



**PLAN YEAR 2027**

# Open Enrollment



# Disclaimer

Information contained within this presentation illustrates PEIA's understanding of the current provisions of PEIA. These provisions are contained in the current plan statutes and are subject to modification by the West Virginia Legislature each year. This information is for general guidance purposes only. In the event there is a discrepancy between information contained in this presentation and WV State Code and Rules, the language in the Code and Rules shall prevail.

# Download a Copy of this Presentation!

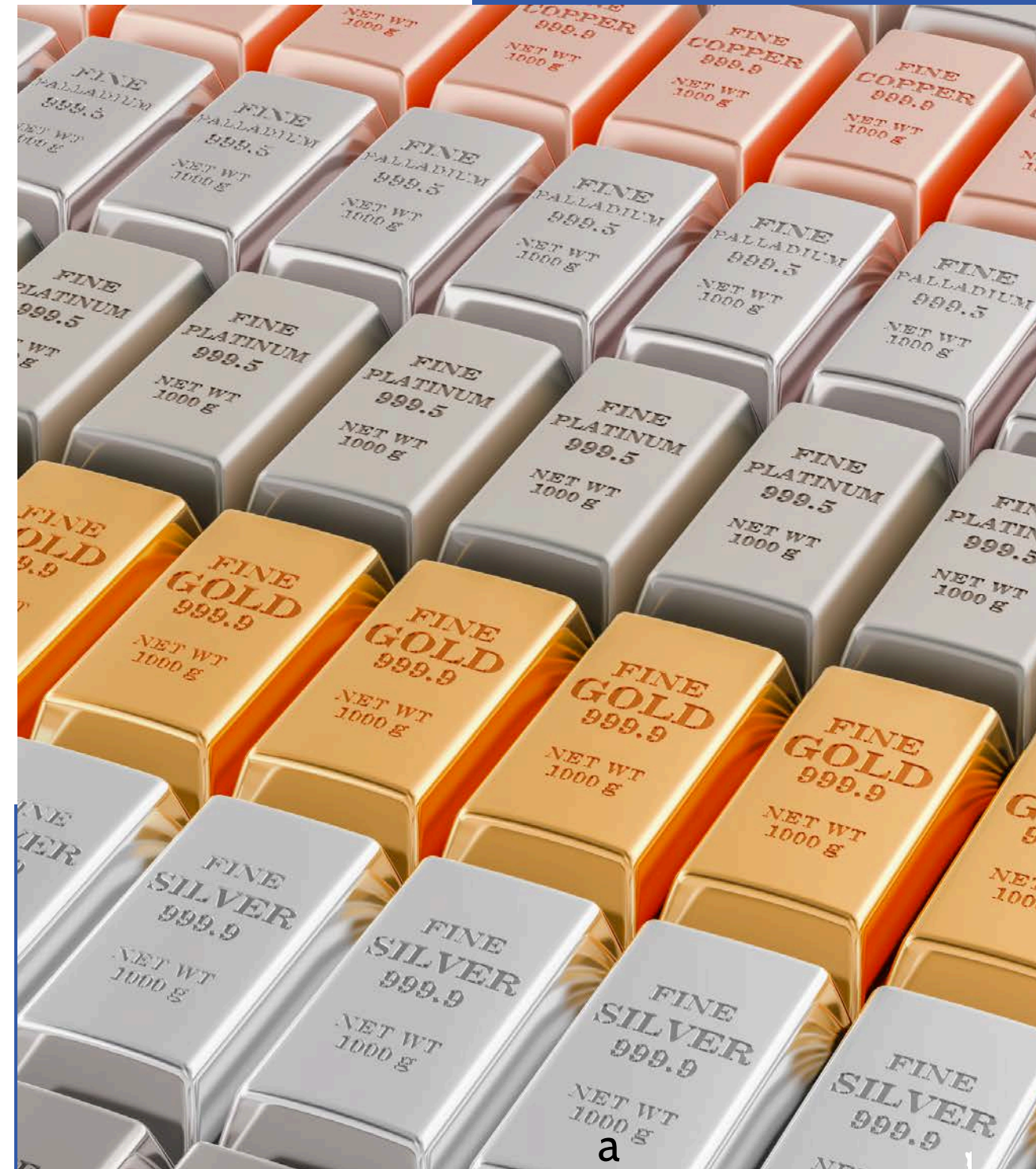


# Overview

- Plan Name Changes
- Premium Changes: State, Colleges & Universities and Boards of Education
- Plan D
- Premium Changes: Non-State Agencies
- 50% Participation Compliance
- RHBT Changes: Retirees
- Unsubsidized Premiums
- Open Enrollment
- Benefit Fairs
- HIPAA and Privacy Considerations
- PEIA ACCESS

# Plan Names are Changing for PY 2027

- PPB Plan A will be named **PPB Gold**
- PPB Plan B will be named **PPB Silver**
- PPB Plan C will be named **PPB Gold High Deductible Plan**
- PPB Plan D will be named **PPB WV Bronze High Deductible Plan**



# State, Colleges, Universities and Board of Ed Changes for PY 2027

- 3% Aggregate Premium Increase for both Employees and Employers
- Average Family Tier Spousal Surcharge Increase of \$200
- Employer Administrative Fee Increase of \$2.50 (Total of \$55)



# Plan D for State, BOE and Colleges and Universities



- Premiums will decrease 34%
- Deductible will increase 425%
  - The Deductible is included in the Out of Pocket Max.
- Coinsurance will go from 20% to 25%
- MOOP will increase 55%

# Members in Plan D Must Reenroll

All current Plan D members will be required to select a new plan during open enrollment.

**Members will not be auto-enrolled into a plan.**



# Plan D Must Have an Employer Funded HSA

- \$500 Employer Funded Health Savings Account (HSA)
  - Enrollees will receive a one-time \$500 contribution to a HSA from their employer.
- Employees can choose to make additional pre-tax contributions into their HSA during the fiscal year to offset their out-of-pocket expenses.



# Non-State Fund Premium Changes

- 3% Aggregate Premium Increase.
- Plan D
  - Premiums will decrease 34%
  - Deductible will increase 425%
  - Coinsurance will go from 20% to 25%
  - MOOP will increase 55%
- Employer Administrative Fee Increase of \$2.50 (Total \$55).



# Non-State Fund



## 50% Participation Standard

- All participating employers must have 50% of their employees enrolled in a PEIA health plan.
- Agencies must complete the Local Fund Participation Affidavit which must be submitted by September 2026. The affidavit can be found on the PEIA website.
- Compliance Audits will begin July 2027. Failure to meet compliance standards may result in agency termination from PEIA.

# Revive Telehealth

Beginning July 1, 2026, the Gold HDHP (Plan C) and the Bronze WV HDHP (Plan D) will allow TeleHealth visits with Revive Health for only a \$10 copay.

# RHBT Changes

- RHBT will increase to \$59.
- New rate tables can be found on the Benefit Coordinator area on the PEIA website under rate tables. ([here](#))



# Retirees

- Non-Medicare Premiums will increase 3% beginning July 1, 2026.
- Medicare Premium will increase 3% beginning January 1, 2027 when their new plan year begins.



# Unsubsidized Premiums



Unsubsidized premiums are higher than subsidized premiums. Please note unsubsidized premiums will apply to:

- Retirees hired on or after July 1, 2010 or;
- Agencies enrolled on or after July 1, 2010

# Open Enrollment

**APRIL 2 - MAY 15, 2026**

Any changes made during Open Enrollment will be effective July 1, 2026.



- Open Enrollment is the time of year when members can add or delete dependents from coverage, change insurance plans for the next Plan Year, or change life insurance without having a Qualifying Event.
- Documentation is necessary for any dependents added.
- Newborns can be added with a Certificate of Live Birth.
- **PICTURES ARE NOW ACCEPTED - MUST BE CLEAR AND UNEDITED**

# Open Enrollment



# How to Make a Change

- **To make Open Enrollment changes, members can:**
  - Go to PEIA's website at **peia.wv.gov**, click the green Manage My Benefits button, then log in and follow the prompts.
  - Call PEIA's Open Enrollment Helpline at **1-877-676-5573** and request a Open Enrollment Transfer form.



# If You are Locked Out of Manage My Benefits

- Wait 15 minutes and try again.
- Use your 3 security questions.
- Do not cut and paste the temporary passwords, type them in.

# Member Changes

Welcome to the Manage My Benefits website!

If you are here for Open Enrollment, please click "Open Enrollment" below.

If you have had a qualifying event and need to make a coverage change to be effective before 7/1/2025, please click "Other Changes" to enter the year-round module.

[Open Enrollment](#)

[Other Changes](#)

# MMB Errors

**These cannot be updated in MMB:**

- Hire Date
- Birthdate
- Social Security Number
- Section 125
- Beneficiary Information





## Members can update:

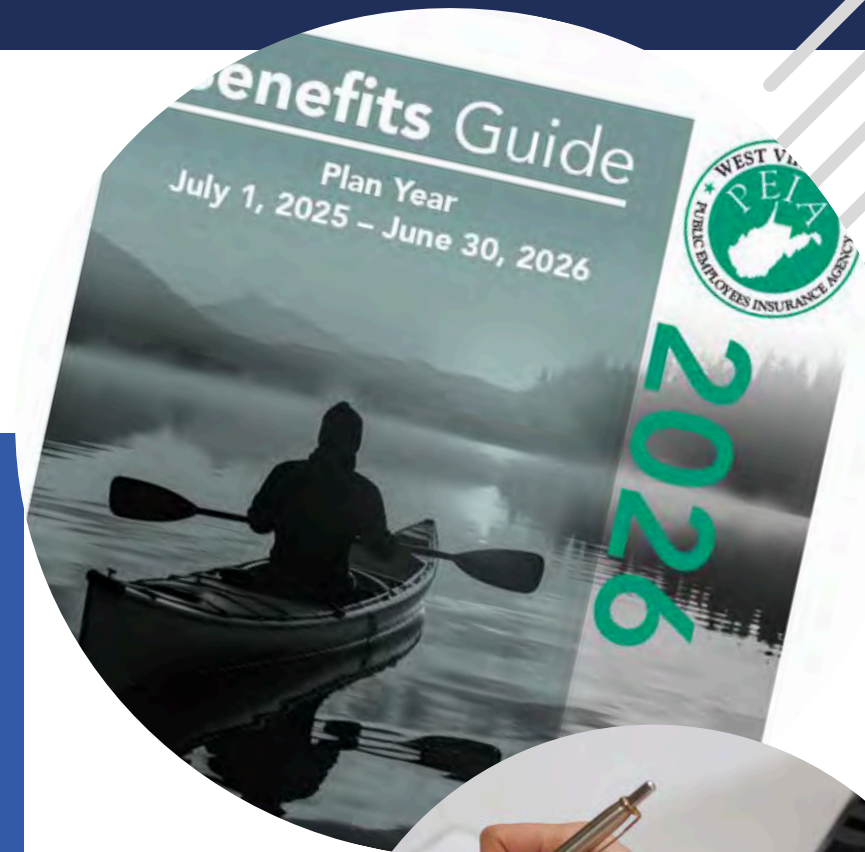
- Address
- Telephone number
- Email Address
- Coverage
- Dependents



# Section 125

Members may only change their Section 125 status during Open Enrollment.

- The form to change Section 125 is found in the back of the Benefits Guide.
- State Agencies will send the form to PEIA to be processed.
- Non-State Agencies will enter the information into your payroll system if you offer this benefit.



# PEIA Documents



Throw away any outdated forms. The most current forms can be found on the website.



Do not email forms as a way of submitting them to PEIA.



Do not send a form and enter the form as well. This creates duplicate work. You must keep forms for your records and for auditing purposes.

# Life Insurance Changes

- Increasing life insurance is not an OE change. Members may increase life insurance any time during the plan year.
- Members may decrease or cancel their life insurance during OE via the Transfer Form or the online portal.



# Encourage Your Employees to Attend One of our Benefit Fairs!

**06** **Charleston**  
10 am - 1:30 pm

**Capitol Complex - Building 3**  
1900 Kanawha Boulevard E, Bldg. 3  
Charleston, WV 25302

**06** **Charleston**  
3 - 6 pm

**Kanawha City Community Center**  
3511 Venable Avenue  
Charleston, WV 25304

**07** **Huntington**  
3 - 6 pm

**Marshall University Student Center**  
1 John Marshall Drive  
Huntington, WV 25755

**09** **Beckley**  
3 - 6 pm

**WV Institute of Technology**  
**Admin & Extension Bldg. Auditorium**  
410 Neville Street  
Beckley, WV 25081

**13** **Mineral Wells**  
3 - 6 pm

**Comfort Suites**  
167 Elizabeth Pike  
Mineral Wells, WV 26150

**14** **Morgantown**  
3 - 6 pm

**Holiday Inn University Area**  
1188 Pineview Drive  
Morgantown, WV 26505

**16** **Wheeling**  
3 - 6 pm

**WV Northern Community College**  
**J. Michael Koon Auditorium**  
1704 Market Street  
Wheeling, WV 26003

**20** **Martinsburg**  
3 - 6 pm

**Holiday Inn Martinsburg**  
301 Foxcroft Avenue  
Martinsburg, WV 25401

**21** **Virtual**  
3 - 5 pm

**LINK:** <http://meet.google.com/wsufvvo-egn>  
**PHONE:** 1 727-314-1004  
**PIN:** 151 511 647#



# Administrative Safeguards

- Administrative Safeguards
- Index Codes
- Elected Officials
- Legal Eligibility Requirements
- Required Documentation
- Areas of Focus
  - LOA's
  - Divorces
  - Workers Compensation



# Eligible Employees

Full or Part-time Employees that work a minimum of 20 hours per week or 1040 hours annually are eligible for PEIA benefits.



# Contact Information - Legal

Kasi Bell

Legal Department - ASA III

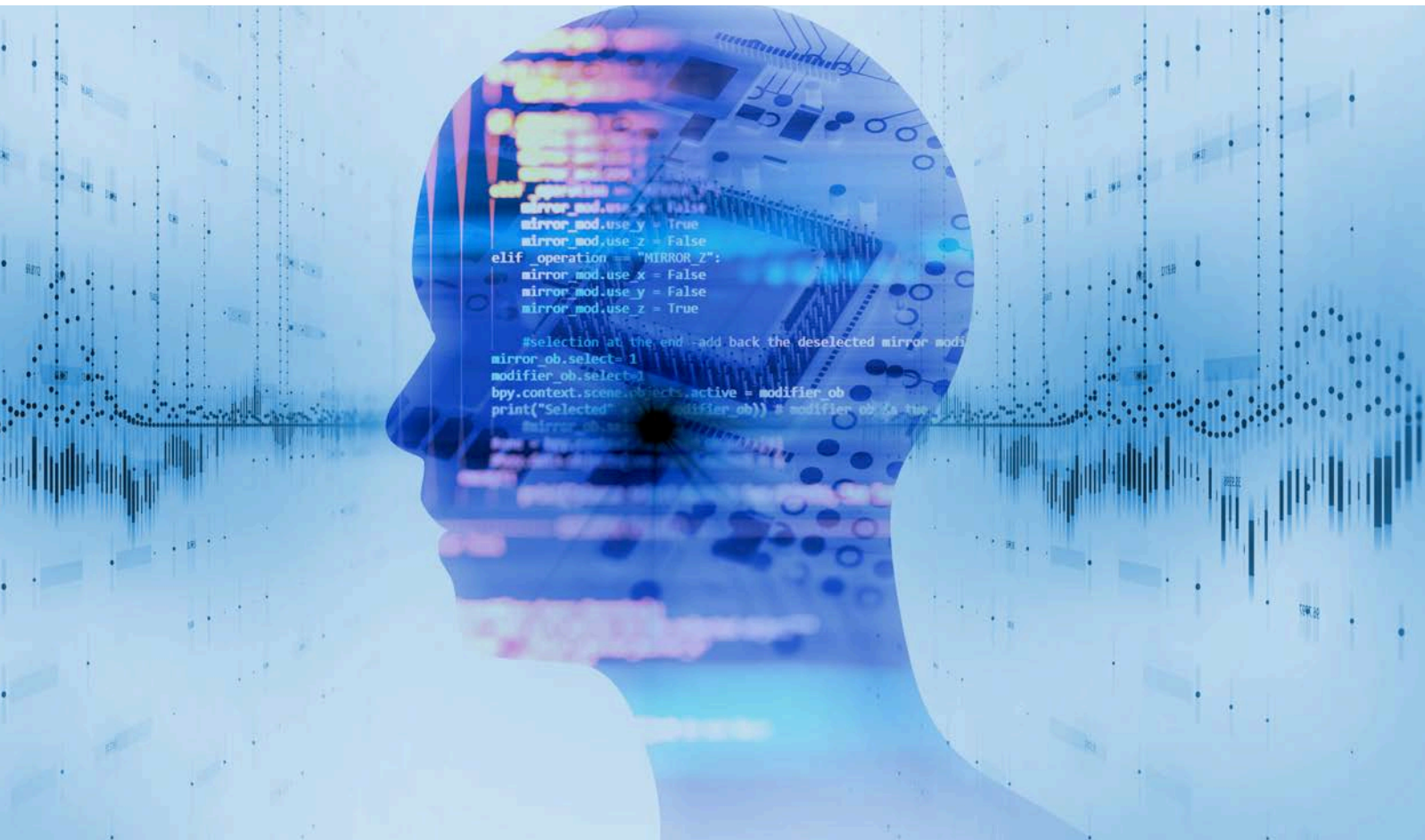
[kasi.l.bell@wv.gov](mailto:kasi.l.bell@wv.gov)

(304) 352 - 0326



# PEIA ACCESS

Account Coordination and Centralized  
Enrollment Support System



**Coming Summer  
2026!**

# What's New

- ACCESS will require use of PEIA's 10 digit Member ID.
  - New Hires will obtain their 10 digit system generated number upon registration into the ACCESS system.
- Get real-time data and reports.
- Internal Instant Messaging - The PEIA ACCESS will incorporate a secure instant messaging system to allow for direct communication with PEIA staff.



# Enhancements

- New Hires identified as eligible through file interface will receive an email invitation to enroll in ACCESS.
- Employers will be able to initiate retirements through PEIA ACCESS.
- Monthly billing will not change after it is posted. No post invoice billing changes will be allowed. Billing changes after invoice will roll to the next month's invoice.



# HRIS File Preparation for Non-State Agencies

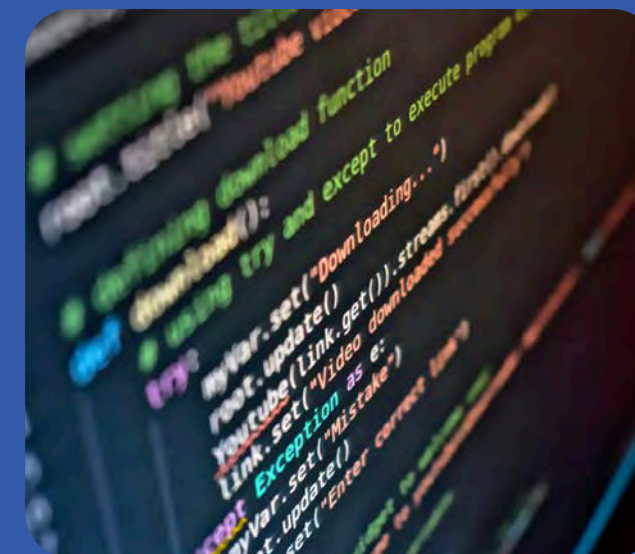


Begin working with your programmers and technicians to begin developing your HRIS File and pay file for electronic transfer. PEIA will inform you when to begin transmitting files.



Review the resources on the website:

- HRIS Training Letter
- HRIS Video
- HRIS Video Transcript
- Non-State Remittance Advice



Creating an HRIS file will enable agencies to efficiently upload employee data, reducing the need for manual entry of new hire information.

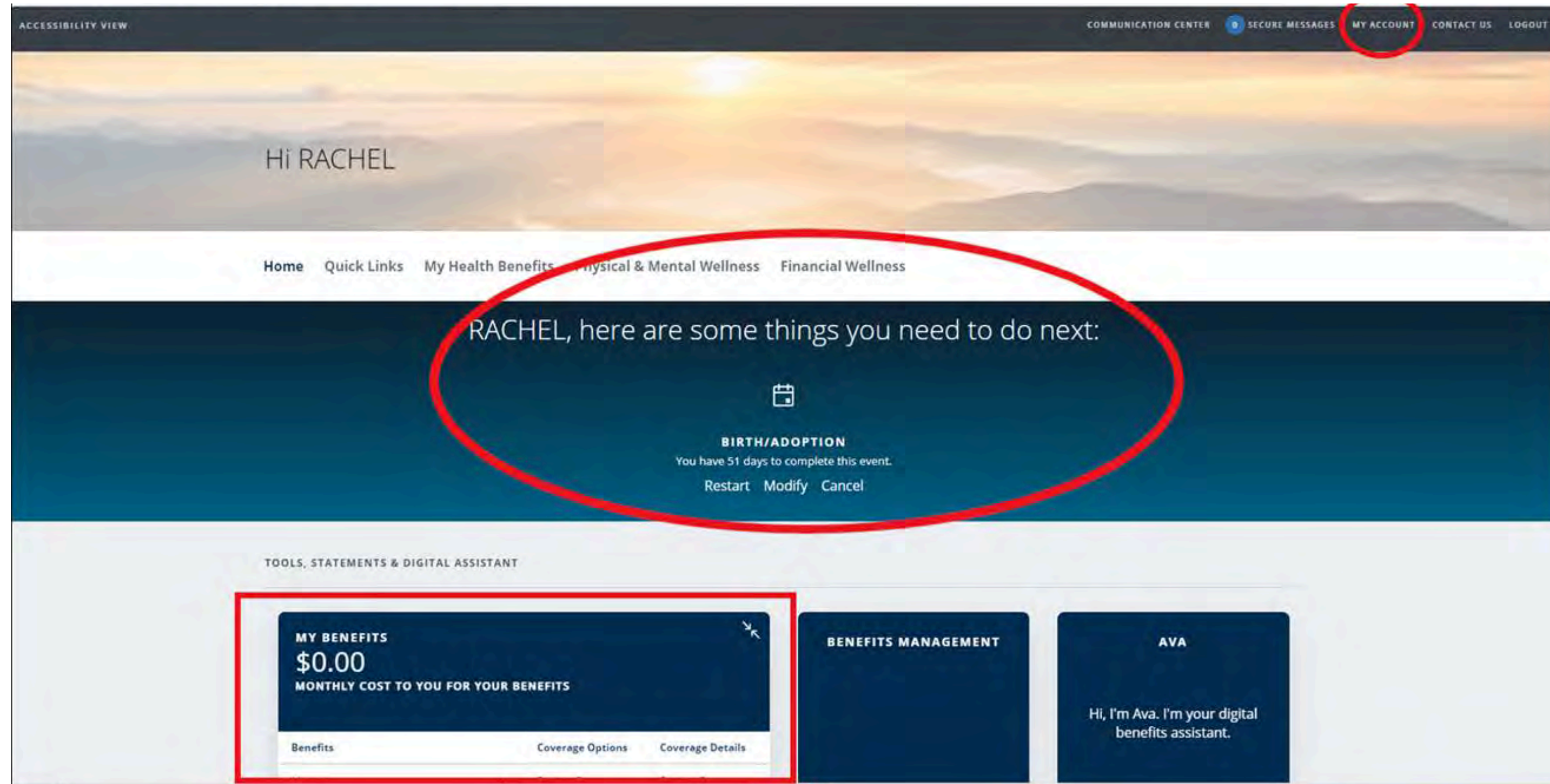


Email PEIA Comments if you have additional questions

[peiacomments@wv.gov](mailto:peiacomments@wv.gov)

# PEIA ACCESS

## Member Portal Dashboard



ACCESSIBILITY VIEW COMMUNICATION CENTER SECURE MESSAGES **MY ACCOUNT** CONTACT US LOGOUT

Hi RACHEL

Home Quick Links My Health Benefits Physical & Mental Wellness Financial Wellness

RACHEL, here are some things you need to do next:

**BIRTH/ADOPTION**  
You have 51 days to complete this event.  
Restart Modify Cancel

TOOLS, STATEMENTS & DIGITAL ASSISTANT

**MY BENEFITS**  
\$0.00  
MONTHLY COST TO YOU FOR YOUR BENEFITS

Benefits Coverage Options Coverage Details

**BENEFITS MANAGEMENT**

**AVA**  
Hi, I'm Ava. I'm your digital benefits assistant.

# PEIA ACCESS

## Member Portal Dashboard

Welcome, JESSICA



Home

JESSICA, here are some things you need to do next:



**ADMINISTRATIVE OVERRIDES**

You have 25 days to complete this event.

[Restart](#) [Make Changes](#) [Cancel](#)



# PEIA ACCESS

## Member Elections

Hi RACHEL

Home Quick Links My Health Benefits Physical & Mental Wellness Financial Wellness

TOOLS, STATEMENTS & DIGITAL ASSISTANT

### MY BENEFITS

**\$0.00**  
MONTHLY COST TO YOU FOR YOUR BENEFITS

Benefits	Coverage Options	Coverage Details
Disability	Disability Benefits	70% of Annual Compensation
Basic Life Insurance - Employee	Basic Life	\$367,045
Basic Life Insurance - Spouse	Basic Spouse Life Insurance	\$10,000
Basic Life Insurance - Child	Child Basic Life Insurance	\$10,000
Supplemental Life Insurance - Employee	Decline Coverage	

View all benefit selections

View my coverage

View My Elections  
Enroll or make changes  
Upload your required documents

### BENEFITS MANAGEMENT

Enroll or make changes

### AVA

Hi, I'm Ava. I'm your digital benefits assistant.

Start Ava

### UPLOAD YOUR REQUIRED DOCUMENTS

### PERSONAL STATEMENT OF BENEFITS

Get a full picture of your benefits. Go to the Communications Center to view your PSOB.

### MENTAL HEALTH NAVIGATION

Evernorth Confide Enhanced EAP offers concierge-level mental health care navigation.

### FINANCIAL NAVIGATOR

With a couple clicks you can find the right resource that's right for you.

# PEIA ACCESS: Member Elections

## My Elections History

Below is a timeline of your elections  
select an event for more details

Birth or adoption o...  
Sep 15, 2020  
Processed

[View Details](#) [Actions](#)

**Current Coverage** ✓  
Mar 8, 2021

[View Details](#)

Annual enrolment  
Apr 1, 2021  
In progress

[Actions](#)

Hide cancelled transactions

### Current Coverage

Mar 8, 2021

Today's Coverage Personal Information Dependents Beneficiaries

[Print my coverage details](#)

#### Your coverage

All benefits are effective as of March 8, 2021 unless otherwise noted in the table below

Benefit	Coverage Options	Coverage Details	Cost	Credits
<b>Health Care</b>				
<b>Medical</b>				
<a href="#">Prescription drugs</a>	Option 2	Employee only	-	\$623.04
<a href="#">Paramedical and vision</a>	Option 2	Employee only	-	\$244.90
<a href="#">Other services and supplies</a>	Option 2	Employee only	-	\$126.72

# PEIA ACCESS: Enrollment and Making Changes

## Enroll & Make Changes

### UPDATE YOUR COVERAGE

To make changes to your current selections and/or personal information, choose the applicable link from the table. In some cases, you may need to make your changes within a certain time period.

### EVENTS

Description	Eligibility Period	Actions
Life Event		
Birth/Adoption	60 days of the event date	Start >
Divorce	60 days of the event date	Start >
End member or dependent CHP: other coverage/Medicaid/Medicare	30 days of the event date	Start >
Enroll member or dependent in CHP after loss of coverage	60 days of the event date	Start >
Any Time Change		
Beneficiary Change	n/a	Start >
CRSP 403(b) Contribution Change	n/a	Start >
Voluntary Benefits Change	n/a	Start >

[View my election history](#)

# PEIA ACCESS: Enrollment and Making Changes

The screenshot displays the 'Family' page on the Concordia Plans website. At the top, there is a navigation bar with the 'Home' link and the 'CONCORDIA PLANS' logo. Below the navigation bar, a breadcrumb trail shows 'Family' as the active page, followed by links for 'Concordia Health Plan (CHP)', 'Personal Spending Accounts (PSAs)', 'Concordia Disability and Survivor Plan (CDSP)', 'Voluntary Benefits', 'Retirement', 'Beneficiaries', and 'Complete you'. The main content area features a 'Family' section with a sub-header 'Birth/Adoption - April 9, 2024'. A paragraph instructs users to review family members on file and provides a link to 'Add Family Member'. Below this, four family member cards are displayed, each with a name, relationship, and date of birth (D.O.B.), along with a 'View Details' link. The cards are for Rachel Richardson (Myself, Sep 20, 1979), David Richardson (Spouse, Feb 17, 1979), Gracey Richardson (Child, Aug 1, 2001), and Garrett Richardson (Child, May 19, 2003). The page concludes with 'Previous' and 'Next' navigation buttons.

Home CONCORDIA PLANS

< Family Concordia Health Plan (CHP) Personal Spending Accounts (PSAs) Concordia Disability and Survivor Plan (CDSP) Voluntary Benefits Retirement Beneficiaries Complete you >

Birth/Adoption - April 9, 2024

## Family

Please review your family members currently on file. You may add, update or remove family members if the information below is not accurate.

If your employer offers the Concordia Disability and Survivor Plan (CDSP), you are entitled to valuable life insurance benefits for your spouse and children. Be sure to list them here, regardless of your intent to enroll them in the Concordia Health Plan (CHP) and/or voluntary benefits.

[+ Add Family Member](#)

Name	Relationship	D.O.B.	Action
RACHEL RICHARDSON	Myself	Sep 20, 1979	<a href="#">View Details</a>
DAVID RICHARDSON	Spouse	Feb 17, 1979	<a href="#">View Details</a>
GRACEY RICHARDSON	Child	Aug 1, 2001	<a href="#">View Details</a>
GARRETT RICHARDSON	Child	May 19, 2003	<a href="#">View Details</a>

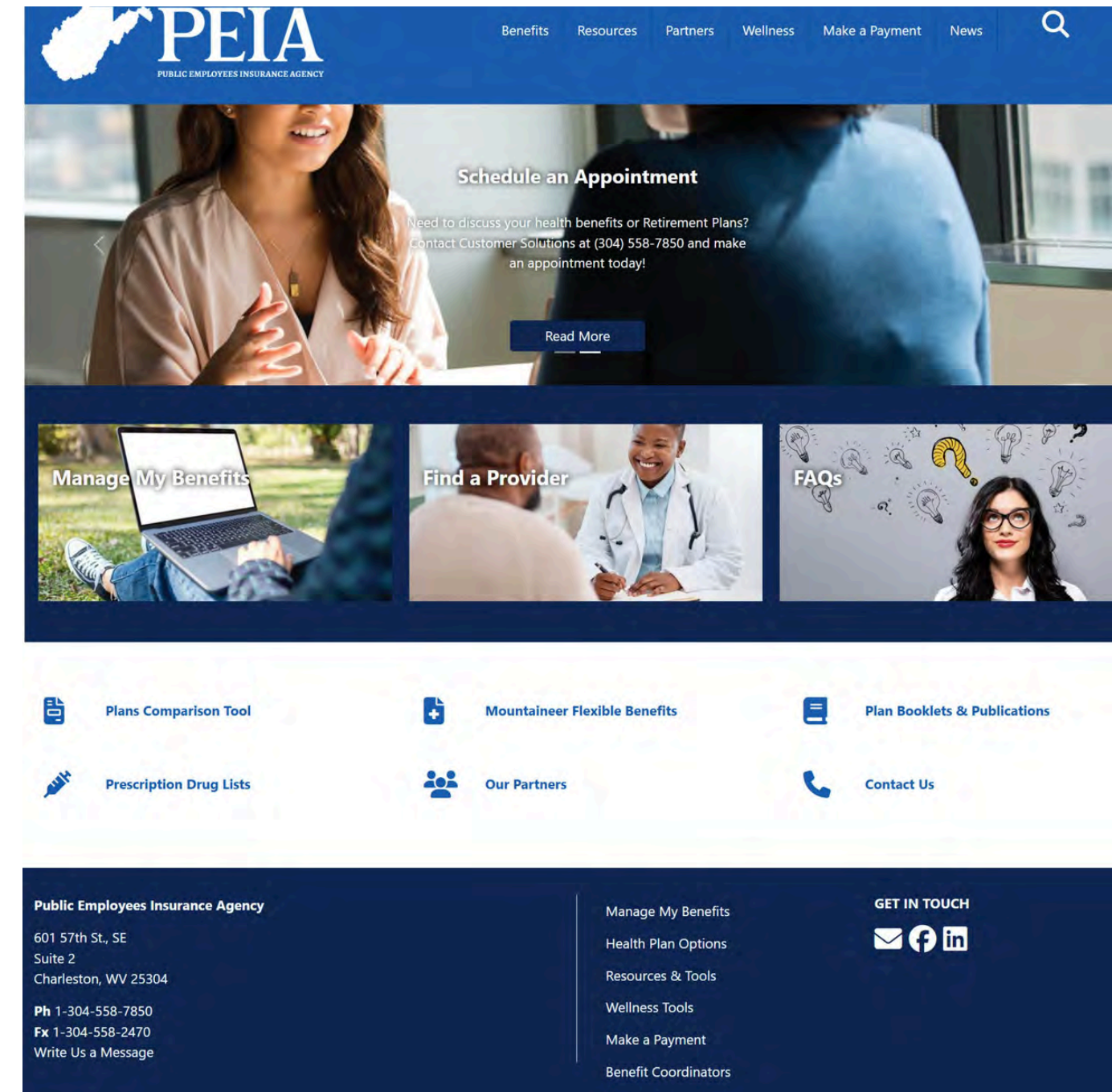
< Previous Next >

# PEIA ACCESS: Employer Portal Demo - Adding Participants

The screenshot displays the PEIA Employer Dashboard interface. On the left is a blue navigation sidebar with the PEIA logo and a search bar. The main content area is titled "Employer Dashboard" and includes a "Participant Management" section with a search bar and an "Add Participant" button. Below this is a promotional banner for "personify HEALTH" with the text "Love More, Earn More." and a QR code. The "My Data Collections" section shows a table with one entry: "Update Document Number - 800010005 - 20251202-142347.656-EST" with a status of "(1) In Progress" and a "View All" link. The "Employer Billing" section has a search bar for "Search Billing Entity". The "My Team" section has a search bar for "Find Staff". The top right corner shows the user's email address: WVPEIA1.Test1@example.co.

# Website Redesign

PEIA is pleased to announce that our website will be undergoing a redesign. We look forward to unveiling the new look in May 2026!



**PEIA is developing a new informational video for you to share with new hires and members!**



**Learn about PEIA's core benefits and plans options.**

**Hear more about optional voluntary benefit options available through Mountaineer Flexible Benefits.**



**Get Open Enrollment details.**

# **New Informational Video**





**Bob Tschappat**  
**Account Executive**

P: 740.695.7631 | C: 304.650.2578

btschappat@healthplan.org | www.healthplan.org

1110 Main Street, Wheeling, WV 26003



1.888.847.7902 | www.healthplan.org

The **right** plan  
for **you**





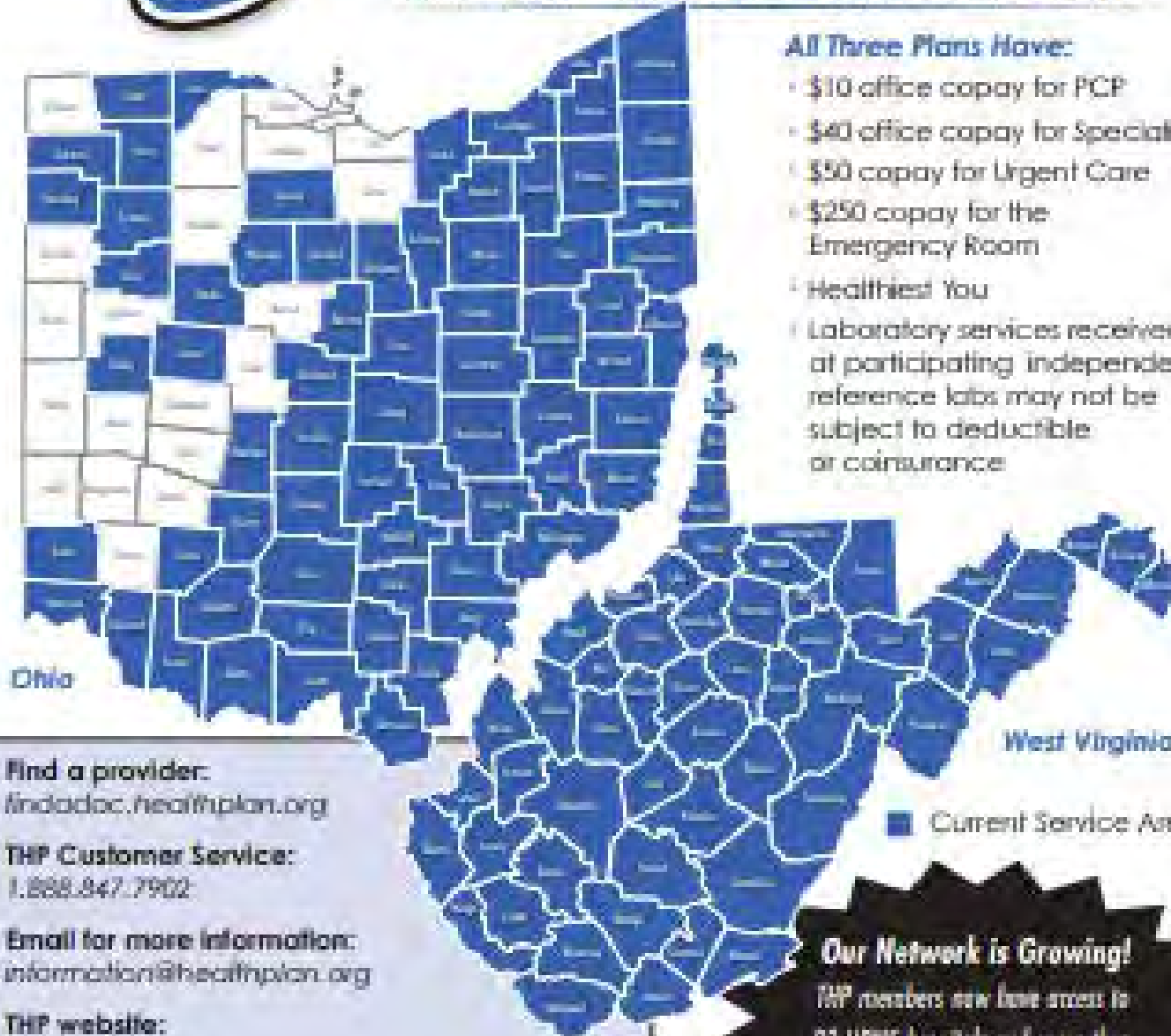
Benefit Description	Plan A	Plan B	Plan C (POS)
Annual Deductible	\$600/\$1,200 Goes towards OOP Max	\$1,000/\$2,000 Goes towards OOP max	IN: \$1,200/\$2,400  OUT: \$2,400/\$4,800 Goes towards OOP Max
Annual Out-of-Pocket Maximum *Includes Rx copays	Single: \$6,850 Two person: \$13,700 Family: \$13,700 *Includes Rx copays	Single: \$ 6,850 Two person: \$13,700 Family: \$13,700 *Includes Rx copays	<u>IN</u> Single: \$6,850 Two person: \$13,700 Family: \$13,700  <u>OUT</u> Single: \$10,000 Two person: \$20,000 Family: \$20,000 *Includes Rx copays



OUR ROOTS  
RUN DEEP

# Offers **3** Benefit Plans for Public Employees

HMO Plan A ■ HMO Plan B ■ Point of Service Plan C



- All Three Plans Have:**
- \$10 office copay for PCP
  - \$40 office copay for Specialist
  - \$50 copay for Urgent Care
  - \$250 copay for the Emergency Room
  - Healthiest You
  - Laboratory services received at participating independent reference labs may not be subject to deductible or coinsurance

Ohio

West Virginia

■ Current Service Area

Find a provider:  
[findadoc.healthplan.org](http://findadoc.healthplan.org)

THP Customer Service:  
1.888.847.7902

Email for more information:  
[information@healthplan.org](mailto:information@healthplan.org)

THP website:  
[healthplan.org](http://healthplan.org)

How to enroll:  
[peia.wv.gov](http://peia.wv.gov) and click on Manage My Benefits

### Our Network is Growing!

THP members now have access to 23 UPMC hospitals and more than 7,000 UPMC affiliated providers.

Plan Year 2027 – Open Enrollment for active employees and non-Medicare retirees will be April 2 – May 15.



PEIA Members Have Full Access to 23 UPMC Hospitals and Over 7,000 Physicians



- UPMC Abtote
- UPMC Bedford
- UPMC Chesapeake
- UPMC Children's Hospital of Pittsburgh
- UPMC East
- UPMC Greentree
- UPMC Harriet
- UPMC Horizon - Greenfield
- UPMC Horizon - Shesapeake Valley
- UPMC Jonesan
- UPMC Kane
- UPMC Magee Womens Hospital
- UPMC McKeesport
- UPMC Mercy
- UPMC Marshall
- UPMC Northwest
- UPMC Possumt - McCondees
- UPMC Possumt - Cranberry
- UPMC Presbyterian
- UPMC Shady Side
- UPMC Somerset
- UPMC St. Margaret
- UPMC WASHINGTON HOSPITAL
- UPMC Western Maryland
- UPMC Western Psychiatric Hospital





# Benefit Coordinator

## Annual Open Enrollment Training

Plan Year: July 1, 2026 - June 30, 2027



**MOUNTAINEER  
FLEXIBLE BENEFITS**

FBMC BENEFITS MANAGEMENT, INC.

# MEET YOUR TEAM



**JODI GRADY**

*West Virginia Team Lead*

[jgrady@fbmc.com](mailto:jgrady@fbmc.com)

(304) 352-0331



**AMELIA SIZEMORE**

*Benefit Advocate*

[asizemore@fbmc.com](mailto:asizemore@fbmc.com)

(304) 352-0333



**ANDRES SOLIS**

*Administrative Benefits Specialist*

[asolis@fbmc.com](mailto:asolis@fbmc.com)

(304) 352-0329

**General Inquiries: [mtflexbenefits@fbmc.com](mailto:mtflexbenefits@fbmc.com)**

Employees can call our dedicated Service Center at (844) 559-8248  
for assistance.

# IMPORTANT HIGHLIGHTS FOR 2026 – 2027

Open Enrollment: April 2nd - May 15th  
Election Effective Date: July 1, 2026

## New Updates for PY27

- New Higher Contribution amounts for FSA/HSA Accounts.
- Employees will now have 60 days from CIS to make changes to benefits.
- Dental Rates have changed this year. Plan features are the same.

## Voluntary Benefit Education Opportunity

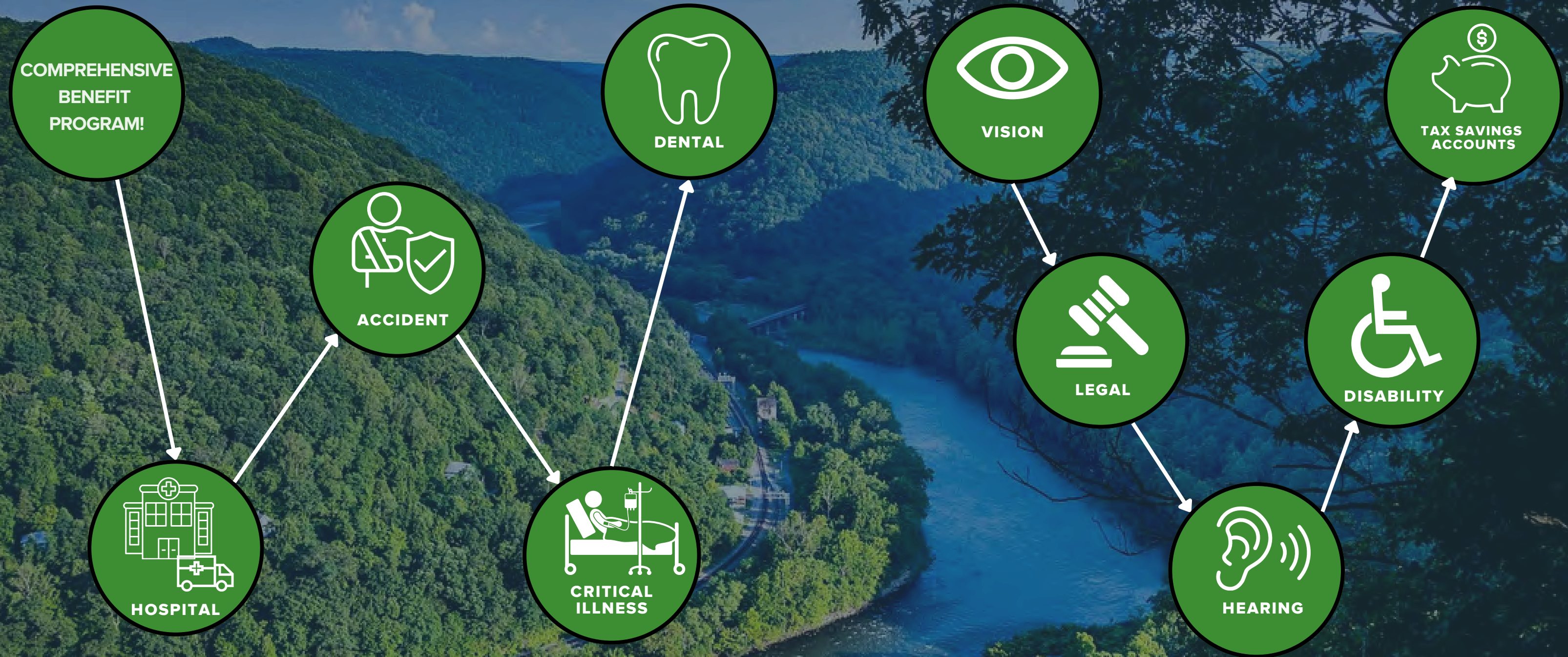
Employees will have the ability to schedule a telephonic or face-to-face education session!

For scheduled locations, visit [mountaineer.fbmcbenefits.com](http://mountaineer.fbmcbenefits.com)

## Changes-Only Enrollment

Employees who do not want to make changes do not need to do anything, their benefits will rollover from the current plan year!

# BENEFITS AVAILABLE FROM MOUNTAINEER FLEXIBLE BENEFITS



# BENEFIT HIGHLIGHTS – HOSPITAL INDEMNITY PLAN

COVERED BENEFIT	ELIGIBLE DAYS	PAYOUT PER DAY
1 <sup>ST</sup> DAY HOSPITAL CONFINEMENT	1 Day	\$1,000
1 <sup>ST</sup> DAY ICU CONFINEMENT	1 Day	\$1,000
HOSPITAL CONFINEMENT	≤ 30 Days	\$100
ICU CONFINEMENT	≤ 10 Days	\$100

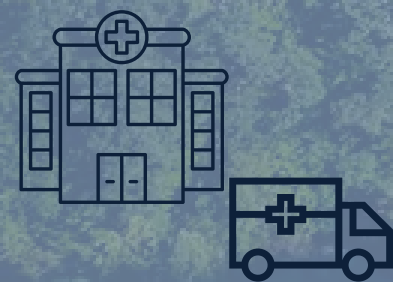
Hospital Indemnity plans provide employees, and their enrolled dependents, with financial protection when they have experienced a hospitalization instance lasting at least 20 hours of hospital admittance.

This is also an employee-owned benefit that includes a \$50 annual wellness benefit per covered dependent.

#### BENEFITS ARE PAYABLE FOR HOSPITAL STAYS DUE TO:

- Sickness
- Accidents, confinements due to an accident must be within 365 days of the accident
- Routine pregnancy
- Complications of pregnancy
- Newborn complications
- Mental and nervous disorders
- Substance abuse

Benefit Summaries are located in the annual benefit guide. Full plan details are located on the website at <https://mountaineer.fbmcbenefits.com/>



HOSPITAL

RATES (COST PER PAY PERIOD)	10	12	18	20	21	22	24	26
EMPLOYEE ONLY	\$16.38	\$13.65	\$9.10	\$8.19	\$7.80	\$7.45	\$6.83	\$6.30
EE + SPOUSE	\$32.90	\$27.42	\$18.28	\$16.45	\$15.67	\$14.96	\$13.72	\$12.66
EE + CHILD(REN)	\$25.28	\$21.07	\$14.05	\$12.64	\$12.04	\$11.50	\$10.54	\$9.72
EE + FAMILY	\$41.81	\$34.84	\$23.23	\$20.90	\$19.91	\$19.01	\$17.43	\$16.08



[sunlife.com/wvpeia](http://sunlife.com/wvpeia)

(844) 583-5036

# BENEFIT HIGHLIGHTS – VISION PLAN

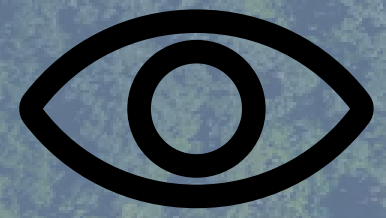
There are no rate or plan design changes to the vision insurance plan for 2026-2027.

Benefit Summaries are located in the annual benefit guide. Full plan details are located on the website at

<https://mountaineer.fbmcbenefits.com/>

	EXAM PLUS PLAN		FULL SERVICE PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>EXAM WT DILATION</b>	\$10	≤\$40	\$20	≤\$40
• Retinal imaging <sup>1</sup>	≤\$39	Not Covered	≤\$39	Not Covered
<b>CONTACT LENS EXAM<sup>2</sup></b>				
• Standard fitting & follow-up	≤\$40	Not Covered	≤\$40	Not Covered
• Premium fitting & follow-up	10% Discount	Not Covered	\$60	Not Covered
<b>FRAMES<sup>3</sup></b>	35% Discount	Not Covered	\$150 allowance + 20% off balance	\$75 allowance
<b>STANDARD PLASTIC LENSES<sup>4</sup></b>				
• Single Vision	\$50	Not Covered	\$20	≤\$30
• Bifocal	\$70	Not Covered	\$20	≤\$50
• Trifocal	\$105	Not Covered	\$20	≤\$70
• Lenticular	20% Discount	Not Covered	\$20	≤\$80
<b>FREQUENCIES</b>				
• Exam	1 per Plan Year		1 per Plan Year	
• Glasses/Contact Lenses <sup>5</sup>	Not Covered		1 per Plan Year	
• Frames	35% off retail		1 per 2 Plan Years	
<b>DIABETIC EYE CARE &amp; TESTING:</b>	Not Covered		\$0	≤\$15 - 77

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 premium contact lens exam and fit and follow-up cost 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.



VISION

RATES (COST PER PAY PERIOD)		10	12	18	20	21	22	24	26
EXAM PLUS	EMPLOYEE ONLY	\$1.46	\$1.22	\$0.81	\$0.73	\$0.70	\$0.67	\$0.61	\$0.56
	EE + FAMILY	\$3.31	\$2.76	\$1.84	\$1.66	\$1.58	\$1.51	\$1.38	\$1.27
FULL SERVICE	EMPLOYEE ONLY	\$8.59	\$7.16	\$4.77	\$4.30	\$4.09	\$3.91	\$3.58	\$3.30
	EE + FAMILY	\$22.20	\$18.50	\$12.33	\$11.10	\$10.57	\$10.09	\$9.25	\$8.54

**Humana**

www.humana.com

(877) 398-2980

# BENEFIT HIGHLIGHTS – ACCIDENT PLAN

Accident insurance plans help employees, and their enrolled family members, during life's unexpected moments. With Policy benefits covering a large range of items, benefits are paid to the employee and covered dependents. This plan can help create peace of mind when they need it most.

This is also an employee-owned benefit that contains a \$50 wellness benefit for all covered dependents.

Benefit Summaries are located in the annual benefit guide. Full plan details are located on the website at <https://mountaineer.fbmcbenefits.com/>

<b>DISLOCATIONS</b>	Surgical Procedure: <b>\$400 - \$8,000</b>    Non-Surgical: <b>\$200 - \$4,000</b>
<b>FRACTURES</b>	Surgical Procedure: <b>\$600 - \$7,500</b>    Non-Surgical: <b>\$300 - \$3,750</b>
<b>ADDITIONAL INJURIES</b>	<b>\$200 - \$25,000</b>
<b>BURNS</b>	2nd Degree: <b>\$300 - \$1,500</b>    3rd Degree: <b>\$750 - \$15,000</b>
<b>LACERATIONS</b>	<b>\$35 - \$700</b>
<b>MEDICAL SERVICES</b>	<b>\$35 - \$1,500</b>
<b>HOSPITAL</b>	<b>\$100 - \$2,000</b>
<b>SURGERY</b>	<b>\$5 - \$1,500</b>
<b>EMERGENCY DENTAL</b>	<b>\$100 - \$200</b>



ACCIDENT

<b>RATES</b> (COST PER PAY PERIOD)	<b>10</b>	<b>12</b>	<b>18</b>	<b>20</b>	<b>21</b>	<b>22</b>	<b>24</b>	<b>26</b>
<b>EMPLOYEE ONLY</b>	\$7.80	\$6.50	\$4.33	\$3.90	\$3.71	\$3.55	\$3.25	\$3.00
<b>EE + SPOUSE</b>	\$18.72	\$15.60	\$10.40	\$9.36	\$8.91	\$8.51	\$7.80	\$7.20
<b>EE + CHILD(REN)</b>	\$18.08	\$15.07	\$10.04	\$9.04	\$8.61	\$8.22	\$7.54	\$6.96
<b>EE + FAMILY</b>	\$29.00	\$24.17	\$16.11	\$14.50	\$13.81	\$13.19	\$12.09	\$11.16



[sunlife.com/wvpeia](https://sunlife.com/wvpeia)

(844) 583-5036

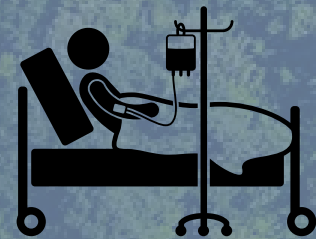
# BENEFIT HIGHLIGHTS – CRITICAL ILLNESS PLAN

Critical Illness plans help employees, and their enrolled dependents, receive financial help when they are traveling through a critical illness journey, such as heart attacks or strokes.

Guaranteed Issue amounts elected (up to \$50k) without medical questions!!

Benefit Summaries are located in the annual benefit guide. Full plan details are located on the website at <https://mountaineer.fbmcbenefits.com/>

CORE CONDITIONS	OTHER CONDITIONS
<ul style="list-style-type: none"> <li>Heart Attack<sup>R</sup></li> <li>End-Stage Kidney Disease<sup>R</sup></li> <li>Occupational HIV/ Hepatitis B, C, or D</li> <li>Major Organ Failure<sup>R</sup></li> <li>Stroke<sup>R</sup></li> <li>Coronary Artery Bypass Graft<sup>R</sup> (Pays 25%)</li> <li>Angioplasty<sup>R</sup> (Pays 5%)</li> </ul>	<ul style="list-style-type: none"> <li>Complete Blindness</li> <li>Complete Loss of Hearing</li> <li>Loss of Speech</li> <li>Benign Brain Tumor</li> <li>Coma</li> <li>Severe Burns</li> <li>Adv. ALS/Lou Gehrig's</li> <li>Adv. Parkinson's (Pays 25%)</li> <li>Adv. Alzheimer's (Pays 25%)</li> <li>Paralysis</li> <li>WWw</li> </ul>
CHILDHOOD CONDITIONS	CANCER CONDITIONS
<ul style="list-style-type: none"> <li>Down Syndrome</li> <li>Cystic Fibrosis</li> <li>Type 1 Diabetes Mellitus</li> <li>Complex Congenital Heart Disease</li> <li>Cerebral Palsy</li> <li>Cleft Lip/Palate</li> <li>Muscular Dystrophy</li> <li>Spina Bifida</li> </ul>	<ul style="list-style-type: none"> <li>Invasive Cancer<sup>R</sup></li> <li>Noninvasive Cancer<sup>R</sup> (Pays 25%)</li> <li>Skin Cancer<sup>R</sup> (Pays 5%)</li> </ul>



**CRITICAL ILLNESS**

\*Must Elect Coverages in \$10K Amounts for EE & Spouse, up to \$50K.

MONTHLY RATES (PER \$1000 OF COVERAGE)	EMPLOYEE AGE*					
	≤30	30-39	40-49	50-59	60-69	70+
EMPLOYEE BENEFIT	\$0.25	\$0.45	\$0.91	\$1.82	\$3.01	\$5.09
SPOUSE BENEFIT	\$0.25	\$0.45	\$0.91	\$1.82	\$3.01	\$5.09
CHILD BENEFIT (ANY AGE)			\$0.04			




[sunlife.com/wvpeia](http://sunlife.com/wvpeia)

(844) 583-5036

\*Child Coverage can be elected in \$1K amounts, up to 50% of EE (Max \$25K).


# BENEFIT HIGHLIGHTS – DENTAL PLAN

	ASSISTANCE		BASIC		ENHANCED		PREMIER	
	In-Net	Out	In-Net	Out	In-Net	Out	In-Net	Out
<b>PLAN YEAR DEDUCTIBLES</b>								
• Per Person	\$25 <small>(Type II &amp; III services only)</small>		\$25 <small>(Type II &amp; III services only)</small>		\$50 <small>(Type II &amp; III services only)</small>		\$75 <small>(Type II &amp; III services only)</small>	
• Per Family Max	\$75		\$75		\$150		\$225	
<b>PLAN YEAR MAX BENEFIT*</b>	\$750	\$500	\$1,000	\$500	\$1,500	\$1,000	\$2,500	\$1,500
<b>OTHER MAXIMUMS</b>								
• Ortho Lifetime Max ▶ Paid over 2 Plan Years	Not Covered		Not Covered		\$1,250	\$500	\$2,500	\$1,000
• TMJ Lifetime Max	Not Covered		Not Covered		\$1,000	\$1,000	\$1,000	\$1,000
<b>BENEFITS</b>								
<b>TYPE I: PREVENTIVE</b>	100%	80%	100%	80%	100%	80%	100%	80%
<b>TYPE II: BASIC DENTAL</b>	40%	25%	75%	50%	80%	60%	90%	70%
<b>TYPE III: MAJOR DENTAL</b>	25%	10%	40%	25%	60%	40%	75%	50%
<b>TYPE IV: ORTHODONTIC</b> ▶ No age limit	Not Covered		Not Covered		40%	25%	50%	50%
<b>TMJ DISORDER</b>	Not Covered		Not Covered		60%	40%	75%	50%
• Non-Surgical treatment Lifetime Maximum	Not Covered		Not Covered		\$1,000		\$1,000	
<b>REIMBURSEMENT TYPE</b>	Maximum Allowable Charge		Maximum Allowable Charge		Maximum Allowable Charge		Usual & Customary	
<b>WAITING PERIODS</b>								
• Type I & II	None		None		None		None	
• Type III	6 Months		6 Months		6 Months		6 Months	
• Type IV	N/A		N/A		12 months		12 months	


Sun Life established a dedicated team to support members of Mountaineer Flexible Benefits! Employees and providers should be using the information on their ID cards to check benefits and claims.

Please make sure both to go to [www.sunlife.com/wvpeia](http://www.sunlife.com/wvpeia) to confirm coverages and to obtain dental card. Sun Life does NOT automatically print cards for members.

Benefit Summaries are located in the annual benefit guide. Full plan details are located on the website at <https://mountaineer.fbmcbenefits.com/>



**DENTAL**



[sunlife.com/wvpeia](http://sunlife.com/wvpeia)  
(844) 583-5036

# BENEFIT HIGHLIGHTS – DENTAL PLAN

<b>RATES</b> (COST PER PAY PERIOD)		<b>10</b>	<b>12</b>	<b>18</b>	<b>20</b>	<b>21</b>	<b>22</b>	<b>24</b>	<b>26</b>
<b>ASSISTANCE PLAN</b>	EMPLOYEE ONLY	\$19.27	\$16.06	\$10.71	\$9.64	\$9.18	\$8.76	\$8.03	\$7.41
	EE + SPOUSE	\$43.12	\$35.93	\$23.95	\$21.56	\$20.53	\$19.60	\$17.97	\$16.58
	EE + CHILD(REN)	\$38.64	\$32.20	\$21.47	\$19.32	\$18.40	\$17.56	\$16.10	\$14.86
	EE + FAMILY	\$62.58	\$52.15	\$34.77	\$31.29	\$29.80	\$28.45	\$26.08	\$24.07
<b>BASIC PLAN</b>	EMPLOYEE ONLY	\$27.24	\$22.70	\$15.13	\$13.62	\$12.97	\$12.38	\$11.35	\$10.48
	EE + SPOUSE	\$60.80	\$50.67	\$33.78	\$30.40	\$28.95	\$27.64	\$25.34	\$23.39
	EE + CHILD(REN)	\$54.55	\$45.46	\$30.31	\$27.28	\$25.98	\$24.80	\$22.73	\$20.98
	EE + FAMILY	\$88.16	\$73.47	\$48.98	\$44.08	\$41.98	\$40.07	\$36.74	\$33.91
<b>ENHANCED PLAN</b>	EMPLOYEE ONLY	\$38.41	\$32.01	\$21.34	\$19.21	\$18.29	\$17.46	\$16.01	\$14.77
	EE + SPOUSE	\$89.29	\$74.41	\$49.61	\$44.65	\$42.52	\$40.59	\$37.21	\$34.34
	EE + CHILD(REN)	\$76.90	\$64.08	\$42.72	\$38.45	\$36.62	\$34.95	\$32.04	\$29.58
	EE + FAMILY	\$127.54	\$106.28	\$70.85	\$63.77	\$60.73	\$57.97	\$53.14	\$49.05
<b>PREMIER PLAN</b>	EMPLOYEE ONLY	\$50.08	\$41.73	\$27.82	\$25.04	\$23.85	\$22.76	\$20.87	\$19.26
	EE + SPOUSE	\$117.28	\$97.73	\$65.15	\$58.64	\$55.85	\$53.31	\$48.87	\$45.11
	EE + CHILD(REN)	\$100.67	\$83.89	\$55.93	\$50.33	\$47.94	\$45.76	\$41.95	\$38.72
	EE + FAMILY	\$167.66	\$139.72	\$93.15	\$83.83	\$79.84	\$76.21	\$69.86	\$64.49



**DENTAL**



[sunlife.com/wvpeia](http://sunlife.com/wvpeia)

(844) 583-5036

# BENEFIT HIGHLIGHTS – LEGAL PLAN

**Consumer Protection**

- ✓ Auto repair
- ✓ Buy or sell a car
- ✓ Consumer fraud
- ✓ Consumer protection for goods or services
- ✓ Home improvement
- ✓ Personal property disputes
- ✓ Small claims court

**Criminal Matters**

- ✓ Juvenile
- ✓ Parental responsibility

**Debt-Related Matters**

- ✓ Debt collection
- ✓ Garnishments
- ✓ Personal bankruptcy
- ✓ Student loan debt

**Driving Matters**

- ✓ License suspension/revocation
- ✓ Traffic tickets

**Tax Issues**

- ✓ IRS tax audit
- ✓ IRS tax collection

**Family**

- ✓ Adoption
- ✓ Guardianship/conservatorship
- ✓ Name change
- ✓ Pet-related matters
- ✓ Divorce

**Services for Tenants**

- ✓ Contracts/lease agreements
- ✓ Eviction
- ✓ Security deposit
- ✓ Disputes with a landlord

**Real Estate & Home Ownership**

- ✓ Buying a home
- ✓ Deeds
- ✓ Foreclosure
- ✓ Contractor issues
- ✓ Neighbor disputes
- ✓ Promissory notes
- ✓ Real estate disputes
- ✓ Selling a home

**Wills & Estate Planning**

- ✓ Powers of attorney
- ✓ Wills

**Which plan is right for you?**

UltimateAdvisor Plus™ offers you all of the above and more including:

- ✓ Child custody/support/visitation
- ✓ Miscellaneous legal services
- ✓ Tax services
- ✓ Trusts
- ✓ And more

Arag Legal is here to help Employees needing assistance with a wide range of legal matters. From traffic tickets, will & trust support, to even representation with the IRS, they assist with a wide range of legal matters. Please note that Employees need to contact Arag to be put in contact with participating attorneys.

There are no rate or plan design changes to the legal plan for 2026-2027.

Benefit Summaries are located in the annual benefit guide. Full plan details are located on the website at <https://mountaineer.fbmcbenefits.com/>



**LEGAL**

<b>RATES</b> (COST PER PAY PERIOD)	<b>10</b>	<b>12</b>	<b>18</b>	<b>20</b>	<b>21</b>	<b>22</b>	<b>24</b>	<b>26</b>
<b>ULTIMATEADVISOR®</b> ▶ Employee + Family	\$11.40	\$9.50	\$6.33	\$5.70	\$5.43	\$5.18	\$4.75	\$4.38
<b>ULTIMATEADVISOR PLUS™</b> ▶ Employee + Family	\$16.68	\$13.90	\$9.27	\$8.34	\$7.94	\$7.58	\$6.95	\$6.42



[araglegal.com/myinfo](https://araglegal.com/myinfo)

(800) 247-4184

# BENEFIT HIGHLIGHTS – HEARING PLAN

## Hearing Benefit Plan

**Hearing Plan Name:**

State of West Virginia  
(Active Employees)

**Hearing exam frequency:**

Adults: \$70 benefit once every year  
Children: \$70 benefit once every year

**Hearing aid benefit:**

Adults: \$500 per ear once every 5 years  
Children: \$500 per ear once every 2 years

Be sure to have your plan name handy when you call to request your appointment.

Epic is here to cover one of your most important senses. From testing to hearing aid coverages, they want to make sure taking care of your hearing is as simple as possible.

Epic does require contacting them to request appointments with participating partners in the area close to employees and dependents.

There are no rate or plan design changes to the hearing plan for 2026-2027.

Benefit Summaries are located in the annual benefit guide. Full plan details are located on the website at <https://mountaineer.fbmcbenefits.com/>



HEARING

<b>RATES</b> (COST PER PAY PERIOD)	<b>10</b>	<b>12</b>	<b>18</b>	<b>20</b>	<b>21</b>	<b>22</b>	<b>24</b>	<b>26</b>
EMPLOYEE ONLY	\$2.18	\$1.82	\$1.21	\$1.09	\$1.04	\$0.99	\$0.91	\$0.84
EE + SPOUSE	\$4.33	\$3.61	\$2.41	\$2.17	\$2.06	\$1.97	\$1.81	\$1.67
EE + CHILD(REN)	\$3.20	\$2.67	\$1.78	\$1.60	\$1.53	\$1.46	\$1.34	\$1.23
EE + FAMILY	\$5.34	\$4.45	\$2.97	\$2.67	\$2.54	\$2.43	\$2.23	\$2.05



epichearing.com

(866) 956-5400

# BENEFIT HIGHLIGHTS – SHORT-TERM DISABILITY

Employees are considered disabled if, due to sickness, injury or pregnancy, they are unable to perform with reasonable continuity the material duties of their own occupation. Also applies if they are unable to earn more than 60% of your pre-disability earnings while working.

The weekly benefit is 70% of the employee's pre-disability earnings, reduced by deductible income. The maximum weekly benefit is \$1,000, with the minimum weekly benefit being \$25 up to 180 days of coverage.

Implemented a Pre-Existing Condition Clause to Eliminate Medical Questionnaires for Late Enrollments

BC should use the Rate Worksheet listed below and in our benefit guides, or visit <https://wv.fbmcbenefits.com/disability-rate-calculator/> to use our online calculator for premium costs.

Benefit Summaries are located in the annual benefit guide. Full plan details are located on the website at <https://mountaineer.fbmcbenefits.com/>



**DISABILITY**

## MONTHLY RATES WORKSHEET:

1. Your weekly salary (maximum \$1,429.00)	_____	X \$0.0257
2. This is your monthly premium	_____	
If you are paid more than 12 times a year, you can calculate the amount to be deducted from your paycheck by completing the following chart.		
3. Enter the monthly premium amount from Line 2	_____	
4. Multiply by 12	_____	
5. This is your annual premium	_____	
6. Divide by the number of regular paychecks you receive annually	_____	Per Paycheck Deduction



MetLife.com

(888) 466-8640

# BENEFIT HIGHLIGHTS – LONG-TERM DISABILITY

Long-Term Disability insurance can help safeguard Employee’s lifestyle and provide some peace of mind in the event they become disabled and are unable to work. This plan is meant to assist in providing adequate protection in the event they become disabled.

Coverage options are 50% & 60%. The 70% plan is RETIRED, those in the plan now can keep it, no new enrollees

Coverages last until age 65, or 3 years and 6 months, if younger than 62; and limited amounts if 62 to 69.

Benefit Summaries are located in the annual benefit guide. Full plan details are located on the website at <https://mountaineer.fbmcbenefits.com/>



**DISABILITY**

MONTHLY RATES (PER \$100 OF SALARY)	EMPLOYEE AGE*									
	≤29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
PLAN 1 (50% COVERAGE LEVEL)	\$0.119	\$0.150	\$0.179	\$0.252	\$0.371	\$0.540	\$0.767	\$0.861	\$1.090	\$1.404
PLAN 2 (60% COVERAGE LEVEL)	\$0.165	\$0.200	\$0.252	\$0.361	\$0.528	\$0.780	\$1.014	\$1.088	\$1.217	\$1.443

**MONTHLY RATES WORKSHEET:**

- Your monthly salary \_\_\_\_\_
- Divide by 100 \_\_\_\_\_
- Find your age on the chart above and enter the figure from the "Rate" column \_\_\_\_\_
- Multiply the amount in Line 2 by the amount in Line 3 to get your monthly premium (based on 12 months) \_\_\_\_\_

If you are paid more than 12 times a year, you can calculate the amount to be deducted from your paycheck by completing the following chart.

- Enter the monthly premium amount from Line 4 \_\_\_\_\_
- Multiply by 12 \_\_\_\_\_
- This is your annual premium \_\_\_\_\_
- Divide by the number of regular paychecks you receive annually \_\_\_\_\_

Per Paycheck Deduction



MetLife.com

(888) 466-8640

# BENEFIT HIGHLIGHTS – SAVINGS PLANS – FSA

Inspira Financial is the manager of our FSA plans. With the pre-tax benefits that come with these accounts, they provide a peace of mind for medical expenses, planned or otherwise.

Employees Must complete the vetting process with Inspira prior to be able to access their funds. Any spending cards that employees have will be good until their expiration date printed on the card. Receipts of all purchases must also be submitted to be validated.

To switch from an FSA to an HSA, all FSA funds must be exhausted prior to July 1<sup>st</sup> effective date. Otherwise, an HSA for employee will not go into effect until the 1<sup>st</sup> of the month after FSA grace period ends, being October 1<sup>st</sup>.

Contribution Limits have been adjusted to federal limits as follows:

Healthcare Flexible Spending Account- \$3,400

Dependent Care FSA- \$7,000

Limited Purpose FSA- \$3,400

## → Health care FSA

Eligible health care expenses include copays, coinsurance, and deductibles; dental and vision expenses; prescriptions and over-the-counter health care supplies.\*

Plus, you may enjoy extra savings on eligible over-the-counter health care items for online and in-store purchases.

You can reduce your taxable income and increase your take-home pay by enrolling in a dependent care flexible spending account (DCFSA). Funds can be used for eligible childcare or adult dependent care expenses like day care, preschool, and summer day camp.

Your DCFSA funds are for dependents under the age of 13, or for a spouse or dependent relative incapable of self-care.

## Save more with an LPFSA

- Contribute up to your plan's limit in pretax dollars from your paycheck.\*
- Your full election is available at the start of the plan year.
- An LPFSA works well with an HSA, since it helps save your HSA dollars for future expenses.
- If your plan includes a post-deductible phase, your LPFSA funds will be used first, once you meet your deductible, until the funds run out — then you may use your health savings account (HSA) funds.



**TAX SAVINGS  
ACCOUNTS**

inspirafinancial.com

(844) 729-3539

**inspira**<sup>™</sup>  
FINANCIAL

# BENEFIT HIGHLIGHTS – SAVINGS PLANS– HSA

## Use your HSA to save

Adding an HSA to your health plan can help grow your savings after meeting immediate health care expenses.

### → Triple tax benefit

Your contributions are tax-free, and remain completely tax-free when used for qualified health care expenses.

### → Invest tax-free

You can invest your HSA funds in an investment account, where your money may grow tax-free.\*\*

### → Take it with you

Your HSA isn't tied to an employer, health plan, or retirement. If you have an HSA elsewhere, you can transfer the balance to your new one. And your unused funds roll over from year to year.

Access the record of your HSA expense payments on the Inspira website.

If you use your HSA for ineligible expenses, you'll need to pay income taxes. Plus, a 20% penalty tax on that amount, unless you're age 65 or older or disabled at the time.

Inspira Financial is also the manager of our HSA plan. With the pre-tax benefits that come with these accounts, they provide a peace of mind for medical expenses, planned or otherwise.

Employees Must complete the vetting process with Inspira prior to be able to access their funds. Any spending cards that employees have will be good until their expiration date printed on the card.

Once an Employee is enrolled in Medicare, HSA contributions must stop, even if they only participate in Part A. To switch from an FSA to an HSA, all FSA funds must be exhausted prior to July 1<sup>st</sup> effective date. Otherwise, HSA for employee will not go into effect until the 1<sup>st</sup> of the month after FSA grace period ends, being October 1<sup>st</sup>.

Contribution Limits have been adjusted to federal limits as follows:

Health Savings Accounts, Individual Enrollment- \$4,400

Health Savings Accounts, Family Enrollment- \$8,750

\*\*Make sure to factor any employer contributions into the annual federal limits to avoid going over IRS maximum.

Benefit Summaries are located in the annual benefit guide. Full plan details are located on the website at <https://mountaineer.fbmcbenefits.com/>



**TAX SAVINGS  
ACCOUNTS**

inspirafinancial.com

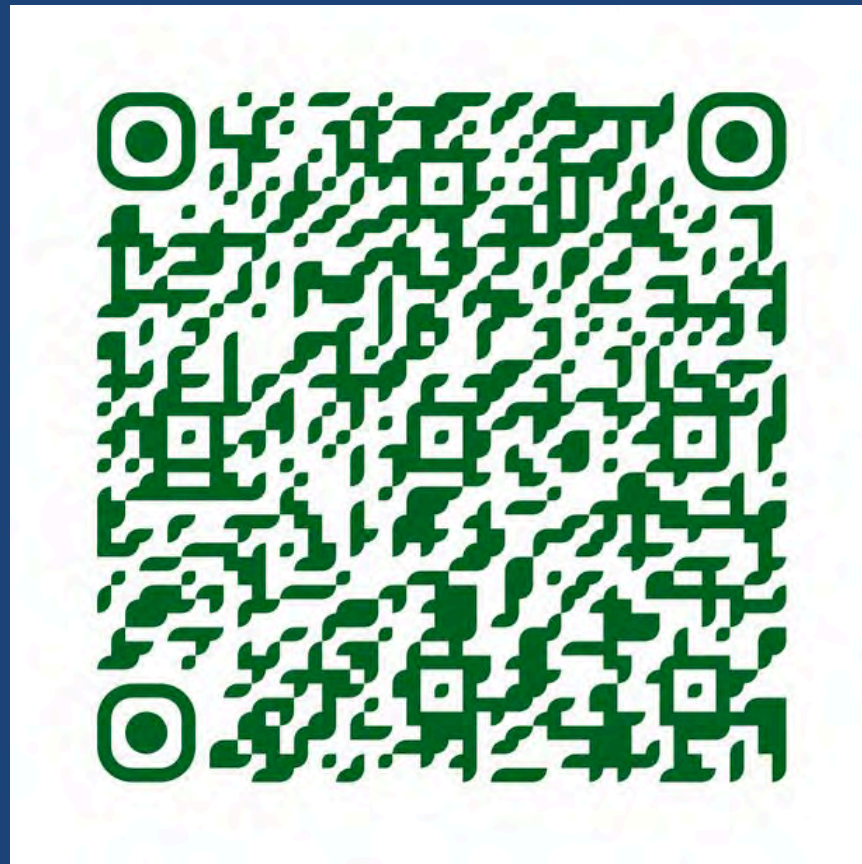
(844) 729-3539

**inspira**<sup>™</sup>  
FINANCIAL



# EMPLOYEE VOLUNTARY BENEFIT EDUCATION RESOURCES

**Employees now have new ways to get help with their voluntary benefit plans to be better prepared for how to use and make selections for what best fits their needs.**



- They can access the new education portal with decision making support
- They can schedule a telephonic appointment with a Benefit Counselor
- They can schedule an in-person appointment at specific locations across the State
- They can attend one of the PEIA benefit fairs to meet with one of the Mountaineer Flexible Benefits Team Members

# WAYS TO ENROLL

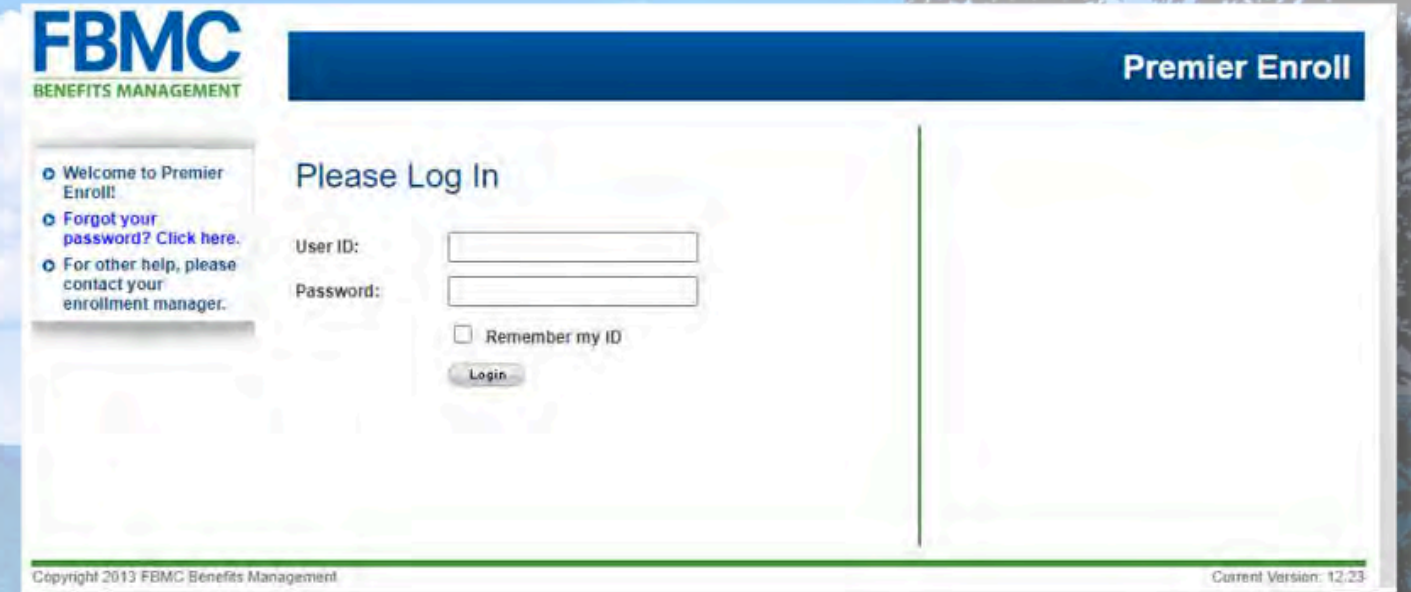
1

With a Voluntary  
Benefit Counselor



2

MyFBMC.com/PE

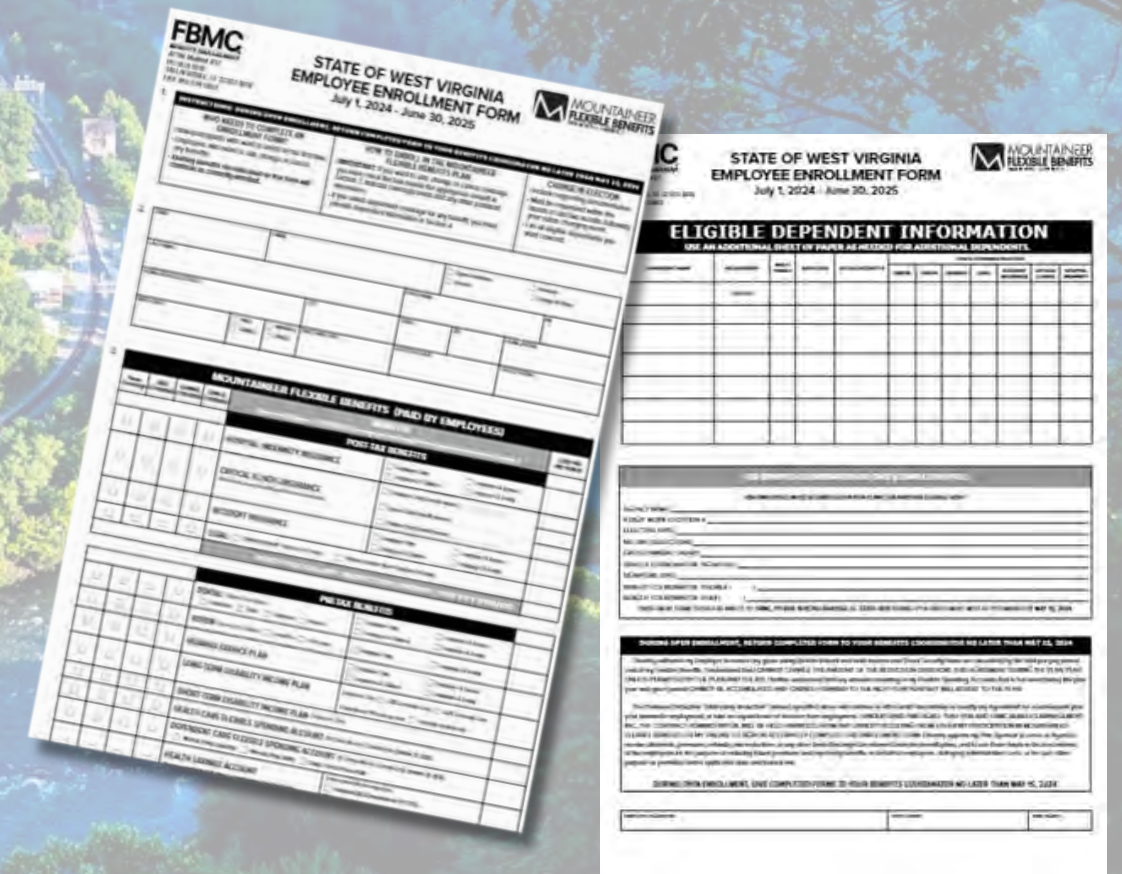


Password reset requests, email to [techsupport@fbmc.com](mailto:techsupport@fbmc.com)

3

Enrollment Form

Forms are due to Benefit Coordinators  
by May 15, 2026, with submission to  
FBMC by May 22, 2026

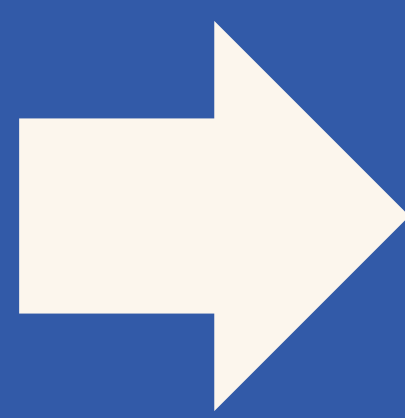




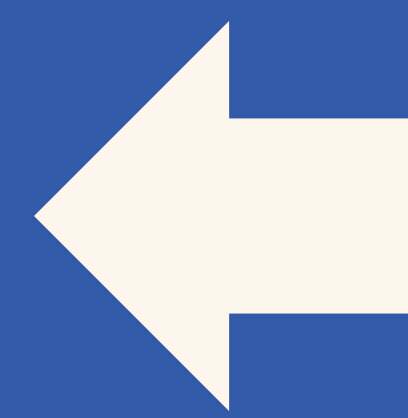
# DON'T FORGET!



- **Retirees can only enroll by completing a paper enrollment form.**
- **Employees are encouraged to enroll with a Counselor or Online to avoid common form mistakes.**
- **If using paper enrollment forms, the Benefit Coordinator section on page 2 must be completed fully, prior to submitting to FBMC.**
- **Enrollment forms can be mailed to FBMC or for faster processing they can be faxed to (850) 514-5803.**
- **As PEIA and Mtflex do not share supporting documentation, please submit all QLE & Dependent verification information with forms when submitted.**
- **On submitted forms, please check “Keep Coverage” on current benefits not changing on submitted OE forms. This gives us an additional coverage confirmation.**
- **If your agency has a NH/CIS event in May or June 2026, please confirm they are on your billing file for rollover for payments. This will help ensure we do not have any terms for non-payment after our OE file is submitted.**



**IMPORTANT**



**We are looking for your feedback on how we can continue to improve our ability to take care of you & and your employees! Take our 3 minute survey, and we will give you a Gift Card for your time!**



**<https://www.surveymonkey.com/r/WNGWFHR>**

**Any other benefit questions? Ask us now!**

Sun Life U.S. Making care and benefits easier

YOUR BENEFITS FROM SUN LIFE

Discover new ways to  
protect what you love



Need information? Visit:

Need help?

**Schedule time** with a counselor via your Benefits Explorer site:

**Active Employees:**



**Retirees:**





## Dental insurance

- ✓ Protects your smile
- ✓ Prevents other health issues
- ✓ Lowers out-of-pocket expenses

# Dental-Active and Retiree Employees Assistance Plan

- **Calendar Year Maximum**
  - **\$750** calendar year maximum benefit (in-network)
  - **\$500** calendar year maximum benefit (out-of-network)
- **Calendar Year Deductible**
  - **\$25 individual / \$75 family**

Plan year deductible (applies to basic and major services)

- **Coinsurance** (after the deductible has been satisfied)
  - **100% preventive; 40% basic; 25% major** – (in-network)
  - **80% preventive; 25% basic; 10% major** – (out-of-network)

Freedom to choose dentists both in and out-of-network.



Log in to the member portal at [www.sunlife.com/wvpeia](http://www.sunlife.com/wvpeia) to:

- View your benefits
- View your identification card
- Update your contact information
- Access the latest information on dental health



QR code will provide access to the member portal

# Dental-Active and Retiree Employees Basic Plan

- **Calendar Year Maximum**
  - **\$1000** calendar year maximum benefit (in-network)
  - **\$500** calendar year maximum benefit (out-of-network)
- **Calendar Year Deductible**
  - **\$25 individual / \$75 family**

Plan year deductible (applies to basic and major services)

- **Coinsurance** (after the deductible has been satisfied)
  - **100% preventive; 75% basic; 40% major** – (in-network)
  - **80% preventive; 50% basic; 25% major** – (out-of-network)

Freedom to choose dentists both in and out-of-network.



Log in to the member portal at [www.sunlife.com/wvpeia](http://www.sunlife.com/wvpeia) to:

- View your benefits
- View your identification card
- Update your contact information
- Access the latest information on dental health



QR code will provide access to the member portal

# Dental-Active and Retiree Employees Enhanced Plan

- **Calendar Year Maximum**

- **\$1,500** calendar year maximum benefit (in-network)
- **\$1,000** calendar year maximum benefit (out-of-network)

- **Calendar Year Deductible**

- **\$50 individual / \$150 family**

Plan year deductible (applies to basic and major services)

- **Coinsurance** (after the deductible has been satisfied)

- **100% preventive; 80% basic; 60% major; 40% ortho** – (in-network)
- **80% preventive; 60% basic; 40% major; 25% ortho** – (out-of-network)

- **Orthodontia Lifetime Maximum**

- **\$1,250** lifetime maximum benefit (in-network)
- **\$500** lifetime maximum benefit (out-of-network)

Freedom to choose dentists both in and out-of-network.



Log in to the member portal at [www.sunlife.com/wvpeia](http://www.sunlife.com/wvpeia) to:

- View your benefits
- View your identification card
- Update your contact information
- Access the latest information on dental health



QR code will provide access to the member portal

# Dental-Active and Retiree Employees Premier Plan

- **Calendar Year Maximum**
  - **\$2,500** calendar year maximum benefit (in-network)
  - **\$1,500** calendar year maximum benefit (out-of-network)

- **Calendar Year Deductible**
  - **\$75 individual / \$225 family**

Plan year deductible (applies to basic and major services)

- **Coinsurance** (after the deductible has been satisfied)
  - **100% preventive; 90% basic; 75% major; 50% ortho** – (in-network)
  - **80% preventive; 70% basic; 50% major; 50% ortho** – (out-of-network)
- **Orthodontia Lifetime Maximum**
  - **\$2,500** lifetime maximum benefit (in-network)
  - **\$1,000** lifetime maximum benefit (out-of-network)

Freedom to choose dentists both in and out-of-network.



Log in to the member portal at [www.sunlife.com/wvpeia](http://www.sunlife.com/wvpeia) to:

- View your benefits
- View your identification card
- Update your contact information
- Access the latest information on dental health



QR code will provide access to the member portal

# Example of how network dentists can lower out of pocket costs

Example	Network Dentist	Non-Network Dentist
Average charge for crown**	\$1,278	\$1,278
Minus network discount	30%	NA
Actual fee	\$894	\$1,278
Insurance pays 50%	\$447	\$639
Claimant pays	\$447	\$639

**You could save \$192 by going to a network dentist!**

\*This example is for illustrative purposes only. Cost of dental procedures may differ depending on location or dental provider. Savings may also differ in cases when deductibles apply or if the dentist's discount differs from 30%

\*\*2023 Fair Health data. Figures have been rounded to the nearest dollar.



# Sun Life Dental (U.S.) mobile app

Sun Life Dental (U.S.) is an easy and convenient way to access your Sun Life dental benefits. Everything you need to manage your dental benefits can be found right on your phone and we even offer biometrics or social login, so it is fast. It's just one more way to make care and benefits easier.

**Download your ID card** – You can view and share an electronic ID card right from your phone, send it to your dentist's office via text or email and save it to your phone's digital wallet.

**Understand what your plan covers** – This overview of what is covered by your plan includes coinsurance amounts and frequencies. It will help you be more prepared for your next dental appointment.

**Find a dentist near you** – Locate an in-network provider near you with the click of a button.

**Get your claims status** – Quickly check the status of your claims to see how they have been paid. You can even view, save, or send your Explanation of Benefits.

**View your plan overview** – Learn more about plan benefits with easy access to your deductible and maximum.



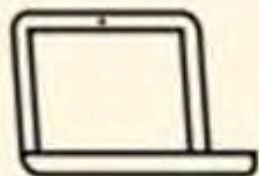
App store



Google Play



# Use your Dental benefits:



Log in to the member portal at [www.sunlife.com/wvpeia](http://www.sunlife.com/wvpeia) to:

- View your benefits
- Update your contact information
- View your identification card
- Access the latest information on dental health



QR code will provide access to the member portal



Insurance products are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA).

Group ID Number:  
959860

Group Plan Name:  
WV PEIA Mountaineer  
Flexible Benefits

Insured Member Name:

[www.sunlife.com/wvpeia](http://www.sunlife.com/wvpeia)

Effective Date: 07/01/2023



Insurance products are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA).

Group ID Number:  
959860

Group Plan Name:  
WV PEIA Mountaineer  
Flexible Benefits

Insured Member Name:

[www.sunlife.com/wvpeia](http://www.sunlife.com/wvpeia)

Effective Date: 07/01/2023





## Accident insurance

- ✓ Helps protect your finances after a covered accident
- ✓ Helps fill the gap between medical insurance payments and your actual cost
- ✓ You'll receive a benefit check directly from Sun Life
- ✓ Includes The Wellness Benefit, which pays you directly for one of over 30 standard health screenings per year

**FACT:** There are 40 million injury related visits to the emergency room every year<sup>1</sup>

1. Emergency Department Visits, National Center for Health statistics,  
<https://www.cdc.gov/nchs/fastats/emergency-department.htm>

# What does Accident insurance cover?

Covered benefit	Low plan
Leg fracture	\$1,500
Shoulder dislocation	\$1,000
X-ray	\$100
Emergency room admission	\$200
Ambulance ride (ground)	\$400

# How Accident insurance can help you

## ASSUMPTION

A DIY project results in a deep arm wound, which requires a trip to the ER and surgery.

Covered benefits	Benefit schedule
Emergency room admission	\$200
MRI	\$200
Surgery on tendon/ligament/rotator cuff tear	\$1,000
Laceration 2 to 6 inches with sutures	\$250
Follow-up visit (6 visits)	\$600
Physical therapy (10 visits)	\$500
<b>Total payments received from Sun Life Accident policy</b>	<b>\$2,750</b>

For illustrative purposes only. Covered benefits shown represent hypothetical payments from the Accident insurance plan only. They do not represent payments from a health insurance plan.



## BENEFIT

You receive **\$2,750** for the treatment of your injury to help pay for out-of-pocket medical expenses.

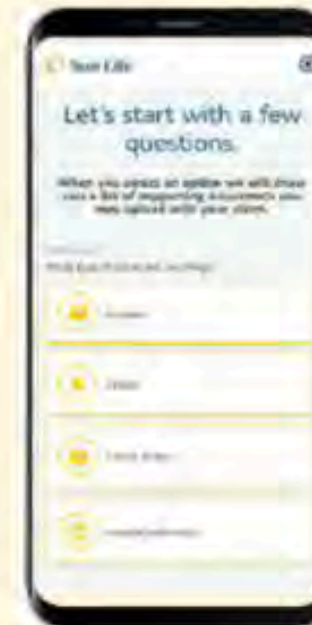
# Your plan includes The Wellness Benefit<sup>1</sup>

- Pays you \$50 directly when you have a covered screening
- Once per covered person, per calendar year
- Pays in addition to your other coverages

1. The Accident policies provide one Wellness Benefit per calendar year per covered person from the list of covered benefits. See certificate for details of covered items and services. Only tests and procedures listed in the certificate are eligible for benefit payment. The Wellness Benefit is subject to state availability and is not available in all jurisdictions. Some Accident policies do not contain the Wellness Benefit.

2. Please see your certificate for additional details and the complete list of tests covered.

## File your claim in 3 easy steps, in 5 minutes or less, via your smartphone



1. Select the plan to get started
2. Guided claims process is fast and easy
3. Documents are uploaded as you go

## There are over 30 tests<sup>2</sup> covered, including:

- Blood test for lipids including total cholesterol, LDL, HDL and triglycerides
- Breast ultrasound or mammography
- Chest x-ray
- Colonoscopy
- Immunizations including flu and COVID-19
- Pap smear
- PSA (blood test for prostate cancer)
- Electrocardiogram (EKG)
- Echocardiogram (Echo)
- School/Sports/Camp exams
- Vision exams
- **Dental exams**



# Critical Illness insurance

- ✓ Helps protect your finances if you're diagnosed with a serious illness
- ✓ Helps fill the gap between medical insurance payments and your actual cost
- ✓ You'll receive a benefit check directly from Sun Life
- ✓ Includes The Wellness Benefit which pays you directly for one of over 30 standard health screenings per year

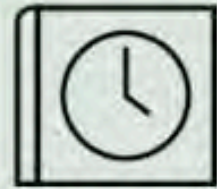
**FACT:** 3 out of 4 adults worry about unexpected medical bills<sup>1</sup>

1. Health Tracking Poll: Voters on Two Key Health Care Issues: Affordability and ACA. Kaiser Family Foundation. Feb 2024.

# What does Critical Illness insurance cover?



Heart attack  
and/or stroke



Alzheimer's  
and/or ALS



Cancer



Childhood or other  
conditions



Pays a benefit for  
preventive tests



Some conditions  
include a Recurrence  
Benefit

# How much Critical Illness insurance can you buy?

Choose the benefit amounts that best meet your needs and your budget.

## **You:**

**\$10,000 to  
\$50,000** in  
\$10,000  
increments

## **Your spouse:**

**\$10,000 to  
\$50,000** in  
\$10,000  
increments- not to  
exceed 100% of EE  
amount

## **Your children:**

**\$2,000 to \$25,000**  
benefit amount in  
\$1,000 increments-  
not to exceed 50% of  
EE amount-Coverage  
to age 26

# How Critical Illness insurance can help

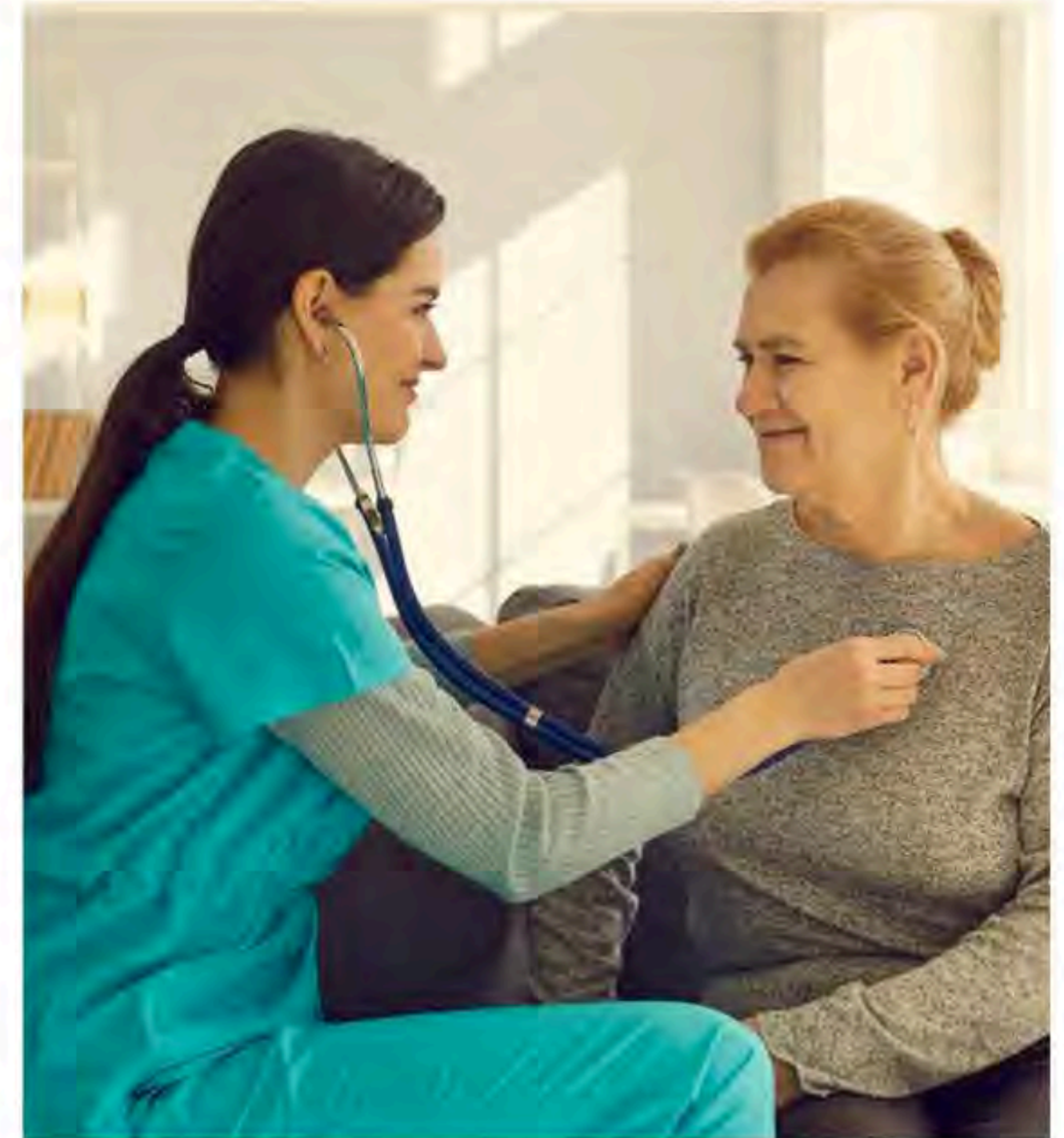
Denise suffered a heart attack due to a blocked artery. After she filed a claim, she received a check for her Critical Illness benefit amount. Denise then needed surgery 8 months later<sup>1</sup> and then suffered another heart attack 2 years later. Fortunately, Denise had Critical Illness insurance with a Recurrence Benefit<sup>2</sup>.

Assumed benefit = \$10,000

Covered condition	Benefit
Wellness Benefit <sup>3</sup> : blood test for cholesterol	\$50
Heart attack (100%)	\$10,000
Coronary artery bypass graft (25%)	\$2,500
Recurrent heart attack (100%)	\$10,000
<b>Total</b>	<b>\$22,550</b>

These potential benefits are for illustrative purposes only and actual benefits may vary based on the terms of the policy and the claimant's circumstances.

1. Your plan may include a waiting period before a different condition may be payable under the same contract. 2. Your plan may include a waiting period before the same condition may be payable under recurrence. 3. Wellness Benefit is payable once per covered person, per contract year. May not be available in all states.



## BENEFIT

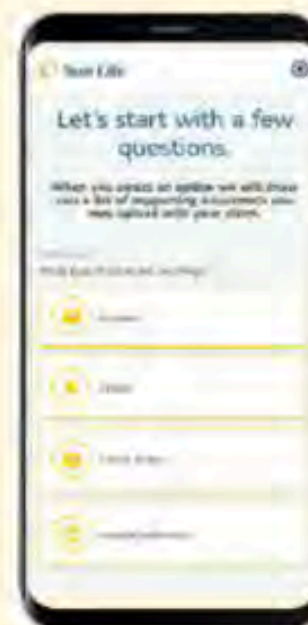
Our Critical Illness insurance policy could pay Denise **\$22,550** to help pay for out-of-pocket medical or other expenses.

# Your plan includes The Wellness Benefit<sup>1</sup>

- Pays you \$50 directly when you have a covered screening
- Once per covered person, per calendar year
- Pays in addition to your other coverages

1. The Critical Illness policies provide one Wellness Benefit per calendar year per covered person from the list of covered benefits. See certificate for details of covered items and services. Only tests and procedures listed in the certificate are eligible for benefit payment. Some Critical Illness policies do not contain the Wellness Benefit. The Wellness Benefit is subject to state availability and is not available in all jurisdictions.  
2. Please see your certificate for additional details and the complete list of tests covered.

**File your claim in 3 easy steps, in 5 minutes or less, via your smartphone**



1. Select the plan to get started
2. Guided claims process is fast and easy
3. Documents are uploaded as you go

**There are over 30 tests<sup>2</sup> covered, including:**

- Blood test for lipids including total cholesterol, LDL, HDL and triglycerides
- Breast ultrasound or mammography
- Chest x-ray
- Colonoscopy
- Immunizations including flu and COVID-19
- Pap smear
- PSA (blood test for prostate cancer)
- Electrocardiogram (EKG)
- Echocardiogram (Echo)
- School/Sports/Camp exams
- Vision exams
- Dental exams



# Hospital Indemnity insurance

- ✓ Helps protect your finances if a hospital stay is needed
- ✓ Helps fill the gap between medical insurance payments and your actual cost
- ✓ You'll receive a benefit check directly from Sun Life
- ✓ Includes The Wellness Benefit which pays you directly for one of over 30 standard health screenings per year

**FACT:** The average hospital stay is 4.6 days, at an average cost of \$13,262. Surgery can add another \$100,000.<sup>1</sup>

1. [Debt.org/hospital-surgerycosts](http://Debt.org/hospital-surgerycosts) Accessed 3.4.24

# Hospital stays can be expensive

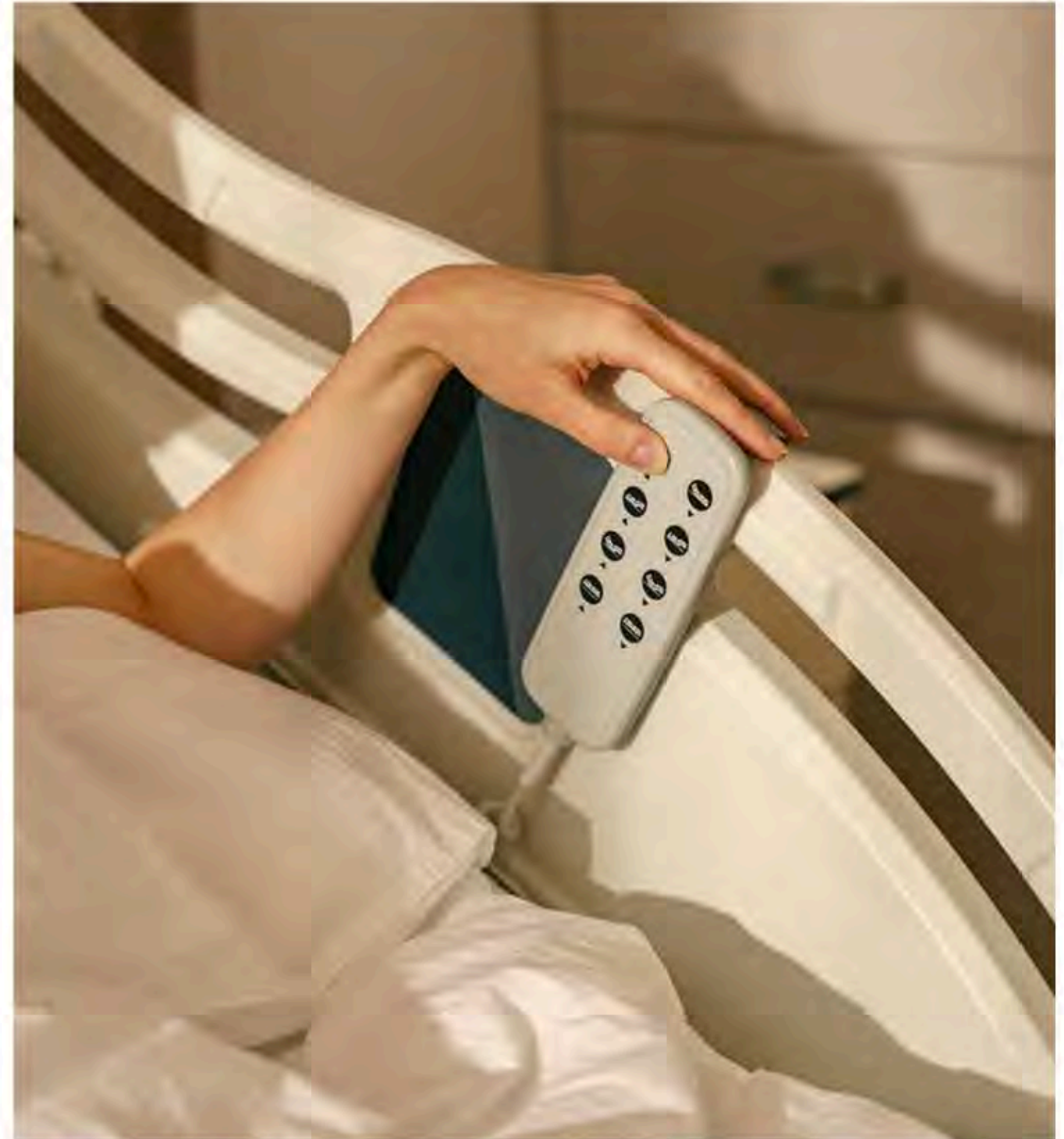
Medical insurance may not cover the full cost of hospitalizations, even without surgery. Co-pays and deductibles may impact your finances.

This plan provides benefits when you are admitted as an inpatient to a hospital\* due to:

- Illness
- Accidents that occur on and off the job
- Routine pregnancy
- Complications of pregnancy
- Newborn complications
- Mental and nervous disorders
- Substance use disorder

and more.

\*Minimum confinement hours apply; general, acute care hospitals only



# Hospital Indemnity plan features

Payment Schedule	Low Plan
<b>First day hospital stay – 1 days per year</b> This benefit pays the first day you stay in a regular hospital bed or ICU bed.	\$1,000
<b>Daily hospital stays – Up to 30 days per year</b> This benefit pays for a hospital stay in a standard room and is paid in addition to the First day hospital confinement benefit.	\$100 per day
<b>Intensive Care Unit (ICU) stays – Up to 10 days per year</b> This benefit pays for an ICU stay and is paid in addition to the First day hospital confinement benefit and the Daily hospital confinement benefit.	\$100 per day
<b>The Wellness Screening Benefit</b>	\$50 per year



- ✓ Plan is HSA compatible
- ✓ No medical questions to answer — guaranteed issue coverage

# Example of Hospital Indemnity

John was in a serious accident. He had to stay in the hospital's intensive care unit for 3 days and then spent 9 days in a regular room.

Covered Benefit	Eligible Days	Low Benefit Amount
First day hospital stay	Day 1	\$1,000
Hospital stay	Days 1–12	\$1,200
ICU stay	Days 1–3	\$300
Total benefit paid for John:		\$2,500

These potential benefits are for illustrative purposes only and actual benefits may vary based on the terms of the policy and the claimant's specific circumstances.



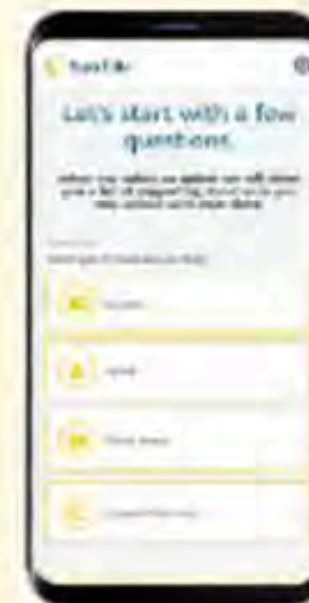
Hospital Indemnity insurance could pay John up to \$2,500

# Your plan includes The Wellness Benefit<sup>1</sup>

- Pays you \$50 directly when you have a covered screening
- Once per covered person, per calendar year
- Pays in addition to your other coverages

1. The Hospital Indemnity policies provide one Wellness Benefit per calendar year per covered person from the list of covered benefits. See certificate for details of covered items and services. Only tests and procedures listed in the certificate are eligible for benefit payment. Some Hospital Indemnity policies do not contain the Wellness Benefit. The Wellness Benefit is subject to state availability and is not available in all jurisdictions.
2. Please see your certificate for additional details and the complete list of tests covered.

## File your claim in 3 easy steps, in 5 minutes or less, via your smartphone



1. Select the plan to get started
2. Guided claims process is fast and easy
3. Documents are uploaded as you go

## There are over 30 tests<sup>2</sup> covered, including:

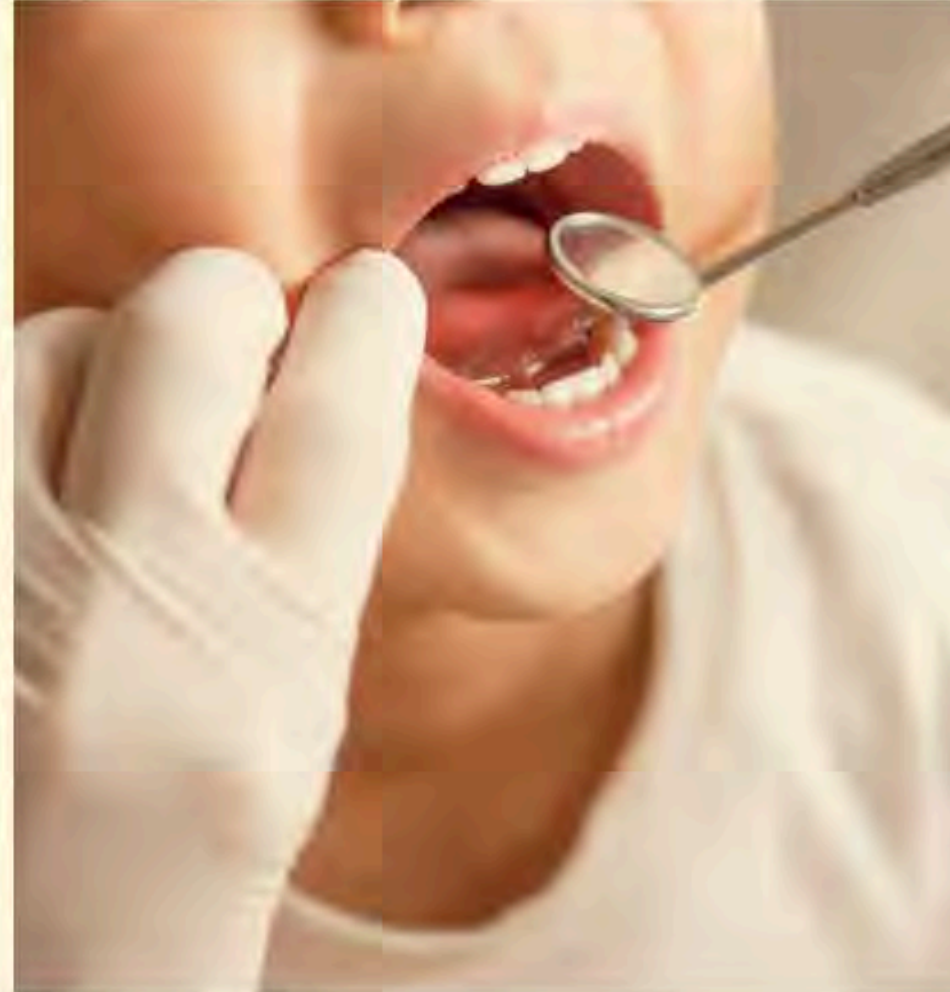
- Blood test for lipids including total cholesterol, LDL, HDL and triglycerides
- Breast ultrasound or mammography
- Chest x-ray
- Colonoscopy
- Immunizations including flu and COVID-19
- Pap smear
- PSA (blood test for prostate cancer)
- Electrocardiogram (EKG)
- Echocardiogram (Echo)
- Sports Exams and more

# Going to the dentist could earn you a wellness benefit

## Your wellness benefits are automatic

Your Supplemental Health coverage from Sun Life includes a wellness benefit that pays you cash, once a year, when you receive care to help you stay healthy. A dental cleaning is one way to earn the wellness benefit.

When you sign up for both Dental and Supplemental Health coverages with Sun Life, we can automatically pay your annual Wellness benefit.



If you have multiple wellness benefits, the one dental cleaning will satisfy all of them and you will get a check for the full amount. Additionally, if dependents get dental cleanings and they have a wellness benefit those will automatically be paid out, too.

1. Qualified cleaning codes include D1110 (adult cleaning) and D1120 (child cleaning).

Wellness benefits may be referred to as Preventive Health or Health Screening benefits in some states. Check your policy for complete details.

## Here's how it works

1. Since you have dental and a wellness benefit from our accident, critical illness and/or hospital indemnity plans from Sun Life, offered by your employer.
2. When you go in for a dental cleaning<sup>1</sup> and your dentist submits their claim, we will automatically check the status of your wellness benefit.
3. If your wellness benefit has not been paid out yet that year, the dental cleaning will satisfy the wellness benefit.
4. A check will be sent out automatically to you – without you having to do anything!

Enrolling is easy



# Visit Benefits Explorer today!

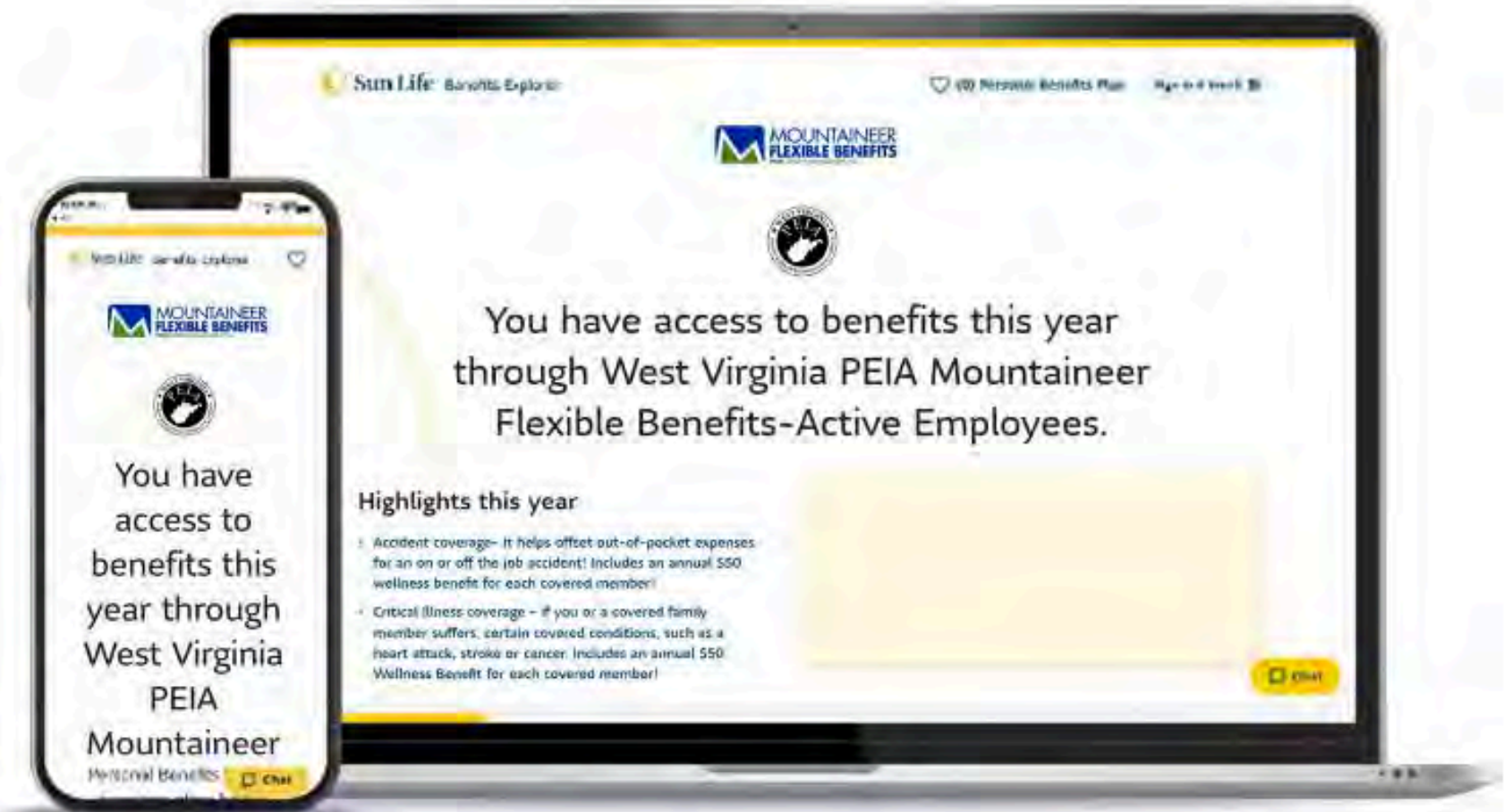
**Benefits Explorer is your digital benefit counselor.**

You can:

Learn about the benefits your employer is offering this year

- ✔ Create your personal benefits plan
- ✔ Chat with a live benefits counselor or schedule an appointment for a virtual call

✔ **Here is your Benefits Explorer link-**  
**Active Employees:**                      **Retirees:**





# Questions?

**For additional information please visit:**

[https://www.sunlife.com/us/sl/west-virginia-peia/en/?WT.mc\\_id=en-us:direct-vanity:sun-life:wvpeia](https://www.sunlife.com/us/sl/west-virginia-peia/en/?WT.mc_id=en-us:direct-vanity:sun-life:wvpeia)

Read on for important disclosures

## Important disclosures

Dental plan does not provide coverage for pediatric oral health services that satisfies the requirements for “minimum essential coverage” as defined by the Patient Protection and Affordable Care Act. (“PPACA”).

**FOR AZ ONLY:** Prepaid/DHMO dental plan pays only those procedures and services specifically listed in the Copayment Schedule, incurred by a covered member after the policy’s effective date and before any future termination date. Services provided by non-Plan Providers are covered only for Emergency Services. Prosthetics are subject to a 5-year replacement limitation. Extractions for Orthodontic purposes only are at a 25% discount off of the Plan Provider’s normal retail charge. Implants and implant related procedures are not covered. Orthodontic treatment involving therapy for myofunctional problems, TMJ (temporomandibular joint) dysfunctions, micrognathia, macroglossia, cleft palate or other growth and developmental abnormalities are not covered. Limitations and exclusions apply with respect to the Member’s oral conditions without regard to whether or not such conditions existed before the effective date of the Member’s enrollment. Please see the Evidence of Coverage or ask your benefits administrator for details.

Vision plan pays only those vision materials, services, and options shown in the Benefit Highlights section of the certificate, incurred after the plan effective date and before any future termination date. Benefits are limited to the lesser of the actual cost of the examination or visually necessary (non cosmetic) materials or the limits of coverage shown in the Benefit Highlights section of the certificate, A member must be a covered vision member under the Plan to receive vision benefits and is responsible for any additional costs above the basic cost. This vision plan does not provide coverage for pediatric vision services that satisfies the requirements for “minimum essential coverage” as defined by the Patient Protection and Affordable Care Act. (“PPACA”).

## Important disclosures

**Accident insurance is a limited benefit policy.** It provides accident coverage only and does not provide basic hospital, basic medical, or major medical insurance. This coverage does not constitute comprehensive health insurance (often referred to as "major medical coverage") and does not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act. Failing to maintain Minimum Essential Coverage may result in a tax penalty. This policy does not provide coverage for sickness. The certificate and its riders have exclusions and limitations that may affect any benefits payable. Benefits payable are subject to all terms and conditions of the certificate. The policy, certificate, and any rider, if applicable, may not be available in all states. In New York and California, to be eligible for Accident Insurance coverage, the Insured must also be covered under major medical, or at least basic hospital and basic medical insurance.

**Cancer insurance is a limited benefit policy.** It does NOT provide basic hospital, basic medical, or major medical insurance. The certificate has exclusions, limitations, and benefit waiting periods for certain conditions (as detailed in the certificate) that may affect any benefits payable. Benefits payable are subject to all terms and conditions of the certificate. The policy, certificate, and rider, if applicable, may not be available in all states and may vary based on state laws and regulations. This coverage does not constitute comprehensive health insurance (often referred to as "major medical coverage"). If your plan includes a Pre-Existing Condition limitation, this means during the exclusionary period prior to any Insured's effective date of insurance or the effective date of an increase in any Insured's amount of insurance, any condition for which any Insured sought medical treatment, consultation, advice, care or services, including diagnostic measures for the condition, regardless of whether the condition was diagnosed or suspected at that time; or took prescribed drugs or medicines for the condition. In California, to be eligible for Cancer Insurance coverage, the Insured must also be covered under major medical, or at least basic hospital and basic medical insurance. Limitations may vary by state law and regulations. Please see the Certificate or ask your benefits administrator for details. We will not pay a benefit that is due to or results from: services or Treatment not included in the Covered Cancer Benefits; war or an act of war; active military duty; intentionally self-inflicted injuries while sane or insane; services or Treatment for which the Insured is not charged, unless there is no charge because the facility is a United States government facility; services or Treatment for premalignant conditions; services or Treatment for conditions with malignant potential; services or Treatment for non-cancer illnesses; elective plastic or cosmetic surgery. This cancer only insurance policy provides limited benefits. This limited policy has some specific benefit limits and is not a medical insurance policy, a Medicare Supplement policy, or a high deductible health plan. Please refer to the issued insurance policy for complete details and all benefit requirements, including all limitations, exclusions, restrictions and reductions. We reserve the right to cancel the policy with advance written notice to the policyholder. Insurance policies and certain policy benefits are subject to state variations and may not be available in all states. Issued insurance contracts determine all plan features and benefits

## Important disclosures

**Critical Illness/Specified Disease insurance is a limited benefit policy.** It does NOT provide basic hospital, basic medical, or major medical insurance. The certificate has exclusions, limitations, and benefit waiting periods for certain conditions (as detailed in the certificate) that may affect any benefits payable. Benefits payable are subject to all terms and conditions of the certificate. The policy, certificate and rider, if applicable, may not be available in all states and may vary based on state laws and regulations. This overview is preliminary to the issuance of the policy and certificate. This coverage does not constitute comprehensive health insurance (often referred to as "major medical coverage"). If your plan includes a Pre-Existing Condition limitation, this means during the exclusionary period prior to any Insured's effective date of insurance or the effective date of an increase in any Insured's amount of insurance, any condition for which any Insured sought medical treatment, consultation, advice, care or services, including diagnostic measures for the condition, regardless of whether the condition was diagnosed or suspected at that time; or took prescribed drugs or medicines for the condition. The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details. We will not pay any benefit that is caused by, contributed to in any way, or resulting from any Covered Condition Diagnosed outside the United States or Canada without confirmation of the Diagnosis by a Physician who practices in the United States or Canada. We will not pay a benefit that is due to or results from: suicide while sane or insane; intentionally self-inflicted injuries; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; voluntary use of any controlled substance/illegal drugs; operation of a motorized vehicle while intoxicated; if you do not submit proof of your loss as required by us (this covers medical examination, continuing care, death certificate, medical records, etc.); incarceration; a diagnosis that is not explicitly covered under the policy; a diagnosis that occurs prior to the effective date of coverage (unless it is a new and unrelated diagnosis that occurs after the effective date of coverage). Covered conditions have specific diagnostic criteria that must be met (along with supporting documentation) for a benefit to be paid. For additional information regarding covered conditions, please request an outline of coverage.

## Important disclosures

Hospital Indemnity insurance is a limited benefit policy. It does NOT provide basic hospital, basic medical, or major medical insurance. It is not a Medicare Supplement policy. The certificate has exclusions, limitations, and benefit waiting periods for certain conditions that may affect any benefits payable. Benefits payable are subject to all terms and conditions of the certificate. The policy, certificate and any rider, if applicable, may not be available in all states and may vary based on state laws and regulations. This product is inappropriate for individuals who are eligible for Medicaid coverage. This coverage does not constitute comprehensive health insurance (often referred to as "major medical coverage") and does not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act. In NY and CA, the insured must also be covered under major medical, or at least basic hospital and basic medical insurance, to be eligible. The following exclusions may vary by plan design, state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details. No benefits will be payable relating to or resulting from services or treatment rendered or confinement outside the United States or Canada. No benefits will be payable for any loss that is caused or contributed to by: war or any act of war or your active duty in any armed service during a time of war (this does not include acts of terrorism); active military duty; riding in or driving any motor-driven vehicle in a race, stunt show, speed test or driving while Intoxicated; committing of or attempting to commit an assault, felony or other criminal act; active participation in a riot, rebellion or insurrection; committing or attempting to commit suicide, whether sane or insane, or injuring oneself intentionally; incarceration in a penal institution of any kind; pregnancy or childbirth, except complications of pregnancy; any mental and nervous disorder; substance abuse; a covered accident or covered sickness arising out of or in the course of any work for pay or profit; elective abortion or complications thereof; elective or cosmetic surgery or procedures, except for reconstructive surgery unless due to congenital anomaly or disease of a dependent child which has resulted in a defect; artificial insemination, in vitro fertilization, test tube fertilization; treatment, supplies or services provided by, through or, behalf of any government agency or program for which there is not normally any charge; or sterilization, tubal ligation or vasectomy, and reversal thereof, unless recommended by a physician.



This advertisement is not approved for use in New Mexico.

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 07-SL REV 7-12, 07P-LH-PT/07C-LH-PT, 01P-ADD-PT/01C-ADD-PT, GP-A, GC-A, 12-GP-01, 15-GP-01, 12-DI-C-01, 16-DI-C-01, 12-SD-C-01, 13-SD-C-01, 13-SDPort-C-01, 12-AC-C-01, 12-ACPort-C-01, 16-AC-C-01, 16-ACPort-C-01, 13-ADD-C-01, 13-ADDPort-C-01, 15-ADD-C-01, 12-GPPort-P-01, 12-STDPort-C-01, 16-SD-C-01, 16-SDPort-C-01, 16-CAN-C-01, 16-CANPort-C-01, 15-LF-C-01, 15-LFPort-C-01, 16-DEN-C-01, 16-VIS-C-01, TDBPOLICY, TDI-POLICY, 20-HI-C-01, 12-GPPort-P-01, 20-HIORT-C-01, 20-PFML-GP-01-MA, 21-PFML-GP-01-CT, 23-FAMLI-GP-01-CO, 22-PFML-GP-01-OR, 23-SD-C-01, 23-SD-PORT-C-01, 23-SD-R-01, 23-SD-R-02, 23-SD-R-03, 23-SD-R-04, 23-SD-R-05, 23-SD-R-05. Prepaid dental products are provided and administered by Sun Life Assurance Company of Canada (SLOC) under Form Series BDC-GDSA, PDC, and are provided by prepaid dental companies, affiliated with SLOC, under Form Series BDC-GDSA, UDC-CA-GA06-UDC, UDC-CA-GA06-89, FB-NJ-0281, UDC-09-GDSA-TX, PDC in certain states except New York. Prepaid dental companies are Denticare of Alabama, Inc., United Dental Care of Arizona, Inc., UDC Dental California, Inc., United Dental Care of Colorado, Inc., Union Security DentalCare of Georgia, Inc., United Dental Care of Missouri, Inc., Union Security DentalCare of New Jersey, Inc., United Dental Care of New Mexico, Inc., UDC of Ohio, Inc., and United Dental Care of Texas, Inc.. In New York, group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Lansing, MI) under Policy Form Series 15-GP-01, 13-GP-LF-01, 13-LF-C-01, 13-GP-LH-01, 13-ADD-C-01, 12-DI-C-01, 13-LTD-C-01, 13-STD-C-01, 06P-NY-DBL, 07-NYSL REV 7-12, GC-A, GP-A, 12-GP-SD-01, 13-SD-C-01, 13-SDPort-C-01, 12-GP-01, 12-AC-C-01, 12-ACPort-C-01, 13-LFPort-C-01, 13-ADDPort-C-01, 15-LF-GP-01, 15-SD-GP-01, 12-STDPort-C-01, 16-VIS-C-01, 15-HI-GP-01, 20-HI-C-01, 12-GPPort-P-01. In New York, prepaid dental products are provided and administered by Sun Life and Health Insurance Company (U.S.) (SLHIC) (Lansing, MI) under Form Series BDC-GDSA-NY. Product offerings may not be available in all states and may vary depending on state laws and regulations. Administrative Services Only services for self-funded dental plans are administered by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states except New York. In New York, they are administered by Sun Life and Health Insurance Company (U.S.) (Lansing, MI). Certain provisions, benefits, exclusions or limitations may vary by state. Plans contain limitations, exclusions and restrictions. Contact us for additional information. The group insurance policies described in this advertisement do NOT provide basic hospital, basic medical, or major medical insurance.

© 2025 Sun Life Assurance Company of Canada, Wellesley Hills, MA 02481. All rights reserved. The Sun Life name and logo are registered trademarks of Sun Life Assurance Company of Canada. Visit us at [www.sunlife.com/us](http://www.sunlife.com/us).

GVMPPPT-EE-4496-2-e

#1365442988 06/25 (exp. 05/27)

# Questions and Answers



# Take Our Survey



# Thank You to Our Partners!



Legal Insurance



# Eligibility Questions



Life Ins, Deaths, SD, ESRD, LEAD  
Joni Blankenship (304) 352-0303  
[joni.l.blankenship@wv.gov](mailto:joni.l.blankenship@wv.gov)

Retirees, LEAD  
Nicole Spears (304) 352-0312  
[nicole.l.spears@wv.gov](mailto:nicole.l.spears@wv.gov)

Administrative Assistant  
Cathy Hearnshaw (304) 352-0290  
[cathleen.l.hearnshaw@wv.gov](mailto:cathleen.l.hearnshaw@wv.gov)

Non-State  
Shawn McKenzie (304) 352-0315  
[shawn.r.mckenzie@wv.gov](mailto:shawn.r.mckenzie@wv.gov)

County BOE (A-L)  
Brandy Early (304) 352-0301  
[brandy.s.early@wv.gov](mailto:brandy.s.early@wv.gov)

County BOE (M-Z)  
Christy Yarborough (304) 352-0292  
[christie.e.yarbough@wv.gov](mailto:christie.e.yarbough@wv.gov)

College & Universities  
Jennifer Barger (304) 352-0305  
[jennifer.l.barger@wv.gov](mailto:jennifer.l.barger@wv.gov)

State Agencies & DHHR  
Sharon Withrow (304) 352-0316  
[sharon.k.withrow@wv.gov](mailto:sharon.k.withrow@wv.gov)

# Thank You for Your Attention

Jill Beaty  
304-352-0300  
[Susan.j.beaty@wv.gov](mailto:Susan.j.beaty@wv.gov)

