



FBMC[®]

BENEFITS MANAGEMENT



Mountaineer Flexible Benefits

PEIA sponsors this plan as a vehicle to provide additional benefits to eligible state employees and a tax savings to the participating employees and the State. The Plan qualifies as a Cafeteria Plan authorized by Section 125 of the Internal Revenue Code.

If you do not wish to elect any of offered coverages, you are not required to complete the FBMC enrollment form.





Mountaineer Flexible Benefits makes available to benefits-eligible employees dental, optical, disability, group legal, health savings accounts, and flexible spending account plans for medical and dependent care.

There will be NO cards issued for plans except for dental, vision, flexible spending, and health savings accounts.

Fringe Benefits Management Company is the third party administrator under PEIA.

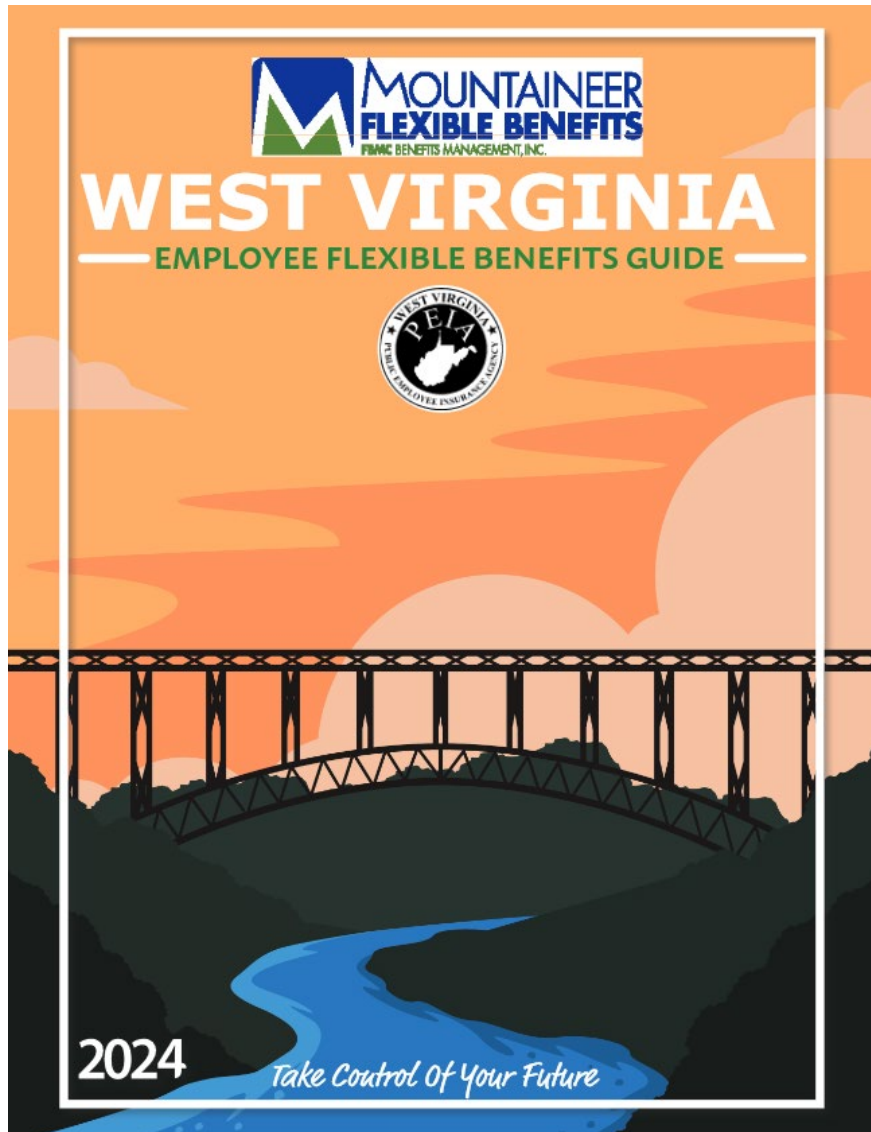


Coverage begins the first day of the month after enrollment.

Premiums are paid by employee with pre-tax dollars and are withdrawn each pay day.

Open enrollment for current employees is held during April of each year, with changes becoming effective July 1; this also includes cancellation of plan participation unless a *qualifying event* occurs at another time of the year.





Please note:

Premiums for the FBMC plan are taken out each pay.

- **12 month employees**, you will look at the 24-pay category for premiums.
- **9 month employees paid over the length of appointment with summer benefits**, you will look at the 18-pay category for premiums.
- **9 month employees paid over 12 months**, you will look at the 24-pay for premiums.
- **Non-reappointment faculty**, you will look at the 24-pay category.



July 1, 2023 - June 30, 2024

1. INSTRUCTIONS: DURING OPEN ENROLLMENT, RETURN COMPLETED FORM TO YOUR BENEFITS COORDINATOR NO LATER THAN MAY 15, 2023

WHO NEEDS TO COMPLETE AN ENROLLMENT FORM?

- New participants who want to enroll for the first time.
- Employees who want to add, change or cancel any benefits.
- Existing benefits not indicated on this form will continue as currently enrolled.

HOW TO ENROLL IN THE MOUNTAINEER FLEXIBLE BENEFITS PLAN:

- IMPORTANT:** If you want to add, change or cancel coverage, you must check the box beside the appropriate benefit in Section 3. Indicate coverage levels and any other pertinent information.
- If you select family coverage for any benefit, you must provide dependent information in Section 4.

CHANGE IN ELECTION

- Include supporting documentation.
- Must be requested within the month of and two months following your status changing event.
- List all eligible dependents you want covered.

2. **SELF** **FAMILY**

Open Enrollment New Hire
 Transfer Change in Status

LAST NAME: _____ FIRST NAME: _____ MI: _____

HOME ADDRESS (STREET): _____ CITY: _____ STATE: _____ ZIP: _____ HOME PHONE: _____

BIRTH DATE: _____ GENDER: MALE FEMALE DATE EMPLOYED: _____ EFFECTIVE DATE: _____ OFFICE PHONE: _____

3. MOUNTAINEER FLEXIBLE BENEFITS (PAID BY EMPLOYEES)

Keep Coverage	ADD COVERAGE	CHANGE COVERAGE	CANCEL COVERAGE	BENEFITS	COST PER PAY PERIOD
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DENTAL Choose One Option: <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Children <input type="checkbox"/> Employee & Family Assistance <input type="checkbox"/> Basic <input type="checkbox"/> Enhanced <input type="checkbox"/> Premier	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VISION Choose One Option: <input type="checkbox"/> Exam Plan <input type="checkbox"/> Full Service <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Family	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEARING SERVICE PLAN <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Children <input type="checkbox"/> Employee & Family	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LONG-TERM DISABILITY INCOME PLAN <input type="checkbox"/> Employee Only <input type="checkbox"/> SOK Coverage Level <input type="checkbox"/> POS Coverage Level	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SHORT-TERM DISABILITY INCOME PLAN <input type="checkbox"/> Employee Only	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEALTH CARE FLEXIBLE SPENDING ACCOUNT All Claims Must Be Submitted By October 31, 2024.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT All Claims Must Be Submitted By October 31, 2024. <input type="checkbox"/> Married, Filing Separately <input type="checkbox"/> Married, Filing Jointly <input type="checkbox"/> Single, Head of Household	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEALTH SAVINGS ACCOUNT Select your HSA coverage type: Must be enrolled in PEA Plan C. Contribution to this Plan Period. This cannot be used in a Health Care Flexible Spending Account. <input type="checkbox"/> Individual (\$3,000 maximum for PY 2024) <input type="checkbox"/> Family (\$7,500 maximum for PY 2024) <input type="checkbox"/> Over 55 Catch-up (additional maximum \$1,000)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LIMITED HEALTH CARE FSA Must be enrolled in HSA.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LEGAL (POST-TAX) <input type="checkbox"/> Ultimate Advisor® Employee & Family <input type="checkbox"/> Ultimate Advisor Plan® Employee & Family	
TOTAL SALARY DEDUCTION AMOUNT PER PAY PERIOD					

4. ELIGIBLE DEPENDENT INFORMATION
 USE AN ADDITIONAL SHEET OF PAPER AS NEEDED FOR ADDITIONAL DEPENDENTS.

DEPENDENT NAME	RELATIONSHIP	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	BIRTH DATE	SOCIAL SECURITY #	CHECK COVERAGE SELECTED			
					DENTAL	VISION	HEARING	LEGAL
	Spouse							

I hereby authorize my Employer to reduce my gross salary (before federal and state income and Social Security taxes are calculated) by the total per pay period cost of my flexible benefits. I understand that CANCELLING OR CHANGING THE AMOUNT OF THE DEDUCTION OR STOPPING THIS AGREEMENT DURING THE PLAN YEAR UNLESS PERMITTED BY THE PLAN AND THE IRS, I further understand that any amount remaining in my Flexible Spending Accounts that is not used during this plan year and grace period CANNOT BE ACCUMULATED AND CARRIED FORWARD TO THE NEXT PLAN YEAR BUT WILL REVERT TO THE PLAN.

The Premium Deduction "Total salary deduction" amount specified above will continue in effect until I discontinue or modify my Agreement for a subsequent plan year, terminate employment, or take an unpaid leave of absence from employment. I UNDERSTAND AND AGREE THAT PEA AND FBMC BENEFITS MANAGEMENT INC., THE CONTRACT ADMINISTRATOR, WILL BE HELD HARMLESS FROM ANY LIABILITY RESULTING FROM EITHER MY FAILURE TO ENROLL IN ANY OF THE AVAILABLE BENEFITS OR MY FAILURE TO SIGN OR ACCURATELY COMPLETE THIS ENROLLMENT FORM. I hereby appoint my Plan Sponsor to serve as Agent to receive dividends, premiums, refunds, rate reductions or any other funds that might be returned from the benefit plans, and to use those funds in the best interest of the employees for the purpose of reducing future premiums and improving benefits on behalf of employees, obtaining administrative costs, or for such other purpose as permitted under applicable state and federal law.

DURING OPEN ENROLLMENT, GIVE COMPLETED FORMS TO YOUR BENEFITS COORDINATOR NO LATER THAN MAY 15, 2023.

EMPLOYEE SIGNATURE: _____ DATE SIGNED: _____ TIME SIGNED: _____

If you are not opting any coverage, you will not need to complete the [enrollment form](#).

The [Standard Long-Term Disability](#) is a required form. You will need to accept or decline the coverage.



The Standard
 Group Insurance Enrollment/
 Change Form Disability
 For Marshall University

For an initial enrollment, please complete Part 1 of this form, sign date and return it to your employer as soon as possible. For a change in your insurance coverage, complete only those sections that apply to the change being required, sign date, and return the form. Please retain a copy for your records.

Initial Request _____
 Change Request _____
 Effective Date _____

Part 1 EMPLOYEE INFORMATION (Please print)

Last Name: _____ First: _____ Middle: _____ Social Security Number: _____

Date of Birth: _____ Sex: M F Employment Date: _____ Position Title: _____ Annual Salary: _____

Coverage Selection (check one)
 I authorize the proper deductions from my earnings as my contribution toward the cost of this insurance.
 I do not wish to enroll/or participate (applicable only to contributory plans.)

Certification of Disability Insurance Coverage Through Previous Employer (if applicable):

Previous Employer: _____ Prior Insurance Company: _____ Date Prior Coverage Terminated: _____
 Mo Day Year

Employee signature: _____ Date: _____

Part 2 EMPLOYER INFORMATION (to be completed by HR)

MARSHALL UNIVERSITY Group Number-D 1350

Date Employee Entered Eligible Class: _____ Reinstatement: Yes No Date Re-employed: _____

Annuity Premium Benefit - if applicable (check one) The employee is participating in the following retirement plan.
 TIAA
 Empower Retirement (Great-West)

Occupation Information - Complete all questions.

1. Eligible Class: Employee is a member of eligible class ___1___ ___2___

2. Position Type: Employee is a member of the: ___ faculty ___ administration ___ technical/paraprofessional ___ secretarial/clerical ___ maintenance/housekeeping ___ other _____

3. Occupational Class: Circle Professional or Service.

Professional Associates who are usually engaged in activities that are considered non-physical in nature. Professor, Nutrition Adviser, Coach, Human Resources Staff Specialist, Librarian, Marketing, Coordinator, Risk Manager, Engineer, Telecommunication specialist, Administrator, Secretary.

Service Associates who are usually engaged in activities that are considered physical in nature. Baker, Carpenter, Custodian, Cook, Electrician, Locksmith, Security Guard, Mechanic, Supply Room Clerk, Staff Nurse, Welder, Parking Attendant, Groundskeeper, Extension Agent.



Dental

There are four plans available to employees provided by Sun Life Dental. Sun Life will issue cards for the dental plan.

- **Assistance Plan:** 100% coverage in-network for preventative services (cleanings, exams, and X-rays); 40% of the cost for basic services (new fillings, simple extractions, and biopsy); 25% for major services (dentures and bridges).
- **Basic Plan:** 100% coverage in-network for preventative services (cleanings, exams, and x-rays); 80% of cost for basic services (new fillings, simple extractions, and biopsy); 40% for major services (dentures and bridges).
- **Enhanced Plan:** 100% coverage in-network for preventative services (cleanings, exams, and X-rays); 80% of cost for basic services (new fillings, simple extractions, and biopsy); 75% for major services (dentures, bridges, and TMJ treatment); 40% of ortho services (no age limit orthodontic treatment).
- **Premier Plan-** 100% coverage in-network for preventative services (cleanings, exams, and X-rays); 90% of cost for basic services (new fillings, simple extractions, and biopsy); 75% for major services (dentures, bridges, TMJ, treatment); 50% of the cost of ortho services (no age limit orthodontic treatment).

You should review all online material in the [MFBP Shopper's Guide](#) as this presentation cannot cover all information.

Dental Plan Rates – Plan Year 2024

Assistance	10 Pay	12 Pay	18 Pay	20 Pay	21 Pay	22 Pay	24 Pay	26 Pay
Employee Only	\$13.14	\$10.95	\$7.30	\$6.57	\$6.26	\$5.97	\$5.48	\$5.05
Employee & Children	\$26.34	\$21.95	\$14.63	\$13.17	\$12.54	\$11.97	\$10.98	\$10.13
Employee & Spouse	\$29.39	\$24.49	\$16.33	\$14.69	\$13.99	\$13.36	\$12.25	\$11.30
Employee & Family	\$42.66	\$35.55	\$23.70	\$21.33	\$20.31	\$19.39	\$17.78	\$16.41
Basic	10 Pay	12 Pay	18 Pay	20 Pay	21 Pay	22 Pay	24 Pay	26 Pay
Employee Only	\$19.90	\$16.58	\$11.05	\$9.95	\$9.47	\$9.04	\$8.29	\$7.65
Employee & Children	\$39.85	\$33.21	\$22.14	\$19.93	\$18.98	\$18.11	\$16.61	\$15.33
Employee & Spouse	\$44.41	\$37.01	\$24.67	\$22.21	\$21.15	\$20.19	\$18.51	\$17.08
Employee & Family	\$64.40	\$53.67	\$35.78	\$32.20	\$30.67	\$29.27	\$26.84	\$24.77
Enhanced	10 Pay	12 Pay	18 Pay	20 Pay	21 Pay	22 Pay	24 Pay	26 Pay
Employee Only	\$33.58	\$27.98	\$18.65	\$16.79	\$15.99	\$15.26	\$13.99	\$12.91
Employee & Children	\$67.21	\$56.01	\$37.34	\$33.61	\$32.01	\$30.55	\$28.01	\$25.85
Employee & Spouse	\$78.05	\$65.04	\$43.36	\$39.02	\$37.17	\$35.48	\$32.52	\$30.02
Employee & Family	\$111.48	\$92.90	\$61.93	\$55.74	\$53.09	\$50.67	\$46.45	\$42.88
Premier	10 Pay	12 Pay	18 Pay	20 Pay	21 Pay	22 Pay	24 Pay	26 Pay
Employee Only	\$44.16	\$36.80	\$24.53	\$22.08	\$21.03	\$20.07	\$18.40	\$16.98
Employee & Children	\$88.78	\$73.98	\$49.32	\$44.39	\$42.27	\$40.35	\$36.99	\$34.14
Employee & Spouse	\$103.42	\$86.18	\$57.45	\$51.71	\$49.25	\$47.01	\$43.09	\$39.78
Employee & Family	\$147.85	\$123.21	\$82.14	\$73.93	\$70.41	\$67.21	\$61.61	\$56.87





Dental - Partial List of Covered Services- Assistance and Basic Plans

ASSISTANCE & BASIC DENTAL PLAN

Type I Preventive Dental Services, Including:

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

Type II Basic Dental Services, including:

- New fillings
- Simple extractions, incision and drainage
- Surgical extractions of erupted teeth, impacted teeth, or exposed root
- Biopsy (including brush biopsy)
- Endodontics (includes root canal therapy) – 1 per tooth in any 24 month period
- General anesthesia/IV sedation – medically required
- Minor gum disease (non-surgical periodontics)

- Scaling and root planing – 1 in any 24 month period per area
- Periodontal maintenance – 2 in any benefit year
- Localized delivery of antimicrobial agents
- Major gum disease (surgical periodontics)

Type III Major Dental Services, including:

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

Waiting Periods

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

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

You should review all online material in the [MFBP Shopper's Guide](#) as this presentation cannot cover all information.



Dental - Partial List of Covered Services- Enhanced and Premier Services

ENHANCED & PREMIER SERVICES

Type I Preventive Dental Services, including:

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

Type II Basic Dental Services, including:

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

- Periodontal maintenance – 2 in any benefit year
- Localized delivery of antimicrobial agents
- Major gum disease (surgical periodontics)

Type III Major Dental Services, including:

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

Type IV Ortho Services, including:

- No orthodontic treatment age limitation

Waiting Periods

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

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

You should review all online material in the [MFBP Shopper's Guide](#) as this presentation cannot cover all information.



Vision

There are two plans that are available to employees provided by Humana powered by EyeMed. **An insurance card will be issued to the employee.**

- **Full Service Plan**: This covers all routine eye care, including exams, lenses and frames, or contact lenses. The Copayment for materials is \$20.
- **Exam Plus**: Exam Plus is an alternative to the Full Service plan. You can see any Humana powered by EyeMed doctor you want or use a non-member doctor. Benefits include an eye exam once every plan year and discounts on materials and professional services through Humana powered by EyeMed member doctors. Your Copayment is \$10 for your eye exam.

You should review all online material in the [MFBP Shopper's Guide](#) as this presentation cannot cover all information.





Vision Plan Rates, Plan Year 2024

Full Service Plan	10 Pay	12 Pay	18 Pay	20 Pay	21 Pay	22 Pay	24 Pay	26 Pay
Employee Only	\$8.59	\$7.16	\$4.77	\$4.30	\$4.09	\$3.91	\$3.58	\$3.30
Employee & Family	\$22.20	\$18.50	\$12.33	\$11.10	\$10.57	\$10.09	\$9.25	\$8.54

Full Service Plan	In-Network Provider	Out-Of-Network Provider
Copayments Exam	\$20	\$40

Service	In-Network Provider Plan Pays	Out-Of-Network Provider Plan Pays
Vision Examination (every plan year)	Covered in full after copay	\$40
Lenses (every plan year)		
Single Vision Lenses	\$20	Up to \$30
Bifocal Lenses	\$20	Up to \$50
Trifocal Lenses	\$20	Up to \$70
Lenticular Lenses	\$20	Up to \$80
Frames	Covered in Full up to \$150 20% off balance over \$150	\$75 allowance
Contact Lenses (in place of lenses and frames)		
Medically Necessary Conventional	Covered in Full \$150 allowance- 15% off balance over \$150	\$210 allowance \$105 allowance
Disposable	\$150 allowance	\$105 allowance

Exam Plus	10 Pay	12 Pay	18 Pay	20 Pay	21 Pay	22 Pay	24 Pay	26 Pay
Employee Only	\$1.46	\$1.22	\$0.81	\$0.73	\$0.70	\$0.67	\$0.61	\$0.56
Employee & Family	\$3.31	\$2.76	\$1.84	\$1.66	\$1.58	\$1.51	\$1.38	\$1.27

Exam Plus	In-Network Provider	Out-Of-Network Provider
Copayments Exam	\$10	Covered up to \$40 allowance

Service	In-Network Provider Plan Pays	Out-Of-Network Provider Plan Pays
Vision Examination (every plan year)	Covered in full after copay	\$40
Lenses (every plan year)		
Single Vision Lenses	\$50	Not covered
Bifocal Lenses	\$70	Not covered
Trifocal Lenses	\$105	Not covered
Lenticular Lenses	20% off retail	Not covered
Frames	35% off retail	Not covered
Contact Lenses (in place of lenses and frames)		
Conventional	15% off retail	Not covered
Disposable	Not covered	Not covered
Medically Necessary	Not covered	Not covered



Hearing

Hearing is one of the five natural senses that allow us to enjoy life and the world around us. Hearing is a valued life asset that can be protected, treated and assisted through a program for hearing healthcare. Marshall University offers a Hearing plan provided by EPIC.

EPIC's Five-Step Plan

The EPIC Hearing Service Plan starts with an evaluation of your ears and hearing. Diagnostic tests and measures will determine the course of treatment most likely to help you hear better.

Rates, Plan Year 2024								
	10 Pay	12 Pay	18 Pay	20 Pay	21 Pay	22 Pay	24 Pay	26 Pay
Employee Only	\$2.18	\$1.82	\$1.21	\$1.09	\$1.04	\$0.99	\$0.91	\$0.84
Employee & Spouse	\$4.33	\$3.61	\$2.41	\$2.17	\$2.06	\$1.97	\$1.81	\$1.67
Employee & Child(ren)	\$3.20	\$2.67	\$1.78	\$1.60	\$1.53	\$1.46	\$1.34	\$1.23
Employee & Family	\$5.34	\$4.45	\$2.97	\$2.67	\$2.54	\$2.43	\$2.23	\$2.05

Feature	Benefit Amount	Frequency
Examination		
Adults	\$70	Adults: Once every 2 years
Children	\$70	Children: Once every year
Hearing Aid Device		
Adults	\$500 per ear device benefit	Adults: Once every 5 years
Children	\$500 per ear device benefit	Children: Once every 2 years

You should review all online material in the [MFBP Shopper's Guide](#) as this presentation cannot cover all information.





Group Legal Plan

The Legal Plans, provided by ARAG Group Legal, covers full representation for many important legal services. There are no maximum coverage limitations, and you may use the plan for an unlimited number of personal legal matters.

Some examples that can be covered by the legal plans are: living wills, divorce & separation, identity theft defense, sale/purchase of a home, traffic ticket defense, powers of attorney and many more!

Group Legal Insurance, Plan Year 2023

Ultimate Advisor Plan	10 Pay	12 Pay	18 Pay	20 Pay	21 Pay	22 Pay	24 Pay	26 Pay
Employee and Family	\$11.40	\$9.50	\$6.33	\$5.70	\$5.43	\$5.18	\$4.75	\$4.38

Ultimate Advisor Plus	10 Pay	12 Pay	18 Pay	20 Pay	21 Pay	22 Pay	24 Pay	26 Pay
Employee and Family	\$16.68	\$13.90	\$9.27	\$8.34	\$7.94	\$7.58	\$6.95	\$6.42

You should review all online material in the [MFBP Shopper's Guide](#) as this presentation cannot cover all information.





Flexible Spending Accounts

The funds in a Flexible Spending account must be spent with the plan year, if you do not use the funds you will lose them at the end of the plan year.

There are two types of Flexible Spending Accounts (FSA):

Medical Expense FSA: You have a maximum deposit of \$3,050 and this can be used for medical expenses not covered by your insurance plan.

Dependent Care FSA: You have either a maximum of \$2,500 or \$5,000 and is determined by how you file your taxes. This account can be used for dependent care expenses, such as school care, babysitting, elder care, etc.

If you sign up for a Flexible Spending account, you will receive a Flexible Spending Account debit card in the mail.

If you have a change in address, please update it with Human Resources, PEIA, and FBMC as soon as possible to ensure proper delivery of your card or other information!



You should review all online material in the [MFBP Shopper's Guide](#) as this presentation cannot cover all information.



Health Savings Account

Marshall University employees have two options to consider for their benefit needs.

Option 1 : TIAA Health Equity

Option 2: Mountaineer Flexible Benefits (FBMC) in partnership with Payflex

Qualifying for an HSA

To be an eligible individual and qualify for an HSA, you must meet the following requirements:

- You are covered under a high deductible plan – PEIA Plan C
- You have no other health coverage
- You aren't enrolled in Medicare
- You aren't claimed as a dependent on someone else's tax return





Health Savings Account

[TIAA Health Equity](#)

Advantages of a HSA include:

- A HSA is owned by the employee. If you leave employment, you can take the account with you.
- Unlike a Flexible Spending Account (FSA), the funds do not have to be spent in the plan year they are deposited.
- Employees may make pre-tax contributions to their HSA account.
- [TIAA Health Equity Enrollment Form](#)

Consider opening a TIAA Health Savings Account

An HSA is a triple tax-advantaged¹ savings account that allows you to save and pay for qualified medical expenses now and in the future. However, it's important to remember that in order to contribute to an HSA, you need to be enrolled in a qualified high deductible health plan.

Benefits of HSA ownership

HSA-qualified health plans typically cost less than traditional health plans

Unused HSA funds automatically roll over to the next year

You own the HSA and all funds, even if you change jobs or retire

You can invest² your HSA funds for increased tax-free earning potential

HSA funds can be used all the way through retirement

Funds can be spent tax free on qualified medical expenses.
For a list of qualified medical expenses, visit the [TIAA HSA Resource Center](#)

ANNUAL CONTRIBUTION LIMITS:	2021		2022	
	Individual	Family	Individual	Family
	\$3,600	\$7,200	\$3,650	\$7,300







If you wish to enroll in an Health Savings Account through TIAA/ Health Equity, you must meet the following requirements:

- You are covered under a high deductible health plan (HDHP), PEIA PPB Plan C
- You have no other health coverage
- You aren't enrolled in Medicare
- You are not claimed as a dependent on someone else's tax return

The TIAA/Health Equity enrollment form can be found under the **FBMC section of Documents for Benefits Enrollment** or be clicking on the form itself.

Health Savings Account (HSA) Enrollment Form   HealthEquity

Revised 10/2021

Reason for completing form:
 New Enrollment Changing contribution amount Change in family status Cancellation

Employer Information

Enrollment cannot be processed without your employer's name.
Employer name:

Account Holder Information

First name: M.I.: Last name:
SSN: Gender: Male Female Date of birth (mm/dd/yyyy):
Email address: Preferred phone:
Physical street address: City: State: ZIP:
Mailing address (if different): City: State: ZIP:

Health Insurance Coverage

Insurance carrier: **West Virginia Public Employees Insurance Agency (PEIA) PPB Plan C**
Coverage type: Single Family

Authorization and Certification

By opening a health savings account (HSA) with HealthEquity, you accept the terms of HSA enrollment and the custodial agreement. You may view the [HSA custodial agreement](#). Upon enrollment, you understand and agree to the following:

- You are covered by a qualified high deductible health plan (HDHP).
- **You are not covered by any other non-qualified health coverage, including Medicare Part A and Part B.**
- You are not claimed as a dependent on another individual's tax return.
- HealthEquity must verify your identity in order to open your HSA.

For further information regarding HSA laws, go to <https://www.irs.gov/pub/irs-pdf/p969.pdf>

Print name: Signature: Date:

Contribution Information and Authorization Frequency of payroll: **Bi-Weekly**

Please withhold \$ from every pay **Date to begin deduction:** **Do you wish to participate in the Age 55 catch-up?** Yes No
Signature: Date:

2022 annual HSA contributions		2022 HSA age 55 catch-up	
Coverage type	Total annual contribution	Coverage type	Total annual contribution
Self-Only	\$3,650	Self-Only	\$1,000
Family	\$7,300	Family	\$1,000

Your HSA cash balance is held at an FDIC-insured or NCUA-insured institution and is eligible for federal deposit insurance, subject to applicable requirements and limitations.

Return this form to your campus Benefit Coordinator | Human Resources Use Only:
Signature: Date:
Effective Date of First Deduction:



Health Savings Account

Mountaineer Flexible Benefits (FBMC) in partnership with PayFlex



Manage your health care costs

Put tax-free money into an HSA to help pay for current and future health care expenses. If you don't use all the money, that's OK. It rolls over, year after year. And if you change employers or health plans, the HSA goes with you.



Build retirement savings for a healthy future

With an HSA, you can set aside money to help cover your health care expenses in the future, even into retirement. It's like a 401(k) for health care, with options to invest and grow your balance. And it gets even better — your contributions, earnings and withdrawals are all tax-free.



Enjoy easy access to your money

Your employer may offer the PayFlex Card® with your HSA. If so, you can use the card to pay for eligible expenses at qualified merchants. Don't have the card? No problem. Just pay for those expenses out of pocket. Then pay yourself back with your HSA through the PayFlex Mobile® app or website. You can even request payment directly to a provider.

- An HSA is a tax-free account that can be used to pay healthcare expenses.
- Unlike an FSA, the funds do not have to be spent in the plan year they are deposited.
- Money in the account including interest or investment earnings accumulate tax-free.
- An HSA is employee- owned and the account can be taken with you and use it for qualified medical expenses.

PRETAX BENEFITS SAVINGS EXAMPLE*

(With HSA)		(Without HSA)
\$31,000	Annual Gross Income	\$31,000
- 5,000	HSA Deposit for Recurring Expenses	- 0
\$26,000	Taxable Gross Income	\$31,000
- 5,369	Federal, Social Security Taxes*	- 6,401
\$20,631	Annual Net Income	\$24,599
- 0	Cost of Recurring Expenses	- 5,000
\$20,631	Spendable Income	\$19,599

By using an HSA to pay for anticipated recurring expenses, you convert the money you save in taxes to additional spendable income. That's a potential annual savings of:

\$1,032!

* Based upon a 20.65% tax rate (15% federal and 7.65% Social Security) calculated on a calendar year.

Remember, Limited Healthcare FSAs are available to HSA participants. Dependent Care Spending Account eligibility is not affected by your HSA participation. Limited Healthcare FSAs are ONLY available to HSA participants.





Limited Healthcare FSA

Offered by Mountaineer Flexible Benefits (FBMC)

- Limited Healthcare FSA is offered in conjunction with your Health Savings Account should you elect.
- These funds can only be used for dental and vision.
- You are not allowed to contribute to both a health savings account as well as a standard (non-limited) health care FSA.

More information can be found in the [Employee Flexible Benefits Guide](#)



Disability Income Plans –FBMC

Disability Income Plans can help safeguard your family’s lifestyle and provide some peace of mind in the event you become disabled and are unable to work.

Short-Term Disability will cover a weekly benefit of 70% of your pre-disability earnings with a maximum of \$750.00. These benefits become payable after the 30-day waiting period and the exhaustion of your sick leave.

FBMC Long-Term Disability has two plans that are available to employees. These benefits become payable after the 180-day waiting period.

Plan 1: 50 percent of the first \$6,000 of your monthly pre-disability earnings, reduced by deductible income. The maximum monthly benefit is \$3,000.

Plan 2: 70 percent of the first \$8,571 of your monthly pre-disability earnings, reduced by deductible income. The maximum monthly benefit is \$6,000.

You should review all online material in the [MFBP Shopper’s Guide](#) as this presentation cannot cover all information.





Calculating Your Short Term Disability Income Plan Rate

If opting in for the STD plan, you will “add coverage on the FBMC enrollment form. Please list your calculation on the “cost per pay period line”.

Your Pre-Tax Rates	
Example: If your weekly salary is \$350, your monthly premium would be calculated: $\\$350 \times \\$0.0315 = \\$11.02$ per month.	
Example Calculation	
Your weekly salary (maximum \$1071.00)	\$350.00
Multiply by \$0.0315	X <u>\$0.0315</u>
This is your monthly premium	\$11.03
If you are paid more than 12 times a year, you can calculate the amount to be deducted from your paycheck by completing the following chart.	
Example Calculation	
Monthly Premium	\$11.03
Multiply by 12	X <u>12</u>
This is your annual premium	\$132.30


The worksheet is found in the [FBMC Benefit Guide](#).



Please click on the [Standard Long-Term Disability pamphlet](#) to learn more.

Please note:
You may have only one Long-Term Disability plan.





Group Long Term Disability Insurance

Benefits at a Glance for Marshall University

Group Policy Effective Date **October 1, 2003**

Group Policy # **134296**

Group Long Term Disability (LTD) insurance from Standard Insurance Company provides financial protection for eligible employees by promising to pay a percentage of monthly earnings in the event of a covered disability. The monthly income benefit payable is based on the amount of the employee's monthly wage base.

Eligibility

Eligible Classes
 Class 1 - All eligible faculty employees.
 Class 2 - All eligible non-faculty employees.

Work Test
 All active full-time employees of Marshall University and former employees of West Virginia Graduate College, who must work at least 20 hours a week to be considered full-time employee under the group policy. Except that if you are an otherwise eligible employee, you will not become ineligible for insurance by reason of a reduction in your schedule due to participation in your Employer's Phased Retirement Program.

Waiting Period Before Becoming Eligible for Insurance
 None.

Cost
 The employee pays the cost of this coverage.

Benefits

Monthly Income Benefit
 60 percent of monthly wage base paid by the employer, not to exceed a benefit of \$5,000 a month, less the sum of benefits from other sources that apply to the same month (e.g., Social Security, workers' compensation, state disability, etc.).

In no event will the monthly income benefit be less than \$100; or greater, 10 percent of the Monthly Income Benefit before benefits from other sources are subtracted.

Monthly Annuity Premium Benefit
 Continues contributions to the employee's TIAA-CREF or Great West Retirement Services retirement annuity while receiving monthly income benefits. The amount of the monthly annuity premium benefit is equal to 12 percent of the employee's monthly wage base.

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

-1-

This information is only a brief description of the group LTD insurance policy sponsored by your employer. The Standard may cancel this group policy or increase premiums at its discretion. The group insurance certificate contains a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions, when benefits and insurance end, and the terms under which the group policy may be amended and terminated. The controlling provisions will be in the group policy issued by The Standard. Neither the certificate nor this information modifies the group policy or the insurance coverage in any way. For costs and complete details of the coverage, contact your human resources representative or refer to the group insurance certificate.

LONG-TERM DISABILITY

Employee Only, Pretax Benefit

Long-Term Disability (LTD) insurance can help safeguard your family's lifestyle and provide some peace of mind in the event you become disabled and are unable to work.

Because the State of West Virginia's retirement plan may not provide you adequate protection in the event you become disabled, you should consider enrolling in one of the two Long-Term Disability Insurance plans offered by Standard Insurance Company.

When do LTD benefits become payable?

If your LTD claim is approved by The Standard Insurance Company, LTD benefits become payable at the end of the 180-day benefit waiting period. Refer to the Beyond Your Benefits section for information on taxes you may have to pay on insurance payments you receive.

How long can LTD benefits continue?

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

How long are benefits payable?

Your benefits are payable according to the following schedule:

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

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

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

When am I considered disabled?

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

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

What is the LTD benefit?

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

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

- Plan 1** - 50% of the first \$6,000 of your monthly pre-disability earnings, reduced by deductible income. The maximum monthly benefit is \$3,000.
- Plan 2** - 70% of the first \$8,571 of your monthly pre-disability earnings, reduced by deductible income. The maximum monthly benefit is \$6,000.

Both plans have a minimum monthly LTD benefit of \$100.

What is deductible income?

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

The FBMC policy is featured in your booklet. If you wish to enroll in this policy, please choose this coverage on the [FBMC form](#).





LONG-TERM DISABILITY INSURANCE

Available through The Standard Insurance. Disability coverage from The Standard provides benefits-eligible employees with income and retirement protection against disabilities and illnesses that prevent them from working. Income benefit totals 60% of employee's salary at the time of the disability. \$5,000 maximum monthly benefit.

Group Long Term Disability Insurance

Benefits at a Glance for Marshall University

Group Policy Effective Date **October 1, 2003**
Group Policy # **134296**

The Standard
Insurance Company

This information is only a brief description of the group LTD insurance policy sponsored by your employer. The Standard may cancel this group policy or increase premiums at its discretion. The group insurance certificate contains a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions, when benefits and insurance end, and the terms under which the group policy may be amended and terminated. The controlling provisions will be in the group policy issued by The Standard. Neither the certificate nor this information modifies the group policy or the insurance coverage in any way. For costs and complete details of the coverage, contact your human resources representative or refer to the group insurance certificate.

Group Long Term Disability (LTD) insurance from Standard Insurance Company provides financial protection for eligible employees by promising to pay a percentage of monthly earnings in the event of a covered disability. The monthly income benefit payable is based on the amount of the employee's monthly wage base.

Eligibility

Eligible Classes
Class 1- All eligible faculty employees.
Class 2- All eligible non-faculty employees.

Work Test
All active full-time employees of Marshall University and former employees of West Virginia Graduate College, who must work at least 20 hours a week to be considered full-time employee under the group policy. Except that if you are an otherwise eligible employee, you will not become ineligible for insurance by reason of a reduction in your schedule due to participation in your Employer's Phased Retirement Program.

Waiting Period Before Becoming Eligible for Insurance
None.

Cost
The employee pays the cost of this coverage.

Benefits

Monthly Income Benefit
60 percent of monthly wage base paid by the employer, not to exceed a benefit of \$5,000 a month, less the sum of benefits from other sources that apply to the same month (e.g., Social Security, workers' compensation, state disability, etc.).
In no event will the monthly income benefit be less than \$100; or greater, 10 percent of the Monthly Income Benefit before benefits from other sources are subtracted.

Monthly Annuity Premium Benefit
Continues contributions to the employee's TIAA-CREF or Great West Retirement Services retirement annuity while receiving monthly income benefits. The amount of the monthly annuity premium benefit is equal to 12 percent of the employee's monthly wage base.

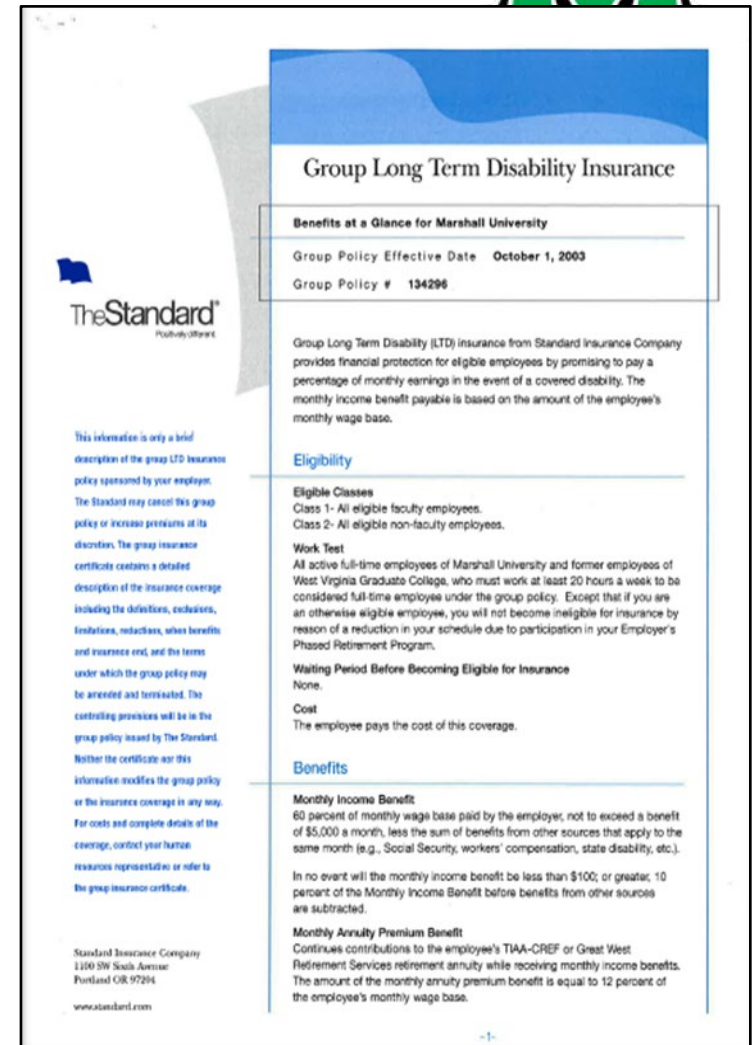
Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204
www.standard.com

-1-

Enrollment for the Standard Plan is any time during the month of employment.

Total cost of the premium is paid by the employee and is based on salary.

An important note . . . during a long-term disability period, this Standard policy not only protects income, but also covers the six percent retirement contribution of both the employee and employer.



Group Long Term Disability Insurance

Benefits at a Glance for Marshall University

Group Policy Effective Date **October 1, 2003**
 Group Policy # **134296**

Group Long Term Disability (LTD) insurance from Standard Insurance Company provides financial protection for eligible employees by promising to pay a percentage of monthly earnings in the event of a covered disability. The monthly income benefit payable is based on the amount of the employee's monthly wage base.

Eligibility

Eligible Classes
 Class 1- All eligible faculty employees.
 Class 2- All eligible non-faculty employees.

Work Test
 All active full-time employees of Marshall University and former employees of West Virginia Gradstate College, who must work at least 20 hours a week to be considered full-time employee under the group policy. Except that if you are an otherwise eligible employee, you will not become ineligible for insurance by reason of a reduction in your schedule due to participation in your Employer's Phased Retirement Program.

Waiting Period Before Becoming Eligible for Insurance
 None.

Cost
 The employee pays the cost of this coverage.

Benefits

Monthly Income Benefit
 60 percent of monthly wage base paid by the employer, not to exceed a benefit of \$5,000 a month, less the sum of benefits from other sources that apply to the same month (e.g., Social Security, workers' compensation, state disability, etc.).

In no event will the monthly income benefit be less than \$100; or greater, 10 percent of the Monthly Income Benefit before benefits from other sources are subtracted.

Monthly Annuity Premium Benefit
 Continues contributions to the employee's TIAA-CREF or Great West Retirement Services retirement annuity while receiving monthly income benefits. The amount of the monthly annuity premium benefit is equal to 12 percent of the employee's monthly wage base.

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



Long- Term Disability Plans

**LONG TERM STAFF DISABILITY PREMIUM CALCULATION FOR
John Marshall**

STATUS Staff
SALARY \$50,000.00
30 YEARS OF AGE
12 MONTH APPOINTMENT

THE STANDARD					
\$50,000.00	/ 12	=	\$4,166.67	x 0.01110	= \$46.25 PER MONTH \$23.13 PER PAY

MOUNTAINEER FLEXIBLE BENEFITS PLAN					
50% Coverage					
\$50,000.00	/ 12	=	\$4,166.67	/ 100	= \$41.67 x 0.150 = \$6.25 PER MONTH \$3.13 PER PAY
70% Coverage					
\$50,000.00	/ 12	=	\$4,166.67	/ 100	= \$41.67 x 0.240 = \$10.00 PER MONTH \$5.00 PER PAY

- The Standard Long-Term Disability plan is **income based**. You will see an increase in your premiums if your income increases.
- The FBMC Long-Term Disability plan is **age- based** and as your get older, the premiums will increase.
- Please refer to your calculation sheet for premiums for both the Standard and for FBMC plans.





TheStandard
Group Insurance Enrollment/
Change Form Disability
For Marshall University

For an initial enrollment, please complete Part 1 of this form, sign date and return it to your employer as soon as possible. For a change in your insurance coverage, complete only those sections that apply to the change being required, sign date, and return the form. Please retain a copy for your records.

Initial Request _____
Change Request _____
Effective Date _____

Part 1 EMPLOYEE INFORMATION (Please print)				
Last Name		First	Middle	Social Security Number
Date of Birth	Sex M F	Employment Date	Position Title	Annual Salary
Coverage Selection (check one)				
<input type="checkbox"/> I authorize the proper deductions from my earnings as my contribution toward the cost of this insurance.				
<input type="checkbox"/> I do not wish to enroll/or participate (applicable only to contributory plans.)				
Certification of Disability Insurance Coverage Through Previous Employer (if applicable):				
Previous Employer:	Prior Insurance Company		Date Prior Coverage Terminated Mo Day Year	
Employee signature			Date	

Part 2 EMPLOYER INFORMATION (to be completed by HR)		
MARSHALL UNIVERSITY		
Group Number-D 1350		
Date Employee Entered Eligible Class	Reinstatement Yes No	Date Re-employed
Annuity Premium Benefit - if applicable (check one) The employee is participating in the following retirement plan.		
<input type="checkbox"/> TIAA		
<input type="checkbox"/> Empower Retirement (Great-West)		
Occupation Information - Complete all questions.		
1. Eligible Class: Employee is a member of eligible class ___1 ___2		
2. Position Type: Employee is a member of the: ___ faculty ___ administration ___ technical/paraprofessional ___ secretarial/clerical ___ maintenance/housekeeping ___ other _____		
3. Occupational Class: Circle Professional or Service.		
Professional	Associates who are usually engaged in activities that are considered non-physical in nature. Professor, Nutrition Adviser, Coach, Human Resources Staff Specialist, Librarian, Marketing, Coordinator, Risk Manager, Engineer, Telecommunication specialist, Administrator, Secretary.	
Service	Associates who are usually engaged in activities that are considered physical in nature. Baker, Carpenter, Custodian, Cook, Electrician, Locksmith, Security Guard, Mechanic, Supply Room Clerk, Staff Nurse, Welder, Parking Attendant, Groundskeeper, Extension Agent.	

- Completion of the [Standard Form](#) is **Mandatory**. You may click on the link or the form is also found under “Documents for Benefits Enrollment” under the FBMC tab.





Please note: You may only have one Long-Term Disability Plan

3.

MOUNTAINEER FLEXIBLE BENEFITS (PAID BY EMPLOYEES)						
Keep Coverage	ADD COVERAGE	CHANGE COVERAGE	CANCEL COVERAGE	BENEFITS		COST PER PAY PERIOD
If you select DEPENDENT coverage for dental, vision or hearing, you must complete the dependent information in SECTION 4.						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DENTAL Choose One Option: <input type="checkbox"/> Routine <input type="checkbox"/> Assistance <input type="checkbox"/> Basic <input type="checkbox"/> Enhanced <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Children <input type="checkbox"/> Employee & Family		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VISION Choose One Option: <input type="checkbox"/> Exam Plus <input type="checkbox"/> Full Service <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Family		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEARING SERVICE PLAN <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Children <input type="checkbox"/> Employee & Family		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LONG-TERM DISABILITY INCOME PLAN Employee Only <input type="checkbox"/> 50% Of Salary Coverage <input type="checkbox"/> 70% OF SALARY COVERAGE		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SHORT-TERM DISABILITY INCOME PLAN Employee Only		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEALTH CARE FLEXIBLE SPENDING ACCOUNT All Claims Must Be Submitted By October 31, 2021.		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT All Claims Must Be Submitted By October 31, 2021. <input type="checkbox"/> Married, Filing Separately <input type="checkbox"/> Married, Filing Jointly <input type="checkbox"/> Single, Head Of Household		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEALTH SAVINGS ACCOUNT Must be enrolled in PEIA Plan C. Contribution Is Per Pay Period. You cannot enroll in a Health Care Flexible Spending Account. Select your HSA coverage type: <input type="checkbox"/> Individual (\$3,550 maximum 2021 PY) <input type="checkbox"/> Family (\$7,100 maximum 2021 PY) <input type="checkbox"/> Over 55 Catch-up (additional maximum \$1,000)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LIMITED HEALTH CARE FSA Must be enrolled in HSA.		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LEGAL (POST-TAX) <input type="checkbox"/> Ultimate Advisor® Employee & Family <input type="checkbox"/> Ultimate Advisor Plus™ Employee & Family		
TOTAL SALARY DEDUCTION AMOUNT PER PAY PERIOD						

When opting for long-term disability, please remember to:

- Choose “add coverage”
- Designate 50% or 70 % of salary coverage.
- Add the cost per pay period





BENEFITS MANAGEMENT
ATTN: Mailstop #37
PO BOX 1878
TALLAHASSEE, FL 32302-1878

STATE OF WEST VIRGINIA
EMPLOYEE ENROLLMENT FORM



July 1, 2023 - June 30, 2024

1. INSTRUCTIONS: DURING OPEN ENROLLMENT, RETURN COMPLETED FORM TO YOUR BENEFITS COORDINATOR NO LATER THAN MAY 15, 2023

<p>WHO NEEDS TO COMPLETE AN ENROLLMENT FORM?</p> <ul style="list-style-type: none"> New participants who want to enroll for the first time. Employees who want to add, change or cancel any benefits. Existing benefits not indicated on this form will continue as currently enrolled. 	<p>HOW TO ENROLL IN THE MOUNTAINEER FLEXIBLE BENEFITS PLAN:</p> <ul style="list-style-type: none"> IMPORTANT: If you want to add, change or cancel coverage, you must check the box beside the appropriate benefit in Section 3. Indicate coverage levels and any other pertinent information. If you select family coverage for any benefit, you must provide dependent information in Section 4. 	<p>CHANGE IN ELECTION</p> <ul style="list-style-type: none"> Include supporting documentation. Must be requested within the month of and two months following your status changing event. List all eligible dependents you want covered.
---	--	--

2. SSN: _____ FAMA: _____ Open Enrollment New Hire
 Renewal Change in Status

LAST NAME: _____ FIRST NAME: _____ MI: _____

HOME ADDRESS (STREET): _____ CITY: _____ STATE: _____ ZIP: _____ HOME PHONE: _____

BIRTH DATE: _____ MALE FEMALE MARRIED SINGLE DATE EMPLOYED: _____ EFFECTIVE DATE: _____ OFFICE PHONE: _____

3. MOUNTAINEER FLEXIBLE BENEFITS (PAID BY EMPLOYEES)

Keep Coverage	ADD COVERAGE	CHANGE COVERAGE	CANCEL COVERAGE	BENEFITS	COST PER PAY PERIOD
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>DENTAL Choose One Option:</p> <p><input type="checkbox"/> Assistance <input type="checkbox"/> Basic <input type="checkbox"/> Enhanced <input type="checkbox"/> Premier</p> <p><input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Children <input type="checkbox"/> Employee & Family</p>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>VISION Choose One Option:</p> <p><input type="checkbox"/> Exam Plus <input type="checkbox"/> Full Service</p> <p><input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Family</p>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>HEARING SERVICE PLAN</p> <p><input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Children <input type="checkbox"/> Employee & Family</p>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>LONG-TERM DISABILITY INCOME PLAN Employee Only <input type="checkbox"/> 50% Coverage Level <input type="checkbox"/> 70% Coverage Level</p>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>SHORT-TERM DISABILITY INCOME PLAN Employee Only</p>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>HEALTH CARE FLEXIBLE SPENDING ACCOUNT All Claims Must Be Submitted by October 31, 2024.</p>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT All Claims Must Be Submitted by October 31, 2024.</p> <p><input type="checkbox"/> Married, Filing Separately <input type="checkbox"/> Married, Filing Jointly <input type="checkbox"/> Single, Head of Household</p>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>HEALTH SAVINGS ACCOUNT</p> <p>Member must elect HSA then Contribution to the Pay Period. You cannot enroll in a Health Care Flexible Spending Account.</p> <p>Select your HSA coverage type: <input type="checkbox"/> Individual (\$1,800 maximum for PY 2024) <input type="checkbox"/> Family (\$3,600 maximum for PY 2024) <input type="checkbox"/> Over 55 Catch up (Additional maximum \$1,000)</p>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>LIMITED HEALTH CARE FSA Must be enrolled in HSA.</p>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>LEGAL (POST-TAX) <input type="checkbox"/> Ultimate Advice® Employee & Family <input type="checkbox"/> Ultimate Advice Plus® Employee & Family</p>	
TOTAL SALARY DEDUCTION AMOUNT PER PAY PERIOD					

4. ELIGIBLE DEPENDENT INFORMATION
USE AN ADDITIONAL SHEET OF PAPER AS NEEDED FOR ADDITIONAL DEPENDENTS.

DEPENDENT NAME	RELATIONSHIP	MARRY/FEMALE	BIRTH DATE	SOCIAL SECURITY #	CHECK COVERAGE SELECTED			
					DENTAL	VISION	HEARING	LEGAL
	Spouse							

I hereby authorize my Employer to reduce my gross salary before federal and state income and Social Security taxes are calculated by the total per pay period cost of my Flexible Benefits. I understand that I CANNOT CHANGE THE AMOUNT OF THE DEDUCTION OF MY GROSS SALARY DURING THE PLAN YEAR UNLESS PERMITTED BY THE PLAN AND THE IRS. I further understand that any amount remaining in my Flexible Spending Accounts that is not used during this plan year and grace period CANNOT BE ACCUMULATED AND CARRIED FORWARD TO THE NEXT PLAN YEAR BUT WILL REVERT TO THE PLAN.

The Premium Deduction "total salary deduction" amount specified above will continue in effect until I discontinue or modify my Agreement for a subsequent plan year, terminate employment, or take an unpaid leave of absence from employment. I UNDERSTAND AND AGREE THAT THE PLAN AND FBMC BENEFITS MANAGEMENT, INC., THE CONTRACT ADMINISTRATOR, WILL BE HELD HARMLESS FROM ANY LIABILITY RESULTING FROM EITHER MY PARTICIPATION IN MOUNTAINEER FLEXIBLE BENEFITS OR MY FAILURE TO SIGN OR ACCURATELY COMPLETE THIS ENROLLMENT FORM. I hereby agree my Plan Sponsor or someone as Agent to receive dividends, premiums, refunds, rate reductions or any other funds that might be returned from the benefit plans, and to use those funds in the best interest of the employees for the purpose of reducing future premiums and improving benefits on behalf of employees, offsetting administrative costs, or for such other purpose as permitted under applicable state and federal law.

FOR BENEFITS COORDINATOR USE ONLY (COMPLETE IN FULL)

HSA EMPLOYEES MUST BE ENROLLED IN PEA PLAN C OR ANOTHER ELIGIBLE HDHP.

AGENCY NAME: _____

4 DIGIT WORK LOCATION #: _____

EFFECTIVE DATE: _____

NO. PAY DEDUCTIONS: _____

GROSS ANNUAL SALARY: _____

BENEFIT COORDINATOR SIGNATURE: _____

SIGNATURE DATE: _____

BENEFIT COORDINATOR PHONE#: () _____

BENEFIT COORDINATOR FAX#: () _____

ENROLLMENT FORMS SHOULD BE MAILED TO: FBMC, PO BOX 1878, TALLAHASSEE, FL 32302-1878 DURING OPEN ENROLLMENT. MUST BE POSTMARKED BY MAY 21, 2023.

DURING OPEN ENROLLMENT, GIVE COMPLETED FORMS TO YOUR BENEFITS COORDINATOR NO LATER THAN MAY 15, 2023.

EMPLOYEE SIGNATURE: _____ DATE SIGNED: _____ TIME SIGNED: _____

If you do not wish to elect any of the coverages, you do not need to complete the form.





Qualifying Life Events

Qualifying/Status Change Event	Documentation Required
Divorce	Copy of the divorce decree showing the date the divorce is final.
Marriage	Copy of valid marriage license or certificate.
Birth of Child	Copy of child's birth certificate.
Adoption	Copy of adoption papers.
Adding coverage for a dependent child.	Copy of child's birth certificate.
Adding coverage for any other child who resides with policyholder.	Copy of court-ordered guardianship papers.
Open enrollment under spouse's or dependent's employer's benefit plan.	Copy of printed material showing Open Enrollment dates and the employer's name.

Qualifying/Status Change Event	Documentation Required
Death of spouse of dependent	Copy of the death certificate.
Beginning of spouse's or dependent's employment.	Letter from the employer stating the hire date, effective date of insurance, what coverage was added, and what dependents are covered.
End of spouse's or dependent's employment.	Letter from the employer stating the termination or retirement date, what coverage was lost and dependents that were covered.
Significant change in health coverage due to spouse's or dependent's employment.	Letter from the insurance carrier indicated the change in insurance coverage, the effective date of that change, and dependents covered.
Unpaid leave of absence by employee, spouse or dependent.	Letter from your, your spouse's or dependent's personnel office stating the date the covered person went on unpaid leave or returned from unpaid leave.
Change from full-time to part-time employment or vice versa for policyholder, spouse or dependent.	Letter from the employer stating the previous hours worked, the new hours worked, and the effective date of the change.

Documentation must be provided to support your qualifying event.





Congratulations! You have completed the enrollment through Mountaineer Flexible Benefits. Please see the next video for information regarding our retirement carrier, TIAA.