



WEST VIRGINIA

2022 RETIREE BENEFITS GUIDE



MOUNTAINEER
FLEXIBLE BENEFITS
FBMC BENEFITS MANAGEMENT, INC.



TABLE OF CONTENTS

Let's Get Started	3
How to Enroll	4
Eligibility and Payments	5
Dental	6
Vision	9
Hearing	11
Group Legal Insurance	13
Changing Your Coverage	15
Notices	17
Benefits Directory	18
Notes	19
2021 Benefit Conferences	20

LET'S GET STARTED



Important Dates to Remember
Your Open Enrollment dates are:
April 2 - May 15, 2021.

Your Period of Coverage dates are:
July 1 - June 30, 2022.

Welcome to your Retiree Mountaineer Flexible Benefits Plan. FBMC Benefits Management, Inc. (FBMC) administers this plan for PEIA. This guide will provide you with information about the benefits available to you and your dependents, as well as information on how to enroll.

Please note the following:

- This is a changes-only enrollment. If you do not make changes during open enrollment, your benefits will roll over and you will continue to be liable for all premiums due.
- Retirees who would like to add or change benefits during open enrollment must complete an enrollment form in its entirety and return it to FBMC by mail.
- Newly-eligible retirees will have the month of and two months following from the date of their retirement to return the enrollment form. Benefits do not automatically roll over from active employment into retirement.
- Please keep this benefits guide for reference during the plan year.

HOW TO ENROLL

If you wish to keep your current benefits you do not need to complete a Retiree Enrollment Form. Retirees wishing to elect or change coverage must complete the enrollment form.

Enrollment Form Section 1

Be sure to follow the instructions in this section.

Enrollment Form Section 2

Complete all of your personal information.

Enrollment Form Section 3

Mark each benefit and tier level you are selecting. Remember to complete all requested information for your benefits.

Enrollment Form Section 4

If you selected dependent coverage (child, spouse, family) for dental, vision, legal and/or hearing benefits, you must complete this section. This includes the dependents' names, relationship to you, birth dates and Social Security numbers. Send FBMC the white copy of the form and keep the yellow copy for your records.

If your retirement date is after **July 1, 2021**, your enrollment form must be submitted within the month of retirement and two months following your retirement date. Your coverage will be effective the first day of the month following your retirement and you will be billed accordingly.

Dental Care

You may select one of the four Delta Dental plans, including: **Routine Plan, Assistance Plan, Basic Plan or Enhanced Plan.**

Check the type of coverage you are choosing.

If you are selecting 'Retiree & Children,' 'Retiree & Spouse,' or 'Retiree & Family' coverage, you must complete the dependent information in Section 4.

Vision Care

You may choose either the Full Service Plan or the Exam Plus Plan, but not both. Check the type of coverage you are choosing. If you select 'Retiree & Family' coverage, you must complete the dependent information in Section 4.

Hearing Benefit

If you are selecting 'Retiree & Children,' 'Retiree & Spouse' or 'Retiree & Family' coverage, you must complete the dependent information in Section 4.

Group Legal Plan

You must complete the dependent information in Section 4.

Please send the WHITE COPY of the form to:

**FBMC Benefits Management, Inc.
Retiree Direct Bill
PO Box 10789
Tallahassee, Florida 32302-2789**

Until your CPRB deductions or ACH (electronic) payments begin, payment by personal check or money order is required. You will receive an enrollment summary report upon enrolling, which will include where to submit your monthly premium until CPRB or ACH deductions begin.

ELIGIBILITY AND PAYMENTS

Who is Eligible?

An eligible retiree is a retired employee (or his/her surviving spouse) of the State of West Virginia, a County Board of Education, or a non-state agency who currently receives income from the WV Consolidated Public Retirement Board (CPRB) or a TIAA-CREF retirement plan.

Note for New Retirees: Benefits do not automatically roll over from active employment into retirement.

Upon certain qualifying events, spouses, children and retirees may be eligible to continue for group health plan coverage under COBRA law.

How to Enroll During the Plan Year

If you wish to enroll in vision, dental, legal or hearing coverage, you will need to complete, sign and return the enclosed Retiree Enrollment Form within the month of and two months following your retirement. Your coverage will be effective the first day of the month following your retirement and you will be billed accordingly. If you do not enroll during this time, you must wait until the next open enrollment period to participate.

For more information, please contact the FBMC Service Center at **1-844-55-WVA4U (1-844-559-8248)**.

Making Payments

Any State of West Virginia Retiree who receives income from the Consolidated Public Retirement Board (CPRB) can choose to have their premium payments deducted from their CPRB retirement check by electing this option on the Retiree Enrollment Form, unless costs are greater than the total amount of your check. In this instance, payment must be made directly to FBMC as directed on the monthly billing statement you will receive. The Benefit Enrollment Confirmation letter will include where to submit your premium payment(s).

Until annuity deductions begin, payment by personal check or money order is required. Full premium payment(s) must be paid by the due date specified. You will receive an enrollment summary upon enrolling, which will include where to submit your premium until CPRB deductions begin.

-
- **TIAA-CREF Retirees** - Payment by personal check or money order must be sent to FBMC once you receive your enrollment summary report. Payments must be made by the due date specified.

Retiree and Billing

If you are electing CPRB pension deductions, please be advised of the following:

- Confirm that you are currently receiving a pension check.
- Allow time to process your pension deductions as this may take 30 – 90 days to begin deducting.
- Review your pension statement or bank account each month to ensure that deductions have been taken.
- Be prepared to send payment by check or money order if your premium has not been deducted.

DENTAL



You may choose from the following dental plans:

- Routine Plan
- Assistance Plan
- Basic Plan
- Enhanced Plan

With Delta Dental, you have complete freedom of choice in selecting a dentist. You can choose a dentist from the Delta Dental Premier® or Delta Dental PPOSM networks, or a dentist who does not participate in either network. Your choice of dentist can determine your cost savings.

Save on out-of-pocket costs

PPO dentists have agreed to reduced fees that are often lower than Premier fees. This helps you cover more services under your annual maximum. As with your Premier network dentist's plan, you won't get charged more than your expected share of the bill when you visit a PPO dentist. You won't have to submit any claim paperwork when you visit a Delta Dental dentist.

How can I tell if my dentist is Premier or PPO?

Your dentist might already be a PPO dentist. To find out, enter your dentist's name in the Find a Dentist search at deltadentalins.com. You can also call your dental office to confirm.

Ask whether your dentist is a "contracted Delta Dental PPO dentist."

Online Services

Get information about your plan anytime, anywhere by signing up for an Online Services account. Available once your coverage kicks in, this free service lets you find a network dentist, view or print your ID card and more. The one-time registration process takes only a minute. Receive an email when a new dental benefits statement is available. Save time, reduce clutter and preserve environmental resources. To enroll, log in to Online Services and update your settings at deltadentalins.com.

DENTAL

Monthly Dental Rates

ROUTINE	
Retiree Only	\$10.95
Retiree + Children	\$21.95
Retiree + Spouse	\$24.49
Retiree + Family	\$35.55

ASSISTANCE	
Retiree Only	\$11.83
Retiree + Children	\$23.72
Retiree + Spouse	\$26.46
Retiree + Family	\$38.41

BASIC	
Retiree Only	\$16.92
Retiree + Children	\$33.89
Retiree + Spouse	\$37.77
Retiree + Family	\$54.77

ENHANCED	
Retiree Only	\$28.15
Retiree + Children	\$56.29
Retiree + Spouse	\$65.37
Retiree + Family	\$93.37

Further Information

Eligible retirees may cover your eligible dependent children to age 26, and spouses.

See the chart on **page 8** for a partial list of covered services. Call Delta Dental for more information concerning your benefits, to view a list of exclusions or to request a claim form.

Call Delta Dental for more information concerning your benefits, to request a list of exclusions or to request a claim form. This is not a full list of the terms and conditions applicable to the benefits outlined on the next page.

Submit Claim Forms To:

Delta Dental of West Virginia Plan #01058
PO Box 2105
Mechanicsburg, PA 17055-2105

Customer Service: **1-800-932-0783**
 TTY/TDD: **1-888-373-3582**

How to Print your ID card

There are no ID cards distributed with these plans.

- Go to deltadentalins.com.
- Log in to Online Services with your username and password. (If you don't already have a username or password, click "Register Today" link to complete the quick registration process.)
- Once you've logged in, click the "Eligibility & Benefits" tab.
- Select "Print ID card" on the left-hand side of the page. (If you do not see this option, in some instances you may also need to click on the "Eligibility & Benefits" link on the left-hand side of the page before you have the option to select "Print an ID card.")
- Click "Print."

Note: The card is not required to obtain services.

Partial List of Covered Services

DENTAL

	ROUTINE PLAN	ASSISTANCE PLAN	BASIC PLAN	ENHANCED PLAN
Deductible (Per Person Per Plan Year) – Maximum total family deductible	No deductible	You pay \$25 applies to all services) [†] \$75	You pay \$25 (applies to all services) [†] \$75	You pay \$50 (diagnostic, preventive & ortho are exempt) \$150
Plan Year Max (Per Person) – Delta Dental network dentist – Non-participating dentist	\$500 \$500	\$750 \$500	\$750 \$500	\$1,250 \$1,000
Other Maximums – Ortho Lifetime Max (Paid over two plan years) – TMJ Disorder	N/A N/A	N/A N/A	N/A N/A	\$1,000 \$500
BENEFIT	PLAN PAYS	PLAN PAYS	PLAN PAYS	PLAN PAYS
Diagnostic/Preventive Services*** – Visits/Exams (twice in a plan year) – Routine cleaning (twice in a plan year) – Fluoride treatments (to age 19, twice in a plan year) – Bitewing X-rays (twice in a plan year) – Space maintainers (to age 14) – Sealants (to age 14, once in any 36-month period on unfilled permanent first and second molars)	100%*	100%*	80%*	100%*
Basic Restorative** – Amalgam (“silver”) and composite (“white”) on anterior teeth and the facial surface of bicuspid	N/A	25%*	80%*	80%*
Oral Surgery – Extractions – Oral surgery procedures (Medical is primary for impactions) – General anesthesia and IV sedation are benefitted with all covered oral surgery procedures and with select endodontic and periodontic surgeries.	N/A	25%*	80%*	80%*
Endodontics – Pulpal therapy – Root canal therapy	N/A	25%*	80%*	80%*
Periodontics*** – Treatment for gums and supporting structures	N/A	25%*	80%*	80%*
Major Restorative** – Inlays, onlays, crowns (crowns for natural teeth, not implants)	N/A	NOT COVERED	NOT COVERED	50%*
Prosthetic** – Bridges, Full and partial dentures, Denture adjustments/relining	N/A	NOT COVERED	NOT COVERED	50%*
Orthodontia** – For eligible dependent children to age 26, employees and spouses	N/A	NOT COVERED	NOT COVERED	50%*
TMJ	N/A	NOT COVERED	NOT COVERED	50%*

[†] Deductible waived for diagnostic/preventive procedures at Delta Dental PPO Provider. Deductible applies to all services rendered by Delta Dental Premier and non-participating dentists.

* Percentage is based on Delta Dental's applicable Maximum Plan Allowance or the dentist's fee, whichever is less (the Allowed Amount). The Delta Dental payment under the program, plus the patient payment, equals the Allowed Amount, which is accepted by Delta Dental participating dentists as full payment. Participating dentists are paid directly by Delta Dental, and by agreement cannot bill you more than the applicable Copayment, deductible or charges where maximums have been exceeded for covered services. By selecting a participating dentist, you always limit your out-of-pocket costs. For services performed by non-participating dentists, Delta Dental sends the benefit payment directly to you. You are responsible for paying the non-participating dentist's total fee, which may include amounts in addition to your share of Delta Dental's Allowed Amount. Out-of-pocket costs may also include applicable Copayments, deductibles, charges where maximums have been exceeded, and services not covered by the Group Dental Service Contract. Maximum Plan Allowance is an amount, determined by Delta Dental, from claim charges submitted on a regional basis for a given service by dentists of similar training within the same geographical area. These charges are blended by Delta Dental with dentist fee information from a number of other sources, using various factors, subject to regulatory limitations and adjustment for extraordinary circumstances, such as extreme difficulty or unusual circumstances.

** Basic Restorative have a 30-day exclusion. Major Restorative, Prosthetic, and Orthodontics require six month plan participation.

*** Enhanced benefits for pregnancy, which include an additional oral evaluation and a choice of an additional periodontal scaling, root planing or prophylaxis, or additional periodontal maintenance procedure are covered.

Monthly Vision Rates

PLAN	EXAM PLUS	FULL SERVICE
Retiree Only	\$1.33	\$7.74
Retiree + Family	\$3.03	\$19.69

Choose from the following vision plans:

- Exam Plus Plan
- Full Service Plan

MetLife Vision Plan continues to be your vision plan provider. You may choose to cover your family by selecting the “Employee & Family” rates. You may cover your spouse and any children, stepchildren or foster children up to age 26.

Value-Added Benefit

Diabetic Eyecare Program – Provides additional coverage through medical diagnosis and procedure codes specifically targeted toward members with Type 1 diabetes.

How To Use These Plans

To obtain vision care benefits, call a MetLife Vision member doctor, identify yourself as a MetLife Vision patient and make an appointment. The doctor’s office will verify the patient’s eligibility and plan coverage and obtain authorization from MetLife Vision. There are no ID cards distributed with these plans.

The doctor will explain any additional charges. After you pay your Copayment, the doctor will take care of all the paperwork.

If you prefer, you can visit a non-member doctor and pay the doctor’s normal charges. Save your itemized receipt and mail it, along with the MetLife Vision Member Reimbursement Form, within six months of service date to:

MetLife Vision Claims
PO Box 385018
Birmingham, AL 35238-5018

Claim forms can be downloaded from mybenefits.metlife.com/westvirginia. For more information, contact MetLife Vision’s Customer Service Line at **1-855-638-7339 (855-MET-SEE9)**.

Print a personalized Vision ID card

A Vision ID card is not required to obtain services.

Note: you will not be able to obtain an ID card until you are enrolled in the MetLife Vision Plan.

1. Click on Get My Vision ID card (located on right side of the landing page under Quick Links)
2. Select the state where you reside
3. The vision identification card will be displayed
4. Use the printer icon located in the top right of the page to print your card

MyBenefits – MetLife’s Self-Service Website

Logging on to MyBenefits:

1. Go to the MyBenefits website at mybenefits.metlife.com/westvirginia
2. Sign in by entering your username and password or
3. If you are a first-time user, click on the “Register Now” button
 - Provide your first name, last name, date of birth, Social Security number and email address
 - Create your own username and password
4. Follow the directions given to complete your registration.
5. You will be emailed a registration confirmation

Find a participating eye care professional

1. Click on the Find a Vision Provider near you link at: mybenefits.metlife.com/westvirginia
2. Enter your ZIP code or address
3. Add additional information to refine your search for a vision provider
4. Select your plan: Full Service or Exam Plus

You can also call MetLife Vision at **1-855-MET-SEE9 (1-855-638-7339)** for access to the 24/7 Interactive Voice Response system.

Partial List of Covered Services

VISION

	EXAM PLUS PLAN		FULL SERVICE PLAN	
	METLIFE MEMBER DOCTOR	NON-MEMBER DOCTOR	METLIFE MEMBER DOCTOR	NON-MEMBER DOCTOR
Copayments [†] <ul style="list-style-type: none"> - Exam Copay - Exam Frequency - Prescription Glasses 	\$10 Once per year Not covered	Covered up to \$35 allowance Once per year Not covered	\$20 Once per year \$20	Covered up to \$35 allowance Once per year \$0
Vision Examination (every plan year)	Covered in full after copay	\$35	Covered in full after copay	\$35
Lenses (every plan year) ^{***} <ul style="list-style-type: none"> - Single Vision Lenses^{**} - Bifocal Lenses - (including progressive lenses)^{**} - Trifocal Lenses - Lenticular Lenses^{**} 	20% Savings at private practice locations only (Does NOT apply to Walmart/Sam's Club)	Not covered	Covered in full Covered in full Covered in full Covered in full	Covered up to \$25 Covered up to \$40 Covered up to \$55 Covered up to \$80
Frames (every other plan year) (Up to \$150 allowance) Sam's Club/Walmart \$85.00 allowance	20% Savings at private practice locations only (Does NOT apply to Walmart/Sam's Club)	Not covered	Covered in full*	Covered up to \$45
Contact Lenses ^{**} (in place of lenses & frames) <ul style="list-style-type: none"> - Necessary[†] - Elective - Fitting and evaluation 	15% Savings at private practice locations is for Fitting and Evaluation only. Necessary and Elective for contact lenses are not covered.	Not covered	Covered in full ^{***} \$150 Allowance Services are covered in full once every plan year, after a maximum \$60.00 copayment ^{****}	Exam & \$210 Exam & \$105 \$0
Prescription Glasses Discount	20% - Savings on additional pairs of prescription glasses, non-prescription sunglasses and lens enhancements from a MetLife vision member doctor.	None	20% - Savings on additional pairs of prescription glasses, non-prescription sunglasses and lens enhancements from a MetLife vision member doctor.	- Single vision \$25 allowance - Lined bifocal \$40 allowance - Lined trifocal \$55 allowance - Lenticular \$80 allowance
Prescription Contact Lenses Discount	15% Savings is for the fitting and evaluation only at private practice locations only (Does NOT apply to Walmart/ Sam's Club)	Not covered	Standard or premium fit covered in full with a copay not to exceed \$60	Applied to the allowance for contact lenses
Laser Vision Care Program	15%	None	15%	None
	Average 15% off the regular price or 5% off a promotional offer for laser surgery, including LASIK, Custom LASIK and PRK surgeries. This offer is only available at MetLife participating locations.			

¹ This is not a full list of the terms and conditions. Please contact 1-855-MET-SEE9 (1-855-638-7339) or review the certificate of coverage for more information.
[†] These are patients who cannot have their vision corrected with standard glasses/lenses. They HAVE to have contact lenses which makes them necessary.
^{*} Copayments apply in-network (MetLife Vision Member Doctor) at the time of service.
^{**} Within Plan Limitations. If you select a frame that costs more than your plan allowance, there will be an additional charge you will pay out of pocket. When you visit a MetLife Vision member doctor, ask him/her which frames are covered in full. The allowance is very competitive and ensures a good choice with little or no out-of-pocket cost. There will be an extra cost if you select materials or services that are elective or cosmetic in nature, such as tints and scratch coatings.
^{***} Exam and contact lenses are also covered once every plan year, if necessary, provided you have not received spectacle lenses in the same plan year. You may receive eyeglass frames every other plan year. You may receive either spectacle lenses or contact lenses in the plan year, but not both.
^{****} There is a single materials Copayment of \$20 on lenses and frames or medically necessary contact lenses.
^{*****} 15% discount applies to Member Doctor's usual and customary professional fees for contact lens evaluation and fitting.

HEARING



Monthly Hearing Rates

HEARING PLAN	
Retiree Only	\$2.02
Retiree + Children	\$2.97
Retiree + Spouse	\$4.01
Retiree + Family	\$4.94

Why have a Hearing Plan?

Hearing is one of the five natural senses that allow us to enjoy life and the world around us. Music, radio, television, movies, and theater all become less accessible and enjoyable without the benefit of hearing. And the loss of sounds like sirens and alarms can actually endanger your life.

Hearing is a valued life asset that can be protected and treated through a program for hearing healthcare. With EPIC Hearing Healthcare (EPIC), you'll get the options, care and convenience to help make it easier to hear the sounds you've been missing.

With EPIC, you'll have access to:

- **Name-brand and private-labeled hearing aids at significant savings.** Choose from hundreds of name-brand and private-labeled hearing aids from major manufacturers including Beltone™, Oticon, Phonak, ReSound, Signia, Starkey®, Unitron™ and Widex® and more at savings of up to 80% off industry prices.
- **More than 5,000 credentialed hearing provider locations.** Access the largest nationwide network of credentialed hearing professionals that provide hearing tests, hearing aid evaluations and follow-up support.
- **Convenient ordering.** Order hearing aids in person through an EPIC provider or have them delivered right to your home in 5-10 business days.
- **Personal support, every step of the way.** You'll receive access to professional, nationwide support, online tutorials, hearing health tips and more. ***Plus, your hearing aid order will include extra batteries, a 3-year extended warranty and a trial period so you can stay connected and get the most out of your hearing aids.**

*These are discounted items and are not insured benefits.

HEARING

Order Hearing Aids in 3 Simple Steps

1. Call EPIC at 1-866-956-5400, 9 a.m. – 9 p.m. ET, Monday – Friday.

Contact a hearing counselor to register. You'll discuss product and service options and locate a hearing provider nearest you.

2. Get your hearing tested.

Visit a hearing provider near you for a hearing test and hearing aid evaluation.

- Or - Submit a recent hearing test online at EPICHearing.com.

3. Receive your custom-programmed hearing aids.

You'll receive your hearing aids in person through your hearing provider, including follow-up support, or through home delivery within 5-10 business days.

When to Call EPIC

If you or a family member experience any of the following, you may have a hearing problem that could be helped by a hearing health professional:

- Difficulty understanding voices and words (especially those of women and children).
- Occasional ringing in one or both ears.
- Itching in the ear canals.
- Difficulty understanding in noisy situations.
- Turning up the television volume to understand the dialogue.

In addition, some more serious symptoms merit immediate attention by a physician:

- A sudden hearing loss.
- Spinning and dizziness with vomiting.
- Persistent ringing in one ear.
- Blood or fluid draining from one or both ears.
- Persistent pain in one or both ears.

Underwritten by Fidelity Security Life Insurance Company®, Kansas City, MO Policy Form #M-9091, Policy Number HC-111.

FEATURE	BENEFIT	FREQUENCY
Examination		
Adults	\$70	Adults: Once every 2 years
Children	\$70	Children: Once every year
Hearing Aid Device		
Adults	\$500 per ear device benefit	Adults: Once every 5 years
Children	\$500 per ear device benefit	Children: Once every 2 years

For more information on EPIC or your hearing aid benefit, call 1-866-956-5400, 9 a.m. – 9 p.m. ET, Monday – Friday, or visit EPICHearing.com

Fully Insured Exclusions: No benefits will be paid for services or materials: provided free of charge in the absence of insurance; payable under any Workers' Compensation law or similar statutory authority; payable under any governmental plan or program whether Federal, state or subdivisions thereof, except for medical assistance benefits under Title XIX of the Social Security Act (Medicaid); for the medical and/or surgical treatment of the internal or external structures of the ear(s); provided by a Hearing Aid Dispenser; required by an employer as a condition of employment; not prescribed by a Physician or Audiologist; for Hearing Aid batteries, cleaning supplies or accessories; for ear protection devices or plugs; for Assistive Listening Devices; or for replacement due to loss, theft of or damage to the Hearing Aid.

Termination of Coverage: The Insured's insurance coverage will cease on the earliest of the following dates: on the date the Policy ends; the end of the last period for which any required premium has been made; or the date the Insured is no longer eligible for insurance.

GROUP LEGAL INSURANCE

The Freedom and Control to Embrace Life's Opportunities

We want you to embrace life's opportunities with fewer worries. That's why we're excited to provide you with legal insurance from ARAG®. It's affordable legal counsel for everyday life matters – like a dispute with a contractor, buying or selling a home or the need for estate planning. The plan provides you with peace of mind knowing that attorney fees for most covered legal matters are 100% paid in full when you work with a Network Attorney. That means you'll avoid paying high-cost attorney fees, which currently average \$368 an hour*.

Resolve Your Legal Issues with a Network Attorney by Your Side

When a life event turns into a legal issue, ARAG will be there for you, backed by a nationwide network of more than 13,000 credentialed attorneys. They can review or prepare documents, make follow-up calls or write letters on your behalf, provide legal advice and consultation, and represent you in court. Rely on legal help and protection with a wide range of covered services. For additional details regarding your plan's specifically-covered services, visit **ARAGLegalCenter.com** and enter Access Code **18387ret** to learn more about what these plans offer, research specific legal topics and more.

Pre-existing and Personal Legal Matters

For any legal matters not covered and not excluded, you may be eligible to receive a minimum 25% reduced fee off a Network Attorney's normal hourly rate.



Call for Questions or Legal Assistance

You can also get assistance from trusted professionals and an award-winning Customer Care Center, with dedicated representatives who will help you navigate your legal issues.

Call **800-247-4184** to speak with an ARAG Customer Care Specialist.

Monthly Group Legal Rates

LEGAL PLANS	
Ultimate Advisor (Retiree + Family)	\$11.50
Ultimate Advisor Plus™ (Retiree + Family)	\$16.50

Visit ARAGlegal.com/myinfo and enter Access Code **18387ret** to learn more about your legal benefit!
See the plan options on the following page.

* Average attorney rates in the United States of \$368 per hour for attorneys with 11-15 years of experience, Survey of Law Firm Economics, The National Law Journal and ALM Legal Intelligence, November 2019.

GROUP LEGAL INSURANCE

Compare Your Legal Insurance Plan Options from ARAG®

Plan Options	Ultimate Advisor®	Ultimate Advisor Plus™
Consumer Protection		
Auto Repairs, Buy/Sell a Car, Consumer Fraud, Contractors and More	•	•
Insurance Disputes	•	•
Estate Planning		
Wills and Powers of Attorney	•	•
Revocable Living Trusts		•
Irrevocable Living Trusts		•
Estate Administration & Closing (9 Hours)	•	•
Family		
Adoption	•	•
Contested Divorce (20 Hours)	•	•
Uncontested Divorce	•	•
Elder Law	•	•
Initial Child Custody/Child Support Agreements (8 Hours)		•
Child Support Enforcement (8 Hours)		•
Alimony/Child Custody/Visitation Enforcement (8 Hours)		•
Alimony/Child Custody/Visitation/Child Support Modification Defense (8 Hours)		•
Child Custody/Visitation Modification (8 Hours)		•
Alimony/Child Support Modification (8 Hours)		•
Guardianship/Conservatorship	•	•
Name Change	•	•
Prenuptial Agreements	•	•
Domestic Violence Protection	•	•
Restraining Order	•	•
Mental Incompetency or Infirmary	•	•
School Administrative Hearings	•	•
Caregiving		
Annual Checkup, Advice and Services		•
Real Estate		
Buy/Sell — Primary Residence	•	•
Buy/Sell — Secondary Residence		•
Home Equity Loan — Primary Residence	•	•
Home Equity Loan — Secondary Residence		•
Refinance — Primary Residence	•	•
Refinance — Secondary Residence		•
Foreclosure — Primary Residence	•	•
Foreclosure — Secondary Residence		•
Real Estate Disputes — Primary Residence	•	•
Real Estate Disputes — Secondary Residence		•
Neighbor Disputes — Primary Residence	•	•
Neighbor Disputes — Secondary Residence		•
Easements — Primary Residence	•	•
Easements — Secondary Residence		•
Zoning and Variances — Primary Residence	•	•
Zoning and Variances — Secondary Residence		•
Building Codes — Primary Residence	•	•
Building Codes — Secondary Residence		•

Plan Options	Ultimate Advisor®	Ultimate Advisor Plus™
Traffic and Vehicle		
Minor Traffic (Excluding DWI)	•	•
Driving Privilege Restoration	•	•
Driving Privilege Protection (Excluding DWI)	•	•
Tenant Disputes		
Disputes with a Landlord — Contracts, Lease, Eviction, Deposits	•	•
Financial Services		
Financial Education and Counseling Services		•
Immigration		
Immigration Services	•	•
Government Benefits		
Social Security/Veterans/Medicare	•	•
Identity Theft		
Identity Theft Services	•	•
Full-Service Identity Restoration		•
\$1 Million Theft Insurance*		•
Single-Bureau Credit Monitoring		•
Internet Surveillance		•
Change of Address Monitoring		•
Child Identity Monitoring		•
Lost Wallet Services		•
Taxes		
Tax Services		•
IRS Audit Protection	•	•
IRS Collection Defense	•	•
State and Local Tax Audit	•	•
State and Local Tax Collection Defense	•	•
Property Tax — Primary Residence	•	•
Property Tax — Secondary Residence		•
Debt		
Bankruptcy	•	•
Defense of Debt Collection	•	•
Defense of Garnishment	•	•
Mechanic's Lien	•	•
Student Loan Debt Collection	•	•
Criminal		
Criminal Misdemeanor Defense	•	•
Habeas Corpus	•	•
Parental Responsibilities	•	•
Juvenile Court	•	•
Civil Damage Defense		
Libel/Slander, Pet-Related Matters and More	•	•
General Coverages		
Credit Record Correction	•	•
Small Claims Court	•	•
Document Preparation and Review	•	•
Personal Property Protection	•	•



800-247-4184

ARAGlegal.com/myinfo, access code 18387ww

You may be eligible to receive a minimum 25% reduced fee off a network attorney's normal hourly rate for any other non-covered and non-excluded issues.

* The Identity Theft Insurance is underwritten and administered by American Bankers Insurance Company of Florida, an Assurant company. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions. Please see the plan summary document for details. Limitations and exclusions apply. Depending upon a state's regulations, ARAG's legal insurance plan may be considered an insurance product or a service product. Insurance products are underwritten by ARAG Insurance Company of Des Moines, Iowa, GuideOne® Mutual Insurance Company of West Des Moines, Iowa or GuideOne Specialty Mutual Insurance Company of West Des Moines, Iowa. Service products are provided by ARAG Services, LLC. This material is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, call 800-247-4184.

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2020 Standard Plan Design Rev 2/20 200277

CHANGING YOUR COVERAGE

It is important that you carefully consider your benefit elections during your initial enrollment as a retiree or during any annual open enrollment. Coverage you select will remain in effect the entire plan year, except under limited circumstances as described below.

Changes to Coverage

Once you elect coverage, you may only change your coverage mid-plan-year due to marriage, divorce, birth or death. You may increase or decrease coverage only for the individual(s) involved. You may also decrease or cancel coverage if your spouse or a dependent becomes ineligible for coverage under your plan, or becomes eligible for coverage under another employer's plan, a state CHIP program or Medicare/Medicaid.

Coverage you cancel cannot be reinstated until the next annual open enrollment period.

How do I Make a Change?

Contact FBMC Service Center at **1-844-55-WVA4U (1-844-559-8248)** with your change information. Any changes to your retiree benefits will require your written authorization. Premium changes will be promptly initiated after your request has been received and will become effective the first of the following month after receipt of all processable data. Changes will not be made retroactively. However, if you are having premium payments deducted from your retirement check, any required refunds will be completed as soon as verification is received that your deduction has changed. Refunds are processed one time each month and are mailed no later than the 15th of the following month.

Please send your written requests for changes to:

FBMC Benefits Management, Inc.
Attn: Retiree Direct Bill
PO Box 10789
Tallahassee, Florida 32302-2789

Changing Your Benefits During The Plan Year

You will have the month of and two months following a qualifying event to submit an election form and supporting documentation to FBMC. Upon the approval of your election change request, your existing benefit elections will be stopped or modified (as appropriate). However, if your benefit election change request is denied, you have the month of and two months following from the date of a qualifying event, to file an appeal with FBMC. For more information, contact the FBMC Service Center for information on rules governing periods of coverage.

CHANGING YOUR COVERAGE

CHANGES IN STATUS:	
Marital Status	A change in marital status includes marriage, death of a spouse, divorce or annulment (legal separation is not recognized in all states).
Change in Number of Tax Dependents	A change in number of dependents includes the following: birth, death, adoption and placement for adoption. You can add existing dependents not previously enrolled whenever a dependent gains eligibility as a result of a valid Change In Status (CIS) event.
Gain or Loss of Dependents' Eligibility Status	An event that causes an employee's dependent to satisfy or cease to satisfy coverage requirements under an employer's plan may include change in age, student, marital, employment or tax dependent status.
Change in Residence*	A change in the place of residence of the employee, spouse or dependent that affects eligibility to be covered under an employer's plan includes moving out of an HMO service area.

SOME OTHER PERMITTED CHANGES:	
Coverage and Cost Changes*	Your employer's plans may permit election changes due to cost or coverage changes.
Open Enrollment Under Other Employer's Plan*	You may make an election change when your spouse or dependent makes an Open Enrollment Change in coverage under their employer's plan if they participate in their employer's plan and: <ul style="list-style-type: none"> • The other employer's plan has a different period of coverage (usually a plan year) or • The other employer's plan permits mid-plan year election changes under this event.
Judgment/Decree/Order†	If a judgment, decree or order from a divorce, legal separation (if recognized by state law), annulment or change in legal custody requires that you provide accident or health coverage for your dependent child (including a foster child who is your dependent), you may change your election to provide coverage for the dependent child. If the order requires that another individual (including your spouse and former spouse) covers the dependent child and provides coverage under that individual's plan, you may change your election to revoke coverage only for that dependent child and only if the other individual actually provides the coverage.
Medicare/Medicaid†	Gain or loss of Medicare/Medicaid coverage may trigger a permitted election change.
Health Insurance Portability and Accountability Act of 1996 (HIPAA)	If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact the FBMC Service Center at 1-844-55-WVA4U (1-844-559-8248).

NOTICES

HIPAA Privacy

The Plan complies with the privacy requirements of the Health Insurance Portability and Accountability Act of (HIPAA). These requirements are described in a Notice of Privacy that was previously given to you. A copy of this notice is available upon request.

Disclaimer - Health Insurance Benefits Provided Under Health Insurance Plan(s)

Health Insurance benefits will be provided not by your employer's flexible benefits plan, but by the health insurance plan(s). The types and amounts of health insurance benefits available under the health insurance plan(s), the requirements for participating in the health insurance plan(s) and the other terms and conditions of coverage and benefits of the health insurance plan(s) are set forth from time to time in the health insurance plan(s). All claims to receive benefits under the health insurance plan(s) shall be subject to and governed by the terms and conditions of the health insurance plan(s) and the rules, regulations, policies and procedures from time to time adopted.

Notice Of FBMC's Capacity

FBMC Benefits Management, Inc. (FBMC) has been authorized by your employer to provide certain administrative services for some the insurance plans offered within your employer's benefit program. Importantly, FBMC is not the policyholder or an insurance company. The policyholder is the entity to whom the insurance policy has been issued; the employer is the policyholder for group insurance products and the employee is the policyholder for individual products. The policyholder is identified on either the face page or schedule page of the policy or certificate. The insurance companies noted in this guide have been selected by your employer and are liable for the funds to pay your insurance claims.

COBRA

Overview

The right to COBRA continuation coverage was created by a federal law, the **Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA)**. COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event, also called a "qualifying event." After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced; or Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies; Your spouse's hours of employment are reduced; Your spouse's employment ends for any reason

other than his or her gross misconduct; Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies; The parent-employee's hours of employment are reduced; The parent-employee's employment ends for any reason other than his or her gross misconduct; The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both); The parents become divorced or legally separated; or The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to the State of West Virginia. However, due to COVID-19, certain COBRA deadlines have been extended, including the timeframe to elect COBRA coverage, the date for making COBRA premiums, and the date to notify the plan of a qualifying event or disability determination. Please ask your COBRA administrator for more information.

Options Besides COBRA

Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [Healthcare.gov](https://www.healthcare.gov).

More Information

This COBRA Q&A section does not fully describe continuation coverage or other rights under the Plan. More information about continuation coverage and your rights under the Plan is available from your employer.

Keep Address Updated

To protect your family's rights, let your Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

This is not an exhaustive account of your right under, or the conditions of, COBRA. Complete information will be provided in separate notices as appropriate.

BENEFITS DIRECTORY

FBMC Benefits Management, Inc.

(Contract Administrator)

FBMC Service Center

Monday – Friday, 7 a.m. – 7 p.m. ET

1-844-55-WVA4U (1-844-559-8248)

ARAG Legal

Customer Care Number:

Monday – Friday, 8 a.m. – 8 p.m. ET

1-800-247-4184

1-800-383-4184 for TTY

Access code: **18387wv**

ARAGlegal.com/myinfo

Delta Dental of West Virginia

Plan #: **01058**

Customer Service

Monday – Friday, 8 a.m. – 8 p.m. ET

1-800-932-0783

deltadentalins.com

EPIC Hearing Service Plan

Monday – Friday, 9 a.m. – 9 p.m. ET

1-866-956-5400

epichearing.com

MetLife Vision

Customer Service

Monday – Friday, 8 a.m. – 11 p.m. ET

Saturday – Sunday, 10 a.m. – 11 p.m. ET

1-855-638-7339 (855-MET-SEE9)

mybenefits.metlife.com/westvirginia

PayFlex Systems USA, Inc.

COBRA

FBMC Customer Service

Monday – Friday, 7 a.m. – 7 p.m. ET

1-844-55-WVA4U (1-844-559-8248)

payflex.com

NOTES

2021 BENEFIT CONFERENCES

Benefit Fair Conference Calls Schedule

For this year's open enrollment, PEIA is holding a number of conference calls to allow you to hear a presentation from representatives from the various benefit offerings, and then to ask questions. If you have questions about open enrollment, please call in and join us for one these Benefit Fair Conference Calls.

The sessions are scheduled as follows.

Call-In to 304-410-0513 and use Conference ID 73421#

<i>DATE</i>	<i>TIME</i>
Tuesday, April 13, 2021	1:30 p.m.
Thursday, April 15, 2021	10:00 a.m.
Monday, April 19, 2021	4:00 p.m.
Wednesday, April 21, 2021	1:30 p.m.
Tuesday, May 4, 2021	5:00 p.m.

As always, if you have specific questions about benefits, you can call the toll-free numbers in the Benefits Directory on page 18 for assistance from the appropriate provider.



Contract Administrator

FBMC Benefits Management, Inc.

PO Box 1878 • Tallahassee, Florida 32302-1878

FBMC Service Center: **1-844-55-WVA4U (1-844-559-8248)**

Monday - Friday, 7 a.m. - 7 p.m. ET

Information contained herein does not constitute an insurance certificate or policy. Certificates or policies will be provided to participants following the start of the plan year, if applicable. The information in this guide constitutes a Summary of Material Modifications.