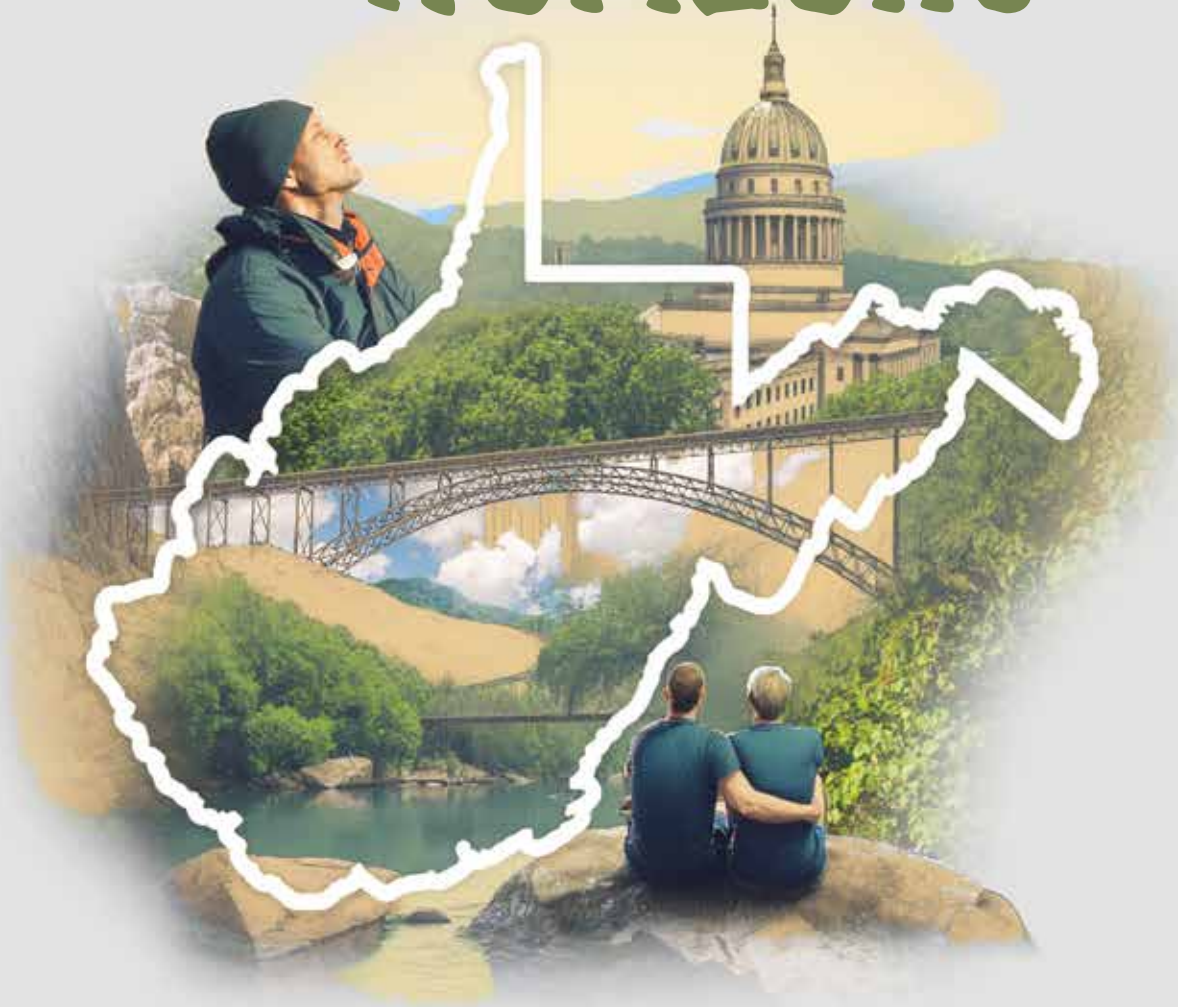


Open New Horizons



2027 West Virginia Flexible Benefits Guide

Active Employee

mountaineer.fbmcbenefits.com

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IMPORTANT DATES

OPEN ENROLLMENT PERIOD





















APR 2 -THRU- MAY 15

PERIOD OF COVERAGE

7/1/26 -THRU- 6/30/27

BENEFITS FAIRS

APR 6 -THRU- APR 20

MONDAY APR 6	 CHARLESTON: Capitol Complex, Building 3 1900 Kanawha Boulevard E, Bldg. 3, Charleston, WV 25302	 10 AM-1:30 PM
MONDAY APR 6	 CHARLESTON: Kanawha City Community Center 3511 Venable Avenue, Charleston, WV 25304	 3:00-6:00 PM
TUESDAY APR 7	 HUNTINGTON: Marshall University Student Center 1 John Marshall Drive, Huntington, WV 25755	 3:00-6:00 PM
THURSDAY APR 9	 BECKLEY: WVU Institute of Technology, Admin/Extension Bldg. Auditorium 1704 Market Street, Wheeling, WV 26003	 3:00-6:00 PM
MONDAY APR 13	 MINERAL WELLS: Comfort Suites 167 Elizabeth Pike, Mineral Wells, WV 26150	 3:00-6:00 PM
TUESDAY APR 14	 MORGANTOWN: Holiday Inn-University Area 1188 Pineview Drive, Morgantown, WV 26508	 3:00-6:00 PM
THURSDAY APR 16	 WHEELING: WV Northern Community College, J. Michael Koon Auditorium 1704 Market Street, Wheeling, WV 26003	 3:00-6:00 PM
MONDAY APR 20	 MARTINSBURG: Holiday Inn Martinsburg 301 Foxcroft Avenue, Martinsburg, WV 25401	 3:00-6:00 PM
TUESDAY APR 21	 VIRTUAL ENROLLMENT UPDATE SESSION	 +1 (727) 314-1004 PIN: 151 511 647#
	 http://meet.google.com/ wsufvyo-egn	 3:00-5:00 PM

GETTING STARTED

WHO IS ELIGIBLE?

- All active employees of state agencies, colleges and universities and participating County Boards of Education and some non-state agencies. Check with your benefits department.
- If you feel you are eligible for COBRA, see **page 19**.

KEEP YOUR ADDRESS UPDATED

- In order to protect your family's rights, you should keep your employer and FBMC Benefits Management Inc., informed of any changes in the addresses of family members. You should also keep a copy for your records of any notices you send to your employer and FBMC. Please see your benefits coordinator to complete the FBMC Demographic Change Form. The Demographic Change Form can also be found on the PEIA website (www.peia.wv.gov).

If you do not wish to make changes to your benefits for next year, you do not need to enroll. Your benefits selections will roll over to the following plan year. WV FSAs automatically roll over into the new plan year. See below for How to Enroll Instructions.



WHAT'S NEW IN 2027

- **Dental rates are increasing**
See **page 9** for details
- **FSA & HSA limits are increasing**
See **page 7** for details

HOW TO ENROLL

Enroll by Paper

You must enroll by paper form, if you:

- Are a new hire after **March 1st, 2026**.
- Currently do not participate.
- Work for a non-state agency or a County Board of Education and are not currently enrolled in benefits through the Mountaineer Flexible Benefits Plan.

Find instructions on **page 22** on how to fill out this form.

Enroll Online if Eligible

Employees may choose to enroll at www.myFBMC.com. You must be registered to access the web enrollment. If you have not already, you will need to register following the first-time user link provided (see below).

Registering Online

Your first step is to register, using your name, mailing ZIP code, email address and Social Security number (current users will continue to use your existing login credentials). If you previously registered an email address and password on FBMC's website, you may continue using this information. For Online Tech Support, submit inquiry to techsupport@fbmc.com.



ACCIDENT

Provided by: **Sun Life**

Accident Insurance helps protect your finances after a mishap. When you, your spouse or child has a covered accident, like a fall from a bicycle that requires medical attention, you can receive cash benefits to help cover the unexpected costs.

Plan #: 965932 Phone: (800) 309-8699

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

WELLNESS BENEFIT

You are eligible for a \$50 yearly wellness-screening benefit (paid directly to you).

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



CRITICAL ILLNESS

Provided by: **Sun Life**

When you, your spouse or child is diagnosed with a covered condition, you can receive a cash benefit to help pay unexpected costs not covered by your health plan. It also helps cover related expenses like lost income, child care, travel to and from treatment, deductibles and co-pays.

Plan #: **965932** Phone: **(800) 309-8699**

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					

▶ Attained age rating applies – premiums will increase due to age increase. * Used to determine both you and your spouse's rates

EMPLOYEE¹ ▶ Guaranteed Issue	\$10,00 - \$50,000 (\$10,000 Increments)
SPOUSE ▶ Cannot exceed 100% your coverage amount	\$10,00 - \$50,000 (\$10,000 Increments)
CHILDREN (Age <26) ▶ Cannot exceed 50% your coverage amount	\$2,000 - \$25,000 (\$1,000 Increments)

WELLNESS BENEFIT

Payable to any covered person on your plan one time each benefit year, once you provide proof of an eligible health screening.

EMPLOYEE	SPOUSE	CHILDREN
\$50	\$50	\$50

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

^R Recurrence Benefit available (additional payout if 6 months pass between first & second diagnosis.)

1. Conditions diagnosed prior to enrollment are not covered. So someone can be covered but the condition would not be.

LEARN MORE

Scan the QR code for full plan documents & details.





HOSPITAL INDEMNITY

Provided by: **Sun Life**

Hospital Indemnity Insurance helps protect your finances if you, your spouse, or child experience a hospital stay. You can receive money to help pay unexpected expenses like lost income, child care, deductibles & copays.

Plan #: **965932** Phone: **(800) 309-8699**

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

WELLNESS BENEFIT

You are eligible for a \$50 yearly wellness-screening benefit (paid directly to you).

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

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



FSA/HSA

Provided by: **Inspira Financial**

Phone: **1 (844) 729-3539**

FLEXIBLE SAVINGS ACCOUNTS (FSA)

A Flexible Spending Account (FSA) lets you pay for eligible expenses with tax-free money. You contribute to an FSA with pretax money from your paycheck each pay period. This, in turn, may help lower your taxable income. There are 3 types of FSAs available to you:

HEALTHCARE FSA

Helps pay for qualifying medical expenses not covered by insurance (co-pays, deductibles, prescription costs, etc.)

KEY HFSA ELIGIBLE EXPENSES

- **Medical Equipment & Supplies:** Blood pressure monitors, crutches, bandages, thermometers, COVID-19 tests, and face masks.
- **Over-the-Counter (OTC) Drugs & Meds:** Pain relievers, cold/flu medicine, and allergy pills.
- **Skin & Personal Care:** Acne creams and washes, sunscreens, and specialized treatments.
- **Vision Care:** Prescription eyeglasses, contact lenses, contact lens solutions, and prescription sunglasses.
- **Dental & Orthodontia:** Cleanings, fillings, and braces.

DEPENDENT CARE FSA

Helps pay for eligible care expenses for eligible dependents such as your children, spouse and/or relative. **PLEASE NOTE:** The Dependent Care Flexible Spending Account (FSA) **does not cover healthcare costs.**

KEY DCFSA ELIGIBLE EXPENSES

- **Childcare:** Daycare centers, nursery schools, and preschool (pre-kindergarten).
- **In-Home Care:** Babysitters and nannies, even if not licensed, provided they report the income for taxes.
- **Before/After School Care:** Programs for children under 13.
- **Summer Day Camps:** Daytime summer camps (overnight camps are not eligible).
- **Elder/Dependent Adult Care:** Care for a spouse or dependent incapable of self-care living in your home.
- **Fees:** Application, registration, or late pick-up fees.

FSA PLAN YEAR

July 1, 2026 - June 30, 2027

MAX ANNUAL CONTRIBUTION

- | | |
|----------------------|----------------|
| • Healthcare FSA | \$3,400 |
| • Dependent Care FSA | \$7,500 |

GRACE AND RUN OUT PERIOD

You have a 123-day run-out period (ending OCT 31, 2027) after your 2026 plan year ends to submit reimbursement requests for all eligible FSA expenses incurred DURING your plan year.

You may continue using only your Healthcare during the grace period (ending SEPT 15, 2027), which is two months and 15 days after the end of your 2026 plan year. Be sure to 123-day run-out period.

LIMITED HEALTHCARE FSA

Similar to Healthcare FSA, but **ONLY** usable for Dental & Vision expenses. **NOTE:** You must be enrolled in a High Deductible Health Plan (HDHP) and an Health Savings Account (HSA) to use an LPFSA.

KEY LPFSA ELIGIBLE EXPENSES

- **Vision Care:** Eye exams, Prescription eyeglasses, sunglasses, and readers, Contact lenses and solutions, LASIK and other laser eye surgeries, Vision-related diagnostic services
- **Dental Care:** Routine dental cleanings and X-rays, fillings, crowns, and bridges, orthodontia (braces, retainers), dentures and dental sealants, occlusal guards to prevent teeth grinding
- **Preventive/Other:** Preventive care services (e.g., screenings), medical deductibles and co-pays (if allowed by plan)

LEARN MORE

Scan the QR code for full plan documents & details.



HEALTH SAVINGS ACCOUNT (HSA)

A Health Savings Account (also known as an HSA) is a tax-advantaged bank account you can open when you are enrolled in a qualified HDHP. The HSA provides a way to save for current and future health care expenses - with tax advantages along the way. HSAs are commonly referred to as a triple-tax-advantaged account, meaning:

- Your individual contributions to an HSA can be tax-free, up to an annual maximum set by the IRS
- Earnings on contribution (through interest and investments) can be tax-free
- You can use the money in your HSA, tax-free, for eligible health care expenses, prescription costs, etc.)
- Your HSA is owned by and goes with you if you become unemployed, change jobs, or retire you can:
 - You can leave the money in your current account
 - You can transfer the money to another HSA
 - However, if you make an early withdrawal - or use your HSA for non-eligible expenses - the money may be subject to penalty or taxes.

IRS MAX ANNUAL CONTRIBUTION

• Employee	\$4,400
• EE+Family	\$8,750
• Catch-up <small>(Contributions for Individuals age 55+)</small>	\$1,000

THE BENEFITS OF AN HSA ARE:

- Contributions are excluded from income (pretax)
- Contributions remain in your account from year to year until you use them
- The interest or other earnings on the assets in the account are tax-free
- Distributions are tax-free if used to pay for qualified medical expenses, including Rx, dental and vision
- Spouse/dependent expenses are eligible, even if on another health plan
- HSA funds can be invested once a certain threshold of savings is met
- An HSA is portable; it stays with you if you change employers or leave the workforce

Note: Funds must be deposited into your account before use (works like a checking account).

QUALIFYING FOR AN HSA (ELIGIBILITY):

You must be covered under a High-Deductible Health Plan (HDHP)

- You must be covered under a High-Deductible Health Plan (HDHP)
- You cannot have other health coverage, except what's permitted by the IRS (see IRS Publication 969)
- You cannot be enrolled in Medicare Part A and/or Part B
- You cannot be claimed as a dependent on someone else's tax return

TRIPLE TAX SAVINGS!

You can take advantage of "triple tax savings" when you open an HSA with Inspira Financial. That's because...

- Your contributions are pretax (or tax deductible);
- Your account balance grows tax-free; and
- Withdrawals for qualified medical expenses are also tax-free.

2026 MAXIMUM HSA CONTRIBUTIONS ALLOWED BY THE IRS:

The Internal Revenue Service (IRS) issued Revenue Procedure 2020-20, which provides the 2026 inflation adjusted amounts for health savings accounts (HSAs) as determined under Section 223 of the Internal Revenue Code.

For calendar year 2026, the annual limitation on deductions for an individual with self-only coverage under a High-Deductible Health Plan is \$4,400. For calendar year 2026, the annual limitation on deductions for an individual with family coverage under a high deductible health plan is \$8,750. Individuals over the age of 55 may contribute up to \$1,000 more to their HSA per year until they turn 65 and are enrolled in Medicare.

Please note: You cannot be enrolled in a Healthcare FSA and an HSA simultaneously. If you currently have an active FSA, all funds must be exhausted by June 30, 2026, to avoid delaying the opening of your HSA. If funds are not exhausted by that date, the opening of your HSA will be postponed until after the end of your FSA run-out period on September 15, 2026, with the HSA starting on October 1, 2026.



DENTAL

Provided by: **Sun Life**

Good health starts with your teeth. Annual preventive care alone can help prevent health problems such as heart disease and diabetes. Sun Life, your dental insurance provider, helps protect your teeth for a lifetime.

Plan #: 959860 Phone: 1 (844) 583-5036

RATES (COST PER PAY PERIOD)		10	12	18	20	21	22	24	26
ASSISTANCE PLAN	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
BASIC PLAN	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
ENHANCED PLAN	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
PREMIER PLAN	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



**NEW DENTAL APP
NOW AVAILABLE!**

Scan the QR code & download today!



ASSISTANCE		BASIC		ENHANCED		PREMIER	
In-Net	Out	In-Net	Out	In-Net	Out	In-Net	Out

PLAN YEAR DEDUCTIBLES

• Per Person	\$25 (Type II & III services only)		\$25 (Type II & III services only)		\$50 (Type II & III services only)		\$75 (Type II & III services only)	
• Per Family Max	\$75		\$75		\$150		\$225	
PLAN YEAR MAX BENEFIT*	\$750	\$500	\$1,000	\$500	\$1,500	\$1,000	\$2,500	\$1,500

OTHER MAXIMUMS

• 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

BENEFITS

TYPE I: PREVENTIVE	100%	80%	100%	80%	100%	80%	100%	80%
TYPE II: BASIC DENTAL	40%	25%	75%	50%	80%	60%	90%	70%
TYPE III: MAJOR DENTAL	25%	10%	40%	25%	60%	40%	75%	50%
TYPE IV: ORTHODONTIC ▶ No age limit	Not Covered	Not Covered	40%	25%	50%	50%		
TMJ DISORDER	Not Covered	Not Covered	60%	40%	75%	50%		
• Non-Surgical treatment Lifetime Maximum	Not Covered	Not Covered	\$1,000		\$1,000			
REIMBURSEMENT TYPE	Maximum Allowable Charge		Maximum Allowable Charge		Maximum Allowable Charge		Usual & Customary	

WAITING PERIODS

• Type I & II	None	None	None	None
• Type III	6 Months	6 Months	6 Months	6 Months
• Type IV	N/A	N/A	6 Months	6 Months

* Once the Per Person Non-Network Maximum Benefit has been paid for Network and Non-Network Expenses combined, no additional benefits are payable for the remainder of the Benefit Year for Non[1]Network Expenses. The benefits paid for Network Expenses and Non-Network Expenses combined will never exceed the Maximum Benefit for Network Expenses shown in the Benefit Highlights.

**For a complete description of services and waiting periods, please review your certificate of insurance. If you had prior dental coverage with no lapse between plans, the waiting period will be waived for these plans.

PARTIAL LIST OF COVERED SERVICES



ASSISTANCE & BASIC DENTAL PLAN

Type I Preventive Dental Services, including:

- Oral evaluations – 2 in any benefit year
- Routine dental cleanings – 2 in any benefit year
- Fluoride treatment – 1 in any 6 month period. Only for children under age 19
- Sealants – no more than 1 per tooth in any 36 month period, only for permanent molar teeth. Only for children under age 14
- Space maintainers – only for children under age 19
- Bitewing x-rays – 2 in any 12 month period
- Intraoral complete series x-rays – 1 in any 36 month period
- Genetic test for susceptibility to oral diseases

Type II Basic Dental Services, including:

- New fillings
- Simple extractions, incision and drainage
- Surgical extractions of erupted teeth, impacted teeth, or exposed root
- Biopsy (including brush biopsy)
- Endodontics (includes root canal therapy) – 1 per tooth in any 24 month period
- General anesthesia/IV sedation – medically required
- Minor gum disease (non-surgical periodontics)
- Scaling and root planing – 1 in any 24 month period per area
- Periodontal maintenance – 2 in any benefit year
- Localized delivery of antimicrobial agents
- Major gum disease (surgical periodontics)

Type III Major Dental Services, including:

- Dentures and bridges – subject to 5 year replacement limit
- Stainless steel crowns – only for children under age 19
- Inlay, onlay, and crown restorations – 1 per tooth in any 5 year period
- Major gum disease (surgical periodontics)

WAITING PERIODS

For a complete description of services and waiting periods, please review your certificate of insurance. If you were covered under your employer's prior plan the wait will be waived for any type of service covered under the prior plan and this plan.

- No waiting period for preventive or basic services
- 6 months for major services

ENHANCED & PREMIER PLAN

Type I Preventive Dental Services, including:

- Oral evaluations – 2 in any benefit year
- Routine dental cleanings – 2 in any benefit year
- Fluoride treatment – 1 in any 6 month period. Only for children under age 19
- Sealants – no more than 1 per tooth in any 36 month period, only for permanent molar teeth. Only for children under age 14
- Space maintainers – only for children under age 19
- Bitewing x-rays – 2 in any 12 month period
- Intraoral complete series x-rays – 1 in any 36 month period
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Type II Basic Dental Services, including:

- New fillings
- Simple extractions, incision and drainage
- Surgical extractions of erupted teeth, impacted teeth, or exposed root
- Biopsy (including brush biopsy)
- Endodontics (includes root canal therapy) – 1 per tooth in any 24 month period
- General anesthesia/IV sedation – medically required
- Minor gum disease (non-surgical periodontics)
- Scaling and root planing – 1 in any 24 month period per area
- Periodontal maintenance – 2 in any benefit year
- Localized delivery of antimicrobial agents
- Major gum disease (surgical periodontics)

Type III Major Dental Services, including:

- Dentures and bridges – subject to 5 year replacement limit
- Stainless steel crowns – only for children under age 19
- Inlay, onlay, and crown restorations – 1 per tooth in any 5 year period
- Treatment for TMJ Disorder - *Non-Surgical TMJ treatment \$1,000 lifetime maximum*

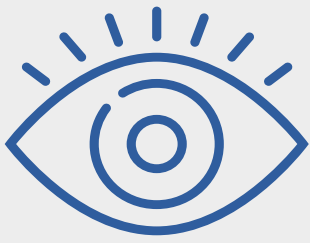
Type IV Ortho Services:

- Available to adults and children

WAITING PERIODS

For a complete description of services and waiting periods, please review your certificate of insurance. If you were covered under your employer's prior plan the wait will be waived for any type of service covered under the prior plan and this plan.

- No waiting period for preventive or basic services
- 6 months for major services
- 6 months for orthodontic services



VISION

Provided by: **Humana / EyeMed**

Your vision health is an important part of complete wellness. Vision benefits are designed to give you and your covered family members the care, value, and service to help maintain good vision and overall health.

Plan #: 855933 (Active) Phone: 1 (877) 398-2980

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

	EXAM PLUS PLAN		FULL SERVICE PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
EXAM WT DILATION	\$10	≤\$40	\$20	≤\$40
• Retinal imaging ¹	≤\$39	Not Covered	≤\$39	Not Covered
CONTACT LENS EXAM²				
• Standard fitting & follow-up	≤\$40	Not Covered	≤\$40	Not Covered
• Premium fitting & follow-up	10% Discount	Not Covered	\$60	Not Covered
FRAMES³	35% Discount	Not Covered	\$150 allowance + 20% off balance	\$75 allowance
STANDARD PLASTIC LENSES⁴				
• 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
FREQUENCIES				
• Exam	1 per Plan Year		1 per Plan Year	
• Glasses/Contact Lenses ⁵	Not Covered		1 per Plan Year	
• Frames	35% off retail		1 per 2 Plan Years	
DIABETIC EYE CARE & TESTING:	Not Covered		\$0	≤\$15 - 77

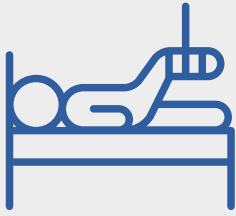
¹ Member costs may exceed \$39 with certain providers. Members may contact their participating provider to determine what costs or discounts are available.

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.



SHORT-TERM DISABILITY

Provided by: MetLife

Plan #: 150596-3-G Phone: (888) 466-8640

SHORT-TERM DISABILITY

WHEN AM I CONSIDERED DISABLED?

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

WHAT IS THE STD BENEFIT?

The weekly Short-Term Disability (STD) benefit is based on your earnings from your public employer. The group insurance policy refers to these earnings as pre-disability earnings.

The weekly benefit is 70% of your pre-disability earnings, reduced by deductible income. The maximum weekly benefit is \$1,000. The minimum weekly benefit is \$15.

WHAT IS DEDUCTIBLE INCOME?

Deductible income includes 50% of earnings from work activity while you are disabled, and disability benefits you receive or are eligible to receive because of your disability under any state disability benefit law or similar law. Any amount you receive by compromise, settlement, or other method as a result of a claim for any of the above, whether disputed or undisputed.

HOW LONG CAN STD BENEFITS CONTINUE?

STD benefits can continue during the disability until no longer disabled, but no longer than the 180th day of disability.

WHEN DO STD BENEFITS BECOME PAYABLE?

If your STD claim is approved by MetLife, STD benefits become payable at the end of the 30-day benefit waiting period. During this 30-day period, no STD benefits are payable.

The Group Policy has an actively-at-work requirement that you must meet before your insurance will become effective.

WHAT ARE THE EXCLUSIONS AND LIMITATIONS?

You are not covered for a disability caused or contributed to by: 1) a work-related injury, 2) an intentionally self-inflicted injury or 3) war or any act of war. Benefits are not payable for any period when you 1) receive or are eligible to receive sick leave, 2) are working for any employer other than the State of West Virginia or your public employer, 3) are eligible for any benefits under a workers' compensation act or similar law or 4) are not under the ongoing care of a physician.

This description is designed to answer some common questions about the Short-Term Disability coverage. It is not intended to provide a detailed description of the plan. If you become insured, a more detailed description will be available in group insurance certificates provided to you. The controlling provisions are in the master group insurance policies. This description and the certificates do not modify the group policies or the insurance in any way.

For rules governing the taxes on the insurance payments you may receive, please read the "Notices" section in the back of this benefits guide.

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

*Definition of earnings: Base pay plus commission, shift differential, deferred compensation.

YOUR PRETAX RATES:

Example: If your weekly salary is \$350, your monthly premium would be calculated:
 $\$350 \times \$0.0257 = \$8.99^*$ per month.

*Actual premium may vary slightly due to rounding

LEARN MORE

Scan the QR code for full plan documents & details.



LONG-TERM 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
PLAN 3 (70% COVERAGE LEVEL)	\$0.227	\$0.274	\$0.354	\$0.489	\$0.723	\$1.064	\$1.395	\$1.490	\$1.676	\$1.783

Age as of July 1, 2025. Disability Income Plan premiums are adjusted on an annual basis according to the employee's age and salary.

Long-Term Disability (LTD) insurance can help safeguard your family's lifestyle and provide some peace of mind in the event you become disabled and are unable to work. Because the State of West Virginia's retirement plan may not provide you adequate protection in the event you become disabled, you should consider enrolling in one of the two Long-Term Disability insurance plans now being offered by MetLife.

WHEN AM I CONSIDERED DISABLED?

During the benefit waiting period and the next 24 months you are considered disabled if, due to injury, physical disease, pregnancy or mental disorder, you are unable to perform with reasonable continuity the material duties of your own occupation, or you are unable to earn more than 80% of your pre-disability earnings while working in your own occupation.

Thereafter, you are considered disabled if, due to an injury, physical disease, pregnancy or mental disorder, you are unable to perform with reasonable continuity the material duties of any gainful occupation for which you are reasonably fitted by education, training and experience, or you are unable to earn more than 60% of your pre-disability earnings while working in your own or any other occupation.

WHAT IS THE LTD BENEFIT?

The monthly LTD benefit is based on your earnings from your public employer. The group insurance policy refers to these earnings as pre-disability earnings. The group policy has an actively-at-work requirement you must meet before your insurance will become effective.

► **IMPORTANT NOTE** - The 70% plan has been closed; however, you may keep this plan if you are already enrolled.

You may apply for coverage under either Plan 1 or Plan 2. The monthly benefit under each plan is determined as follows:

- **PLAN 1** - 50% of the first \$6,000 of your monthly pre-disability earnings, reduced by deductible income.
- Max monthly benefit: \$3,000.
- **PLAN 2** - 60% of the first \$10,000 of your monthly pre-disability earnings, reduced by deductible income.
- Max monthly benefit: \$6,000.
- **GRANDFATHERED PLAN 3** - 70% of the first \$8,571 of your monthly pre-disability earnings, reduced by deductible income.
- Max monthly benefit: \$6,000.
- Both plans have a minimum monthly LTD benefit of \$100.

MONTHLY RATES WORKSHEET:

1. Your monthly salary	_____
2. Divide by 100	_____
3. Find your age on the chart above and enter the figure from the "Rate" column	_____
4. 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.	
5. Enter the monthly premium amount from Line 4	_____
6. Multiply by 12	_____
7. This is your annual premium	_____
8. Divide by the number of regular paychecks you receive annually	_____
	Per Paycheck Deduction

Long-Term Disability (LTD) insurance can help safeguard your family's lifestyle and provide some peace of mind in the event you become disabled and are unable to work. Because the State of West Virginia's retirement plan may not provide you adequate protection in the event you become disabled, you should consider enrolling in one of the two Long-Term Disability insurance plans now being offered by MetLife.

HOW LONG CAN LTD BENEFITS CONTINUE?

If you become continuously disabled before age 62, LTD benefits can continue during disability until age 65, or 3 years and six months if longer. If you become continuously disabled at age 62 or older, LTD benefits can continue during disability for a limited time. For details, see the chart on the next page.

HOW LONG ARE BENEFITS PAYABLE?

Your benefits are payable according to the following schedule:

AGE	MAX BENEFIT PERIOD
≤ 61	to age 65 (or 3 years, 6 months, if longer)
62	3 years, 6 months
63	3 years
64	2 years, 6 months
65	2 years
66	1 year, 9 months
67	1 year, 6 months
68	1 year, 3 months
≥ 69	1 year

Benefits are limited to 24 months for each period of continuous disability caused or contributed by a mental disorder. This limitation will not apply if you are continuously confined in a hospital at the end of the 24 months.

This description is designed to answer some common questions about the Long-term Disability coverage. It is not intended to provide a detailed description of the plans. If you become insured, a more detailed description will be available in group insurance certificates provided to you. The controlling provisions are in the master group insurance policies. This description and the certificates do not modify the group policies or the insurance in any way. For rules governing the taxes on the insurance payments you may receive, please read the "Notices" section in the back of this guide.

WHAT IS DEDUCTIBLE INCOME?

Deductible Income is income you receive or are eligible to receive from other sources. It includes, but is not limited to: sick pay or other salary continuation, workers' compensation benefits, Social Security benefits, disability benefits from any other group insurance, 50% of earnings from work activity while you are disabled (after the first 12 months of your disability), and disability or retirement benefits you receive any amount you receive by compromise, settlement, or other method as a result of a claim for any of the above, whether disputed or undisputed.

WHAT ARE THE EXCLUSIONS AND LIMITATIONS?

You are not covered for a disability caused or contributed to by: 1) a pre-existing condition (except as provided in your Certificate), 2) an intentionally self-inflicted injury or 3) war or any act of war. Benefits are not payable for more than 24 months for each period of disability caused or contributed to by a mental disorder, or for any period when you are not under the ongoing care of a physician.

WHAT IS THE DEFINITION OF A PRE-EXISTING CONDITION?

If your disability results, directly or indirectly, from a pre-existing sickness or injury for which you received medical treatment or services, took prescribed drugs or medicines, or consulted a Physician within three (3) months before the most recent effective date of your insurance, you will receive no monthly benefit for that condition. However, this exclusion does not apply to a period of Disability that begins after you have been insured under the plan for 12 consecutive months.

The Pre-existing Condition Exclusion will apply to any added benefits or increases in benefits.

WHAT ARE SOME OF THE FEATURES OF THIS COVERAGE?

- Coverage for disabilities occurring 24 hours a day both on or off the job.
- Insurance continues without premium payments while LTD benefits are payable.
- A survivors' benefit may be applicable if you die while LTD benefits are payable.

ASSISTED LIVING BENEFIT

This benefit is available when LTD benefits are payable. It provides additional income replacement if you become disabled and cannot perform two of six activities of Daily Living or suffer a Severe Cognitive Impairment, and the condition is expected to last 90 days or more. It increases the income replacement to 80% of your pre-disability earnings. The additional benefits paid under the Assisted Living Benefit are not reduced by deductible income.

LIFETIME SECURITY BENEFIT

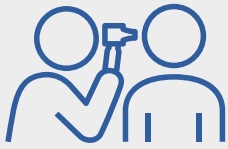
This benefit provides a lifetime income to severely disabled employees, extending LTD benefits indefinitely by continuing to pay benefits, beyond the regular Maximum Benefit Period of age 65, until death at the original 70% level. Severely disabled means you cannot perform two of six activities of Daily Living or suffer a Severe Cognitive Impairment, and the condition is expected to last 90 days or more. Benefits paid under the Lifetime Security Benefit are reduced by deductible income. This benefit is available on Plan 2. If you have a lifetime security benefit and it continues after age 65, you will no longer be eligible for the survivor benefit.

*Unless otherwise noted, physician services are in addition to facility services. See Professional Provider Services.

LEARN MORE

Scan the QR code for full plan documents & details.





HEARING

Provided by: **EPIC Hearing Healthcare** Phone: **1 (866) 956-5400**

RATES (COST PER PAY PERIOD)	10	12	18	20	21	22	24	26
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

FEATURE	BENEFIT	FREQUENCY
HEARING EXAMINATION		
• Adults & Children	\$70	1 per Year
HEARING AID DEVICE BENEFIT		
• Adult	\$500 per Ear	1 every 5 Years
• Children	\$500 per Ear	1 every 2 Years

WHY HAVE A HEARING INSURANCE PLAN?

Hearing loss is more common than you may think – in fact, 48 million Americans have some degree of hearing loss¹. Your coverage through Fidelity Security Life Insurance Company® can help you save on hearing exams, hearing aids, and follow-up care. Visit epichearing.com/read to learn more about the connections between hearing and overall health.

WITH EPIC, YOU'LL HAVE ACCESS TO:

- Expansive referral network with 6,500+ hearing care professional locations nationwide.
- A range of options, from high-value Relate® prescription hearing aids to the latest technology and newest features from other major hearing aid brands.
- A wide selection of advanced technology, including recharging capabilities, remote adjustments, connection to 2 Bluetooth® devices, tap control and other advanced features.
- Charging case or extra batteries included with purchase.***
- 3 in-person follow-up visits included after hearing aid purchase.*
- 60-day trial period.
- 3-year extended warranty covers repair and 1-time loss/damage replacement.**/****

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 or 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.

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

GETTING STARTED

1. Visit EPIChearing.com/FBMC or call EPIC at 1 (866) 956-5400 to request an appointment. Reference hearing plan name: **State of West Virginia Active Employees.**
2. Have eligibility validated, discuss product and service options, receive provider consult letter.
3. Visit an EPIC provider, or a provider of your choice, for hearing exam and consultation.
4. Your provider will help you choose from a broad array of hearing aids based on your unique hearing needs.
5. Receive hearing aids, fitting and follow-up care.

*Hearing aids purchased in the Silver technology level will receive 1 follow-up visit.

**One-time professional fee may apply.

***These are discounted items and are not insured benefits.

¹Center for Hearing and Communication. Statistics and facts about hearing loss. chcheating.org/facts-about-hearing-loss/. Accessed February 2025.



LEGAL

Provided by: **ARAG**

ARAG® legal insurance protects you when legal issues happen. We've all been there – you get caught speeding, a contractor ghosts you mid-remodel or true love doesn't work out. Work with a network attorney and their fees are paid in full for most covered matters.

Plan #: 18387 Phone: 1 (800) 247-4184

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

6 REASONS TO ENROLL IN ARAG LEGAL INSURANCE

- Work with a network attorney and attorney fees are paid in full for most covered legal matters.
- Save thousands of dollars, on average, for legal matters by avoiding costly legal fees.
- We help connect you with local attorneys – many who average 20+ years of experience.
- Address your covered legal situations with a network attorney who is only a phone call away.
- Your network attorney can help throughout your legal matter, including preparing and reviewing legal documents, offering legal advice and representing you in court.
- Use DIY Docs® to create, edit and store state-specific legal documents, like wills or powers of attorney.

ARAG legal insurance makes it affordable to get the legal protection you need.

For specific details about your plan, and to review a complete list of coverages, visit ARAGlegal.com/myinfo and enter Access Code **18387wv**.

WHICH PLAN IS RIGHT FOR YOU?

Choose between two plans to get the coverage that best fits the needs of you and your family. UltimateAdvisor® covers most common personal legal issues. UltimateAdvisor Plus™ includes more robust coverage plus additional services.

SAVE ON TRUSTED LEGAL ADVICE

For any legal matters not covered and not excluded, you can work with a network attorney and receive at least 25% off their normal rate.



WANT MORE INFORMATION?

Scan the QR Code, and learn more about your legal insurance plan.

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. 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, contact us.



HOW TO: CHANGING YOUR COVERAGE

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 your benefits coordinator. 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 60 days from the date of a qualifying event, to file an appeal with your employer. For more information, contact your employer's Benefit Coordinator. All changes must be approved by your coordinator prior to submission to FBMC.

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.

▶ Change in Status of Employment Affecting Coverage Eligibility

Change in employment status of the employee, or a spouse or dependent of the employee, that affects the individual's eligibility under an employer's plan includes commencement or termination of employment.

▶ Gain or Loss of Dependents' Eligibility Status

An event that causes an employee's dependent to satisfy or cease to satisfy coverage requirements under an employer's plan may include change in age, student, marital, employment or tax dependent status.

▶ Change in Residence*

A change in the place of residence of the employee, spouse or dependent that affects eligibility to be covered under an employer's plan includes moving out of an HMO service area.

SOME OTHER PERMITTED CHANGES:

▶ Coverage and Cost Changes*

Your employer's plans may permit election changes due to cost or coverage changes. You may make a corresponding election change to your Dependent Care FSA benefit whenever you actually switch dependent care providers. However, if a relative (who is related by blood or marriage) provides custodial care for your eligible dependent, you cannot change your salary reduction amount solely on a desire to increase or decrease the amount being paid to that relative.

▶ Open Enrollment Under Other Employer's Plan*

You may make an election change when your spouse or dependent makes an Open Enrollment Change in coverage under their employer's plan if they participate in their employer's plan and:

- 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 are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. Note that a Healthcare FSA is not subject to HIPAA's special enrollment provisions if it is funded solely by employee contributions.

▶ Family and Medical Leave Act (FMLA) Leave of Absence

Election changes may be made under the special rules relating to changes in elections by employees taking FMLA leave. Contact your employer for additional information.

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



NOTICES

COBRA

OVERVIEW

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

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

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

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

- Your spouse dies; Your spouse’s hours of employment are reduced; Your spouse’s employment ends for any reason other than his or her gross misconduct; Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or You become divorced or legally separated from your spouse.

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

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

WHEN IS COBRA AVAILABLE?

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

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

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

OPTIONS BESIDES COBRA

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

MORE INFORMATION

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

HIPAA Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage).

However, you must request enrollment within 62 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, the request must be made within the month of and two months following the qualifying event.

To request special enrollment or obtain more information, consult your benefit coordinator.

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.

TAXABLE BENEFITS AND THE IRS

Certain benefits may be taxed if you become disabled, depending on how the premiums were paid during the year of the disabling event. Payments, such as disability, from coverages purchased with pretax premiums and/or nontaxable employer credits, will be subject to federal income and employment (FICA) tax. If premiums were paid with a combination of pretax and after-tax dollars, then any payments received under the plan will be taxed on a pro-rata basis. If premiums were paid on a post-tax basis, you will not be taxed on the money you receive from the plan. You can elect to have federal income tax withheld by the provider just as it is withheld from your wages. Consult your personal tax adviser for additional information.

In addition, FICA and Medicare taxes will be withheld from any disability payments paid through six calendar months following the last calendar month in which you worked prior to becoming disabled. Thereafter no FICA or Medicare tax will be withheld.

You will be required by the IRS to pay FICA, Medicare, and federal income taxes on certain other benefit payments, such as those from Hospital Indemnity Insurance, Personal Cancer Expense Insurance and Hospital Intensive Care Insurance, that exceed the actual Healthcare expenses you incur, if these premiums were paid with pretax dollars and/or nontaxable employer credits. If you have questions, consult your personal tax adviser.

LEARN MORE

Scan the QR code for full plan documents & details.



SOCIAL SECURITY

Social Security consists of two tax components: the FICA or OASDI component (the tax for old-age, survivors' and disability insurance) and the Medicare component. A separate maximum wage to which the tax is assessed applies to both tax components. There is no maximum taxable annual wage for Medicare. The maximum taxable annual wage for FICA is subject to federal regulatory change. If your annual salary after salary reduction is below the maximum wage cap for FICA, you are reducing the amount of taxes you pay and your Social Security benefits may be reduced at retirement time.

However, the tax savings realized through a cafeteria plan may generally outweigh the Social Security reduction.

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.

HIPAA PRIVACY

The Plan complies with the privacy requirements of the Health Insurance Portability and Accountability Act of 1996 (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

HIPAA SPECIAL ENROLLMENT NOTICE

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 62 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, the request must be made within the month of and two months following the qualifying event.

To request special enrollment or obtain more information, consult your benefit coordinator.

SUN LIFE POLICIES

IMPORTANT INFORMATION

The following coverage(s) do not constitute comprehensive health insurance (often referred to as "major medical coverage"). They do NOT provide basic hospital, basic medical, or major medical insurance.

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to your Certificate for details.

LIMITATIONS AND EXCLUSIONS

Exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see your Certificate or ask your benefits administrator for details.

Critical Illness: We will not pay a benefit that is due to or results from services, treatment or complications not included in the Benefit Highlights; provided by an immediate family member; or unrelated to a Critical Illness/Specified Disease. These include an autologous bone marrow transplant, suicide, attempted suicide or intentionally self inflicted injuries, elective plastic or cosmetic surgery, active military duty, war, any act of war, or your active duty in any armed service during a time of war (excluding during acts of terrorism); your active participation in a riot, rebellion or insurrection; committing or attempting to commit an assault, felony or other criminal act; engaging in dangerous conduct or hazardous activity where there is a likelihood of death or serious injury; being incarcerated in a penal institution of any kind; being legally intoxicated or under the influence of any narcotic, unless taken on the advice of a physician and taken as prescribed.

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.

This product is inappropriate for individuals who are eligible for Medicaid coverage.

Hospital Indemnity: 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; 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; or sterilization, tubal ligation or vasectomy, and reversal thereof, unless recommended by a physician.

Accident: 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; engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting or mountaineering; participating in or practicing for any semi-professional or professional competitive athletic contest in which any compensation is received, including coaching or officiating; injuries sustained from commercial air transportation other than riding as a fare paying passenger; work-related illness or injuries unless you are enrolled in 24-hour coverage.

INFORMATION ABOUT SERVICES OFFERED

Value-added services are not insurance, are offered only on specific lines of coverage, and carry a separate charge, which is added to the cost of the insurance. The cost is included in the total amount billed.

Health Navigator Help Line is provided by PinnacleCare. PinnacleCare is a member of the Sun Life Financial Inc. ("Sun Life") family of companies. PinnacleCare and its employees do not diagnose medical conditions, recommend treatment options or provide medical care, and any information or services provided should not be considered medical advice. Any medical decisions should be made only after consultation with and at the direction of the medical provider. Any person or entity who provides health care services following a referral or other service provided does so independently and not as an agent or representative of PinnacleCare.

Sun Life reserves the right to discontinue any of the Services at any time. Employers who provide group insurance coverage and make available value-added services within an I.R.C. Section 125 cafeteria plan should consult a tax professional to determine whether those services are Qualified Benefits for Section 125 plans. Value-added services are not available in New York and may not be available in all other states.

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.

Sun Life companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, "Sun Life").

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 12-GP-01, 15-GP-01, 12-SD-C-01, and 16-SD-C-01.

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LEARN MORE

Scan the QR code for full plan documents & details.



HOW TO FILL OUT ACTIVE ENROLLMENT FORM

With our enrollment forms, please understand that **all boxes contained on the form must be completed** to allow processing of the form. When starting the form, begin within Section 2 of the form.

- Most missed items are checking what type of enrollment is being completed within the upper right section; also listing date employed and effective date of benefits. Please check with your Benefits Coordinator to obtain those dates.

Next, in Section 3, select which benefits you want to enroll in. To start, check the boxes in front of each of the benefits.

- If you are currently enrolled in a benefit like dental, but are making plan changes, such as coverage level, the box for **Change Coverage** needs to be checked.
- If it is a brand-new benefit you are not enrolled in, the **Add Coverage** box needs to be checked.
- If you want to cancel a coverage, the Cancel Coverage box will need to be checked for the benefits you currently have.
- Lastly, if you want to keep a currently active coverage the same, the **Keep Coverage** box needs to be checked.
- For all benefits, the boxes for which you would like to have coverage need to be filled out on each desired coverage (Employee, Employee & Spouse, Employee & Children, or Employee & Family)

After you check the boxes for the coverage you want, and who you want to cover, you will find the cost per pay period on the page with the benefit in the front part of this guide. The amount to select will be based on how many times a year you are paid. If you do not know that, contact your Benefits Coordinator.

Here are some specific items to watch out for as you fill out these sections.

- Critical Illness coverage must be elected in \$10,000 amounts for Employee and/or Spouse, between \$10,000 to \$50,000 of coverage. Children covered by the plan must be elected in \$1,000 amounts between \$2,000 to \$25,000.
 - The spouse's coverage cannot exceed 100% of the Employee's, and the child coverage cannot exceed 50% of the Employee's selected coverage. The rate is determined by using the chart in the benefit guide, using the covered person's age to select the correct age rating, and multiplying it by \$1,000 for amount of each \$1,000 of coverage.
- An HSA can only be selected if you are enrolled in PEIA's High Deductible plan (PPB WV Gold High Deductible Plan)
- LTD coverage options are only 50% and 60% for employees. The 70% option is a grandfathered-in plan only for employees already enrolled in that level of coverage. Please use the chart on the benefit page to find the rate you need to list in the cost box.
- STD coverage should be calculated using the chart on the benefit page as well.

After the benefits have been selected, in Section 4 on page 2 of the form, the dependents you want to cover must be listed with all requested information asked filled out for each dependent. If any information is missing, that dependent's benefits will not be activated. For each dependent, the benefit(s) you want for each one needs to be checked.

To finalize the form, please sign as the employee completing the enrollment. **The form ****Must** be signed & dated**** on page 2; otherwise, it will not be processed.

- The forms must also be provided to the Benefits Coordinator for your agency **before May 15th**. The BC must **FULLY** complete the last section of the enrollment form to allow processing. Your form will then be sent by your Benefit Coordinator to FBMC for processing. The form must be postmarked by **May 23, 2026**.

FORM SECTIONS

SECTION 1 - INSTRUCTIONS

INSTRUCTIONS: DURING OPEN ENROLLMENT, RETURN COMPLETED FORM TO YOUR BENEFITS COORDINATOR NO LATER THAN MAY 15, 2026		
WHO NEEDS TO COMPLETE AN ENROLLMENT FORM? • Newly hired employees who want to enroll for the first time. • Employees who want to add, change or cancel any benefits. • Existing benefits not indicated on this form will continue as currently enrolled.	HOW TO ENROLL IN THE MOUNTAINEER FLEXIBLE BENEFITS PLAN: • IMPORTANT: If you want to add, change or cancel coverage, you must check the box beside the appropriate benefit in Section 3. Indicate coverage levels and any other pertinent information. • If you select dependent coverage for any benefit, you must provide dependent information in Section 4.	CHANGE IN ELECTION • Include supporting documentation. • Must be requested within the month of and two months following your status changing event. • List all eligible dependents you want covered.

SECTION 2 - PERSONAL INFORMATION

First Name	Last Name	<input type="checkbox"/> Open Enrollment <input type="checkbox"/> Transfer <input type="checkbox"/> New Hire <input type="checkbox"/> Change in Status
Last Name	First Name	SSN
HOME ADDRESS (REQUIRED)	CITY	STATE
ZIP	PHONE	HOME PHONE
BIRTH DATE	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED	<input type="checkbox"/> PART-TIME EMPLOYEE <input type="checkbox"/> FULL-TIME EMPLOYEE EFFECTIVE DATE: _____ (SEE PLAN)

SECTION 3 - BENEFITS COVERAGE

MOUNTAINEER FLEXIBLE BENEFITS (PAID BY EMPLOYEES)					
Keep Coverage	ADD COVERAGE	CHANGE COVERAGE	CANCEL COVERAGE	BENEFITS	COST PER PAY PERIOD
POST-TAX BENEFITS					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HOSPITAL INDEMNITY INSURANCE <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Children <input type="checkbox"/> Employee & Family	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CRITICAL ILLNESS INSURANCE (Only back to cover benefit guide on rates and rates)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ACCIDENT INSURANCE <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Children <input type="checkbox"/> Employee & Family	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LEGAL <input type="checkbox"/> Unlimited Subject <input type="checkbox"/> Limited Subject <input type="checkbox"/> Unlimited Subject <input type="checkbox"/> Limited Subject	
POST-TAX SALARY DEDUCTION AMOUNT PER PAY PERIOD					
PRETAX BENEFITS					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DENTAL (Choose One Option) <input type="checkbox"/> Basic <input type="checkbox"/> Enhanced <input type="checkbox"/> Premier <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Children <input type="checkbox"/> Employee & Family	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VISION (Choose One Option) <input type="checkbox"/> Standard <input type="checkbox"/> Full Service <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Children <input type="checkbox"/> Employee & Family	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEARING SERVICE PLAN <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Children <input type="checkbox"/> Employee & Family	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEALTH CARE FLEXIBLE SPENDING ACCOUNT (All Plans Must Be Submitted by October 31, 2025) <input type="checkbox"/> Medical, Prescription, Vision <input type="checkbox"/> Medical, Vision, Dental <input type="checkbox"/> Single, Self-Only/Unlimited	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (All Plans Must Be Submitted by October 31, 2025) <input type="checkbox"/> Married, Full Services <input type="checkbox"/> Married, Single, Self-Only <input type="checkbox"/> Single, Self-Only/Unlimited	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEALTH SAVINGS ACCOUNT (Must be enrolled in PEIA Plan C, Contribution is For The Plan. You cannot enroll in a Health Care Flexible Spending Account) <input type="checkbox"/> Self-Only (70% coverage limit) <input type="checkbox"/> Self-Only (60% coverage limit) <input type="checkbox"/> Self-Only (50% coverage limit) <input type="checkbox"/> Self-Only (40% coverage limit) <input type="checkbox"/> Self-Only (30% coverage limit) <input type="checkbox"/> Self-Only (20% coverage limit) <input type="checkbox"/> Self-Only (10% coverage limit)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LONG-TERM DISABILITY INCOME PLAN (Employee Only) <input type="checkbox"/> 50% Coverage Level <input type="checkbox"/> 60% Coverage Level <input type="checkbox"/> 70% Coverage Level (currently enrolled only)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SHORT-TERM DISABILITY INCOME PLAN (Employee Only)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LIMITED HEALTH CARE FSA (Medical, Prescription, Vision)	
TOTAL SALARY DEDUCTION AMOUNT PER PAY PERIOD					

SECTION 4 - DEPENDENT INFORMATION

ELIGIBLE DEPENDENT INFORMATION											
USE AN ADDITIONAL SHEET OF PAPER AS NEEDED FOR ADDITIONAL DEPENDENTS.											
DEPENDENT NAME	RELATIONSHIP	MARRIAGE	BIRTH DATE	SOCIAL SECURITY #	CHECK COVERAGE SELECTED						
					DENTAL	VISION	HEARING	LEGAL	ACCIDENT INSURANCE	CRITICAL ILLNESS	HOSPITAL INDEMNITY
	Spouse										

DISCLAIMER & SIGNATURE

DURING OPEN ENROLLMENT, RETURN COMPLETED FORM TO YOUR BENEFITS COORDINATOR NO LATER THAN MAY 15, 2026		
I hereby authorize my Employer to reduce my gross salary by the total per pay period cost of the benefits selected above. I understand that I CANNOT CHANGE THE AMOUNT OF THE REDUCTION OR REVOKE THIS AGREEMENT DURING THE PLAN YEAR UNLESS PERMITTED BY THE PLAN AND THE IRS. I further understand that any amount remaining in any Flexible Spending Accounts that is not used during this plan year and grace period CANNOT BE ACCUMULATED AND CARRIED FORWARD TO THE NEXT PLAN YEAR BUT WILL REVERT TO THE PLAN.		
The Premium Deduction "total salary deduction" amount specified above will continue in effect until I discontinue or modify my Agreement for a subsequent plan year, terminate employment, or take an unpaid leave of absence from employment. I UNDERSTAND AND AGREE THAT PEIA AND FBMC BENEFITS MANAGEMENT INC., THE CONTRACT ADMINISTRATOR, WILL BE HELD HARMLESS FROM ANY LIABILITY RESULTING FROM EITHER MY PARTICIPATION IN MOUNTAINEER FLEXIBLE BENEFITS OR MY FAILURE TO SIGN OR ACCURATELY COMPLETE THIS ENROLLMENT FORM. I hereby appoint my Plan Sponsor to serve as Agent to receive dividends, premiums, refunds, rate reductions or any other funds that might be returned from the benefit plans, and to use those funds in the best interest of the employees for the purpose of reducing future premiums and improving benefits on behalf of employees, defraying administrative costs, or for such other purpose as permitted under applicable state and federal law.		
DURING OPEN ENROLLMENT, GIVE COMPLETED FORMS TO YOUR BENEFITS COORDINATOR NO LATER THAN MAY 15, 2026.		
EMPLOYEE SIGNATURE	DATE SIGNED	TIME SIGNED



BENEFITS DIRECTORY



**MOUNTAINEER
FLEXIBLE BENEFITS**
FBMC BENEFITS MANAGEMENT, INC.

▶ TECHNICAL SUPPORT

✉ techsupport@fbmc.com

▶ BENEFITS SERVICE CENTER

☎ 1 (844) 55-WVA4U (559-8248)

✉ svccenter@fbmc.com

SUN LIFE

▶ ACCIDENT / CRITICAL ILLNESS / HOSPITAL INDEMNITY

PLAN #: 965932

☎ (800) 309-8699

🔗 <http://www.SunLife.com/wvpeia>*

* Sun Life's national website does not recognize Mountaineer Flexible Benefits members. Be sure to use the provided vanity address for access.

▶ DENTAL

PLAN #: 959860

☎ 1 (844) 583-5036

🔗 <http://www.SunLife.com/wvpeia>

HUMANA/EYEMED

▶ VISION

PLAN #: 855933/Active

☎ 1 (877) 398-2980

🔗 <http://www.Humana.com>

ARAG

▶ LEGAL INSURANCE

PLAN #: 18387

☎ 1 (800) 247-4184

🔗 ARAGlegal.com/myinfo / Access Code: 18387wv

EPIC

▶ HEARING

PLAN NAME: State of West Virginia Active Employees

☎ 1 (866) 956-5400

🔗 EPIChearing.com/FBMC

METLIFE

▶ SHORT-TERM / LONG-TERM DISABILITY

PLAN #: 150596-3-G

☎ 1 (888) 466-8640

🔗 www.MetLife.com

INSPIRA FINANCIAL

▶ FSA / HSA

☎ 1 (844) 729-3539

🔗 inspirafinancial.com

▶ COBRA

☎ 1 (800) 359-3921

🔗 inspirafinancial.com

TRUSTMARK

▶ LIFEEVENTS®

☎ 1-800-918-8877

🔗 trustmarksolutions.com

Trustmark no longer offers new LifeEvents® policies. Employees who currently have LifeEvents may continue coverage.



Contract Administrator

📍 ATTN: Mail Slot 32, PO Box 1878,
Tallahassee, FL 32302-2789

🔗 MyFBMC.com

This guide does not contain a complete listing of all terms, conditions, or exclusions of the benefits listed herein. Please refer to the policy and/or certificate of coverage for more information. 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.

LEARN MORE

Scan the QR code for full plan documents & details.

