

WV PEIA



PLAN YEAR 2014 CHANGES

Benefit Fairs



April 8	Martinsburg 3 – 7 p.m.	Holiday Inn on Foxcroft Ave.
April 9	Parkersburg 3 – 7 p.m.	Comfort Suites, Mineral Wells
April 10	Charleston 3 – 6 p.m.	Civic Center in Parlor A
April 11	Morgantown 3 – 7 p.m.	Ramada Inn at I-68 Exit 1
April 15	Wheeling 3 – 7 p.m.	Northern Community College
April 16	Beckley 3 – 7 p.m.	Tamarack Conference Room
April 18	Huntington 3 – 7 p.m.	Big Sandy Arena

Non-State Agencies



- No premium adjustments
- No change in Plan C deductibles

State Agencies



- Downward Premium adjustments for Employers and Employees on Plans B, C, and D
- No change in Plan C deductibles

Recommended Premium Adjustments



EMPLOYER (State)			
PLAN A	PLAN B	PLAN C	PLAN D
101%	80%	80%	90%

EMPLOYEE (State)			
PLAN A	PLAN B	PLAN C	PLAN D
100%	80%	95%	90%

- % of Plan Year 2013 rate
- These premium adjustments do **not** apply to non-State agencies

Drug Plan Changes



- **Transplant Drugs:**
Waive copayment on anti-rejection drugs for transplants only
- Normal co-pays will apply to non-transplant related drugs

Wellness Program Changes



- **New Engagement Options:**
 - Workplace lifestyle and/or fitness coaching with a regional Health Promotion Consultant
 - Participation in a Fitness Assessment through the Pathways Work It Out Program
 - Participation in a cardiac rehabilitation program (subject to referral, deductibles, and co-pays)
 - Certain classes through WVU Extension Service (Stress Management, Dining with Diabetes, etc.)
 - Weight Watchers participation (min. 12 weeks and paid by the member) to count as engagement for the PEIA premium discount.

Wellness Program Changes (cont'd)



- Weight Management Program
 - Allow members a second attempt at the program, if first attempt fails; restrictions apply.
- Tobacco Cessation Program
 - Active employees and non-Medicare retirees will be **required** to submit a tobacco affidavit during Open Enrollment (**April**) in 2013 to **reaffirm their tobacco status**. Those not submitting a tobacco-free affidavit in April will be considered tobacco users effective July 1.
- Face to Face Diabetes Management Program
 - Discontinue waiving copayment for third-tier (non-preferred) brand name diabetes medications. Copay will still be waived for generics and preferred drugs.

Policy Changes Effective Plan Year 2014



Effective July 1, 2013, **all changes** in **annual salary** that result in a new Index Code for the employee will impact the health insurance plan premium (and the related annual plan deductibles and out-of-pocket maximums for the employee) on the **first day** of the month following the Index Code change. Salary increases will no longer be updated only once per year.

All Index Code changes must be reported to PEIA by the agency's benefit coordinator when they occur. The resultant changes in health insurance premiums for impacted employees will appear in the Early Warning Report as well as on the monthly billing that is available to benefit coordinators and web contributions coordinators online.

Policy Changes Effective Plan Year 2014



Effective July 1, 2013, employee birthdays that affect life insurance premiums (such as turning 45 or 60) will be processed **monthly**, and the new premium will be effective on the **first day** of the month following the employee's birthday. Premium changes related to age will no longer be processed once per year (currently September 1).

The resultant changes in life insurance premiums for impacted employees will be available to benefit coordinators and web contributions coordinators online in the Early Warning Report and the monthly billing.

Non-Medicare Retiree Changes



- **Non-Medicare changes:**
 - No premium adjustments
 - Plan B will be available to non-Medicare retirees that do not have Medicare dependents
 - Non-Medicare retirees with Medicare dependents cannot choose Plan B; the non-Medicare retiree must be in Plan A, and the Medicare dependent will be in the Special Medicare Plan or the Humana Gold Plan

Non-Medicare Plan Alternatives



Benefit	Plan A	Plan B
Medical Deductible	\$400 single/ \$800 family	\$800 single/ \$1,600 family
Medical Out-of-Pocket Maximum	\$1,500	\$3,000
Prescription Drug Deductible	\$75 single/ \$150 family	\$150 single/ \$300 family
Prescription Drug Out-of-Pocket Maximum	\$1,750 single/ \$3,500 family	\$1,750 single/ \$3,500 family
Generic Copayment	\$5	\$5
Preferred Brand Drug Copayment	\$15	\$20
Non-preferred Brand Drug Copayment	75%	75%
Specialty Drug Copayment	\$50/\$100	\$50/\$100

Medicare Retiree Changes



- **Medicare changes:**
 - Change Medicare retirees to Medicare's calendar year plan year (pending legislative approval)
 - 6-month plan (July – December 2013) – reduce out-of-pocket maximums to \$400 (medical) and \$900 (prescription drug) for this shortened plan year
 - 12-month plan year beginning January 1, 2014 with current benefits and rates
 - Medicare retiree open enrollment for this change is planned for October 2013
 - An alternative plan (Silver) will be offered beginning January 1, 2014, so there will be Gold and Silver plans available for 2014
 - If a Medicare retiree with non-Medicare dependents chooses the Silver Plan, the non-Medicare dependents will be enrolled in the non-Medicare retiree Plan B

Medicare Advantage Plan Alternatives

Plan Element	Gold Plan	Gold Plan with Benefit Assistance	Silver Plan
Medical Benefits			
Medical Deductible	\$25	\$25	\$250
Medical Out-of-Pocket Maximum	\$750	\$300	\$1,500
Primary Care Copay	\$10	\$2	\$10
Specialist Copay	\$20	\$5	\$30
Inpatient Hospital Copay	\$100	\$100	\$150
Skilled Nursing Facility	\$0	\$0	\$0
Emergency Room	\$50	\$50	\$65
Ambulance	\$0	\$0	\$0
Outpatient/Office Surgery Copay	\$50	\$50	\$65
Prescription Drug Benefits			
Prescription Drug Deductible	\$75	\$75	\$150
Prescription Drug Out-of-Pocket Maximum	\$1,750	\$250	\$1,750
Generic Drug Copayment	\$5	\$3	\$5
Preferred Drug Copayment	\$15	\$10	\$20
Non-preferred Drug Copayment	\$50	\$50	\$85
Specialty Drug Copayment	\$50	\$50	\$85

- Each member enrolled in Medicare will pay the amounts listed above.

The Health Plan



Bob Tschappat

- The Health Plan is adding **Plan C**, which has higher deductibles but lower premiums than Plan A, with the same out-of-pocket maximums.
- The Health Plan is now available in **all 55 West Virginia counties!**
- There are **no changes** to The Health Plan's HMO Plan A or HMO Plan B.

Basic & Optional Life Insurance Benefits



**UNDERWRITTEN AND SERVICED BY
MINNESOTA LIFE**

Plan Enhancements for *July 1*



- **Reduced Rates**
- **Accelerated death benefit increased from 50% to 100% of Optional coverage.**
 - ****Basic coverage is not eligible**
- **Enhanced AD&D benefits**
 - **Speech & hearing - 100%**
 - **Quadriplegia - 100%**
 - **Paraplegia - 75%**
 - **Hemiplegia - 50%**
 - **Speech - 50%**
 - **Hearing - 50%**
 - **Thumb & Index Finger - 25%**



Plan Enhancements (continued)



- **Added 5th plan to the Dependent Life Options:**
 - \$40,000/\$15,000
- **Added Family Status Change**
 - Can increase 1 level up to \$500,000 for a qualifying family status change
- **Added Legacy Planning Service**

Plan Design: Basic & Optional Coverage



	ACTIVE	RETIREE
Basic Coverage	\$10,000 under age 65	\$5,000 under age 67
Optional Coverage	18 plans, ranging \$5,000 - \$500,000	10 plans, ranging \$5,000 - \$150,000
Age Reductions	Under age 65 Age 65 – 69 Age 70 or over	Under age 65 Age 65 – 69 Age 70 or over
Employer Paid?	Basic is paid by employer. Optional is contributory.	All coverage is contributory.

Plan Design: Dependent Coverage



	Who is covered	Coverage amount
Dependent Plan 1	Spouse Child	\$5,000 \$2,000
Dependent Plan 2	Spouse Child	\$10,000 \$4,000
Dependent Plan 3	Spouse Child	\$15,000 \$7,500
Dependent Plan 4	Spouse Child	\$20,000 \$10,000
*** NEW *** Dependent Plan 5	Spouse Child	\$40,000 \$15,000

Evidence of Insurability



- **Statement of Health (SOH) or Evidence of Insurability (EOI) is required when:**
 - Optional amounts over \$100,000 are elected during the enrollment period
 - An employee elects basic or optional coverage outside of the enrollment period
 - An increase is requested in optional coverage outside of the enrollment period
 - An increase or change* to dependent coverage is requested outside of the enrollment period

*Marriage or birth of a child is a qualifying family status change

Automation of EOI



- **No longer necessary to collect the SOH/EOI with the application, simply submit the application to PEIA.**
 - After application is received by PEIA, ML will mail an EOI packet directly to employee if one is required
 - EOI packet will provide a user id and password to access ML's website to complete an EOI on-line using real-time underwriting response
 - If the applicant does not have access to the internet a paper EOI will also be included with a postage paid envelope returning the EOI directly to ML
- **The automated process keeps the employee's medical information private and increases accuracy**

Automation of Decisions



Minnesota Life provides a weekly file to PEIA that updates their system with underwriting decisions.

Accidental Death Benefit



- Available to active employees and their dependents
- Double indemnity
- Terminates the first day of the month following retirement
- Exclusions apply

Accidental Dismemberment Benefit



- Available to active employees and their dependents
- Full amount of insurance or 50%
- Payable to the covered employee
- Not available for retiree basic, optional, or dependent coverage
- Exclusions apply

Accelerated Death Benefit



- Available to active and retired employees and their dependents
- Life expectancy of 12 months or less
- **Now up to 100%** of optional/dependent life insurance that is in force
- Basic coverage cannot be accelerated
- Benefit payable to the covered employee
- Death Benefit = Full Insurance Amount – Accelerated Amount of Insurance

Will Preparation



- Network of more than 22,000 attorneys nationwide
- Free 30-minute initial consultation
- Access to a website library to find answers to general legal questions or learn about legal matters of interest to you
- Create wills, financial power of attorney, living will, or final arrangements
- 25% discount on normal hourly fees of your network attorney
- Call 877-849-6034 or visit www.lifeworks.com (username: will / password: preparation)

NEW Legacy Planning Services



Visit **www.legacyplanningservices.com** to find the information and resources you need:

Legacy planning

Final arrangements

Easy access to resources

Beneficiary Financial Counseling



Provided by
Pricewaterhouse
Coopers

Will provide
independent financial
counseling without
any pressure to buy
financial products

Offered to
beneficiaries
receiving proceeds of
at least \$25,000

No cost to the
employer or
beneficiary

Beneficiary Designations



Keeping your Beneficiary Current - Who Gets the Money?

- Important to keep beneficiary designations current because life events may affect how you want your benefit paid!
 - Marriage, Divorce, Birth or Adoption of a child, Remarriage or Death can all impact how you want benefits paid.
- PEIA provides two options for updating beneficiary information.
 - On-line go to www.WVPEIA.com and select **Manage My Benefits**
 - Completion of the **Basic and/or Optional Life insurance Change of Beneficiary Form**

Beneficiary Designations



“What if the employee doesn’t remember who they designated as their beneficiary?”

- Tell them not to worry
- Ask them to simply go on-line or complete a Beneficiary Form and designate a beneficiary
 - Current contact information
 - Minimize outdated information that can create delays when issuing benefits.

Beneficiary Designations



Remember that designations should be made for Basic *and* Optional insurance.

- **Primary Beneficiary(ies):** The person or persons named will receive the proceeds
- **Contingent (Secondary) Beneficiary(ies):** At the time of your death, if the primary beneficiary(ies) is no longer living, the benefit is paid to this person or persons
- **Default Beneficiary(ies):** If a beneficiary(ies) is not named, proceeds will be paid in the order outlined in the policy:
 - to a spouse, if living, if not;
 - to child(ren), if living, if not;
 - to parent(s), if living, if not;
 - to siblings, if living, if not;
 - to their estate

How to File a Death Claim



Anyone can provide Notice of Death

- Notice of death can be submitted in the following ways:
 - Call CBO **1.800.203.9515** *or*
 - Submit an e-Claim (LifeBenefits Extra) *or*
 - Complete Notice of Death form and mail to CBO

LifeBenefits Extra



Secure Extranet Website

- **Application Status**
 - View current information about employees who have applied for new insurance that required underwriting
- **Reports**
 - View and run your own reports regarding underwritten applications
- **E-Claims**
 - Electronically submit claims
- **Emails**
 - Send secure e-mails to Minnesota Life contacts

LifeBenefits Extra



Forms

View and print the following forms online:

Notice of Claim for Living Benefit, Notice of Death,
Notice of Accidental Dismemberment and Loss of Sight
Waiver Claim Packet, Beneficiary Statement
Preference Beneficiary's Statement, Group Life

These forms are available in PDF format

Online Resources

Find out more about life insurance basics including how much insurance employees should consider and helpful information about electing beneficiaries

Plan Summary



	ACTIVE	RETIREE
Basic Coverage	\$10,000 under age 65	\$5,000 under age 67
Optional Coverage	18 plans, ranging \$5,000 - \$500,000	10 plans, ranging \$5,000 - \$150,000
Dependent Coverage	5 plans	5 plans
Age Reductions	Under age 65 Age 65 – 69 Age 70 and over	Under age 65 Age 65 – 69 Age 70 and over
Accidental Death & Dismemberment	Available to active employees and their covered dependents.	Terminates the first day of the month following the employee's date of retirement.
Accelerated Death Benefits	Yes	Yes
Waiver of Premium	Yes, basic coverage only.	N / A
Conversions	Yes	Yes, dependents only.
Beneficiary Counseling	Yes	Yes
Will Preparation	Yes	Yes
Legacy Planning Service	Yes	Yes

Charleston Branch Office Contacts



Jennifer Styles Brown, Manager

Customer Service/Claim Examiners

Jane Wills

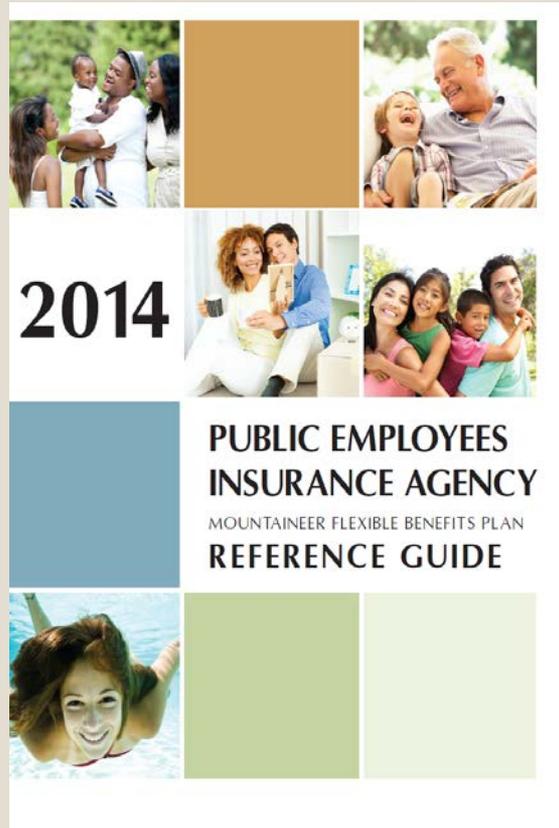
Judy Farmer

Amanda Fitzwater

Contact Information

Phone:	304.344.1222
Toll Free:	800.203.9515
Fax:	304.344.1221
Address:	400 Tracy Way, Suite 100 Charleston, WV 25311
Email:	MLCharleston@securian.com

Mountaineer Flexible Benefits



Mountaineer Flexible Benefits



- **Dental**
- **Vision**
- **Short-Term Disability**
- **Long-Term Disability**
- **Hearing Aid**
- **Legal Plan**
- **Flexible Spending Accounts**
- **Health Savings Account (HSA)**
- **Limited-Use Medical Expense FSA**

What's New for PY 2014



- **New Phone number: As of March 4, 2013 #855.5MY.FBMC (855.569.3262)**
- **Short-Term Disability rate decrease: The monthly rate is now \$.045 (previously \$.069). This is a 35% reduction over the current rates.**
- **FSA enhancements**

Flexible Spending Accounts



- **Effective 7/1/2013, FSA administration is moving to a new platform**
- **New features on the website make it easier to use**

New features for employees!



- More robust email notification of transactions
- Everyone with Medical FSA will get a new card – imprinted with employee's name
 - Additional cards can be ordered with the dependent's name imprinted

Four Ways to Pay



- Pay Me Back
- Pay by card
- Pay my provider
- E-receipt by smart phone

Account Hold Period



- There will be a two-week “hold period” during which all transactions will be halted while information is updated in the new platform
- Card transactions will not take place
- Paper claims can be mailed but will not be paid until after the hold period

Additional Training



- **FBMC will hold additional training sessions for the new website in early June**
 - Some onsite training
 - Webinar training sessions

Benefit Coordinator Login



www.fbmc.com

**Solid.
Since 1976.**

For over a generation, employee benefits have been our only business.

> [Click to learn more](#)

Value Proposition ▶

Enrollment Management ▶

Partner Relations & Brokerage ▶

Communications & Education ▶

Administration & Compliance ▶

Your Benefits Manager and Trusted Advisor

Employee benefits have been FBMC's only business since we were founded over 35 years ago. FBMC is the best benefits manager in our business, and we can prove it. Just ask our clients. We specialize in the large employer sector throughout the country and have a wide diversity of clients. Business Insurance Magazine ranks us as the largest Benefits Specialist in the United States of companies who derive 100% of their revenues from employee benefits.

[Read More About Our Value Proposition](#)

[Login to MyFBMC](#)

Resources

- [Ask our Customer Care Center](#)
- [Call direct: 800-342-8017](#)
- [FBMC Learning Center](#)

My Benefits

Login to your account

- [Employee Login](#)
- [Employer Login](#)
- [COBRA/Retiree Login](#)
- [Vista 401\(k\) Login](#)
- [Contact Customer Care](#)



Employer Login

User ID: [Need Help?](#)

PIN:

Remember my login

FSA Funds Expiring Soon?
NEW CUSTOMERS
SAVE \$5
on [drugstore.com](#)
orders over \$30
[SHOP NOW](#)

In association with
[drugstore.com, inc.](#)

FBMC Client Login

As an employer, we realize that you need access to information regarding your employee group. The myFBMC.com client access portal is your key to getting the information you need, when you need it. If you do not have a login to this site, please talk with your FBMC Client Account Manager to obtain one.



FAQs

- General FAQ
- Log in / Account Creation
- Flexible Spending Accounts
- Forms
- Enrollments

**FSA Funds
Expiring Soon?**

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on [drugstore.com](#)
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FAQs

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- [Log in / Account Creation](#)
- [Flexible Spending Accounts](#)
- [Forms](#)
- [Enrollments](#)

Find An Employee

Please Enter Criteria To Search For An Employee Below:

Social Security Number:

(9 Digits Only, No Dashes)

Last Name:

First Name:

(If you enter a first name, you must also enter a last name)

Employee Number:

Order Results By:

Limit search results to Employees Per Page

[▶ Find Employee](#) [▶ Clear Form](#)

Employee Login



www.myfbmc.com

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- [Enrollments](#)
- [Payment Card](#)
- [Inventory Information Approval Systems \(IIAS\)](#)
- [Health Reimbursement Arrangement](#)
- [Health Savings Accounts](#)
- [Qualified Transportation Benefits \(QTB\) Program](#)
- [Tips For Avoiding Delays](#)

Welcome to myFBMC.com

Have a Registration Code?

Enter Registration Code here

Registered Users:

Email Address:

Password:

[Forgot your password?](#)

Need help logging into System?

[Frequently Asked Questions](#)

New Users:

[Click here to register a new account](#)



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on drugstore.com
orders over \$30
SHOP NOW 

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drugstore.com, inc.

FAQs

- General FAQ
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- Forms
- Enrollments
- Payment Card
- Inventory Information Approval Systems (IIAS)
- Health Reimbursement Arrangement

Welcome to the FBMC Premier Login. This new login will make it even easier for you to interact with our website, while making sure your information stays protected. This registration process only take a few minutes and only has to be done once. After you have registered you will use the email address you enter below to login to the www.myfbmc.com site.

If you have already completed your registration [Click here to login.](#)

User Registration

Required fields are marked with an asterisk (*).

First Name: *

Last Name: *

Mailing Zip Code: * (5 digits)

Email Address: *

Confirm Email Address: *

[Don't have an email address? Click here to get an email address if you do not have one.](#)

Enter one of the following fields

Subject: RE: Screen Print

myfbmc.com Account Confirmation - Message (HTML)

File Edit View Insert Format Tools Actions Help

Type a question for help

Reply Reply to All Forward

From: noreply@fbmc.com
To: Allison Morris
Cc:
Subject: myfbmc.com Account Confirmation

Sent: Tue 1/29/2008 2:11 PM



Thank you for registering with FBMC!

YOUR REGISTRATION IS NOT COMPLETE UNTIL YOU DO THE FOLLOWING STEPS:

To complete your registration simply go to the following web address:

<https://www.myfbmc.com/sso/papiConfirm.aspx?s=vUhV1aRnecnr5dQdLPbU0HWmths70z2L6af3QFG89rBw0vix6NcZ%2b%2frYuXx8pus%2f>

(If this link is not clickable, simply select the entire URL, copy it, and paste it into the 'address' bar of the web browser of your choice.)

If you feel as though you have received this message in error, do nothing and delete this message. The registration request that generated this email will be deleted. We appreciate your interest in FBMC and we look forward to serving your benefits needs. Remember to visit us on the web at <http://www.myfbmc.com>.

Note: This message has been auto-generated. If you have questions or feedback about myfbmc.com or the registration process, please go to <http://www.myfbmc.com/> and contact us.

Thank you.

FSA Funds Expiring Soon?

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orders over \$30

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- Payment Card
- Inventory Information Approval Systems (IIAS)
- Health Reimbursement Arrangement

Welcome to myFBMC.com

Have a Registration Code?

Enter Registration Code [here](#)

Registered Users:

Email Address:

Password:

[Forgot your password?](#)

[Need help logging into System?](#)

[Frequently Asked Questions](#)



Online Enrollment



Mountaineer Flexible Benefits Plan

Need Help? [LogOut](#)

Home

- Dental
- Vision
- Long Term Disability
- Short Term Disability
- Health Savings Account
- Medical FSA
- Limited-Use Medical FSA
- Dependent Care FSA
- Legal

EPIC Hearing Service Plan

View My Current Benefits
(11/12 Plan Year)

Your Per Pay Amounts

Benefits	Pre Tax	Post Tax
Dental	\$49.52	\$0.00
Vision	\$1.92	\$0.00
Long Term Disability	\$32.97	\$0.00
Medical FSA	\$59.16	\$0.00
Legal	\$0.00	\$8.25
EPIC Hearing Service Plan	\$0.88	\$0.00
SubTotals	\$144.45	\$8.25
Totals	\$144.45	\$8.25

JOE E PUBLIC

To return to the demographics page, click...

[Edit](#)

Dependents

Name	Relationship
JANE PUBLIC	Spouse
JUDY PUBLIC	Daughter

1

Benefit Selection

EPIC Hearing Service Plan	Coverage	Per Pay	Tax Status
<input checked="" type="radio"/> EPIC Hearing Service Plan 	Employee Only	0.88	<input checked="" type="radio"/> Pre <input type="radio"/> Post
<input type="radio"/> Waive Coverage			

Previous Step

Next Step

Save &
Finish Later



Look for this icon! It will indicate that there is more information available.

Mountaineer Flexible Benefits Plan

Need Help? [LogOut](#)

[Home](#)

- Dental
- Vision
- Long Term Disability
- Short Term Disability
- Health Savings Account
- Medical FSA
- Limited-Use Medical FSA
- Dependent Care FSA
- Legal
- EPIC Hearing Service Plan

[View My Current Benefits \(11/12 Plan Year\)](#)

Your Per Pay Amounts

Benefits	Pre Tax	Post Tax
Dental	\$49.52	\$0.00
Vision	\$1.92	\$0.00
Long Term Disability	\$32.97	\$0.00
Medical FSA	\$59.16	\$0.00
Legal	\$0.00	\$8.25
EPIC Hearing Service Plan	\$0.88	\$0.00
SubTotals	\$144.45	\$8.25
Totals	\$144.45	\$8.25

JOE E PUBLIC

To return to the demographics page, click...

[Edit](#)

Dependents

Name	Relationship
JANE PUBLIC	Spouse
JUDY PUBLIC	Daughter

1

Benefit Selection

Benefit Selected	Benefit Provider	Coverage Selected
Dental	Enhanced	Employee & Family (S)
Vision	Vision-Exam Plus Plan	Employee and Family
Long Term Disability	Long Term Disability Plan 2 - 70%	Employee Only
Short Term Disability	Waive Coverage	
Health Savings Account	Waive Coverage	
Medical FSA	Long Term Disability Plan 2 - 70%	1420.00
Limited-Use Medical FSA		
Dependent Care FSA	Waive Coverage	
Legal	Legal	Employee plus all eligible dependents
EPIC Hearing Service Plan	EPIC Hearing Service Plan	Employee Only

* I Agree to the terms and conditions [Terms and Conditions](#)

You must agree to the Terms and Conditions to confirm and submit your benefit elections.

To Confirm and Submit your benefit elections, please electronically sign your application by completing both steps below:

Step 1: Please enter your First and Last Name:

Your calculated pre-tax deduction amount for this application is \$ **144.45**

Step 2: Please enter the pre-tax deduction amount listed in red above: \$

Before confirming your benefit elections, please ensure pop-up blockers are disabled so that your printable confirmation notice will appear.

[Previous Step](#)

[Confirm & Submit](#)

[Save & Finish Later](#)

Enrollment Details

Confirmation Details

Your Confirmation No: 1042
Enrollment Date: 3/8/2012 3:39:04 PM ET

Employee & Dependent Information

Employee

First Name: JOE
Middle Initial: E
Last Name: PUBLIC
Suffix:
Date of Birth: 03/30/1956
Date of Hire: 09/18/1988
Employee ID: 123456789
SSN: 123-45-678
Pay Frequency: 24
Salary: 43000.00

Message from webpage X



Your Benefit elections have been submitted.
 Your confirmation number is 1042.

Please print this page for your records.
 (The print dialog will automatically open
 a few seconds after you click OK.)

WHERE LANE

555

Dependents

Name	Date of Birth	Relationship
JANE PUBLIC	12/12/1953	Spouse
JUDY PUBLIC	01/01/2000	Daughter

Current Elections

Benefit Type	Provider	Plan Selected	Coverage	Effective Date	Per Pay PreTax	Per Pay PostTax
Dental	Delta Dental	Enhanced	Employee & Family (S)	07/01/2012	\$49.52	\$0.00
Dependent	Name	Relationship				

Confirmation Details

Your Confirmation No: 5
Enrollment Date: 3/4/2008 2:50:17 PM EST

Employee & Dependent Information

Employee

First Name: Sammy	Address1: 123 Main Street
Middle Initial:	Address2:
Last Name: Sample	City: Somewhere
Suffix:	State: WV
Date of Birth: 03/30/1956	Zip: 32303
Date of Hire: 08/12/1988	Email Address:
Employee ID:	Phone:
SSN: ***-**-9910	Gender: Male
Pay Frequency: 24	
Salary: 45000.00	

Dependents

Name	DOB	Relationship
Sue Sample	03/12/1958	Spouse

Beneficiary

Current Elections

Benefit Type	Provider	Plan Selected	Coverage	Effective Date	Per Pay PreTax	Per Pay PostTax
Dental	Delta Dental	Dental Assistance	Employee and Spouse	07/01/2008	\$11.70	\$0.00
Vision	Vision Service Plan	Vision-Full Service Plan	Employee and Family	07/01/2008	\$12.27	\$0.00
Disability	Standard Insurance Company	Short Term Disability	Employee Only	07/01/2008	\$18.75	\$0.00
Disability	Standard Insurance Company	Long Term Disability-Plan 2 (60%)	Employee Only	07/01/2008	\$29.25	\$0.00
Medical FSA	Fringe Benefits Management Company	Medical Expense FSA	2540.00	07/01/2008	\$105.83	\$0.00
Dependent Care FSA	Fringe Benefits Management Company	Dependent Care FSA	4500.00	07/01/2008	\$187.50	\$0.00
				Total	\$365.30	\$0.00

Contact Information



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Open Enrollment PY 2014



**Thank You
for attending!**