

City of Statesboro 2025 Benefits Enrollment Guide





Welcome to your new Benefits Enrollment Guide. This guide is your summary of the benefit options that are available to eligible employees of the City of Statesboro. Each benefit is designed to protect your health and well-being as well as provide valuable financial protection.

Each section of the Benefits Enrollment Guide is structured to provide you with plan highlights as well as detailed, descriptive instructions to assist you in navigating through the web-based enrollment portal.

While the Benefits Enrollment Guide is an important component in the benefit communication process, your dedicated NFP service team continues to provide annual enrollment meetings in addition to being available for questions and concerns regarding benefits throughout the plan year.

Please review the plans contained in the Benefits Enrollment Guide and see how these plans can work for you and your eligible dependents. Your participation in the plans is voluntary. The benefit plans have been chosen to provide a continuation of protection that complements the City's leave policies and retirement plans. The plan year is in effect from January 1, 2025, to December 31, 2025.

This Benefits Enrollment Guide is intended for orientation purposes only. It is an abbreviated overview of the plan documents. Please refer to the Certificate Booklet (the contract) available from the plan carriers for complete details. Your Certificate Booklet will provide detailed information regarding copayments, coinsurance, deductibles, exclusions and other benefits. The certificate booklet will govern should a conflict arise relating to the information contained in this summary. This summary does not establish eligibility to participate in or receive benefits from any benefit plan.

NOTICE: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. See page 21 for more details.

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This guide describes the benefit plans available to you as an eligible employee of the City of Statesboro. The details of these plans are contained in the official Plan Documents, including some insurance contracts. This guide is meant only to cover the major points of each plan. It does not contain all of the details that are included in your Summary Plan Descriptions (SPD) (as described by the Employee Retirement Income Security Act).

If there is ever a question about one of these plans, or if there is a conflict between the information in this guide and the formal language of the Plan Documents, the formal wording in the Plan Documents will govern.

Please note the benefits described in this guide may be changed at any time and do not represent a contractual obligation on the part of the City of Statesboro or NFP.

Eligibility

Eligibility

Active Full Time Employees of the City of Statesboro.

Your benefits are effective the first of the month following your hire date.

Eligible dependents are classified as:

- Your legal spouse who resides in the United States
- Biological children, stepchild(ren) as long as the biological parent remains in the employee's household and foster child(ren) or adopted child(ren) up to age 26 on the Medical, Dental and Vision plans.

You may make benefit changes as a result of a life status change or family status change as allowed under Section 125 of the Internal Revenue Code. You have 31 calendar days from the date of the qualifying event to notify Human Resources or NFP of the changes and provide the supporting documentation.

Making Changes to Your Benefits

- 1) Notify Human Resources or NFP within 31 days of the date of the qualifying event.
- 2) Provide proof of your status change event.
- 3) Submit the documentation regarding the event.

The Most Common Status Changes:

- Marriage, divorce, legal separation
- Birth or adoption
- Change in your or your spouse's work status that affects your benefits or an eligible dependent's benefits
- Change in health coverage due to your spouse's annual open enrollment period
- Change in dependent eligibility status
- Change in eligibility for you or a dependent for Medicaid or Medicare
- Receipt of a Qualified Medical Child Support Order, or other court order
- Death of your spouse or covered child



Before You Enroll – Things to Know

You are REQUIRED to **provide the following information and documentation** for all dependents/beneficiaries:

- Name
- Date of birth
- Social security number

HOW TO ENROLL

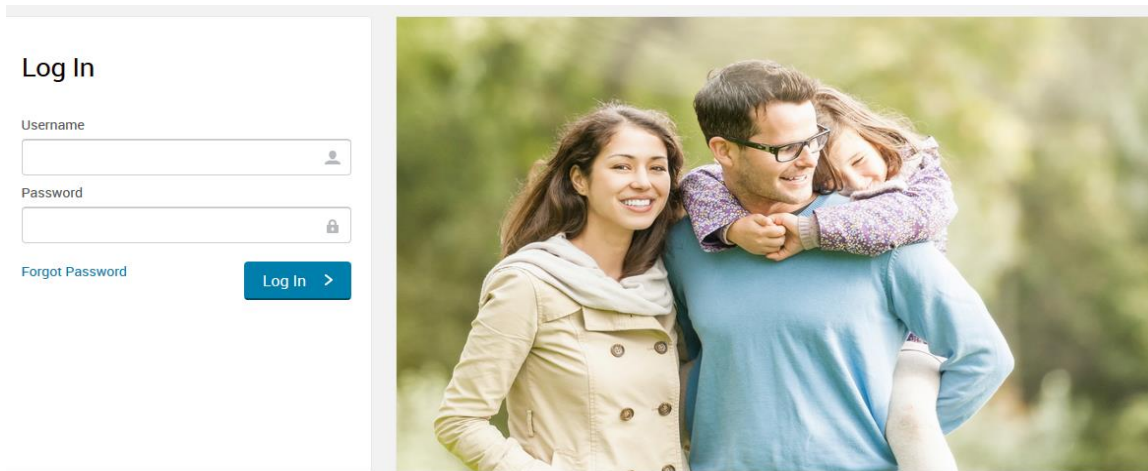
Go to www.cityofstatesboro.bswift.com.

At this time, make sure to disable your pop-up blocker.

At the enrollment website enter your Username and Password.

- Username is the first letter of your first name, your last name, and the last four digits of your Social Security number (ex. jdoe0000).
- Password is the last 4 digits of your Social Security number (ex. 4567).

You will then be prompted to create a new password.



The image shows a screenshot of a web application's login page on the left and a photograph of a family on the right. The login page has a title 'Log In' and two input fields: 'Username' and 'Password'. Below the password field is a link for 'Forgot Password' and a blue 'Log In >' button. The photograph shows a man in a blue shirt carrying a young girl on his shoulders, with a woman in a tan coat standing next to them, all smiling outdoors.

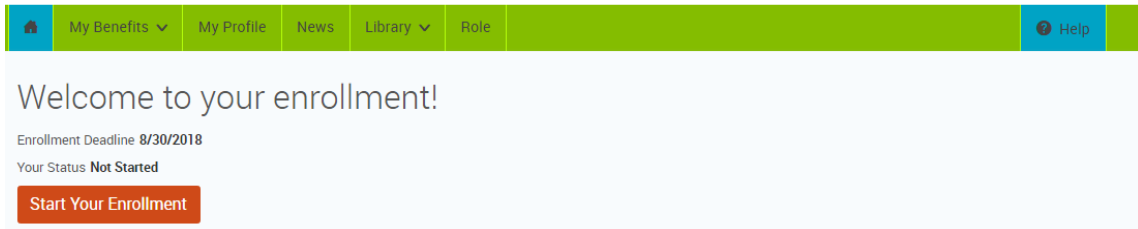
- Please go online and make your elections for your benefits by the deadline provided.
- Please contact NFP at 800-994-7429 to speak with a Benefit Consultant if you need assistance with your enrollment.

Failure to enroll within the enrollment time period will result in the forfeiture of your eligibility for enrollment until the next annual enrollment period unless you experience an eligible qualifying event.

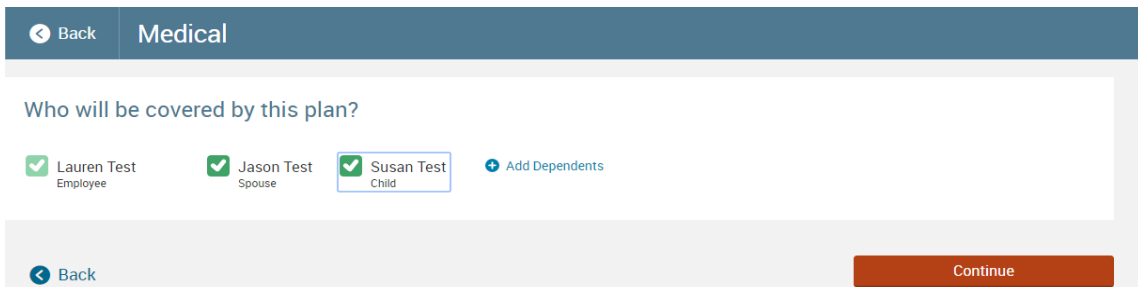
How To Enroll

To Begin:

- 1) From the “Home Page” click on the “Enroll Now” link, to begin the election process.
- 2) On the “Personal & Family Page”, verify your information is accurate and “Add” all eligible dependents you wish to cover under any benefits.



- 3) To make a plan selection, select the button beside the newly elected plan. If you are covering dependents, make sure to “Select” them by checking off next to their name under “Select who to cover with this plan.” Then press “Next” at the bottom of the screen.



- 4) Once you have reviewed and completed your enrollment, click on “I Agree and I am finished with my enrollment”, then click on “Save My Enrollment”.

Once You've Reviewed All Your Selections:

Participation

I hereby acknowledge I have read the statements contained herein, or they have been read to me, and the statements are true and complete to the best of my knowledge. I understand any misrepresentation or omission contained herein may be used to reduce or deny claim or void the contract if such misrepresentation or omission affects acceptance of the risk. I hereby enroll for benefits for which I am presently eligible, or for which I may become eligible, under my employer's group contract(s). If any deductions are required for this coverage, I authorize such deductions from my earnings and I understand that any premiums will be automatically deducted from my paycheck on a pre-tax basis (before tax dollars) unless I submit a declination election. I reserve the right to revoke this deduction authorization at any time upon written notice.

I agree, and I'm finished with my enrollment.

- 5) You will now be taken to the final confirmation page to either print or email.

Note: The enrollment images within this guide are for illustrative purposes only.

Medical – Anthem BCBS – Gold Plan

This plan is provided through Anthem Blue Cross and Blue Shield. Please call or go online to www.anthem.com to locate a provider in the network. Provider network is **Blue Open Access POS**.

POS OAP5 2000 20% 5550 AE

Covered Benefits	In-Network	Out-of-Network
Calendar Year Deductible	\$2,000 Individual \$6,000 Family	\$4,000 Individual \$8,000 Family
Coinsurance	80%	60%
Lifetime Maximum	Unlimited	Unlimited
Out-of-Pocket Calendar Year Maximum* (Includes Deductible)	\$6,500 Individual \$13,000 Family	\$13,000 Individual \$26,000 Family
Office Visits	Primary Care - \$30 copay Specialist - \$60 copay	Plan pays 60% After Deductible
Preventive Care	Plan Pays 100%, Deductible Waived	Plan pays 60% After Deductible
Inpatient Hospital	Plan pays 80% After Deductible	Plan pays 60% After Deductible
Outpatient Hospital	Plan pays 80% After Deductible	Plan pays 60% After Deductible
Urgent Care	\$50 copay	\$50 copay then plan pays 80% After Deductible
Emergency Room	\$300 copay + 20% Coinsurance	\$100 copay
Outpatient X-rays at freestanding facility	Plan pays 80%	Plan pays 60% After Deductible
Outpatient Advanced Diagnostic Imaging (MRI/CT/PT) at Freestanding facility or in office visit setting	Plan Pays 80%	Plan Pays 60% After Deductible
Retail Pharmacy – Administered by Rx Solutions (CVS Caremark)		
Prescriptions Deductible • Tier 1-Retail • Tier 2-Retail • Tier 3-Retail • Tier 4-Retail	None \$15 Copay \$40 Copay \$70 Copay + 20% Coinsurance 25% max per script	Not Covered
Tier	Employee Bi-Weekly	Employer Bi-Weekly
Employee	\$59.22	\$339.90
Employee and Spouse	\$121.80	\$666.89
Employee and Children	\$109.37	\$598.65
Employee and Family	\$175.76	\$963.03

To find a provider visit www.anthem.com/find-doctor

To access the Prescription Drug Formulary, log in to Caremark.com/HelpCenter

Medical – Anthem BCBS – Platinum Plan

This plan is provided through Anthem Blue Cross and Blue Shield. Please call or go online to www.anthem.com to locate a provider in the network. Provider network is **Blue Open Access POS**.

POS OAP5 1000 20% 4000

Covered Benefits	In Network	Out of Network
Calendar Year Deductible	\$1,000 Individual \$3,000 Family	\$1,250 Individual \$3,750 Family
Coinsurance	80%	60%
Lifetime Maximum	Unlimited	Unlimited
Out-of-Pocket Calendar Year Maximum* (Includes Deductible)	\$5,000 Individual \$10,000 Family	\$10,250 Individual \$13,650 Family
Office Visits	Primary Care - \$25 copay Specialist - \$35 copay	Primary Care – Employee pays \$25 copay + 40% after deductible Specialist – Employee pays \$35 copay + 40% after deductible
Preventive Care	Plan Pays 100%, Deductible Waived	Plan pays 60% After Deductible
Inpatient Hospital	Plan pays 80% After Deductible	Plan pays 60% After Deductible
Outpatient Hospital	Plan pays 80% After Deductible	Plan pays 60% After Deductible
Urgent Care	\$50 copay	\$50 copay then plan pays 80% After Deductible
Emergency Room	\$150 copay + 20% Coinsurance	\$150 copay + 20% Coinsurance
Outpatient X-rays at freestanding facility	Plan pays 80%	Plan pays 60% After Deductible
Outpatient Advanced Diagnostic Imaging (MRI/CT/PT) at Freestanding facility or in office visit setting	Plan Pays 80%	Plan Pays 60% After Deductible

Retail Pharmacy – Administered by Rx Solutions (CVS Caremark)

Prescriptions Deductible	None	No Coverage
• Tier 1-Retail	\$10 Copay	
• Tier 2-Retail	\$20 Copay	
• Tier 3-Retail	\$40 Copay + 20% Coinsurance	
• Tier 4-Retail	25% max per script	
Tier	Employee Bi-Weekly	Employer Bi-Weekly
Employee	\$100.39	\$357.90
Employee and Spouse	\$147.79	\$650.36
Employee and Children	\$132.66	\$583.98
Family	\$213.41	\$938.44

To find a provider visit www.anthem.com/find-doctor

To access the Prescription Drug Formulary, log in to Caremark.com/HelpCenter



Sydney Health Puts Personalized Healthcare In Your Hands

The SydneySM Health mobile app gives you 24/7 access to your benefits, claims information, and ID cards. Plus, you can use it to find doctors, set up virtual care visits, track your health, and receive important information about your plan.

Enter your number to receive a link to download the app:

999-999-9999 [Text Me](#)


- Manage Your Claims**
With Sydney Health, you can submit and track your claims, anytime, anywhere.
- Compare Care & Costs**
Our digital tools can help you find doctors in your plan's network and compare care costs up front.
- Access Your ID Card**
Your digital ID card is always with you when you need it.

<https://www.sydneyhealth.com/>

With Sydney Health, You Can:

- Ask questions using live chat
- Check and manage your benefits
- Refill your prescriptions
- Receive virtual care over chat or video
- Find personalized action plans on My Health Dashboard





Sign Up Now

LiveHealth Online brings the doctor to you! Create an account today so you can connect with a doctor, 24/7.

If you're having a medical emergency, call 911.

[Learn More >](#)

LiveHealth ONLINE

Sign Up

First Name* Last Name*

Email*

Confirm Email*

Password*

I agree to the following: [Terms of Use and Privacy Policy.*](#)

[Sign Up](#)

[I already have an account, Log In](#)

Digital features of CVS Caremark®



Whether you are most comfortable using your desktop or the mobile app on your smart phone or laptop, CVS Caremark can help you digitally manage your prescription benefits.

Here's just a few of the things you can do with CVS Caremark digital tools:

Check drug cost and coverage

Find out how much your medication will cost under your plan and whether there are opportunities to save money.

Get started with delivery by mail

At Caremark.com, use the *Request a New Prescription* feature to enter the name and strength of your medication and your doctor's name.

Easy refills

Refill your mail order prescription without logging in. Just enter the prescription number from your pill bottle and your date of birth.

Manage your profile

Set or change notifications, change your shipping, billing or contact information, and more.

View ID card

You'll always have your member ID card available, which you can view and/or print from Caremark.com or access direct from your mobile app.

Pharmacy locator

Find network pharmacies near you by entering a city and state or ZIP code at Caremark.com, or by using your current location with the CVS Caremark mobile app.

To access your account, log into Caremark.com . Click on Plan & Benefits in the navigation bar at the top of the page. Choose Print Member ID Card from the drop – down menu
Then click on the red Print an ID Card button.

Register today at [Caremark.com/Start](https://www.caremark.com/Start) or download the CVS Caremark mobile app to explore all of the features.



Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.
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Wellness Incentive - 2025

For the 2025 calendar year, the City of Statesboro offers employees an opportunity to earn a wellness incentive of \$28.85 per pay period. To earn the incentive, the following steps must be completed:

- The employee and spouse (if the spouse is covered by the City's health insurance plan) must complete a biometric lab draw and comprehensive physical exam by **October 31, 2025**.

The above medical services can be performed at the Health Center or the employee and spouse (if the spouse is covered by the City's health insurance plan) can use their medical provider. If the employee and spouse use their medical provider, then the documentation must be submitted to the Health Center by **October 31, 2025**.

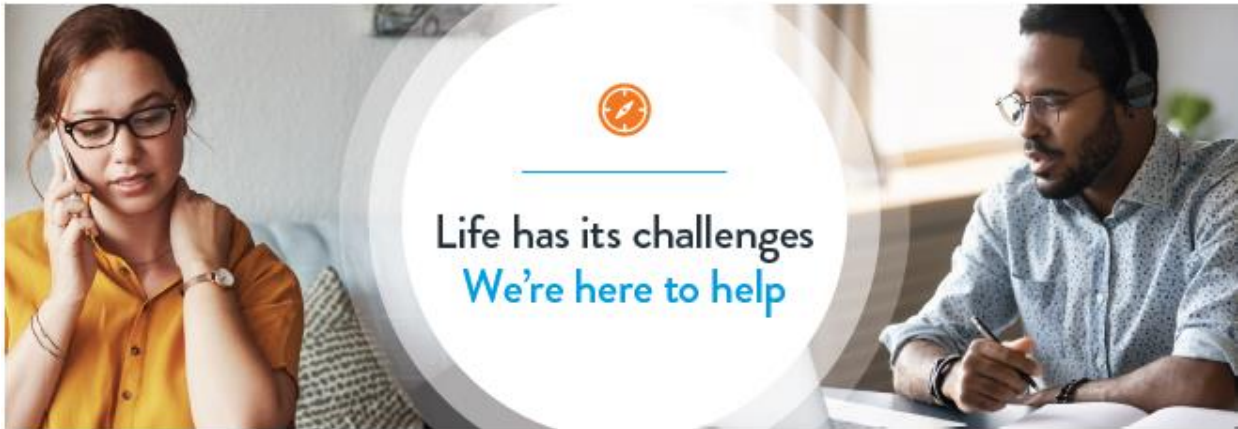
Health Center

The Health Center provides medical access to employees and their dependents (if the dependents are covered on the health insurance plan) to address routine checkups, urgent care needs, and chronic condition management. The center is staffed by a Nurse Practitioner and a Medical Assistant. The hours of the Health Center are as follows:

- Monday - 8 AM to 5 PM
- Wednesday - 8 AM to 5 PM
- Thursday - 8 AM to 5 PM

The City of Statesboro covers the costs of operating the Health Center, so the employee and their covered dependents are not charged. Please call (912)600-2206 to schedule an appointment.





In challenging times, it can be helpful to talk to someone for support and resources. You and your family members have access to an Employee Assistance Program (EAP) Professional who will listen and provide emotional support and coping tips for personal, family and work issues, at no cost to you.

How It Works

Your first call starts the brief intake process.

An EAP Professional will:

- Confirm your contact information
- Review the confidentiality guidelines and your EAP+Work/Life benefits
- Assess for safety concerns, such as your risk of harm to yourself or others, domestic violence, abuse, drug or alcohol issues
- Gather information about your reason for requesting counseling
- Determine what type of counseling may work best for you (individual, family or couples)*
- Review what counseling options are available
- Help connect you to the right EAP Professional for your needs to begin counseling sessions
- If needed, put you in touch with Work/Life services for help with financial or legal issues, childcare, eldercare and more

*If you may need a higher level of care than outpatient counseling, we will help you explore options.

We can help with:

- Stress, anxiety, depression
- Family, relationship, and parenting issues
- Financial and job pressures
- Grief, loss and anger
- Substance abuse

...Plus we can find local resources for childcare, eldercare and more

Remember, you, your dependents (including children to age 26), and your household members are all eligible for the Health Advocate services.

In a crisis, help is available 24/7.

Turn to us at any time!



888.293.6948

Email: answers@HealthAdvocate.com



Web: HealthAdvocate.com/standard3

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HealthAdvocate™

Dental – Anthem BCBS (included with Medical)

This plan is provided through Anthem Blue Cross and Blue Shield in conjunction with the Medical Plan. The dental plan is not eligible to be purchased without the Medical. The premiums are included with the medical premium. Please call or go online to www.anthem.com/find-doctor to locate a provider in the network. Provider network is **Dental Complete**.

Covered Benefits	In-Network
Calendar Year Deductible	\$50 Individual \$150 Family
Annual Benefit Maximum	\$1,000 Calendar Year
Diagnostic/Preventive Services	100% Coverage (no deductible)
Basic Treatment	80% Coverage (subject to deductible)
Major Treatment	50% Coverage (subject to deductible)
Orthodontics (dependent children up to age 19)	50% Coverage (no deductible)
Orthodontics Lifetime maximum	\$1,000
Waiting Period	None

Vision – Eyemed (Insight Network)

	In-Network	Out-of-Network Reimbursement
Vision Copays (Exam/Materials)	\$10 copay/\$25 Copay	Up to \$40
Contacts Fitting <ul style="list-style-type: none"> • Standard • Premium 	\$40 10% off retail	Not Covered
Contact Lenses <ul style="list-style-type: none"> • Elective • Medically Necessary 	\$130 Allowance Covered in full	Up to \$130 Up to \$210
Standard Plastic Lenses <ul style="list-style-type: none"> • Single Vision • Bifocal • Trifocal 	\$25	Up to \$30 Up to \$50 Up to \$70
Frames	\$130 allowance	Up to \$91
Benefit Frequency <ul style="list-style-type: none"> • Exam • Lenses • Frames 	Once every 12 months Once every 12 months Once every 24 months	
Bi-weekly Rates <ul style="list-style-type: none"> • Employee • EE + Spouse • EE + Child(ren) • Family 	\$3.36 \$6.38 \$6.72 \$9.87	

Flexible Spending – TASC

Participating in the Flexible Spending Account (FSA) available through your Employer can increase your take-home pay by reducing your taxable income. It allows you to potentially save up to 30% on your eligible healthcare and/or dependent care expenses every year by using pre-tax dollars vs. post-tax dollars to pay for those expenses.

We recommend that, prior to making an election, you consider and derive a conservative estimate of how much you spend on healthcare and/or dependent care expenses for you and your qualified dependents in one year. For example, you may want to consider your estimated cost for prescription drugs, medical and dental office visit copays and/or deductibles, as well as vision related needs including exams and prescription glasses/lenses.

Most FSAs require you use the funds you contribute within the plan year, or you lose them. However, you will be able to roll-over up to \$660 of unused contributions in your Healthcare Reimbursement FSA only, not dependent care.

You MUST re-enroll each year. Your FSA election does NOT automatically continue from year to year.

Highlights

Healthcare Reimbursement FSA:

Maximum Employee Contribution: \$3,300 Annually

Dependent Day Care FSA:

Maximum Employee Contribution: \$5,000 if married filing jointly or filing head of household or \$2,500 if married filing separately.

Pre-Tax Savings Example

	<i>Without FSA</i>	<i>With FSA</i>
Gross Monthly Pay:	\$3,500	\$3,500
Pre-Tax Contributions		
Medical/Dental Premiums	\$0	-\$125
Medical Expenses	\$0	-\$75
Dependent Care Expenses	\$0	-\$400
TOTAL:	\$0	-\$600
Taxable Monthly Income	\$3,500	\$2,900
Taxes (federal, state, FICA):	-\$968	-\$802
Out-of-pocket Expenses:	-\$600	\$0
Monthly Take-home Pay:	\$1,932	\$2,098

Net Increase in Take-Home Pay = \$166/mo!

For illustration only. Actual dollar amounts may vary.



Benefits on the Go!

TASC Mobile offers fast and easy account access from anywhere at any time! MyTASC Mobile App and MyTASC Text Messaging make it easy for FlexSystem Participants to access their accounts from their mobile device. Users appreciate these flexible wireless options to securely manage their accounts and request reimbursements while on the go. These mobile features (and much more) are all-inclusive when FlexSystem is part of an employee benefits program!

Additional Management Tools

In addition to TASC Mobile, we provide multiple methods for participant/employee account access and management:

- MyTASC Website www.tasconline.com/mytasc
- IVR Phone System
- Toll-Free Customer Care Center (Monday-Friday)
- Fax or Mail Requests for Reimbursement
- [Mobile Help](#)

Life Insurance – *The Standard*

Basic Term Life

Basic Term Life and AD&D Insurance provides valuable financial protection for your family. The City of Statesboro is pleased to provide Basic Life & AD&D Insurance to all full-time employees in the amount of one times your base annual income, rounded to the next \$1,000 (not to exceed \$200,000) at no cost to you. They also provide \$10,000 for your spouse and all of your eligible children.

Voluntary Term Life

Voluntary Term Life and AD&D Insurance is also available to provide additional financial protection for you and your family. The City of Statesboro is pleased to offer additional Life Insurance coverage options as a solution. This coverage is not permanent – please see reduction schedule below.

To add or make changes to the life insurance you will have to complete and Evidence of Insurability (EOI) The link for that is: myeoi.standard.com/170732

Benefit	Coverage
Employee Voluntary Life/AD&D	<p>You can purchase coverage in increments of \$10,000 to the lesser of \$250,000 or 8 x salary (combined with your basic life amount).</p> <p>New Hires: You will have a guarantee-issue (GI) amount of \$150,000. Employee elections over GI will require Evidence of Insurability.</p>
Spouse Voluntary Life/AD&D	<p>You can purchase coverage in increments of \$5,000 to a maximum of \$125,000 (not to exceed 100% of employee's coverage).</p> <p>New Hires: You will have a guarantee-issue amount of \$50,000.</p>
Child(ren) Voluntary Life	<p>For children aged 15 days to 26 years you may purchase \$10,000 of coverage.</p> <p>New Hires: You will have a guarantee-issue amount of \$10,000.</p> <p>Some employees are grandfathered in with \$15,000 on their children. The employees who have the plan can keep it, but that amount is no longer offered.</p>
One Time Open Enrollment	<p>For the 2025 plan year only, current and new enrollees including late entrants may elect coverage up to the guarantee-issue amounts listed above without Evidence of Insurability.</p> <p>Any increase for future enrollments will require Evidence of Insurability.</p>
Reduction Schedule	<p>Benefits will reduce to 65% at age 65, 45% at age 70, 30% at age 75 and 20% at age 80.</p>

Permanent Life – Texas Life

Texas Life is a permanent life insurance that you can take with you if your employment with the City should terminate for any reason. The rates would remain the same and the company would bill you at home. You can purchase this plan for yourself, your spouse, children and grandchildren.

WOW!

LIFE INSURANCE YOU CAN KEEP!

PURELIFE-PLUS



YOU OWN IT



YOU CAN TAKE IT WITH YOU WHEN YOU CHANGE JOBS OR RETIRE



YOU PAY FOR IT THROUGH CONVENIENT PAYROLL DEDUCTIONS: NO CHECKS TO WRITE OR LINKS TO CLICK



YOU CAN COVER YOUR SPOUSE, CHILDREN AND GRANDCHILDREN, TOO¹



YOU CAN GET A LIVING BENEFIT IF YOU BECOME TERMINALLY ILL²



IT'S AFFORDABLE



YOU CAN QUALIFY BY ANSWERING JUST 3 QUESTIONS - NO EXAM OR NEEDLES

1. Coverage not available on children in WA or on grandchildren in WA or MD. In MD, children must reside with the applicant to be eligible for coverage.
2. Conditions apply.

Flexible Premium Adjustable Life Insurance to age 121. Policy Form ICC18-PRFNG-NI-18 or Form Series PRFNG-NI-18. Some limitations apply. See the PureLife-plus brochure for details. Texas Life is licensed to do business in the District of Columbia and every state but New York.

19M004-C 1003 (exp0321)

TEXASLIFE INSURANCE COMPANY
Since 1901 | 900 WASHINGTON | POST OFFICE BOX 830 | WACO, TEXAS 76703-0830

Disability – The Standard

Disability is designed to help you replace lost wages in the untimely event that you should have to miss work due to an accident or illness. Short term disability is available for you to purchase should you feel the need. You can purchase the plan even if you have pre-existing conditions; however, a waiting period does apply. The charts below briefly show the differences in the short term and the long-term disability.

Voluntary Short-Term Disability	
Benefit	66.67% of Salary
Maximum Weekly Benefit	\$1,500
Elimination Period	
• Accident	7 Days
• Sickness	7 Days
Duration of Benefits	83 Days
Late Entrant Waiting Period	60 days (during first 12 months in the plan) For sickness and pregnancy
Annual Open Enrollment	Yes

The City of Statesboro will provide Long Term Disability to all full-time employees at no charge to you. For all full-time employees working thirty or more hours per week, long term disability will pay 50% of your salary up to a maximum of \$5,000 per month starting after 90 days and paying until you are Social Security Normal Retirement Age.

Long-Term Disability	
Benefit	50% of Salary
Maximum Monthly Benefit	\$5,000
Elimination Period	90 Days
Pre-Existing Condition Limitations	3/12
Mental & Nervous limitation Alcohol & Drug limitation Specified Conditions limitation	24 Months Lifetime Benefit
Survivor Benefit	Included

PRE-EXISTING CONDITION means any condition for which a person would have done any of the following at any time during the 3 months immediately prior to a person's Individual Effective Date of Insurance, whether or not that condition was diagnosed at all or was misdiagnosed:

- 1) received medical treatment or consultation;
- 2) taken or were prescribed drugs or medicine; or
- 3) received care or services including diagnostic measures.

Group Voluntary Accident Plan – Aflac

Accident coverage is provided through Aflac. This policy can provide financial protection if you suffer a covered injury and need treatment. It pays the benefit directly to you, to offset the cost of copays, deductibles and other expenses your medical insurance may not cover.

- Flexible—Freedom to choose any provider without deductibles or copayments
- Portable—Take your plan with you even if you leave your job (with certain stipulations)
- Protective—Covered routine medical exams for early detection and prevention

Sample Coverages	
Inpatient Hospital Confinement	\$1,000
Daily Hospital Confinement	\$200 per day up to 365 days
Intensive Care	\$400 per day up to 30 days max per injury
Emergency Room Treatment	\$200
Fractures (Open, Closed, Chip)	Up to \$8,000
Accident Treatment & Urgent Care Rider	
• Ground Ambulance	\$200
• Air Ambulance	\$1,000
• Accident Physicians Treatment	\$100
• X-ray	Up to \$200
• Follow-Up Doctor Visit	\$30
3 rd Degree Burns	Up to \$20,000
Lacerations	Up to \$400
Surgery	Up to \$500 Per Day

Group Accident Rates	Bi-Weekly
Employee	\$5.98
Employee + Spouse	\$10.12
Employee + Child(ren)	\$13.81
Family	\$17.95

Group Voluntary Critical Illness – Aflac

Chances are you know someone who's been diagnosed with a critical illness such as cancer, a heart attack (myocardial infarction), or stroke. You can't help but notice the strain it's placed on the person's life – both physically and emotionally. What's not so obvious is the impact on that person's personal finances. While the person is busy getting well, the bills may continue to pile up.

WOULD YOU HAVE THE MONEY TO COVER THE OUT-OF-POCKET EXPENSES SUCH AS

- Transportation to a distant medical facility.
- Specialized treatment costs.
- Living expenses like rent, mortgage, and utility bills.

IT'S INSURANCE FOR DAILY LIVING: The Aflac Critical Illness policy pays cash benefits directly to you, unless you choose otherwise. This means that you will have added financial resources to help with medical costs or ongoing living expenses.

Pays a lump sum benefit for a covered critical illness: Cancer, Non-invasive Cancer (25%), Skin Cancer (\$250/yr), Heart Attack, Coronary Artery Bypass Surgery (25%), Stroke, End Stage Renal (Kidney) Failure, Major Organ Transplant, Bone Marrow/Stem Cell Transplant, Sudden Cardiac Arrest, Coma, Severe Burns, Paralysis, Loss of Sight, Loss of Speech, Loss of Hearing, Advanced Alzheimer's (25%), Advanced Parkinson's (25%), Benign Brain Tumor

Premiums are based on attained age.

Benefits	
Lump Sum Benefit Amount	
• Employee	\$30,000
• Spouse	Up to 50% of Employee
• Child(ren)	Up to 50% of Employee
Guarantee Issue Amount	
• Employee	\$30,000
• Spouse	\$30,000
Recurrence Benefit	Included
Separation Period for Additional Diagnosis	6 consecutive months or 12 months for cancer
Wellness Benefit	\$50 per year for Employee and Spouse

Hospital Indemnity – Aflac

Aflac Hospital Indemnity Insurance provides hospital confinement and indemnity hospital admission benefits to help alleviate the costs of a hospital stay. Your medical plan requires you to pay the deductible and coinsurance if you are admitted to the hospital. Hospital Indemnity Insurance can help pay for these additional out-of-pocket medical expenses. This coverage pays a benefit directly to you regardless of any other coverage you have or the actual cost of treatment.

Benefits	
Hospital Confinement	\$1,500 – Once per accident/sickness per calendar year
Daily Hospital Confinement	\$100 per day – 31 days per sickness/illness
Hospital Intensive Care	\$250 per day – 10 days per sickness/illness
Wellness	\$60 per year
Pre-Existing Condition Exclusions	None
Waiting Period	None
Age Reduction	None but the plan terminates at age 70

Bi-Weekly Rates	
Employee	\$9.50
Employee + Spouse	\$19.20
Employee + Child(ren)	\$15.19
Family	\$24.90



Disclosure Notice-Prescription Drug and Medicare Notice

Important Notice from the City of Statesboro About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the City of Statesboro and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. The City of Statesboro has determined that the prescription drug coverage offered by Blue Cross and Blue Shield plans are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current City of Statesboro coverage will not be affected.

If you drop your current prescription drug coverage and enroll in Medicare prescription drug coverage, you may enroll back into the City of Statesboro benefit plan during an open enrollment period under the City of Statesboro benefit plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the City of Statesboro and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City of Statesboro changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

Visit www.medicare.gov

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

From: January 1, 2025, through December 31, 2025

Sender: City of Statesboro

Contact Person: Demetrius Bynes

Disclosure Notice - CHIP

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2024. Contact your State for more information on eligibility.

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhcpp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ALASKA – Medicaid	FLORIDA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268
ARKANSAS – Medicaid	GEORGIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
CALIFORNIA – Medicaid	INDIANA – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584

IOWA – Medicaid and CHIP	MONTANA – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
KANSAS – Medicaid	NEBRASKA – Medicaid
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KENTUCKY – Medicaid	NEVADA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIP.PPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
LOUISIANA – Medicaid	NEW HAMPSHIRE – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
MAINE – Medicaid	NEW JERSEY – Medicaid and CHIP
Enrollment Website: https://www.maine.gov/dhhs/ofii/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofii/applications-forms Phone: -800-977-6740. TTY: Maine relay 711	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MASSACHUSETTS – Medicaid and CHIP	NEW YORK – Medicaid
Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa Phone: 1-800-862-4840	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid	NORTH CAROLINA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MISSOURI – Medicaid	NORTH DAKOTA – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
OREGON – Medicaid	VERMONT– Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
RHODE ISLAND – Medicaid and CHIP	WASHINGTON – Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid and CHIP
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu
Option 4, Ext. 61565



Disclosure Notices

Unless otherwise noted, a paper copy is available, free of charge, by calling NFP at 800-994-7429.

NOTICE OF YOUR HIPAA SPECIAL ENROLLMENT RIGHTS:

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards you or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contribution toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself or your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

SECTION 125 PRE-TAX BENEFIT AUTHORIZATION NOTICE:

Before-tax deductions will lower the amount of income reported to the federal government. This may result in slightly reduced Social Security benefits. If you do not enroll eligible dependents at this time, you may not enroll them until the next open enrollment period. You may not drop the coverage you elected until the next open enrollment period. You may only make a change or drop coverage elections before the next open enrollment period under the following circumstances: a change in marital status, or a change in the number of dependents due to birth, adoption, placement for adoption or death of a dependent, or a change in employment status for myself or my spouse, or open enrollment elections for my spouse, or a change in dependents eligibility, or a change in residence or worksite. Any change being made must be appropriate and consistent with the event and must be made within 30 days of when the event occurred. All changes are subject to approval by your Employer/Plan.

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION: This Notice describes how the Plan(s) may use and disclose your protected health information ("PHI") and how you can get access to your information. The privacy of your protected health information that is created, received, used or disclosed by the Plan(s) is protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). This Notice is available on the web at: www.cityofStatesboro.bswift.com. A paper copy is also available, free of charge, by calling your Employer or NFP at 800-994-7429. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan."

GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS: On April 7, 1986, a federal law was enacted (Public Law 99272, Title X) requiring that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end. If you or your eligible dependents enroll in the group health benefits available through your employer, you may have access to COBRA continuation coverage under certain circumstances. Therefore, your plan makes available to you and your dependents the General Notice Of COBRA Continuation Coverage Rights. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. The full Notice is available on the web at: www.CityofStatesboro.bswift.com. A paper copy is also available, free of charge, by calling your Employer or NFP at 800-994-7429. Please note the participant is responsible for providing a copy to their spouse/dependents covered under the group health plan.

Disclosure Notices

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 ANNUAL NOTICE:

The Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breast, prostheses, and complications resulting from a mastectomy, including lymph edema.

NEWBORNS' ACT DISCLOSURE:

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

SUMMARY OF BENEFITS AND COVERAGE (SBC): As an employee, the group health (medical) benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC) which summarizes important information about any health coverage option in a standard format to help you compare across options. The SBC is available on the web at www.cityofStatesboro.bswift.com. A paper copy is also available, free of charge, by calling your Employer or NFP at 800-994-7429. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan.

HEALTH INSURANCE MARKETPLACE NOTICE (a.k.a. Exchange Notice): When key parts of the health care law took effect in 2014, a new way to buy health insurance became available through the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, the Marketplace notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer. This notice is available on the web at www.cityofStatesboro.bswift.com. A paper copy is also available, free of charge, by calling your Employer.

PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA): The Patient Protection and Affordable Care Act (PPACA) generally requires group health plans and health insurance issuers offering group health coverage to prepare and distribute to plan participants and beneficiaries a brief, standard summary of the plan's benefits and coverage. Please see your BSwift enrollment site for the summary of benefits and coverage (SBC), also commonly known as the "four-page summary."

Why Would I Contact the Service Center?

Order ID Cards: We can contact the insurance carrier directly and have your replacement card in ten to fifteen business days.

Claim Resolution and Research: We can help you understand your Explanation of Benefits (EOB) as well as contact the insurance carriers on your behalf. We can assist in appealing a denied claim or help you request a Prior Authorization (PA) from your physician as may be required by your medical carrier. We can also help you file out-of-network claims and assist with reimbursement if you require medical assistance while traveling outside of the United States.

Locate In-Network Providers: Staying in network saves everyone money. Our Service Center can help you locate In-Network Providers for medical, dental and vision coverage whether you are at home or away.

Request Copies of Any Necessary Forms: Medical claim forms, out-of-network claim forms, evidence of insurability forms, short and long-term disability claim forms and any other applicable forms are always available if the need should arise.

Understanding Your Benefits: We can assist you with questions regarding deductibles, copayments and coinsurance. We can explain waiting periods, elimination periods and eligibility rules.

Explain Qualifying Events: Most benefit plans require that you have a Qualifying Event (like marriage, birth of a child or other life event) to make a change in your election anytime other than during open enrollment. We work with your employer to ensure that your change follows the rules of the plan, that your request is allowed within the appropriate timeframes, and that you give proper documentation of the event.

Annual Enrollment Information: We can provide details about when open enrollment begins and ends and if your plan designs or payroll deductions are changing.

Enrollment Assistance: The Service Center Representative can walk you through every step of the enrollment process. Whether it's an online enrollment or paper enrollment form, your Service Center Representative is available to help.

Confirmation Statements: We can provide copies of your online enrollment confirmation statement or a copy of your paper enrollment form at any time.

The Service Center is available from 8:30 a.m. to 5:00 p.m. Monday through Friday to assist you. We have an after-hours voice mailbox, and your call will be returned the next business day.

1-800-994-7429

NFPseCustomerService@NFP.com

Contact Information

Plan	Administrator	Website	Phone Number
Benefit / Enrollment Questions	NFP	NFPseCustomerService@NFP.com	(800) 994-7429
Human Resources	Main Number	hr@statesboroga.gov	(912) 212-2360
Enrollment Portal	bswift	www.cityofstatesboro.bswift.com	(800) 994-7429
Medical	Anthem BCBS	www.anthem.com	(855) 397-9269
Dental	Anthem BCBS	www.anthem.com	(855) 397-9269
Employee Assistance Program	The Standard	Healthadvocate.com/standard3	888-293-6948
Prescriptions	CVS Caremark	Caremark.com/HelpCenter	(866) 475-0056
Vision	EyeMed	www.eyemedvisioncare.com	(866) 939-3633
Term Life	The Standard	www.standard.com	(800) 368-2859
Permanent Life	Texas Life	www.texaslife.com	(800) 283-9233
Disability	The Standard	www.standard.com	(800) 368-2859
Flexible Spending Account	TASC	www.tasconline.com	(800) 422-4661
Critical Illness	Aflac	www.aflacgroupinsurance.com	(800) 433-3036
Accident	Aflac	www.aflacgroupinsurance.com	(800) 433-3036
Hospital Indemnity	Aflac	www.aflacgroupinsurance.com	(800) 433-3036



1-800-994-7429