

# **GIT UP WITH YOUR BENEFITS**



**Glynn County Board of  
Commissioners**

**Benefits Enrollment Guide**



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As a valued employee of Glynn County, we are pleased to provide this 2020 Employee Benefits Guide outlining benefits designed to meet you and your family's medical and financial needs. We encourage you to review the materials included in this booklet and ask any questions prior to electing benefits.

Glynn County strives to offer an attractive benefit program that complements our desire to provide a competitive total compensation package. Glynn County makes every effort to offer programs that consider the diversified needs of our workforce. Please contact the human resources department if you have any questions or concerns prior to or during the enrollment process.

# ShawHankins is Now NFP



All Employees,

Our benefits broker, ShawHankins, was recently acquired by NFP. NFP is an insurance industry leader with more than 5,000 employees and 250+ offices across the United States. With this acquisition, the ShawHankins name will officially change to NFP in the coming weeks. You will see this new name and branding on your benefit materials during open enrollment.

While the company name will change, exceptional service to remains priority for the ShawHankins/NFP team. The service team, enrollment portal, contact numbers and office locations will not change. However, they will now have even greater ability to effectively serve you.

Please contact ShawHankins/NFP with any questions. 800-994-7429

While Glynn County BOC is interested and concerned with the health of our employees and their dependents, we have HIPAA Privacy Compliance obligations which limit the information shared with us.

Glynn County BOC has partnered with NFP for the purpose of brokering our health benefits. They are there for you, our valued employees, to assist with claim issues and benefit questions.

If you are experiencing a claim issue and cannot get it resolved by calling the insurance carriers, we ask that you contact our broker at NFP.

NFP Contact Information:  
1-800-994-7429

# Benefits Overview

## Benefits Options for 2020

Glynn County's 2019 Benefits Open Enrollment will be held from October 14<sup>th</sup> through November 1<sup>st</sup>, 2019.

All medical and flexible benefits enrollment will be processed through BSWIFT, our online enrollment system serviced by NFP.

It's as easy as clicking on <https://shawhankinsbenefits.net/glynncounty/> and selecting the Enrollment tab. Employees will be able to review their current benefits and other important information.

Please carefully weigh the plans available and choose the option that is best for you.

## Benefit Changes Effective January 1, 2020:

Employees will receive a new medical ID card from Anthem Blue Cross Blue Shield. ID cards will be mailed to your home address.

The dental coverage will be moving from Anthem to Ameritas. You will now have 3 plan options to choose from, the current High and Low Plan options and a new MAC plan. If you make no election for 2020, you will default to the current plan level you have for 2019.

The vision plan will have an increased frame allowance of \$150.

Accident, Critical Illness and Whole Life plans will now be offered through Unum. If you are currently enrolled in the Aflac coverage for 2019, you will be automatically enrolled in the Unum plans unless you elect a change in coverage.





# How to Enroll

## HOW TO ENROLL ONLINE

- Go to: <https://shawhankinsbenefits.net/glynncounty/>
- At this time, make sure to disable your pop up blocker.
- Select the Enrollment tab- Enrollment Portal (BSWIFT)
- At the enrollment website enter your Username and Password.
- Username is the first initial of your first name, your last name, and your employee ID (ex. jdoe456).
- Password is the last 4 digits of your Social Security number (ex. 0145).
- You will then be prompted to create a permanent password.



### To Begin:

- From the “Home Page” click on the “Start Your Enrollment” link, to begin the election process. Make sure you go to “My Profile” before you begin the enrollment process to confirm your demographic and dependent information , as well as add any new dependents. Proof of dependency is required when adding a new dependent; please forward all documents to Human Resources.

Welcome to your enrollment!

Enrollment Deadline 11/3/2017

Your Status **Not Started**

[Start Your Enrollment](#)

# How to Enroll Continued...

- To choose or change your current election, select the "View Plan Options" button for the corresponding benefit.

You are now eligible to make changes to your benefits. Be sure to add any eligible dependents in the Family Information section prior to beginning your enrollment.

Medical	NO PLAN SELECTED
Spousal Surcharge	NO PLAN SELECTED
Dental	NO PLAN SELECTED

1 Your Info  
2 Your Benefits  
3 Enroll  
4 Complete

Your Cost per pay period: \$0.00

Finished selecting benefits? Click the button below to continue.

Continue

- Once you have reviewed and completed your enrollment, click on "I Agree and I am finished with my enrollment", then click on "Save My Enrollment"

Once You've Reviewed All Your Selections:

Participation

I hereby acknowledge I have read the statements contained herein, or they have been read to me, and the statements are true and complete to the best of my knowledge. I understand any misrepresentation or omission contained herein may be used to reduce or deny claim or void the contract if such misrepresentation or omission affects acceptance of the risk. I hereby enroll for benefits for which I am presently eligible, or for which I may become eligible, under my employer's group contract(s). If any deductions are required for this coverage, I authorize such deductions from my earnings and I understand that any premiums will be automatically deducted from my paycheck on a pre-tax basis (before tax dollars) unless I submit a declination election. I reserve the right to revoke this deduction authorization at any time upon written notice.

I agree, and I'm finished with my enrollment.

Beneficiaries  
Review and Confirm  
4 Complete

Complete Enrollment

- You will now be taken to the final confirmation page to either print or email.

Your enrollment is complete!

You may make changes to your elections until: **October 21, 2016**

You have completed your enrollment. Click the Print icon to print out a copy of your Confirmation Statement for your records or the Email icon to email yourself a copy of the Statement. If you would like to make changes to your enrollment, click on the plan's Edit Selection button.

Your Confirmation Statement is ready

Your Confirmation Statement is an overview of your new benefits and costs for your review and records.

VIEW PRINT

The Open Enrollment deadline is Friday, November 1, 2019 at 11:59 p.m. Please contact NFP at 800-994-7429 between the hours of 8:30am and 5:00pm to speak with a Benefits Consultant if you need assistance with your enrollment.

# Medical

The Medical insurance is administered through **Anthem Blue Cross and Blue Shield**. There are two options to choose from. Both utilize the same network of providers. Please visit [www.anthem.com](http://www.anthem.com) to access the provider directory and additional tools and resources.

	\$1,000 Deductible Plan	
Covered Benefits	In Network	Out of Network
	Unlimited	
Calendar Year Deductible	\$1,000 Individual \$3,000 Family	\$2,000 Individual \$6,000 Family
Coinsurance	80% / 20% after deductible	60% / 40% after deductible
Out-of-Pocket Maximum (Medical & Rx)	\$7,350 Individual \$14,700 Family	\$8,000 Individual \$24,000 Family
Office Visits		
Primary Care	\$40 copay	Plan pays 60% after deductible
Specialty Care	\$50 copay	Plan pays 60% after deductible
Urgent Care	\$65 copay	\$65 copay
Routine Preventative Care	No charge	
Chiropractic Care (20 visits)	\$40 copay	Plan pay 60% after deductible
Facility Services		
Emergency Room Services	\$150 copay; plan pays 80% after copayment & deductible (waived if admitted)	
Inpatient Services	Plan pays 80% after deductible	Plan pays 60% after deductible
Outpatient Services	Plan pays 80% after deductible	Plan pays 60% after deductible
Other Services		
Diagnostic Laboratory Services	Covered 100%, not subject to deductible	Plan pays 60% after deductible

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# Medical

	\$750 Deductible Plan	
Covered Benefits	In Network	Out of Network
	Unlimited	
Calendar Year Deductible	\$750 Individual \$2,250 Family	\$1,050 Individual \$3,150 Family
Coinsurance	80% / 20% after deductible	60% / 40% after deductible
Out-of-Pocket Maximum (Medical & Rx)	\$5,500 Individual \$10,000 Family	\$6,000 Individual \$12,000 Family
Office Visits		
Primary Care	\$30 copay	Plan pays 60% after deductible
Specialty Care	\$40 copay	Plan pays 60% after deductible
Urgent Care	\$30 copay	\$30 copay
Routine Preventative Care	No charge	
Chiropractic Care (20 visits)	\$30 copay	Plan pay 60% after deductible
Facility Services		
Emergency Room Services	\$150 copay; plan pays 80% after copayment & deductible (waived if admitted)	
Inpatient Services	Plan pays 80% after deductible	Plan pays 60% after deductible
Outpatient Services	Plan pays 80% after deductible	Plan pays 60% after deductible
Other Services		
Diagnostic Laboratory Services	Covered 100%, not subject to deductible	Plan pays 60% after deductible

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# Prescription Coverage

Pharmacy benefits for both medical plans are provided through our Pharmacy Benefits Manager, **PharmAvail**. Please visit [pharmavail.com](http://pharmavail.com) to access the formulary guide and complete plan description.

	Prescription Coverage Summary
Rx Calendar Year Deductible Applies to Tier 2 & Tier 3 drugs	\$50 per member
Retail Pharmacy 30 Day Supply Tier 1 Tier 2 Tier 3 Tier 4- Specialty Drugs	\$15 \$30 \$50 10% of Rx Cost
Mail Order Pharmacy 90 Day Supply  Tier 1 Tier 2 Tier 3 Tier 4- Specialty Drugs	  \$25 \$50 \$85 10% of Rx Cost
All maintenance medications must be filled via mail order - MedVantx	



# Medical Premiums

The Premiums for each plan are highlighted below:

<b>\$1,000 Deductible Plan Wellness Rate</b>	<b>Monthly</b>	<b>Bi-Weekly (26 pays)</b>
Employee	\$76.00	\$35.00
Employee + 1	\$158.00	\$73.00
Family	\$191.00	\$88.00

<b>\$1,000 Deductible Plan Non-Wellness Rate</b>	<b>Monthly</b>	<b>Bi-Weekly (26 pays)</b>
Employee	\$126.00	\$58.00
Employee + 1	\$208.00	\$96.00
Family	\$241.00	\$111.00

<b>\$750 Deductible Plan Wellness Rate</b>	<b>Monthly</b>	<b>Bi-Weekly (26 pays)</b>
Employee	\$91.00	\$42.00
Employee + 1	\$193.00	\$89.00
Family	\$234.00	\$108.00

<b>\$750 Deductible Plan Non-Wellness Rate</b>	<b>Monthly</b>	<b>Bi-Weekly (26 pays)</b>
Employee	\$141.00	\$65.00
Employee + 1	\$243.00	\$112.00
Family	\$284.00	\$131.00

## Take Care of Yourself

Getting regular checkups and exams can help you stay well and catch problems early. It may even save your life.

Our health plans cover 100% of the services listed in this preventive care section, when you get these services from in-network physicians.

Preventive versus diagnostic care. what's the difference? Preventive care helps protect you from getting sick. Diagnostic care is used to find the cause of existing illnesses. For example, say your doctor suggests you have a colonoscopy because of your age. That's preventive care. On the other hand, say your doctor suggests a colonoscopy to see what's causing your symptoms. That's diagnostic care and you may need to pay part of the cost.

## Preventative Exams

### Screening tests (depending on age) may include:

Immunizations	Behavioral Counseling
Blood Pressure	Cholesterol
Depression	Development & Behavior
Height, Weight, & BMI	Blood Count
Lead Testing	Newborn
Obesity	Dental Health
Sexually transmitted infections	Diphtheria, tetanus & pertussis (whooping cough)
Vision	Hepatitis A
Pneumonia	Hepatitis B
Meningitis	Polio
Rotavirus	Chicken Pox
Measles, Mumps & Rubella	



Adult preventive care (19 years & older) Preventive care physical exams are covered., so are the screenings, tests and vaccines listed here. The preventive care services listed above may not be right for every person. Ask your doctor what's right for you.

# Dental

The Dental insurance is administered through **Ameritas**. There are three dental plans to choose from, a Low Plan, High Plan and MAC plan. All dental plans utilizes the Ameritas network. Please visit [www.ameritas.com](http://www.ameritas.com) to access the provider directory and additional tools and resources.

## DENTAL COVERAGES

	Low Plan	High Plan	MAC Plan
Deductible			
Individual	\$50	\$50	\$50
Family	\$150	\$150	\$150
Coinsurance			
Type A: Preventive Services	100%	100%	100%
Type B: Basic Services	80%	80%	80%
Type C: Major Services	Not covered	50%	50%
Type D: Orthodontia	Not covered	50%	50%
Maximums			
Annual Per Member	\$750	\$1,250	\$1,750
Lifetime Orthodontia	Not covered	\$1,000	\$1,000

## Dental Premiums Monthly

	Low Plan	High Plan	MAC Plan
Employee	\$24.35	\$33.54	\$28.96
Employee + Spouse	\$48.70	\$67.28	\$57.98
Employee & Child(ren)	\$36.13	\$54.80	\$48.48
Family	\$65.63	\$95.25	\$79.98

## Dental Premiums Bi-Weekly

	Low Plan	High Plan	MAC Plan
Employee	\$11.24	\$15.48	\$13.37
Employee + Spouse	\$22.48	\$31.05	\$26.76
Employee & Child(ren)	\$16.68	\$25.29	\$22.38
Family	\$30.29	\$43.96	\$36.91

\*MAC plan reimburses at a lower amount for out of network claims. Any balance due will be billed to the patient.

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# Vision

The Vision insurance is administered through **EyeMed**. Using the vision plan saves you money on routine eye exams and eye care items. Please visit [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com) to access the provider directory and additional tools and resources.

Regular vision exams can help detect signs of:

- Diabetes
- High cholesterol
- Tumors
- Thyroid



## Vision Coverage

In-Network		
Copays (Exams/Materials)		\$10 / \$15
Annual Exam		\$10 copay
Frequency		12 / 12 / 12
Frame Allowance		\$150
Lenses (Single/Bifocal/Trifocal)		\$15 copay
Contact Lenses		
Contact Lens Fit & Follow Up (Std/Prm)		Up to \$55 / 10% off retail
Contact Lenses - Elective		\$130
Contact Lenses - Medically Necessary		100%
Out-of-Network Reimbursement		
Annual Exam		Up to \$40
Frames		Up to \$91
Lenses (Single/Bifocal/Trifocal)		Up to \$30 / \$50 / \$70
Contacts (elective)		Up to \$130
	Monthly Rates	Bi-Weekly
Single	\$8.14	\$3.76
EE + Spouse	\$14.26	\$6.58
EE + Child(ren)	\$17.12	\$7.90
Family	\$21.19	\$9.78

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# Flexible Spending Accounts

The FSA consists of two separate accounts: a Health Care Spending Account and Dependent Care Spending Account. The FSA increases your take home pay by reducing your taxable income. Payment with pre-tax dollars means that you have more money to use on these important expenses.

## Health Care Spending Account

Your Health Care Spending Account allows you to pay for health-related treatments and expenses for you and your dependents not paid for by your insurance programs. The maximum contributions to the Health Care Spending Account cannot exceed \$2,700 during the plan year. You may roll over up to \$500 of unused funds at the end of the plan year.

Expenses that are eligible for reimbursement from the Health Care Spending Account include, but are not limited to, the following:

- Deductibles and co-payments not paid by the health insurance option or dental insurance option in which you or any family members participate
- Cost of eligible procedures not covered by health or dental plans
- Vision examinations, glasses, contact lenses and supplies
- Hearing exams and hearing aids

All participants in the Health Care Spending Account will receive a debit card that can be used for eligible expenses at the time of purchase.

## Dependent Care Spending Account

A Dependent Care FSA can save you money on dependent care expenses you pay while you're at work. These include day care and summer camps for children under age 13 and care for an elderly parent.

- You can contribute up to \$5,000 a year if married and file joint income taxes or \$2,500 if single or you're married and file separate income tax returns.
- Claims for reimbursement must be made after payment for dependent care expenses are paid
- Reimbursements can only be made using the funds contributed at the time the claim is submitted

Once enrolled, you can monitor your Flexible Spending Account balance by registering at <http://www.mcgriffinsurance.com/shared/login.html>

Telephone 1-800-768-4873 . The service is rendered by McGriff Services.



# Employee Assistance Program

We invite you to visit Glynn County's EAP website. The website is a resource available to help you and your family build resilience and get answers to some of life's toughest questions. You may confidentially request no-cost EAP services from the site.

Coverage includes:

- Six free counseling sessions for employees and eligible dependents on the health plan
- Emotional Well-being
- Relationships/Parenting
- Health and Wellness
- Financial education
- Legal matters
- Personal/Professional Growth
- Plus monthly, live Webinars

Visit the Employee Assistance Program Website at

**[www.espyr.com](http://www.espyr.com)**

Sign-in password: **Glynn**

You may also contact the EAP at (800) 869-0276.

# Wellness Program

The Wellness Program is a benefit designed to help employees better manage and improve their health and wellbeing. This program identifies employee health risks; provides wellness coaching and appropriate referrals to lifestyle and disease specific action plans, classes, seminars, medical specialists, etc. in order to help employees take action to improve their health. Ultimately, this program will reduce the employee high risk and medical costs.

- Employees participating in the Wellness Program will complete a mandatory Personal Health Assessment (PHA) via an online portal and a Biometric Screening.
- The PHA includes a health questionnaire and blood draw that provide individuals with an evaluation of their health risks and quality of life.
- The results of the PHA and recommendations will be provided to you. Your results cannot be viewed by anyone but you and the wellness coach. Your private information will not be released to anyone without your authorization.
- Wellness coaching sessions may be required based on the results of the PHA and Biometric Screening.



## Be Healthy: Wellness and Health Care Support

Glynn County Board of Commissioners cares about the health of you and your family! That's why we offer comprehensive coverage for wellness benefits and health care support when you need it. Take advantage of these programs to keep you and your family healthy throughout the year.

### Wellness Center

**Hours of Operation Monday – Friday 8:00 a.m. – 5:00 p.m. Closed for Lunch (12 Noon until 1:00 p.m.)**

**Location 1815 Gloucester Street, Suite 204, Brunswick, GA 31520**

**Phone Numbers (912) 279-3800 (Front Desk) (912) 279-3902 (Wellness Coach)**

#### Types of Services Available

- Primary, urgent and preventive care (for ages 19 and up)
- Limited on-site pharmacy (dispensary) - requires an appointment and consultation with authorized Wellness Center medical provider
- Laboratory testing services- requires an appointment and consultation with Wellness Center medical provider
- Diagnosis and treatment of chronic health conditions (high blood pressure, high cholesterol, diabetes, asthma, etc.)
- Other health and wellness focused programs such as Smoking Cessation and Weight Loss.
- Flu Shots



## Smoking Cessation Program

Employees who test positive for nicotine will be required to participate in the smoking cessation program. The program will consist of two courses:

- 1) Fresh Start
- 2) Tobacco Quitline

**READY TO STOP SMOKING?** Taking care of your health is important and we would like to help you do that. If you smoke, one of the best ways to improve your health is to stop smoking.

On average, adults who smoke die 13 to 14 years earlier than non-smokers. Tobacco use remains the leading preventable cause of disease, death, and disability in the United States.

Even secondhand tobacco smoke is deadly. It contains chemicals such as formaldehyde, ammonia, arsenic, carbon monoxide and lead. Each year, about 3,400 nonsmoking adults die of lung cancer and another 46,000 nonsmokers die from heart disease, all as a result of breathing secondhand smoke.

### Take a look at all the health benefits of quitting

- Within 20 minutes: Your heart rate drops
- Within 12 hours: The carbon monoxide level in your blood is normal.
- Within 2 weeks to 3 months: Your circulation improves and your lung function returns to normal.
- Within 1 to 9 months: Your coughing and shortness of breath decrease.
- Within 1 year: Your risk of heart disease is about half that of a tobacco user.
- Within 5 years: Your risk of stroke equals that of a non-tobacco user.

**How to find the right “quit” program** The program that works best for you may be different from the program that works best for someone else. Talk to your doctor, for the best resources that meet your total health needs. Your doctor can talk about over-the-counter and prescription medications available.

## Resources

Glynn County  
Wellness Center  
912-279-3800

American Lung  
Association  
[www.quitinryou.org](http://www.quitinryou.org)

Knock Out  
Nicotine  
678-843-7454

American Cancer  
Society  
800-227-2345



# Medicare

I am turning 65 this year and still actively working, what do I need to do?

If you are turning 65 this year and receiving social security you will be getting a Medicare Enrollment kit giving you the option to enroll in Medicare Parts A, B and D. You should receive the kit 60 to 90 days before your 65th birthday. If you are not receiving Social Security payments, you will have to go online or go to the Social Security office and enroll for Part A within a month or so of your 65th birthday.

Please read the Medicare materials carefully. It helps to know all you can when you make a decision about enrolling in Medicare. You do not have to sign up for Part B as long as you are still working and have the group health insurance.

If you are an active employee and you get health insurance through Glynn County, this coverage will be your primary insurance and Medicare will be your secondary coverage.

Your coverage as an active employee is considered Creditable Coverage for Medicare Parts B and D. As long as you are enrolled in health coverage through Glynn County as an active employee, you will not be penalized if you put off enrolling in Medicare Parts B and D until your retirement.

For more information, visit the Medicare website at: <http://www.medicare.gov> or contact the Human Resources office at (912) 554-7170.

In the fall, the county hosts a workshop for people who may have questions regarding retirement. We have representatives there to talk to you about Medicare and how it works.



# Term Life Coverages

## BASIC LIFE / AD&D BENEFITS

We believe we should offer our employees the opportunity to provide for their family's future rather than leaving it to chance. Life insurance can provide your dependents with a lifetime of financial security, and upon your death, can be used to pay off your debts – such as credit cards and your mortgage – or other expenses that could burden your family.

That's why Glynn County provides Basic Life insurance to full-time employees at **no cost to you**.

Life insurance is administered by **MetLife**. Please visit [metlife.com](http://metlife.com) for additional information.

SUMMARY OF BASIC LIFE BENEFITS	
Employee Amount	1 x annual earnings up to \$125,000
Spouse Amount	\$5,000
Child Amount (age 6 months +)	\$5,000

## VOLUNTARY LIFE / AD&D BENEFITS

Additional life insurance available to you. Employees pay the full cost of this coverage.

SUMMARY OF VOLUNTARY LIFE BENEFITS			
	Employee	Spouse	Child
Benefit Increments	\$10,000	\$5,000	\$1,000
Maximum	\$500,000 or 5 x salary	\$250,000 or 50% of Employee	\$20,000
Guaranteed Issue	\$200,000	\$50,000	\$20,000

-If you have declined this coverage in the past and wish to add during this open enrollment period, you must complete an evidence of insurability form and be approved for all amounts of coverage.

-If you are currently enrolled in the voluntary life coverage, you may increase up to \$10,000 for yourself and up to \$5,000 for your spouse (up to the guaranteed issue limit) without submitting evidence of insurability.

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# Disability

## Disability insurance – it can give you real peace of mind

Disability coverage is administered by **MetLife**. Please visit [metlife.com](http://metlife.com) for additional information.

Glynn County provides the Long- Term Disability benefit at no cost to you. You may also elect the Short Term Disability benefit for additional income protection. This gives you income if you aren't able to work due to a qualifying disability. Disability benefit income may be reduced by other income you get. Typically, disability means that you cannot perform one or more of the essential duties of your job due to injury, sickness, child birth or other medical conditions covered by the insurance and that you are under the regular care of a physician.

Short Term Disability	
Benefit Percentage	60%
Maximum Weekly Benefit	\$2,000
Elimination Period	0 days accident / 7 days illness
Duration	26 weeks

You are required to use sick leave before the STD benefits will start. If you have declined this coverage in the past and wish to add coverage at this time, you must complete an evidence of insurability form and be approved for coverage.

LongTerm Disability	
Benefit Percentage	60%
Maximum Weekly Benefit	\$5,000
Elimination Period	180 days
Duration	SSNRA



# Voluntary Benefits



## Accident

Accident coverage is provided through Unum. This policy can provide financial protection if you suffer a covered injury and need treatment. It pays the benefit directly to you, to offset the cost of copays, deductibles and other expenses your medical insurance may not cover.

- Flexible—Freedom to choose any provider without deductibles or copayments
- Portable—Take your plan with you even if you leave your job (with certain stipulations)
- Protective—Covered routine medical exams for early detection and prevention
- **\*If you were enrolled in the Aflac Accident benefit for 2019, you will be auto enrolled in the Unum coverage for 2020, unless you elect a change in your benefit.**

3 <sup>rd</sup> degree burns	Up to \$10,000	Intensive Care	\$350 per day, 15 day max per accident
Dr. Initial Visit	\$125	Fractures (Open, Closed, Chip)	Up to \$4,500
Emergency Room	\$250	Appliances	Up to \$300
Diagnostic Exam	Up to \$400	Lacerations	Up to \$600
Follow-up Dr. Visit	\$75	Surgery	Up to \$1,500
Hospital Admission	\$1,200	Ground Ambulance	\$500
Hospital Confinement	\$350 per day, 365 day max	Air Ambulance	\$1,500

Coverage	Monthly Rate	Bi-Weekly Rate
Employee	\$13.16	\$6.07
Employee + Spouse	\$23.07	\$10.65
Employee + Child(ren)	\$33.71	\$15.56
Family	\$43.62	\$20.13

## Critical Illness

Chances are you know someone who's been diagnosed with a critical illness such as cancer, a heart attack (myocardial infarction), or stroke. You can't help but notice the strain it's placed on the person's life – both physically and emotionally. What's not so obvious is the impact on that person's personal finances. While the person is busy getting well, the bills may continue to pile up.

WOULD YOU HAVE THE MONEY TO COVER THE OUT-OF-POCKET EXPENSES SUCH AS • Transportation to a distant medical facility. • Specialized treatment costs. • Living expenses like rent, mortgage, and utility bills.

IT'S INSURANCE FOR DAILY LIVING: The **Unum** Critical Illness policy pays cash benefits directly to you, unless you choose otherwise. This means that you will have added financial resources to help with medical costs or ongoing living expenses. The critical illness insurance coverage is designed to provide you with cash benefits, such as the following: Pays a lump sum benefit for a covered critical illness: cancer, heart attack, and stroke.

**\*If you are currently enrolled in the Critical Illness benefit for 2019, you will be auto enrolled in the Unum Critical Illness plan for 2020, unless you elect to make a change to your coverage.**

Benefit Overview	
Critical Illness Basic Benefit Amount	Employee: \$10,000, \$20,000 or \$30,000 Spouse: Up to 50% of Employee Child: Up to 50% of Employee
Guaranteed Issue	Employee: \$30,000 Spouse: 50% of Employee Child: 50% of Employee
Cancer	100% Available as a rider
Heart Attack	100%
Stroke	100%
Major Organ Failure	100%
End Stage Renal Kidney Failure	100%
Permanent Paralysis	100%
Blindness	100%
Invasive Cancer	100%
Wellness Benefit	\$50 Benefit per Year



## Whole Life

Unum's Whole Life insurance offers protection beyond an individual's working years, potentially for your lifetime. With a guaranteed death benefit that will never decrease, level premiums that will never increase, cash value accumulation, living benefits and other options, Whole Life goes beyond typical term life insurance

**IT'S YOUR STORY. HELP PROTECT IT WITH WHOLE LIFE INSURANCE.**

### Unum Group Whole Life

**Benefit Amounts:** Employee: \$2,000-\$200,000 in \$5,000 increments  
Spouse: \$2,000-\$50,000 in \$5,000 increments  
Child: \$5,000-\$50,000 in \$1,000 increments

**Issue Ages:** Employee and Spouse: 15-80  
Child(ren): 14 days - 26

**Guaranteed Issue:** Employee age 15-50: \$100,000  
Employee age 51-80: \$50,000  
  
Spouse age 15-50: \$25,000  
Spouse age 51-50: \$10,000  
  
Child: \$25,000

## Pet Insurance

Affordable pet health care coverage.



most popular

Major Medical Plan  
**comprehensive**<sup>SM</sup>

\$11-16/paycheck<sup>1</sup>

- Includes benefits for some hereditary conditions after the first year of coverage
- Chronic condition coverage included at no extra cost
- Flexible deductible
- Maximum annual benefit of \$14,000



Medical Plan  
**economical**<sup>SM</sup>

\$9-12/paycheck<sup>1</sup>

- Chronic condition coverage included at no extra cost
- Flexible deductible
- Maximum annual benefit of \$7,000



Feline Select Plan  
**just for cats**<sup>SM</sup>

\$5/paycheck<sup>1</sup>

- Coverage for the 15 most common cat conditions
- No deductible
- Maximum annual benefit of \$9,000



Add wellness coverage  
to any plan

- Benefits for preventive exams and treatments
- Supplement any dog or cat plan
- No deductible

**Avian & Exotic Pet Plan**  
only from VPI<sup>1</sup>

Call for details.

<sup>1</sup>The paycheck pricing is based on a 26 pay period per year cycle. Your pricing may vary depending on your employer's payment schedule. Premiums vary based on the age of the pet, species, size (as an adult), plan type, deductible and state of residence.



## MetLife Auto Insurance

Group auto insurance is offered through MetLife. This group option allows you to take advantage of special group rates.

You can pay your premiums through direct bill or have deducted from your bank account. The policies offer great coverage and superior service.



Claims can be reported 24 hours a day, 7 days a week.

Call 1-800-GET-MET8 (1-800-438-6388) to find out more information or take advantage of these savings.

## Disclosure Notices

**Important Notice from the Glynn County Board of Commissioners About Your Prescription Drug Coverage and Medicare** Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Glynn County Board of Commissioners and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice. There are two important things you need to know about your current coverage and Medicare's prescription drug coverage: 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium. 2. The Glynn County Board of Commissioners has determined that the prescription drug coverage offered by PharmAvail is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

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**When Can You Join A Medicare Drug Plan?** You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

**What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?** If you decide to join a Medicare drug plan, your current Glynn County Board of Commissioners coverage will not be affected. If you drop your current prescription drug coverage and enroll in Medicare prescription drug coverage, you may enroll back into the Glynn County Board of Commissioners benefit plan during an open enrollment period under the Glynn County Board of Commissioners benefit plan. **When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?** You should also know that if you drop or lose your current coverage with the Glynn County Board of Commissioners and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

**For More Information About This Notice Or Your Current Prescription Drug Coverage...** Contact the person listed below for further information NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Glynn County Board of Commissioners changes. You also may request a copy of this notice at any time.

**For More Information About Your Options Under Medicare Prescription Drug Coverage...** More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

Visit [www.medicare.gov](http://www.medicare.gov) Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

From: January 1, 2020 to December 31, 2020 Name of Entity/Sender: Glynn County Board of Commissioners Contact/Position Office: Terri Small/Human Resources Generalist III Phone Number: 912-554-7173

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

# Disclosures

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov). If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan. If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272). If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2016. Contact your State for more information on eligibility.

<b>ALABAMA – Medicaid</b> Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	<b>FLORIDA – Medicaid</b> Website: <a href="http://flmedicaidtpirecovery.com/hipp/">http://flmedicaidtpirecovery.com/hipp/</a> Phone: 1-877-357-3268
<b>ALASKA – Medicaid</b> The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	<b>GEORGIA – Medicaid</b> Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
<b>ARKANSAS – Medicaid</b> Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	<b>INDIANA – Medicaid</b> Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.hip.in.gov">http://www.hip.in.gov</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864
<b>COLORADO – Medicaid</b> Medicaid Website: <a href="http://www.colorado.gov/hcpf">http://www.colorado.gov/hcpf</a> Medicaid Customer Contact Center: 1-800-221-3943	<b>IOWA – Medicaid</b> Website: <a href="http://www.dhs.state.ia.us/hipp/">http://www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562
<b>KANSAS – Medicaid</b> Website: <a href="http://www.kdheks.gov/hcpf/">http://www.kdheks.gov/hcpf/</a> Phone: 1-785-296-3512	<b>NEVADA – Medicaid</b> Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900
<b>KENTUCKY – Medicaid</b> Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	<b>NEW HAMPSHIRE – Medicaid</b> Website: <a href="http://www.dhhs.nh.gov/oii/documents/hipoapp.pdf">http://www.dhhs.nh.gov/oii/documents/hipoapp.pdf</a> Phone: 603-271-5218
<b>LOUISIANA – Medicaid</b> Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447	<b>NEW JERSEY – Medicaid and CHIP</b> Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.nifamilycare.org/index.html">http://www.nifamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>MAINE – Medicaid</b> Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711	<b>NEW YORK – Medicaid</b> Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 1-800-541-2831



# Disclosures

<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a> Phone: 1-800-462-1120	Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a> Phone: 919-855-4100
<b>MINNESOTA – Medicaid</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://mn.gov/dhs/ma/">http://mn.gov/dhs/ma/</a> Phone: 1-800-657-3739	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
<b>MISSOURI – Medicaid</b>	<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>MONTANA – Medicaid</b>	<b>OREGON – Medicaid</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
<b>NEBRASKA – Medicaid</b>	<b>PENNSYLVANIA – Medicaid</b>
Website: <a href="http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx">http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx</a> Phone: 1-855-632-7633	Website: <a href="http://www.dhs.pa.gov/hipp">http://www.dhs.pa.gov/hipp</a> Phone: 1-800-692-7462
<b>RHODE ISLAND – Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 401-462-5300	Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282
<b>SOUTH CAROLINA – Medicaid</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a> Phone: 1-800-562-3022 ext. 15473
<b>SOUTH DAKOTA – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx">http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx</a> Phone: 1-877-598-5820, HMS Third Party Liability
<b>TEXAS – Medicaid</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Website: <a href="http://gethiptexas.com/">http://gethiptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002
<b>UTAH – Medicaid and CHIP</b>	<b>WYOMING – Medicaid</b>
Website: Medicaid: <a href="http://health.utah.gov/medicaid">http://health.utah.gov/medicaid</a> CHIP: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669	Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531
<b>VERMONT – Medicaid</b>	
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427	

To see if any more States have added a premium assistance program, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor Employee Benefits Security Administration <a href="http://www.dol.gov/ebsa">www.dol.gov/ebsa</a> 1-866-444-EBSA (3272)	U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services <a href="http://www.cms.hhs.gov">www.cms.hhs.gov</a> 1-877-267-2323, Ext. 61565
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OMB Control Number 1210-0137 (expires 10/31/2016)

# Disclosures

Unless otherwise noted, a paper copy is available, free of charge, by calling NFP at 800-994-7429.

**NOTICE OF YOUR HIPAA SPECIAL ENROLLMENT RIGHTS:** If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards you or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contribution toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself or your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

**SECTION 125 PRE-TAX BENEFIT AUTHORIZATION NOTICE:** Before-tax deductions will lower the amount of income reported to the federal government. This may result in slightly reduced Social Security benefits. If you do not enroll eligible dependents at this time, you may not enroll them until the next open enrollment period. You may not drop the coverage you elected until the next open enrollment period. You may only make a change or drop coverage elections before the next open enrollment period under the following circumstances: A change in marital status, or A change in the number of dependents due to birth, adoption, placement for adoption or death of a dependent, or A change in employment status for myself or my spouse, or Open enrollment elections for my spouse, or A change in dependents eligibility, or A change in residence or worksite. Any change being made must be appropriate and consistent with the event and must be made within 30 days of when the event occurred. All changes are subject to approval by your Employer/Plan.

**WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 ANNUAL NOTICE:** The Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breast, prostheses, and complications resulting from a mastectomy, including lymph edema.

**NEWBORNS' ACT DISCLOSURE:** Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96) hours.

**NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION:** This Notice describes how the Plan(s) may use and disclose your protected health information ("PHI") and how you can get access to your information. The privacy of your protected health information that is created, received, used or disclosed by the Plan(s) is protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). This Notice is available on the web at: [www.glynncounty.org](http://www.glynncounty.org). A paper copy is also available, free of charge, by calling your Employer or NFP at 800944-7429. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan."

**GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS:** On April 7, 1986, a federal law was enacted (Public Law 99272, Title X) requiring that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end. If you or your eligible dependents enroll in the group health benefits available through your Employer you may have access to COBRA continuation coverage under certain circumstances. Therefore, your plan makes available to you and your dependents the General Notice Of COBRA Continuation Coverage Rights. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. The full Notice is available on the web at: [www.glynncounty.org](http://www.glynncounty.org). A paper copy is also available, free of charge, by calling your Employer or NFP at 800-944-7429. Please note the participant is responsible for providing a copy to their spouse/dependents covered under the group health plan.

**SUMMARY OF BENEFITS AND COVERAGE (SBC):** As an employee, the group health (medical) benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC) which summarizes important information about any health coverage option in a standard format to help you compare across options. The SBC is available on the web at [www.glynncounty.org](http://www.glynncounty.org). A paper copy is also available, free of charge, by calling your Employer or NFP at 800-944-7429. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan.

**HEALTH INSURANCE MARKETPLACE NOTICE (a.k.a. Exchange Notice):** When key parts of the health care law took effect in 2014, a new way to buy health insurance became available through the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, the Marketplace notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer. This notice is available on the web at [www.glynncounty.org](http://www.glynncounty.org). A paper copy is also available, free of charge, by calling your Employer.

## Service Center Questions

**Order ID Cards:** We can contact the insurance carrier directly and have your replacement card in ten to fifteen business days.

**Claim Resolution and Research:** We can help you understand your Explanation of Benefits (EOB) as well as contact the insurance carriers on your behalf. We can assist in appealing a denied claim or help you request a Prior Authorization (PA) from your physician as may be required by your medical carrier. We can also help you file out-of-network claims and assist with reimbursement if you require medical assistance while traveling outside of the United States.

**Locate In-Network Providers:** Staying in network saves everyone money. Our Service Center can help you locate In-Network Providers for medical, dental and vision coverage whether you are at home or away.

**Request Copies of Any Necessary Forms:** Medical claim forms, out-of-network claim forms, evidence of insurability forms, short and long term disability claim forms and any other applicable forms are always available if the need should arise.

**Understanding Your Benefits:** We can assist you with questions regarding deductibles, copayments and coinsurance. We can explain waiting periods, elimination periods and eligibility rules.

**Explain Qualifying Events:** Most benefit plans require that you have a Qualifying Event (like marriage, birth of a child or other life event) to make a change in your election anytime other than during open enrollment. We work with your employer to ensure that your change follows the rules of the plan, that your request is allowed within the appropriate timeframes, and that you give proper documentation of the event.

**Annual Enrollment Information:** We can provide details about when open enrollment begins and ends and if your plan designs or payroll deductions are changing.

**Enrollment Assistance:** The Service Center Representative can walk you through every step of the enrollment process. Whether it's an online enrollment or paper enrollment form, your Service Center Representative is available to help.

**Confirmation Statements:** We can provide copies of your online enrollment confirmation statement or a copy of your paper enrollment form at any time.

*The Service Center is available from 8:30 a.m. to 5:00 p.m. Monday through Friday to assist you. We have an after-hours voice mailbox and your call will be returned the next business day.*

**800-994-7429**

**NFPsecustomerservice@nfp.com**

# Contact Information



**Have questions? Get answers.**

Benefit	Administrator	Phone Number	Website/Email
Benefit/Enrollment Questions	NFP	800-994-7429	<a href="http://shawhankinsbenefits.net/glynncounty">shawhankinsbenefits.net/glynncounty</a> <a href="mailto:nfpsecustomerservice@nfp.com">nfpsecustomerservice@nfp.com</a>
Human Resources	Terri Small	912-554-7170	<a href="mailto:tsmall@glynncounty-ga.gov">tsmall@glynncounty-ga.gov</a>
Medical	Anthem	855-397-9269	<a href="http://anthem.com">anthem.com</a>
Dental	Ameritas	800-487-5553	<a href="http://ameritas.com">ameritas.com</a>
Vision	EyeMed	866-939-3633	<a href="http://eyemedvisioncare.com">eyemedvisioncare.com</a>
Life	MetLife	800-275-4638	<a href="http://metlife.com">metlife.com</a>
Disability	MetLife	800-858-6506	<a href="http://metlife.com">metlife.com</a>
Accident Critical Illness, Whole Life	Unum	800-635-5597	<a href="http://unum.com">unum.com</a>
Employee Assistance Program	Espyr	800-869-0276	<a href="http://espyr.com">espyr.com</a>
FSA	McGriff/SHDR	800-768-4873	<a href="http://mcgriffinsurance.com">mcgriffinsurance.com</a>
Pet Insurance	VPI	877-738-7874	<a href="http://www.petsvpi.com">www.petsvpi.com</a>
Wellness Center	CareHere	912- 279-3800	



*A Golden Past.  
A Shining Future.*



**NFP.com**  
1-800-994-7429