



# **Benefits Guide 2022-2023**

# 2022-2023

## Welcome

Benefits Effective: July 1, 2022 – June 30, 2023

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# Eligibility & Enrollment

## Eligibility

All full-time employees working 30 hours or more per week are eligible for benefits effective on the 1<sup>st</sup> of the month following 30 days of employment.

### Eligible Dependents

Your eligible dependents include:

- Your legal spouse
- Dependent children up to age 26
- Dependent children over age 26 that are incapable of self-support due to total physical or mental disability (under most benefits outlined).

If you choose to enroll your spouse and/or dependent children, you will need to provide the following information:

- Name
- Social Security Number
- Date of Birth
- Address (if different)

## Enrollment

Complete your elections online through Employee Navigator.

### Register for the first time:

[www.employeenavigator.com/benefits/account/register](http://www.employeenavigator.com/benefits/account/register)

Company Identifier: COB1010

### After you set up your account:

[www.employeenavigator.com/benefits/account/login](http://www.employeenavigator.com/benefits/account/login)

Log in using the username and password you set up when you first registered.

## Scan here to Enroll



## Qualifying Events

The elections you make will remain in place through **June 30<sup>th</sup>, 2023**. You cannot add or drop coverage or dependents unless you experience a qualifying event. Some examples of qualifying events that may allow you to make changes are listed below:

- Marriage / Divorce
- Birth or Adoption of a Child
- Change in Child's Dependent Status
- Death of Spouse or Dependent
- Loss / Addition of Other Coverage
- Eligibility change due to relocation
- Qualified Medical Child Support Order

**You have 30 days from the date of the event to notify Human Resources; otherwise, you must wait until the next enrollment period.**

**Please note:** Not every change in status permits a change in benefits plan elections. The election change must be consistent with the change in status that has occurred.

# Registering & Enrolling in Benefits

## Step 1: Log In

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

- **First time users:** Register at [www.employeenavigator.com/benefits/account/register](http://www.employeenavigator.com/benefits/account/register). You will need to company identifier in order to register. The company identifier is: COB1010
- **After you set up your account:** Log in at [www.employeenavigator.com/benefits/account/login](http://www.employeenavigator.com/benefits/account/login) using the username and password you set up when you first registered.

## Step 2: Welcome!

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

## Step 3: Onboarding (For first time users)

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

## Step 4: Start Enrollments

After clicking **Start Enrollment**, you'll need to complete some personal & dependent information before moving to your benefit elections. Please see Page 2 for full listing of eligible dependents and dependent information needed to enroll your dependents.

## Step 5: Benefit 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.

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

## Step 6: Forms

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

## 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.

# Medical

Benefit Period: July 1 – June 30



Your medical plan is administered by **BlueCross BlueShield of SC**. There is a network available for you; the coverage may be significantly reduced if you obtain services out-of-network.

**Network:** Preferred Blue

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

## Your Bi-Weekly Cost

Coverage Level	HDHP	Co-pay Plan
Employee Only	\$66.07	\$72.60
Employee + 1	\$137.83	\$151.74
Employee & Family	\$190.88	\$210.46

Medical premiums are eligible to be deducted pre-tax.

The following benefit summary is a non-legal outline of the benefits. Refer to the full plan documents for more specific details.

In-Network Benefits*	HDHP Member Pays	Co-pay Plan Member Pays
<b>Deductible</b> (Family Embedded**)	\$3,600 Individual / \$7,200 Family	\$1,500 Individual / \$3,000 Family
<b>Coinsurance, after Deductible</b>	30%	30%
<b>Coinsurance Maximum</b>	N/A	\$4,000 Individual / \$8,000 Family
<b>Maximum Out of Pocket</b> Includes deductible, co-insurance, & co-pays	\$5,000 Individual / \$10,000 Family	\$7,900 Individual / \$15,800 Family
<b>Physician Office Services:</b>		
<b>Primary Care</b>	30%, after Deductible	\$20 co-pay
<b>Specialist</b>	30%, after Deductible	\$40 co-pay
<b>Urgent Care</b>	30%, after Deductible	\$40 co-pay
<b>Inpatient/Outpatient Services</b>	30%, after Deductible	30%, after Deductible
<b>Preventive Care</b>	No Cost	No Cost
<b>Sustained Health Services</b> (\$300 annual maximum)	No Cost	\$20 co-pay
<b>Emergency Room Charges</b>	30%, after Deductible	\$100 co-pay, 30%, after Deductible
<b>Pharmacy Benefits:</b>		
<b>Retail</b>	Generic / Preferred / Non-preferred 30%, after Deductible	Generic / Preferred / Non-preferred \$15 / \$40 / \$70 co-pay
<b>Mail Order</b>	30%, after Deductible	\$25 / \$90 / \$175 co-pay
<b>Specialty Drugs</b> 877-259-9428 for inquiries	Optum Specialty Pharmacy Only 30%, after Deductible	Optum Specialty Pharmacy Only \$125 co-pay per 31 day supply

\*Members are responsible for paying the balance of the provider's charge if the provider is out-of-network. \*\*The individual amount is "embedded" within the family amount. Before the benefits begin, the individual must meet the individual amount.

### Tobacco Use:

Employees that are considered tobacco users will be subject to an additional \$50 per month towards the cost of medical coverage. Covered spouses will also be subject to an additional \$50 per month towards the cost of medical coverage.

# Medical

## Health Incentive Account (HIA)



With a Health Incentive Account (HIA), you can lower your benefit period deductible simply by completing activities that may lead to better health. **To be eligible, you must have active BlueCross BlueShield of SC Medical Coverage through City of Beaufort.**

### How it works:

Complete the online health survey, and one additional activity to earn credits towards your deductible (up to 2 credits per member, per benefit period) **prior to meeting your deductible.** Once you have met your deductible, you are unable to earn credits until your next benefit period begins. **Credit opportunities are available to covered employees and spouses. Dependent children are not eligible.**

### How to earn credit:

**Complete health-related activities from the list below. When you complete two activities, you can receive the maximum deductible credit.**

- **Wellness Exam:** Complete your annual physical using an in-network doctor. Women may complete a routine physical or an annual gynecological exam. Once your doctor files the claim for your visit, you will automatically receive HIA credit. To find an in-network doctor, log in to **My Health Toolkit**, select **Resources**, then **Find a Doctor or Hospital**.
- **Complete your Rally Health Survey:** take a fun and interactive survey to get your Rally age – a number that can be higher or lower than your physical age based on your lifestyle and risk factors. To take your health survey, go to [www.southcarolinablues.com](http://www.southcarolinablues.com), log in to your **My Health Toolkit** account, select the **Wellness** tab, and then click **Rally**.
- **Complete Three Rally Missions:** you can choose missions as soon as you receive your Rally age. To select missions, log in to **My Health Toolkit**, select the **Wellness** tab, and then click **Rally**. Inside your Rally account, select the **Missions** tab.
- **Register for My Health Novel:** this is a free program that links with mobile apps and other resources to make a plan for reaching your health goals.

### HIA Examples:

### HDHP Plan

### Co-pay Plan

Coverage Tier	Single	Family	Single	Family
Benefit period deductible	\$3,600	\$7,200	\$1,500	\$3,000
Credit: Completed Health Survey	\$375	\$375 Employee \$375 Spouse	\$125	\$125 Employee \$125 Spouse
New remaining benefit period liability	\$3,225	\$6,450	\$1,375	\$2,750
Credit: Completed Wellness Exam	\$375	\$375 Employee \$375 Spouse	\$125	\$125 Employee \$125 Spouse
Remaining benefit period deductible liability	<b>\$2,850</b>	<b>\$5,700</b>	<b>\$1,250</b>	<b>\$2,500</b>

**Please note:** Credits may take up to 8 weeks to show as applied on your My Health Toolkit account appearing as a claim.

# Health Savings Account (HSA)



If you enroll in the HDHP Medical Plan, you should consider contributing to a Health Savings Account (HSA). With an HSA, you can gain more control over your health care expenses because contributions, interest and withdrawals for qualified health care expenses are all tax-advantaged.

## To be eligible to contribute to an HSA, you must meet the following requirements:

- Be covered under an HSA-qualified health plan on the first day of any month for which eligibility is claimed (as described in IRS Publication 969)
- Not be enrolled in Medicare
- Not be claimed as a dependent on someone else's tax return
- Have no other insurance except what is permitted by the IRS (see IRS Publication 969)

## Why choose an HSA?

With an HSA, you get to take some of the money that would have gone to pay for higher health insurance premiums and put it into your own pocket. You can use the HSA to pay for qualified medical expenses, or you can save it and let it grow with tax-free interest from year to year. Be sure to keep your receipts as the IRS may request these in the event of an audit.

- You don't lose it if you don't spend it. The HSA, including all the money in the account, is yours. You take the account with you when you leave your qualified health plan, retire or change jobs. The balance will not expire.
- You don't have to pay taxes on withdrawals for eligible medical expenses.
- Even if you lose your qualified plan in the future, you can still use the remaining funds in your HSA on qualified medical expenses.
- You can change your HSA election amount at any time throughout the benefit year.

### IRS HSA Contribution Limits\*

<b>2022</b>	<b>Individual</b> \$3,650	<b>Family**</b> \$7,300	<b>Age 55+ Catch up Contribution:</b> Additional \$1,000
<b>2023</b>	<b>Individual</b> \$3,850	<b>Family**</b> \$7,750	<b>Age 55+ Catch up Contribution:</b> Additional \$1,000

\*These limits are based on your medical plan coverage level. \*\*Family coverage includes Employee + Spouse, Employee + Child(ren) and Employee + Family.

**Questions about your HSA?**  
[www.hsabank.com](http://www.hsabank.com) • Call the number on the back of your HSA Debit card.

# Flexible Spending Accounts (FSA)



Participating in a Flexible Spending Account (FSA) is an opportunity to put aside payroll dollars tax-free, to pay for eligible expenses. Eligible medical expenses are described in IRS Publication 502, but in general your FSA can be used for expenses (**that are not otherwise reimbursed**) relating to medical, dental, vision, pharmacy, and eligible dependent care expenses incurred during the plan year.

Make an election based on your estimated expenses (up to the limits) for this plan year **July 1, 2022 – June 30, 2023**. Your election will be payroll deducted evenly each pay period through the end of the plan year. Please note you are not able to change your FSA election throughout the year, unless you have a qualifying event.

## Types of FSAs:

**Health Care FSA:** This account is used to reimburse medical, dental, vision, and pharmacy out-of-pocket expenses incurred by you and your dependents. **You are not eligible to participate in this account if you are making contributions to the Health Savings Account (HSA).**

**Dependent Care FSA:** This account is used to reimburse expenses related to care of your eligible dependents while you (and your spouse, if married) work. Covered expenses must be for dependent children 13 and under, or any person of any age whom you claim as a dependent on your taxes that is mentally or physically incapable of caring for himself/herself.

## How to submit a claim:

You are able to use the FSA debit card to pay for claims at time of service. If you do pay out of pocket for a claim, you can file a claim electronically by setting up an account at **www.flores247.com** or through the **Flores Mobile App**; you can submit claims through the website, mobile app or via mail/fax. Since the FSA is regulated by the IRS, you may be required to provide documentation to substantiate your claim.

### 2022-2023 Plan Year IRS FSA Contribution Limits

**Health Care FSA**  
\$2,850

You are able to carry over up to \$570 of the remaining balance to the following plan year.

#### Dependent Care FSA

\$5,000 if you are single or are married and filing jointly;  
\$2,500 if you are married and are filing separately.

Questions about your FSA?  
[www.flores247.com](http://www.flores247.com) • (800) 331-9610



# Telehealth



You have the option to elect HealthiestYou by Teladoc for you and your family members. This benefit provides fast and convenient access to quality medical care 24 hours a day, 365 days a year throughout the United States **with a \$0.00 consultation fee.**

## Your Bi-Weekly Cost

\$0.83

A national network of U.S. board certified physicians will be able to diagnose illnesses, recommend the best treatment option, and provide a prescription, if needed. The physician network includes Family Practice, Pediatrics, and Internal Medicine. You can access physicians by phone or online video (through the secure web portal or within the HealthiestYou mobile app). Telehealth is a convenient and inexpensive alternative to non-emergent Emergency Room visits, non-critical care clinics, or when you don't have access to your primary care provider.

HealthiestYou also gives you access to a price transparency tool via the mobile app. This tool will help you make informed choices to save money on procedures and prescriptions near your current location. For "price procedures", it will show an average, high and low cost of cash price vs. insurance price. For "price prescriptions" it will track prescription drug prices within pharmacy locations and provide free drug coupons for discounts on medications. You can choose to use a coupon or run it through your medical insurance, but not both.

## Telehealth provides medical diagnosis and treatment for common challenges such as:

Allergies	Sinus Infections
Bronchitis	Cold/Flu Symptoms
Urinary Tract Infection	Respiratory Infection
Sore Throat	Pink Eye
Ear Infection	Rashes
Stomach Ache/Diarrhea	Minor Burns
Insect Bites	Poison Ivy
Arthritic Pain	Many More.....

## How It Works:

- **Receive your account information from HealthiestYou.**
- Set up your HealthiestYou account online and download the mobile app.
- Request a physician consultation and you'll receive a call back in about 10 minutes.
- Physician will conduct the consultation and recommend appropriate treatment.
- Physician will prescribe medication directly to the pharmacy of your choice.
- Physician will update your electronic medical record, which you will have access to at any time.

**Talk to a doctor anytime!**

<https://member.healthiestyou.com> • HealthiestYou mobile app • (866) 703-1259 Opt. 1

# Dental

Benefit Period: January 1 – December 31



## Your Bi-Weekly Cost

Your Dental plan is administered by **Delta Dental**. There is a network available for you; the coverage may be significantly reduced if you obtain services out-of-network.

Coverage Level	Dental
Employee Only	\$10.62
Employee & Family	\$26.03

**Network:** Delta Dental PPO & Delta Dental Premier

Dental premiums are eligible to be deducted pre-tax.

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

The following benefit summary is a non-legal outline of the benefits. Refer to the full plan documents for more specific details.

### In-Network Benefits\*

<b>Deductible</b> - Applies to Basic and Major Services	\$50 Individual / 3 per Family
<b>Annual Maximum Benefit</b> - Applies to Preventive, Basic, and Major Services	\$2,000 per member per year
<b>Lifetime Orthodontia Maximum Benefit</b>	\$2,000 per dependent per lifetime
<b>Maximum Rollover</b>	\$400 up to \$1,500 Account Limit

### Preventive Services

<ul style="list-style-type: none"> <li>Bitewing, Periapical, Full-mouth x-rays</li> <li>Emergency palliative treatment</li> <li>Oral examinations and Cleanings, twice every year</li> <li>Sealants / Space Maintainers (for dependents under 16)</li> <li>Topical fluoride (for dependents under 16), once every year</li> </ul>	Member Pays 0% of allowed charges*
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### Basic Services

<ul style="list-style-type: none"> <li>Endodontics</li> <li>Fillings</li> <li>Oral Surgery</li> <li>General Anesthesia</li> <li>Periodontal Maintenance</li> <li>Non-Surgical and Surgical Periodontics</li> <li>Simple and Surgical Extractions</li> <li>Bridge / Crown – Recement &amp; Repairs</li> </ul>	Member Pays 20% of allowed charges*
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### Major Services

<ul style="list-style-type: none"> <li>Inlays / Crowns / Onlays</li> <li>Bridges / Dentures</li> <li>Implants</li> </ul>	Member Pays 50% of allowed charges*
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### Orthodontia (dependent children under age 19)

Orthodontia	Member Pays 50% of allowed charges*
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\*You may be subject to less coverage and/or balance billing if you go out-of-network.

# Vision

Benefit Period: July 1 – June 30



## Your Bi-Weekly Cost

Your Vision plan is administered by **Physicians Eyecare Plan**. There is a network available for you; the coverage may be significantly reduced if you obtain services out-of-network.

**Network:** PEP

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

Coverage Level	Vision
Employee Only	\$3.83
Employee + 1	\$7.29
Employee & Family	\$10.71

Vision premiums are eligible to be deducted pre-tax.

The following benefit summary is a non-legal outline of the benefits. Refer to the full plan documents for more specific details.

### In-Network Benefits\*

#### Eye Exam (every 12 months)

Exam	\$10 co-pay
Contact Lens Fitting	\$49 (standard) / 15% discount (non-standard)

#### Materials (every 12 months)

Glasses and/or Contact Lenses	\$175 allowance, after \$20 co-pay After allowance, 20% discount on glasses and 15% discount on contact lenses**
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#### Discounts

Refractive Surgery LASIK Surgery	10-20% discount
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\*Out of network coverage limited; reimbursements available for most services.

\*\*Discounts available at most providers.

# Life/AD&D



You are provided with Basic Life/AD&D. You also have the option to purchase additional Life/AD&D insurance for yourself and your dependents. **Be sure to keep your beneficiary up to date!**

The following benefit summary is a non-legal outline of the benefits. Refer to the full plan documents for more specific details.

## Basic Life/AD&D

The City provides you with \$15,000 Life/AD&D insurance. This benefit amount is subject to age reductions starting at age 70.

## Voluntary Life/AD&D

You have the option to purchase additional Life/AD&D insurance for yourself and your dependents. You must elect coverage for yourself in order to elect for your dependents.

**As a new hire** you are eligible to elect up to the guaranteed issue amount without completing health questions.

**Employees that choose to enroll** will have the opportunity at the next annual enrollment to elect an additional \$10,000 without completing health questions; this feature applies to the employee amount only.

**Employees that choose to elect at a later time** are required to submit health information for approval. Evidence of Insurability (EOI) for new elections and/or elections over the guaranteed issue amount at any time can be submitted online at [www.mutualofomaha.com/eoi](http://www.mutualofomaha.com/eoi). **Group Number: G000AWVK**

Coverage Level	Guaranteed Issue Amount	Benefit Maximum
<b>Employee</b> <b>\$10,000 increments</b> Benefit amount reduces when employee turns age 70	\$100,000	5x salary up to \$500,000
<b>Spouse</b> <b>\$10,000 increments</b> Spouse coverage terminates when employee turns age 70	\$25,000	100% of employee's amount up to \$100,000
<b>Children – covers all children</b>	\$15,000	\$15,000

Your cost is based on the amount you select and your age. View your specific cost when you enroll online.

# Voluntary Life/AD&D – Rate Chart



Please note that the premium amounts presented below may vary slightly from the amounts provided on your enrollment form, due to rounding.

**To select your benefit amount and calculate your premium, do the following:**

- 1) Locate the benefit amount you want from the top row of the employee premium table. Your benefit amount must be in an increment of \$10,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.
- 2) Find your age bracket in the far left column.

3) Your premium amount is found in the box where the row (your age) and the column (benefit amount) intersect.

4) Enter the benefit and premium amounts into their respective areas in the Voluntary Life and AD&D section of your enrollment form.

If the benefit amount you want to select is greater than any amount in the table below, select the benefit amount from the top row that when multiplied by another number results in the benefit amount you want. For example, if you want \$150,000 in coverage, you obtain your premium amount by multiplying the rate for \$50,000 times 3.

EMPLOYEE PREMIUM TABLE (26 PAYROLL DEDUCTIONS PER YEAR)										
Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0 - 29	\$0.37	\$0.74	\$1.11	\$1.48	\$1.85	\$2.22	\$2.58	\$2.95	\$3.32	\$3.69
30 - 34	\$0.47	\$0.93	\$1.40	\$1.86	\$2.33	\$2.80	\$3.26	\$3.73	\$4.20	\$4.66
35 - 39	\$0.48	\$0.97	\$1.45	\$1.94	\$2.42	\$2.91	\$3.39	\$3.88	\$4.36	\$4.85
40 - 44	\$0.72	\$1.43	\$2.15	\$2.86	\$3.58	\$4.29	\$5.01	\$5.72	\$6.44	\$7.15
45 - 49	\$1.04	\$2.08	\$3.12	\$4.15	\$5.19	\$6.23	\$7.27	\$8.31	\$9.35	\$10.38
50 - 54	\$1.64	\$3.28	\$4.92	\$6.55	\$8.19	\$9.83	\$11.47	\$13.11	\$14.75	\$16.38
55 - 59	\$2.79	\$5.58	\$8.38	\$11.17	\$13.96	\$16.75	\$19.55	\$22.34	\$25.13	\$27.92
60 - 64	\$3.12	\$6.23	\$9.35	\$12.46	\$15.58	\$18.69	\$21.81	\$24.92	\$28.04	\$31.15
65 - 69	\$5.24	\$10.48	\$15.72	\$20.95	\$26.19	\$31.43	\$36.67	\$41.91	\$47.15	\$52.38
70 - 74	\$8.47	\$16.94	\$25.41	\$33.88	\$42.35	\$50.82	\$59.28	\$67.75	\$76.22	\$84.69
75+	\$30.16	\$60.32	\$90.48	\$120.65	\$150.81	\$180.97	\$211.13	\$241.29	\$271.45	\$301.62

Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse and/or child(ren) coverage. **Your spouse's rate is based on your age**, so find your age bracket in the far left column of the Spouse Premium Table. Your spouse's premium amount is found in the box where the row (the age) and the column (benefit amount) intersect. Your spouse's benefit amount must be in an increment of \$10,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.

SPOUSE PREMIUM TABLE (26 PAYROLL DEDUCTIONS PER YEAR)									
Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000
0 - 29	\$0.37	\$0.74	\$1.11	\$1.48	\$1.85	\$2.22	\$2.58	\$2.95	\$3.32
30 - 34	\$0.47	\$0.93	\$1.40	\$1.86	\$2.33	\$2.80	\$3.26	\$3.73	\$4.20
35 - 39	\$0.48	\$0.97	\$1.45	\$1.94	\$2.42	\$2.91	\$3.39	\$3.88	\$4.36
40 - 44	\$0.72	\$1.43	\$2.15	\$2.86	\$3.58	\$4.29	\$5.01	\$5.72	\$6.44
45 - 49	\$1.04	\$2.08	\$3.12	\$4.15	\$5.19	\$6.23	\$7.27	\$8.31	\$9.35
50 - 54	\$1.64	\$3.28	\$4.92	\$6.55	\$8.19	\$9.83	\$11.47	\$13.11	\$14.75
55 - 59	\$2.79	\$5.58	\$8.38	\$11.17	\$13.96	\$16.75	\$19.55	\$22.34	\$25.13
60 - 64	\$3.12	\$6.23	\$9.35	\$12.46	\$15.58	\$18.69	\$21.81	\$24.92	\$28.04
65 - 69	\$5.24	\$10.48	\$15.72	\$20.95	\$26.19	\$31.43	\$36.67	\$41.91	\$47.15

\*Regardless of how many children you have, they are included in the "All Children" premium amounts listed in the table above.

ALL CHILDREN PREMIUM TABLE (26 PAYROLL DEDUCTIONS PER YEAR)*	
	<b>\$15,000</b>
	\$0.90

# Disability



Mutual of Omaha

You have the option to elect Short Term Disability and City of Beaufort provides you with Long Term Disability. Disability insurance replaces a portion of your income should you be unable to work due to a covered disability.

The following benefit summary is a non-legal outline of the benefits. Refer to the full plan documents for more specific details.

## Voluntary Short Term Disability

**During annual open enrollment and as a new hire** you are eligible to elect Short Term Disability without completing health questions; however pre-existing condition limitations will still apply.

Evidence of Insurability (EOI) for new elections outside of the new hire enrollment or annual enrollment period can be submitted online at [www.mutualofomaha.com/eoi](http://www.mutualofomaha.com/eoi). **Group Number: G000AWVK**

<b>Benefit Amount</b> <b>Maximum Benefit</b>	60% of weekly earnings Up to \$1,500 per week
<b>When Benefits Begin</b> <b>Maximum Benefit Duration</b> <b>Pre-existing Condition Limitation</b>	15 <sup>th</sup> day 11 weeks 3 month look back / 6 month exclusion

Your short term disability cost is based on your earnings. View your specific cost when you enroll online.

## Long Term Disability

<b>Benefit Amount</b> <b>Maximum Benefit</b>	60% of monthly earnings Up to \$8,000 per month
<b>When Benefits Begin</b> <b>Maximum Benefit Duration</b> <b>Pre-existing Condition Limitation</b>	91 <sup>st</sup> day Social Security Normal Retirement Age 3 month look back / 12 month exclusion

# Employee Assistance Program (EAP)



Mutual of Omaha

Mutual of Omaha's Employee Assistance Program (EAP) has trained professionals to work with you and your immediate dependent family members as you search for solutions to personal and workplace issues. The program is voluntary and confidential; only your EAP professional will know you have called.

## Services Include:

- 24-hour toll-free phone access to EAP professionals / 7 days a week
- Telephone assistance and referral
- Four face-to-face sessions with a counselor (per household per calendar year)

**An EAP can provide assistance for variety of personal and professional matters, including:**

Stress	Relationships	Mental Health
Drug/Alcohol Abuse	Life Changes	Work/Home Balance
Parenting	Financial Issues	Gambling
Grief	Depression	Addictive Behaviors

**Go online or call today!**  
[www.mutualofomaha.com/eap](http://www.mutualofomaha.com/eap) • (800) 316-2796

# Additional Voluntary Benefits

You have the option to elect these additional voluntary benefits through Colonial Life. These benefits provide a lump-sum payment to you if you have an eligible claim. **Your rates are based on coverage level/benefit amount selection, age, and tobacco usage. Review your specific costs when you enroll online.**

These benefits are available to be elected without completing health questions during the annual open enrollment period each year; however pre-existing condition limitations may still apply.

## Critical Care (with Cancer coverage optional)

This benefit will help you pay for non-medical and out-of-pocket medical expenses upon diagnosis of one of the covered specified critical illnesses (including cancer if that is elected). This product provides a lump sum option that will pay out upon diagnosis. This plan also includes a benefit for the receipt of an approved cancer vaccination, completion of a covered health screening test, and for the extended treatment of cancer in the amount of \$500/month up to 12 months (whether consecutive or not). Subsequent diagnosis benefits are also included in this plan. This benefit also provides a \$50 reimbursement for a Health Screening.

## Accident (Off Job Only or Off/On Job)

This benefit will help you off-set unexpected medical expenses resulting from a covered accident. This benefit pays out for broken bones, dislocations, burns, cuts and other injuries as well as the treatment and follow-up care for those injuries. There are benefits built in for different phases of an accident (from initial care benefits to follow up treatment). This benefit also provides a \$50 reimbursement for a Health Screening.

## Whole Life

This benefit is a permanent life insurance option available for the employee only. This plan includes guaranteed level premiums that do not increase because of changes in health or age, and gives access to policy's cash value through a loan for emergencies.

## Gunshot Wound Benefit (Off/On Job)

This benefit will help you offset non-medical and out-of-pocket medical expenses if you receive a non-fatal gunshot wound. This policy pays a lump-sum benefit.

**Adopting healthy behaviors, including regular health screenings can prevent or control many diseases.** If you elect Accident or Critical Care, there are wellness / health screening benefits included. To file a health screening claim call (800) 325-4368 and provide the date of test, type of test, name and telephone number of doctor or facility where test was performed. You may also file online through Colonial Life's policyholder website. **No claim form is needed to file this claim.**

Questions about your Colonial Life policies?  
[www.coloniallife.com](http://www.coloniallife.com) • (800) 325-4368

# Contact Information & Online Resources



## City of Beaufort

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**Phone:** (843) 525-7018

## Carriers – Member Services

For assistance with ID cards/ID numbers, verification of coverage, covered benefits, prior-authorizations and claims issues.

Medical	BlueCross BlueShield SC	<a href="http://www.southcarolinablues.com">www.southcarolinablues.com</a> (843) 972-5414
Telehealth	HealthiestYou	<a href="http://www.healthiestyou.com">www.healthiestyou.com</a> (866) 703-1259 opt 1
Flexible Spending Account (FSA)	Flores	<a href="http://www.flores247.com">www.flores247.com</a> (800) 331-9610
Health Savings Accounts (HSA)	HSA Bank	<a href="http://www.hsabank.com">www.hsabank.com</a> phone number on your HSA debit card
Dental	Delta Dental	<a href="http://www.deltadentalsc.com">www.deltadentalsc.com</a> (800)529-3268
Vision	PEP	<a href="http://www.physicianseyecareplan.com">www.physicianseyecareplan.com</a> (800) 368-9609
Life/AD&D and Disability	Mutual of Omaha	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a> (800) 775-8805
Employee Assistance Program	Mutual of Omaha	<a href="http://www.mutualofomaha.com/eap">www.mutualofomaha.com/eap</a> (800) 316-2796
Additional Employee Benefits	Colonial Life	<a href="http://www.coloniallife.com">www.coloniallife.com</a> (800) 325-4368

## NFP

### Advocacy

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**Phone:** (864) 921-0303

## Online Resources – Employee Navigator

This is your benefits & enrollment portal, dedicated to providing you with up-to-date information about your benefits. Log in to view your elections, plan documents, benefit details, and health care reform notices. **You may request a paper copy of any document at any time from Human Resources.**