



THE TOWN OF NUTTER FORT

Prevent+Protect

Preventative Health. Financial Protection.

Employee Guide

Presented by:



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Welcome to Your Benefits

On behalf of your employer and Bearing Advisors, welcome to your Prevent+Protect program. We are proud to offer you access to a comprehensive benefits package designed specifically for public sector employees like you.

Your Prevent+Protect program is built around two programs that work together to protect your health, your finances, and your family:



Attentive Preventative Care Management Program— a tax-advantaged health program that puts more money in your pocket



Supplemental Insurance Benefits — comprehensive coverage options including life, accident, critical illness, and supplemental

This booklet will walk you through the programs, explain how they work together, and guide you through enrollment — whether you are a new employee or returning for your annual re-enrollment.

Your Benefits Counselor is Here to Help

You do not have to navigate this alone. During enrollment, a Benefits Counselor is available to meet with you one-on-one, answer your questions, and help you choose the right coverage for your situation. **Even if you choose to decline the program, meeting with the Benefits Counselor is mandatory for the initial enrollment.** Your employer must be able to attest that you were offered the available benefits.

Attentive: Tax-Advantaged Preventative Care Plan

What is Attentive?

Attentive is a tax-advantaged preventative care plan that allows eligible employees to reduce their taxable income while gaining access to valuable health and wellness resources designed to **prevent** costly medical bills—**all without reducing take-home pay.**

Attentive is delivered through three plans your employer has adopted together: 1) the Preventative Care Management Plan, 2) the Self-Insured Medical Reimbursement Plan, or SIMRP, and 3) a Premium Only Plan, under Section 125 of the Internal Revenue Code (IRC). You enroll once. The three plans work together using federal tax incentives vetted by outside tax counsel, independent CPAs, and the National League of Cities to deliver your tax savings which fund the available resources.

How Do the Tax Savings Work?

Your gross income is reduced by the combined value of all resources available through the Attentive portal. Attentive's value is reassessed yearly. By reducing your taxable income, you pay less:

- Federal Income tax
- State Income tax (where applicable)
- Social Security tax
- Medicare tax

Example: An employee earning \$54,000 per year who enrolls in the Attentive program may reduce their taxable income, resulting in \$2,000 or more in annual tax savings depending on their tax bracket and state.

Ask your Benefits Counselor to show you a personalized savings illustration based on your income.

What Resources Are Included?

Once enrolled with Attentive, **both you, your spouse, and your dependents (up to age 26)** gain access to:

- A wellness portal with health assessments and tools
- No-copay telehealth and virtual care access
- Health coaching and wellness program resources
- Prescription drug discount program
- Mental health resources
- And more!



Check out the **Attentive Program Guide** for a complete list of resources using the QR code above or going to: library.getattentive.com/program-guide.

Attentive requires the completion of a brief 15-minute questionnaire at least once every 12 months. Failure to complete the survey risks loss of the tax-advantaged status of your Attentive benefit.

Who Is Eligible?

Your HR department can assist you in determining your eligibility. At a minimum, the following must be true:

- You must be a W-2 employee in an eligible classification as defined by your employer
- You must be enrolled in a qualified medical insurance plan as defined by the Affordable Care Act (e.g., employer-sponsored, Medicare to include Part A or C, Medicaid, Tricare)
- Your earnings with existing pre-tax deductions must be able to withstand the Attentive pre-tax deduction. This is the amount reimbursed after taxes.

NOTE: Your employer may require a minimum service and/or minimum age for participation. Ask your HR department if these stipulations apply.

Who Is Not Eligible?

Even if you are otherwise employed in an eligible classification, you are not an eligible employee if you fall into any of these categories:

- Employees not covered under a qualified medical insurance plan (e.g., limited medical benefit or shared plan)
- Non-resident aliens
- Leased employees
- Seasonal employees, temporary employees, and interns
- Independent contractors and anyone not paid on a W-2

Supplemental Insurance Benefits

Overview

Through the Prevent+Protect program, your employer offers access to a suite of supplemental insurance products designed to **protect** you and your family from financial hardship caused by unexpected health events, accidents, or loss of income.

Available Coverage Options

Coverage Type	What It Covers	Who It Protects
Permanent Life Insurance with No Medical Exam	Pays a benefit to your beneficiaries upon your death	Your family and dependents
Critical Illness	Lump sum payment upon diagnosis of a covered illness (cancer, heart attack, stroke)	You and your spouse
Accident Insurance	Pays benefits for covered injuries, ER visits, and treatment	You and your family
Short-Term Disability	Replaces a portion of income if you cannot work due to illness or injury	You
Hospital Indemnity	Pays a daily benefit for each day you are hospitalized	You and your family

How Coverage Is Priced

- Premiums are based on the coverage level you select and your age at enrollment
- Many plans offer guaranteed issue amounts with no medical exam during open enrollment
- Coverage levels and premium options will be presented by your Benefits Counselor
- Premiums are payroll-deducted on a post-tax basis

Adding Dependents

- Spouse and dependent children may be added to eligible plans
- Dependent documentation (birth certificate, marriage certificate) may be required
- Dependent additions outside of enrollment periods require a qualifying life event (see page 11)

Important: Guaranteed Issue Window

Many insurance plans offer guaranteed issue coverage during your initial enrollment period — meaning you can enroll without answering health questions or taking a medical exam up to the guaranteed issue amount.

If you miss your enrollment window, you may be required to provide Evidence of Insurability (EOI) and could be declined for coverage. Enroll during your window to take full advantage of guaranteed issue.

Your Enrollment Options at a Glance

Benefit Program	Enrollment Action Required
Attentive	Complete an enrollment form and authorization
Life Insurance	Select coverage amount and designate beneficiary
Critical Illness Insurance	Select coverage amount - spouse coverage available
Accident Insurance	Select coverage level for you and/or family
Short-Term Disability	Select benefit amount (% of income)
Hospital Indemnity	Select daily benefit amount

Not Sure What to Choose?

Your Benefits Counselor will sit down with you personally to review each option, explain the benefits, and help you make decisions that fit you and your family's needs.

There is no pressure to enroll in everything. Your Benefits Counselor will help you prioritize.

New Hire Enrollment — Step-by-Step Guide

If you are a new employee, follow these steps to enroll in your benefits during your onboarding period. You typically have 31 days from your date of hire to complete enrollment.

1 **Receive Your Welcome Packet**
Your HR administrator or Benefits Counselor will provide you with this benefits booklet and your enrollment materials within your first week of employment.

2 **Schedule Your Enrollment Meeting**
Information on how to schedule your one-on-one enrollment meeting will be provided. One-on-one meetings can be done in person, by phone, or virtually. Your Benefits Counselor will walk you through all available options to find the best fit for you and your family.

3 **Review the Tax-advantaged Preventative Care Plan**
Your Benefits Counselor will explain the program and show you your personalized tax savings illustration and answer any questions.

4 **Review Insurance Coverage Options**
Your Benefits Counselor will present each insurance product, explain the costs and benefits, and help you determine which coverages make the most sense for you.

5 **Complete Your Enrollment Forms**
Complete all required enrollment forms. Include your beneficiary designations for life and accident insurance coverage. Your Benefits Counselor will review your forms before submission.

6 **Submit Your Enrollment**
Your Benefits Counselor will submit your completed enrollment to the appropriate carriers and the administrator. You will receive confirmation once your enrollment is processed.

7 **Receive Your Coverage Confirmation**
Within 2-4 weeks, you will receive confirmation of your coverage. Keep these documents in a safe place and share relevant information with your family.

New Hire Enrollment Checklist

- ☐ Received benefits booklet and enrollment materials
- ☐ Scheduled enrollment meeting with Benefits Counselor
- ☐ Reviewed and understood tax savings illustration
- ☐ Selected insurance coverage options
- ☐ Completed all enrollment forms
- ☐ Designated beneficiaries for life and accident coverage
- ☐ Received enrollment confirmation

Annual Re-Enrollment — Step-by-Step Guide

Each year, your employer will conduct an Annual Enrollment Review with all existing Prevent+Protect participants. This is your opportunity to review your current coverage, make adjustments, and ensure your benefits still reflect your needs.

Why Annual Re-Enrollment Matters

Life changes. A new baby, a marriage, a change in income, a health diagnosis — these all affect what benefits make sense for you. Annual re-enrollment ensures your coverage keeps pace with your life. It also gives you the chance to add coverage you may have passed on last year.

1

Watch for Your Re-Enrollment Notice

Approximately 60-90 days before your re-enrollment window opens, you will receive a notice from your HR administrator or directly from the Prevent+Protect team. This notice will include your current coverage summary and the re-enrollment period dates.

2

Review Your Current Coverage

Before your re-enrollment meeting, review what you currently have. Think about any life changes in the past year: new dependents, changes in health, income changes, or new financial obligations.

3

Schedule Your Annual Review Meeting

Your HR department or a member of the Prevent+Protect team will reach out to schedule your annual review with a Benefits Counselor. This meeting is designed to be quick and efficient — typically 20-30 minutes. It can be done in person, by phone, or virtually.

4

Review Prevent+Protect Participation

Your Benefits Counselor will review your current enrollment and confirm your tax savings for the coming year. If your income has changed, your savings illustration will be updated.

5

Review and Adjust Insurance Coverages

Your Benefits Counselor will review each insurance coverage you currently hold, present any new options available, and help you adjust your coverage levels based on your current needs.

6

Update Beneficiary Designations

Confirm or update your beneficiary designations. This is especially important if you have had a family change (marriage, divorce, birth, or death) since your last enrollment.

7

Submit Re-Enrollment Forms

Complete and submit any updated enrollment forms. If no changes are made, your current coverage typically continues automatically — but your Benefits Counselor will confirm this based on your employer's plan rules.

8

Receive Updated Confirmation

You will receive updated coverage confirmation for the new plan year. Review this carefully and contact your HR department or the Prevent+Protect team with any questions.

Annual Re-Enrollment Checklist

- ☐ Received re-enrollment notice from HR or the Prevent+Protect team
- ☐ Reviewed current coverage summary
- ☐ Considered any life changes from the past year
- ☐ Completed annual review meeting with Benefits Counselor
- ☐ Reviewed and confirmed participation
- ☐ Reviewed and adjusted insurance coverages as needed
- ☐ Updated beneficiary designations if applicable
- ☐ Submitted re-enrollment forms
- ☐ Received updated coverage confirmation

Important Dates and Deadlines

New Hire Enrollment

Event	Timing
Benefits booklet distributed	Within 5 business days of hire date
Enrollment meeting scheduled	Within 10 business days of hire date
Enrollment forms completed	Within 31 days of hire date
ID cards and confirmations received	Within 2-4 weeks of enrollment

Annual Re-Enrollment

Event	Timing
Re-enrollment notice distributed	90 days before re-enrollment period
Annual review meetings begin	60 days before re-enrollment period

Re-enrollment window opens	Set by your employer - at least 31 days and no more than 90 days before the plan year begins
Re-enrollment window closes	Deadline to make changes for the new plan year
Updated confirmations issued	Within 2-4 weeks of re-enrollment close

Missing the Enrollment Window

- If you miss your new hire enrollment window (31 days from hire), you may be subject to Evidence of Insurability (EOI) requirements and may not be eligible for guaranteed issue insurance coverage.
- If you miss your annual re-enrollment window, your current coverage will typically continue unchanged into the new plan year. Changes cannot be made until the next annual re-enrollment unless you experience a Qualifying Life Event.
- Contact your HR department immediately if you believe you have missed a deadline.

Plan Changes and Cancellations

Attentive

Attentive elections are irrevocable for the plan year under Internal Revenue Code Section 125. Outside of enrollment periods, you may make coverage changes within 31 days of a Qualifying Life Event (QLE) such as:

- Marriage, divorce, or legal separation
- Birth, adoption, or placement for adoption of a child
- Death of a spouse or covered dependent
- A change in employment status for the employee, their spouse, or a dependent that affects benefits eligibility — including starting or ending employment and moving between full-time and part-time
- Loss of other coverage, or gaining eligibility under a spouse's or another employer's plan
- Certain leaves of absence, including FMLA leave

The requested change must be consistent with the event (a divorce supports removing a former spouse — it does not support dropping the employee's own election), and changes take effect prospectively. Contact your HR administrator within 31 days of a QLE to request cancellation. Your HR department may require supporting documentation.

One-Year Re-Enrollment Waiting Period

If you decide to cancel your Attentive participation, you will be required to wait one full year before reenrolling. If cancelled mid-year due to a QLE, your waiting period will be longer as you will have to wait until the second open enrollment occurrence.

If you do not submit new forms at annual re-enrollment, the election you made for the prior plan year automatically carries into the new one.

Eligibility Change and Unpaid Leave

Your participation ends at the end of the month you stop being an eligible employee, whether that is because of retirement, termination, layoff, a reduction in hours, loss of coverage under a qualified medical plan, or any other reason. It also ends if your employer terminates the plan itself.

If you take unpaid leave, your Attentive participation can be paused and reinstated upon your return.

Supplemental Insurance

Your supplemental insurance policies may be cancelled at any time. To ensure deductions are stopped, it is recommended that you contact your HR department to request the cancellation.

If you take unpaid leave resulting in no paycheck, contact your HR department to determine the best course of action to continue remitting your supplemental insurance benefits.

If you cancel your Attentive participation, your Colonial Life policies will also be cancelled. As long as at least one premium payment has been made to the carrier, you will receive the option through the mail to continue the policies via direct pay instead of through payroll deduction.

Please note your policies may have been written under guaranteed issue during your initial enrollment period — meaning you did not have to answer a lengthy health questionnaire or complete a medical exam. **If you apply for coverage outside of your initial enrollment meeting, you may be required to provide Evidence of Insurability (EOI) and could be declined for coverage.**

Frequently Asked Questions

Attentive

Q: Is Attentive really free?

A: Attentive has a small per-month fee for the employee and the employer, but the tax savings from the reduced taxable income offsets or exceeds that cost for both the employee and employer. Your Benefits Counselor will show you a personalized illustration so you can see exactly what you will save and how you may choose to apply those savings.

Q: How does participating in the Attentive program reduce my taxes?

A: Attentive is structured to reduce your taxable wages. This means you pay less in federal income tax, state income tax (where applicable), and FICA taxes. The result is often higher net take-home pay, unless you choose to purchase supplemental insurance products that exceed your calculated tax savings.

Q: Does my employer contribute to the cost?

A: Yes. Your employer pays a per month fee for each employee enrolled in the Attentive program.

Q: What resources are included?

A: Attentive includes access to an application with telehealth services, health coaching, prescription discounts, and an Employee Assistance Program (EAP). For a full list of resources, see the Attentive Program Guide here:

<https://library.getattentive.com/program-guide>

Q: Do I have to be enrolled in my employer's medical plan to participate?

A: No. You must be covered under a qualified health plan as defined by the Affordable Care Act, but the health plan does not need to be through your employer. If you drop your qualified health coverage and/or enroll in a nonqualified health plan, then your Attentive participation must end.

About Supplemental Insurance

Q: Do I have to take a medical exam to enroll?

A: Most plans offer guaranteed issue amounts during your initial enrollment window, meaning no medical exam is required. If you enroll late or request coverage above the guaranteed issue limit, you may need to complete an Evidence of Insurability (EOI) form.

Q: Can I add my spouse and children to my coverage?

A: Yes. Most plans allow you to add eligible dependents. Dependent documentation may be required. Your Benefits Counselor can guide you through the dependent enrollment process.

Q: What happens to my coverage if I leave my job?

A: Many of your insurance benefits may be portable, meaning you can take them with you if you leave your employer. Ask your Benefits Counselor about portability options for each coverage type.

Q: How are my premiums collected?

A: Insurance premiums are collected through payroll deduction. Your HR administrator will set up the deductions once your enrollment is processed. This does not decrease your take-home pay unless you choose to purchase supplemental insurance products that exceed your tax savings. If you choose to stay within your calculated tax savings, your

deductions are covered by the tax savings realized by participating in the Attentive program.

About the Enrollment Process

Q: What if I have questions during the enrollment process?

A: Your Benefits Counselor is available to answer any questions during enrollment. After enrollment, we encourage you to direct questions to your HR department. You can also contact the Prevent+Protect team toll free at 833-270-2500, option 1 OR email us at PreventandProtect@bearingadvisors.net.

Q: Can I change my coverage after I enroll?

A: Due to its tax-advantaged structure, Attentive participation can only be made during the annual re-enrollment period or within 31 days of a Qualifying Life Event. Termination of insurance coverage can be made at any time. Modification outside the open enrollment period may require additional documentation such as Evidence of Insurability or medical exams.

Q: Is my personal information kept confidential?

A: Yes. All personal and health information collected during the enrollment process is handled in accordance with applicable privacy laws and is used only for the purpose of administering your benefits.

Contact and Support

We recommend you reach out to your Human Resources department for general administrative inquiries as this plan impacts your payroll. The Prevent+Protect team is also here to help. We can be contacted:

833-270-2500, Option 1

PreventandProtect@bearingadvisors.net

A Note from Bearing Advisors, the Administrators of Prevent+Protect:

We believe every public sector employee deserves access to quality benefits and the guidance to use them well. The Benefits Counselors are not here to sell you something — they are here to help you make informed decisions that protect you and your family.

We are proud to serve public sector employees throughout the U.S., and we are committed to making your benefits experience as simple and supportive as possible.

Thank you for the work you do for your community.

Endorsed by the National League of Cities

This booklet is for informational purposes only. Actual benefit details, coverage amounts, and premium costs are governed by the applicable plan documents and carrier certificates. Contact Human Resources for complete plan information.