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Mountaineer Flexible Benefits Plan  
Public Employees Insurance Agency

2010

Reference Guide

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Retiree



Office of the Governor  
State Capitol  
1900 Kanawha Boulevard, E.  
Charleston, WV 25305



*State of West Virginia*  
*Joe Manchin III*  
*Governor*

Dear Retired State Employee:

It is once again time for the annual open enrollment for Dental and Vision Insurance. This program is sponsored by the Public Employees Insurance Agency (PEIA) through the Mountaineer Flexible Benefits Plan.

You may select to enroll in dental and/or vision benefits with various coverage levels. We are pleased to announce there will be no increase in premiums for dental and vision in this flexible benefits program. These benefits begin on July 1, 2009 and continue through June 30, 2010.

I encourage you to attend one of the PEIA Benefit Fairs in your area to learn more about your benefits. Enrollment counselors will be available to answer all your questions. The Benefit Fairs run from April 6 through April 22 and a schedule is provided for you on page 13 of this booklet.

The State of West Virginia continually recognizes the need to provide quality benefits to its retirees. We want the best for our retirees and their families and I urge you to look closely at the benefits offered through this program.

With warmest regards,

A handwritten signature in black ink, which appears to read "Joe Manchin III". The signature is fluid and cursive, with a large initial "J" and "M".

Joe Manchin III  
Governor

# Retiree Mountaineer Flexible Benefits Plan

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## Benefits Directory

### **Delta Dental of West Virginia**

(Dental) **Plan #1058**

*Customer Service*

Mon - Fri, 8 a.m. - 8 p.m. ET

1-800-932-0783

[www.deltadentalins.com](http://www.deltadentalins.com)

### **Vision Service Plan**

(Vision)

*Customer Service*

Mon - Fri, 8 a.m. - 7 p.m. ET

1-800-877-7195

[www.vsp.com](http://www.vsp.com)

### **Fringe Benefits Management Company**

*FBMC Customer Care Center*

Mon - Fri, 7 a.m. - 10 p.m. ET

1-800-342-8017

Welcome to your Retiree Mountaineer Flexible Benefits Plan! Fringe Benefits Management Company (FBMC) is the Contract Administrator of this plan, giving you the opportunity to purchase dental and vision coverage. In addition to this Reference Guide, you will find a Retiree Enrollment Form and a return envelope in this packet. **Please keep this Reference Guide for use during the plan year.**

If you wish to participate in coverage as a Retiree, complete and return the enclosed Retiree Enrollment Form. All return envelopes must be postmarked by **April 30, 2009**, which is the last day of open enrollment. (Late forms will not be accepted.)

For more information, contact FBMC Customer Care Center at 1-800-342-8017.

# Completing Your Enrollment Form

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**If you wish to add coverage, increase coverage or decrease coverage to your retiree dental and/or vision benefits, you must complete the enclosed Retiree Enrollment Form.**

You do not need to complete a Retiree Enrollment Form if you wish to continue your current benefits without changes.

## Enrollment Form Section 1

Complete all of your personal information.

## Enrollment Form Section 3

For each benefit you are selecting, you must check the appropriate box next to the corresponding benefit. Remember to complete all requested information for your benefits.

**Dental Care:** You may select any of the three Delta Dental plans: Delta Assistance Plan, Basic Plan or Enhanced Plan.

- Check the type of coverage you are choosing.
- If you are selecting 'Retiree & Children,' 'Retiree & Spouse,' or 'Retiree & Family' coverage, you must complete the dependent information in Section 4.

**Vision Care:** You may choose either the Full Service Plan or the Exam Plus Plan, but not both. Check the type of coverage you are choosing. If you select 'Retiree & Family' coverage, you must complete the dependent information in Section 4.

## Important Dates to Remember

**Plan Year:** July 1, 2009 – June 30, 2010

**Open Enrollment for Current Retirees:**

April 1, 2009 – April 30, 2009

## Enrollment Form Section 4

If you selected dependent coverage (child, spouse, family) for dental and/or vision benefits, you must complete this section. This includes the dependents' names, relationship to you, birth dates and Social Security numbers.

**If your retirement date is after July 1, 2009, your Enrollment Form must be returned within 60 days of your retirement date. Your coverage will be effective the first day of the month following your retirement and you will be billed accordingly.**

**Until deductions begin, payment by personal check or money order is required. FBMC will send coupons for your use until deductions begin from your retirement check.**

# Eligibility Requirements

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## Who is Eligible?

An eligible retiree is a former employee, or the surviving spouse of a former employee, of the State of West Virginia, County Board of Education or any non-state agency who currently receives income under the WV Consolidated Public Retirement Board (CPRB) or is a participant in a TIAA-CREF retirement plan.

## How to Enroll?

### Current Retirees

If you wish to enroll in vision and/or dental coverage, you will need to complete, sign and return the enclosed Retiree Enrollment Form to FBMC, using the enclosed envelope. Your return envelope must be postmarked by April 30, 2009. Late forms will not be accepted. For more information, contact FBMC's Customer Care Center at 1-800-342-8017.

### New Retirees

You may enroll in any of the three Delta Dental plans.

If you wish to enroll in vision and/or dental coverage, you will need to complete, sign and return the enclosed Retiree Enrollment Form to FBMC, using the enclosed envelope, within 60 days of retiring. 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.

For more information, please contact FBMC Customer Care Center at 1-800-342-8017.

**Benefits you choose will remain in effect for one plan year, without exception.**

**You may only change your coverage if you experience a qualifying Change in Status (CIS) event.**

## Making Payments

### • State of West Virginia Retirement System Retirees

Payment for vision and dental benefits will be deducted from your West Virginia CPRB retirement check, unless premium costs are greater than the total amount of your check. In this instance, payment can be made directly to FBMC by the use of coupons.

Until deductions begin, payment by personal check or money order is required. Full premium payment(s) must be paid by the due date specified. FBMC will send coupons for your use until deductions begin from your retirement check.

### • TIAA-CREF Retirees

Payment by personal check or money order should be sent with the monthly coupons supplied to you by FBMC and must be paid by the due date specified.

## Changes to Coverage

Any changes to your Retiree benefits will require your written authorization. Premium changes due to your written authorization will be promptly initiated after FBMC receives your written request.

If you experience a qualifying Change In Status (CIS) event during your coverage as a retiree, coverage levels can be increased or decreased based on the type of CIS event.

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.

Be sure to carefully consider your benefit elections. Coverage you select will stay in effect the entire plan year and **coverage you cancel cannot be reinstated until the next annual open enrollment period.**

Please send your written requests for changes to:

**Fringe Benefits Management Company  
P.O. Box 730561  
Ormond Beach, Florida 32173-0561**

# Changing Your Coverage

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How do I make a change?

Within **60 days** of an event that is consistent with one of the events below, you must contact FBMC with your change information.

What are the IRS Special Consistency Rules governing Changes in Status?

1. **Loss of Dependent Eligibility**– If a change in your marital status involves a decrease or cessation of your spouse's or dependent's eligibility for coverage due to: your divorce, or annulment from your spouse, your spouse's or dependent's death or a dependent ceasing to satisfy eligibility requirements, you may decrease or cancel coverage only for the individual involved. You cannot decrease or cancel any other individual's coverage under these circumstances.
2. **Gain of Coverage Eligibility Under Another Employer's Plan**– If you, your spouse or your dependent gains eligibility for coverage under another employer's plan as a result of a change in marital or employment status, you may cease or decrease that individual's coverage.

# Delta Dental Plans

Strong, healthy teeth create beautiful smiles. To give your smile the care and attention it deserves, Delta Dental offers you the Dental Assistance, Basic and Enhanced Indemnity dental care plans.

With Delta Dental, you have complete freedom of choice in selecting a dentist. You can choose a dentist from the Delta Dental Premier® or Delta Dental PPO networks, or a dentist who does not participate in either network. Your choice of dentist can determine your cost savings.

There are 576 Delta Dental Premier access points and 330 access points Delta Dental PPO access points in West Virginia.

Delta Dental PPO dentists will accept the Delta Dental PPO Maximum Plan Allowance (MPA)\* or the dentist's fee – whichever is less (the PPO Allowed Amount) – as payment in full for covered services. Copayments and deductibles may also apply.

Delta Dental Premier dentists will accept the Delta Dental Premier MPA (a slightly higher MPA) or the dentist's total charge – whichever is less (Premier Allowed Amount) – as payment in full for covered services. Copayments and deductibles may also apply.

Non-participating dentists do not contract with Delta Dental to limit their costs. For services received from non-participating dentists, you are responsible for these dentists' total charges without limit by Delta Dental, including applicable copayments and deductibles. Delta Dental will reimburse you for its portion of the Premier Allowed Amount.

Your total out-of-pocket payment is least if you go to a PPO dentist, is more if you go to a Premier dentist, and likely will be highest if you go to a non-participating dentist. Please call Delta Dental to find a participating dentist in your area at **1-800-932-0783**, or visit **www.deltadentalins.com**.

Employees who visit a dentist under the Delta Dental PPO Network or the Delta Dental Premier Network, will receive the benefit of increased plan year maximums.

This year, you may enroll in any of the following three dental programs:

## Dental Assistance Plan

The Dental Assistance plan is a discounted fee-for-service, managed-cost dental plan that allows employees the freedom to choose any dentist for treatment, but they receive the greatest benefits when they visit a Delta Dental participating dentist.

## Basic Plan

The Basic plan is a low-cost plan designed to cover preventive and basic services only. Please look carefully at the plan descriptions in the chart before making your choice.

## Enhanced Plan

The Enhanced plan is the most comprehensive coverage offered with this program and covers preventive, basic and major restorative, orthodontic and TMJ services.

### Your Monthly Retiree Rates

#### Dental Assistance

Retiree Only	\$10.46
Retiree & Children	\$20.97
Retiree & Spouse	\$23.39
Retiree & Family	\$33.95

#### Basic

Retiree Only	\$18.50
Retiree & Children	\$37.06
Retiree & Spouse	\$41.30
Retiree & Family	\$59.90

#### Enhanced

Retiree Only	\$29.85
Retiree & Children	\$59.71
Retiree & Spouse	\$69.33
Retiree & Family	\$99.04

**Plan #1058**

\* Maximum Plan Allowance is an amount, determined by Delta Dental, from claim charges submitted on a regional basis for a given service by dentists of similar training within the same geographical area. These charges are blended by Delta Dental with dentist fee information from a number of other sources, using various factors, subject to regulatory limitations and adjustment for extraordinary circumstances, such as extreme difficulty or unusual circumstances.

# Delta Dental Care - Dental Plans

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## Further Information

You may cover your spouse and any children, stepchildren or foster children, up to age 25.

See the chart on the following page for a partial list of covered services. For more information concerning your benefits or to request a claim form, call the Interactive Benefits Information Line at 1-800-865-FBMC (3262).

**There are no I.D. cards distributed with these plans. All you need to tell your dentist is that you have Delta Dental and plan #1058. Submit claim forms to:**

**Delta Dental of West Virginia  
One Delta Drive  
Mechanicsburg, PA 17055-6999**

Customer Service: 1-800-932-0783

TTY/TDD: 1-888-373-3582.

# Delta Dental Care - Dental Plans

Partial List of Covered Services	DENTAL ASSISTANCE PLAN		
	BASIC PLAN	ENHANCED PLAN	
<b>DEDUCTIBLE</b> (per person per plan year)	You pay \$25 (applies to all services) <sup>†</sup>	You pay \$25 (applies to all services) <sup>†</sup>	You pay \$50 (diagnostic, preventive and ortho are exempt)
Maximum total family deductible	\$75	\$75	\$150
<b>Plan year max (per person)</b>			
Delta Dental network dentist	\$750	\$750	\$1,250
Non-participating dentist	\$500	\$500	\$1,000
<b>OTHER MAXIMUMS</b>			
Ortho Lifetime Max.	N/A	N/A	\$1,000
TMJ Disorder	N/A	N/A	\$500
BENEFIT	PLAN PAYS	PLAN PAYS	PLAN PAYS
<b>Diagnostic/Preventive Services***</b>	<b>100%*</b>	<b>80%*</b>	<b>100%*</b>
Visits/Exams (twice in a 12-month period)			
- Routine cleaning (twice in a 12-month period)			
- Fluoride treatments (to age 19, twice in a 12-month period)			
- Bitewing X-rays (twice in a 12-month period)			
- Space maintainers (to age 14)			
- Sealants (to age 14, once in any 36-month period on unfilled permanent first and second molars)			
<b>Basic Restorative</b>	<b>25%*</b>	<b>80%*</b>	<b>80%*</b>
Amalgam ("silver") and composite ("white" non-molar) fillings			
<b>Oral Surgery</b>	<b>25%*</b>	<b>80%*</b>	<b>80%*</b>
- Extractions			
- Oral surgery procedures			
- General Anesthesia w/ oral surgery procedures with one or more simple extractions and/or with surgical extractions for patients under age 19; and with three or more simple extractions and/or surgical extractions for patients age 19 and over.			
<b>Endodontics</b>	<b>25%*</b>	<b>80%*</b>	<b>80%*</b>
- Pulpal therapy			
- Root canal therapy			
<b>Periodontics</b>	<b>25%*</b>	<b>80%*</b>	<b>80%*</b>
Treatment for gums and supporting structures			
<b>Major Restorative**</b>	<b>NOT COVERED</b>	<b>NOT COVERED</b>	<b>50%*</b>
Inlays, onlays, crowns			
<b>Prosthetic**</b>	<b>NOT COVERED</b>	<b>NOT COVERED</b>	<b>50%*</b>
- Bridges			
- Full and partial dentures			
- Denture adjustments/relining			
<b>Orthodontia**</b> (For eligible employees, spouses, and dependent children to age 19)	<b>NOT COVERED</b>	<b>NOT COVERED</b>	<b>50%*</b>
<b>TMJ</b>	<b>NOT COVERED</b>	<b>NOT COVERED</b>	<b>50%*</b>

<sup>†</sup> Deductible waived for diagnostic/preventive procedures at Delta Dental PPO Provider. Deductible applies to all services rendered by Delta Dental Premier and non-participating dentists.

\* Percentage is based on Delta Dental's applicable Maximum Plan Allowance or the dentist's fee, whichever is less (the Allowed Amount). The Delta Dental payment under the program, plus the patient payment, equals the Allowed Amount, which is accepted by Delta Dental participating dentists as full payment. Participating dentists are paid directly by Delta Dental, and by agreement cannot bill you more than the applicable copayment, deductible or charges where maximums have been exceeded for covered services. By selecting a participating dentist, you always limit your out-of-pocket costs. For services performed by non-participating dentists, Delta Dental sends the benefit payment directly to you. You are responsible for paying the non-participating dentist's total fee, which may include amounts in addition to your share of Delta Dental's Allowed Amount. Out-of-pocket costs may also include applicable copayments, deductibles, charges where maximums have been exceeded, and services not covered by the Group Dental Service Contract.

\*\* Major Restorative, Prostodontics, and Orthodontics require 6 month plan participation.

\*\*\* Enhanced benefit for pregnancy, which include an additional oral evaluation and a choice of an additional periodontal scaling, root planing or prophylaxis, or additional periodontal maintenance procedure are covered.

# Vision Service Plan

Vision Service Plan (VSP) offers you the Full Service or Exam Plus vision coverage plans to help pay for your eyecare needs.

## Full Service Plan

The Full Service Plan covers you and your family for all routine eye care including eye exams, eyeglass lenses and frames, or contact lenses. When it's time for an eye exam and/or eyeglasses, you can see any VSP doctor you want, or use a non-member doctor.

The deductible for materials is \$20. A member may receive an examination and contact lenses or spectacle lenses once every plan year. Contact lenses are in lieu of lenses and frames. In other words, if a member chooses to use the contact lens benefit, this utilizes the lenses and frame benefit. The member would then be eligible for the frame benefit on July 1st.

Participants receive a 20 percent discount on additional pairs of prescription glasses or non-prescription glasses, including sunglasses from a VSP Member Doctor. You can also receive a 15 percent discount on the participating doctor's professional fees when you purchase prescription contact lenses. This benefit is available in conjunction with your VSP contact lens allowance, or you can use it to purchase contacts in addition to glasses.

These discounts may be used for 12 months following the date of the covered eye examination and are available from any participating VSP Member Doctor.

VSP's LaserVision Care Program now provides discounts for LASIK and PRK surgeries from network laser surgery centers. Contact your VSP doctor for more information.

You may choose to cover your family by selecting the "Employee & Family" rates. You may cover your spouse and any children, stepchildren or foster children up to age 19 or to age 25, if they are unmarried, full-time students.

Your Monthly Retiree Rates	
Full Service plan	
Retiree Only	\$10.09
Retiree & Family	\$24.53

Full Service Plan (Plan Year runs July 1 through June 30)		
	VSP MEMBER DOCTOR	NON-MEMBER DOCTOR
<b>Co-payments<sup>†</sup></b>		
<b>Exam</b>	<b>\$20</b>	<b>\$20</b>
<b>Prescription Glasses</b>	<b>\$20</b>	<b>\$20</b>
	<b>Plan Pays</b>	<b>Plan Pays</b>
<b>Vision Examination**</b> (every plan year)	Covered in full	\$35
<b>Lenses (every plan year)***</b>		
Single Vision Lenses**	Covered in full	\$25
Bifocal Lenses (including progressive lenses)**	Covered in full	\$40
Trifocal Lenses (including progressive lenses)**	Covered in full	\$55
Lenticular Lenses**	Covered in full	\$80
<b>Frames (every other plan year)***</b> (up to \$150 allowance)	Covered in full*	\$45
<b>Contacts Lenses**</b> (in place of lenses and frames)		
Medically Necessary	Covered in full***	Exam & \$210
Elective	Exam & \$150	Exam & \$105

<sup>†</sup> Co-payments apply in-network (VSP Member Doctor) at the time of service. Co-payments apply out-of-network and will be deducted from the doctor's charge.

\* Within Plan Limitations. If you select a frame that costs more than your plan allowance, there will be an additional charge you will pay out of pocket. When you visit the VSP member doctor, ask him/her which frames are covered in full. The allowance is very competitive and ensures a good choice with little or no out-of-pocket cost.

There will be an extra cost if you select materials or services that are elective or cosmetic in nature, such as tints and scratch coatings. (These charges are audited by VSP to ensure that you are not paying more than necessary.)

\*\* Exam and contact lenses are also covered once every plan year, if necessary, provided you have not received spectacle lenses in the same plan year. You may receive eyeglass frames every other plan year. You may receive either spectacle lenses or contact lenses in the plan year, but not both.

When you choose elective contacts instead of glasses, your \$150 allowance applies to the cost of your lenses and the fitting/evaluation exam. This exam is in addition to your vision exam to ensure proper fit of contacts.

\*\*\* There is a single materials co-payment of \$20 on lenses and frames or medically necessary contact lenses.

# Vision Service Plan

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## Value-Added Benefits Effective 7/1/09

**Diabetic Eyecare Program** - Provides additional coverage through medical diagnosis and procedure codes specifically targeted toward members with Type 1 diabetes. **Additional 30% Discount** applies to glasses purchased the same day as the member's eye exam from the same VSP doctor who provided the exam. Members will also receive 20% off unlimited additional pairs of glasses valid through any VSP doctor within 12 months of the last covered eye exam.

## Exam Plus Vision Plan

**(Plan Year runs July 1 through June 30)**

Exam Plus is an alternative to the Full Service plan. Under this plan, you must obtain services through a VSP member doctor. Benefits include an eye exam once every plan year and discounts on materials and professional services through VSP member doctors. Your co-payment is \$10 for your eye exam.

For glasses, a 20 percent discount will be applied to a VSP doctor's usual and customary fee for prescription glasses and spectacle lens options.

For contact lenses, a 15 percent discount will be applied on VSP member doctor's professional services associated with all prescription contact lenses.

These discounts may be used for 12 months following the date of the covered eye examination and are available from any participating VSP Member Doctor.

**VSP's Laser Vision Care Program now provides discounts for LASIK and PRK surgeries from network laser surgery centers. Contact your VSP doctor for more information.**

You may choose to cover your family by selecting the 'Employee & Family' rates. You may cover your spouse and any children, stepchildren or foster children up to age 19 or to age 25, if they are unmarried, full-time students.

### Your Monthly Retiree Rates

#### Exam Plus plan

Retiree Only	\$1.69
Retiree & Family	\$3.84

## How To Use These Plans

**To obtain vision care benefits**, call a VSP member doctor, identify yourself as a VSP patient and make an appointment. The doctor's office will verify the patient's eligibility and plan coverage and obtain authorization from VSP. **There are no I.D. cards distributed with these plans.**

The doctor will explain any additional charges. After you pay your co-payment, the doctor will take care of all the paperwork.

If you prefer, you can visit a nonmember doctor and pay the doctor's normal charges. Save your itemized receipt and mail it within six months of service date to:

Vision Service Plan  
P.O. Box 997105  
Sacramento, CA 95899-7105

For more information, contact VSP's Customer Service Line at 1-800-877-7195.

For a current list of available VSP doctors, go to **[www.vsp.com](http://www.vsp.com)**.

# Beyond Your Benefits

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## FBMC Privacy Notice

4/14/03

This notice applies to products administered by Fringe Benefits Management Company and its wholly-owned subsidiaries (collectively “FBMC”). FBMC takes your privacy very seriously. As a provider of products and services that involve compiling personal—and sometimes, sensitive—information, protecting the confidentiality of that information has been, and will continue to be, a top priority of FBMC. This notice explains how FBMC handles and protects the personal information we collect. Please note that the information we collect and the extent to which we use it will vary depending on the product or service involved. In many cases, we may not collect all of the types of information noted below. FBMC’s privacy policy is as follows:

I. We collect only the customer information necessary to consistently deliver responsive services. FBMC collects information that helps serve your needs, provide high standards of customer service, and fulfill legal and regulatory requirements. The sources and types of information collected generally varies depending on the products or services you request and may include:

- Information provided on enrollment and related forms - for example, name, age, address, Social Security number, e-mail address, annual income, health history, marital status, and spousal and beneficiary information.
- Responses from you and others such as information relating to your employment and insurance coverage.
- Information about your relationships with us, such as products and services purchased, transaction history, claims history, and premiums.
- Information from hospitals, doctors, laboratories and other companies about your health condition, used to process claims and prevent fraud.

II. Under HIPAA, you have certain rights with respect to your protected health information. You have rights to see and copy the information, receive an accounting of certain disclosures of the information and, under certain circumstances, amend the information. You also have the right to file a complaint with the Plan in care of FBMC’s Privacy Officer or with the Secretary of the U.S. Department of Health and Human Services if you believe your rights under HIPAA have been violated.

Additional information that describes how medical information about you may be used and disclosed and how you can get access to this information is provided electronically on our Web site: [www.myFBMC.com](http://www.myFBMC.com). You have a right to a paper copy at any time. Contact FBMC Customer Care Center at 1-800-342-8017.

III. We maintain safeguards to ensure information security. We are committed to preventing unauthorized access to personal information. We maintain physical, electronic, and procedural safeguards for protecting personal information. We restrict access to personal

information to those employees, insurance companies, and service providers who need to know that information to provide products or services to you. Any employee who violates our Privacy Policy is subject to disciplinary action.

IV. We limit how, and with whom, we share customer information. We do not sell lists of our customers, and under no circumstances do we share personal health information for marketing purposes. With the following exceptions, we will not disclose your personal information without your written authorization. We may share your personal information with insurance companies with whom you are applying for coverage, or to whom you are submitting a claim. We also may disclose personal information as permitted or required by law or regulation. For example, we may disclose information to comply with an inquiry by a government agency or regulator, in response to a subpoena, or to prevent fraud.

We will provide our Privacy Notice to current customers annually and whenever it changes. If you no longer have a customer relationship with us, we will still treat your information under our Privacy Policy, but we will no longer send notices to you. In this notice of our Privacy Policy, the words “you” and “customer” are used to mean any individual who obtains or has obtained an insurance, financial product or service from FBMC that is to be used primarily for personal or family purposes.

## Notice of Administrator’s Capacity

PLEASE READ: This notice advises insured persons of the identity and relationship among the contract administrator, the policyholder, and the insurer:

1. FBMC has been authorized by your employer to provide administrative services for your employer’s insurance plans offered herein. In some instances, FBMC may also be authorized by one or more of the insurance companies underwriting the benefits offered herein to provide certain services, including (but not limited to) marketing, underwriting, billing and collection of premiums, processing claims payments, and other services. FBMC is not the insurance company or the policyholder.
2. The policyholder is the entity to whom the insurance policy has been issued. The policyholder is identified on either the face page or schedule page of the policy or certificate.
3. The insurance companies noted herein have been selected by your employer, and are liable for the funds to pay your insurance claims.

If FBMC is authorized to process claims for the insurance company, we will do so promptly. In the event there are delays in claims processing, you will have no greater rights to interest or other remedies against FBMC than would otherwise be afforded to you by law. FBMC is not an insurance company.

# 2009 Benefit Fair Schedule

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Date	Location	Time
Monday, <b>April 6</b>	Charleston State Capitol Complex	9:00 a.m. - 2:00 p.m.
Monday, <b>April 6</b>	Charleston Charleston Civic Center	3:00 – 7:00 p.m.
Tuesday, <b>April 7</b>	Weirton Holiday Inn 350 Springs Drive	3:00- 7:00 p.m.
Wednesday, <b>April 8</b>	Wheeling Northern Comm. College	1:00 – 7:00 p.m.
Thursday, <b>April 9</b>	Morgantown WVU Alumni Center	10:00 a.m. – 1:30 p.m.
Thursday, <b>April 9</b>	Morgantown Ramada Inn	3:00 – 7:00 p.m.
Monday, <b>April 13</b>	Parkersburg Comfort Suites	3:00 – 7:00 p.m.
Tuesday, <b>April 14</b>	Martinsburg Holiday Inn Foxcroft Avenue	3:00 – 7:00 p.m.
Wednesday, <b>April 15</b>	Fairmont State College	9:00 a.m. – 2:00 p.m.
Wednesday, <b>April 15</b>	Romney South Branch Inn	3:00 – 7:00 p.m.
Thursday, <b>April 16</b>	Beckley Tamarack Conf. Ctr. Ballroom A	3:00 – 7:00 p.m.
Monday, <b>April 20</b>	Huntington Big Sandy Superstore Arena	3:00 – 7:00 p.m.
Wednesday, <b>April 22</b>	Flatwoods Days Inn	3:00 – 7:00 p.m.

# Notes

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# **FBMC**

Premier Benefits Solutions

Contract Administrator  
Fringe Benefits Management Company  
P.O. Box 730561 Ormond Beach, FL 32173-0561  
Customer Care Center 1-800-342-8017 • 1-800-955-8771 (TDD)  
[www.myFBMC.com](http://www.myFBMC.com)

Information contained herein does not constitute an insurance certificate or policy. Certificates will be provided to participants following the start of the plan year, if applicable.

