CONTACT INFORMATION:

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

Website:
www.thelocalchoice.virginia.gov
www.anthem.com/TLC

***The Local Choice Benefits are included in this booklet for informational purposes only.**

HARMONY ONLINE ENROLLMENT

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

TO VIEW YOUR BENEFITS ONLINE

Visit **www.piercegroupbenefits.com/carrollcountypublicschools**

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

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.