



# Town of Frisco

## EMPLOYEE BENEFITS AT A GLANCE

PLAN YEAR | January 1, 2016 to December 31, 2016



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The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.

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# Welcome to Open Enrollment!

January 1, 2016 – December 31, 2016

Elections you make during open enrollment will become effective January 1, 2016.

Town of Frisco offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

## WHAT'S NEW FOR 2016?

Your new Medical and Dental Administrator is CNIC Health Solutions. Your new Medical and Dental network is Rocky Mountain Health Plans. The benefits are not changing for 2016.

Mines and Associates is replacing Aetna Resources for Living as your Employee Assistance Program. You will find a large network of providers!

PatientCare will replace Compass as your Health Advocacy service. You will still be able to talk to a Health Pro and receive cost estimates, as well as assistance with claims and billing issues.

We recognize the importance of being able to provide our employees and their families with quality benefits as part of their overall compensation package. Therefore, our organization has developed a comprehensive benefits package that delivers quality and value while satisfying the diverse needs of our workforce. This summary is specifically designed to help you further understand the highlights of the benefit options offered to you for 2016.

### Who is Eligible?

Active full-time year round employees working 30 hours per week are eligible for medical benefits only. Employees working 40 hours per week are eligible for medical, dental, vision, life insurance and disability benefits.

### How to Enroll

All employees who would like to make changes to their elections must complete the enrollment form. If you do not complete an enrollment form, your coverage will remain the same for 2016 unless you have a qualifying event during the year, with the exception of your FSA elections. You must re-enroll every year; your contribution amounts will not roll over.

### When to Enroll

All enrollment forms must be submitted to HR no later than **November 13<sup>th</sup>, 2015**. The benefits you elect during open enrollment will be effective from January 1, 2016 through December 31, 2016.

### How to Make Changes

You may make changes to your elections until the last day of our open enrollment period; unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you, your spouse, commencement or termination of adoption proceedings, or change in spouse's benefits or employment status.

# MEDICAL INSURANCE PLAN

## CNIC/Rocky Mountain Health Plans

SERVICES	HDHP-PPO	
	NETWORK BENEFITS	OUT-OF-NETWORK BENEFITS
<b>Calendar Year Deductible</b> - Individual - Family	\$1,300 Individual \$2,600 Family	\$1,300 Individual \$2,600 Family
<b>Out of Pocket Max</b>	\$3,000 Individual \$6,000 Family Includes Deductible & Coinsurance	\$3,000 Individual \$6,000 Family Includes Deductible & Coinsurance
<b>Hospitalization</b>	You pay 20% coinsurance After Deductible	You pay 40% coinsurance After Deductible
<b>Physician Visit Specialist Visit</b>	20% after deductible	40% coinsurance after Deductible
<b>Preventive Care</b>	100% covered Not subject to Deductible	40% coinsurance after deductible
<b>Emergency Room Urgent Care</b>	You pay 20% coinsurance After Deductible	You pay 40% coinsurance After Deductible
<b>Prescription Drugs (Retail and Mail Order)</b>	You pay 20% coinsurance After Deductible	Not Covered
<b>Preventive Drugs</b>	Covered at 100%	Not Covered

2016 MEDICAL RATES	EMPLOYEE MONTHLY RATES
Employee Only	\$44
Employee + 1	\$101
Employee + 2	\$163
Employee + Family	\$211

\*\* Each employee will receive \$750 towards their HSA account; contribution will be deposited into your account the first pay period of each quarter. Contributions are being prorated at \$187.50 per quarter.

# VISION INSURANCE

VSP

SERVICES	IN-NETWORK	NON-NETWORK REIMBURSEMENT
<b>Exam</b>	\$0 copay	Reimbursed up to \$35
<b>Frequency</b>		12 months
Exams		12 months
Lenses		12 months
Contact Lens Care		24 months
Frames		
<b>Lenses:</b>		Varies based on Lens
Single Vision	Covered in full after \$20 copay	
Bifocal	Covered in full after \$20 copay	
Trifocal	Covered in full after \$20 copay	
Lenticular	Covered in full after \$20 copay	
<b>Frame Allowance</b>	\$130 allowance	Reimbursed up to \$45
<b>Contact Lens Allowance—Elective</b>	\$130 allowance	Reimbursed up to \$105
<b>Contact Lens Allowance (Medically Necessary)</b>	Paid in Full	Reimbursed up to \$210
<b>Can I be balanced billed?</b>	No	Yes

2016 VISION RATES	EMPLOYEE MONTHLY RATES
Employee Only	\$0.00
Employee + 1 dependent	\$6.36
Employee + 2 dependents	\$22.60
Employee + 3 or more dependents	\$22.60

Your eyes are your window to the world.

Keep them healthy and bright by taking advantage of this valuable benefit.



# DENTAL INSURANCE

You may choose any licensed dentist. CNIC will administer the claims.

SERVICES	NETWORK BENEFITS
Calendar Year Deductible	\$50 Individual \$150 Family
Calendar Year Maximum	\$2,000 Per Person
Preventive Care	Plan Pays 100% Deductible Waived
Basic Services	10% After Deductible
Major Services	10% After Deductible
Orthodontic Treatment	10%
Orthodontic Lifetime Max	\$2,000

2016 DENTAL RATES	EMPLOYEE MONTHLY RATES
Employee Only	\$3.00
Employee + 1 dependent	\$5.00
Employee + 2 dependents	\$7.00
Employee + 3 or more dependents	\$9.00



Dental insurance is often seen as unnecessary or a “luxury” item, when in reality, it’s just as important as your medical coverage. People who see the dentist regularly have better dental outcomes.

# LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Mutual of Omaha

## Basic Life & AD&D Insurance (100% Employer Paid) – Mutual of Omaha

<b>BENEFIT AMOUNT</b>	1.5 x Annual Salary to a maximum of \$150,000
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## Voluntary Life Insurance (Employee Paid) – Mutual of Omaha

Employees who want to supplement their group life insurance benefits may purchase additional coverage. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through payroll deductions. You can purchase Life Insurance coverage in \$10,000 units to a maximum of \$500,000.

You are guaranteed covered for amounts up to \$70,000 without completing evidence of insurability.

You can purchase coverage for your spouse in \$5,000 units up to the lesser of 50% of Employee Life amount or \$150,000.

Your Spouse is guaranteed covered for amounts up to \$25,000.

You can also purchase coverage for your dependent children to age 19 in amounts of \$5,000 or \$10,000.

# VOLUNTARY SHORT TERM DISABILITY INSURANCE

Mutual of Omaha



## Weekly Benefit Amount

If you meet the definition of disability, you would be eligible to receive a weekly benefit if you are disabled equal to 60% of your weekly earnings, to a maximum of \$1,000 per week.

## Elimination Period

The Elimination Period is the length of time of continuous disability which must be satisfied before you are eligible to receive benefits.

## Benefit Duration

If your disability is due to an injury or sickness, your Elimination Period is 14 consecutive days. If you meet the definition of disability you may receive a benefit for 11 weeks.

# LONG TERM DISABILITY INSURANCE

Mutual of Omaha

## Benefit Amount

Monthly LTD Benefit:

- 60% of your monthly earnings
- To a maximum of \$8,000

## Definition of Disability

You are disabled when:

- you are limited from performing the material and substantial duties of your regular occupation; and
- you have a 20% or more loss in indexed monthly earnings due to the same sickness or injury.
- After benefits have been paid for 36 months, you are disabled when due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.

You must be under the regular care of a physician in order to be considered disabled.

## Elimination Period

- The Elimination Period is the length of time of continuous disability which must be satisfied before you are eligible to receive benefits.
- LTD benefits would begin after 90 days of disability, if you are disabled, as described in the definition above.

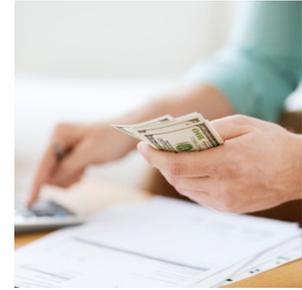
## Benefit Duration

Your duration of benefits is based on your age when the disability occurs. Your LTD benefits are payable for the period during which you continue to meet the definition of disability up to the Social Security Normal Retirement Age. If your disability occurs at or after age 62, benefits would be paid for a reduced period of time.

For more details about these benefits, please see information provided by Mutual of Omaha. Human Resources can assist you with this information.

# FLEXIBLE SPENDING ACCOUNTS (FSAs)

## Rocky Mountain Reserve



Town of Frisco provides you the opportunity to pay for out-of-pocket medical, dental, vision, and dependent care expenses with pre-tax dollars through the Flexible Spending Accounts. You must enroll in the plan to participate for the plan year January 1 – December 31, 2016. You can save approximately 25% of each dollar spent on these expenses when you participate in an FSA.

For those who participate in the Town's Medical plan, a limited purpose FSA for dental and vision is available. You may not participate in a traditional Medical Flexible Spending Account and make pre-tax contributions to your Health Savings Account; this is prohibited by the IRS. You may participate in the Limited Purpose FSA.

Contributions to your FSA come out of your paycheck before any taxes are taken out. This means that you don't pay federal income tax, Social Security taxes, and state and local income taxes on the portion of your paycheck you contribute to your FSA. You should contribute the amount of money you expect to pay out of pocket for eligible expenses for the plan period. If you have unused funds in your Healthcare Spending account at the end of 2016, you may roll over up to \$500 into the following plan year. Any unused amounts over \$500 will be forfeited. This provision is subject to change based on IRS Guidelines and Regulations.

# HEALTH SAVINGS ACCOUNTS (HSAs)

## Health Savings Account Q&A:

### Q: What is a Health Savings Account?

A: An HSA is a tax-exempt account that you put money into to help pay for certain qualified medical expenses you incur. Your employer can also contribute to your HSA Account. Once you have established an HSA, you will be able to request a tax-free distribution from your HSA trustee for these qualified medical expenses that were not reimbursed by your High Deductible Health Plan (HDHP).

### Q: What are the benefits of an HSA?

A: You can claim a tax deduction for contributions you, or someone other than your employer, make to your HSA even if you do not itemize your deductions on your tax return. HSA payroll deductions are made on a pre-tax basis and will be excluded from your gross income.

Unlike Flexible Spending Accounts, the contributions to your HSA remain in your account indefinitely. The interest or other earnings on the assets in the account are tax free. An HSA is “portable” so it stays with you if you change employers or leave the work force.

## Eligibility

### Q: Who is eligible for an HSA?

A: Any adult who has coverage under an HSA-qualified “high deductible health plan” (HDHP) and has no other first dollar medical coverage (except other types of health insurance that are “permitted”. For Example:

- Your spouse has a Flexible Spending Account (FSA) or Health Reimbursement Account (HRA) through their employer. You cannot have an HSA if your spouse’s FSA or HRA can pay for any of your medical expenses before your HDHP deductible is met.

- You are not enrolled in Medicare.
- You can’t be claimed as a dependent on someone else’s tax return

There are no income limits that affect HSA eligibility. However, if you do not file a federal income tax return, you may not receive all the tax benefits HSAs offer.

### Q: What is a High Deductible Health Plan (HDHP)?

A: Generally, this is a health insurance plan that has a higher annual deductible than typical health plans and does not cover first dollar medical expenses (including prescriptions).

### Q: What are other types of “permitted” coverage?

A: You can still be an eligible individual even if your spouse has non-HDHP coverage provided you are not covered by that plan. You can have additional insurance that provides benefits only for the following items:

- Liabilities incurred under workers’ compensation laws, tort liabilities, or liabilities related to ownership or use of property.
- A specific disease or illness, i.e., cancer policy.
- A fixed amount per day (or other period) of hospitalization.
- Accidents, Disability, Long-term care
- Dental and Vision care, Drug Discount Cards
- Eligibility for VA Benefits – Unless you have actually received VA health benefits in the last 3 months

## Qualified Medical Expenses

### **Q: What expenses are qualified for reimbursement?**

A: When you pay medical expenses during the year that are not reimbursed by your HDHP (deductibles, coinsurance, etc.), you can ask the trustee of your HSA to send you a distribution from your account.

Qualified medical expenses include most medical care and services, dental and vision care, and also over-the-counter drugs. A list of qualified medical expenses can be found in the IRS Publication 502. In summary, expenses have to be primarily for the prevention or alleviation of a physical or mental defect or illness.

### **Prescription drug plans.**

If you can receive prescription drug benefits before the annual deductible is met, you are not an eligible individual. If you decide to enroll in the Town of Frisco HSA/HDHP, you will need to consider the out of pocket expense for the total cost (after discounts) for prescriptions you may need early in the year. You may not have sufficient funds in your HSA to draw upon to cover those expenses.

In addition to qualified medical expenses, the following insurance premiums may be reimbursed from an HSA:

- COBRA premiums;
- Health insurance premiums while receiving unemployment;
- Qualified long-term care premiums; and
- Any health insurance premiums paid by individuals ages 65 and over.
  - Part A (hospital and inpatient services)
  - Part B (physician and outpatient services)
  - Part C (Medicare HMO and PPO plans)
  - Part D (prescription drugs)

### **Q: What expenses are NOT eligible for reimbursement?**

A: The following expenses may not be reimbursed from an HSA: Expenses covered by another insurance plan; or Expenses incurred prior to the date the HSA was established.

### **Q: Whose expenses can be reimbursed under my HSA?**

A: Expenses for yourself, your spouse, and all dependents you claim on your tax return (as defined in Section 152 of the tax code). One of the great advantages of an HSA is that you can pay for expenses of your spouse and dependent children even if they are not covered by your HDHP.

### **Q: Can I use my HSA dollars for non-qualified medical expenses?**

A: Money withdrawn from an HSA to reimburse non-qualified medical expenses is includable in gross income; therefore, is taxable income to the account holder and is subject to a 20% tax penalty, unless over age 65, disabled, or upon death.

### **Q: Why should I keep good records?**

A: As the owner of an HSA, it's YOUR RESPONSIBILITY to determine what medical expenses are eligible for a qualified distribution from your HSA. Keep good records of your health care expenses in case the IRS asks to review your use of HSA funds. You may need to defend your expenditures or decisions during an audit. Town of Frisco is not involved in determining eligible expenses and qualified distributions.

# HOLIDAYS AND PERSONAL TIME

The Town of Frisco offices are closed on the following holidays, which are paid holidays for full time year-round and part time year-round employees. All holidays and other scheduled time off are subject to the continuance of necessary public service as determined by the Department Head.

**New Year's Day** (January 1)

**Memorial Day** (the last Monday in May)

**Independence Day** (July 4)

**Labor Day** (the first Monday in September)

**Thanksgiving Day and the Friday after Thanksgiving**

**Christmas Eve** (December 24) **and Christmas Day** (December 25)

- a. When any of the listed holidays occur on a Sunday, the observed holiday will be the following Monday.
- b. When any of the listed holidays occur on a Saturday, the observed holiday will be the preceding Friday.
- c. When Christmas falls on a Saturday, the Christmas Eve holiday is observed on the preceding Thursday and Christmas on Friday.
- d. When Christmas falls on a Sunday or Monday, the Christmas Eve holiday is observed on the preceding Friday and Christmas the following Monday.
- e. Holidays are not considered as hours worked in the calculation of overtime.
- f. Because essential Town services are required on holidays, some employees may be required to work on the scheduled holiday. Year-round full time and part time non-exempt employees required to work on a Town of Frisco official and/or observed holiday will receive Holiday Bonus Pay for the actual hours worked at one and one-half (1 ½) times the employee's regular pay rate. Hours worked on a Town observed and/or official holiday count towards and employee's calculation of overtime compensation.

## PERSONAL TIME

Full time year-round employees will receive thirty-two (32) personal hours per year. Newly hired employees receive:

**Thirty-two (32) personal hours** if hired between January 1 and March 31

**Twenty-four (24) personal hours** if hired on or after April 1 and before July 1

**Sixteen (16) personal hours** if hired on or after July 1 and before October 1

**Zero (0) personal hours** if hired on or after October 1 through December 31

- a. Personal time cannot be converted to cash and must be utilized during the year in which it is earned or time will be forfeited.
- b. Personal time cannot be used once notice of separation or termination is given.
- c. Employees may take personal time in hourly increments. A minimum of one (1) hour increment is required.

Special holidays designated by the proclamation of the Town Council shall be observed.

Part time employees working a minimum of 20 hours per week are eligible for four (4) hours of holiday pay for all Town recognized holidays.

# TIME OFF

## Sick Leave

### 1. Eligibility

- a. Employees are currently eligible upon hire to take accrued Sick Leave as described below in item 3.
- b. Temporary full time, temporary part time and temporary seasonal employees are not entitled to Sick Time.

### 2. Accrual

- a. Full time employees currently accrue Sick Leave at the rate of eight (8) hours per month (3.69 hours per pay period based on 26 pay periods per year).
- b. Part time employees working a minimum of 20 hours per week currently accrue Sick Leave at a rate equivalent to the percentage of regularly scheduled work hours. For example, a 20-hours-per-week employee accrues four (4) hours of Sick Leave per month.
- c. The maximum accrual of Sick Leave may not exceed 90 days or 720 hours.
- d. There is no cash value at termination for any accrued sick leave.

## Vacation

### 1. Eligibility

- a. Employees are currently eligible upon hire to take vacation as accrued

### 2. Accrual

Annual Leave currently accrues each of 26 pay periods based on the amount of vacation for the current year of service.

- a. Full time year-round employees currently accrue vacation with pay based on length of service as follows:
  - First twelve (12) months of continuous service: 80 hours, (ten (10) working days) for the first year of continuous service
  - After the first twelve (12) months of continuous service: an additional eight (8) hours (or one day) for each additional year of continuous service. For example: In the second year of continuous service, 88 hours (or eleven (11) days) of vacation accrues; in the seventh year of continuous service, 128 hours (or sixteen (16) days) of vacation accrues.
  - Commencing in the sixteenth (16th) year of continuous service and thereafter, 200 hours (25 days) of vacation accrues.
- b. Part time year-round employees working a minimum of 20 hours per week currently accrue a pro-rated amount of vacation at the rate of equivalent to the regularly scheduled number of work hours. For example, a 20 hour per week employee accrues 40 hours per year of vacation after the first year, 44 hours the second year and 48 hours in the third year.

**PLEASE REFER TO THE TOWN HANDBOOK FOR THE MOST UPDATED INFORMATION.**

# NOTICES

## Women's Health and Cancer Rights Act of 1998

In October of 1998, Congress enacted the Women's Health and Cancer Rights Act of 1998. This notice explains some important provisions of the Act. Please review this information carefully.

As specified in the Women's Health and Cancer Rights Act, a plan participant or beneficiary who elects breast reconstruction in connection with a mastectomy is also entitled to the following benefits:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and  
Prostheses and treatment of physical complications at all stages of the mastectomy, including lymph edemas.

Health plans must determine the manner of coverage in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services may be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under this plan.

## HIPAA (Health Insurance Portability and Accountability Act of 1996)

HIPAA legislation provides rules that govern group health plans. One of the primary goals in passing HIPAA was to ensure that employees who have a medical condition could leave or change employment without losing their much needed health insurance. HIPAA includes provisions that set limitations on the use of preexisting condition provisions.

The medical PPO plans through CIGNA include a preexisting condition limitation clause. You should refer to the CIGNA Certificate of Coverage booklet for a specific explanation of this provision.

HIPAA requires that all group health plans reduce the period of the preexisting condition exclusion by an individual's "creditable coverage" under a previous group health plan or individual health insurance. Employers and health insurance carriers are responsible for providing each covered individual with a certificate of Creditable Coverage upon termination of coverage. This HIPAA certificate is the document of creditable coverage for future group health insurance.

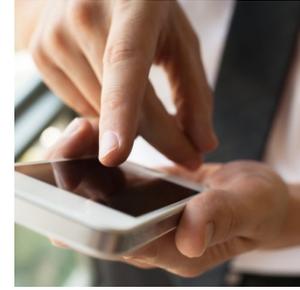
Certain enrollment rights are also governed by HIPAA. An individual that originally waives coverage at the initial offering and later wants to join the plan will fall into one of the categories below:

## Special Enrollment Rights

Special Enrollee – (must enroll within 30 days of an event listed below (normal preexisting condition limits apply)

- Marriage
- Birth
- Loss of coverage elsewhere
- Divorce
- Adoption

# CONTACT INFORMATION



Refer to this list when you need to contact one of your benefit vendors.  
For general information contact Human Resources.

## MEDICAL AND DENTAL

<b>Provider Name:</b>	CNIC/Rocky Mountain Health Plans
<b>Provider Phone Number:</b>	(800) 426-7453
<b>Network Web Address:</b>	<a href="http://www.rmhp.org">www.rmhp.org</a>
<b>Provider Web Address:</b>	<a href="http://www.cnichs.com">www.cnichs.com</a>

## VISION

<b>Provider Name:</b>	Vision Service Plan (VSP)
<b>Provider Phone Number:</b>	(800) 877-7195
<b>Provider Web Address:</b>	<a href="http://www.vsp.com">www.vsp.com</a>

## PRESCRIPTION DRUG

<b>Provider Name:</b>	WellDyne Rx
<b>Provider Phone Number:</b>	(888) 479-2000
<b>Provider Web Address:</b>	<a href="http://www.mywdrx.com">www.mywdrx.com</a>

## FLEXIBLE SPENDING ACCOUNTS (FSA)

<b>Provider Name:</b>	Rocky Mountain Reserve
<b>Provider Phone Number:</b>	(888) 722-1223
<b>Provider Web Address:</b>	<a href="http://www.rockymountainreserve.com">www.rockymountainreserve.com</a>

## HEALTH SAVINGS ACCOUNT (HSA)

<b>Provider Name:</b>	HSA Bank
<b>Provider Phone Number:</b>	(800) 357-6246
<b>Provider Web Address:</b>	<a href="http://www.hsabank.com">www.hsabank.com</a>

## LIFE AND DISABILITY PLANS

<b>Provider Name:</b>	Mutual of Omaha
<b>Provider Phone Number:</b>	(800) 655-5142
<b>Provider Web Address:</b>	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>

## EMPLOYEE ASSISTANCE PLAN

<b>Provider Name:</b>	Mines and Associates
<b>Provider Phone Number:</b>	(800) 873-7138
<b>Provider Web Address:</b>	<a href="http://www.minesandassociates.com">www.minesandassociates.com</a>

### WORLDWIDE TRAVEL ASSISTANCE PROGRAM

<b>Provider Name:</b>	Mutual of Omaha
<b>ID Number:</b>	9900MOO2
<b>Provider Phone Number:</b>	(800) 856-9947 (in the US) (312) 935-3658 (outside the US)

### PATIENT CARE

<b>Phone Number:</b>	(866) 253-2273
<b>E-mail Address:</b>	<a href="http://www.patientcare4u.com">www.patientcare4u.com</a>

### AFLAC

<b>Contact Person:</b>	Jennifer Freeman
<b>Phone Number:</b>	(303) 963-5775
<b>E-mail Address:</b>	<a href="mailto:Jennifer_freeman@us.aflac.com">Jennifer_freeman@us.aflac.com</a>







## **Benefits Enrollment Guide**