

Floyd County Government



Employee Benefit Guide **2026**



Floyd County Government

Welcome to your Employee Benefits!

Floyd County Government recognizes the important role employee benefits play as a critical component of your overall compensation. We strive to maintain a benefits program that is competitive within our industry and designed to protect your health, your family, and your way of life.

This guide was created to answer some of the questions you may have and provide the tools and resources you will need to take full advantage of the programs and plans being offered. Please read it carefully along with any supplemental materials you receive.

For any questions about the benefits outlined in the guide, please contact your Human Resources Department.

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PLEASE NOTE: This booklet provides a summary of the benefits available but is not your Summary Plan Description (SPD). Your company reserves the right to modify, amend, suspend, or terminate any plan at any time, and for any reason without prior notification. The plans described in this book are governed by insurance contracts and plan documents, which are available for examination upon request. We have attempted to make the explanations of the plans in this booklet as accurate as possible. However, should there be a discrepancy between this booklet and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern. In addition, you should not rely on any oral descriptions of these plans, since the written descriptions in the insurance contracts or plan documents will always govern.

Carrier Contacts

Our goal is to make certain that you receive the correct coverage under the benefits plan. We are here to help with any issues that may arise. Follow these steps if you require assistance:

- **Do you need an ID card?** If you do not have an ID card, please contact AP Assist to order your ID card or go online to the carrier's site to download an ID card.
- For claims assistance, please contact AP Assist. You will need your ID number or Social Security number along with date of service and provider name.

Carrier Contacts	Group #	Website	Phone
Medical			
Anthem	L09118	www.anthem.com	1.833.578.4441
Pharmacy Benefits			
TrueRx	N/A	www.truerx.com	Email: hello@truerx.com
SHARx	N/A	www.sharxplan.com	314.451.3555 (option 1)
HRA & FSA			
BMS	N/A	www.bmsllc.net Email: claims@bmsllc.net	1.800.919.BMSI
Dental			
Humana	TBD	www.humana.com	1.866.427.7478
Vision			
Humana	TBD	www.humana.com	1.877.398.2980
Basic / Voluntary Life and AD&D			
The Standard	170693	www.standard.com	1.888.937.4783
Accident / Critical Illness / Hospital Indemnity / Whole Life			
Atlantic American	N/A	www.aaemployeebenefits.com email: groupcustomercare@atlam.com	1.866.458.7502 (opt.1)
Emergency Medical Transportation			
MASA	N/A	www.masaaccess.com/member Email: ambulanceclaims@masaglobal.com	1.800.643.9023
Employee Assistance Program			
WayneCorp	N/A	www.waynecorp.com	1.502.451.8262





2026 Annual Open Enrollment



OPEN ENROLLMENT DATES 10/29/2025 - 11/5/2025

This year we have partnered with AP Enroll to enroll your 2026 benefits for an effective date of January 1st, 2026. AP Enroll will enroll all products including medical, dental, vision, and more!



How Do I Enroll / Learn More?

Call the call center phone number at **502-576-7672** to speak with a benefit advisor and review your benefit options or enroll online at <https://aes.employeenavigator.com>.

If you need to register as a new user, please use company identifier **FCG2024**.

Please have all personal information necessary for enrollment completion — dependent names, beneficiary names, dates of birth, social security numbers, and addresses.

NOTE: This is a passive enrollment. All benefits will rollover to 2026 with the exception of FSA and Dependent Care FSA. If you participate in either of these plans you **MUST** re-enroll to keep them in 2026.

WHAT TO EXPECT AT ENROLLMENT?

*A licensed benefit advisor will explain the benefits and answer questions.
Plan on 15 minutes.*

Benefits Service Center Hours:

Monday – Friday: 9:00 AM – 8:00 PM (EST)

Saturday: 10:00 AM – 4:00 PM (EST)



Eligibility

Floyd County Government shares in the cost by paying for a portion of the employee and dependent health insurance costs. Dependents are eligible to participate in the health & welfare plan. Your completed enrollment serves as a request for coverage and authorizes any payroll deductions necessary to pay for that coverage.

Any elections made will remain in effect and cannot be changed or revoked until the next annual Open Enrollment period, unless the change is due to and consistent with a family/life status change.

Who is eligible for Benefits?

- For new employees working 30 hours per week, benefits begin first day of the month following 30 days of employment.
- All current employees working 30 hours per week.

Eligible Dependents

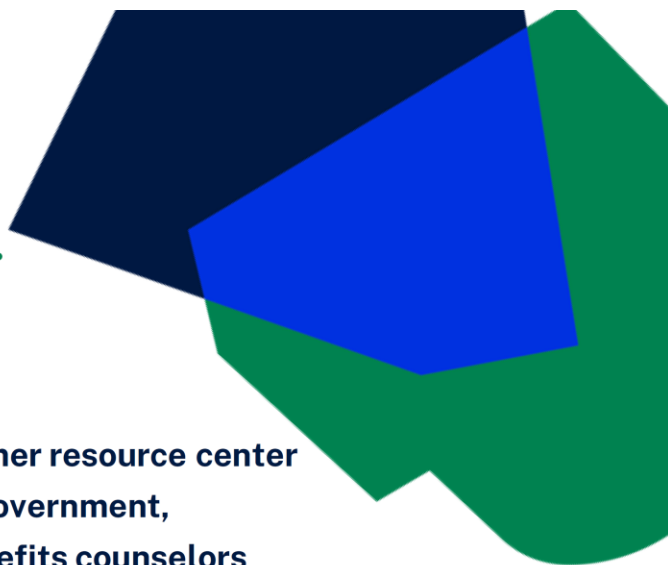
- A spouse to whom you are legally married
 - As of January 1, 2014, a spouse who is eligible for medical insurance coverage from his or her own employer will not be eligible for enrollment in the Floyd County Government health insurance plan. An employee will be presented a Medical Insurance Spousal Waiver during their first day of employment.
- Dependent children may be covered until the end of the month in which they turn age 26 on the medical, dental and vision plans. Coverage for eligible dependents generally begins on the same day your coverage is effective.

**Additional carrier conditions may apply.*

Please Note: If you cover an individual on your benefit plan who is not an eligible dependent, this is considered fraud and theft. Claims may be reprocessed and become your responsibility. Providing false statements regarding Tobacco/Nicotine usage is against company policy. Anyone found providing false statements will be subject to discipline up to and including termination of employment.

Customer Resource Center

AP Assist Customer Resource Center



The AP Assist team is a year-round customer resource center available to employees of Floyd County Government, comprised of experienced and helpful benefits counselors that will:



Assist with understanding plan benefits and eligibility rules



Help with understanding EOB's and other plan materials



Assist with billing and enrollment issues



Work with the insurance companies to resolve claims and billing issues



Provide information about benefits options after a life event like marriage, birth, death, divorce, job change



Assist in obtaining member ID Cards

Monday through Friday 8:30 AM - 5:00 PM (EST)

EMAIL: apassist@assuredpartners.com

PHONE: 833-664-7195



AP Assist

apassist@assuredpartners.com

833-664-7195

Health Insurance



Floyd County Government offers two medical plans administered by Anthem. These medical plans offer freedom of choice with access to a large national network of physicians, hospitals and health care professionals (clinics, labs, care centers, etc.). To find a network provider, visit www.anthem.com or call Toll-Free 1.833.578.4441.

Network: Blue Access	PPO	
	Network	Non-Network
Deductible (Single / Family)	\$1,000 / \$2,000	\$3,000 / \$6,000
Out-of-Pocket Maximum (Single / Family)	\$6,000 / \$12,000	\$18,000 / \$36,000
	You Pay	You Pay
Physician Office Services	\$25 copay	50% *
Specialty Office Services	\$40 copay	50% *
Preventive Office Services	No charge	50% *
Emergency Room Services <i>copay waived if admitted</i>	\$150 copay	\$150 copay
Urgent Care Services	\$75 copay**	50% *
Inpatient & Outpatient Services	20% *	50% *
Outpatient Surgery Hospital	20% *	50% *

* After deductible has been met

** Deductible does not apply

Your pharmacy insurance provider is TrueRx. Please refer to pages 9 through 14 for additional information on TrueRx pharmacy benefits.

True Rx. Pharmacy Benefits	You Pay
Retail Prescription Drugs 30-day supply	
Generic:	\$10 copay
Preferred Brand:	\$30 copay
Non-Preferred Brand:	\$50 copay
Mail Order 90-day supply	
Generic:	\$25 copay
Preferred Brand:	\$75 copay
Non-Preferred Brand:	\$125 copay

Specialty Drugs: Specialty and Brand Name medications that cost over \$350 should be filled through the SHARx program. This program is designed to help consumers like you obtain the best prices on your medications. In most cases, members can fill their prescriptions through this program at little or no cost. For more information, please refer to pages 7 & 8 of this guide, or contact Human Resources.

WellRight Goal Achieved Cost Per Pay		Employee Cost Per Pay
Employee	\$35.00	\$69.50
Employee + Spouse	\$133.83	\$173.83
Employee + Child(ren)	\$101.04	\$136.04
Family	\$192.83	\$227.83

If you earn 100 points on the wellness platform by October 31, you will be eligible for the reduced rates.

Network: Blue Access		\$3000 Deductible	
	Network	Non-Network	
Deductible (Single / Family)	\$3,000 / \$6,000	\$9,000 / \$18,000	
Out-of-Pocket Maximum (Single / Family)	\$3,000 / \$6,000	\$11,500 / \$23,000	
	You Pay	You Pay	
Physician Office Services	0%*	30%*	
Specialty Office Services	0%*	30%*	
Preventive Office Services	No charge	30%*	
Emergency Room Services <i>copay waived if admitted</i>	0%*	0%*	
Urgent Care Services	0%*	30%*	
Inpatient & Outpatient Services	0%*	30%*	
Outpatient Surgery Hospital	0%*	30%*	

* After deductible has been met

Your pharmacy insurance provider is TrueRx. Please refer to pages 9 through 14 for additional information on TrueRx pharmacy benefits.

True Rx. Pharmacy Benefits	You Pay
Retail Prescription Drugs 30-day supply	
Generic:	0%*
Preferred Brand:	0%*
Non-Preferred Brand:	0%*
Mail Order 90-day supply	0%*
Generic:	0%*
Preferred Brand:	0%*
Non-Preferred Brand:	0%*

Specialty Drugs: Specialty and Brand Name medications that cost over \$350 should be filled through the SHARx program. This program is designed to help consumers like you obtain the best prices on your medications. In most cases, members can fill their prescriptions through this program at little or no cost. For more information, please refer to pages 7 & 8 of this guide, or contact Human Resources.

WellRight Goal Achieved Cost Per Pay		Employee Cost Per Pay
Employee	\$5.00	\$40.50
Employee + Spouse	\$73.36	\$108.36
Employee + Child(ren)	\$50.00	\$85.00
Family	\$112.79	\$147.79

If you earn 100 points on the wellness platform by October 31, you will be eligible for the reduced rates.

Health Reimbursement Arrangement (HRA)



We have established a Health Reimbursement Arrangement (HRA) program for you that will be administered by BMS. Under this program, you will be able to receive reimbursement for the cost of eligible medical and pharmacy qualified expenses without taxation to you individually.

- An HRA is an employer-funded account that will cover the difference between what the employee pays for his or her deductible, and what the health insurance will now be covering.
- The HRA is available only to those enrolled in the \$3000 deductible plan.

Anthem Medical Plan	Employer (HRA) Pays	Employee Pays
<i>In Network Deductible-</i> \$3,000 Single \$6,000 Family Per covered member.	First \$750 Single First \$1,000 Family Grading Levels of Contributions: <ul style="list-style-type: none"> • Enrolled 1st or 2nd Qtr. Of 2026-Full Amount Above • Enrolled 3rd Qtr. Of 2026-75% of amount above or \$562.50 Single / \$750 Family • Enrolled 4th Qtr. of 2026 – 50% of amount above or \$375 Single / \$500 Family 	After the HRA is reimbursed in full, all remaining expenses incurred under the Anthem plan are the responsibility of the employee.
<i>NOTE-Please be advised that the Explanation of Benefits from your carrier will be required to process your claims. ALL OTHER BENEFITS WILL BE THE RESPONSIBILITY OF THE EMPLOYEE.</i>		

- Reimbursement from the HRA Plan –

a. Take Care Debit Card – allows immediate reimbursement of your money.

Eligible to be used at only qualified merchants (hospitals, doctor's office, authorized pharmacies or clinics at some grocery and discount stores.) Regardless if the debit card transaction goes through, the IRS and does require you to substantiate the majority of your transactions. **REMEMBER: YOU MUST KEEP ALL RECEIPTS.** Notification of request for receipts are available at employee website www.bmsllc.net. You may also sign up for email or text message notification for receipt requests! It is the responsibility of the participant to only use it for qualified expenses and to respond to our request for receipts. Non-qualified expenses (NQE) will cause a \$4.00 fee to be assessed.



b. Manual Reimbursement – if you do not use your Take Care Debit Card, then you can submit manual claims to BMS. Once the insurance company processes your medical expenses; you will receive an Explanation of Benefits (EOB) that says what your total responsibility is for that service. You can then simply complete a Claim Form (visit claims@bmsllc.com for a form) and then mail, fax or e-mail a copy of the claim form with your receipt (EOB) to BMS LLC. We will process your claim and cut you a check or send funds via ACH Direct Deposit if you've signed up (claims are paid twice a week.) We will reimburse up to the amount the Employer agrees to pay for your claim, less any amounts you are responsible for as noted above. You are to in turn, use the reimbursement to pay your outstanding billing.

- You can visit our website at www.bmsllc.net for more information on your account status – 24/7!

Please contact BMS LLC at (502)244-1161 or (800)-919-BMSI with any questions you may have concerning the HRA

TrueRX & SHARx General Overview

In 2026, we will continue to use TrueRx and their partnership with SHARx for our pharmacy benefits. As a reminder, SHARx is an advocacy solution for high-cost (\$350+) and brand name medications as well as some Specialty Medications. Many times, these medications can be sourced at greatly reduced costs for employees. Please review the FAQs below for more information.

How much will my medication cost?

You can find the cost of your medication by using the member portal at truerx.myrxplan.com or by downloading the “True Rx+” app.

What is considered a High-Cost Medication?

Any medication that has a cost of at least \$350 per month is considered high cost. Examples include: Insulin (all types), Abilify, Actemra, Advair, Ajoy, Atripla, Biktarvy, Breo, Brilinta, Budesonide, Bydureon, Cimzia, Copaxone, Cosentyx, Creon, Descovy, Dexilant, Dulera, Effient, Eliquis, Elmiron, Enbrel, Entyvio, Farxiga, Flovent HFA, Genvoya, Gilenya, Glatopa, Glyxambi, Humira, Invokana, Janumet, Januvia, Jardiance, Lantus, Latuda, Lialda, Lyrica, Multaq, Otezla, Pentasa, Premarin, Remicade, Repatha, Restasis, Spiriva, Stelara, Symbicort, Takhzyro, Taltz, Toujeo, Truvada, Victoza, Xarelto, Xeljanz, Xolair, and MANY, MANY More!!

I take a specialty or high-cost medication. What should I do?

If you are on a high-cost medication or specialty medication, we recommend that you reach out to the SHARx team directly in order for them to help guide you through that process.

What happens if I don't enroll in the SHARx program?

Members should enroll as you run the risk of their high-cost medications no longer being covered. It is important to utilize the SHARx program that has been put in place to partner with TrueRX.

What will happen if I try to fill my medication at the pharmacy and it should be through SHARx?

TrueRx will inform SHARx of any medications that are eligible for SHARx assistance. All high-cost medications over \$350 for a 30-day supply will receive 2 grace fills. Specialty medications will not receive an automatic grace fill, but if a member is in need of a transition fill while working on permanent sourcing, they should contact SHARx. Even with these grace fills for high-cost medications, the pharmacy will see a message in their system when filling your medication that future medications will need to be filled with SHARx.

What if my medication requires prior authorization?

If you have been prescribed a medication that requires prior authorization, the following steps are what you can expect:

- ✓ The pharmacy will receive your prescription from your healthcare provider.
- ✓ The pharmacy will let you and your provider know that a PA is required, and the prescription is unable to be filled at that time. TrueRX will also be notified.
- ✓ TrueRX will request paperwork from your provider to review.

Please Note: the summary provides an overview of the benefits available to you and your dependents. This is not considered a Summary Plan Description (SPD). The plans described are governed by contracts and plan documents, which are available upon request. We have attempted to make this explanation of the plans as accurate as possible. However, should there be a discrepancy, the provisions of the insurance contract or plan documents will govern.

TrueRx & SHARx General Overview



- ✓ Once reviewed and the Prior Authorization has been approved, you will receive communication from SHARx to begin the advocacy process.
- ✓ If the Prior Authorization is denied, your healthcare provider will contact you regarding alternative medication options.

I get my Prescriptions through Mail Order today or am interested in Mail Order for 2026. Is that an option?

Yes! TrueRX partners with WB RX Express for mail order solutions. A member of the TrueRX Advocacy Team can walk you through this process, or you may visit www.wbrxexpress.com direct and click on “Become a New Patient” to get setup. You may also reach them at 833-391-0126.

Who should I contact if I have questions?

You do have several options as far as individuals to reach out to for any questions you may have.

TrueRX	SHARx
You may reach out to the patient care team with general pharmacy and prescription questions. TrueRX is also handling Prior Authorizations. If you are not sure who to contact, we recommend starting with TrueRX to allow their Advocacy Team direct you to the right area.	The SHARx advocacy team will help you on those High Cost (\$350+) medications as well as Specialty.
866-921-4047	314-451-3555 (Option 1)
Email: hello@truerx.com	Email: sharx@sharxplan.com
truerx.myrxplan.com	www.sharxplan.com

Please Note: the summary provides an overview of the benefits available to you and your dependents. This is not considered a Summary Plan Description (SPD). The plans described are governed by contracts and plan documents, which are available upon request. We have attempted to make this explanation of the plans as accurate as possible. However, should there be a discrepancy, the provisions of the insurance contract or plan documents will govern.



Manage Your Pharmacy Benefits *Anytime, Anywhere*



Say *hello* to True Rx+, an Enhanced App and Portal

True Rx+ is more than just a pharmacy app. It's your personalized digital pharmacy experience designed to help you stay informed, save money, and get support when you need it the most.

What You Can Do With True Rx+



View your
insurance card and
plan details



See your active
prescriptions, deductible,
and out-of-pocket status



Compare
medication prices
at local pharmacies



Track prior authorizations
in real time



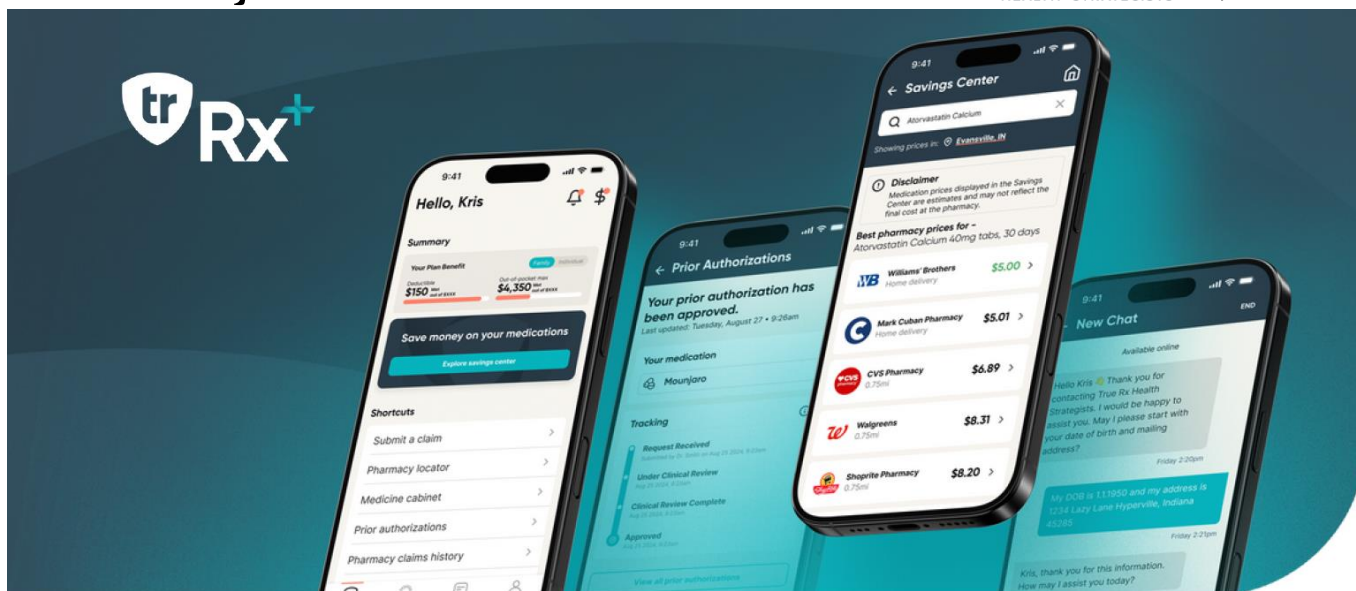
Set refill
reminders



Chat with a live True Rx
Health Strategist

Download True Rx+ *today!*





How to Get Started

- 1 | Start by downloading the True Rx+ app in your app store or use the member portal at member.myplantruerx.com
- 2 | Register your account with your member ID, group number, date of birth, email address, mobile number and password
- 3 | Confirm your personal information
- 4 | Tap 'Create Account' to finish

Download True Rx+ *today!*



Questions?

Contact our Patient Care Team at ☎ 866-921-4047
or ✉ hello@truerx.com



866-921-4047
hello@truerx.com
TrueRx.com



Medication Delivered to Your Door

Skip the pharmacy line and receive personalized care.

True Rx Health Strategists partners with WB Rx Express to deliver your prescriptions right to your door. With WB Rx Express, you can manage, refill, and get information about your medications with ease, while receiving exceptional service.

Like True Rx, WB Rx Express is a family-run pharmacy serving communities for decades. It's the place to go if you want personalized and friendly service that is convenient and accessible.

Zero Hassles—WB Rx Express Makes Medication Easy

WB Rx Express offers options to simplify your medication management:

- ✓ ***Never miss a dose with WB DosePak!***
Pharmacists sort your medications by day and time, making it easier for you take them exactly as prescribed.
- ✓ ***Synchronized refills***
Sync your medication fills to get them all at once.
- ✓ ***Prescription autofill***
Refills are automatically shipped before you run out.

Did You Know?

By ordering a mail order 90-day supply, stock up and enjoy savings for months to come.

- **98% PATIENT SATISFACTION**
- **99.8% QUESTIONS RESOLVED IN ONE CALL**
- **5 SECOND AVERAGE TIME TO ANSWER**
- **PRESCRIPTIONS SHIPPED IN 24 HOURS***

*Average turnaround time



Get Started in Three Easy Steps

step
01

Go to wbrxexpress.com and click "Become a New Patient".

step
02

Complete the online form and click the red "Submit" button.

You can also set up your account by calling the pharmacy at 833-391-0126.

step
03

WB Rx Express will contact you within two business days to verify your account and medication information.

Kindly inform us at least 14 days in advance if you need a refill or wish to cancel your automatic refill.

Mail Order Medication Prices in the Member Portal

Mail order pricing is integrated with the True Rx member portal, truerx.myrxplan.com. Compare mail order pricing with retail pharmacies in your area.

Payment Options

WB Rx Express accepts MasterCard, Visa, Discover, and American Express.

Limitations of Mail Order

- Please use your local pharmacy for a 30-day or less supply of medication.
- Refill orders submitted prematurely may be delayed until the earliest allowable date for processing.
- For your safety, WB Rx Express does not dispense Schedule II controlled substances.
- WB Rx Express is not able to ship to California residents.

Register with us

for quick, secure, digital access to all your plan information

Keep on top of your health benefits with 24/7 access to your plan details.

Register on our SydneySM Health app or through our website at

[anthem.com/register](https://www.anthem.com/register) so your account is ready to use when you need it.

There is no cost, and it only takes a few minutes.

Once you're registered, you'll have one place you can go for all your plan and benefits information. You can review coverage and claims, find care, estimate cost of care, and access your digital plan ID card.

Have your plan ID card ready to get started

- 1 Download our free Sydney Health app and select **Register new account** or go to **[anthem.com/register](https://www.anthem.com/register)**.
- 2 Select your identification type (in most cases, this is your member ID).
- 3 Enter your plan ID number, full name, and date of birth.
- 4 Follow the one-time security prompt and create a username and password. (You'll use the same login information when you log in to either the app or website.)
- 5 Review your information to complete your registration.



▶ Scan this QR code with your phone's camera to **download our Sydney Health app** today.



On-screen experiences may vary due to personalization, benefit plans, and ongoing enhancements.

Sydney Health is offered through an arrangement with Carilion Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2023

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to [anthem.com/co/networkaccess](https://www.anthem.com/co/networkaccess). In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RMC), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Also HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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Anthem offers the following programs to help you and your family with your healthcare needs. Detailed information on these programs may be found by logging onto the employee portal.

Find high-quality doctors nearby and compare costs

Choosing a doctor you trust is important – and choosing one in your plan’s network can keep your costs down. The **Find Care** tool on the Sydney Health App and anthem.com can help you meet both needs.

Emotional Well-being Resources offer help when you need it.

Your emotional health is an important part of your overall health. With Emotional Well-being Resources, administered by Learn to Live, you can receive support to help you and your household live your happiest, healthiest lives. Log in to anthem.com, go to Care, choose Health & Wellness Center, and select **Emotional Well-being Resources**.

ConditionCare – Take control of your health today

A little help can make a big difference when you or a Family member has:

- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Coronary artery disease (CAD)
- Type 1 or 2 diabetes (pediatric or adult)
- Heart failure

Call 866-962-0963 to learn how this no-cost program can help you take care of your health.

24 / 7 NurseLine

Giving you and your family access to a registered nurse anytime. Your health is priceless. That is why it is so important for you to be able to connect to the resources and expert guidance you need to keep you safe and healthy – day or night. For help, call 24/7 NurseLine at the customer service number on your ID card.

Receive virtual care and support through the Sydney Health mobile app

When you aren’t feeling your best – physically, mentally or emotionally – or you need guidance managing a health condition, help is available. You can connect to the care you need using the Sydney Health mobile app. You can have a video visit with your doctor 24/7 for common health issues, and mental and emotional healthcare is available by appointment.

Save Money With SpecialOffers and discounts.

As part of your health plan, you qualify for discounts on products and services that help promote better health and well-being. These discounts are available through SpecialOffers to help you save money while taking care of your health.

Building Healthy Families – A new program to support growing families.

Anthem’s all-in-one program can help your family grow strong whether you’re trying to conceive, expecting a child, or in the thick of raising young children.

Behavioral Health Case Management

This service will pair you with a case manager – they will be your personal advocate as you partner to work through any concerns, big or small.

To join, log in to anthem.com, go to MyHealth Dashboard, choose Programs, and select Emotional Well-being Resources.

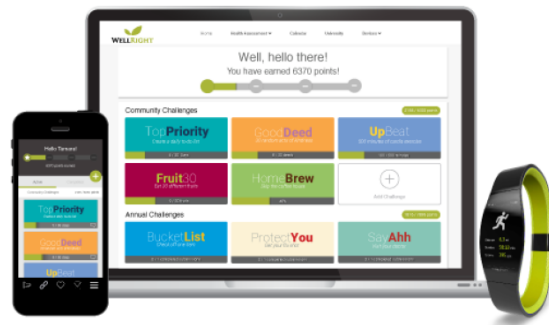
▶ Learn more about SpecialOffers

Log in to [anthem.com](https://www.anthem.com), choose Care, and select Discounts.

Employee Wellness Platform

For Floyd County Government Employees

Welcome to Floyd County Government's employee wellness platform! Benefit-eligible employees are able to participate in the wellness platform.



Employees earn points by completing a variety of wellness-related activities. By earning wellness points, employees can earn a future Insurance Premium Reduction!

Future Insurance Premium Reduction

Between November 1, 2025 and October 31, 2026, earn 100 points through the completion of wellness-related activities.

Get Started!

1. Go to the following website or scan the QR code to the right.

<https://floydcounty.wellright.com>

2. Click "Register"
3. Fill out the necessary information
4. Click "Submit"

*You must register and login on the web before you can have access to the Wellright app.



SCAN ME

Wellness Points and Activities

Activity	Points	Additional Information
Preventative Health		
Biometrics	40	1x per year
BluMine Health Clinic Visit	15	Max 4 visits per year
Weight Management Program	15	Max 4 visits per year
Dental Exam	10	Max 2x per year
Vision Exam	10	1x per year
Mammogram	10	1x per year
Colonoscopy	15	1x per year
PSA Text	10	1x per year
Pap Smear	10	1x per year
Flu Shot	15	1x per year
Vaccination	10	Max 2x per year
Wellness		
Health Risk Assessment	40	1x per year
Monthly Wellright Challenge	5	1x per month
5K Walk/Run	5	Max 4x per year
CPR Certification	10	1x per year
First Aid Certification	10	1x per year
Donate Blood	10	Max 2x per year
University Course	5	Max 4x per year

Download the Mobile App

Search for the **Wellright App** in the iOS App Store or Google Play Store.
Log in with the same username and password you used on the web.

Complete Your Account Setup

1. Login on the website or the app to view available challenges.
2. Connect a device—*Fitbit, Apple watch, Garmin and more!*
3. Setup text reminders for challenge reminders and to keep track of your progress.



For any questions please contact:
bluminwellness@bluminehealth.com

Welcome to BluMine[™] HEALTH

**BluMine is excited to welcome you and
your family to
BluMine Healthcare.**

**Call to schedule your appointment for
an annual physical today!**

Primary Health Services

- Annual Wellness Physicals
- Annual Male/Female Check-Ups
- Asthma/Breathing Treatments
- Allergy Injections (serum provided by patient)
- Basic Lab Work/Blood Draw
- Biometrics Screenings
- Blood Pressure Maintenance
- Cold/Flu/Bronchitis Treatments
- Earaches/Infections
- EKGs with Basic Interpretation
- Minor Sprains/Strains
- Minor Suturing/Splinting

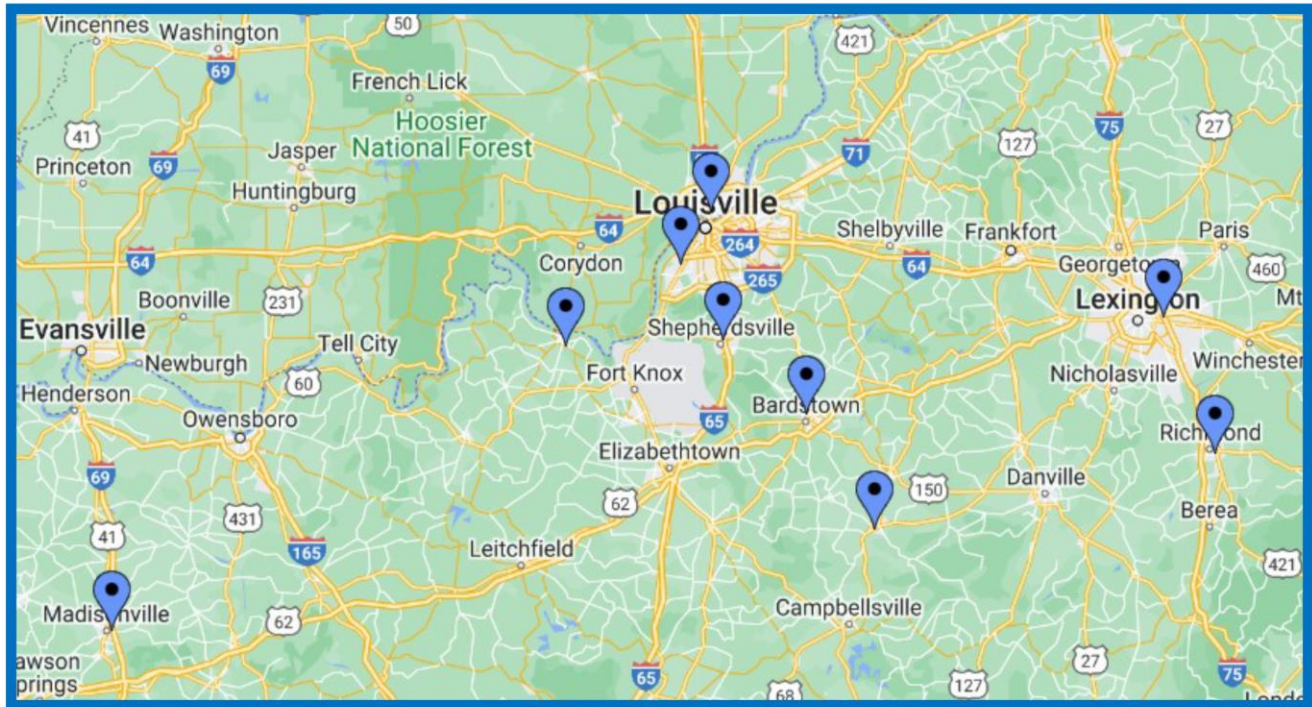
- Pink Eye/Styes
- Poison Ivy/Skin Conditions
- School/Sports Physicals
- Sinus Infection
- Sore Throat/Strep Test
- Stomach Virus
- UTI Bladder Infection

Disease Management Programs

- Chronic Disease Management
- Hypertension Treatment
- Diabetes/Metabolic Syndrome
- Cholesterol/Nutrition Optimization
- Smoking Cessation
- Stress Reduction

All available to you at NO cost!

BluMine locations available to you and your family for your Health Care needs



Bardstown

700 Portland Avenue, Suite C
Bardstown KY 40004
(502) 628-2103
Mon, Wed, Fri 7:30a-4p
Tues, Thurs 10:30a-7p

Lebanon

116 Lebanon Trade Center
Lebanon, KY 40033
(270) 225-1005
Mon, Wed, Fri 7:30a-4p
Tues, Thurs 10:30a-7p

Madisonville

343 East Center Street
Madisonville, KY 42431
(270) 452-2420
Mon, Wed 8a-4p
Tues, Thurs 9a-7p
Fri 8a-12p

Brandenburg

1404 Old Ekron Road
Brandenburg, KY 40108
(502) 684-8446
Mon, Thurs 7a-3:30p
Tues, Wed 9:30a-6pm
Fri 8a-4:30p

Lexington

2285 Executive Drive, Suite 100
Lexington, KY 40505
(859) 254-0151
Mon-Fri 8:30a-5pm

Richmond

235 Boggs Lane, Suite 1
Richmond, KY 40475
(859) 376-1363
Mon-Fri 7:30a-6p

Jeffersonville - Quatermaster

255 Quatermaster Court
Jeffersonville, IN 47130
(812) 282-4485
Mon, Wed, Fri 7a-5p
Tues, Thurs 8a-6p

Louisville - Southwest

5120 Dixie Highway, Suite 106
Louisville, KY 40216
(502) 995-7008
Mon-Fri 8:30a-5p

Shepherdsville

189 Adam Shepherd Pkwy, Suite 14
Shepherdsville, KY 40165
(502) 531-9823
Mon, Wed 9a-6p
Tues, Thurs 8a-5p
Fri 8a-3p



FLEXIBLE SPENDING ACCOUNTS

Healthcare and Dependent Daycare FSA

Using Tax-Free Dollars to Pay for Medical and Dependent Care Expenses



What is an FSA?

A **Flexible Spending Account (FSA)** allows you to use tax-free dollars from your paycheck to pay for medical and dependent care expenses. Contributions made to the FSA are free from federal income tax, social security tax and most state taxes. Reducing your taxable income means your take-home pay increases. **Save \$25 to \$40 on every \$100 you budget into your FSA to pay for qualified expenses!**

Healthcare FSA?

The **Healthcare FSA** pays for out-of-pocket medical, dental and vision care expenses incurred during your Employer's FSA Plan Year. You decide how much you contribute to your Healthcare FSA. The annual amount you elect to contribute towards the Healthcare FSA is available on the beginning date of your Employer's Plan Year and then throughout the Plan Year, minus any debit card payments and reimbursements you've already received.

Healthcare FSA Eligible Expenses

Expenses that are considered medically necessary are considered eligible for the Healthcare FSA. Eligible items include:

- Office Visit Co-pays
- Doctor & Lab fees
- Prescription drugs
- Chiropractor Fees
- Medical Equipment
- Dental cleanings, fillings, etc.
- Orthodontic services
- Eye exams
- Prescription glasses/contacts
- Over the counter medications and items.

A full listing of possible qualified items is available at our website.

Dependent Daycare FSA

The **Dependent Daycare FSA** covers daycare expenses for your dependent children through the age of 12, as well as care for any adult dependents that live in your home. You and your spouse must work or attend school full time to be eligible to participate in the Dependent Care FSA. The IRS allows a maximum household contribution of \$5,000 per calendar year to the Dependent Care FSA. If you are married and file separate tax returns, the maximum amount you can contribute is \$2,500. Only amounts contributed per pay period are available for Dependent Daycare FSA.

IMPORTANT—If you have a Dependent Daycare FSA, you cannot take the full tax credit on your tax return. Contact your tax advisor to learn which option is best for you.

Daycare FSA Eligible Expenses

Expenses eligible under the **Dependent Care FSA** include:

- Before/after-school care programs
- Pre-kindergarten
- Nursery school
- Summer day-camp
- Custodial or elder care expenses

Easy access to your account! With our convenient claims upload feature, you can take a snapshot or scan your receipt and send it to BMS through our mobile app or online.

Our Consumer Website and FREE BMS LLC Mobile app offer easy online and mobile claims submissions. You can submit a receipt anywhere, anytime through the Consumer Site or BMS LLC Mobile App (available in the iTunes or Google Play Store). Set up your account at www.bmsllc.net.

Important FSA Notes

- You may only change your FSA election and contribution amount if you have a qualified change in status. A qualified change in status would include change in marital status, change in number of dependents, or change in employment status. If you believe you qualify for an election change, please contact your Employer.
- Eligible expenses must be incurred within your Employer's plan year. The IRS considers an expense to be "incurred" at the time you receive care, service or supply. The incurred date is not when you are billed or pay for the expense.
- Unused funds are forfeited after the end of the Plan Year, so only budget for the funds you know you and your family will spend during the Plan Year. Ask if your Employer's FSA Plan offers the 2 1/2 month flexible spending extension or the Carryover option (Carryover available for Healthcare FSA only).
- If you terminate employment you will have a set period of time (typically 90 days) where you may still request reimbursement for qualified expenses incurred prior to your termination date. Check with your Employer for additional rights provided by your specific plan.
- You are not required to enroll in your Employer's health insurance plan in order to participate in the FSA (eligibility rules will vary by Employer). However, if you or your spouse are enrolled in a Health Savings Account (HSA), you *cannot* contribute to a **Healthcare FSA**. Ask if the Limited FSA option for dental and vision expenses only is available.



The BMS FSA Debit Card is a convenient way to pay for your expenses. With the FSA Debit Card you do not have to submit a claim for reimbursement; your purchase is automatically deducted from the balance on your account.

Be prepared to submit receipts per IRS requirements. Contact your Employer or BMS LLC for information on receipt verification and submissions when using the FSA Debit Card. You may also pay out-of-pocket for your expenses and then submit a completed reimbursement claim form along with valid receipts to BMS to receive reimbursement via check or free direct deposit to your personal bank account.

Benefit Marketing Solutions LLC (BMS LLC) - FSA Claims & Flex Card Receipt Submission Options

WEBSITE: www.bmsllc.net

PHONE: (502)244-1161

FAX: (502)244-1162

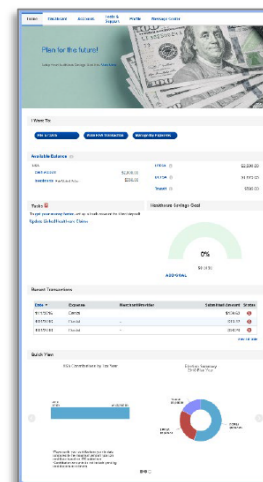
Visit our website for valuable resources including access to FSA Store, an online store for purchasing of qualified Healthcare FSA items!



BMS LLC Consumer/Employee Website

With our new Consumer Portal you will have 24/7 access to your account information and many self-service capabilities including the ability to:

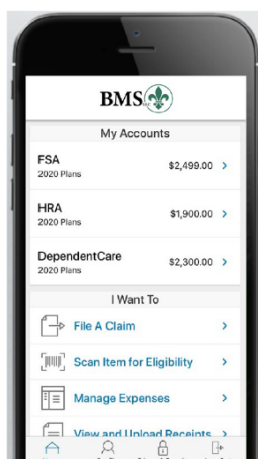
- View all account balance and transaction history: View pending and completed activity from contributions and funding sources plus claims, bill-pay, and debit card transactions. Review and consolidate all out-of-pocket expenses that are available via online or mobile expense/receipt “shoebox” entries, claims that have been filed, debit card transactions, and bill pay distributions attributable to health expenses
- Complete online transactions such as claim reimbursements, submit receipts for Flex benefit card substantiation, online bill-pay, and distributions to your own bank account.
- Manage personal information and communication options: View/Update personal data, sign up for and manage direct deposit and card status, sign up for text and email notifications.



To log-in for the first time visit the BMS website, www.bmsllc.net, and choose the *Consumer/Employee Website* option on the main landing page. At the Consumer site, select the *New User* option and follow steps to retrieve your Username and Password.

BMS LLC Mobile App

Our new BMS LLC Mobile App makes it easy for you to manage your account-based plan on your iOS (iPhone, iPod Touch, iPad), or Android-powered devices. Mobile App features include:



- Use fingerprint login to access account(s) with ease
- Check balances & account details
- Check claims requiring receipts.
- Submit claims for FSA, HRA, and transportation plans.
- Snap a photo of a receipt and submit with a new or existing claim, or store in the device's camera roll for later use in claim filing
- Initiate an HSA distribution.
- View HSA investment details
- Scan a product bar code to help determine eligibility as a qualified medical expense.
- Access account funds to pay oneself or someone else, such as a doctor or other provider
- View important messages about account(s) and get notifications via text alerts.
- Retrieve forgotten username/password
- Click to call or email customer service to report a debit card as lost or stolen.

Benefit Marketing Solutions LLC: 502-244-1161 or 800-919-2674 (Phone) 502-244-1162 (Fax)
Email: claims@bmsllc.net Main Website - www.bmsllc.net

Visit our website for valuable resources including access to a searchable list of eligible FSA expenses!

Dental Insurance



With Humana Dental plans, you can see any dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in the Humana Dental Network. To find a dentist in your area, visit www.findcare.humana.com.

	Low Plan		High Plan	
	Network / Non-Network		Network / Non-Network	
Deductible	\$50 Single \$150 Family	\$50 Single \$150 Family	\$50 Single \$150 Family	\$50 Single \$150 Family
Annual Maximum Benefit	\$1,000		\$2,000	
Diagnostic & Preventive Services (Exams and X-rays, space maintainers)	100% / 100% Deductible Waived		100% / 100% Deductible Waived	
Basic Services (Routine fillings)	80% / 50%		80% / 80%	
Major Services (crowns, dentures, bridges and implants)	50% / 50%		50% / 50%	
Orthodontia (Child only)	50% / 50%		50% / 50%	
Orthodontia Lifetime Maximum	\$1,000 per member		\$2,000 per member	



Employee Cost Per Pay Period (24 Pay)		
	Low Plan	High Plan
Employee	\$10.76	\$16.10
Employee + Spouse	\$23.56	\$35.23
Employee + Child(ren)	\$28.58	\$45.47
Family	\$41.51	\$65.05

Tips to ensure a healthy mouth

- Use a soft-bristled toothbrush
- Choose toothpaste with fluoride
- Brush for at least two minutes twice a day
- Floss daily
- Watch for signs of periodontal disease such as red, swollen, or tender gums
- Visit a dentist regularly for exams and cleanings


Vision Insurance



You have many choices when it comes to using your benefits. As a Humana Vision plan member, you have access to one of the nation's largest vision networks. To locate a participating network eye care doctor or location, log in at www.humana.com, or call 1-877.398.2980.

	Network	Non-Network
Routine eye exam <i>(every 12 months)</i>	\$10 copay	Up to \$30
Retinal Imaging	Not more than \$39	NA
Eyeglass frames <i>(every 24 months)</i>	\$130 allowance 20% off balance over \$130	\$65 allowance
Standard Plastic Lenses <i>(every 12 months)</i>		
Single Vision	\$25	Up to \$25
Bifocal	\$25	Up to \$40
Trifocal	\$25	Up to \$60
Lens Upgrades*		
Transitions Lenses <i>(adults)</i>	\$75	Not covered
Standard Polycarbonate <i>(adults)</i>	\$40	Not covered
Tint <i>(solid and gradient)</i>	\$15	Not covered
UV Coating	\$15	Not covered
Standard Scratch Resistance	\$15	Not covered
Anti-reflective coating		
- Premium Tier 1	\$57	Not covered
- Premium Tier 2	\$68	Not covered
- Premium Tier 3	80% of charge	Not covered
Standard progressive		
- Tier 1	\$110	Not covered
- Tier 2	\$120	Not covered
- Tier 3	\$135	Not covered
- Tier 4	\$90 copay, 80% of charge less \$120 allowance	Not covered
Contact Lenses <i>(every 12 months)</i>		
Elective Conventional	\$130 allowance, 15% off remaining balance	Up to \$104
Disposable	\$130 allowance	Up to \$104
Medically Necessary	Covered in full	Up to \$200

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



Employee Cost Per Pay Period (24 Pay)	
Employee	\$2.56
Employee + Spouse	\$5.13
Employee + Child(ren)	\$5.63
Family	\$8.42

Basic Life and AD&D



Basic Life with Accidental Death & Dismemberment (AD&D) Insurance can provide money for your family if you die or are diagnosed with a terminal illness. Basic Term Life/AD&D benefit is automatically provided to all full-time employees at no cost to you.

Benefits reduce to 65% at age 70 and to 50% at age 75.

How does it work?

You keep coverage for a set period of time, or “term.” If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

AD&D Insurance is also available, which can pay a benefit if you survive an accident but have certain serious injuries. It can pay an additional amount if you die from a covered accident.

Who can get Term Life coverage?

If you are actively at work at least 30 hours per week, you can receive coverage for:

Employee: You can receive a benefit amount of \$25,000.

Who can get Accidental Death & Dismemberment (AD&D) coverage?

Employee: You can receive an AD&D benefit amount of \$25,000.

Additional Plan Design Details

- An Accelerated Death Benefit is included. Terminally ill members may withdraw up to 80% of their Life benefit to a maximum of \$500,000 (when Basic Life and any Additional Life are combined).
- The Family Benefits Package includes:
 - The Higher Education Benefit reimburses tuition expenses up to \$5,000 per child per year towards a 4-year college education for the deceased's children - not to exceed a cumulative total of \$20,000 or 25% of the AD&D benefit per child, whichever is less.
 - Career Adjustment Benefit reimburses tuition expenses up to \$5,000 per year to help a spouse to return to the workforce after the death of their spouse - not to exceed the cumulative total of \$10,000 or 25% of the AD&D benefit, whichever is less.
 - Child Care Benefit reimburses a family's child care expenses up to \$5,000 per year - not to exceed \$10,000 or 25% of the AD&D benefit, whichever is less.



Voluntary Term Life and AD&D

A simple, economical way to plan for your and your family's future.

How does it work?

You choose the amount of coverage that's right for you, and you keep coverage for a set period of time, or "term." If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

AD&D Insurance is also available, which pays a benefit if you survive an accident but have certain serious injuries. It pays an additional amount if you die from a covered accident.

Who can get Term Life coverage?

If you are actively at work at least 30 hours per week, you may apply for coverage for:

Employee: Choose from \$10,000 to \$500,000 in \$10,000 increments. You can get up to \$200,000 with no health questions during your initial enrollment.

Spouse: Get up to \$250,000 of coverage in \$5,000 increments. Spouse coverage cannot exceed 100% of the coverage amount you purchase for yourself. Your spouse can get up to \$25,000 with no health questions, if eligible, during the initial enrollment.

Dependent: - Get up to \$10,000 of coverage in \$2,000 increments if eligible. Dependent coverage includes child(ren) from live birth through age 25..

Benefits reduce to 65% at age 70 and to 50% at age 75.

If you elect a benefit amount over the Guaranteed Issue Amount shown above for you or your eligible dependents, or you do not enroll timely, you will need to submit a Statement of Insurability form for review. Based on health history, you and/or your dependents will be approved or declined for insurance coverage.



Voluntary Term Life and AD&D Rates



Employee Life Semi-Monthly Premiums

Coverage Amount	Employee's Age as of January 1									
	< 35	35-39	40-44	45-49	50-54	55-59	60-64	65-69*	70-74*	75+*
\$10,000	0.27	0.36	0.68	1.31	1.98	3.38	5.76	10.17	10.21	13.16
\$20,000	0.54	0.72	1.35	2.61	3.96	6.75	11.52	20.34	20.42	26.33
\$30,000	0.81	1.08	2.03	3.92	5.94	10.13	17.28	30.51	30.62	39.49
\$40,000	1.08	1.44	2.70	5.22	7.92	13.50	23.04	40.68	40.83	52.65
\$50,000	1.35	1.80	3.38	6.53	9.90	16.88	28.80	50.85	51.04	65.81
\$60,000	1.62	2.16	4.05	7.83	11.88	20.25	34.56	61.02	61.25	78.98
\$70,000	1.89	2.52	4.73	9.14	13.86	23.63	40.32	71.19	71.46	92.14
\$80,000	2.16	2.88	5.40	10.44	15.84	27.00	46.08	81.36	81.67	105.30
\$90,000	2.43	3.24	6.08	11.75	17.82	30.38	51.84	91.53	91.87	118.46
\$100,000	2.70	3.60	6.75	13.05	19.80	33.75	57.60	101.70	102.08	131.63
\$110,000	2.97	3.96	7.43	14.36	21.78	37.13	63.36	111.87	112.29	144.79
\$120,000	3.24	4.32	8.10	15.66	23.76	40.50	69.12	122.04	122.50	157.95
\$130,000	3.51	4.68	8.78	16.97	25.74	43.88	74.88	132.21	132.71	171.11
\$140,000	3.78	5.04	9.45	18.27	27.72	47.25	80.64	142.38	142.92	184.28
\$150,000	4.05	5.40	10.13	19.58	29.70	50.63	86.40	152.55	153.12	197.44
\$160,000	4.32	5.76	10.80	20.88	31.68	54.00	92.16	162.72	163.33	210.60
\$170,000	4.59	6.12	11.48	22.19	33.66	57.38	97.92	172.89	173.54	223.76
\$180,000	4.86	6.48	12.15	23.49	35.64	60.75	103.68	183.06	183.75	236.93
\$190,000	5.13	6.84	12.83	24.80	37.62	64.13	109.44	193.23	193.96	250.09
\$200,000	5.40	7.20	13.50	26.10	39.60	67.50	115.20	203.40	204.17	263.25
\$210,000	5.67	7.56	14.18	27.41	41.58	70.88	120.96	213.57	214.37	276.41
\$220,000	5.94	7.92	14.85	28.71	43.56	74.25	126.72	223.74	224.58	289.58
\$230,000	6.21	8.28	15.53	30.02	45.54	77.63	132.48	233.91	234.79	302.74
\$240,000	6.48	8.64	16.20	31.32	47.52	81.00	138.24	244.08	245.00	315.90
\$250,000	6.75	9.00	16.88	32.63	49.50	84.38	144.00	254.25	255.21	329.06
\$260,000	7.02	9.36	17.55	33.93	51.48	87.75	149.76	264.42	265.41	342.23
\$270,000	7.29	9.72	18.23	35.24	53.46	91.13	155.52	274.59	275.62	355.39
\$280,000	7.56	10.08	18.90	36.54	55.44	94.50	161.28	284.76	285.83	368.55
\$290,000	7.83	10.44	19.58	37.85	57.42	97.88	167.04	294.93	296.04	381.71
\$300,000	8.10	10.80	20.25	39.15	59.40	101.25	172.80	305.10	306.25	394.88
\$310,000	8.37	11.16	20.93	40.46	61.38	104.63	178.56	315.27	316.46	408.04
\$320,000	8.64	11.52	21.60	41.76	63.36	108.00	184.32	325.44	326.66	421.20
\$330,000	8.91	11.88	22.28	43.07	65.34	111.38	190.08	335.61	336.87	434.36
\$340,000	9.18	12.24	22.95	44.37	67.32	114.75	195.84	345.78	347.08	447.53
\$350,000	9.45	12.60	23.63	45.68	69.30	118.13	201.60	355.95	357.29	460.69
\$360,000	9.72	12.96	24.30	46.98	71.28	121.50	207.36	366.12	367.50	473.85
\$370,000	9.99	13.32	24.98	48.29	73.26	124.88	213.12	376.29	377.71	487.01
\$380,000	10.26	13.68	25.65	49.59	75.24	128.25	218.88	386.46	387.91	500.18
\$390,000	10.53	14.04	26.33	50.90	77.22	131.63	224.64	396.63	398.12	513.34
\$400,000	10.80	14.40	27.00	52.20	79.20	135.00	230.40	406.80	408.33	526.50
\$410,000	11.07	14.76	27.68	53.51	81.18	138.38	236.16	416.97	418.54	539.66
\$420,000	11.34	15.12	28.35	54.81	83.16	141.75	241.92	427.14	428.75	552.83
\$430,000	11.61	15.48	29.03	56.12	85.14	145.13	247.68	437.31	438.95	565.99
\$440,000	11.88	15.84	29.70	57.42	87.12	148.50	253.44	447.48	449.16	579.15
\$450,000	12.15	16.20	30.38	58.73	89.10	151.88	259.20	457.65	459.37	592.31
\$460,000	12.42	16.56	31.05	60.03	91.08	155.25	264.96	467.82	469.58	605.48
\$470,000	12.69	16.92	31.73	61.34	93.06	158.63	270.72	477.99	479.79	618.64
\$480,000	12.96	17.28	32.40	62.64	95.04	162.00	276.48	488.16	490.00	631.80
\$490,000	13.23	17.64	33.08	63.95	97.02	165.38	282.24	498.33	500.20	644.96
\$500,000	13.50	18.00	33.75	65.25	99.00	168.75	288.00	508.50	510.41	658.13

Employee AD&D Semi-Monthly Premiums

Coverage Amount	Employee's Age as of January 1		
	< 70	70-74*	75+*
\$10,000	0.15	0.10	0.08
\$20,000	0.30	0.20	0.15
\$30,000	0.45	0.29	0.23
\$40,000	0.60	0.39	0.30
\$50,000	0.75	0.49	0.38
\$60,000	0.90	0.59	0.45
\$70,000	1.05	0.68	0.53
\$80,000	1.20	0.78	0.60
\$90,000	1.35	0.88	0.68
\$100,000	1.50	0.98	0.75
\$110,000	1.65	1.07	0.83
\$120,000	1.80	1.17	0.90
\$130,000	1.95	1.27	0.98
\$140,000	2.10	1.37	1.05
\$150,000	2.25	1.46	1.13
\$160,000	2.40	1.56	1.20
\$170,000	2.55	1.66	1.28
\$180,000	2.70	1.76	1.35
\$190,000	2.85	1.85	1.43
\$200,000	3.00	1.95	1.50
\$210,000	3.15	2.05	1.58
\$220,000	3.30	2.15	1.65
\$230,000	3.45	2.24	1.73
\$240,000	3.60	2.34	1.80
\$250,000	3.75	2.44	1.88
\$260,000	3.90	2.54	1.95
\$270,000	4.05	2.63	2.03
\$280,000	4.20	2.73	2.10
\$290,000	4.35	2.83	2.18
\$300,000	4.50	2.93	2.25
\$310,000	4.65	3.02	2.33
\$320,000	4.80	3.12	2.40
\$330,000	4.95	3.22	2.48
\$340,000	5.10	3.32	2.55
\$350,000	5.25	3.41	2.63
\$360,000	5.40	3.51	2.70
\$370,000	5.55	3.61	2.78
\$380,000	5.70	3.71	2.85
\$390,000	5.85	3.80	2.93
\$400,000	6.00	3.90	3.00
\$410,000	6.15	4.00	3.08
\$420,000	6.30	4.10	3.15
\$430,000	6.45	4.19	3.23
\$440,000	6.60	4.29	3.30
\$450,000	6.75	4.39	3.38
\$460,000	6.90	4.49	3.45
\$470,000	7.05	4.58	3.53
\$480,000	7.20	4.68	3.60
\$490,000	7.35	4.78	3.68
\$500,000	7.50	4.88	3.75

Benefits reduce to 65% at age 70 and to 50% at age 75

Voluntary Term Life and AD&D Rates



Spouse Life Semi-Monthly Premiums

Coverage Amount	Spouse's Age as of January 1									
	< 35	35-39	40-44	45-49	50-54	55-59	60-64	65-69*	70-74*	75+*
\$5,000	0.14	0.18	0.34	0.65	0.99	1.69	2.88	5.09	5.10	6.58
\$10,000	0.27	0.36	0.68	1.31	1.98	3.38	5.76	10.17	10.21	13.16
\$15,000	0.41	0.54	1.01	1.96	2.97	5.06	8.64	15.26	15.31	19.74
\$20,000	0.54	0.72	1.35	2.61	3.96	6.75	11.52	20.34	20.42	26.33
\$25,000	0.68	0.90	1.69	3.26	4.95	8.44	14.40	25.43	25.52	32.91
\$30,000	0.81	1.08	2.03	3.92	5.94	10.13	17.28	30.51	30.62	39.49
\$35,000	0.95	1.26	2.36	4.57	6.93	11.81	20.16	35.60	35.73	46.07
\$40,000	1.08	1.44	2.70	5.22	7.92	13.50	23.04	40.68	40.83	52.65
\$45,000	1.22	1.62	3.04	5.87	8.91	15.19	25.92	45.77	45.94	59.23
\$50,000	1.35	1.80	3.38	6.53	9.90	16.88	28.80	50.85	51.04	65.81
\$55,000	1.49	1.98	3.71	7.18	10.89	18.56	31.68	55.94	56.15	72.39
\$60,000	1.62	2.16	4.05	7.83	11.88	20.25	34.56	61.02	61.25	78.98
\$65,000	1.76	2.34	4.39	8.48	12.87	21.94	37.44	66.11	66.35	85.56
\$70,000	1.89	2.52	4.73	9.14	13.86	23.63	40.32	71.19	71.46	92.14
\$75,000	2.03	2.70	5.06	9.79	14.85	25.31	43.20	76.28	76.56	98.72
\$80,000	2.16	2.88	5.40	10.44	15.84	27.00	46.08	81.36	81.67	105.30
\$85,000	2.30	3.06	5.74	11.09	16.83	28.69	48.96	86.45	86.77	111.88
\$90,000	2.43	3.24	6.08	11.75	17.82	30.38	51.84	91.53	91.87	118.46
\$95,000	2.57	3.42	6.41	12.40	18.81	32.06	54.72	96.62	96.98	125.04
\$100,000	2.70	3.60	6.75	13.05	19.80	33.75	57.60	101.70	102.08	131.63
\$105,000	2.84	3.78	7.09	13.70	20.79	35.44	60.48	106.79	107.19	138.21
\$110,000	2.97	3.96	7.43	14.36	21.78	37.13	63.36	111.87	112.29	144.79
\$115,000	3.11	4.14	7.76	15.01	22.77	38.81	66.24	116.96	117.39	151.37
\$120,000	3.24	4.32	8.10	15.66	23.76	40.50	69.12	122.04	122.50	157.95
\$125,000	3.38	4.50	8.44	16.31	24.75	42.19	72.00	127.13	127.60	164.53
\$130,000	3.51	4.68	8.78	16.97	25.74	43.88	74.88	132.21	132.71	171.11
\$135,000	3.65	4.86	9.11	17.62	26.73	45.56	77.76	137.30	137.81	177.69
\$140,000	3.78	5.04	9.45	18.27	27.72	47.25	80.64	142.38	142.92	184.28
\$145,000	3.92	5.22	9.79	18.92	28.71	48.94	83.52	147.47	148.02	190.86
\$150,000	4.05	5.40	10.13	19.58	29.70	50.63	86.40	152.55	153.12	197.44
\$155,000	4.19	5.58	10.46	20.23	30.69	52.31	89.28	157.64	158.23	204.02
\$160,000	4.32	5.76	10.80	20.88	31.68	54.00	92.16	162.72	163.33	210.60
\$165,000	4.46	5.94	11.14	21.53	32.67	55.69	95.04	167.81	168.44	217.18
\$170,000	4.59	6.12	11.48	22.19	33.66	57.38	97.92	172.89	173.54	223.76
\$175,000	4.73	6.30	11.81	22.84	34.65	59.06	100.80	177.98	178.64	230.34
\$180,000	4.86	6.48	12.15	23.49	35.64	60.75	103.68	183.06	183.75	236.93
\$185,000	5.00	6.66	12.49	24.14	36.63	62.44	106.56	188.15	188.85	243.51
\$190,000	5.13	6.84	12.83	24.80	37.62	64.13	109.44	193.23	193.96	250.09
\$195,000	5.27	7.02	13.16	25.45	38.61	65.81	112.32	198.32	199.06	256.67
\$200,000	5.40	7.20	13.50	26.10	39.60	67.50	115.20	203.40	204.17	263.25
\$205,000	5.54	7.38	13.84	26.75	40.59	69.19	118.08	208.49	209.27	269.83
\$210,000	5.67	7.56	14.18	27.41	41.58	70.88	120.96	213.57	214.37	276.41
\$215,000	5.81	7.74	14.51	28.06	42.57	72.56	123.84	218.66	219.48	282.99
\$220,000	5.94	7.92	14.85	28.71	43.56	74.25	126.72	223.74	224.58	289.58
\$225,000	6.08	8.10	15.19	29.36	44.55	75.94	129.60	228.83	229.69	296.16
\$230,000	6.21	8.28	15.53	30.02	45.54	77.63	132.48	233.91	234.79	302.74
\$235,000	6.35	8.46	15.86	30.67	46.53	79.31	135.36	239.00	239.89	309.32
\$240,000	6.48	8.64	16.20	31.32	47.52	81.00	138.24	244.08	245.00	315.90
\$245,000	6.62	8.82	16.54	31.97	48.51	82.69	141.12	249.17	250.10	322.48
\$250,000	6.75	9.00	16.88	32.63	49.50	84.38	144.00	254.25	255.21	329.06

Spouse AD&D Semi-Monthly Premiums

Coverage Amount	Spouse's Age as of January 1		
	< 70	70-74*	75+*
\$5,000	0.08	0.05	0.04
\$10,000	0.15	0.10	0.08
\$15,000	0.23	0.15	0.11
\$20,000	0.30	0.20	0.15
\$25,000	0.38	0.24	0.19
\$30,000	0.45	0.29	0.23
\$35,000	0.53	0.34	0.26
\$40,000	0.60	0.39	0.30
\$45,000	0.68	0.44	0.34
\$50,000	0.75	0.49	0.38
\$55,000	0.83	0.54	0.41
\$60,000	0.90	0.59	0.45
\$65,000	0.98	0.63	0.49
\$70,000	1.05	0.68	0.53
\$75,000	1.13	0.73	0.56
\$80,000	1.20	0.78	0.60
\$85,000	1.28	0.83	0.64
\$90,000	1.35	0.88	0.68
\$95,000	1.43	0.93	0.71
\$100,000	1.50	0.98	0.75
\$105,000	1.58	1.02	0.79
\$110,000	1.65	1.07	0.83
\$115,000	1.73	1.12	0.86
\$120,000	1.80	1.17	0.90
\$125,000	1.88	1.22	0.94
\$130,000	1.95	1.27	0.98
\$135,000	2.03	1.32	1.01
\$140,000	2.10	1.37	1.05
\$145,000	2.18	1.41	1.09
\$150,000	2.25	1.46	1.13
\$155,000	2.33	1.51	1.16
\$160,000	2.40	1.56	1.20
\$165,000	2.48	1.61	1.24
\$170,000	2.55	1.66	1.28
\$175,000	2.63	1.71	1.31
\$180,000	2.70	1.76	1.35
\$185,000	2.78	1.80	1.39
\$190,000	2.85	1.85	1.43
\$195,000	2.93	1.90	1.46
\$200,000	3.00	1.95	1.50
\$205,000	3.08	2.00	1.54
\$210,000	3.15	2.05	1.58
\$215,000	3.23	2.10	1.61
\$220,000	3.30	2.15	1.65
\$225,000	3.38	2.19	1.69
\$230,000	3.45	2.24	1.73
\$235,000	3.53	2.29	1.76
\$240,000	3.60	2.34	1.80
\$245,000	3.68	2.39	1.84
\$250,000	3.75	2.44	1.88

Benefits reduce to 65% at age 70 and to 50% at age 75

Child Life Semi-Monthly Premiums

Coverage Amount	Premium
\$2,000	0.20
\$4,000	0.40
\$6,000	0.60
\$8,000	0.80
\$10,000	1.00

Child AD&D Semi-Monthly Premiums

Coverage Amount	Premium
\$2,000	0.03
\$4,000	0.06
\$6,000	0.09
\$8,000	0.12
\$10,000	0.15

Line of Duty Benefit

Helping Protect Those Who Protect and Serve



On a daily basis, firefighters and police officers put their lives on the line to keep our homes and communities safe and secure. To help protect them and their families from the potential financial loss of a line of duty accident, Standard Insurance Company is offering the Line of Duty Benefit.

Floyd County Government is a qualified group to receive this enhancement to your Life and Accidental Death and Dismemberment (AD&D) coverage. It pays an additional \$10,000 when an eligible public safety officer suffers a loss for which AD&D insurance benefits are payable and it is the result of a line of duty accident.

In addition to police officers and firefighters, the Line of Duty Benefit may cover corrections officers, judicial officers and officially recognized or designated volunteer firefighters, as appropriate to the group.

With the Line of Duty Benefit from The Standard, public employer groups can help to financially protect public safety officers who has dedicated their lives to protect and serve everyday.

For more information about the Line of Duty Benefit and Group Life and AD&D insurance from The Standard, contact your insurance advisor or call the Employee Benefits Sales and Service Office for your area at 800.633.8575.

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com



Quality Employee Assistance Programs

Employee Assistance Program (EAP)

Free - Confidential - Caring

What Is The Employee Assistance Program (EAP)?

An employer-paid benefit to help employees manage everyday challenges that may impact work and home life.

◆ Program Highlights

Free counseling sessions (up to 4) for all employees of Floyd County Government and their household members.

Automatic coverage - no enrollment required.

In-person & telehealth sessions with licensed clinicians.

Legal, Financial, Eldercare & Childcare Resources.

Work-Life website with articles, videos, webinars and soft skills courses.

◆ Assistance with Issues:

Stress & Anxiety
Alcohol/Drug Problems
Work-Life Balance
Financial & Legal Concerns
Parent/Child/Family Conflicts
Grief
Childcare & Eldercare Referrals
Relationship Problems

◆ Confidentiality

Wayne Corporation only shares information with your written consent or when required by law for safety.

To Schedule: 502-451-8262 or 800-441-1327 ◆ Request appointments at waynecorp.com

Resources and Tools to Support You and Your Beneficiary

Group Life insurance through your employer gives you assurance that your family will receive some financial assistance in the event of a death. But coverage under a group Life policy from Standard Insurance Company (The Standard) does more than help protect your family from financial hardship after a loss. We have partnered with Health AdvocateSM to offer a lineup of additional services that can make a difference now and in the future.

Online tools and services can help you create a will, make advance funeral plans and put your finances in order. After a loss, your beneficiary can consult experts by phone or in person, and obtain other helpful information online.

The Life Services Toolkit is automatically available to those insured under a group Life insurance policy from The Standard.

Services to Help You Now

Visit the Life Services Toolkit website at standard.com/mytoolkit and enter user name “assurance” for information and tools to help you make important life decisions.

- **Estate Planning Assistance:** Online tools walk you through the steps to prepare a will and create other documents, such as living wills, powers of attorney and advance directives.
- **Financial Planning:** Consult online services to help you manage debt, calculate mortgage and loan payments, and take care of other financial matters with confidence.
- **Health and Wellness:** Timely articles about nutrition, stress management and wellness help employees and their families lead healthy lives.
- **Identity Theft Prevention:** Check the website for ways to thwart identity thieves and resolve issues if identity theft occurs.
- **Funeral Arrangements:** Use the website for guidance on how to begin, to educate yourself on funeral costs, find funeral-related services and make decisions about funeral arrangements in advance.

If you are a recipient of an Accelerated Death Benefit,¹ you may access the services for beneficiaries outlined on the next page.



Life Services Toolkit is provided through an arrangement with Health AdvocateSM and is not affiliated with Standard Insurance Company. Health Advocate is solely responsible for providing and administering the included service. This service is only available while insured under Standard Insurance Company's life insurance policy. Standard Insurance Company may change providers or terminate service at any time.

¹ An Accelerated Death Benefit or Accelerated Benefit allows a covered individual who becomes terminally ill to receive a portion of the Life insurance proceeds while living, if all other eligibility requirements are met.

Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | standard.com

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of 1100 SW Sixth Avenue, Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

Services for Your Beneficiary

Life insurance beneficiaries² can access services for 12 months after the beneficiary receives the Life claim letter from The Standard. Recipients of an Accelerated Death Benefit can access services for 12 months after the date of payment.

These supportive services can help your beneficiary cope after a loss:

- **Grief Support:** Care Managers with advanced training are on call to provide confidential grief sessions virtually or in person. Your beneficiaries are eligible for up to three face-to-face sessions.

Our Care Managers may offer your beneficiaries additional grief support through support kits sent to their home, based on each individual's needs. As part of this program, age-appropriate books can be sent for children and teens.

- **Legal Services:** In addition to online estate planning tools, your beneficiaries can obtain legal assistance from experienced attorneys. They can schedule an initial office visit or a telephone consultation for up to 30 minutes with a network attorney. Beneficiaries who wish to retain a participating attorney after the initial consultation receive a 25% rate reduction from the attorney's normal hourly or fixed-fee rates.
- **Financial Assistance:** Your beneficiaries can schedule up to 30-minute telephone sessions with financial counselors who can help with issues such as budgeting strategies, and credit and debt management.
- **Support Services:** During an emotional time, your beneficiaries can receive help planning a funeral or memorial service. WorkLife advisors can guide them to resources to help manage household repairs and chores, find child care and elder care providers or organize a move or relocation.
- **Online Resources:** Your beneficiaries can easily access additional services and features on the Life Services Toolkit website for beneficiaries, including online resources about funeral costs, find funeral-related services and make decisions about funeral arrangements.



Beneficiaries can participate in phone consultations or in-person meetings with trained grief counselors.

For beneficiary services, visit standard.com/mytoolkit (user name: support) or call the assistance line at 800.378.5742

² The Life Services Toolkit is not available to Life insurance beneficiaries who are minors or to non-individual entities such as trusts, estates, charities.

Travel Assistance



Things can happen on the road. Passports get stolen or lost. Unforeseen events or circumstances derail travel plans. Medical problems surface at the most inconvenient times. Travel Assistance can help you navigate these issues and more at any time of the day or night.¹

You and your spouse are covered with Travel Assistance — and so are kids through age 25 — with your group insurance from Standard Insurance Company (The Standard).²

Security That Travels with You

Travel Assistance is available when you travel more than 100 miles from home or internationally for up to 180 days for business or pleasure. It offers aid before and during your trip, including:



Visa, weather and currency exchange information, health inoculation recommendations, country-specific details and security and travel advisories



Credit card and passport replacement and missing baggage and emergency cash coordination



Help replacing prescription medication or lost corrective lenses and advancing funds for hospital admission



Emergency evacuation to the nearest adequate medical facility and medically necessary repatriation to the employee's home, including repatriation of remains³



Connection to medical care providers, interpreter services, local attorneys and assistance in coordinating a bail bond



Return travel companion if travel is disrupted due to emergency transportation services or care of minor children if left unattended due to prolonged hospitalization



Assistance with the return of your personal vehicle if your emergency transportation services leave it stranded



Evacuation arrangements in the event of a natural disaster, political unrest and social instability

Contact Travel Assistance

800.872.1414

United States, Canada, Puerto Rico,
U.S. Virgin Islands and Bermuda

Everywhere else
+1.609.986.1234

Text:
+1.609.334.0807

Email:
medservices@assistamerica.com

Get the App

Get the most out of Travel Assistance with the Assist America Mobile App.

Click one of the links below or scan the QR code to download the app. Enter your reference number and name to set up your account. From there, you can use valuable travel resources including:

- One-touch access to Assist America's Emergency Operations Center
- Worldwide travel alerts
- Mobile ID card
- Embassy locator



Reference Number:
01-AA-STD-5201



Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | [standard.com](https://www.standard.com)

¹ Travel Assistance is provided through an arrangement with Assist America, Inc. and is not affiliated with The Standard. Travel Assistance is subject to the terms and conditions, including exclusions and limitations of the Travel Assistance Program Description. Assist America, Inc. is solely responsible for providing and administering the included service. Travel Assistance is not an insurance product. This service is only available while insured under The Standard's group policy.

² Spouses and children traveling on business for their employers are not eligible to access these services during those trips.

³ Participants are responsible for arranging transportation from the point of injury or illness to the initial point of medical care or assessment and the cost related to this transportation. Any emergency evacuation services provided by Assist America, Inc. must be arranged by Assist America, Inc.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

Accident



Accident Coverage with Atlantic American helps assist you with financial needs when an accident occurs. This plan helps pay for ambulance, hospital confinement, broken bones, and other medical expenses incurred due to an accident.

EMERGENCY CARE		HOSPITAL & SURGERY	
	Benefit Amount		Benefit Amount
Emergency Room Treatment	\$200	Hospital Admission	\$1,000
Urgent Care Treatment	\$150	Separation Period	90 Day[s]
Initial Physician's Office Treatment	\$150	Hospital Confinement	\$250
		ICU Admission	\$750
X-Ray	\$60	ICU Confinement	\$150
Major Diagnostic	\$200		
Ambulance		Rehabilitation Unit Confinement	\$150
Air	\$1500	Days per Year	30 Day[s]
Ground or Water	\$300	Epidural Pain Management	\$150 (2 days per year)
FRACTURES, DISLOCATIONS, LACERATIONS, & BURNS		Inpatient Surgery	\$300-\$1,500
Fracture [Open Reduction]	\$7,500	Outpatient Surgery	\$750-\$1800
Dislocation	\$6,000	Non-Local transportation	\$600 for 50 miles
Laceration ¹	\$150-\$600	Family member lodging	\$200 per night (30 nights)
Puncture Wound ¹	\$50	FOLLOW UP CARE	
Severe Burns ¹	\$1,000-\$15,000	Wheelchair or Motorized Scooter	\$100
		Walker or Walking Boot	\$100
		Other medical device for mobility	\$100
		Prosthesis	\$1,250-\$2,500
ACCIDENTAL DEATH & DISMEMBERMENT		HEAD INJURIES	
Insured	\$50,000	Brain Injuries – Concussion	\$375
Spouse	\$50,000	Emergency Dental, Hearing & Vision	
Dependent Child(ren)	\$10,000	Eye Injury	\$300
WELLNESS SCREENING BENEFIT	\$75	Emergency Dental Extraction	\$100

this is a brief outline of benefits. For a more detailed description, please refer to your Benefit summary

Employee Cost Per Pay Period (24 Pays)	
Employee	\$6.65
Employee + Spouse	\$11.25
Employee + Child(ren)	\$13.32
Family	\$17.24

Critical Illness



Critical Illness with Atlantic American offers specialized benefits to supplement traditional medical coverage at a time when you and your family may be most vulnerable during your working years. Benefit payments assist in covering a variety of expenses associated with critical illness: out-of-pocket medical care costs, home healthcare, travel to and from treatment facilities, training and rehabilitation, loss of income, childcare and other expenses. Critical Illness insurance is available to Associates and their spouse and children.

Critical Illness	
Benefit Amounts	
Employee	Up to \$30,000 in \$10,000 increments
Spouse	Up to \$15,000 – 50% of employee election
All Children (<i>ages 15 days through age 25</i>)	Up to \$15,000 – 50% of employee election
Benefit Category	Benefit Amount
Vascular – Heart and Stroke	
Heart Attack	100% of the benefit amount
Bypass Surgery	25% of the benefit amount
Stroke	100% of the benefit amount
Quality of Life	
Coma; Complete Loss of Sight, Speech, or Hearing; End Stage Renal Failure; Major Organ Failure; Occupational Hepatitis; Occupational HIV; Permanent Paralysis	100% of the benefit amount
Cancer Category	
Invasive Cancer	100% of the benefit amount
Non-Invasive Cancer	25% of the benefit amount
Skin Cancer (pays once per plan year)	\$500

Wellness Screening Benefit (1 per year / Family limit 6 per year)

\$75

Critical Illness Semi-Monthly Costs: \$10,000					Critical Illness Semi-Monthly Costs: \$20,000				
Age	EE	ES	EC	FA	Age	EE	ES	EC	FA
<25	\$1.59	\$2.83	\$2.90	\$4.38	<25	\$2.24	\$3.78	\$3.80	\$5.63
25 - 29	\$1.99	\$3.48	\$3.30	\$5.03	25 - 29	\$3.04	\$5.08	\$4.60	\$6.93
30 - 34	\$2.84	\$4.78	\$4.15	\$6.33	30 - 34	\$4.74	\$7.68	\$6.30	\$9.53
35 - 39	\$4.19	\$6.78	\$5.50	\$8.33	35 - 39	\$7.44	\$11.68	\$9.00	\$13.53
40 - 44	\$5.94	\$9.53	\$7.25	\$11.03	40 - 44	\$10.94	\$17.18	\$12.50	\$18.93
45 - 49	\$8.24	\$12.98	\$9.50	\$14.53	45 - 49	\$15.54	\$24.08	\$17.00	\$25.93
50 - 54	\$10.74	\$16.98	\$12.00	\$18.48	50 - 54	\$20.54	\$32.08	\$22.00	\$33.83
55 - 59	\$13.59	\$21.53	\$14.90	\$23.03	55 - 59	\$26.24	\$41.18	\$27.80	\$42.93
60 - 64	\$18.64	\$29.38	\$19.90	\$30.88	60 - 64	\$36.34	\$56.88	\$37.80	\$58.63
65 - 69	\$25.99	\$40.68	\$27.25	\$42.23	65 - 69	\$51.04	\$79.48	\$52.50	\$81.33
70+	\$32.39	\$50.38	\$33.70	\$51.93	70+	\$63.84	\$98.88	\$65.40	\$100.73

Critical Illness Semi-Monthly Costs: \$30,000				
Age	EE	ES	EC	FA
<25	\$2.89	\$4.73	\$4.70	\$6.88
25 - 29	\$4.09	\$6.68	\$5.90	\$8.83
30 - 34	\$6.64	\$10.58	\$8.45	\$12.73
35 - 39	\$10.69	\$16.58	\$12.50	\$18.73
40 - 44	\$15.94	\$24.83	\$17.75	\$26.83
45 - 49	\$22.84	\$35.18	\$24.50	\$37.33
50 - 54	\$30.34	\$47.18	\$32.00	\$49.18
55 - 59	\$38.89	\$60.83	\$40.70	\$62.83
60 - 64	\$54.04	\$84.38	\$55.70	\$86.38
65 - 69	\$76.09	\$118.28	\$77.75	\$120.43
70+	\$95.29	\$147.38	\$97.10	\$149.53

Group Whole Life

Atlantic American Group Whole Life Insurance not only expands an individual's financial protection but also offers guaranteed benefits to aid surviving family members adjusting to the loss of income that can result after the death of a loved one.

- **Employee coverage:** up to \$70,000 in \$10,000 increments.
- **Spouse coverage:** up to \$20,000 in \$10,000 increments, up to 100% of employee election
- **Children age 15 days to age 25:** Flat \$10,000, up to 100% of employee election

Employee and Spouses rates are based on their age as of the effective date.

Riders with Extension of Benefits	
Employee	Accelerated Death Benefit for Terminal Illness Rider
	Accelerated Death Benefit for Chronic Illness Rider
	Extension of Benefits Rider
	Restoration of Benefits Rider
	Waiver of Premium Rider
Spouse	Accelerated Death Benefit for Terminal Illness Rider
	Accelerated Death Benefit for Chronic Illness Rider with Extension of Benefits Rider
	Restoration of Benefits Rider 25%

Semi-Monthly Rates							
Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000
18-24	3.80	7.61	11.39	15.20	19.00	22.80	26.60
25-29	4.42	8.84	13.26	17.69	22.10	26.53	30.94
30-34	5.37	10.73	16.10	21.47	26.83	32.20	37.57
35-39	6.63	13.27	19.90	26.53	33.17	39.80	46.43
40-44	8.39	16.79	25.17	33.56	41.96	50.35	58.74
45-49	10.76	21.51	32.26	43.02	53.77	64.53	75.28
50-54	14.02	28.03	42.05	56.07	70.09	84.10	98.11
55-59	19.90	39.80	59.69	79.60	99.50	119.40	139.29
60-64	27.33	54.66	81.98	109.31	136.65	163.97	191.30
65-70*	34.85	69.70	104.54	139.40	174.25	209.10	243.94
Child	2.50						

Hospital Indemnity

Atlantic American Hospital Indemnity plan will pay you a lump-sum benefit you can use as you feel necessary. This can supplement existing medical coverage and help provide financial support to pay for out-of-pocket expenses such as deductibles, co-payments, and non-covered medical services.

CONFINEMENT	BENEFIT AMOUNT
Hospital Admission	\$1,000
Days per Year	1 Day
Hospital Confinement	\$100
Days per Year	31 Days
ICU Admission	\$2,000
Days per Year	1 Day
ICU Confinement	\$200
Days per Year	31 Days

Employee Cost Per Pay Period (24 Pays)

Employee	\$6.83
Employee + Spouse	\$15.63
Employee + Child(ren)	\$9.55
Family	\$18.86

MASA Membership Comparison Emergency Medical Transportation Coverage

Core Benefits (Included in All Plans)

- Emergency Ground Ambulance: Coverage in the U.S. or Canada for emergency ground transport to a medical facility.
- Emergency Air Ambulance: Up to \$20,000 coverage in the U.S. or Canada for emergency air transport.
- Hospital-to-Hospital Ambulance: Ground or up to \$20,000 air transfer if specialized care is needed at another facility.
- Repatriation Near Home: Transport to a hospital nearer to home if extended inpatient care is required and approved.

Additional Benefits by Plan

Benefit	Emergent Plus	Emergent Premier	Platinum
Minor Return Transportation	—	Up to \$2,500	Included
Pet Return Transportation	—	Up to \$2,500	Included
Sick While Away Expense Protection	—	Up to \$5,000 (2x/year)	NOT INCLUDED
Post-Admission Continued Care Transport	—	Up to \$500/year	NOT INCLUDED
Patient Return Transportation	—	—	Included
Hospital Visitor Transportation	—	—	Included
Mortal Remains Transportation	—	—	Included
Vehicle & RV Return	—	—	Included
Organ Retrieval & Recipient Transport	—	—	Included
Companion Emergency Transport	—	—	Included

Coverage Areas

- Core: U.S. and Canada
- Extended: U.S., Canada, Mexico, Caribbean (excluding Cuba), Bahamas, Bermuda
- Worldwide: Available in Premier and Platinum (excluding Antarctica and restricted regions)

Product	Per Pay Deduction
Emergent Plus	\$7.00
Emergent Premier	\$9.50
Platinum	\$19.50



How to use your MASA benefits

Transportation coordination services

Access transport services for the following benefits:

- Repatriation Near Home Coverage
- Child, Pet, and Vehicle Return Coverages
- Companion Transportation Coverage
- Hospital Visitor Transportation Coverage
- Patient Return Transportation Coverage
- Sick While Away from Home Expense Protection
- Organ Retrieval & Organ Recipient Transport Coverage
- Mortal Remains Transportation Coverage



When to access:

During or immediately following your emergency care treatment.



How to access:

Call 800-643-9023.

The MASA Transport Team is available 24/7/365 to assist you and will begin making the necessary arrangements, including working with your medical team.

Note: If you are traveling out of the U.S., please submit your dates of travel through the member portal or to travel@masaglobal.com.



View your benefits online at: masaaccess.com/member or through the MASA app.

Claims

Benefits that you submit claims for include:

- Emergency Ground Ambulance Coverage
- Hospital to Hospital Ambulance Coverage
- Emergency Air Ambulance Coverage
- Post-Admission Continued Care Transportation Coverage



When to file your claim:

When you receive the ambulance bill.

Note: Be sure to file within 180 days of the transport.



How to file your claim:

Online: masaaccess.com/member

Email: ambulanceclaims@masaglobal.com

Fax: (877) 681-2399

Mail: MASA Global / ATTN: Claims
1250 S. Pine Island Road, Suite 500
Plantation, FL 33324

Include your member number

Note: To process your claim, in addition to the invoice we may require your health insurance claim form (HICFA) and explanation of benefits (EOB), the ambulance run notes, and the ambulance provider's W9. MASA claim specialists will advise you on how to obtain these.



Check the status of your claim at: masaaccess.com/member, through the MASA app, or call (800) 643-9023.

MASA connections



Member services: (800) 643-9023



Member site: masaaccess.com/member



MASA app



This material is for informational purposes only and does not provide any coverage. Not all MASA products and services are available to residents of all states. The benefits listed, and the descriptions thereof, do not represent the full terms and conditions applicable for usage and may only be offered in some memberships or policies. For a complete list of coverage and exclusions, please refer to the applicable member services agreement or policy for your state. For information about MASA plan benefits, visit: <https://info.masamts.com/masa-mts-disclaimers>.

Compliance Notices



PLAN ADMINISTRATOR / HR CONTACT INFORMATION

Plan Administrator/HR Contact: Michelle Portwood

Plan Administrator/HR Contact Phone Number: (P) 812-941-3239

Plan Administrator/HR Contact Email: Mportwood@floydcounty.in.gov

IMPORTANT! If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, please see the Notice of Creditable/Non-Creditable Coverage on Page 44 for important information!

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility –

ALABAMA – Medicaid

Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program <http://dhcs.ca.gov/hipp>
Phone: 1-916-445-8322 Fax: 1-916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO –Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Ctr: 1-800-221-3943/ State Relay 711 CHP+ <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/ State Relay 711
Health Insurance Buy-In Program (HIBI) <https://www.mycohibi.com/> HIBI Customer Service: 1-855-692-6422

FLORIDA – Medicaid

Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>
Phone: 1-877-357-3268

GEORGIA – Medicaid

Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162 press 1
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-partyliability/childrens-health-insuranceprogram-reauthorizationact-2009-chipra> Phone: 678-564-1162, Press 2

INDIANA – Medicaid

Health Insurance Premium Payment Program All other Medicaid Website: <https://www.in.gov/medicaid/>
<http://www.in.gov/fssa/dfr/>
Phone: 1-877-438-4479
Family and Social Services Administration Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: [iowa.gov/Health & Human Services](http://iowa.gov/Health&HumanServices)
Medicaid Phone: 1-800-338-8366
Hawki Website: [Hawki - Healthy and Well Kids in Iowa | Health & Human Services](http://hawki.iowa.gov/Health&HumanServices)
Hawki Phone: 1-800-257-8563
HIPP Website: [Health Insurance Premium Payment \(HIPP\) | Health & Human Services \(iowa.gov\)](http://healthinsurancpremiumpayment.hipp.iowa.gov/)
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 1-855-459-6328
Email: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kyconnect.ky.gov>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

LOUISIANA – Medicaid

Website: www.Medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003 TTY: Maine relay 711
Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 1-800-977-6740 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840 TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/health-care-coverage/>
Phone: 1-800-657-3672

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hip.htm>
Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084
Email: HHSHIPPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 1-855-632-7633
Lincoln: (402) 473-7000
Omaha: (402) 595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcnp.nv.gov>
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Phone: 1-800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: <http://www.nifamilycare.org/index.html>
CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <https://www.hhs.nd.gov/healthcare>
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON – Medicaid and CHIP

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>
Phone: 1-800-692-7462
CHIP Website: [Children's Health Insurance Program \(CHIP\) \(pa.gov\)](http://childrens.healthinsurancesprogram.pa.gov)
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)

SOUTH CAROLINA - Medicaid

Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS – Medicaid

Website: [Health Insurance Premium Payment \(HIPP\) Program | Texas Health and Human Services](http://HealthInsurancePremiumPayment(HIPP)Program|TexasHealthandHumanServices)
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP) Website: <https://medicaid.utah.gov/upp/>
Email: upp@utah.gov
Phone: 1-888-222-2542
Adult Expansion Website: <https://medicaid.utah.gov/expansion/>
Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>
CHIP Website: <https://chip.utah.gov/>

VERMONT– Medicaid

Website: [Health Insurance Premium Payment \(HIPP\) Program | Department of Vermont Health Access](http://HealthInsurancePremiumPayment(HIPP)Program|DepartmentofVermontHealthAccess) Phone: 1-800-250-8427

VIRGINIA– Medicaid and CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premiumassistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/premiumassistance/health-insurance-premium-payment-hipp-programs>
Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

Website: <http://dhr.wv.gov/bms/>
<https://mywvhipp.com/>
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025 or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1.866.444.EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare and Medicaid
www.cms.hhs.gov
1.877.267.2323, Menu Option 4, Ext.61565

Notice of HIPAA Special Enrollment Rights

You have the right to request special enrollment (outside of the plan's annual enrollment period) for yourself and your eligible dependents (including your spouse) under certain circumstances, as described below.

If you decline enrollment for yourself or for an eligible dependent while other health insurance or group health plan coverage is in effect, 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 30 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 new dependents. However, you must request enrollment **within 30 days** after the marriage, birth, adoption, or placement for adoption.

Finally, you and/or your dependents may have special enrollment rights if coverage is lost under Medicaid or coverage under a state children's health insurance program, or when you and/or your dependents become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan. However, you must request enrollment **within 60 days** after your or your dependents' coverage ends under Medicaid or a state children's health insurance program or **within 60 days** after the determination of eligibility for assistance.

If you would like more information on your special enrollment rights or need to request enrollment, contact Human Resources and/or the Plan Administrator, see the Notices Title page for contact information.

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to health care benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

Any benefits payable will be subject to the same deductibles, coinsurance and other provisions applicable to other surgical and medical benefits provided under the plan. Please see your Summary of Benefits and Coverage (SBC) or other plan materials for your medical and surgical deductible and coinsurance information.

If you would like more information on WHCRA benefits, contact Human Resources and/or the Plan Administrator, see the Notices Title page for contact information.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Note, more generous lengths of stay may apply under certain state laws, when applicable. In such cases, please refer to plan documents for a description of these richer guidelines.

If you would like more information on the NMHPA, contact Human Resources and/or the Plan Administrator, see the Notices Title page for contact information.

Notice of Patient Protections and Selection of Providers

Designation of a Primary Care Provider (PCP) - If the health plan in which you are enrolled (or enrolling) requires the designation of a primary care provider (or "PCP"), you have the right to designate any PCP who participates in the plan's provider network and who is available to accept you or your family members. For children, you may designate a participating pediatrician as the PCP. For information on how to select a PCP, and for a list of the participating primary care providers, contact Human Resources and/or the Plan Administrator, see the Notices Title page for contact information.

Direct Access to Obstetrics and/or Gynecological Specialists - If the health plan in which you are enrolled (or enrolling) requires referrals to see specialists, you do not need prior authorization to obtain access to obstetrical and/or gynecological care from a health care professional in the plan's network who specializes in obstetrics or gynecology. Please note, however, the health care professional, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Human Resources and/or the Plan Administrator, see the Notices Title page for contact information.

Notice of Availability of Plan's Notice of Privacy Practices (NPP)

Certain employer-sponsored health plans are required by the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") to maintain the privacy of your health information that the plan creates, requests, or is created on the plan's behalf, called Protected Health Information ("PHI") and to provide you, as a participant, covered dependent, or qualified beneficiary, with notice of the plan's legal duties and privacy practices concerning Protected Health Information. The privacy policies are described in more detail in the plan's Notice of Privacy Practices (NPP). The NPP describes how medical information about you may be used and/or disclosed and how you can get access to this information. If you would like a copy of the Notice of Privacy Practices, please contact Human Resources and/or the Plan Administrator, see page see the Notices Title page for contact information. For any insured health coverage, the insurance issuer is responsible for providing its own Privacy Notice, so you should contact the insurer if you need a copy of the insurer's Privacy Notice.

Continuation of Coverage under COBRA

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). Employers who employ 20 or more employees are subject to the continuation provisions of COBRA.

COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end because of certain "qualifying events", such as termination of employment (for reasons other than gross misconduct), reduction in hours, divorce, legal separation, death, or a child ceasing to meet the definition of dependent under the group health plan coverage. 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 group health plan coverage is lost because of a COBRA qualifying event. Upon termination, or other COBRA qualifying event, all qualified beneficiaries will receive COBRA election information.

In addition, you may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual health plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

After your initial enrollment in our group health plan(s), you, and any other members of your family who you also enroll in coverage, will receive a COBRA Initial (or General) Notice that will explain your COBRA rights and responsibilities. Please read it carefully.

For more information about your rights and obligations, you should review the plan's Summary Plan Description or contact Human Resources and/or the Plan Administrator, see the Notices Title page for contact information.

Coverage While on FMLA Leave

The FMLA entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave.

If you take Family and Medical Leave Act (FMLA) leave, we will continue to maintain your coverage to the extent required by the FMLA (that is, we will continue to pay our share of the premiums to the extent that you opt to continue coverage). If your coverage ceases during the FMLA leave (for example, because you opted not to continue coverage or due to nonpayment of your share of the health insurance premiums), you may resume your coverage upon return from FMLA leave on the same terms as before the leave was taken, or as otherwise required by the FMLA. Under special rules that apply if an employee does not return to work at the end of an FMLA leave, you may be entitled to elect COBRA even if you were not covered under the plan during the leave. Contact Human Resources and/or the Plan Administrator for more information about your rights and responsibilities under the FMLA, see the Notices Title page for contact information.

Continuation of Coverage under USERRA

The Uniformed Services Employment and Reemployment Rights Act (USERRA) protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents (including your spouse) for up to 24 months while in the military. Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

For more information about your rights under USERRA, contact Human Resources and/or the Plan Administrator, see the Notices Title page for contact information.

Genetic Nondiscrimination

The Genetic Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting, or requiring, genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we ask employees NOT to provide any genetic information when providing or responding to a request for medical information. Genetic information, as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Voluntary Wellness Plan Notice

The company's wellness program through BluMine and the Wellright portal is voluntary and available to all employees on the health plan. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990 (ADA), the Genetic Information Nondiscrimination Act of 2008 (GINA), and the Health Insurance Portability and Accountability Act (HIPAA), as applicable, among others.

Various health assessments and screenings are available and voluntary as a part of the wellness program. You are not required to complete these or other medical examinations. However, employees who choose to participate are eligible for rewards. The health testing and assessment options that are either a part of or encouraged by the wellness program include Voluntary Assessment, Biometric Screening which will include a (finger stick) blood test to check for blood sugar levels, triglycerides and cholesterol.

The information from the health testing can help you understand your current health and potential risks and determine appropriate lifestyle goals. You also are encouraged to share your results or concerns with your own doctor.

NOTE: THE PRIMARY INSURED IS RESPONSIBLE FOR PROVIDING THIS NOTICE TO ALL MEDICARE ELIGIBLE FAMILY MEMBERS (or those about to become Medicare Eligible)!

Notice of Creditable Coverage for the 2026 Plan Year

We have determined that the prescription drug coverage provided under Floyd County Government's Anthem PPO \$1,000 and Anthem HDHP \$3,000 plans expected to pay out, on average, the same or more than what the standard Medicare prescription drug coverage will pay. This is known as "creditable coverage" as defined by the Medicare Modernization Act (MMA).

Why This is Important

When someone first becomes eligible to enroll in a government-sponsored Medicare "Part D" prescription drug plan, enrollment is considered timely if completed by the end of his or her "Initial Enrollment Period" which ends 3 months after the month in which he or she turned age 65.

Unfortunately, if you choose not to enroll in Medicare Part D during your Initial Enrollment Period, when you finally do enroll you may be subject to a late enrollment penalty added to your monthly Medicare Part D premium. Specifically, the extra cost, if any, increases based on the number of full, uncovered months during which you went without either Medicare Part D or else without "creditable" prescription drug coverage from another source (such as ours).

It is important for those eligible for both Medicare and our group health plan to look ahead and weigh the costs and benefits of the various options on a regular, if not annual, basis. Based on individual facts and circumstances some choose to elect Medicare only, some choose to elect coverage under the group health plan only, while some choose to enroll in both coverages. When both are elected, please note that benefits coordinate according to the Medicare Secondary Payer Rules. That is, one plan or the other would reduce payment in order to prevent you from being reimbursed the full amount from both sources. Your age, the reason for your Medicare eligibility and other factors determine which plan is primary (pays first, generally without reductions) versus secondary (pays second, generally with reductions).

Eligible individuals can enroll in a Medicare Part D prescription drug plan during Medicare's "Annual Coordinated Election Period" (a.k.a. "Open Enrollment Period") running from Oct. 15 through Dec. 7 of each year, as well during what is known as a "Medicare Special Enrollment Period" (which is triggered by certain qualifying events, including the loss of creditable group prescription drug coverage). Those who miss these opportunities are generally unable to enroll in a Medicare Part D plan until another enrollment period becomes available. Finally, please be cautioned that even if you elect our coverage, you could be subject to a payment of higher Part D premiums if you subsequently experience a break in coverage of 63 continuous days or longer before enrolling in the Medicare Part D plan. Carefully coordinating your transition between plans is therefore essential.

If you are unsure as to whether or when you will become eligible for Medicare, or if you have questions about how to get help to pay for it, please call the Social Security Administration at (800) 772-1213 or visit [socialsecurity.gov](https://www.ssa.gov). Specific questions about our prescription drug coverage should be directed to the customer service number on your ID card, if enrolled, or to Human Resources and/or the Plan Administrator, see Notices Title page for contact information.

Marketplace (Exchange) Notice PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace (the "Exchange") and health coverage offered through your employment.

What is the Health Insurance Marketplace (Exchange)?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does My Employer's Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium and a reduction in plan cost-sharing if your employer a) does not offer coverage to you at all or b) does not offer coverage that meets certain standards. Specifically, if your cost for SELF-ONLY coverage on a plan offered to you by your employer is more than 9.5%¹ of your annual household income for the year, OR if the coverage your employer provides does not meet the "Minimum Value (MV) Standard" set by the Affordable Care Act, you may be eligible for a tax credit.²

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

When can I enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts each Nov. 1 and continues through at least Dec. 15. Certain events may also trigger a midyear Special Enrollment Period, such as when getting married, having a baby, or adopting a child, or losing eligibility for other health coverage, including Medicaid and CHIP. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

How can I get more information?

For more information about your coverage offered by your employer, please check your coverage materials or contact Human Resources and/or the Plan Administrator, see Notices Title page for contact information. The Marketplace or a licensed insurance broker can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) to find more information.

¹ Indexed annually; see <https://www.irs.gov/pub/irs-drop>

² An employer-sponsored health plan meets the "Minimum Value (MV) Standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs and meets other requirements.

PART B: General Information

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Floyd County Government		4. Employer Identification Number 35-6000144	
5. Employer address 2524 Corydon Pike, Suite 204		6. Employer phone number 812-941-3239	
7. City New Albany	8. State IN	9. Zip code 47150	
10. Who can we contact about employee health coverage at this job? Michelle Portwood			
11. Phone number (if different from above) N/A	12. Email address mportwood@floydcounty.in.gov		

Here is some basic information about health coverage we offer:

As your employer, we offer a health plan to:

Full-time employees working 30+ hours per week. New hire eligibility is the first day of the month following 30 days of employment.

With respect to dependents:

Dependent children, step-children, legal guardianship children, and adopted children are eligible up to age 26. Spouses are eligible too. Spouses to whom one is legally married are eligible for benefits except for medical if the spouse is eligible for medical coverage through his or her own employer.

☒ If checked, this coverage meets the minimum value standard and the cost of this coverage is intended to be affordable for most or all full-time employees under one of the §4980H Affordability Safe Harbors.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. You may need to get information from your employer, about their coverage, in order to find out if you qualify for a tax credit to lower your monthly premiums.