



2023

Employee Benefits Enrollment



Cumberland Strong:  
UNITED for Student SUCCESS

Plan Year

January 1, 2024 - December 31, 2024

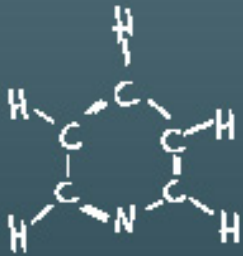
Enrollment dates September 18 - November 3, 2023

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



**CUMBERLAND**  
COUNTY SCHOOLS

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





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.

**Please call Olde Fayetteville Insurance first, so we can assist you with questions and claims.**

**910-483-6210**

## *PHONE DIRECTORY*

*Allstate Benefits*- (Customer Service )- 1-800-521-3535

1776 American Heritage Life Drive  
Jacksonville, Florida 32224

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 Call Fayetteville Insurance 910-483-6210

Questions regarding Flexible Spending Account 1-866-347-3640

*Trustmark* - (Customer Service) 1-800-918-8877



# Get to know Trustmark

Trustmark® offers innovative insurance solutions that enhance wellbeing and provide greater financial security. Your employer selected Trustmark to supplement your medical plan and help you cover out-of-pocket expenses when the unexpected happens.

For more than 110 years, Trustmark has focused on providing the best supplemental insurance experience possible. From innovative and cost-effective insurance products to a personalized approach to customer service, Trustmark customers are at the center of the business.

## **Why consider Trustmark Voluntary Benefits during your enrollment?**

Voluntary or supplemental insurance provides an additional layer of financial protection for you and your loved ones. Review the different offerings in this booklet to see which Trustmark insurance solutions are right for you. Coverage is flexible and can be tailored to meet the needs of your family. During your company's enrollment, you'll make your coverage elections.

## **Voluntary insurance keeps you in control, even through change.**

Voluntary insurance helps you protect what matters most when unpredictable things happen. As a leading provider of voluntary benefits, Trustmark offers innovative insurance for today's modern lifestyle. It's designed with you in mind. Learn more about voluntary benefits and get to know Trustmark.

[www.trustmarkbenefits.com](http://www.trustmarkbenefits.com)

# Get valued Trustmark Voluntary Benefits during open enrollment

**9/18/23 - 11/03/23**

**TO:** Employees of Cumberland County Schools

**FROM:** Jay C. Toland, Associate Superintendent of Business Operations

**SUBJECT:** 2024 Employee Flexible Benefits Plan Enrollment



The Cumberland County Board of Education offers a Flexible Benefits Plan to you as an added benefit of employment. The Flexible Benefits 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 benefits provider. We have prepared this packet of information regarding your flexible benefits plan.

Electronic enrollment will continue for 2024, providing access to information on all flexible benefits 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.

In-person enrollment meetings at your school have been discontinued. 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. You can take advantage of these various resources to get any questions you have answered. **Open enrollment is your only chance to enroll for the 2024 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.**

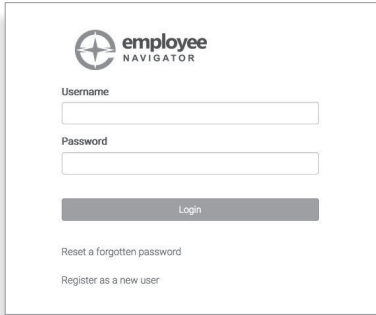
If you would like to add your spouse and or children as dependents for dental and vision coverage, you must provide proof of identification for dependent coverage. See the list of acceptable forms of proof in the benefits booklet and online. Please email documents to Pam Edge at [pame@ccs.k12.nc.us](mailto:pame@ccs.k12.nc.us).

We are happy once again to provide these voluntary benefits for our premier professionals and families.

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

2491 Gillespie Street | FAYETTEVILLE, NORTH CAROLINA 28306 | 910-678-2350  
Fully Accredited School System

# ENROLL IN YOUR BENEFITS: One step at a time

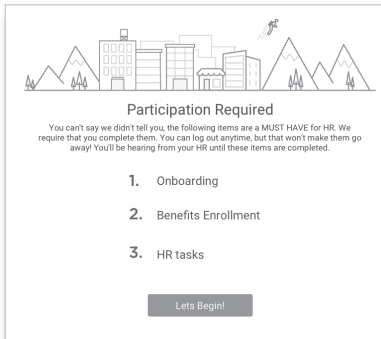


The login page features the Employee Navigator logo at the top left. Below it are two input fields: 'Username' and 'Password'. A 'Login' button is centered below the fields. At the bottom, there are two links: 'Reset a forgotten password' and 'Register as a new user'.

## Step 1: Log In

Go to [www.employeenavigator.com](http://www.employeenavigator.com) and click **Login**

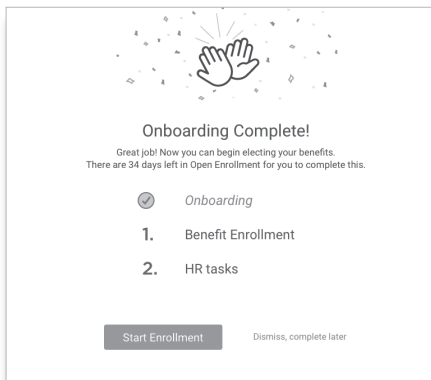
- **Returning users:** Log in with the username and password you selected. Click **Reset a forgotten password**.
- **First time users:** Click on your Registration Link in the email sent to you by your admin or **Register as a new user**. Create an account, and create your own username and password.



The page has a decorative header with a city skyline. The main heading is 'Participation Required'. Below it is a paragraph explaining that certain items are mandatory for HR. A numbered list follows: 1. Onboarding, 2. Benefits Enrollment, 3. HR tasks. A 'Lets Begin!' button is at the bottom.

## Step 2: Welcome!

After you login click **Let's Begin** to complete your required tasks.



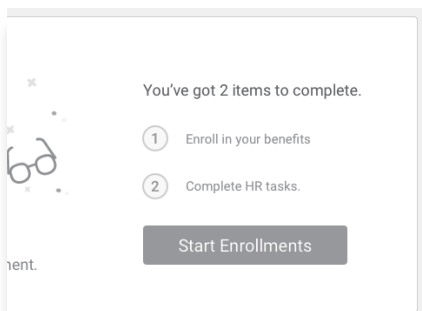
The page features a 'clapping hands' icon. The heading is 'Onboarding Complete!'. Below it is a paragraph stating that the user can now begin electing benefits and that there are 34 days left in Open Enrollment. A list shows 'Onboarding' as completed with a checkmark, followed by 'Benefit Enrollment' and 'HR tasks'. 'Start Enrollment' and 'Dismiss, complete later' buttons are at the bottom.

## Step 3: Onboarding (For first time users, if applicable)

Complete any assigned onboarding tasks before enrolling in your benefits. Once you've completed your tasks click **Start Enrollment** to begin your enrollments.

### TIP

if you hit "**Dismiss, complete later**" you'll be taken to your Home Page. You'll still be able to start enrollments again by clicking "**Start Enrollments**"



The page has a decorative header with a city skyline. The heading is 'You've got 2 items to complete.'. Below it is a numbered list: 1. Enroll in your benefits, 2. Complete HR tasks. A 'Start Enrollments' button is at the bottom.

## Step 4: Start Enrollments

After clicking **Start Enrollment**, you'll need to complete some personal & dependent information before moving to your benefit elections.

### TIP

*Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.*

## Step 5: Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?**

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.

**Who am I enrolling?**

---

Myself

Elizabeth Reynolds (Spouse)

Gwen Reynolds (Child)

Effective on 08/01/18  
Employee

**\$138.46**  
Cost per pay period

**Selected**

Compare    Details

---

**How much will it cost?**

Plan Cost	Employer Contribution	My Cost
\$138.46	\$ 138.46	= \$0.00

[View employer contributions summary](#)

**Save & Continue**

[Don't want this benefit?](#)

Click **Save & Continue** at the bottom of each screen to save your elections.

If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

## Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.

**Enrollment Summary**

Below is a summary of your elections and cost for the upcoming plan year. If you have any questions or would like to make changes, please contact HR.

**Enrollment Not Complete!**  
Please complete the required highlighted steps from your enrollment progress menu.

**Enrolled Plans**

Medical Collapse ▾

Key Care HSA PPO2017 404E2435 Long Plan Name

Progress 6 of 8

- ✓ 1. Personal Information
- ✓ 2. Dependent Information
- ✓ 3. Medical
- ⚠ 4. Dental
- ✓ 5. Vision
- ✓ 6. HSA
- ✓ 7. FSA
- 8. Enrollment Summary

## Step 7: Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

### TIP

If you miss a step you'll see **Enrollment Not Complete** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.

**High Five! Enrollment Complete!**

You've only got one more item to complete.

*Enroll in your benefits*

**1. HR Tasks**

**Start Tasks**    [Dismiss, complete later](#)

## Step 8: HR Tasks (if applicable)

To complete any required HR tasks, click **Start Tasks**. If your HR department has not assigned any tasks, you're finished!



You can login to review your  
benefits 24/7



# Enrollment Reminders



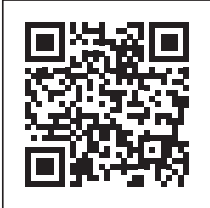
Enrollment Dates: September 18-November 3, 2023

(The State Health Plan Open enrollment is October 9-27 2023. 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, 2024 for classified employees such as teacher’s aides, custodians, cafeteria personnel, Prime Time and some bus personnel.
- January 31, 2024 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, 2024.
- You are allowed up to \$610.00 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 Pam Edge at [pamedge@ccs.k12.nc.us](mailto:pamedge@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 in these benefits. The same rule applies to dependents.

## Cumberland County Schools Dental

- The Cumberland County Schools dental plan will remain the same for 2024. 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



## 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
<b>Major Services</b>			
<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
<b>Orthodontic Services</b> 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

### 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
Nurse & 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

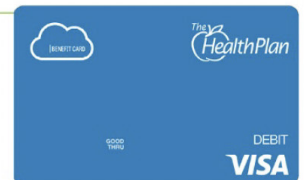
over **10,000** locations to use the card

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

HealthCare FSA Snapshot	FSA
HFSA Maximum Declared Amount	
Annual Contribution to Healthcare FSA	\$3,050
Annual Allowed Roll-Over Amount	\$610
<ul style="list-style-type: none"> <li>You must re-elect FSA each year.</li> <li>You can roll over up to \$610 of unused FSA funds each plan year. If you roll \$610 forward you could have up to \$3,660 to use for the new plan year.</li> <li>Your total declared amount is available the first day of the year. Employee Funds are deducted from your pay in equal increments.</li> <li>Pre-tax deduction results in a tax benefit to the employee.</li> <li>Funds may be used to pay for qualifying medical expenses covered under Section 213-d.</li> </ul> <p><b>90 day Run Out Period:</b> You will have until March 31, 2025 to submit claims incurred from January 1, 2024 - December 31, 2024.</p> <p><b>If You Leave the Company:</b> If you are no longer employed, your Health FSA benefit will end on the last day of the month you are actively employed. (Ex. If your last day of work is 1/9/24 your coverage will end on 1/31/24) You may submit payment requests up to your unused declared amount within 90 days of leaving employment.</p>	

Dependent Care FSA Snapshot	DFSA Maximum Declared Amount
Annual Contribution to Healthcare FSA	\$5,000
<ul style="list-style-type: none"> <li>You have 90 days post DFSA plan year to submit for reimbursement.</li> <li>Your balance can only be used as it is deducted from your paycheck</li> <li>Funds may be used for child or elderly dependent care expenses</li> <li>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.</li> </ul>	

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.		

<b>Contact Information</b>		
Phone: 1.866.347.3640	Fax: 1.866.347.3643	Portal Access: <a href="http://myplan.healthplan.org">myplan.healthplan.org</a>
Email: <a href="mailto:customersolutions@healthplan.org">customersolutions@healthplan.org</a>		Mobile App: THPWallet

# The HealthPlan

## Short-Term Disability Program

### SHORT TERM DISABILITY



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, 2024 and are just electing this coverage, 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



# CANCER INSURANCE



Protection for the treatment of cancer and 29 specified diseases

## New for 2024 – 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 2024 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 2024 open enrollment is September 18 through November 3, 2023.

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/>.



# CANCER INSURANCE

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.



Rev. 8/23. This material is valid as long as information remains current, but in no event later than August 15, 2026. 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. ©2023 Allstate Insurance Company. [www.allstate.com](http://www.allstate.com) or [allstatebenefits.com](http://allstatebenefits.com)

## HOSPITAL STAY PAY

# Trustmark Hospital StayPay<sup>®</sup> 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<sup>®</sup> 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**.



### 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>

*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>†</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.*

See reverse for more information on Hospital StayPay<sup>®</sup> insurance from Trustmark Insurance Company.

## Voluntary Benefits

**Trustmark**  
benefits beyond benefits

# HOSPITAL STAY PAY



## Are you prepared to pay for a hospital stay?

The average cost of a three-day stay in the hospital: **\$30,000<sup>1</sup>**

<sup>1</sup>HealthCare.gov, Why Health Insurance is Important: Protection from High Medical Costs 2019

### Additional advantages

- **Apply for coverage for family members:** spouse, children, and dependent grandchildren.
- There are **no medical questions** to enroll.
- **Keep your coverage** if you leave your job with no change in premium or benefits.



**You care.  
We listen.**

<sup>2</sup>An AM 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).

Trustmark® and Trustmark Hospital StayPay® are registered trademarks of Trustmark Insurance Company. This is a brief description of benefits under H11 119 and applicable riders CFR 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. 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 <http://www.trustmarksolutions.com/disclosures/HSP/>.



Products underwritten by Trustmark Insurance Company  
Rated A (Excellent) for financial strength by AM Best.<sup>2</sup>  
TrustmarkVB.com   



## Trustmark Universal Life/LifeEvents® Insurance with Long-Term Care Benefit

Two choices for combined coverage and lifelong protection.

### Financial security even after a loss

Protecting your loved ones is one of life's greatest responsibilities. When a family loses someone, in addition to grief, survivors may suddenly be faced with costly expenses and debts, and even a loss of income.

**Universal Life/LifeEvents can help.**

**Universal Life** provides a consistent lifelong benefit, while, for the same rate, the **Universal LifeEvents** option offers a **higher death benefit** during your working years, when your needs and responsibilities are the greatest. (See reverse for more on how Universal LifeEvents works.) You can choose a plan and benefit amount that provides the **right protection for you.**

Universal Life/LifeEvents insurance can mean those left behind are still able to pursue their own dreams, and help ensure that the **ending** of one story won't stop the **beginning** of another.



### Solving the long-term care issue

At any point in your life, you may need long-term care services, which could cost hundreds of dollars per day. Universal Life/LifeEvents includes a **long-term care (LTC)** benefit that can help pay for these services at any age. With either option, this benefit **remains at the same** level throughout your life, so the full amount is always available when you most need it.

### Here's how it works:

4%

You can **collect 4% of your Universal Life/LifeEvents death benefit per month** for up to 25 months to help pay for long-term care services.

### Flexible features available:

2x

**PLUS:** if you collect a benefit for LTC, your **full death benefit** is still available for your beneficiaries, as much as **doubling** your benefit.

Rates may vary by age, smoking status, state, employer and features selected by you and/or by your employer. An application for insurance must be completed to obtain coverage.

**Note: your rate is "locked in" at your age at purchase!**

Once you have a policy, your rate will never increase due to age.

*The LTC Benefit is an acceleration of the death benefit and is not Long-Term Care Insurance (except in LA and VA, where the LTC benefit is Long-Term Care Insurance). 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. Your policy will contain complete details. You should consult a financial advisor to determine if the long-term care benefits and the retirement benefits provided by this policy are right for you.*



Universal Life/LifeEvents is **flexible permanent** life insurance designed to last a lifetime.



The younger you are when you enroll, the **more benefit** you receive for the same premium.



**No medical exams** or blood work – just answer a few simple questions.

# LIFE INSURANCE WITH LONG TERM CARE



## What would happen if you weren't around?



**1 in 3 households** would have immediate trouble paying for living expenses if they lost their primary earner.<sup>1</sup>



**40% of Americans** live paycheck to paycheck. Could your family afford to stay in your home?<sup>2</sup>



**56% of Americans** have less than \$10,000 saved for retirement – **1 in 3** have \$0 saved. Wouldn't it be nice to have some protection?<sup>3</sup>

### How the Universal LifeEvents option works

- A **higher death benefit** during working years.
- **Long-term care (LTC)** benefits that **stay the same** throughout your life.

#### Example: \$25,000 policy

Before age 70	
Death benefit	<b>\$25,000</b>
LTC benefits	<b>\$25,000</b>
After age 70	
Death benefit	<b>\$8,333</b>
LTC benefits	<b>\$25,000</b>

Universal LifeEvents death benefit reduces to one-third at age 70 or the beginning of the 15th policy year, whichever occurs last. Issue age is 18-64.

### Benefit for terminal illness

- **Use part of your death benefit** to help manage costs if you're diagnosed with a terminal illness.

### Additional advantages

- **Keep your coverage** at the same price and benefits if you change jobs or retire.
- **Apply for coverage for family members:** spouse, children and grandchildren.

### More flexible features

- **Buy term life insurance for your children.** They can later simply convert this rider to a permanent Universal Life policy.

### Plus: grow your benefit with EZ Value

The EZ Value option can automatically **increase your benefit amount over time** – without any medical questions.

**Example: \$1 increase in weekly premium each year for 10 years.**

	Initial benefit	After 5 years	After 10 years
Universal Life	\$25,000	\$41,299	\$53,845
Universal LifeEvents	\$25,000	\$50,414	\$70,077

Example is for age 40, employee only, non-smoker coverage with long-term care benefit and no additional features. Actual values will vary by age, smoking status, benefits selected and interest rates.

**You care.  
We listen.**

<sup>1</sup>2018 Insurance Barometer Study LIMRA/Life Happens. <sup>2</sup>nelsen.com/us/en/insights/news/2015/savingspending-and-living-paycheck-to-paycheck-in-america.html. <sup>3</sup>gobankingrates.com/retirement/1-3-americans-0-saved-retirement. <sup>5</sup>An AM 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).

This provides a brief description of your benefits under GUL.205/IUL.205 and applicable riders HH/LTC.205, BRR.205, BXR.205, ABR.205, ADB.205, CT.205 and WP.205. Benefits, definitions, exclusions, form numbers and limitations may vary by state. This policy contains a provision that guarantees against lapse for a period of 10 years (14 years in OR; 15 years for Universal LifeEvents) as long as premiums are paid as planned. If you make changes to your coverage during this period, or pay only the minimum premium, you may prevent cash value accumulation or reduce your death benefit amount. If there is negative cash value at the end of the no-lapse period, you must pay enough premium to establish positive cash value. You may also need to maintain your policy with a higher premium than the one you paid to satisfy the no-lapse guarantee or coverage may expire prior to age 100 even if the premium shown is paid as scheduled. A policy illustration will be delivered with your policy. Your policy will contain complete information. For costs and further details of the coverage, including exclusions, any reductions or limitations and terms under which the policy may be continued in force, see your agent or write to the company. For exclusions and limitations that may apply, visit [www.trustmarksolutions.com/disclosures/UL/](http://www.trustmarksolutions.com/disclosures/UL/) (A112-2216-UL). In California, review "A Consumer's Guide to Long-term Care from the Department of Aging" at: [http://www.aging.ca.gov/aboutcda/publications/Taking\\_Care\\_of\\_Tomorrow\\_English/](http://www.aging.ca.gov/aboutcda/publications/Taking_Care_of_Tomorrow_English/). Underwriting conditions may vary, and determine eligibility for the offer of insurance. Trustmark® and LifeEvents® are registered trademarks of Trustmark Insurance Company.



Products underwritten by Trustmark Insurance Company  
Rated A (Excellent) for financial strength by AM Best.<sup>5</sup>

TrustmarkVB.com   



# ACCIDENT

## Trustmark Accident - Group Insurance Coverage for when life takes a tumble.



**Accidents happen.** And the sudden **out-of-pocket costs** associated with them can be pricey.

Trustmark Accident insurance helps by paying **cash directly to you**, for covered accidents and the services to help treat them. The plan pays **regardless of other coverage** you have, and there are no restrictions on how you may use the money.

### Why Trustmark Accident?

1. Helps **pay for what health insurance might not**, like copays and deductibles, and can also help with your everyday bills.
2. **Peace of mind** for your active lifestyle: having a slip-up won't break the bank.
3. After an accident, you can **focus less on your wallet** and more on your recovery.
4. You can get affordable coverage for your **entire family**, including active kids.

### Cash Benefits for Injuries and Services

Accident insurance offers **24-hour coverage** for a wide array of covered **accidental injuries** and related **services**, including but not limited to:

#### Initial Care

- Hospital admissions and stays
- Ambulance transport
- Emergency room visits
- X-rays and diagnostic tests
- Initial doctor's office visit
- Surgeries
- Lodging and transportation

#### Injuries

- Fractures (broken bones)
- Dislocations
- Lacerations
- Burns
- Concussions
- Tendon/ligament injuries
- Eye injuries
- Emergency dental

Voluntary Benefits



# ACCIDENT

## Follow-Up Care

- Follow-up visits
- Physical therapy
- Appliances (e.g.: crutches or knee scooter)
- Prosthetics and artificial limbs

Benefits paid will depend upon the type of injury/injuries suffered and services received. A complete schedule of benefits and payout amounts will be included in your certificate.

## Additional Value-Adding Benefits

**Wellness Benefit – Get paid a benefit** just for taking steps to help yourself stay well! Your Wellness Benefit **pays you cash** directly when you get certain screening tests or other wellness exams. Each covered person can collect a benefit **once per year** in each of these categories:

**Routine Visit Benefit** – Payable for any of the following:

- Routine physical
- Sports physical
- Biometric screening
- Immunization
- Vision test
- Blood test for triglycerides
- Fasting blood glucose test
- Lipid panel
- Low-dose mammography or routine mammogram
- Pap smear (for women over age 18)
- Chest x-ray
- Invasive colonoscopy
- Noninvasive colon screening, including CT colonoscopy
- Electrocardiogram (EKG/ECG)
- Human papillomavirus (HPV) vaccination
- Serum cholesterol test for HDL and LDL

You can file a claim for your Wellness benefits 24/7 at [TrustmarkVB.com](https://www.TrustmarkVB.com).

**Accidental Death Benefit** – Provides an **additional benefit for an accidental death** that occurs within 90 days of a covered accident. The benefit doubles if the death is due to a common carrier – a paid form of public transportation operating on a regular schedule.

**Catastrophic Accident Benefit** – Pays a benefit that can help with the transitional period following a **catastrophic loss**: for example, the loss of use of both arms or both legs, or total blindness.

# ACCIDENT

## Plan Features

**Automatic Acceptance** – No health questions to answer, and you can't be turned down for coverage based on your health.

**Family Coverage** – Coverage is available for employees, their spouses, their children and their financially dependent grandchildren.

**Renewability and Portability** – You can keep your coverage as long as your premiums are paid. If you leave your employer or retire, you can still keep your plan on a direct-bill basis.

**You can manage your coverage or easily file online claims 24/7 at [TrustmarkVB.com](https://TrustmarkVB.com)!**



*NOTE: If you have previously elected Trustmark accident coverage, your existing policy may differ from what is described here.*

*This is a brief description of benefits under forms AO 620 C and AO 620 C MET. This is accident-only coverage with limited benefits and does not pay benefits for diseases, sickness, or for loss from sickness. This is not a workers' compensation policy or a substitute for medical expense insurance, major medical insurance or a health benefit plan alternative. It is also not a Medicare Supplement policy. Coverage issued may differ from what is described here; your certificate and outline of coverage, if applicable, will contain complete information. Elimination periods may apply. Benefits, definitions, exclusions and limitations and form numbers may vary by state. For exact costs, coverage details and terms, see your agent or write the company. Underwriting conditions may vary, and determine eligibility for the offer of insurance. Trustmark® is a registered trademark of Trustmark Insurance Company.*

*<sup>1</sup>The additional benefit amount applies to covered treatment benefits and does not apply to an Accidental Death or Catastrophic Accident benefit if included in the plan. <sup>2</sup>An AM 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 (3<sup>rd</sup> out of 16 possible ratings ranging from A++ to Suspended).*

ACC-G\_24\_WELL-1-RPIV\_ADB\_CAT



## CRITICAL ILLNESS

### Trustmark

## Critical HealthEvents® - Group insurance

Providing a financial cushion so you can focus on getting well.



A critical illness, like heart attack or stroke, can be hard on your health. It can also be a huge and **unexpected financial challenge**.

Medical insurance pays your doctor for treatment, but it may not cover all your expenses. Trustmark Critical HealthEvents® insurance **pays you cash directly** when you are diagnosed with a covered illness – use that cash for **whatever you need**. It's additional support when you need it most, and can be a lifeline to help **ease your recovery journey**.

### Why Trustmark Critical HealthEvents?

1. It's added **peace of mind** for you and your family, knowing you're **prepared for the hidden costs** of a serious illness.
2. Your benefits can help pay for copays and deductibles, additional treatment, travel, help around the house or remodeling, bills or **anything else**.
3. You can collect benefits for **earlier stages and early identification** of critical illnesses, as well as for more advanced conditions.
4. Coverage **isn't one-and-done**: Critical HealthEvents **continues to provide protection** even after you collect a benefit.



## Voluntary Benefits

**Trustmark**  
benefits beyond benefits

# CRITICAL ILLNESS

## Covered Conditions and Benefits Payable

Your benefits are paid at **100%, 50% or 10%** of your benefit amount, depending on the diagnosis you receive:

### 100% benefit

#### **Cancer**

- Stage 3 or higher of any cancer
- Stage 2 involving lymph nodes
- Stage 2 or higher: melanoma
- Stage 1 or higher: pancreas, liver, lung, esophagus, leukemia, biliary tract, head and neck, lymphoma, multiple myeloma

#### **Coronary artery disease**

- Heart attack
- Sudden cardiac arrest

#### **Cerebral vascular disease**

- Stroke with at least 30 days impairment

#### **End-stage renal failure and major organ failure**

- When dialysis or kidney transplant is needed
- Failure of the liver, lung, pancreas or heart

### 50% benefit

#### **Cancer**

- Stage 1 melanoma
- Stage 1 or 2 cancers, no lymph node involvement

#### **Coronary artery disease**

- Coronary artery obstruction
- Heart attack when clinically diagnosed
- Thoracic, aorta or valve surgery

#### **Cerebral vascular disease**

- Stroke with less than 30 days impairment
- Stroke when clinically diagnosed

### 10% benefit

#### **Cancer**

- Invasive basal/squamous cell skin cancer
- In situ cancer
- Benign brain, spinal cord and cranial nerve tumors
- Myelodysplastic syndrome

#### **Coronary artery disease**

- Initial diagnosis after assessment and recommended treatment
- Pulmonary embolism
- Pulmonary fibrosis

#### **Cerebral vascular disease**

- Transient ischemic attack (TIA)
- Reversible ischemic neurologic deficit (RIND)

**\*Available without cancer benefit at a reduced premium. Speak with a benefits counselor for more details.**

**Specified Illness Benefit** expands the list of covered conditions. Each specified illness is eligible for a benefit once per covered person:

### 100% benefit

- Permanent blindness
- Complications of diabetes – lower limb amputation
- Irreversible loss of hearing
- Occupational HIV
- Paralysis
- Lou Gehrig's disease (ALS)

### 50% benefit

- Central nervous conditions, such as lupus, sarcoidosis, encephalitis
- Neurologic diseases, such as Huntington's disease, multiple sclerosis, Parkinson's disease
- Dementia, such as Alzheimer's disease
- Mental health conditions, such as severe major depressive disorder, severe bipolar I disorder, obsessive-compulsive disorder, schizophrenia

### 10% benefit

- Complications of diabetes – hospitalization for hyperglycemia, dehydration
- Stem cell/bone marrow transplant
- Acute respiratory distress syndrome
- Coma
- Epilepsy
- Rheumatoid arthritis
- Type 1 diabetes

# CRITICAL ILLNESS

## Additional Value-Adding Benefits

**Wellness Benefit – Get paid a benefit** just for taking steps to help yourself stay well! Your Wellness Benefit **pays you cash** directly when you get certain screening tests or other wellness exams. Each covered person can collect a benefit **once per year** in each of these categories:

**Routine Visit Benefit** – Payable for any of the following:

- Routine physical
- Sports physical
- Biometric screening
- Immunization
- Blood test for triglycerides
- Fasting blood glucose test
- Lipid panel
- Low-dose mammography or routine mammogram
- Pap smear (for women over age 18)
- Chest x-ray
- Invasive colonoscopy
- Noninvasive colon screening, including CT colonoscopy
- Electrocardiogram (EKG/ECG)
- Human papillomavirus (HPV) vaccination
- Serum cholesterol test for HDL and LDL

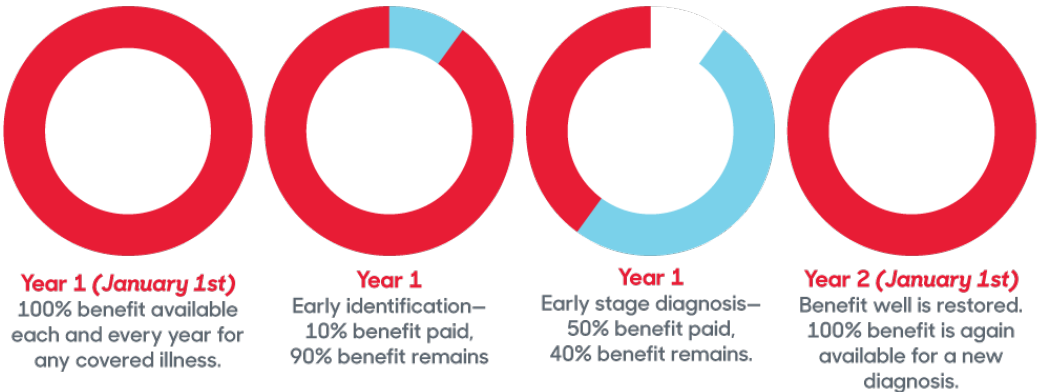
You can file a claim for your Wellness benefits 24/7 at [TrustmarkVB.com](http://TrustmarkVB.com).

**Waiver of Premium for Critical Illness** – Pay **no premium** for all covered persons for six months after collecting a benefit at the 100% or 50% benefit levels.

A complete schedule of benefits and payout amounts will be included in your certificate.

## Plan Features

**Annually Restoring Benefit** – Each calendar year, your **full benefit amount** is restored. There is **no lifetime maximum**. Even if you collect 100% of your benefit in one year, your full benefit will be available again on January 1 of the next year, for a **new diagnosis or recurrence** of a previously diagnosed condition.



# CRITICAL ILLNESS

**Automatic Acceptance** – No health questions to answer, and you can't be turned down for coverage based on your health.

**Family Coverage** – Coverage is available for employees, their spouses, their children and their financially dependent grandchildren.

**Renewability and Portability** – You can keep your coverage as long as your premiums are paid. If you leave your employer or retire, you can still keep your plan on a direct-bill basis.

**You can manage your coverage or easily file online claims 24/7 at [TrustmarkVB.com!](https://TrustmarkVB.com)**

*NOTE: If you have previously elected Trustmark critical illness coverage, your existing policy may differ from what is described here.*

*This is a brief description of benefits under forms CII 820 and CII 820 C MET. **This critical illness/specified disease insurance certificate provides supplemental health insurance coverage, which pays a limited, lump-sum benefit for specified diseases only.** 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 not intended to pay all medical costs associated with the specified diseases and is not designed to provide coverage for other medical conditions or illnesses. It is also not a Medicare Supplement policy, nor is it a policy of worker's compensation. Coverage issued may differ from what is described here; your certificate and outline of coverage, if applicable, will contain complete information. Separation periods and limitations on pre-existing conditions may apply. Benefits, definitions, exclusions and limitations and form numbers may vary by state. For exact costs, coverage details and terms, see your agent or write the company. Underwriting conditions may vary, and determine eligibility for the offer of insurance. Trustmark® and Trustmark Critical HealthEvents are registered trademarks of Trustmark Insurance Company.*

*<sup>1</sup>An AM 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 (3<sup>rd</sup> out of 13 possible ratings ranging from A++ to Suspended).*

CHE-G\_CBO\_MAX\_10-ALL\_SIB-D-M\_WELL-1-RPI\_WPCI



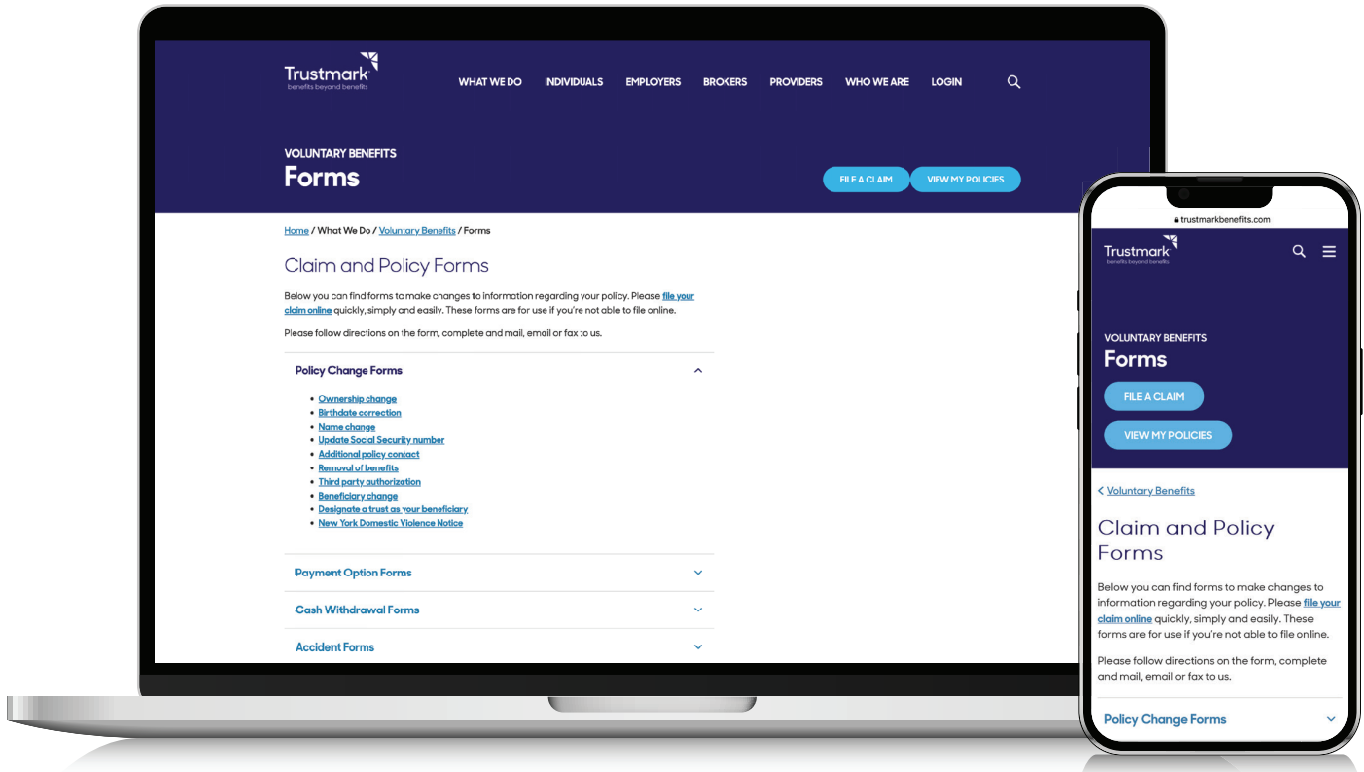
Products underwritten by Trustmark Insurance Company. Rated A (EXCELLENT) AM Best<sup>1</sup>

TrustmarkVB.com  
  



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A112-2713-4-23



# Claim and Policy Forms

We have built our online claims process to save you time and to help give you peace of mind.

**When the unexpected happens, we're here to make it easy to file your claims.**

Trustmark's commitment to service means we're here when you need us. That's why we made finding claims forms online simple and easy, making processing your claim even faster<sup>1</sup>.



<sup>1</sup>By filing a claim online, you are eligible to receive payment electronically. Claims submitted outside the Trustmark Voluntary Benefits services portal, do not qualify for electronic payment.



Underwritten by Trustmark Insurance Company and Trustmark Life Insurance Company of New York. Rated A (Excellent) AM Best.

400 Field Drive • Lake Forest, IL 60045  
TrustmarkVB.com

# 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>TM1</sup></b> – Includes grief, legal and financial counseling for beneficiaries, as well as funeral planning for policyholders.</li> <li>• <b>Travel Resource Services<sup>TM2</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.