CONTACT INFORMATION:

AMERIFLEX - FLEXIBLE SPENDING ACCOUNTS

- ***Customer Service:*** 1-888-868-3539
- ***Website:*** www.myameriflex.com
- ***Claims Mailing Address:*** P.O. Box 269009, Plano, TX 75026

MANAGE YOUR ACCOUNT ONLINE OR DOWNLOAD THE MYAMERIFLEX MOBILE APP

- Check your Balance
- Submit a Claim
- Check Claim Status
- Mark Your Card Lost or Stolen

METLIFE - DENTAL INSURANCE

- ***Customer Service:*** 1-800-942-0854
- ***Website:*** www.metlife.com/mybenefits

SUPERIOR - VISION INSURANCE

- ***Customer Service:*** 1-800-507-3800
- ***Website:*** www.superiorvision.com

CALL A DOCTOR PLUS - TELEMEDICINE

See the inside of your benefit booklet for information on how to set up your account and contact Call A Doctor Plus!

HARMONY ONLINE ENROLLMENT

- See pages 5-6 for online enrollment instructions
- ***Technical Help Desk***: 1-866-875-4772

COLONIAL LIFE

VISIT COLONIALLIFE.COM TO SET UP YOUR PERSONAL ACCOUNT

- ***Website:*** www.coloniallife.com
- ***Claims Fax***: 1-800-880-9325
- ***Customer Service & Wellness Screenings:*** 1-800-325-4368
- ***TDD for hearing impaired customers call:*** 1-800-798-4040

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, 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, 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.piercegroupbenefits.com/publicschoolsofrobesoncounty

For additional information concerning plans offered to employees of the Public Schools of Robeson County, please contact our North Carolina Service Center at 1-888-662-7500, ext. 100