



Employee Benefits Guide

**PLAN YEAR
2024-2025**

July 1, 2024-June 30, 2025



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Employee Benefits Guide Introduction

Welcome to your Employee Benefits Guide!

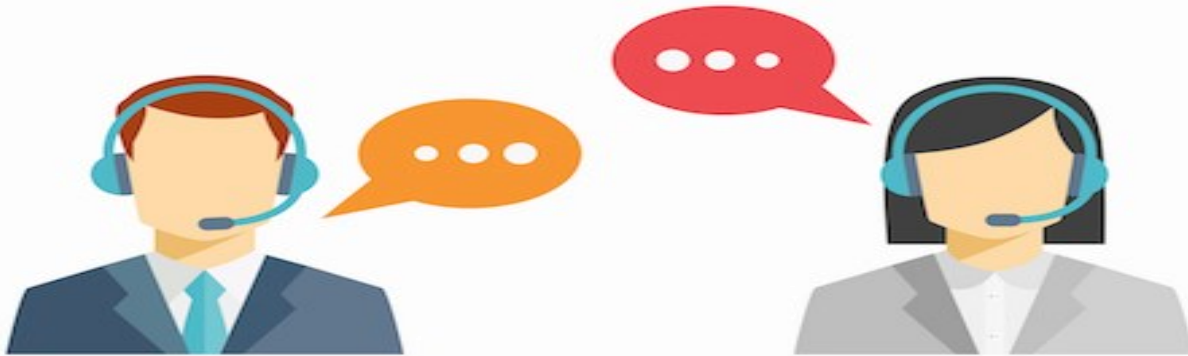
Employee Benefits Guide Overview—DISCLAIMER

This guide provides a general overview of your benefit choices to help you select the right coverage for your needs. This guide is not a contract. It is not to be considered as a summary plan document, or certificates of coverage for any benefits. If there are discrepancies between this guide and the certificates of coverage, the certificates of coverage will take precedent.

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Quality Service



Advocacy Team

Wood County Commission employees have access to the Schwendeman Agency, Inc. Advocacy Team to provide help with questions involving claims, coverage, enrollment and all other concerns regarding their employee benefits. Our advocacy team is made up of trained professionals who understand your benefits plan and are highly dedicated to providing solutions to your problems.

Simple, reliable, and free:

800-837-6793 (toll-free)

Monday - Friday 8:00am - 5:00pm EST

info@schwendeman.com



Contact Information

Jessie Hembree

j.hembree@schwendeman.com

Benefits	Provider	Group Number	Website	Customer
Medical Flexible Spending Account/ Health Reimbursement Arrangement	Highmark BCBS	9068742	www.highmarkbcbs.com	(888) 809-9121
Dental	United Concordia (through Highmark)		www.unitedconcordia.com	1-800-332-0366
Vision	Vision Service Plan (VSP)	12023866	www.vsp.com	(800) 877-7195
Life/ Voluntary Life/LTD/Voluntary STD/AD&D/ and Employee Assistance Program	Mutual of Omaha	G000BKB9	www.mutualofomaha.com	(800) 523-2233

Enrollment Dates and Making Changes

Enrollment Details

Open Enrollment: We provide open enrollment to our employees in the month of June each year with an effective date of July 1.

Making Changes to your Benefits

The Section 125 Plan has a plan year running from July 1 - June 30 each year. Your election to participate in the Medical, Dental, & Vision will constitute your election to participate under the Premium Only plan on a pre-tax basis. A Section 125 Premium Expense plan allows you to pay for your portion of the health insurance premium on a pre-tax basis.

Important Note: Deductible year is from July 1st - June 30th

What is a Qualifying Event?

The following events qualify for a mid-year change in coverage:

- > Marriage
- > Divorce or legal separation
- > Birth
- > Adoption or Placement for Adoption
- > Death of a dependent
- > Ineligibility of a dependent
- > Loss of coverage
- > Change in your employment status or that of your spouse
- > A qualified domestic relations order or similar court order
- > Entitlement to Medicare or Medicaid

****Employee Responsibilities****

Employees that experience a qualifying event must notify the administration within 30 days of the qualifying event.



Contributions

Medical

Plan Type	Monthly Employee Contribution
Employee Only	\$100.00
Employee and Spouse	\$296.34
Employee and Child (ren)	\$200.12
Family	\$380.16

Dental

Plan Type	Monthly Employee Contribution
Employee Only	\$5.00
Family	\$19.48

Vision

Plan Type	Monthly Employee Contribution
Employee Only	\$5.00
Family	\$5.94

Effective 7/1/24 a spousal surcharge will be implemented. If an employee's spouse has coverage available through his or her employer, he or she will be expected to take that coverage as their primary coverage. Any employee electing to keep their spouse on the Wood County Commissioners medical plan will contribute \$20 per month, in addition to their monthly insurance contributions above.

Health Reimbursement Arrangement

Health Reimbursement Arrangement (HRA)

The County provides a Health Reimbursement Arrangement designed to assist members and their families to offset the cost of the Highmark Medical Plan in-network deductibles.

The Health Reimbursement Arrangement is administered by Highmark BCBS.

The medical plan in-network deductible cost share is as follows for Single contracts:

- ◆ The employee is responsible to pay the first **\$500** of in-network medical deductible
- ◆ The employer's HRA is responsible to pay the next **\$6,250** of in-network medical deductible
- ◆ The employee is responsible to pay the last **\$250** of in-network medical deductible

Therefore, the total employee in-network deductible cost share is \$750.

The medical plan in-network deductible cost share is as follows for Family contracts:

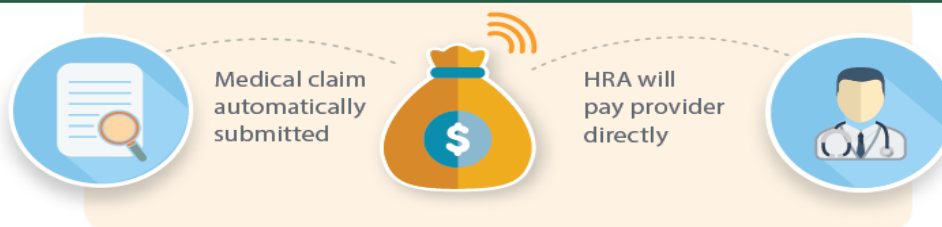
- ◆ The Family is responsible to pay the first **\$1,000** of in-network medical deductible
- ◆ The employer's HRA is responsible to pay the next **\$12,500** of in-network medical deductible
- ◆ The employee is responsible to pay the last **\$500** of in-network medical deductible

Therefore, the total Family in-network deductible cost share is \$1,500.

How Your HRA Works

After you receive medical services, simply show your medical insurance card to your provider. These health care providers will send a claim to your insurance. After your insurance processes the claim, you may still owe money for your share of the expense. These medical claims will be automatically submitted to your HRA for payment. Your HRA will pay the employer's share to the provider automatically. You will not need to do anything to make this happen.

Your full annual HRA account balance is available to you on the first day of the plan year. You can check and review your claims and balances by creating a member account on Highmark.com.



Flexible Spending Account

Flexible Spending Account (FSA)

The County provides eligible employees an option to enroll in an FSA administered by Highmark. An FSA allows you to set aside **pre-tax** money from your paycheck to help pay for qualified medical expenses, such as **copays, deductibles, coinsurance** and even **prescription, dental** and **vision** expenses.

FSA Advantages:

- Contribute pre-tax dollars from your paycheck
- Your full contribution amount is available at the start of the plan year
- You can use this account to pay for qualified medical expenses for you, your spouse, and/or your tax dependents
- You can elect up to the IRS Maximum of **\$3,200**
- You can roll-over up to **\$640** of unused funds into the next plan year
- Convenient debit card for eligible purchases

Other Features:

Mobile App Access: Manage your account on the go with Highmark's free and secure mobile app

Online Personal Dashboard: Easily access your account balance, pay claims, view messages, and use Highmark's educational tools and resources

Messaging: Stay informed about your account with personalized messages (email/text) throughout the plan year about:

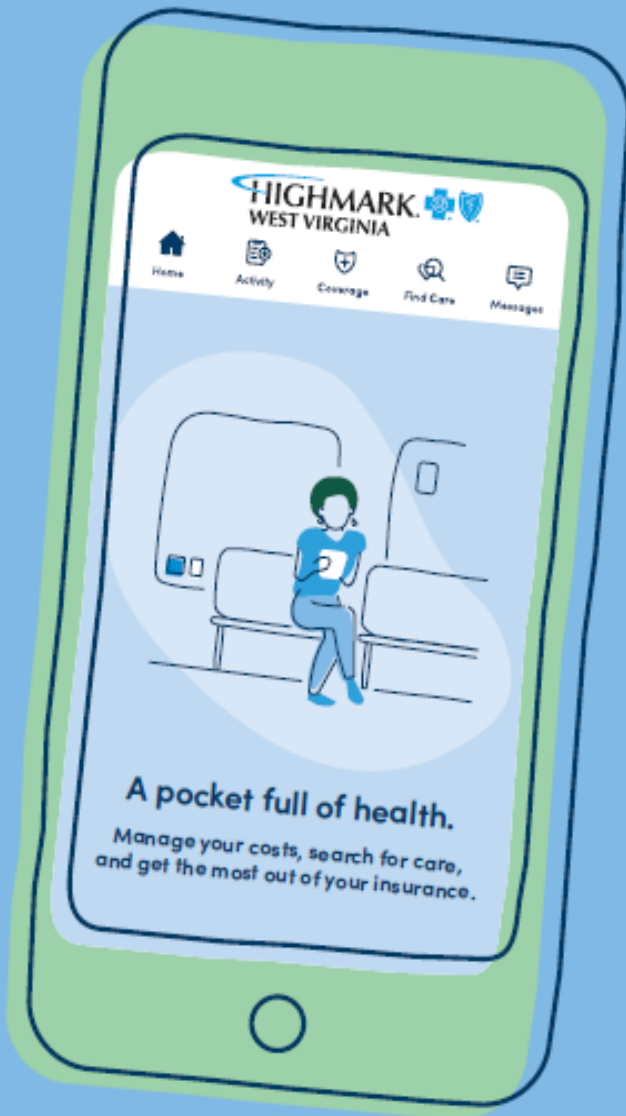
- Account Balance
- Claim Status
- Claim Submission Deadlines

When you sign up for a health care FSA, you will receive a welcome communication that guides you to register and to get started managing your account.



Get it.

The Highmark Plan App



Once you download it, sign up or use your same login info from the member website and – bingo! – your plan benefits are right there in the palm of your hand.

For starters, you can:

-  Access your virtual member ID card any time.
-  Find in-network doctors and facilities or compare costs of procedures.
-  Find answers to benefits questions.
-  See recent claims activity.
-  View covered family members' plan information.
-  Use fingerprint or face recognition for quick, secure sign-in.

To access all of the features on the Highmark Plan App, you must have active Highmark medical coverage.

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Insurance or benefit administration may be provided by Highmark Blue Cross Blue Shield West Virginia, Highmark Benefits Group, Highmark Health Insurance Company or Highmark Select Resources, all of which are independent licensees of the Blue Cross and Blue Shield Association. Health care plans are subject to terms of the benefit agreement.

6/19/18HC40610-MCC

Where to go for care when you need help.



Your symptoms or condition determine your best setting for care.



Telemedicine



Doctor's Office



Urgent/Express Care



Emergency Room (ER)

	Telemedicine	Doctor's Office	Urgent/Express Care	Emergency Room (ER)
When and where to visit	Convenient, at-home care for minor illnesses and behavioral health care	Sick visits, checkups, and care for chronic conditions	Urgent, but not life-threatening	Serious, life-threatening, or involving severe pain
Symptoms/conditions	Cold, flu, and other minor illnesses that don't require an office visit	Cold/sinus symptoms, stomach problems, high blood pressure, other chronic conditions	Headaches/migraines, asthma/breathing conditions, flu, urinary tract infection	Difficulty breathing, uncontrolled bleeding, chest pain, severe injury stroke symptoms*
Estimated cost by comparison	Lowest	Lower	Moderate	Highest
Hours of operation	24/7 (behavioral health care must be scheduled)	Business hours (generally)	Mornings, evenings, and weekends	24/7

If you believe you are having a medical emergency and you need immediate treatment, go directly to any hospital emergency room or call 911.



Because Life.™

* Numbness or weakness in your face, arm, or leg, especially on one side. Confusion or trouble understanding other people. Difficulty speaking. Trouble seeing with one or both eyes.

This is intended to provide general information only and is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider regarding your medical condition(s). Coverage for medical services described herein is subject to the terms of your health plan benefit agreement and network coverage varies by plan. Check your member materials for details.

Source: Vorvick, L. J, Sieve, D., & Conaway, B. (2019). When to use the emergency room—adult. Retrieved from: <https://medlineplus.gov/ency/patientinstructions/000593.htm>.

Employee Assistance Program

We're Here to Help



Life's not always easy. Sometimes a personal or professional issue can get in the way of maintaining a healthy, productive life. Your Employee Assistance Program (EAP) can be the answer for you and your family.

We're Here to Help

Mutual of Omaha's EAP assists employees and their eligible dependents with personal or job-related concerns, including:

- Emotional well-being
- Family and relationships
- Legal and financial matters
- Healthy lifestyles
- Work and life transitions

EAP Benefits

- Access to EAP professionals 24 hours a day, seven days a week
- Provides information and referral resources
- Service for employees and eligible dependents
- Robust network of licensed mental health professionals
- Three face-to-face sessions* with a counselor (per household per calendar year)

*Face-to-face visits can also be used toward legal consultations

*California Residents: Knox-Keene Statute limits no more than three face-to-face sessions per six-month period.

- Legal assistance and financial resources
 - Online will preparation
 - Legal library & online forms
 - Financial tools and resources
- Resources for:
 - Substance use and other addictions
 - Dependent and elder care resources
- Access to a library of educational articles, handouts and resources via mutualofomaha.com/eap

What to Expect

You can trust your EAP professional to assess your needs and handle your concerns in a confidential, respectful manner. Our goal is to collaborate with you and find solutions that are responsive to your needs.

Your EAP benefits are provided through your employer. There is **no cost** to you for utilizing EAP services. If additional services are needed, your EAP will help locate appropriate resources in your area.

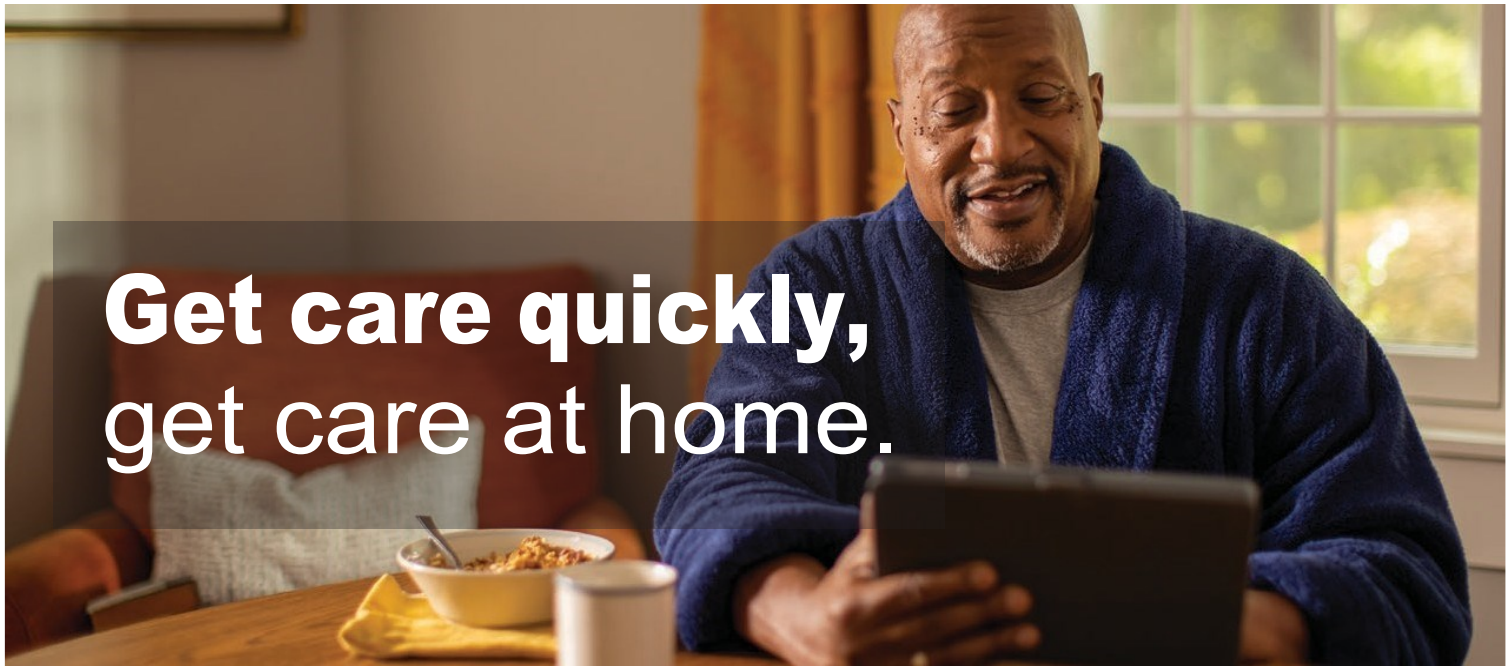
Don't delay if you need help

Visit mutualofomaha.com/eap or call **800-316-2796** for confidential consultation and resource services.



Insurance products and services are offered by Mutual of Omaha Insurance Company or one of its affiliates. Home office: 3300 Mutual of Omaha Plaza, Omaha, NE 68175. Mutual of Omaha Insurance Company is licensed nationwide. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Companion Life Insurance Company, Hauppauge, NY 11788-2937, is licensed in New York. Each underwriting company is solely responsible for its own contractual and financial obligations. Some exclusions or limitations may apply.

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**Get care quickly,
get care at home.**

Well360 Virtual Health

Commonly treated conditions:

Urgent Care

- Allergies
- Bronchitis
- Common cold
- COVID-19 symptoms
- Sinus infections
- Sore throat
- Stomach flu

Behavioral Health

- Anxiety/stress
- Bereavement/grief
- Depression

With Well360 Virtual Health, you can see a provider from the comfort of home anytime — even in the evenings and on weekends. Board-certified doctors can treat you for minor illnesses like the flu, colds, sinus infections, and more, without having to wait for an appointment or drive to an office. If needed, they can prescribe you the medication you need to feel better.*

Take care of your mental health, too.

In addition to minor medical needs, Well360 Virtual Health can connect you to the right resources to get you the mental health support you need.



To get started, download the app or visit [Well360VirtualHealth.com](https://www.Well360VirtualHealth.com) to schedule an appointment for urgent care, therapy, or psychiatry.



Because Life.™

Medical Benefit Summary - PPO

Administered by: Highmark BCBS

Medical Benefits	In-Network	Out-of-Network
Deductible		
Single	\$7,000	\$14,000
Family	\$14,000	\$28,000
Coinsurance		
	0%	20%
Out-of-Pocket Maximum		
Single	\$9,450	Not Applicable
Family	\$18,900	Not Applicable
Physician Office Visit		
Primary Care	\$15 Copay	\$15 Copay then 20% Coinsurance
Specialist	\$15 Copay	\$15 Copay then 20% Coinsurance
Preventative	No Charge	Deductible & 20% Coinsurance
Laboratory & X-Ray**	Deductible then covered at 100%	Deductible & 20% Coinsurance
Hospital Services		
Inpatient Hospitals	Deductible then covered at 100%	Deductible then 20% Coinsurance
Outpatient Hospital	Deductible then covered at 100%	Deductible then 20% Coinsurance
Emergency Services		
Urgent Care**	\$35 Copay	Deductible then 20% Coinsurance
Emergency Room	\$150 Copay– Waived if Admitted	\$150 Copay– Waived if Admitted
Emergency Ambulance Services	100%, No Deductible	100%, No Deductible
Non-Emergency Ambulance Service	Deductible then covered at 100%	Deductible then 20% Coinsurance
Mental Health/Substance Abuse		
Inpatient Mental Health	Deductible then covered at 100%	Deductible then 20% Coinsurance
Outpatient Mental Health**	Deductible then covered at 100%	Deductible then 20% Coinsurance
Other Services		
DME & Prosthetics	Deductible then covered at 100%	Deductible then 20% Coinsurance
Physical Therapy**	\$15 Copay	\$15 copay & 20% Coinsurance
Occupational Therapy**	\$15 Copay	\$15 copay & 20% Coinsurance
Speech Therapy**	\$15 Copay	\$15 copay & 20% Coinsurance
Home Health Care**	Deductible then covered at 100%	\$15 copay & 20% Coinsurance
Skilled Nursing Care	Deductible then covered at 100%	Deductible then 20% Coinsurance
Hospice Service	Deductible then covered at 100%	Deductible then 20% Coinsurance
Spinal Manipulation	\$15 per Visit, 100% thereafter, No Deductible (30 visits for other than chronic pain 30 visits per event for chronic pain)	\$15 per Visit, 80% thereafter, No Deductible (30 visits for other than chronic pain 30 visits per event for chronic pain)

**** Copayments, if any, do not apply to services prescribed for the treatment of Mental Health and Substance Use Disorders****

Pharmacy Benefit Summary - PPO

Administered by: Highmark BCBS

Prescription Medication	In-Network	Out-of-Network
<p>Prescription Drugs Defined by the National Plus Pharmacy Network- Not Physician Network If you choose Brand over Generic, you will pay the difference between the Brand and Generic Allowance, in addition to your Coinsurance, unless the physician writes "brand necessary" (DAW) on the prescription, or if no generic equivalent exists. Maximum 34 day supply. Note: Prescription Deductibles, Copayments and/or Coinsurance amounts apply toward the Total Maximum Out-of-Pocket</p> <p>Specialty Drugs are limited to a 34-day Supply for Retail and Mail Order</p>	Retail Drugs and Mail Order 34 Day Supply \$5 Generic \$25 Preferred Brand \$50 Non Preferred \$200 Brand Specialty Drugs Cost-sharing for Prescription Insulin Drugs will not exceed \$35 for a 30 day supply—Cost sharing for Diabetic Devices will not exceed \$100 for a 30 day supply	No Benefits
<p>Mail Order Drugs If you choose Brand over Generic, you will pay the difference between the Brand and Generic Allowance, in addition to your Coinsurance, unless the physician writes "brand necessary" (DAW) on the prescription, or if no generic equivalent exists. Maximum 90 day supply. . Note: Prescription Deductibles, Copayments and/or Coinsurance amounts apply toward the Total Maximum Out-of-Pocket</p> <p>Specialty Drugs are limited to a 34-day Supply for Retail and Mail Order</p>	Retail and Maintenance Mail Order Drugs (35-90 Day Supply) \$15 Generic \$75 Preferred Brand \$150 Non Preferred \$200 Brand Specialty Drugs Cost-sharing for Prescription Insulin Drugs will not exceed \$35 for a 30 day supply—Cost sharing for Diabetic Devices will not exceed \$100 for a 30 day supply	No Benefits
<p>Additional Preventive Prescription Benefits (Retail or Mail Order) - (Guidelines as determined by certain Governmental Agencies) - You may access this information at www.healthcare.gov. You may also contact Member Services.</p>	100%, No Deductible	No Benefits
Preventative Care Services	Network	Out-of-Network
Routine Adult		
Physical Exam	100%, No Deductible	80%
Adult Immunization	100%, No Deductible	80%
Colorectal Cancer Screening	100%, No Deductible	80%
Routine gynecological exams, including a PAP Test	100%, No Deductible	80%
Mammograms, annual routine, and medically necessary	Routine: 100%, No Deductible Medically Necessary: 100% after deductible	80%
Diagnostic Services and Procedures	100%, No Deductible	80%
Routine Pediatric		
Physical Exams	100%, No Deductible	80%
Pediatric Immunizations	100%, No Deductible	80%
Diagnostic Services and Procedures	100%, No Deductible	80%

Dental Benefit Summary

Administered by: United Concordia

	In-Network	Out-of-Network
Deductible	Per Benefit Year	
Single	\$50	\$50
Family	\$150	\$150
DEDUCTIBLE IS WAIVED FOR PREVENTATIVE SERVICES		
Services		
Preventive Care	0%	0%
Basic Care	20%	20%
Major & Restorative Care	50%	50%
Orthodontia	50%	50%
Benefit Maximums		
Annual	\$1500	\$1500
Orthodontia	\$1000	\$1000

Covered Services & Frequency

Diagnostic & Preventive Services

Oral Exams (2 per benefit year)	Bitewing X-rays (once per benefit year)
Cleanings (3 per benefit year)	Space Maintainers (once every 5 years under age 14)
Fluoride Treatment (once per benefit year to age 14)	Sealants
Emergency Palliative Treatment	
Full Mouth X-Rays or Panoramic X-rays (once every 5 years)	

Basic Services

Fillings- Amalgams, Silicate, Acrylic	Simple Extractions
Radiographs/ Diagnostic Imaging/ Diagnostic Casts	General of Local Anesthesia
Minor Restorative Services	Treatment of Gum Disease (Periodontics)

Oral Surgery, Endodontic and Periodontic Services

Major Restorative and Prosthodontic Services

Redlines and Repairs

Orthodontic Services through age of 19

~THIS LIST DOES NOT INCLUDE ALL COVERED DENTAL SERVICES. PLEASE REFER TO THE CERTIFICATE OF BENEFITS FOR A FULL LIST~

**FIND A DENTIST—www.unitedconcordia.com/find-a-dentist—Select the Elite Plus network **

Vision Benefit Summary

Administered by: VSP

Vision Benefits	In-Network
Exams	
Complete Eye Exam– WellVision	\$10 Copay
Prescription Glasses	\$15 Copay
Lenses	Included in Prescription Glasses
Single Vision	Copay Waived
Lined Bifocal	Copay Waived
Lined Trifocal	Copay Waived
Frames	\$200 Allowance \$220 Featured Frame Allowance 20% Savings on the amount over allowance
Contact Lenses (In lieu of eyeglasses)	\$140 Allowance
Contact Lens Exam (fitting and evaluation)	Up to \$60 Copay
Service Frequencies	
Exams	Once every 12 months
Lenses (glasses or contacts)	One pair every 12 months
Frames	Once every 24 months
Extra Savings with the VSP Network	
<p>Glasses and Sunglasses– Extra \$20 to spend on featured frame brands. Go to www.vsp.com/offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam.</p> <p>Routine Retinal Screening– No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam.</p> <p>Laser Vision Correction– Average 15% off the regular price or 5% off the promotional price; discount only available from contracted facilities</p>	

Basic Life and AD&D

Administered by: Mutual of Omaha



Basic Term Life and Accidental Death & Dismemberment (AD&D) Benefits

Basic Term Life and Accidental Death & Dismemberment (AD&D) Benefits	
Benefit Amount	
Basic Term Life and AD&D	Your employer provides \$10,000 Basic Term Life coverage for all full time employees, \$5,000 for their spouse and \$2,000 for eligible dependents. Your Accidental Death and Dismemberment (AD&D) coverage is equal to 1 times of
Additional Features	
Portability	Allows you to take your coverage on employee and dependent coverage with you if you terminate employment. (Age and other restrictions may apply including evidence of insurability).
Conversion	Allows you to continue your basic term and dependent coverage after your group plan has terminated. (Restrictions may apply; refer to your certificate of benefits).
Waiver of Premiums	Premium will not need to be paid if you are totally disabled. (For employees disabled prior to age 60, with premiums waived until age 65, if conditions are met). Waiver of premium for Dependent Basic Term Life Insurance is applied ONLY when the policyholder ops for coverage and qualifies for the benefit.

**Don't forget you may update your policy beneficiaries at any time.
Please make sure all your beneficiary information is up to date!**

Voluntary Life and AD&D

Administered by: Mutual of Omaha



Voluntary Life and Accidental Death & Dismemberment (AD&D) Benefits

Voluntary Life and Accidental Death & Dismemberment (AD&D) Benefits	
Benefit Amount	
Employee Voluntary Life	You may elect an amount in increments of \$10,000 up to \$300,000 (Guarantee Issue: 5x Your Annual Earnings of \$100,000 whichever is less). **only available when first hired.
Spousal Voluntary Life	You may elect to have your spouse insured for an amount from \$10,000 up to \$30,000, in increments of \$10,000, provided the amount elected does not exceed 100% of your amount of life insurance.
Child(ren) Voluntary Life	You may elect to have your dependent child(ren) insured for an amount from \$10,000, provided the amount elected does not exceed 100% of your life insurance amount. Each dependent child must have the same amount of insurance.
Reduction Schedule	
	Life Insurance and AD&D Benefits are both reduced by 35% at age 65 and to 50% the amount in effect immediately prior to age 65, and age 70 for active employees; however, all benefits terminate at retirement.
Additional Features	
Portability	Allows you to take your coverage with you if you terminate employments. (Age and other restrictions may apply including evidence of insurability)
Conversion	Allows you to continue your coverage after group plan has terminated. (Restrictions may apply, refer to your certificate of benefits)
Waiver of Premium	Premium will not need to be paid if you are totally disabled. (For employees disabled prior to age 60 with premiums waived until age 65, if conditions are met)
Accelerated Life Benefit	A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan.

Voluntary Short-Term Disability

Administered by: Mutual of Omaha



Voluntary Short-Term Disability (Optional Employee Paid Benefit)

Benefit Amount	
Voluntary Short-Term Disability	You have the option to elect Short-Term Disability Coverage and pay via payroll deduction.
Additional Features	
Weekly Benefit	60% of earnings income, with a maximum of \$1,500 and a minimum of \$25.
Maximum Benefit Period	22 weeks
Portability	Included
Pre-Existing Condition Exclusion	See policy certificate

Long-Term Disability

Administered by: Mutual of Omaha



Long-Term Disability Benefits (Employer Provided)

Benefit	
Long Term Disability	The county provides all eligible full-time employees with LTD coverage.
Additional Features	
Monthly Benefit	60% of earnings income, with a maximum of \$6,000 and a minimum of \$100.
Own Occupation Definition	3 years
Maximum Benefit Period	Dependent on Age at Disability
Cost of Living Adjustment	3% for 5 years
Survivor Benefit	3 months
Vocational Rehabilitation Benefit	5%



benefits.woodcountywv.com



Easy access to information on:

- Home → **Benefits** (Dental, Health, Life, Vision)
- Home → Benefits → Health → **Virtual Health**
- Home → Need Help? → **Employee Assistance Program**
- Home → Wellness → myplate.gov

Save the site to your smartphone



Need Help?
Email:
d.swartz@schwendeman.com

Healthcare Advocacy Services

ADVOCATES

Schwendeman Agency's Healthcare Advocates help our clients and their employees navigate the healthcare system while saving them both time and money. Our focus is to help members resolve their healthcare and benefits-related issues and to provide information and support to improve their healthcare experience.

Our Healthcare Advocates will provide assistance with:

- > Locating in-network physicians, specialists and facilities beyond use of insurance carrier directory
- > Utilizing cost-estimator tools to help save money on healthcare expenses, including prescriptions
- > Understanding plan benefits and answering benefit eligibility questions
- > Reviewing and explaining medical bills and explanations of benefits (EOBs)
- > Resolving billing errors
- > Appealing denied claims

Employees will be able to contact the Healthcare Advocates during normal business hours

(8:00 a.m. to 5:00 p.m. Monday – Friday) via phone or email.



Employee Benefits Guide

This employee benefits guide presents an overview of your current benefits, but is not a contract. This guide does not include all plan rules and details and is not considered a summary plan description or a certificate of coverage. The terms of your benefits are governed by legal plan documents including insurance contracts. If there are any differences between the benefit describes in this guide and the legal plan documents and insurance contracts, the legal plan documents and insurance contracts and the final authority. Your employer reserves the right to change, discontinue or terminate the benefit plans at any time



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Brought To You By:

