



2025 ANNUAL BENEFITS OPEN ENROLLMENT

IMPORTANT INFORMATION:

The County's Annual Open Enrollment will be from **June 02 – June 19, 2025**. Open Enrollment is very important because it is the **ONLY** time you may:

- Enroll, add or remove dependents from your **Health, Dental, or Vision Insurance** without a qualifying event
- Enroll in **The Standard Group Accident Insurance, Hospital Indemnity Insurance or Critical Illness Insurance**
- Enroll in or increase **Short Term Disability Insurance**
- Enroll in **Long Term Disability Insurance**
- Enroll in or increase **Supplemental and Dependent Life Insurance**
- ! Enroll in **Medical Flexible Spending and/or Dependent Care Flexible Spending Accounts for 2025-2026**

IMPORTANT: Your current 2024 FSA account election will not carry over into the new plan year for 2025.

YOU MUST RE-ENROLL EVERY PLAN YEAR IF YOU WANT TO KEEP IT .

***** Because we have added new tiers to our health coverage, you will be REQUIRED to complete Open Enrollment in FConnect to make a new health insurance coverage election.**

NOTES:

- ✓ *If your spouse works full-time (defined as 30 hours or more per week) and has access to health coverage through their employer, they are not eligible to be covered on the County's health insurance plan.*
- ✓ *Your current Dental, Vision, Life Insurance, Accident, Hospital Indemnity, Critical Illness, Short Term and Long Term Plan coverage elections will stay the same for the 2025-2026 plan year unless you make a different election.*

HOW TO ENROLL OR MAKE CHANGES TO BENEFIT ELECTIONS

FConnect will be available to enroll or make changes to your benefits **June 2nd through June 19th**.

Step 1: Click on the Benefits Tile under "ME"

Step 2: Click on Make Changes (located under your picture/initials)

Step 3: Add any dependents to cover that are not already listed.

NOTE: These are people you want to cover on **ANY** benefit or people you want to use as a beneficiary.

Step 4: Click Continue and make elections for each benefit

BENEFIT PLANS AND RATES

CIGNA - HEALTH INSURANCE

Health Insurance rates will increase starting July 2025:

CIGNA HEALTH	EMPLOYEE SEMI-MONTHLY	COUNTY SEMI-MONTHLY
Individual	\$66.71	\$466.93
Employee + Child	\$183.57	\$670.24
Employee + Children	\$244.94	\$715.60
Employee + Spouse	\$192.11	\$875.16
Family (Spouse + 1 or more Children)	\$388.49	\$1105.69

Out of Pocket Maximum, Emergency Room Copay and Pharmacy Copays will increase as shown below:

Emergency Room Copay	\$500		
	Type	In Network	Out of Network
Out Of Pocket Maximum	Individual	\$5,000	\$10,000
	Other Tiers	\$10,000	\$20,000

Pharmacy Copays	Retail	Mail
	\$10 Generic	\$20
	\$50 Brand (formulary)	\$100
	\$75 Brand (non-formulary)	\$150

- ❖ Employees who choose to participate in the 2025 Wellness Program will receive a \$30.00 semi-monthly premium discount.
- ❖ Employees who have a covered spouse who also chooses to participate in the 2025 Wellness Program will receive an additional \$20.00 semi-monthly premium discount.

AMERITAS - DENTAL INSURANCE

Dental rates will remain the same:

AMERITAS DENTAL	EMPLOYEE SEMI-MONTHLY	COUNTY SEMI-MONTHLY
Individual	Paid by County	\$14.99
Employee + One	\$7.44	\$22.42
Family	\$17.82	\$32.80

SUPERIOR VISION – VISION PLAN

Superior Vision provides primary vision care benefits including eye examinations, prescription eyewear, and contact lenses through a broad-based provider network consisting of ophthalmologists, optometrists, and opticians. The plan also contracts with a large number of national and regional optometric chain locations.

Vision rates will remain the same:

FULL SERVICE PLAN	EMPLOYEE SEMI-MONTHLY
Individual	\$4.34
Employee + One	\$8.43
Family	\$14.67
MATERIAL ONLY PLAN	EMPLOYEE SEMI-MONTHLY
Individual	\$2.87
Employee + One	\$5.55
Family	\$9.52

FLEXIBLE BENEFIT ADMINISTRATORS - FLEXIBLE SPENDING ACCOUNTS

IMPORTANT: You must re-elect your Flexible Spending Accounts for medical and/or dependent care each year.

Our Flexible Spending Account (FSA) is administered by **Flexible Benefits Administrators (FBA)**. Medical and/or Dependent Care Flexible Spending Accounts are designed to allow you to pay for unreimbursed medical expenses and/or dependent care expenses with tax-free dollars. This is a significant tax savings for most. FBA offers a debit card which enables you to use your medical and/or dependent care flexible spending account at eligible locations that accept MasterCard. You can also elect to file a paper claim, in which case you will receive a deposit to your primary direct deposit bank account Forsyth County has on file (this is the account in which your paycheck is deposited).

Please remember Medical and Dependent Care Flexible Spending Account balances **DO NOT** carry over from one year to the next. All expenses for the **CURRENT PLAN YEAR July 1, 2024 to June 30, 2025** must be incurred by September 15, 2025.

You have the entire Plan Year (July 1, 2025 – June 30, 2026) plus a 2 month plus 15 day grace period which ends September 15, 2026 to utilize your funds. Additionally, there is a **90 day run out period to file all claims which were incurred during the plan year by September 28, 2026**. These claims must be received in FBA's Office prior to the end of the 90 days. (Remember "90 days" does not mean 3 months and "received in the office" does not mean postmarked). Any unused balance will be forfeited under the IRS regulation "**Use it or lose it rule.**"

HARTFORD LIFE INSURANCE

***** It is imperative that you designate a beneficiary for your basic life insurance and if applicable, your supplemental life insurance.**

You can request coverage through FCConnect for employee supplemental or dependent life insurance.

- ❖ Forsyth County provides all eligible employees with a basic term life amount of 1.5 times your basic annual earnings up to a maximum of \$150,000 at no cost to you.
- ❖ You can apply for supplemental life insurance at 1, 2 or 3X your annual salary up to a maximum of \$350,000 on yourself subject to Evidence of Insurability (EOI). You can apply for dependent life insurance on your spouse at \$10,000 or \$20,000 subject to Evidence of Insurability (EOI).
- ❖ Additionally, if you currently have \$10,000 on your spouse you can increase to \$20,000 without Evidence of Insurability (EOI).
- ❖ Insurance for dependent child(ren) DOES NOT require Evidence of Insurability (EOI).
- ❖ During open enrollment if you currently have supplemental life coverage in the amount of 1X your annual salary you can increase to 2X annual salary without completing an Evidence of Insurability (EOI) also called Proof of Good Health. **If you elect 3X your annual salary, you will be required to complete an EOI regardless of your current supplemental life coverage.**

NOTE:

If Evidence of Insurability (EOI) is required (also called proof of good health), the forms will be emailed to your preferred email address listed in FCConnect. **The email is sent from medical.uw@hartfordlife.com and the subject will be **Action Required: The Hartford Group Benefits Evidence of Insurability Required.****

You have 60 days to submit Evidence of Insurability (EOI). You will receive two reminders – 15th day and 45th day if you have not completed. Upon completion, you will receive an immediate decision or if additional information is needed, a letter via US mail.

At any time, you can choose to print the Personal Health Application (PHA) and mail it to The Hartford

THE STANDARD – GROUP ACCIDENT PLAN

Plan Features (rates will remain the same):

- ✓ Pays you directly, so you can choose how to spend the money.
- ✓ Pays you for what happens, regardless of your other coverage.
- ✓ Goes with you if you leave your employer.
- ✓ Provides coverage without answering any medical questions.
- ✓ Gives you the option to cover your spouse and children.
- ✓ Pays an additional 25 percent benefit if your child, 18 or under, is injured playing organized sports.
- ✓ You pay the same premium for as long as you have your coverage.
- ✓ Provides the convenience of having your premium payments deducted directly from your paycheck

Coverage for	SEMI-MONTHLY RATES
You	\$4.32
You and your spouse	\$6.82
You and your children	\$8.25
You, your spouse and your children	\$12.93

THE STANDARD – GROUP HOSPITAL INDEMNITY PLAN

Medical insurance is important. Especially when you have a hospital stay – planned or unplanned. But it can leave you with unexpected bills and out-of-pocket costs. Group Hospital Indemnity insurance can help cover unexpected out-of-pocket expenses such as copays, deductibles and out-of-network charges, as well as everyday living expenses. It pays a benefit directly to you for hospital stays, regardless of your treatment costs or other insurance coverage you might have

Plan Features (rates will remain the same):

Even the best budgeters can forget to set aside money for medical expenses. Hospital Indemnity insurance provides a way to cover unexpected out-of-pocket expenses when you end up in the hospital. It also allows you to:

- ✓ Choose how to spend your benefit. It's your money — spend it however you want, whether it's to pay for your groceries, rent or medical C bills.
- ✓ Take it with you. If you leave your job, you can take your coverage with you.
- ✓ Receive a benefit for taking care of your health. You can get a Health Maintenance Screening Benefit of \$50 once per calendar year just for going to the doctor for a covered wellness screening, which may include a novel infectious disease test (including COVID-19) or a mammogram — that typically cost you nothing under your medical plan.
- ✓ Get a break from paying premiums during long hospital stays. If you are in the hospital for more than 30 days, you will be able to stop making premium payments until you're discharged.

Coverage for	SEMI-MONTHLY RATES
You	\$9.65
You and your spouse	\$16.11
You and your children	\$13.92
You, your spouse and your children	\$24.32

THE STANDARD – GROUP CRITICAL ILLNESS PLAN

An Extra Layer of Protection:

Critical Illness insurance can make a big difference in your ability to pay out-of-pocket expenses associated with a serious illness. It pays a lump-sum benefit directly to you upon diagnosis of a covered illness, regardless of your treatment costs or what's covered by your medical insurance. Elect coverage in \$5,000 increments between \$5,000 and \$30,000.

Plan Features (rates will remain the same):

- ✓ Update your coverage as needed. As your life circumstances change, increase or decrease your coverage, in accordance with your employer's plan.
- ✓ Lock in your rate. For example, if you're 35 when your coverage becomes effective, you'll pay a 35-year-old's rate for as long as you have the coverage. If you increase your coverage amount at age 45, you will continue to pay a 35-year-old's rate for that increased coverage amount for as long as you have that increased coverage amount.
- ✓ Take it with you. If you leave your job, you can take your coverage with you.
- ✓ Pick and choose how to spend your benefit. Spend your lump-sum benefit however you want.
- ✓ Protect your loved ones. Cover your spouse up to \$30,000, as long as it's not more than your benefit amount. Your kids are automatically covered at 50 percent of the amount elected for yourself for the same critical illnesses that you are. Kids are also covered for 21 additional childhood diseases, including cystic fibrosis, Down syndrome, muscular dystrophy, spina bifida and cerebral palsy.
- ✓ Access a Health Advocate. Additional services available through Health Advocate, include access to specialists for a second opinion upon approval of a covered claim.
- ✓ Receive a benefit for taking care of your health. You and your covered loved ones receive a Health Maintenance Screening benefit of \$100 once per calendar year when visiting the doctor for a covered wellness screening, which may include a novel infectious disease test (including COVID-19) or a mammogram — that typically cost you nothing under your medical insurance.
- ✓ Receive additional benefits. If you are diagnosed with a covered illness again after a treatment-free period of 12 months, you will receive 100 percent of the original benefit amount. If you are diagnosed with a different and subsequent covered illness at least 30 days after the diagnosis of the first critical illness, you will receive an additional Critical Illness insurance benefit.

Coverage for	Coverage Amount
You	\$5,000 - \$30,000 in increments of \$5,000
You and your spouse	\$5,000 - \$30,000 in increments of \$5,000
You and your children	Automatically covered at \$50% of your coverage amount

Premiums

Employee Non-Tobacco Semi-Monthly Issue Age Premiums						
	Employee Age					
Coverage Amount	18-29	30-39	40-49	50-59	60-69	70+
\$5,000	\$1.20	\$1.70	\$2.90	\$4.60	\$7.50	\$17.70
\$10,000	\$2.40	\$3.40	\$5.80	\$9.20	\$15.00	\$35.40
\$15,000	\$3.60	\$5.10	\$8.70	\$13.80	\$22.50	\$53.10
\$20,000	\$4.80	\$6.80	\$11.60	\$18.40	\$30.00	\$70.80
\$25,000	\$6.00	\$8.50	\$14.50	\$23.00	\$37.50	\$88.50
\$30,000	\$7.20	\$10.20	\$17.40	\$27.60	\$45.00	\$106.20

Employee Tobacco Semi-Monthly Issue Age Premiums						
	Employee Age					
Coverage Amount	18-29	30-39	40-49	50-59	60-69	70+
\$5,000	\$1.40	\$2.40	\$4.70	\$8.70	\$15.70	\$32.00
\$10,000	\$2.80	\$4.80	\$9.40	\$17.40	\$31.40	\$64.00
\$15,000	\$4.20	\$7.20	\$14.10	\$26.10	\$47.10	\$96.00
\$20,000	\$5.60	\$9.60	\$18.80	\$34.80	\$62.80	\$128.00
\$25,000	\$7.00	\$12.00	\$23.50	\$43.50	\$78.50	\$160.00
\$30,000	\$8.40	\$14.40	\$28.20	\$52.20	\$94.20	\$192.00

Spouse Semi-Monthly Issue Age Premiums – Based on Employee's Age and Non-Tobacco/Tobacco Status *Employee must elect coverage for spouse to have coverage and coverages for Employee and Spouse cannot be for different amounts. Coverage for the spouse is the same amount as what the Employee elects for themselves. For example: If Employee, age 45 (Non-Tobacco), chooses \$10,000 in coverage for \$5.70 Semi Monthly and also elects to cover Spouse, then the Spouse will also have \$10,000 in coverage for an additional \$5.70 (\$11.40 in total Semi-monthly Premium).

SHORT TERM DISABILITY (AUL)

AUL's Short Term Disability (STD) Insurance will provide you with monthly income when you are totally disabled from working. It does not cover on the job injuries or sickness due to employment. You can apply for up to 70% of your earned income not to exceed a maximum monthly benefit of \$2,000.

- ❖ If you do not currently have coverage, you can elect up to \$1000 (not to exceed 70% of income). The coverage will be guaranteed issue, but the 3/12 pre-existing clause will apply.
- ❖ If you currently have STD coverage, you can increase your benefit amount by \$500 in \$100 increments (not to exceed 70% of your income).

LONG TERM DISABILITY (AUL)

AUL's Long Term Disability (LTD) can be used as a supplement to your Short-Term Disability. Long Term Disability will begin after your three-month Short-Term Disability policy has run out. You can elect Long Term Disability even if you do not elect Short Term Disability. It will provide you with income when you cannot work for an extended period beyond three months. Your LTD premium and benefit amount will be based on your salary in the Human Resources System as of **July 1, 2025**. Therefore, your benefit amount and premium may be slightly different if you have had a performance appraisal or other change in rate of pay after open enrollment begins.

- ❖ If you are interested in enrolling in Long Term Disability (LTD), coverage will be available without medical underwriting.
- ❖ If you previously completed the medical underwriting for LTD and you were denied, you will be required to complete the medical underwriting process again and the coverage will be subject to approval or denial by AUL.

NOTE: Interested employees can enroll in one or both of the disability products.