



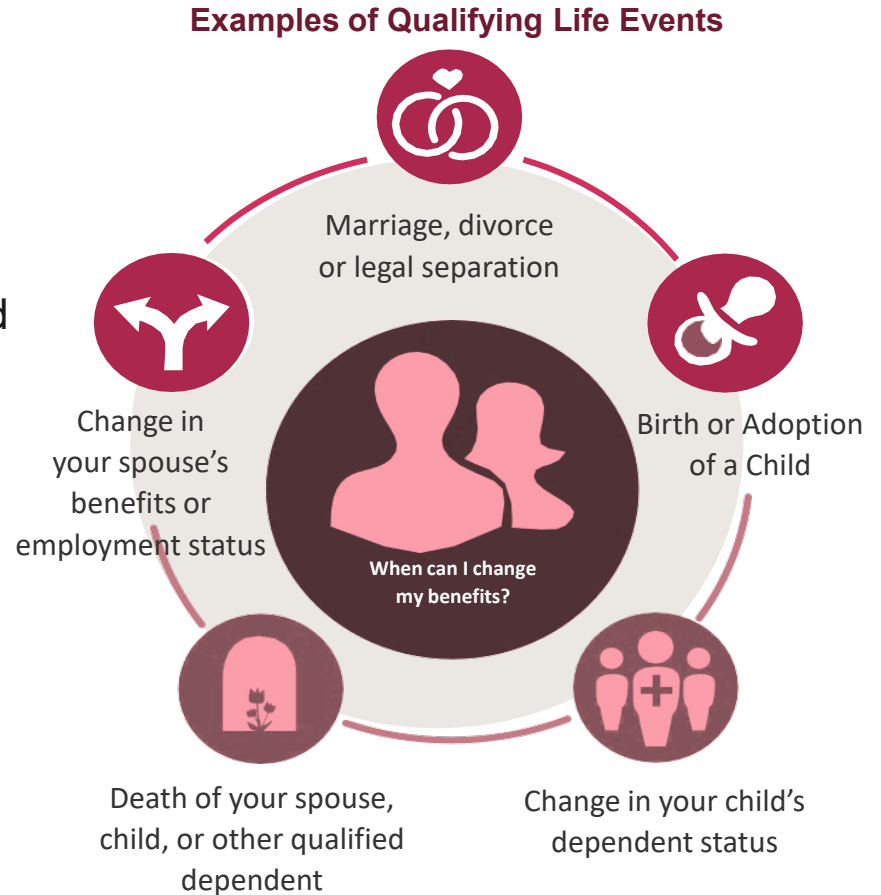
# Franklin Pierce University 2024 Open Enrollment

October 2023 | Dan Wiley & Ron Griffin

 ALERAGROUP

# Eligibility

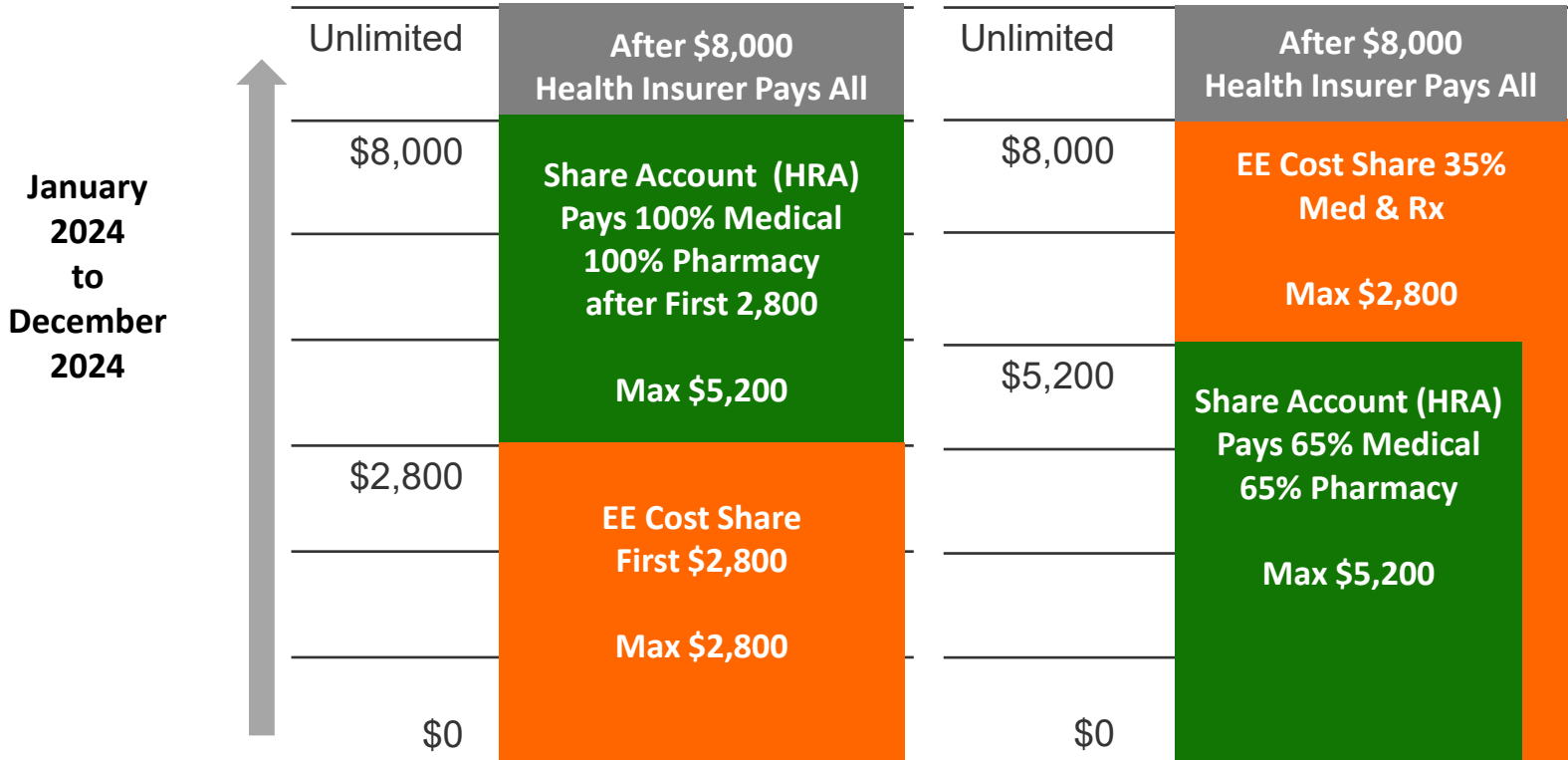
- Full-time employees (30 hours per week)
- Make changes to your benefits and covered dependents
- When it is not Open Enrollment, you must have a qualifying event
- Examples of Qualifying Events: Marriage, birth, death, change in employment ...



# 2 Plans in a Nutshell

## Health Savings Account and HRA

## Health Reimbursement Account



# Anthem BlueChoice Open Access Advantage Health Reimbursement Plan

|                                                                                        | Anthem BlueChoice Open Access Advantage | FPU HRA Pays     | You Pay         |
|----------------------------------------------------------------------------------------|-----------------------------------------|------------------|-----------------|
| <b>Calendar Year Deductible</b>                                                        |                                         |                  |                 |
| Individual / Family                                                                    | \$8,000/\$16,000                        | \$5,200/\$10,400 | \$2,800/\$5,600 |
| <b>Calendar Year Out-of-Pocket Maximum (Out of Pocket Maximum Includes Deductible)</b> |                                         |                  |                 |
| Individual / Family                                                                    |                                         | \$2,800/\$5,600  | \$2,800/\$5,600 |
| Lifetime Maximum                                                                       | Unlimited                               |                  |                 |
| <b>Coinsurance / Copays</b>                                                            |                                         |                  |                 |
| Preventive Care                                                                        | 100%                                    | 0%               | 0%              |
| Primary Care Physician                                                                 | Deductible then covered in full         | 65%              | 35%             |
| Specialist                                                                             | Deductible then covered in full         | 65%              | 35%             |
| Laboratory                                                                             | Deductible then covered in full         | 65%              | 35%             |
| Diagnostic X-Ray and High-End Radiology                                                | Deductible then covered in full         | 65%              | 35%             |
| Urgent Care (Per Visit)                                                                |                                         |                  | 35%             |
| Convenience Clinic                                                                     | Deductible then covered in full         | 65%              | 35%             |
| Urgent Care Clinic                                                                     | Deductible then covered in full         | 65%              | 35%             |
| Hospital Urgent Care                                                                   | Deductible then covered in full         | 65%              | 35%             |
| Emergency Room                                                                         | Deductible then covered in full         | 65%              | 35%             |
| Inpatient Hospital Care                                                                | Deductible then covered in full         | 65%              | 35%             |
| Outpatient Surgery                                                                     |                                         |                  | 35%             |
| Hospital Affiliated                                                                    | Deductible then covered in full         | 65%              | 35%             |
| Non-Hospital Affiliated                                                                | Deductible then covered in full         | 65%              | 35%             |

# How the Deductible Share Account (HRA) Works

- Members enrolled in the health plan receive an FPU funded Deductible Share Account (HRA)
- Deductible Share Account pays using electronic claims transfer
- Checks are Auto-Generated & sent to Providers
- Member is responsible for their share
- Payment Status shown on the AleraPay Website or App
- Prescriptions – 65% paid in real time at the pharmacy using program debit card

## 1-Medical Provider

Generates Claim

## 2-Insurance Provider

Electronic Claim Sent to HRA Provider

## 3-Deductible Share Account

**\$\$\$ (65%)** paid to Provider by HRA Provider

## 4-Employee's Share of Deductible

**35%** Remaining Paid to Provider by Member (from FSA or Personal Funds)

In general accounts are; funded for health plan enrollees only, are not pro-rated for new hires, pay 1<sup>st</sup> ahead of flex spending, do not rollover & they can be used for medical & prescription expenses only.

# Anthem BlueChoice Open Access Advantage HSA/HRA Plan

|                                                                                        | Anthem BlueChoice Open Access Advantage | You Pay                              |
|----------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------|
| <b>Calendar Year Deductible</b>                                                        |                                         |                                      |
| Individual                                                                             | \$8,000                                 | Sub-Deductible: \$2,800              |
| Family                                                                                 | \$16,000                                | Sub-Deductible: \$5,600              |
| <b>Calendar Year Out-of-Pocket Maximum (Out of Pocket Maximum Includes Deductible)</b> |                                         |                                      |
| Individual / Family                                                                    |                                         | \$2,800/\$5,600                      |
| Lifetime Maximum                                                                       | Unlimited                               |                                      |
| <b>Coinsurance / Copays</b>                                                            |                                         |                                      |
| Preventive Care                                                                        | 100%                                    | 0%                                   |
| Primary Care Physician                                                                 | Deductible then covered in full         | Covered in full after sub-deductible |
| Specialist                                                                             | Deductible then covered in full         | Covered in full after sub-deductible |
| Laboratory                                                                             | Deductible then covered in full         | Covered in full after sub-deductible |
| Diagnostic X-Ray and High-End Radiology                                                | Deductible then covered in full         | Covered in full after sub-deductible |
| Urgent Care (Per Visit)                                                                |                                         | Covered in full after sub-deductible |
| Convenience Clinic                                                                     | Deductible then covered in full         | Covered in full after sub-deductible |
| Urgent Care Clinic                                                                     | Deductible then covered in full         | Covered in full after sub-deductible |
| Hospital Urgent Care                                                                   | Deductible then covered in full         | Covered in full after sub-deductible |
| Emergency Room                                                                         | Deductible then covered in full         | Covered in full after sub-deductible |
| Inpatient Hospital Care                                                                | Deductible then covered in full         | Covered in full after sub-deductible |
| Outpatient Surgery                                                                     |                                         | Covered in full after sub-deductible |
| Hospital Affiliated                                                                    | Deductible then covered in full         | Covered in full after sub-deductible |
| Non-Hospital Affiliated                                                                | Deductible then covered in full         | Covered in full after sub-deductible |

# Health Savings Account (HSA)

- You can contribute to an HSA on a pre-tax basis and then use these funds to pay for qualified health expenses.
- If you do not use all of the money in your HSA in a given calendar year, the remaining money “rolls over” for use in future years

| HSA Contributions                                   |                                             |                                             |                                           |
|-----------------------------------------------------|---------------------------------------------|---------------------------------------------|-------------------------------------------|
|                                                     | 2024                                        | 2023                                        | Change                                    |
| HSA contribution limit<br>(employer + employee)     | Self-only:<br>\$4,150<br>Family:<br>\$8,300 | Self-only:<br>\$3,850<br>Family:<br>\$7,750 | Self-only:<br>+\$300<br>Family:<br>+\$550 |
| HSA catch-up<br>contributions<br>(age 55 or older)* | \$1,000                                     | \$1,000                                     | No change**                               |

# Prescription Drug Benefit for FPU Plans

|                                        | HRA Only Plan   | HSA and HRA Plan                     |
|----------------------------------------|-----------------|--------------------------------------|
| <b>Pharmacy</b>                        |                 |                                      |
| <b>Retail RX (up to 30-day supply)</b> |                 |                                      |
| Tier 1                                 | 35%             | Covered in full after Sub-Deductible |
| Tier 2                                 | 35%             | Covered in full after Sub-Deductible |
| Tier 3                                 | 35%             | Covered in full after Sub-Deductible |
| Tier 4                                 | 35%             | Covered in full after Sub-Deductible |
| <b>Mail Order Rx</b>                   |                 |                                      |
| Tier 1                                 | 35%             | Covered in full after Sub-Deductible |
| Tier 2                                 | 35%             | Covered in full after Sub-Deductible |
| Tier 3                                 | 35%             | Covered in full after Sub-Deductible |
| Tier 4                                 | 35%             | Covered in full after Sub-Deductible |
| <b>Preventive Drugs</b>                |                 |                                      |
|                                        | Covered in full | Covered in full                      |



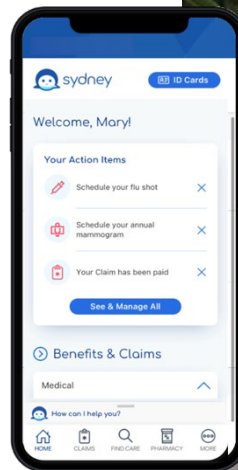


# Sydney Health app; your personal health assistant

Download and register on the Sydney Health app to take full advantage of your Anthem plan.

## Use it to:

- Find care and check costs.
- See all your benefits.
- View claims and payment information.
- View and use digital ID cards.
- Manage prescriptions.
- Get answers quickly with the interactive chat feature.
- Access virtual care.
- Access wellness resources and rewards.
- Sync with your fitness tracker.
- Reach Member Services for support.





# Telehealth

## Connect with care anywhere.

- Telehealth appointments on your mobile phone, tablet, or computer with a camera.
- Board-certified doctors available 24/7 for advice, treatment, and prescriptions.
- Appointments with licensed therapists or psychiatrists
- Appointments available 7 days a week

To make a virtual care appointment, go to [Sydney Health](#), and choose **Virtual Visit With A Provider** under **Care**.





# Virtual primary care

Access to routine care and chronic condition management

## Services available through the Sydney Health app

Virtual primary care includes preventive care, wellness checks, lab work referrals, new prescriptions and refills, specialist referrals, and care management for conditions, including:

- Asthma
- High blood pressure
- Diabetes
- High cholesterol
- Heartburn or GERD<sup>2</sup>
- Migraines
- Irritable bowel syndrome
- Musculoskeletal issues

## Appointment hours

- 9 a.m. to 9 p.m. ET, Monday through Friday
- 9 a.m. to 5 p.m. ET, Saturday and Sunday



# ConditionCare

A dedicated nurse team offers support if you're living with:



Asthma



Diabetes



Heart disease or heart failure



Chronic obstructive pulmonary disease (COPD)



You also have additional support from dietitians, health educators, and pharmacists.

You can earn \$100 when you enroll, and \$200 when you finish the program.



**NOTE:**  
Use this if using a vendor other than Lark.

# Diabetes Prevention Program

## A 12-month weight loss program that includes:

- Access to a health coach.
- A meal planner.
- Small-group support.
- Weekly lessons.
- A wireless scale or activity tracker.





# Behavioral Health Resources

Licensed mental health professionals are available 24/7 to help with:

- Stress
- Anxiety
- Depression
- Substance use
- Eating disorders





# Gym reimbursement

Your plan covers part of your fitness membership fees when you:

- 1 Track your workouts.

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- 2 Meet the minimum gym visit requirement for a six-month period.



# Flexible Spending Account

## How the Plans Work:

Determine the annual amount of your contributions to a plan

The maximum amount you can elect for 2024 is **\$3,200**

## Carryover:

You can carryover up to **\$640** of unused funds from your Medical FSA

The rollover dollars will be available for you to use in 2024 and

They are in addition to your 2024 FSA contribution.

Dependent Care FSAs have a 60-day grace period to file for reimbursement from 2023 funds

Must be used by March 15th of 2024

## Benefit Card:

If you enroll in a flexible spending account, a benefit card will be mailed to you

This card works like a debit card





# Dependent Care FSA

- Reduces Taxable Income
- **\$5,000** Annual Maximum, Use it or Lose it
- **Must elect annually**
- Website for easy reimbursement



## Eligible Expenses

- Nanny Services
- Babysitter while at work
- Before and after school care
- Extended Day Programs
- Summer Camp (<13 y.o.)
- Elder Care

# HealthAdvocate<sup>SM</sup>

Phone: 866-695-8622

Web: [www.HealthAdvocate.com/members](http://www.HealthAdvocate.com/members)

- GET YOUR QUESTIONS ANSWERED
- FIND THE RIGHT DOCTORS
- SCHEDULE APPOINTMENTS
- ASSIST IN THE TRANSFER OF MEDICAL RECORDS
- WORK WITH INSURANCE COMPANIES
- GET COST ESTIMATES
- HELP TO MAKE INFORMED DECISIONS





# Northeast Delta Dental Franklin Pierce University

# What You Need to Know

- Northeast Delta Dental is a local company with a national network
- You can see any dentist, but get the best value when in-network

## Topics We'll Cover

- Dental Benefits Overview
- Health *through* Oral Wellness® (HOW®)
- Network Options
- EyeMed Vision and Hearing Discount program
- Online tools and mobile resources

# Dental Benefits Brief Overview



| <u>Diagnostic &amp; Preventive Coverage A</u>                                                                       | <u>Basic Coverage B</u>                                                                                     | <u>Major Coverage C</u>                                           | <u>Orthodontics Coverage D</u>                                          |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------|
| No Deductible                                                                                                       | Calendar Year Deductible per Person/Family: \$50/\$150                                                      |                                                                   | No Deductible                                                           |
| Evaluations twice in a 12-month period                                                                              | Amalgam or composite fillings; Resin restorations on anterior teeth and the buccal surface of bicuspid only | Removeable and fixed partial dentures (bridge); complete dentures | Correction of malposed (crooked) teeth for dependent children to age 19 |
| X-rays (complete series or panoramic file) once in a 5-year period                                                  | Oral Surgery: Surgical and routine extractions                                                              | Rebase and reline (dentures)                                      |                                                                         |
| Four cleanings in a 12-month period                                                                                 | Root canal therapy                                                                                          | Crowns                                                            |                                                                         |
| Fluoride twice in a 12-month period to age 19                                                                       | Periodontal maintenance (cleanings)                                                                         | Onlays                                                            |                                                                         |
| Space maintainers to age 16                                                                                         | Treatment of gum disease                                                                                    | Implants                                                          |                                                                         |
| Sealant application to permanent molars, once in a 3-year period per tooth, to age 19                               | Clinical crown lengthening once per tooth per lifetime                                                      |                                                                   |                                                                         |
| Note: Expenses incurred for covered Diagnostic and Preventive services <b>do not</b> accrue to your annual maximum. | Emergency Palliative Treatment                                                                              |                                                                   |                                                                         |
| <b>Delta Dental Pays 100%</b><br>No Waiting Period                                                                  | <b>Delta Dental Pays 60%</b><br>No Waiting Period                                                           | <b>Delta Dental Pays 50%</b><br>No Waiting Period                 | <b>Delta Dental Pays 50%</b><br>No Waiting Period                       |
| <b>Calendar Year Maximum: \$1000 per Person (Low Plan)/\$2000 per Person (High Plan)</b>                            |                                                                                                             |                                                                   | <b>Lifetime Maximum: \$1500 per person</b>                              |
| Health through Oral Wellness® program included                                                                      |                                                                                                             |                                                                   |                                                                         |

# Important Information

New enrollees will receive two ID cards in the employee's name

- Cards are issued at initial enrollment only, and not re-issued every year
- Replacement cards can be printed from the website; or available on the mobile app

Customer Service: 8:00 – 4:45 EST: 1-800-832-5700

View claims and benefits on our secure Patient Benefit Lookup portal [www.nedelta.com/Patients](http://www.nedelta.com/Patients) or email [nedelta@nedelta.com](mailto:nedelta@nedelta.com)

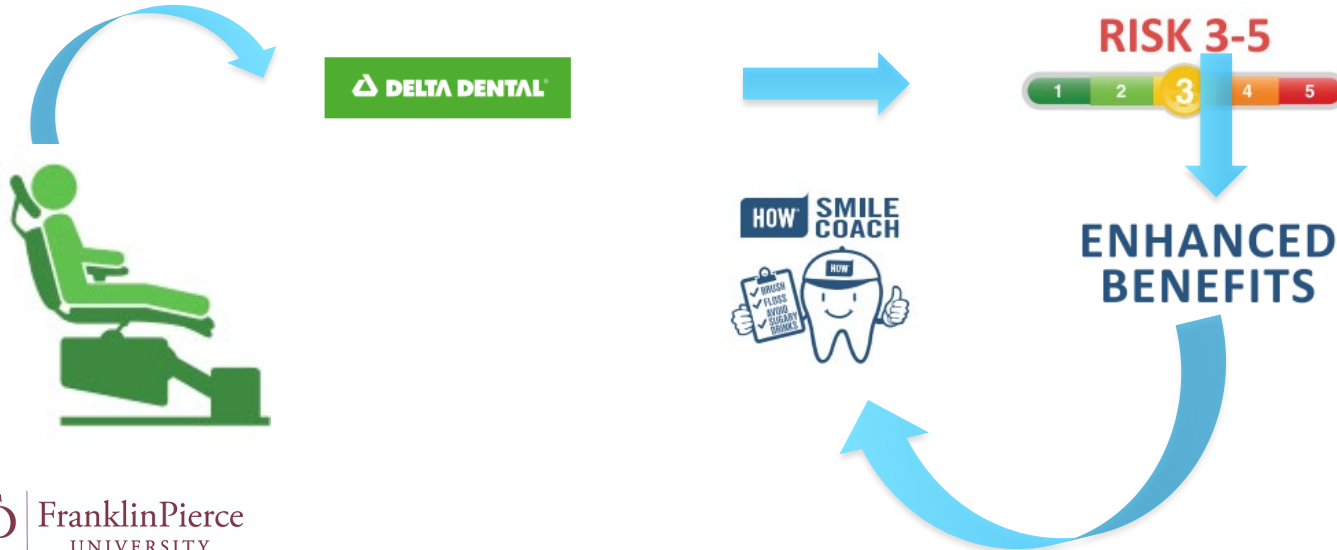
All claims should be filed with:

Northeast Delta Dental  
One Delta Drive  
PO Box 2002  
Concord, NH 03302-2002



# Health *through* Oral Wellness<sup>®</sup> (HOW<sup>®</sup>)

Based on the concept of patient-centered oral health, HOW<sup>®</sup> provides additional preventive benefits to members who are at risk for oral disease, thereby helping them achieve better oral and overall health.



# HOW<sup>®</sup> it Works

Dental office performs a clinical risk assessment, which is instantly submitted electronically to Northeast Delta Dental.

Patients that score a 3-5 on a 5-point risk scale for being at risk for oral disease qualify for additional preventive care benefits.

The additional preventive benefits can be applied immediately at that dental visit. (Ex: fluoride treatment for adults at-risk for tooth decay).

## Summary of Enhanced Benefits

| Oral Health Condition     | Benefits                                                                                                                                                                                 | Frequency                                                                                                                                                                                                            |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Caries (Tooth Decay)      | Caries Susceptibility Test<br>Child or Adult Cleaning<br>Fluoride Varnish or Topical Fluoride<br>Nutritional Counseling or<br>Oral Hygiene Instruction<br>Sealants (children and adults) | Once per 12 months<br>Combination up to 4 per 12 months<br>Combination up to 4 per 12 months<br>Once per 12 months <sup>1</sup><br>Once per 12 months <sup>1</sup><br>Once per 3 years <sup>2</sup>                  |
| Periodontal (Gum) Disease | Adult Cleaning<br>Nutritional Counseling or<br>Tobacco Cessation Counseling or<br>Oral Hygiene Instruction<br>Full Mouth Debridement<br>Periodontal Maintenance                          | Up to 4 per 12 months <sup>3</sup><br>Once per 12 months <sup>4</sup><br>Once per 12 months <sup>4</sup><br>Once per 12 months <sup>4</sup><br>Once in a lifetime <sup>3</sup><br>Up to 4 per 12 months <sup>3</sup> |



# Delta Dental PPO plus Premier Network's

**The Delta Dental Difference®** | Two provider networks | *The largest locally and nationally*

- Patients can see any dentist
- Delta Dental Network Dentists = Convenience + Savings
- Advantages of Network (Premier or PPO) Providers:
  - ✓ No Balance Billing
  - ✓ No Claim Paperwork
  - ✓ No Upfront Payment for Covered Services
- Delta Dental PPO providers offer the Best Value
  - ✓ Lower out-of-pocket expenses
  - ✓ Stretching your annual maximum dollars further
- [www.nedelta.com](http://www.nedelta.com) Find a dentist



 DELTA DENTAL

# Vision and Hearing Discount Program\*

- Free to all Northeast Delta Dental subscribers and dependents
- Great Savings – Up to 35% off eyewear and 40% of hearing exams!
- Discounts on glasses, contacts, hearing aids and LASIK
- EyeMed Vision Care offers access to over 71,000 vision care providers nationwide.
- Hearing Care Program offered through Amplifon – the nation's largest independent hearing care network.



[nedelta.com/patients/EyeMed-Discount](https://nedelta.com/patients/EyeMed-Discount)

\* Not an insurance, present this flyer for the discount

**VISION AND HEARING DISCOUNT PROGRAM**

**Great Savings -**  
Up to 35% off eyewear  
and 40% off hearing exams!

This vision and hearing discount program is available free to all Northeast Delta Dental subscribers and their dependents.

It is very important to take care of both our hearing and our vision. Vision and hearing both play a very significant role in enabling us to form and maintain social connections, which impacts our health and happiness in many ways.<sup>1</sup> And because Northeast Delta Dental cares about your total health and wellness, we are proud to partner with EyeMed Vision Care to include discount programs to help our members enjoy all of life's sights and sounds to the fullest:

- **EyeMed Vision Care** offers access to over 71,000 vision care providers nationwide.
- **Hearing Care Program** offered through Amplifon – the nation's largest independent hearing care network.

**Hearing Wellness**

Hearing loss is more common than you might think. It affects 1 in 9 Americans<sup>2</sup> and can come on so gradually you may not even notice it. But the good news is 95% of hearing loss can be easily treated with hearing aids.<sup>3</sup>

Your Hearing Discount includes:

- 👉 Discounted, set pricing on thousands of hearing aids and 40% off hearing exams<sup>3</sup> at convenient locations!
- 👉 3-year warranty plus loss and damage coverage along with a low-price guarantee!

AND MORE: For more details about the discount program, visit [nedelta.com/Patients/EyeMed-Discount](https://nedelta.com/Patients/EyeMed-Discount)

To find a hearing care provider near you, visit [amplifonusa.com/find-a-hearing-aid-clinic](https://amplifonusa.com/find-a-hearing-aid-clinic)

Your EyeMed ID Card:

Your Group Number:  
9231093

Your Group Name:  
Delta Dental Discount

To locate the nearest EyeMed "Access Network" provider, visit our website at [nedelta.com](https://nedelta.com) or call 1-866-246-9041

PLEASE BRING THIS ID CARD AND FLYER TO YOUR PARTICIPATING EYEMED PROVIDER

It's easy! Simply present this ID card or flyer when you arrive at the location. The provider will do the rest!

**Vision Wellness**

Regular eye examinations play a crucial role in ensuring healthy vision and overall health.

- An eye examination can not only detect vision problems, but also detect the early stages of serious health problems such as diabetes and hypertension
- One in four children has an undetected vision problem that can interfere with learning according to the Vision Council of America
- Undetected eye diseases can lead to worsening eyesight and, in some cases, irreversible vision loss

Your EyeMed Vision Care includes:

- Discounts on exams, lenses, frames, and more
- Access to optometrists, ophthalmologists, opticians, and the nation's leading optical retailers:

Vision Care Services:  
For details of the Vision Care Services visit [nedelta.com/Patients/EyeMed-Discounts](https://nedelta.com/Patients/EyeMed-Discounts)

<sup>1</sup> American Foundation for the Blind, "When Hearing Loss Causes More Vision Loss", February 2017.

<sup>2</sup> [amplifonusa.com/hearing-loss-information](https://amplifonusa.com/hearing-loss-information).

<sup>3</sup> Hearing discount cannot be combined with hearing coverage provided through a medical insurance policy.

# Online Tools at nedelta.com

- Find Claim and Benefit Information
- View and Print EOBs
- Access Dental Plan Documents
- Print Additional ID Cards
- Search for a network dentist
- Register for Health through Oral Wellness (HOW) program
- Download helpful forms and information
- Delta Dental Mobile App



# nedelta.com Patient Login



Northeast Delta Dental

Find a Dentist



Patients

Employers

Providers

Producers

About

Foundation

Search Here



Overview

Plan Options

Find A Dentist

Oral Health

Resources

Mobile App

Patient Login

## Patients

Patients, Subscribers, and Covered Family Members find information on your benefits, claims, news, oral health education, and helpful tools such as Find a Dentist.

## Employers

We have the information you need as a Benefit Administrator, Employer, or Benefit Decision Maker.

## Providers

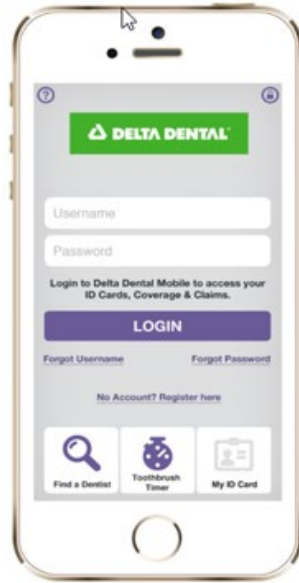
Dentists, Dental health providers, and Office staff can find information and helpful tools.

## Producers

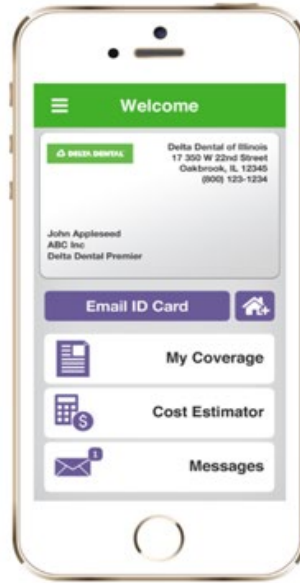
Find your business support materials to help market Northeast Delta Dental products, plan option materials, and related information.



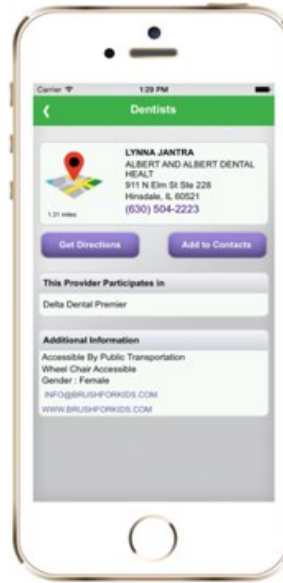
# The Delta Dental Mobile App



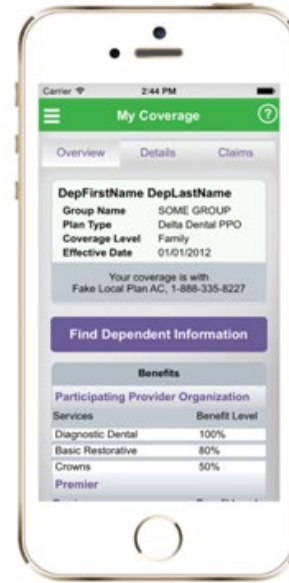
Download & Register



e-ID Card



Dentist Search



Coverage & Claims

# DBL, Life Insurance & Voluntary Franklin Pierce University



# Disability Protection

- **Short-Term Disability/Core Benefit/Employer Paid:**
- 7 Day Elimination/Waiting Period w/ 25 Weeks of disability payments
- 66.67% of Gross Weekly Pay to a max of \$\$2,500 per week/ Benefits begin after 7 days/Payable for 25 weeks
  
- **Long-Term Disability/Core Benefit/Employer Paid 180 Day Elimination/Waiting Period w/ Benefits Payable to Social Security Normal Retirement Age**
- 60% of Pre-Disability Earnings to a Maximum of \$10,000 per month/Benefits begin after 180 Days/Payable to SS Normal Retirement Age

# ER Paid Term Life Insurance



Based on EE Class Determines Amount of Death Benefit

- Salary Term Life Insurance with 2X AD&D
- Max of \$500K
- Update your beneficiary on the enrollment website!





# Voluntary Term Life



Term Life & AD&D Benefits:

**Life Insurance Provides Financial Assistance with:**

Immediate Expenses

- Funeral and uncovered medical expenses
- Mortgage
- Credit card debt and other loans

Ongoing Expenses

- Food / Clothing
- Utilities
- Healthcare / Insurance
- Transportation

Future Expenses

- College
- Retirement



# Voluntary Term Life



## Voluntary Term Life For EE's, Spouse & Dependents

| Coverage Guidelines                                         | Employee                               | Spouse                                      | Child(ren)                                                                   |
|-------------------------------------------------------------|----------------------------------------|---------------------------------------------|------------------------------------------------------------------------------|
| <b>Minimum</b>                                              | \$10,000                               | \$5,000                                     | \$2,500                                                                      |
| <b>Maximum</b>                                              | 5 times annual salary, up to \$500,000 | 100% of employee's benefit, up to \$250,000 | 100% of employee's benefit, up to \$10,000/<br>Child under 6 Mos:<br>\$1,000 |
| <b>Guarantee Issue Amount:<br/>1st Time Enrollment Only</b> | 5 times annual salary, up to \$150,000 | 100% of employee's benefit, up to \$30,000  | up to \$10,000<br>Child under 6 mos:<br>\$1,000                              |

**Note:** In order to purchase life coverage for your dependents, you must buy coverage for yourself.  
(Children include those 14 days old, up to age 26.)

# Voluntary Term Life Details



- Portable - Allows you to continue this insurance program for yourself and your dependents should you leave your employer for any reason.
- Convertible - If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
- Accelerated Death Benefit – 80% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed \$500,000.
- Waiver of Premium – Your insurance coverage may be continued if the following conditions are satisfied:
  - If it is determined that you are totally disabled.
  - You are under the age 60 at the time of disability.
  - The disability elimination period has been satisfied.
- Dependent Coverage - To be eligible for coverage, your dependents must be able to perform normal activities and not be confined (at home, in a hospital, or in any other care facility).
- Accidental Death and Dismemberment

# Group Accident Advantage Plus Insurance



Aflac®

Group Accident Insurance helps employees cover the expected and unexpected medical and everyday expenses that can result from a covered accident.

## Benefits Include:

- Hospital Admission
- Hospital Confinement
- Ambulance
- Fractures and Dislocations
- Physical Therapy
- Accidental-Death and -Dismemberment Benefit
- Wellness

## Coverage Options Include:

- *Two Coverage Options:*
  - 24-hour or Non-Occupational
- *Three Plan Options:*
  - High, Mid, or Low
- Employee, Spouse, and Dependent Children Coverage Options

## Features:

- Guaranteed Issue Coverage
- No Coordination of Benefits
- Payroll Deduction
- Portable (with certain stipulations)

# Group Critical Illness Insurance

Group Critical Illness Insurance helps cover the direct and indirect costs related to the diagnosis of a covered critical illness.



Aflac

## Benefits Include:

- Lump-Sum Benefits for:
  - Internal/Invasive Cancer
  - Heart Attack
  - Stroke
  - End-Stage Renal Failure
  - Major Organ Transplant
  - Bone Marrow Transplant
  - Sudden Cardiac Arrest
  - Coronary Artery Bypass Surgery (pays at 25%)
  - Non Invasive Cancer (pays at 25%)
- Additional Occurrence and Re-occurrence Benefits

## Optional Benefits Include:

- Additional Covered Critical Illness: Paralysis, Burns, Coma, Loss of Speech, Sight or Hearing
- Childhood conditions, including Autism

## Coverage Options Include:

- Guaranteed-Issue Benefits with no participation requirement at initial enrollment:
  - 100-999 eligible lives: up to \$20,000 for employees and \$10,000 for spouses
  - 1000+ eligible lives: up to \$30,000 for employees and \$15,000 for spouses
- \$50 Health Screening Benefit can be included

## Features:

- Benefits do not reduce as insureds get older.
- No waiting period
- No pre-existing conditions limits
  - Must be 12 months treatment-free for invasive cancer
- Two-year rate guarantee.
- Dependent children are covered at 50% of the primary insured's amount at no additional charge.
- All coverage is HSA compatible
- Waiver of premium

# Group Supplemental Hospital Indemnity



Aflac®

Group Hospital Indemnity Insurance helps cover the direct and indirect costs related to covered hospitalizations.

## Benefits Include:

- Hospital Admission
- Daily Hospital Confinement
- ICU Confinement
- Step-Down Unit Confinement

## Optional Benefits Include:

- Treatment Benefits
- Surgical Benefits
  - Inpatient and Outpatient
  - Or, Outpatient Only

## Coverage Options Include:

- HSA and Non-HSA Plans
- High/Mid/Low Coverage Options

## Features:

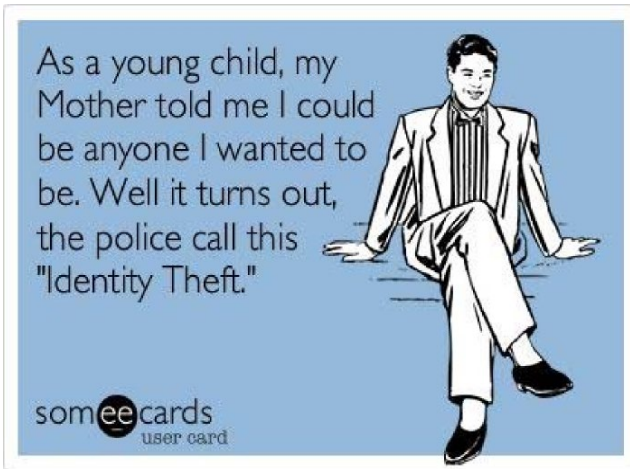
- Guaranteed Issue Coverage
- No pre-existing conditions limitation
- No waiting periods
- Portable (with certain stipulations)

# Identity Theft Protection



## Most comprehensive protection in the industry

- \$1 Million Total Service Guarantee
- Lost Wallet Protection
- Identity Alert System
- Reduced Pre-Approved Credit Card Offers
- Address Change Verification
- and More...



- ✓ Proactive identity theft protection to stop the damage before it's done
- ✓ Millions of members are currently protected every minute of every day
- ✓ Award-Winning Member Service 24/7/365

# Identity Theft Protection

Take Advantage of Special Discounted Rates for Employees

| Coverage Options<br>(26 Pay Rate) | LifeLock Benefit Elite | LifeLock Ultimate Plus |
|-----------------------------------|------------------------|------------------------|
| Employee (Age 18+)                | \$3.92                 | \$11.76                |
| Employee + Spouse                 | \$7.84                 | \$25.53                |
| Employee + Children               | \$6.86                 | \$16.67                |
| Employee + Family                 | \$10.78                | \$28.44                |



Now, it's time  
to get you  
enrolled  
in benefits!



ENROLLING IN EMPLOYEE  
NAVIGATOR

Easy As 1-2-3!





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

- **Returning users:** Log in with the username and password you selected previously. Click **Reset a forgotten password** if needed.
- **First time users:** Click on your Registration Link in the email sent to you by your admin or **Register as a new user**. Create an account, and create your own username and password.

**TIP**

*Your admin does not have access to your username or password. If reset is needed, you will need to access the URL above and click **Reset a forgotten password***

# Key Website Items to Review

The screenshot displays the Relph Benefit Advisor website. At the top, there is a navigation bar with links for Home, Message Center, Benefits Assistant Chat, Help, Reference Center, and a user profile for Jennifer. The main content area features a large banner with a calendar icon indicating '14 Days Left' for 'Open Enrollment'. A blue box with a white border contains the text 'Congratulations! You have officially logged in. Let's get started.' with an arrow pointing to a 'Start Here >' button. Below the banner, there is a 'Key Contacts' section with a 'Home' button. The user's name 'Hello Jennifer' is displayed above a grid of four tiles: 'Profile', 'Benefit Summary', 'Change My Benefits', and 'Personal Documents'. To the right of this grid is a 'MyChoice Mobile App' section with a 'Get Access Code' button. A blue box with a white border contains the text 'Questions? Use the 'Reference Center' or call Customer Support at 1-800-836-0026 (Mon-Fri, 8-4:30)'. At the bottom, there is a 'Benefit Resource Library' section with a link for 'Medical, Dental & Vision Plans'.

- Review Personal Information for accuracy
- Review/Update Life Insurance Beneficiary
- Select benefits for **2024, following guided prompts**
- Approve selections (can change as needed during throughout Open Enrollment)
- Confirm selections (includes Confirmation #)
- Logout