WEST VIRGINIA

RETIREE FLEXIBLE BENEFITS GUIDE

2024

Take Control Of Your Future

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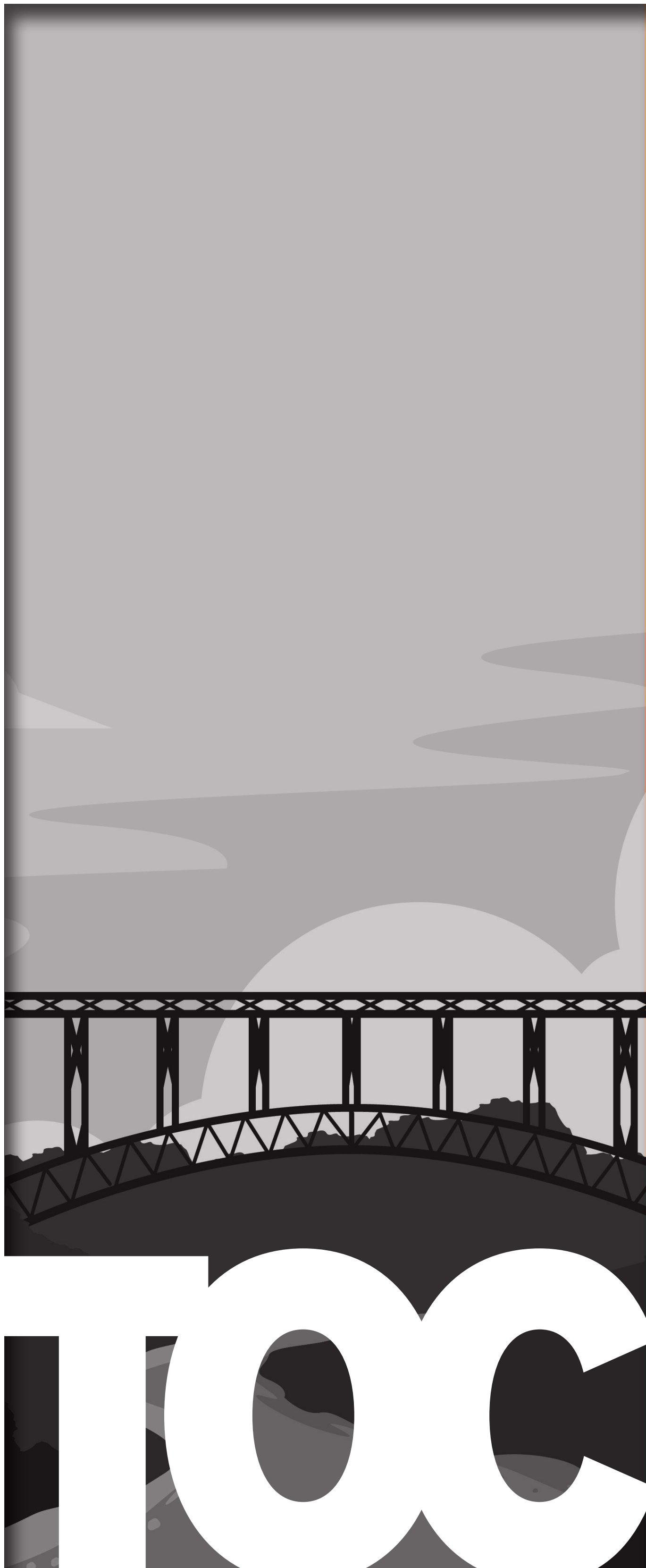

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A New Way to Explore Your Benefits
A new Benefits Explorer website is now available to you:
mountaineerretiree.fbmcbenefits.com

You can access it during and after enrollment to learn about your benefits through this digitally powered platform. Here you will find access to live benefits counselors via chat and have the ability to schedule an appointment if you would like to speak with a counselor over the phone, or by video. Extensive educational content, including videos, benefit highlighters, comparison tables, illustrative examples, helpful hints and FAQs are also available on the site.

Important Dates to Remember

Your Open Enrollment dates are:
April 2 - May 15, 2023.

Your Period of Coverage dates are:
July 1, 2023 - June 30, 2024.

WHAT'S CHANGING FOR 2024

- **GREAT NEWS!** Sun Life is the new provider for your dental plans. Enhancements have been made to the plans. Rates have been lowered, and a **NEW** Premier Dental Plan has been added. See **page 5** for details. **NOTE**: The Routine Dental Plan is being replaced. If you are currently enrolled in this plan and do not complete an enrollment, you will be automatically enrolled in the Assistance Dental Plan with no change in your rates.
- The legal plans have enhanced benefits and the rates for each plan have been reduced. See **page 15** for details.
- The rates for the hearing plan have been reduced and adult members may now receive a hearing exam once every year.

Welcome to your Retiree Mountaineer Flexible Benefits Plan. FBMC Benefits Management, Inc. (FBMC) administers this plan for PEIA. This guide will provide you with information about the benefits available to you and your dependents, as well as information on how to enroll.

Key Information:

- This is a changes-only enrollment. If you do not make changes during open enrollment, your benefits will roll over and you will continue to be liable for all premiums due.
- If you wish to keep your current benefits you do not need to complete a retiree enrollment form.
- Retirees who would like to add or change benefits during open enrollment must complete an enrollment form in its entirety and return it to FBMC Retiree and Direct Bill Department by mail.
- **Newly-eligible retirees will have the month of and two months following from the date of their retirement to return the enrollment form. Benefits do not automatically roll over from active employment into retirement.**
- Please keep this benefits guide and the yellow copy of your enrollment form for reference during the plan year.

HOW TO ENROLL

Who is Eligible?

An eligible retiree is a retired employee (or his/her surviving spouse) of the State of West Virginia, a County Board of Education, or a non-state agency who currently receives income from the WV Consolidated Public Retirement Board (CPRB) or a TIAA-CREF retirement plan.

Upon certain qualifying events, spouses, children and retirees may be eligible to continue for group health plan coverage under COBRA law.

How to Enroll During the Plan Year

Your coverage will be effective the first day of the month following your retirement and you will be billed accordingly. If you do not enroll during this time, you must wait until the next open enrollment period to participate.

CPRB

Any State of West Virginia Retiree who receives income from the Consolidated Public Retirement Board (CPRB) can choose to have their premium payments deducted from their CPRB retirement check by electing this option on the Retiree Enrollment Form, unless costs are greater than the total amount of your check. In this instance, payment must be made directly to FBMC as directed on the monthly billing statement you will receive.

The Benefit Enrollment Confirmation letter will include where to submit your premium payment(s).

Retiree and Billing

If you are electing CPRB pension deductions, please be advised of the following:

- Review your pension statement or bank account each month to ensure that deductions have been taken.

- **TIAA-CREF Retirees** - Payment must be sent to FBMC once you receive your Enrollment Summary Report. Payments must be made by the due date specified.

Please send the WHITE COPY of your enrollment form to the address below and keep the yellow copy for your records.

FBMC Benefits Management, Inc.
Retiree Direct Bill
PO Box 10789
Tallahassee, Florida 32302-2789

Until your CPRB deductions or ACH (electronic) payments begin, payment by personal check or money order is required. You will receive an Enrollment Summary Report upon enrolling, which will include where to submit your monthly premium until CPRB or ACH deductions begin.

SUN LIFE DENTAL INSURANCE

Good health starts with your teeth. Annual preventive care alone can help prevent health problems such as heart disease and diabetes. Sun Life, your **NEW** dental insurance provider, helps protect your teeth for a lifetime. Enhancements have been made to the plans. Rates have been lowered, and a **NEW** Premier Dental Plan has been added.

FOUR PLANS ARE AVAILABLE

Assistance Plan: 100% coverage in-network for preventative services (cleanings, exams, and X-rays); 40% of 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); 75% 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); 60% for major services (dentures, bridges, and TMJ treatment); 40% of the cost 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, and TMJ treatment); 50% of the cost of ortho services (no age limit orthodontic treatment)

INFORMATION ABOUT THE ROUTINE DENTAL PLAN

The Routine Dental Plan is being replaced. If you are currently enrolled in this plan and do not complete an enrollment, you will be automatically enrolled in Sun Life's Assistance Dental Plan with no change in your current rates.

VALUE OF USING AN IN-NETWORK PROVIDER

You are free to use the dentist or specialist of your choice. However, you have access to the Sunlife Dental Network® PPO dentists and to take advantage of their fee discounts. If you see an out-of-network dentist, their fee will be subject to an allowable amount. Sun Life determines the allowable amount for your area by looking at the fees other dentists charge and your plan type. The allowable amount will vary depending on the plan you choose.

Three of the plans are MAC (Maximum Allowable Charge) plans.

- **The Assistance, Basic and Enhanced plans are MAC plans.**
- **You are responsible for fees above the allowable amount.**

The new Premier plan is a 90th U&C (Usual and Customary) plan.

- **The U&C plan provides a higher allowable amount than the MAC plans and is designed to lower your out-of-pocket costs.**
- **With this new plan, the likelihood of being balance billed is lower because the allowable amount is higher. Balance billing is when a dentist charges more than the allowable amount for a service.**

DENTAL

Partial List of Covered Services

FIND AN IN-NETWORK PROVIDER

Simply visit **www.sunlife.com/findadentist**. Follow the prompts to find a dentist in your area who participates in the PPO network. You do not need to select a dentist in advance. The PPO network for your plan is the Sun Life Dental Network® with 130,000+ unique dentists.

FILING A CLAIM

Many dentists will file claims for you. If a dentist will not file your claim, simply ask your dentist to complete a standard American Dental Association (ADA) claim form and mail it to Sun Life. The address will be provided on your dental ID card.

SUN LIFE	ASSISTANCE PLAN		BASIC PLAN		ENHANCED PLAN		PREMIER PLAN	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Plan Year Deductible (Per Person)	$25 (applies Type II and III services only)		$25 (applies Type II and III services only)		$50 (applies Type II and III services only)		$75 (applies Type II and III services only)	
Maximum Totals Per Family Deductible	$75		$75		$150		$225	
Plan Year Maximum Benefit (Per Person)	$750	$500	$1,000	$500	$1,500	$1,000	$2,500	$1,500
Other Maximums								
Ortho Lifetime Max (Paid over two plan years)	Not Covered	Not Covered	Not Covered	Not Covered	$1,250	$500	$2,500	$1,000
TMJ Disorder Lifetime Max	Not Covered	Not Covered	Not Covered	Not Covered	$1,000	$1,000	$1,000	$1,000
BENEFIT	**In Network (Plan Pays)**	**Out of Network (Plan Pays)**	**In Network (Plan Pays)**	**Out of Network (Plan Pays)**	**In Network (Plan Pays)**	**Out of Network (Plan Pays)**	**In Network (Plan Pays)**	**Out of Network (Plan Pays)**
Type I: Preventive Dental Services	100%	80%	100%	80%	100%	80%	100%	80%
Type II: Basic Dental Services	40%	25%	75%	50%	80%	60%	90%	70%
Type III: Major Dental Services	25%	10%	40%	25%	60%	40%	75%	50%
Type IV: Orthodontic Services • No orthodontic treatment age limitation	Not Covered	Not Covered	Not Covered	Not Covered	40%	25%	50%	50%
Treatment for TMJ Disorder • Non-Surgical TMJ treatment $1,000 lifetime maximum	Not Covered	Not Covered	Not Covered	Not Covered	60%	40%	75%	50%

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

Monthly Dental Rates

ASSISTANCE PLAN	
Retiree Only	$10.95
Retiree + Children	$21.95
Retiree + Spouse	$24.49
Retiree + Family	$35.55

BASIC PLAN	
Retiree Only	$16.58
Retiree + Children	$33.21
Retiree + Spouse	$37.01
Retiree + Family	$53.67

ENHANCED PLAN	
Retiree Only	$27.98
Retiree + Children	$56.01
Retiree + Spouse	$65.04
Retiree + Family	$92.90

PREMIER PLAN	
Retiree Only	$36.80
Retiree + Children	$73.98
Retiree + Spouse	$86.18
Retiree + Family	$123.21

Rates are effective as of July 1, 2023.

DENTAL FAST FACTS

- Treating the inflammation from periodontal disease can help manage other health problems such as heart disease and diabetes.[1]
- 50% of adults over the age of 30 are suffering from periodontal disease.[2]
- Consider a dental treatment cost pre-determination. Sun Life can review your provider's treatment plan to let you know before treatment is started how much of the work should be covered by the plan, and how much you may need to cover. It is recommended for any dental treatment expected to exceed $500.

1. American Academy of Periodontology https://www.perio.org/consumer/gum-disease-and-other-diseases (accessed 07/21).
2. American Academy of Periodontology https://www.perio.org/newsroom/periodontal-disease-fact-sheet (accessed 07/21).

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

ENHANCED & PREMIER PLAN

Type I Preventive Dental Services, including:

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

IMPORTANT INFORMATION

Benefit adjustments

Benefits will be coordinated with any other dental coverage. Under the Alternative Treatment provision, benefits will be payable for the most economical services or supplies meeting broadly accepted standards of dental care.

Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive.

Please see your Certificate or ask your benefits administrator for details.

Dental

We will not pay a benefit for any Dental procedure, which is not listed as a covered dental expense. Any dental service incurred prior to the Effective date or after the termination date is not covered, unless specifically listed in the certificate. A member must be a covered dental member under the Plan to receive dental benefits. The Plan has frequency limitations on certain preventive and diagnostic services, restorations (fillings), periodontal services, endodontic services, and replacement of dentures, bridges and crowns. All services must be necessary and provided according to acceptable dental treatment standards. Treatment performed outside the United States is not covered, except for emergency dental treatment, subject to a maximum benefit.

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

This plan does not provide coverage for pediatric oral health services that satisfies the requirements for "minimum essential coverage" as defined by The Patient Protection and Affordable Care Act (PPACA).
Sun Life companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, "Sun Life").
Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 15-GP-01 and 16-DEN-C-01.
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Monthly Vision Rates

PLAN	EXAM PLUS	FULL SERVICE
Retiree Only	$1.13	$6.60
Retiree + Family	$2.58	$16.78

Humana's Insight network includes top retail names in eye care, LensCrafters, Pearle Vision, Target Optical and most Wal-Mart locations.

Present your Humana Vision card and the Vision provider will do the rest!

Use the Mobile App

Manage your vision care — wherever you are with the MyHumana Mobile app.

- View your plans and coverage details
- View claims
- View, fax or save ID cards
- Find a doctor in your network

Choose from the following vision plans:

- Exam Plus Plan
- Full Service Plan

Humana powered by EyeMed is your vision plan provider. You may choose to cover your family by selecting "Retiree & Family" rates. You may cover your spouse and any children, stepchildren or foster children up to age 26.

Value-Added Benefit

- Diabetic Eyecare Coverage $0 copay (available only on the Full Service Plan)
- Discounts at ContactsDirect.com
- Discounts at Glasses.com

How Your New Vision Plans Work

- After enrolling in your vision plan, you will receive your Humana vision ID card in the mail.
- Prior to scheduling your appointment, select a participating network provider.
- A list of providers can be found on the Humana website at www.humana.com by simply registering with your member ID number.
- You may contact Humana customer service at 1-877-398-2980, Monday-Saturday 7:30 a.m.-11 p.m. (EST) and 11 a.m. - 8 p.m. Sunday

Download the MyHumana Mobile app from your app store. Search "MyHumana" in the Google Play® or App Store®.

Scan Me

To find a provider near you.

VISION

Partial List of Covered Services

	EXAM PLUS PLAN		FULL SERVICE PLAN	
	IF YOU USE AN IN-NETWORK PROVIDER (MEMBER COST)	IF YOU USE AN OUT-OF-NETWORK PROVIDER (REIMBURSEMENT)	IF YOU USE AN IN-NETWORK PROVIDER (MEMBER COST)	IF YOU USE AN OUT-OF-NETWORK PROVIDER (REIMBURSEMENT)
Exam with dilation as necessary • Retinal imaging [1]	$10 Up to $39	Up to $40 Not covered	$20 Up to $39	Up to $40 Not covered
Contact lens exam options [2] • Standard contact lens fit and follow-up • Premium contact lens fit and follow-up	Up to $40 10% off retail	Not covered Not covered	Up to $40 $60 copay	Not covered Not covered
Frames [3]	35% off retail	Not covered	$150 allowance 20% off balance over $150	$75 allowance
Standard plastic lenses [4] • Single vision • Bifocal • Trifocal • Lenticular	$50 $70 $105 20% off retail	Not covered Not covered Not covered Not covered	$20 $20 $20 $20	Up to $30 Up to $50 Up to $70 Up to $80
Covered lens options [4] • UV Coating • Tint (solid and gradient) • Standard scratch-resistance • Standard polycarbonate - adults • Standard polycarbonate - children <19 • Standard anti-reflective coating • Standard progressive • Polarized	$15 $15 $15 $40 $40 $45 $65 20% off retail	Not covered Not covered Not covered Not covered Not covered Not covered Not covered Not covered	$0 $15 $15 $40 $0 $45 $20 20% off retail	Up to $8 Not Covered Not Covered Not covered Up to $20 Not covered Up to $50 Not covered
• Photochromatic / Plastic transitions • Premium anti-reflective coating Tier 1 | Tier 2 | Tier 3	Not applicable	Not applicable	$75 Premium anti-reflective coatings as follows: $57 | $68 | 80% of charge	Not covered Premium anti-reflective coatings as follows: Not covered
• Premium progressive Tier 1 | Tier 2 | Tier 3 | Tier 4	Not applicable	Not applicable	Premium progressives as follows: $20 | $20 | $20 | $20	Premium progressives as follows: Up to $50 | Up to $50 Up to $50 | Up to $50
Contact lenses [5] (applies to materials only) • Conventional • Disposable • Medically necessary	15% off retail Not covered Not covered	Not covered Not covered Not covered	$150 allowance, 15% off balance over $150 $150 allowance $0	$105 allowance $105 allowance $210 allowance

Vision chart continues on next page.

VISION

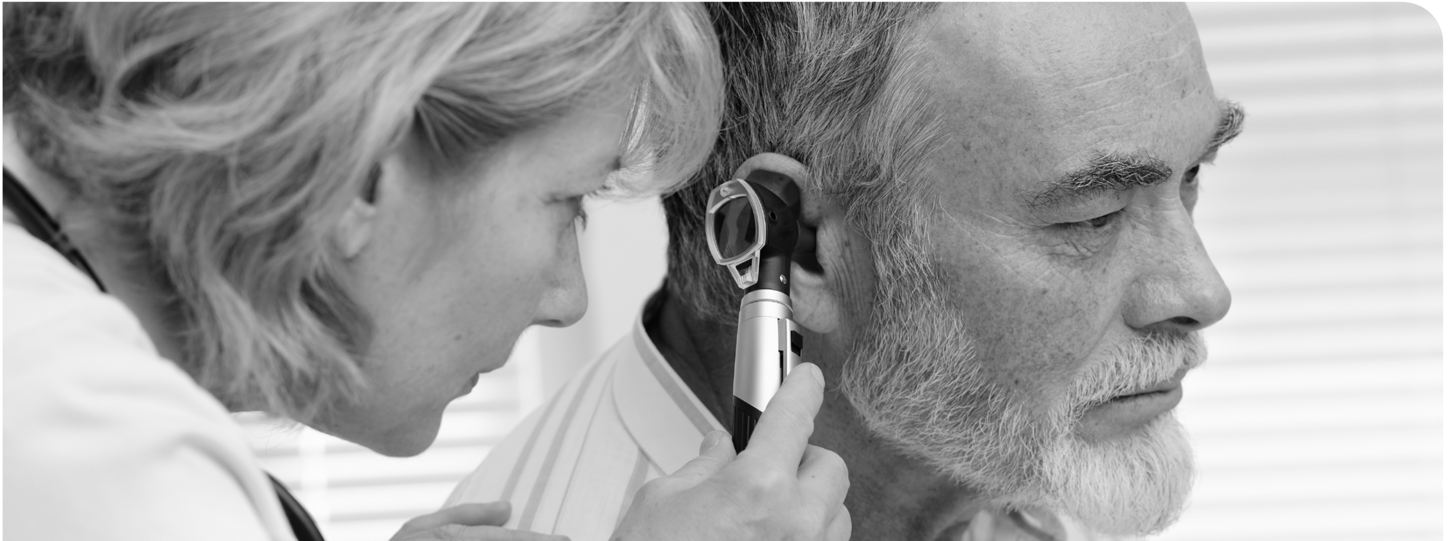
Partial List of Covered Services

Humana	EXAM PLUS PLAN		FULL SERVICE PLAN	
	IF YOU USE AN IN-NETWORK PROVIDER (MEMBER COST)	IF YOU USE AN OUT-OF-NETWORK PROVIDER (REIMBURSEMENT)	IF YOU USE AN IN-NETWORK PROVIDER (MEMBER COST)	IF YOU USE AN OUT-OF-NETWORK PROVIDER (REIMBURSEMENT)
Frequency				
• Examination	Once every Plan Year	Once every Plan Year	Once every Plan Year	Once every Plan Year
• Lenses or contact lenses	Not applicable	Not applicable	Once every Plan Year	Once every Plan Year
• Frame	Not applicable	Not applicable	Once every other Plan Year	Once every other Plan Year
Diabetic Eye Care: care and testing for diabetic members				
• Examination - Up to (2) services per year	Not covered	Not covered	$0	Up to $77
• Retinal Imaging - Up to (2) services per year	Not covered	Not covered	$0	Up to $50
• Extended Ophthalmoscopy - Up to (2) services per year	Not covered	Not covered	$0	Up to $15
• Gonioscopy - Up to (2) services per year	Not covered	Not covered	$0	Up to $15
• Scanning Laser - Up to (2) services per year	Not covered	Not covered	$0	Up to $33

Optional benefits

Polycarbonate Lenses for Children <19 Provides for standard polycarbonate lens with $0 copay. Not available in AK, CT, ID, & OH.

1 Member costs may exceed $39 with certain providers. Members may contact their participating provider to determine what costs or discounts are available.
2 Standard contact premium contact lens exam and fit and follow-up cost may vary by participating provider. Members may contact their participating provider to determine what costs or discounts are available.
3 Discounts may be available on all frames except when prohibited by the manufacturer.
4 Lens option costs may vary by provider. Members may contact their participating provider to determine if listed costs are available.
5 Plan covers contact lenses, in lieu of frames, but not both.



Monthly Hearing Rates

HEARING PLAN	
Retiree Only	$1.82
Retiree + Children	$2.67
Retiree + Spouse	$3.61
Retiree + Family	$4.45

Why have a Hearing Plan?

Hearing is one of the five natural senses that allow us to enjoy life and the world around us. Music, radio, television, movies, and theater all become less accessible and enjoyable without the benefit of hearing. And the loss of sounds like sirens and alarms can actually endanger your life.

Hearing is a valued life asset that can be protected and treated through a program for hearing healthcare. With EPIC Hearing Healthcare (EPIC), you'll get the options, care and convenience to help make it easier to hear the sounds you've been missing.

Schedule Your In-Person Care

1. Visit EPICHearing.com or call EPIC at 1-866-956-5400 to schedule an appointment
2. Have eligibility validated, discuss product and service options, receive provider consult letter
3. Visit an EPIC provider for hearing test and consultation
4. Discuss pricing, pay out-of-pocket costs (if any), order hearing aids
5. Receive hearing aids, fitting and follow-up care at in-person visits

With EPIC, you'll have access to:

- Choice of 2,000+ hearing aid models and styles from the industry's top brands, including Beltone™, Oticon, Phonak, ReSound, Signia, Starkey®, Unitron™ and Widex®
- Advanced hearing aid technology such as rechargeable battery options, Bluetooth streaming and more
- Charging case or extra batteries included with purchase
- 3 in-person follow-up visits included after hearing aid purchase
- 60-day trial period.
- 3-year extended warranty covers repair and 1-time loss/damage replacement*

Hearing Care Options

- Virtual visits with online appointments and remote hearing aid adjustments**
- In-person visits with the ability to choose from over 7,000 locations nationwide

* One-time professional fee may apply.
**In-person visit to a local hearing provider may be required.

Hearing Aid Ordering Options

- Order Relate TM or Phonak hearing aids through virtual care and direct delivery, and they'll come right to your doorstep.
- Order through an in-person hearing provider, and choose from more than 2,000 name-brand hearing aids.

Hearing Care from Home

EPIC's virtual care and direct delivery option lets you choose from hearing aids with the latest technology, including Bluetooth® streaming, rechargeable batteries and more. They're delivered right to your doorstep, complete with virtual follow-up care.

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

FEATURE	BENEFIT	FREQUENCY
Examination		
Adults Children	$70 $70	Adults: Once every year Children: Once every year
Hearing Aid Device		
Adults Children	$500 per ear device benefit $500 per ear device benefit	Adults: Once every 5 years Children: Once every 2 years

For more information on EPIC or your hearing aid benefit, call 1-866-956-5400, 9 a.m. – 9 p.m. ET, Monday – Friday, or visit EPICHearing.com

Fully Insured Exclusions: No benefits will be paid for services or materials: provided free of charge in the absence of insurance; payable under any Workers' Compensation law or similar statutory authority; payable under any governmental plan or program whether Federal, state or subdivisions thereof, except for medical assistance benefits under Title XIX of the Social Security Act (Medicaid); for the medical and/or surgical treatment of the internal or external structures of the ear(s); provided by a Hearing Aid Dispenser; required by an employer as a condition of employment; not prescribed by a Physician or Audiologist; for Hearing Aid batteries, cleaning supplies or accessories; for ear protection devices or plugs; for Assistive Listening Devices; or for replacement due to loss, theft of or damage to the Hearing Aid.

Termination of Coverage: The Insured's insurance coverage will cease on the earliest of the following dates: on the date the Policy ends; the end of the last period for which any required premium has been made; or the date the Insured is no longer eligible for insurance.

The Freedom and Control to Embrace Life's Opportunities

We want you to embrace life's opportunities with fewer worries. That's why we're excited to provide you with legal insurance from ARAG®. It's affordable legal counsel for everyday life matters – like a dispute with a contractor, buying or selling a home or the need for estate planning. The plan provides you with peace of mind knowing that attorney fees for most covered legal matters are 100% paid in full when you work with a Network Attorney. That means you'll avoid paying high-cost attorney fees, which currently average $368 an hour.*

Resolve Your Legal Issues with a Network Attorney by Your Side

When a life event turns into a legal issue, ARAG will be there for you, backed by a nationwide network of knowledgeable attorneys who average more than 20 years of experience. They can review or prepare documents, make follow-up calls or write letters on your behalf, provide legal advice and consultation, and represent you in court. Rely on legal help and protection with a wide range of covered services. For additional details regarding your plan's specifically-covered services, visit **ARAGLegalCenter.com** and enter Access Code **18387ret** to learn more about what these plans offer, research specific legal topics and more.

Pre-existing and Personal Legal Matters

For any legal matters not covered and not excluded, you may be eligible to receive a minimum 25% reduced fee off a Network Attorney's normal hourly rate.

Call for Questions or Legal Assistance

You can also get assistance from trusted professionals and an award-winning Customer Care Center, with dedicated representatives who will help you navigate your legal issues.

Call **800-247-4184** to speak with an ARAG Customer Care Specialist.

Monthly Group Legal Rates

LEGAL PLANS	
Ultimate Advisor (Retiree + Family)	$9.50
Ultimate Advisor Plus™ (Retiree + Family)	$13.90

Visit **ARAGlegal.com/myinfo**

and enter Access Code **18387ret** to learn more about your legal benefit!

See the plan options on the following page.

* Average attorney rates in the United States of $368 per hour for attorneys with 11-15 years of experience, Survey of Law Firm Economics, The National Law Journal and ALM Legal Intelligence, November 2019.

Compare Your Legal Insurance Plan Options from ARAG®

Plan Options	Ultimate Advisor®	Ultimate AdvisorPlus™
Consumer Protection		
Auto Repairs, Buy/Sell a Car, Consumer Fraud, Contractors and More	●	●
Insurance Disputes	●	●
Estate Planning		
Wills and Powers of Attorney	●	●
Revocable Living Trusts		●
Irrevocable Living Trusts		●
Estate Administration & Closing (9 Hours)	●	●
Family		
Adoption	●	●
Alimony/Child Custody/Visitation/Child Support (8 Hours)		●
Initial Child Custody/Child Support Agreements (8 Hours)		●
Contested Divorce (30 Hours)	●	●
Uncontested Divorce	●	●
Domestic Violence Protection	●	●
Restraining/Protective Order	●	●
Elder Law - Member Support	●	●
Guardianship/Conservatorship	●	●
Mental Incompetency or Infirmity	●	●
Name Change	●	●
Prenuptial Agreements	●	●
School Administrative Hearings	●	●
Real Estate — Primary and Secondary Residence		
Building Codes — Primary Residence	●	●
Building Codes — Secondary Residence		●
Buy/Sell — Primary Residence	●	●
Buy/Sell — Secondary Residence		●
Easements — Primary Residence	●	●
Easements — Secondary Residence		●
Foreclosure — Primary Residence	●	●
Foreclosure — Secondary Residence		●
Home Equity Loan — Primary Residence	●	●
Home Equity Loan — Secondary Residence		●
Neighbor Disputes — Primary Residence	●	●
Neighbor Disputes — Secondary Residence		●
Real Estate Disputes — Primary Residence	●	●
Real Estate Disputes — Secondary Residence		●
Refinance — Primary Residence	●	●
Refinance — Secondary Residence		●
Zoning and Variances — Primary Residence	●	●
Zoning and Variances — Secondary Residence		●
Traffic and Vehicle		
Driving Privilege Protection	●	●
Driving Privilege Restoration	●	●
Minor Traffic (Excluding DWI)	●	●

Plan Options	Ultimate Advisor®	Ultimate AdvisorPlus™
Services for Tenants		
Disputes with a Landlord — Contracts, Lease, Eviction, Deposits	●	●
Financial Services		
Financial Education and Counseling Services		●
Immigration		
Immigration Services	●	●
Government Benefits		
Social Security/Veterans/Medicare	●	●
Identity Theft		
Identity Theft Services	●	●
Full-Service Identity Restoration		●
$1 Million Theft Insurance[1]		●
Single-Bureau Credit Monitoring		●
Internet Surveillance		●
Change of Address Monitoring		●
Child Identity Monitoring		●
Lost Wallet Services		●
Taxes		
Tax Services		●
IRS Audit Protection	●	●
IRS Collection Defense	●	●
State and Local Tax Audit	●	●
State and Local Tax Collection Defense	●	●
Property Tax — Primary Residence	●	●
Property Tax — Secondary Residence		●
Debt		
Bankruptcy	●	●
Defense of Debt Collection	●	●
Defense of Garnishment	●	●
Mechanic's Lien	●	●
Student Loan Debt Collection	●	●
Services for Parents/Grandparents		
Annual Legal Checkup, Advice and Caregiving Services		●
Criminal		
Criminal Misdemeanor Defense	●	●
Habeas Corpus	●	●
Parental Responsibilities	●	●
Juvenile Court	●	●
Civil Damage Defense		
Libel/Slander, Pet-Related Matters and More	●	●
General Coverages		
Credit Record Correction	●	●
Small Claims Court	●	●
Miscellaneous Services (8 Hours per Year)		●
Document Preparation and Review	●	●
Personal Property Protection	●	●

Legal Insurance

800-247-4184

ARAGlegal.com/plans, access code 18387ret

You may be eligible to receive a minimum 25% reduced fee off a network attorney's normal hourly rate for any other non-covered and non-excluded issues.

[1]The Identity Theft Insurance is underwritten and administered by American Bankers Insurance Company of Florida, an Assurant company. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions. Please see the plan summary document for details.
Limitations and exclusions apply. Depending upon a state's regulations, ARAG's legal insurance plan may be considered an insurance product or a service product. Insurance products are underwritten by ARAG Insurance Company of Des Moines, Iowa. Service products are provided by ARAG Services, LLC. This material is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, contact us.

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2023 Standard Plan Design Rev 1/23 200365wv

CHANGING YOUR COVERAGE

It is important that you carefully consider your benefit elections during your initial enrollment as a retiree or during any annual open enrollment. Coverage you select will remain in effect the entire plan year, except under limited circumstances as described below.

Changes to Coverage

Once you elect coverage, you may only change your coverage mid-plan-year due to marriage, divorce, birth or death. You may increase or decrease coverage only for the individual(s) involved. You may also decrease or cancel coverage if your spouse or a dependent becomes ineligible for coverage under your plan, or becomes eligible for coverage under another employer's plan, a state CHIP program or Medicare/Medicaid.

Coverage you cancel cannot be reinstated until the next annual open enrollment period.

Please send your written requests for changes to:

FBMC Benefits Management, Inc.
Attn: Retiree Direct Bill
PO Box 10789
Tallahassee, Florida 32302-2789

Changing Your Benefits During The Plan Year

You will have the month of and two months following a qualifying event to submit an election form and supporting documentation to FBMC. Upon the approval of your election change request, your existing benefit elections will be stopped or modified (as appropriate). However, if your benefit election change request is denied, you have the month of and two months following from the date of a qualifying event, to file an appeal with FBMC. For more information, email the FBMC Benefits Service Center to request a CIS form.

How do I Make a Change?

You will need to submit a written request for processing to FBMC Retiree & Direct Bill Department at directbill@fbmc.com with your change information. Any changes to your retiree benefits will require your written authorization. Premium changes will be promptly initiated after your request has been received and will become effective the first of the following month after receipt of all processable data. Changes will not be made retroactively. However, if you are having premium payments deducted from your retirement check, any required refunds will be completed as soon as verification is received that your deduction has changed. Refunds are processed one time each month and are mailed no later than the 15th of the following month.

CHANGES IN STATUS:	
Marital Status	A change in marital status includes marriage, death of a spouse, divorce or annulment (legal separation is not recognized in all states).
Change in Number of Tax Dependents	A change in number of dependents includes the following: birth, death, adoption and placement for adoption. You can add existing dependents not previously enrolled whenever a dependent gains eligibility as a result of a valid Change In Status (CIS) event.
Gain or Loss of Dependents' Eligibility Status	An event that causes a retiree's dependent to satisfy or cease to satisfy coverage requirements under PEIA's plan may include change in age, student, marital, employment or tax dependent status.
Change in Residence*	A change in the place of residence of the retiree, spouse or dependent that affects eligibility to be covered under PEIA's plan includes moving out of an HMO service area.

SOME OTHER PERMITTED CHANGES:	
Coverage and Cost Changes*	PEIA's plans may permit election changes due to cost or coverage changes.
Open Enrollment Under Other Employer's Plan*	You may make an election change when your spouse or dependent makes an Open Enrollment Change in coverage under PEIA's plan if they participate in PEIA's plan and: • The other employer's plan has a different period of coverage (usually a plan year) or • The other employer's plan permits mid-plan year election changes under this event.
Judgment/Decree/ Order†	If a judgment, decree or order from a divorce, legal separation (if recognized by state law), annulment or change in legal custody requires that you provide accident or health coverage for your dependent child (including a foster child who is your dependent), you may change your election to provide coverage for the dependent child. If the order requires that another individual (including your spouse and former spouse) covers the dependent child and provides coverage under that individual's plan, you may change your election to revoke coverage only for that dependent child and only if the other individual actually provides the coverage.
Medicare/ Medicaid†	Gain or loss of Medicare/Medicaid coverage may trigger a permitted election change.
Health Insurance Portability and Accountability Act of 1996 (HIPAA)	If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact the FBMC Service Center at 1-844-55-WVA4U (1-844-559-8248).

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

HIPAA Privacy

The Plan complies with the privacy requirements of the Health Insurance Portability and Accountability Act of (HIPAA). These requirements are described in a Notice of Privacy that was previously given to you. A copy of this notice is available upon request.

Disclaimer - Health Insurance Benefits Provided Under Health Insurance Plan(s)

Health Insurance benefits will be provided not by your employer's flexible benefits plan, but by the health insurance plan(s). The types and amounts of health insurance benefits available under the health insurance plan(s), the requirements for participating in the health insurance plan(s) and the other terms and conditions of coverage and benefits of the health insurance plan(s) are set forth from time to time in the health insurance plan(s). All claims to receive benefits under the health insurance plan(s) shall be subject to and governed by the terms and conditions of the health insurance plan(s) and the rules, regulations, policies and procedures from time to time adopted.

Notice Of FBMC's Capacity

FBMC Benefits Management, Inc. (FBMC) has been authorized by your employer to provide certain administrative services for some the insurance plans offered within your employer's benefit program. Importantly, FBMC is not the policyholder or an insurance company. The policyholder is the entity to whom the insurance policy has been issued; the employer is the policyholder for group insurance products and the employee is the policyholder for individual products. The policyholder is identified on either the face page or schedule page of the policy or certificate. The insurance companies noted in this guide have been selected by your employer and are liable for the funds to pay your insurance claims.

COBRA

Overview

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

A covered spouse/domestic partner of a retiree has a right to elect COBRA continuation coverage if coverage is lost because of:

- Retiree's death; Divorce, legal separation from the retiree in anticipation of divorce, or termination of a domestic partnership; Retiree becomes entitled to Medicare benefits (Part A, Part B or both).

A covered dependent of a retiree has a right to elect COBRA continuation coverage if coverage is lost because of:

- Parent's death; Parent's divorce, legal separation from the retiree in anticipation of divorce, or termination of a domestic partnership; Dependent's loss of dependent status (for example, over the eligible age); or Parent becomes entitled to Medicare benefits (Part A, Part B or both).

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to PEIA, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA available?

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

- Death of the retiree; or
- The retiree becoming entitled to Medicare benefits (under Part A, Part B, or both).

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

Options Besides COBRA

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

More Information

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

Keep Address Updated

To protect your family's rights, let your Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

This is not an exhaustive account of your right under, or the conditions of, COBRA. Complete information will be provided in separate notices as appropriate.

FBMC Benefits Management, Inc.

Contract Benefits Administrator

FBMC Online Technical Support
techsupport@fbmc.com

FBMC Service Center
Benefit Inquiries
svccenter@fbmc.com
Monday – Friday, 7 a.m. – 7 p.m. ET

1-844-55-WVA4U (1-844-559-8248)

ARAG Legal

Customer Care Number:
Monday – Friday, 8 a.m. – 8 p.m. ET
1-800-247-4184
1-800-383-4184 for TTY
Access code: **18387ret**
ARAGlegal.com/myinfo

Sun Life Dental

Plan number: 959860
Plan Year Customer Service Line:
Monday – Friday, 8 a.m. – 8 p.m. ET
1-844-583-5036
http://www.sunlife.com/wvpeia

EPIC Hearing Service Plan

Monday – Friday, 9 a.m. – 9 p.m. ET
1-866-956-5400
epichearing.com

Humana / EyeMed Vision

Customer Service
Monday – Saturday, 7:30 a.m. – 11 p.m. ET
Sunday, 11 a.m. – 8 p.m. ET
1-877-398-2980
www.humana.com

PayFlex Systems USA, Inc.

COBRA
1-800-359-3921
payflex.com

PY 2023-2024 BENEFIT FAIRS

Date	Location	Time
Tuesday, **April 11**	Holiday Inn Express – Charleston Civic Center 100 Civic Center Drive, Charleston, WV 25301	3 p.m. – 6 p.m.
Wednesday, **April 12**	Tamarack Conference Center 1 Tamarack Park Beckley, WV 25801	3 p.m. – 7 p.m.
Thursday, **April 13**	Delta Hotels Huntington Downtown Huntington, WV 25701	3 p.m. – 7 p.m.
Tuesday, **April 18**	West Virginia Northern Community College J. Michael Koon Auditorium (1st floor of the B&O Building), 1704 Market Street, Wheeling, WV 26003	3 p.m. – 7 p.m.
Wednesday, **April 19**	University Holiday Inn 1188 Pineview Drive Morgantown, WV 26508	3 p.m. – 7 p.m.
Thursday, **April 20**	Holiday Inn 301 Foxcroft Avenue Martinsburg, WV 25401	3 p.m. – 7 p.m.
Tuesday, **April 25**	167 Elizabeth Pike Mineral Wells, WV 26150	3 p.m. – 7 p.m.

NOTES

NOTES

Contract Administrator

FBMC Benefits Management, Inc.
PO Box 1878 • Tallahassee, Florida 32302-1878

Information contained herein does not constitute an insurance certificate or policy.
Certificates or policies will be provided to participants following the start of the plan year, if applicable.
The information in this guide constitutes a Summary of Material Modifications. ©FBMC/24_wv_retireebook/2024