



2024 ANNUAL BENEFITS OPEN ENROLLMENT

IMPORTANT INFORMATION:

The County's Annual Open Enrollment will be from **May 01 – May 24, 2024**. Open Enrollment is very important because it is the **ONLY** time you may:

- Enroll, add or remove dependents from your **Health, Dental, or Vision Insurance** without a qualifying event
- Enroll in **The Standard Group Accident Insurance New!**
- Enroll in **The Standard Group Hospital Indemnity Insurance New!**
- Enroll in **The Standard Group Critical Illness Insurance New!**
- Enroll in or increase **Short Term Disability Insurance**
- Enroll in or increase **Long Term Disability Insurance**
- Increase **Supplemental and Dependent Life Insurance**
- Enroll in **Medical Flexible Spending and/or Dependent Care Flexible Spending Accounts:**

IMPORTANT: Your current 2023 FSA account election will not carry over into the new plan year for 2024. **You must re-enroll every plan year if you want to keep it.**

NOTE:

- ✓ *If your spouse works full-time (defined as 30 hours or more per week) and has access to health coverage through their employer, your spouse is not eligible to be covered on the County's health insurance plan.*
- ✓ *Your current Medical, Dental, Vision, Short Term, and Long Term Plan coverage elections will stay the same for the 2024 plan year unless you make a different election.*

HOW TO ENROLL OR MAKE CHANGES TO BENEFIT ELECTIONS

FCConnect will be available to enroll or make changes to your benefits **May 1 through May 24th**.

Step 1: Click on the Benefits Tile under ME

Step 2: Click on Make Changes (located under your picture/initials)

Step 3: Add any dependents to cover that are not already listed.

NOTE: These are people you want to cover on ANY benefit or people you want to use as a beneficiary.

Step 4: Click Continue and make elections for each benefit

BENEFIT PLANS AND RATES

CIGNA - HEALTH INSURANCE

Health Insurance rates will increase starting July 2024:

CIGNA HEALTH	COUNTY SEMI-MONTHLY	EMPLOYEE SEMI-MONTHLY
Individual	\$464.26	\$58.59
Employee + One	\$577.91	\$165.24
Family	\$807.83	\$334.60

- ❖ Employees who choose to participate in the 2024 Wellness Program will receive a \$30.00 bi-weekly premium discount.
- ❖ Employees who have a covered spouse who also chooses to participate in the 2024 Wellness Program will receive an additional \$20.00 bi-weekly premium discount.

AMERITAS - DENTAL INSURANCE

Dental rates have remained the same:

NEW FOR 2024!! The yearly maximum is increasing to \$2000.00

AMERITAS DENTAL	COUNTY SEMI-MONTHLY	EMPLOYEE SEMI-MONTHLY
Individual	\$14.99	Paid by County
Employee + One	\$22.42	\$7.44
Family	\$32.80	\$17.82

SUPERIOR VISION – VISION PLAN

- ❖ Superior Vision provides primary vision care benefits including eye examinations, prescription eyewear, and contact lenses through a broad-based provider network consisting of ophthalmologists, optometrists, and opticians. The plan also contracts with a large number of national and regional optometric chain locations.

FULL SERVICE PLAN	EMPLOYEE SEMI-MONTHLY
Individual	\$4.34
Employee + One	\$8.43
Family	\$14.67
MATERIAL ONLY PLAN	EMPLOYEE SEMI-MONTHLY
Individual	\$2.87
Employee + One	\$5.55
Family	\$9.52

FLEXIBLE BENEFIT ADMINISTRATORS - FLEXIBLE SPENDING ACCOUNTS

IMPORTANT: You must re-elect your Flexible Spending Accounts for medical and/or dependent care each year.

Our FSA is administered by **Flexible Benefits Administrator (FBA)**. Medical and/or Dependent Care Flexible Spending Accounts are designed to allow you to pay for unreimbursed medical expenses and/or dependent care expenses with tax-free dollars. This is a significant tax savings for most. FBA offers a debit card which enables you to use your medical and/or dependent care flexible spending account at eligible locations that accept MasterCard. You can also elect to file a paper claim, in which case you will receive a deposit to your primary direct deposit bank account Forsyth County has on file (this is the account in which your paycheck is deposited).

Please remember Medical and Dependent Care Flexible Spending Account balances **DO NOT** carry over from one year to the next. All expenses for the **CURRENT PLAN YEAR July 1, 2023 to June 30, 2024** must be incurred by June 30, 2024.

You have the entire Plan Year (July 1, 2023 – June 30, 2024) **plus 90 days to file all claims** that were incurred during the Plan Year. These claims must be received in FBA's Office prior to the end of the 90 days. (Remember "90 days" does not mean 3 months and "received in the office" does not mean postmarked). Any unused balance will be forfeited under the IRS regulation "**Use it or lose it rule.**"

HARTFORD LIFE INSURANCE

You can request coverage through FCConnect for employee supplemental or dependent life insurance.

- ❖ Forsyth County provides all eligible employees with a basic term life amount of 1.5 times your basic annual earnings up to a maximum of \$150,000 at no cost to you.
- ❖ You can apply for supplemental life insurance on yourself or spouse subject to Evidence of Insurability (EOI).
- ❖ Insurance for dependent child(ren) DOES NOT require Evidence of Insurability (EOI).
- ❖ During open enrollment if you currently have supplemental life coverage in the amount of 1X your annual salary you can increase to 2X annual salary without completing an Evidence of Insurability (EOI) also called Proof of Good Health. If you elect 3X your annual salary, you will be required to complete an EOI regardless of your current supplemental life coverage.
- ❖ Additionally, if you currently have \$10,000 on your spouse you can increase to \$20,000 without Evidence of Insurability (EOI).

NOTE: If Evidence of Insurability (EOI) is required, the forms will be emailed to your preferred email address listed in FCConnect. If none is indicated, the forms will be mailed to your home address, and you will be responsible for ensuring that they are returned to Hartford per the instructions that will be enclosed with the forms.

THE STANDARD – GROUP ACCIDENT PLAN

Plan Features:

- ✓ Pays you directly, so you can choose how to spend the money.
- ✓ Pays you for what happens, regardless of your other coverage.
- ✓ Goes with you if you leave your employer.
- ✓ Provides coverage without answering any medical questions.
- ✓ Gives you the option to cover your spouse and children.
- ✓ Pays an additional 25 percent benefit if your child, 18 or under, is injured playing organized sports.
- ✓ You pay the same premium for as long as you have your coverage.
- ✓ Provides the convenience of having your premium payments deducted directly from your paycheck

Coverage for	SEMI-MONTHLY RATES
You	\$4.32
You and your spouse	\$6.82
You and your children	\$8.25
You, your spouse and your children	\$12.93

THE STANDARD – GROUP HOSPITAL INDEMNITY PLAN

Hospital Indemnity Insurance:

Medical insurance is important. Especially when you have a hospital stay – planned or unplanned. But it can leave you with unexpected bills and out-of-pocket costs. Group Hospital Indemnity insurance can help cover unexpected out-of-pocket expenses such as copays, deductibles and out-of-network charges, as well as everyday living expenses. It pays a benefit directly to you for hospital stays, regardless of your treatment costs or other insurance coverage you might have

How it Works:

Even the best budgeters can forget to set aside money for medical expenses. Hospital Indemnity insurance provides a way to cover unexpected out-of-pocket expenses when you end up in the hospital. It also allows you to:

- ✓ Choose how to spend your benefit. It's your money — spend it however you want, whether it's to pay for your groceries, rent or medical C bills.
- ✓ Take it with you. If you leave your job, you can take your coverage with you.
- ✓ Receive a benefit for taking care of your health. You can get a Health Maintenance Screening Benefit of \$50 once per calendar year just for going to the doctor for a covered wellness screening, which may include a novel infectious disease test (including COVID-19) or a mammogram — that typically cost you nothing under your medical plan.
- ✓ Get a break from paying premiums during long hospital stays. If you are in the hospital for more than 30 days, you will be able to stop making premium payments until you're discharged.

Coverage for	SEMI-MONTHLY RATES
You	\$9.65
You and your spouse	\$16.11
You and your children	\$13.92
You, your spouse and your children	\$24.32

THE STANDARD – GROUP CRITICAL ILLNESS PLAN

An Extra Layer of Protection:

Critical Illness insurance can make a big difference in your ability to pay out-of-pocket expenses associated with a serious illness. It pays a lump-sum benefit directly to you upon diagnosis of a covered illness, regardless of your treatment costs or what's covered by your medical insurance. Elect coverage in \$5,000 increments between \$5,000 and \$30,000.

Plan Features:

- ✓ Update your coverage as needed. As your life circumstances change, increase or decrease your coverage, in accordance with your employer's plan.
- ✓ Lock in your rate. For example, if you're 35 when your coverage becomes effective, you'll pay a 35-year-old's rate for as long as you have the coverage. If you increase your coverage amount at age 45, you will continue to pay a 35-year-old's rate for that increased coverage amount for so long as you have that increased coverage amount.
- ✓ Take it with you. If you leave your job, you can take your coverage with you.
- ✓ Pick and choose how to spend your benefit. Spend your lump-sum benefit however you want.
- ✓ Protect your loved ones. Cover your spouse up to \$30,000, as long as it's not more than your benefit amount. Your kids are automatically covered at 50 percent of the amount elected for yourself for the same critical illnesses that you are. Kids are also covered for 21 additional childhood diseases, including cystic fibrosis, Down syndrome, muscular dystrophy, spina bifida and cerebral palsy.
- ✓ Access a Health Advocate. Additional services available through Health Advocate, include access to specialists for a second opinion upon approval of a covered claim.
- ✓ Receive a benefit for taking care of your health. You and your covered loved ones receive a Health Maintenance Screening benefit of \$100 once per calendar year when visiting the doctor for a covered wellness screening, which may include a novel infectious disease test (including COVID-19) or a mammogram — that typically cost you nothing under your medical insurance.
- ✓ Receive additional benefits. If you are diagnosed with a covered illness again after a treatment-free period of 12 months, you will receive 100 percent of the original benefit amount. If you are diagnosed with a different and subsequent covered illness at least 30 days after the diagnosis of the first critical illness, you will receive an additional Critical Illness insurance benefit.

Coverage for	Coverage Amount
You	\$5,000 - \$30,000 in increments of \$5,000
You and your spouse	\$5,000 - \$30,000 in increments of \$5,000
You and your children	Automatically covered at \$50% of your coverage amount

Premiums

Employee Non-Tobacco Semi-Monthly Issue Age Premiums						
	Employee Age					
Coverage Amount	18-29	30-39	40-49	50-59	60-69	70+
\$5,000	\$1.20	\$1.70	\$2.90	\$4.60	\$7.50	\$17.70
\$10,000	\$2.40	\$3.40	\$5.80	\$9.20	\$15.00	\$35.40
\$15,000	\$3.60	\$5.10	\$8.70	\$13.80	\$22.50	\$53.10
\$20,000	\$4.80	\$6.80	\$11.60	\$18.40	\$30.00	\$70.80
\$25,000	\$6.00	\$8.50	\$14.50	\$23.00	\$37.50	\$88.50
\$30,000	\$7.20	\$10.20	\$17.40	\$27.60	\$45.00	\$106.20

Employee Tobacco Semi-Monthly Issue Age Premiums						
	Employee Age					
Coverage Amount	18-29	30-39	40-49	50-59	60-69	70+
\$5,000	\$1.40	\$2.40	\$4.70	\$8.70	\$15.70	\$32.00
\$10,000	\$2.80	\$4.80	\$9.40	\$17.40	\$31.40	\$64.00
\$15,000	\$4.20	\$7.20	\$14.10	\$26.10	\$47.10	\$96.00
\$20,000	\$5.60	\$9.60	\$18.80	\$34.80	\$62.80	\$128.00
\$25,000	\$7.00	\$12.00	\$23.50	\$43.50	\$78.50	\$160.00
\$30,000	\$8.40	\$14.40	\$28.20	\$52.20	\$94.20	\$192.00

Spouse Semi-Monthly Issue Age Premiums – Based on Employee's Age and Non-Tobacco/Tobacco Status

*Employee must elect coverage for spouse to have coverage and coverages for Employee and Spouse cannot be for different amounts. Coverage for the spouse is the same amount as what the Employee elects for themselves. For example: If Employee, age 45 (Non-Tobacco), chooses \$10,000 in coverage for \$5.70 Semi Monthly and also elects to cover Spouse, then the Spouse will also have \$10,000 in coverage for an additional \$5.70 (\$11.40 in total Semi-monthly Premium).

SHORT TERM DISABILITY (AUL)

AUL's Short Term Disability (STD) Insurance will provide you with monthly income when you are totally disabled from working. It does not cover on the job injuries or sickness due to employment. You can apply for up to 70% of your earned income not to exceed a maximum monthly benefit of \$2,000.

- ❖ If you do not currently have coverage, you can elect up to \$1000 (not to exceed 70% of income). The coverage will be guaranteed issue, but the 3/12 pre-existing clause will apply.
- ❖ If you currently have STD coverage, you can increase your benefit amount by \$500 in \$100 increments (not to exceed 70% of your income).

LONG TERM DISABILITY (AUL)

AUL's Long Term Disability (LTD) can be used as a supplement to your Short-Term Disability. Long Term Disability will begin after your three-month Short-Term Disability policy has run out. You can elect Long Term Disability even if you do not elect Short Term Disability. It will provide you with income when you cannot work for an extended period beyond three months. Your LTD premium and benefit amount will be based on your salary in the Human Resources System as of **July 1, 2024**. Therefore, your benefit amount and premium may be slightly different if you have had a performance appraisal or other change in rate of pay after open enrollment begins.

- ❖ If you are interested in enrolling in Long Term Disability (LTD), coverage will be available without medical underwriting.
- ❖ If you previously completed the medical underwriting for LTD and you were denied, you will be required to complete the medical underwriting process again and the coverage will be subject to approval or denial by AUL.

NOTE: Interested employees can enroll in one or both of the disability products.