

**THE LOCAL CHOICE (TLC)**

HEALTH, DENTAL & VISION

**Medical, Pharmacy, Vision/Hearing**

1-800-552-2682

**Behavioral Health and Employee Assistance Program (EAP)**

1-855-223-9277

**ID Card Order Line**

1-866-587-6713

**Coverage While Traveling (BlueCard Program)**

1-800-810-2583

**24/7 NurseLine**

1-800-337-4770

**Delta Dental**

1-888-335-8296

**www.thelocalchoice.virginia.gov**

**AMERIFLEX**

FLEXIBLE SPENDING & HEALTH SAVINGS ACCOUNTS

Mailing Address.....7 Carnegie Plaza Ste. 200, Cherry Hill, NJ 08003

**For questions, duplicate cards and other questions contact:**

1-888-868-3539

Please fax claims to the number printed on your form

**For Directions on checking your account balance and history online (cardholders only) and accessing manual claim forms, please visit www.myameriflex.com.**

**See pages 20-21 of your Benefit Booklet for information on the AmeriFlex Mobile App!**

**Superior - Vision Insurance**

Customer Service.....1-800-507-3800

Internet Address.....www.superiorvision.com

**Delta - Dental Insurance**

Customer Service.....1-800-237-6060

Internet Address.....www.deltadentalVA.com

**Anthem – Group Term Life Insurance**

Customer Service.....1-800-552-2137

Internet Address.....www.anthem.com

**COLONIAL LIFE**

Visit [ColonialLife.com](http://ColonialLife.com) to set up your personal account. Download the free My Colonial Life app available at the Apple iTunes store to access claims and policy information!

**Customer Service & Wellness Screenings 1-800-325-4368**

**Internet Address www.coloniallife.com**

**Claims Fax 1-800-880-9325**

*If you wish to file a Wellness/Cancer Screening claim for a test performed within the past 18 months, you need the name and date of the test performed as well as your doctor's name and phone number. Colonial also needs to know if this is for you or another covered individual and their name and social security number. You may:*

*FILE BY PHONE! Call 1-800-325-4368 and provide the information requested by Colonial's Automated Voice Response System, 24 hours per day, 7 days a week, or*

*SUBMIT ON THE INTERNET using the Wellness Claim Form at [www.coloniallife.com](http://www.coloniallife.com), or*

*Write your name, address, social security number and/or policy/certificate number on your bill and indicate "Wellness Test." Fax this to Colonial at 1-800-880-9325 or MAIL to PO Box 100195, Columbia, SC 29202*

*If your Wellness/Cancer Screening test was more than 18 months ago, you must fax or mail Colonial a copy of the bill or statement from your doctor indicating the type of procedure performed, the charge incurred and the date of service. Please write your full name, social security number, and current address on the bill.*

*Please Note: If your cancer policy includes a second part to the screening benefit, bills for tests covered and a copy of the diagnostic report (reflecting the abnormal reading of your first test) must be mailed or faxed to us for benefits to be provided.*

**When you terminate employment with Mecklenburg County Public Schools, you have the opportunity to continue your Colonial coverage either through direct billing or automatic payment through your bank account. Please contact Colonial at 1-800-325-4368 to request the continuation of benefits form.**

*To view your benefits online visit*

**[www.piercgroupbenefits.com/mecklenburgcountypublicschools](http://www.piercgroupbenefits.com/mecklenburgcountypublicschools)**

*or for additional information concerning plans offered to employees of Mecklenburg County Public Schools, please contact our **Pierce Group Benefits Service Center at 1-800-387-5955***



**PIERCE GROUP BENEFITS**