <sup>1</sup> (every 12 months)	\$7,500	\$10,000	\$15,000
Blood, Plasma, and Platelets <sup>1</sup> (every 12 months)	\$7,500	\$10,000	\$15,000
Hematological Drugs <sup>1</sup> (every 12 months)	\$150	\$200	\$300
Medical Imaging <sup>1</sup> (every 12 months)	\$375	\$500	\$750
SURGERY AND RELATED BENEFITS	PLAN 1	PLAN 2	PLAN 3
Surgery <sup>2</sup>	\$1,500	\$3,000	\$4,500
Anesthesia (% of surgery benefit)	25%	25%	25%
Bone Marrow or Stem Cell Transplant (once/year)			
1. Autologous	1. \$500	1. \$1,000	1. \$1,500
2. Non-autologous (cancer or specified disease treatment)	2. \$1,250	2. \$2,500	2. \$3,750
3. Non-autologous (Leukemia)	3. \$2,500	3. \$5,000	3. \$7,500
Ambulatory Surgical Center (daily)	\$250	\$500	\$750
Second Opinion	\$200	\$400	\$600
MISCELLANEOUS BENEFITS	PLAN 1	PLAN 2	PLAN 3
Inpatient Drugs and Medicine (daily)	\$25	\$25	\$25
Physician's Attendance (daily)	\$50	\$50	\$50
Ambulance (per confinement)	\$100	\$100	\$100
Non-Local Transportation <sup>1</sup> (coach fare or amount shown per mile*)	\$0.40/mi	\$0.40/mi	\$0.40/mi
Outpatient Lodging (daily; limit \$2,000/12 mo. period)	\$50	\$50	\$50
Family Member Lodging (daily per trip; max. 60 days) and Transportation (coach fare or amount shown per mile**)	\$50 \$0.40/mi	\$50 \$0.40/mi	\$50 \$0.40/mi
Physical or Speech Therapy (daily)	\$50	\$50	\$50
New or Experimental Treatment <sup>3</sup> (every 12 months)	\$5,000	\$5,000	\$5,000
Prosthesis <sup>3</sup> (per amputation)	\$2,000	\$2,000	\$2,000
Hair Prosthesis (every 2 years)	\$25	\$25	\$25
Nonsurgical External Breast Prosthesis <sup>1</sup>	\$50	\$50	\$50
Anti-Nausea Benefit <sup>1</sup> (once per calendar year)	\$200	\$200	\$200
Waiver of Premium (employee only)	Yes	Yes	Yes
ADDITIONAL BENEFITS	PLAN 1	PLAN 2	PLAN 3
Cancer Initial Diagnosis (one-time benefit)	\$3,000	\$10,000	\$10,000
Wellness Benefit	\$100	\$100	\$100

<sup>1</sup>Pays actual cost up to amount listed. <sup>2</sup>Pays actual charges up to amount listed in certificate Schedule of Surgical Procedures. Amount paid depends on surgery. <sup>3</sup>Pays actual charges up to amount listed. \*At least 70 miles away, up to 700 miles. \*\*Transportation up to 700 miles per continuous hospital confinement.



This material is valid as long as information remains current, but in no event later than August 1, 2025. Group Cancer benefits are provided under policy form GVCP3 or state variations thereof, and are underwritten by American Heritage Life Insurance Company, Home Office, Jacksonville, FL. For costs and complete details, including availability, variations by state, exclusions, and limitations, you may contact your Allstate Benefits Representative. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. ©2022 Allstate Insurance Company. [www.allstate.com](http://www.allstate.com) or [allstatebenefits.com](http://allstatebenefits.com)

# ACCIDENT



## ***Aflac Group Accident Insurance Plan***

**In the event of a covered accident, the plan pays cash benefits fast to help with the costs associated with out-of-pocket expenses and bills – expenses major medical may not take care of:**

### **Plan Features**

- A Wellness Benefit for covered preventive screenings
- Emergency room visits
- Surgery and anesthesia benefit
- Stitches and casts
- Transportation and Lodging benefit
- An Emergency Room Treatment Benefit
- A Rehabilitation Unit Benefit
- Coverage for certain serious conditions, such as coma and paralysis
- An Accidental-Death Benefit
- Ambulance Benefit
- Wheelchairs, crutches, and other medical appliances
- Benefits are payable regardless of any other insurance programs.
- Coverage is guaranteed-issue, provided the applicant is eligible for coverage.
- Benefits are available for spouse and/or dependent children.
- There's no limit on the number of claims an insured can file

### **Eligibility**

#### **Issue Ages**

Employee at least age 18

Spouse at least age 18

Children under age 26

The employee may purchase Accident Plus coverage for his/her spouse and/or dependent children. The spouse and dependent children cannot participate if the employee is not eligible for coverage or elects not to participate.

### **Accident Rates**

HIGH OPTION - 24 HOUR PLAN	10 pp/yr
Employee	\$19.44
Employee and Spouse	\$27.79
Employee and Dependent Children	\$37.08
Family	\$45.43



### **Notices**

This booklet is a brief description of coverage, not a contract. Read your certificate carefully for exact plan language, terms, and conditions.

If this coverage will replace any existing individual policy, please be aware that it may be in your best interest to maintain your individual guaranteed-renewable policy.

**Notice to Consumer:** The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. Continental American Insurance Company, Columbia, South Carolina.

AGC1702284 R1

# CRITICAL ILLNESS



## Aflac Group Critical Illness Plan without cancer

### Plan Features

- Benefits are paid directly to you, unless otherwise assigned.
- Premiums are paid through convenient payroll deduction.
- Each dependent child is covered at 50% of the primary insured amount at no additional charge.
- Annual Health Screening benefit is included.
- The plan is portable, which means you can take your coverage with you if you change jobs or retire (with certain stipulations).

### Guaranteed-Issue

Guaranteed-issue coverage is available for all eligible employees. The following options are available:

Up to **\$30,000** for employees and up to **\$15,000** for spouses. Children are included at no additional cost.

### Individual Eligibility

#### Issue Ages

Employee 18-64+

Spouse 18-64+

Children under age 26

### Group Critical Illness without Cancer

Heart Attack, Open Heart Surgery, Heart procedures Stroke, Major Organ Transplant, End Stage Renal Failure, Bone Marrow Transplant, Sudden Cardiac Arrest, Coronary Artery Bypass Surgery, \$100 Health Screening Benefit, Paralysis, Severe Burns, Coma, Loss of Speech/Sight/Hearing, Benign Brain Tumor 100%, Advanced Alzheimer's Disease 25%, Advanced Parkinson's Disease 25%

UNI-TOBACCO - Employee				
Issue Age	\$10,000	\$20,000	\$30,000	
18-35	\$ 10.95	\$ 17.70	\$ 24.45	
36-50	\$ 19.89	\$ 35.58	\$ 51.27	
51-60	\$ 39.90	\$ 75.60	\$ 111.30	
61-63	\$ 55.56	\$ 106.92	\$ 158.28	
64+	\$ 67.86	\$ 131.52	\$ 195.18	

UNI-TOBACCO Spouse				
Issue Age	\$5,000	\$10,000	\$15,000	
18-35	\$ 7.58	\$ 10.95	\$ 14.33	
36-50	\$ 12.05	\$ 19.89	\$ 27.74	
51-60	\$ 22.05	\$ 39.90	\$ 57.75	
61-63	\$ 29.88	\$ 55.56	\$ 81.24	
64+	\$ 36.03	\$ 67.86	\$ 99.69	



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AGC1702285 R1

# CRITICAL ILLNESS



## *Aflac Group Critical Illness Plan with cancer*

### Plan Features

- Benefits are paid directly to you, unless otherwise assigned.
- Premiums are paid through convenient payroll deduction.
- Each dependent child is covered at 50% of the primary insured amount at no additional charge.
- Annual Health Screening benefit is included.
- The plan is portable, which means you can take your coverage with you if you change jobs or retire (with certain stipulations).

### Guaranteed-Issue

Guaranteed-issue coverage is available for all eligible employees. The following options are available:

Up to **\$30,000** for employees and up to **\$15,000** for spouses. Children are included at no additional cost.

### Individual Eligibility

#### Issue Ages

Employee 18-64+

Spouse 18-64+

Children under age 26

### Group Critical Illness with Cancer

Cancer, Heart Attack, Open Heart Surgery, Heart procedures, Stroke, Major Organ Transplant, End Stage Renal Failure, Bone Marrow Transplant, Sudden Cardiac Arrest, Non-Invasive Cancer, Coronary Artery Bypass Surgery, \$100 Health Screening Benefit, Paralysis, Severe Burns, Coma, Loss of Speech/Sight/Hearing, Benign Brain Tumor 100%, Advanced Alzheimer's Disease 25%, Advanced Parkinson's Disease 25%

UNI-TOBACCO - Employee			
Issue Age	\$10,000	\$20,000	\$30,000
18-35	\$ 16.53	\$ 28.86	\$ 41.19
36-50	\$ 34.95	\$ 65.70	\$ 96.45
51-60	\$ 76.80	\$ 149.40	\$ 222.00
61-63	\$ 107.85	\$ 211.50	\$ 315.15
64+	\$ 132.00	\$ 259.80	\$ 387.60

UNI-TOBACCO Spouse			
Issue Age	\$5,000	\$10,000	\$15,000
18-35	\$ 10.37	\$ 16.53	\$ 22.70
36-50	\$ 19.58	\$ 34.95	\$ 50.33
51-60	\$ 40.50	\$ 76.80	\$ 113.10
61-63	\$ 56.03	\$ 107.85	\$ 159.68
64+	\$ 68.10	\$ 132.00	\$ 195.90



### Notices

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# GROUP TERM LIFE



Life Insurance

## Cumberland County Board of Education

### Group Term Life Benefit Highlights — VF023838

<b>Eligibility:</b>	Active full-time employees working at least 30 hours per week. Part-time, seasonal and temporary employees are not eligible.
<b>Basic Benefit:</b>	
<b>Active Employees:</b>	\$10,000
<b>Supplemental Benefit:</b>	
<b>Active Employees:</b>	Incremental selection from a minimum of \$10,000 to a maximum of \$150,000 in increments of \$10,000.
<b>Dependent Spouse:</b>	Choice of \$10,000 or \$25,000 not to exceed 100% of the employee amount.
<b>Dependent Child(ren):</b>	\$5,000 for eligible child(ren) ages 15 days to 25 years (or 26 years if full-time student).
<i>Note: No person may be covered more than once under the policy.</i>	
<b>Guarantee Issue Amount:</b>	Evidence of Insurability is required for: <ol style="list-style-type: none"> <li>1. All amounts for previously eligible individuals who did not enroll within 31 days of initial eligibility;</li> <li>2. Additional coverage that is greater than the next higher coverage option during an annual enrollment period;</li> <li>3. All amounts if you voluntarily canceled your insurance and choose to reapply.</li> </ol>
<b>Premium:</b>	Your employer pays 100% of the premium for basic benefits. You pay 100% of the premium for supplemental benefits.
<b>Life insurance includes the following benefits:</b>	<ul style="list-style-type: none"> <li>• Conversion privilege</li> <li>• Portability privilege for employee and dependent spouse coverage</li> <li>• <b>Repatriation Services</b> – If the employee's death occurs more than 100 miles from home, expenses incurred to transport the body of up to \$15,000 are covered when arrangements are made through Generali Global Assistance.</li> <li>• <b>College Assistance Plan</b> – An online resource dedicated to helping people plan for, pay for, and reduce the cost of college.</li> </ul>
<b>Additional Services:</b>	<ul style="list-style-type: none"> <li>• <b>Beneficiary Resource Services™<sup>1</sup></b> – Includes grief, legal and financial counseling for beneficiaries, as well as funeral planning for policyholders.</li> <li>• <b>Travel Resource Services™<sup>2</sup></b> – Helps travelers deal with the unexpected that may take place while traveling. Services include emergency medical assistance; financial, legal and communication assistance; and access to other critical services and resources available online.</li> </ul>

For additional information regarding your benefits, including a copy of your certificate, visit [www.oldefayettevilleinsurance.com](http://www.oldefayettevilleinsurance.com) or call 910-483-6210.

<sup>1</sup> Beneficiary Resource Services is provided by Morneau Shepell. Morneau Shepell is an independent organization that does not provide Dearborn Group products or services.

<sup>2</sup> Travel Resource Services is administered by Generali Global Assistance, Inc. (GGA). GGA is an independent organization that does not provide Dearborn Group products or services.

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148.



## GROUP TERM LIFE

### Cumberland County Board of Education Supplemental Group Life Premium Rate Grid

<b>Eligibility:</b>	You are eligible to enroll if you work the minimum number of hours per week and you have satisfied any waiting period.
<b>Supplemental Life Insurance</b>	
<b>Employee Benefit:</b>	Incremental selection from a minimum of \$10,000 to a maximum of \$150,000 in increments of \$10,000.
<b>Spouse Benefit:</b>	Choice of \$10,000 or \$25,000 not to exceed 100% of the Employee Amount.
<b>Child Benefit:</b>	\$5,000 for eligible child(ren) ages 15 days to 25 years (to age 26 if full-time student).
<i>Note: Spouse and Child(ren) may not have coverage unless the Employee has coverage.</i>	
<b>Guarantee Issue<sup>1</sup></b>	
<b>Employee:</b>	\$150,000
<b>Spouse:</b>	\$25,000
<b>Child:</b>	\$5,000
<b>Reduction of Benefits:</b>	Benefits reduce by 35% of the original amount at age 70, further reduce to 45% of the original amount at age 75, to 30% of the original amount at age 80. Benefits terminate at retirement.



Olde Fayetteville Insurance and Financial Services, Inc  
1308 Ft. Bragg Road, Suite 210  
Fayetteville, NC 28305  
910-483-6210 Fax 910-485-6211

Since 1995 Olde Fayetteville Insurance has been committed to helping you with any questions that you may have about your employee benefits. However if you wish to contact the carrier directly, here is a list of contact numbers for your convenience.

PHONE DIRECTORY

Allstate Benefits- (Customer Service )- 1-800-521-3535 1776 American Heritage Life Drive  
Jacksonville, Florida 32224

Aflac Insurance Company – (Customer Service ) 1-800-433-3036 PO BOX 427 Columbia, SC 29202

ANICO- (Customer Service) 1– 800-615-7372 1 Moody Plaza, Galveston, TX 77550

Dearborn National- (Customer Service) 910-483-6210

The Health Plan - (Customer Service) 1308 Ft. Bragg Road, Suite 210, Fayetteville NC 28305

Questions regarding dental/vision 1-888-816-3096  
Questions regarding Short Term Disability 1-877-318-4487  
Questions regarding Flexible Spending Account 1-866-347-3640

TransAmerica Employee Benefits - (Customer Service) 1-888-763-7474 P.O Box 8063 Little Rock, AR 72203

Trustmark - (Customer Service) 1-800-918-8877, select option 6

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Now, when an illness strikes, you can get care right where you are — from your phone, app or online. That's because your Aflac group plan now comes with telemedicine service from MeMD™ that allows you to reach a health provider, day or night, using your phone or computer. And it's available as soon as your Aflac coverage starts.

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- 3. When a prescription\* is medically necessary, you can have it sent electronically to your pharmacy of choice

Avoid the waiting room and still get quality care for all kinds of concerns:

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- Allergies, hives, skin infections, bites and stings
- Colds, flu, fever, sore throat, cough, congestion
- Diarrhea, vomiting, nausea, urinary tract infections
- Eye infections, conjunctivitis, earache, body ache
- Medication refills (short-term)\* **and more**

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Call **855-423-8585** to get started or visit [www.MeMD.me/Aflac](http://www.MeMD.me/Aflac).

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