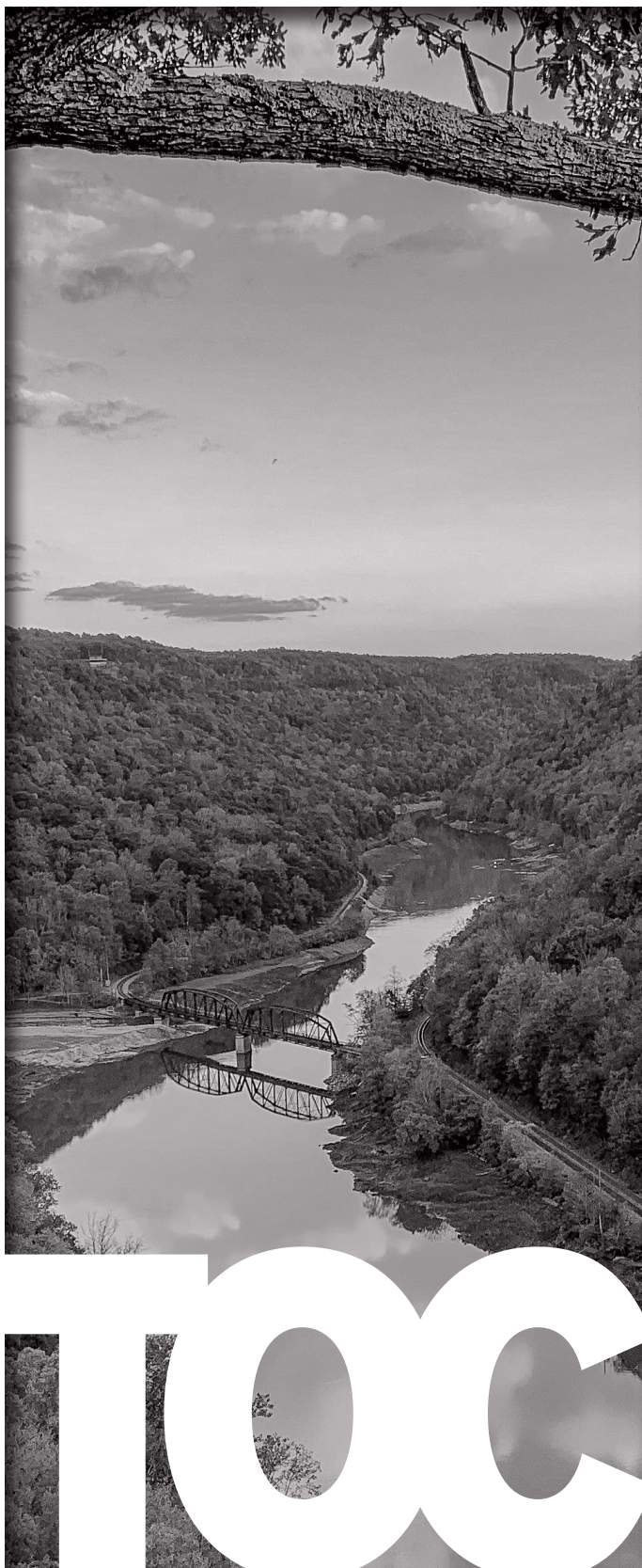


WEST VIRGINIA

2023 RETIREE FLEXIBLE BENEFITS GUIDE

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PREPARING FOR ENROLLMENT



Important Dates to Remember

Your Open Enrollment dates are:

April 2 - May 15, 2022.

Your Period of Coverage dates are:

July 1, 2022 - June 30, 2023.

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.

Key Information:

- 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.
- If you wish to keep your current benefits you do not need to complete a retiree enrollment form.
- 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 and the yellow copy of your enrollment form for reference during the plan year.

Get ready for benefits Open Enrollment! Here's what's changing for your upcoming Mountaineer Flexible Benefits Plan Open Enrollment:

This year look for your Employee Benefits Guide to arrive as a magazine with your enrollment form attached in the center.

- Humana/Eyemed will be your new vision plan provider, and your rates will be lower. See **page 8** for details.
- Your dental plan is being enhanced to include tooth colored fillings on posterior teeth.

WHAT'S
CHANGING FOR
2023

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.

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

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.

CPRB

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 billing invoice you will receive.

The Benefit Enrollment Confirmation letter will include where to submit your premium payment(s).

Retiree and Billing

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

- Review your pension statement or bank account each month to ensure that deductions have been taken.
- **TIAA-CREF Retirees** - Payment must be sent to FBMC once you receive your Enrollment Summary Report. Payments must be made by the due date specified.

Please send the WHITE COPY of your enrollment form to the address below and keep the yellow copy for your records.

**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.

Claims must be filed within 12 months of your date of service (6 months if visiting an out of network provider)



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.

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 7** 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.

<i>Enhanced Dental</i>	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 posterior composite ("tooth color")	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%*
Prosthodontic** – 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.

** Major Restorative, Prosthodontics, 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.

VISION

New Provider



Monthly Vision Rates - RETIREES

PLAN	EXAM PLUS	FULL SERVICE
Retiree Only	\$1.13	\$6.60
Retiree + Family	\$2.58	\$16.78

Choose from the following vision plans:

- Exam Plus Plan
- Full Service Plan

As of July 1, 2022, Humana powered by EyeMed will be your NEW vision plan provider. You may choose to cover your family by selecting "Retiree & Family" rates. You may cover your spouse and any children, or stepchildren up to age 26. Foster children and guardianships may be covered up to age 18.

Value-Added Benefit

- Diabetic Eyecare Coverage \$0 copay (available only on the Full Service Plan)
- Discounts at ContactsDirect.com
- Discounts at Glasses.com

How Your New Vision Plans Work

- After enrolling in your vision plan, you will receive your new Humana vision ID card in the mail.
- Prior to scheduling your appointment, select a participating network provider.
- A list of providers can be found on the Humana website at www.humana.com by simply registering with your member ID number.
- You may contact Humana customer service at 1-877-398-2980, Monday-Saturday 7:30 a.m.-11 p.m. (EST) and 11 a.m. - 8 p.m. Sunday

Humana's Insight network includes top retail names in eye care, LensCrafters, Pearle Vision, Target Optical and most Wal-Mart locations.

Present your Humana Vision card and the Vision provider will do the rest!

Use the Mobile App

Manage your vision care — wherever you are with the MyHumana Mobile app.

- View your plans and coverage details
- View claims
- View, fax or save ID cards
- Find a doctor in your network

Download the Mobile App

Download the MyHumana Mobile app from your app store. Search "MyHumana" in the Google Play® or App Store®.



Scan Me



To find a provider near you.

Humana®

eye
Med

	EXAM PLUS PLAN		FULL SERVICE PLAN	
	IF YOU USE AN IN-NETWORK PROVIDER (MEMBER COST)	IF YOU USE AN OUT-OF-NETWORK PROVIDER (REIMBURSEMENT)	IF YOU USE AN IN-NETWORK PROVIDER (MEMBER COST)	IF YOU USE AN OUT-OF-NETWORK PROVIDER (REIMBURSEMENT)
Exam with dilation as necessary • Retinal imaging ¹	\$10 Up to \$39	Up to \$40 Not covered	\$20 Up to \$39	Up to \$40 Not covered
Contact lens exam options ² • Standard contact lens fit and follow-up • Premium contact lens fit and follow-up	Up to \$40 10% off retail	Not covered Not covered	Up to \$40 10% off retail	Not covered Not covered
Frames ³	35% off retail	Not covered	\$150 allowance 20% off balance over \$150	\$75 allowance
Standard plastic lenses ⁴ • Single vision • Bifocal • Trifocal • Lenticular	\$50 \$70 \$105 20% off retail	Not covered Not covered Not covered Not covered	\$20 \$20 \$20 \$20	Up to \$30 Up to \$50 Up to \$70 Up to \$80
Covered lens options ⁴ • UV Coating • Tint (solid and gradient) • Standard scratch-resistance • Standard polycarbonate - adults • Standard polycarbonate - children <19 • Standard anti-reflective coating • Standard progressive • Polarized • Photochromatic / Plastic transitions • Premium anti-reflective coating Tier 1 Tier 2 Tier 3 ⁶ • Premium progressive Tier 1 Tier 2 Tier 3 Tier 4 ⁶	\$15 \$15 \$15 \$40 \$40 \$45 \$65 20% off retail Not applicable Not applicable	Not covered Not covered Not covered Not covered Not covered Not covered Not covered Not covered Not applicable Not applicable	\$0 \$15 \$15 \$40 \$0 \$45 \$20 20% off retail \$75 Premium anti-reflective coatings as follows: \$20 \$68 80% of charge Premium progressives as follows: \$20 \$20 \$20 \$20	Up to \$8 Not Covered Not Covered Not covered Up to \$20 Not covered Up to \$50 Not covered Not covered Premium anti-reflective coatings as follows: Not covered Premium progressives as follows: Up to \$50 Up to \$50 Up to \$50 Up to \$50
Contact lenses ⁵ (applies to materials only) • Conventional • Disposable • Medically necessary	15% off retail Not covered Not covered	Not covered Not covered Not covered	\$150 allowance, 15% off balance over \$150 \$150 allowance \$0	\$105 allowance \$105 allowance \$210 allowance

Vision chart continues on next page.

Humana®



	EXAM PLUS PLAN		FULL SERVICE PLAN	
	IF YOU USE AN IN-NETWORK PROVIDER (MEMBER COST)	IF YOU USE AN OUT-OF-NETWORK PROVIDER (REIMBURSEMENT)	IF YOU USE AN IN-NETWORK PROVIDER (MEMBER COST)	IF YOU USE AN OUT-OF-NETWORK PROVIDER (REIMBURSEMENT)
Frequency <ul style="list-style-type: none"> • Examination • Lenses or contact lenses • Frame 	Once every Plan Year Not applicable Not applicable	Once every Plan Year Not applicable Not applicable	Once every Plan Year Once every Plan Year Once every Other Plan Year	Once every Plan Year Once every Plan Year Once every Other Plan Year
Diabetic Eye Care: care and testing for diabetic members <ul style="list-style-type: none"> • Examination - Up to (2) services per year • Retinal Imaging - Up to (2) services per year • Extended Ophthalmoscopy - Up to (2) services per year • Gonioscopy - Up to (2) services per year • Scanning Laser - Up to (2) services per year 	Not covered Not covered Not covered Not covered Not covered	Not covered Not covered Not covered Not covered Not covered	\$0 \$0 \$0 \$0 \$0	Up to \$77 Up to \$50 Up to \$15 Up to \$15 Up to \$33

Optional benefits Polycarbonate Lenses for Children <19

Provides for standard polycarbonate lens with \$0 copay. Not available in AK, CT, ID, & OH.

1 Member costs may exceed \$39 with certain providers. Members may contact their participating provider to determine what costs or discounts are available.

2 Standard contact lens exam fit and follow up costs and premium contact lens exam discounts up to 10% may vary by participating provider. Members may contact their participating provider to determine what costs or discounts are available.

3 Discounts may be available on all frames except when prohibited by the manufacturer.

4 Lens option costs may vary by provider. Members may contact their participating provider to determine if listed costs are available.

5 Plan covers contact lenses, in lieu of frames, but not both.

6 Tier levels are based on pricing of the brand products available in each tier. Your eye doctor may recommend a tier level based on your eyecare needs. Pricing varies.

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 7,000 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 a charging case or 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](https://www.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	•	•



Legal Insurance

800-247-4184

ARAGlegal.com/myinfo, access code 18387ret

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.

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.

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 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 a retiree's dependent to satisfy or cease to satisfy coverage requirements under PEIA'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 retiree, spouse or dependent that affects eligibility to be covered under PEIA's plan includes moving out of an HMO service area.

SOME OTHER PERMITTED CHANGES:

Coverage and Cost Changes*	PEIA's plans may permit election changes due to cost or coverage changes.
Open Enrollment Under Other Employer's Plan*	<p>You may make an election change when your spouse or dependent makes an Open Enrollment Change in coverage under PEIA's plan if they participate in PEIA's plan and:</p> <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).

* Does not apply to a Healthcare FSA plan. // †Does not apply to a Dependent Care FSA plan.

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 of 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." Your spouse and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event.

A covered spouse/domestic partner of a retiree has a right to elect COBRA continuation coverage if coverage is lost because of:

- Retiree's death; Divorce, legal separation from the retiree in anticipation of divorce, or termination of a domestic partnership; Retiree becomes entitled to Medicare benefits (Part A, Part B or both).

A covered dependent of a retiree has a right to elect COBRA continuation coverage if coverage is lost because of:

- Parent's death; Parent's divorce, legal separation from the retiree in anticipation of divorce, or termination of a domestic partnership; Dependent's loss of dependent status (for example, over the eligible age); or Parent becomes entitled to Medicare benefits (Part A, Part B or both).

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to PEIA, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

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 former employer must notify the Plan Administrator of the following qualifying events:

- Death of the retiree; or
- The retiree becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the retiree 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 former 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: **18387ret**

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

Humana / EyeMed Vision

Customer Service

Monday – Saturday, 7:30 a.m. – 11 p.m. ET

Sunday, 11 a.m. – 8 p.m. ET

1-877-398-2980

www.humana.com

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

2022 BENEFIT FAIR SCHEDULE

Date	Location	Time
Thursday, April 07	Courtyard by Marriott 100 Kanawha Blvd Charleston, WV 25301	3 p.m. – 6 p.m.
Tuesday, April 12	Tamarack Conference Center 1 Tamarack Park Beckley, WV 25801	3 p.m. – 7 p.m.
Wednesday, April 13	Holiday Inn 800 3rd Ave Huntington, WV 25701	3 p.m. – 7 p.m.
Thursday, April 14	Comfort Suites of Parkersburg 167 Elizabeth Pike Mineral Wells, WV 26150	3 p.m. – 7 p.m.
Tuesday, April 19	Highland Event Center 355 Wharton Circle Tridelfia, WV 26059	3 p.m. – 7 p.m.
Wednesday, April 20	University Holiday Inn 1188 Pineview Drive Morgantown, WV 26508	3 p.m. – 7 p.m.
Thursday, April 21	Holiday Inn 301 Foxcroft Avenue Martinsburg, WV 25401	3 p.m. – 7 p.m.



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. ©FBMC/23_wv_retireebook/2023



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