

# CONTACT INFORMATION:

## FLEXIBLE SPENDING ACCOUNTS INTERACTIVE MEDICAL SYSTEMS

- **Mailing Address:** P.O Box 1349, Wake Forest, NC 27588
- **Website:** [www.healthierbenefits.com](http://www.healthierbenefits.com)
- **Medical or Dependent Care Customer Service:** 800-426-8739
- **Fax Claims:** 919-562-0021
  
- **Direction for checking Flexible Spending Account balance and history online:**
  1. Go to [www.healthierbenefits.com](http://www.healthierbenefits.com)
  2. Select the "Register" button
  3. Follow the instructions filling in the required fields and submit the registration information.
- Once registered you can enter your login and password to access your account and check balances, transaction history, etc.
  
- **Directions for filing manual claims for Flexible Spending Accounts online:**
  1. Scan your claim receipts
  2. Login to your user account at [www.healthierbenefits.com](http://www.healthierbenefits.com)
  3. Click on "Request Reimbursement"
  4. Acknowledge terms
  5. Complete the requested form information
  6. Click on the "Upload File" and attach claim receipts
  
- **Directions for accessing a manual claim form for Flexible Spending Accounts:**
  1. Go to [www.healthierbenefits.com](http://www.healthierbenefits.com)
  2. Click on "Flex Forms"
  3. Complete the form and mail or fax to Interactive Medical Systems along with copies of your receipts

## SUN LIFE - DENTAL INSURANCE

- **Customer Service:** 1-800-247-6875
- **Website:** [www.sunlife.com/us](http://www.sunlife.com/us)

## SUPERIOR - VISION INSURANCE

- **Customer Service:** 1-800-507-3800
- **Website:** [www.superiorvision.com](http://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!*

## LEGAL RESOURCES - LEGAL SELECT PLAN

- **Customer Service:** 1-800-728-5768
- **Website:** [www.legalresources.com](http://www.legalresources.com)

## NORTH CAROLINA STATE HEALTH PLAN

- **Customer Service:** 1-888-234-2416
- **Website:** <http://shpnc.org>

## 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.piercergroupbenefits.com/lexingtoncityschools](http://www.piercergroupbenefits.com/lexingtoncityschools)

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

## COLONIAL LIFE

VISIT [COLONIALLIFE.COM](http://COLONIALLIFE.COM) TO SET UP YOUR PERSONAL ACCOUNT

- **Website:** [www.coloniallife.com](http://www.coloniallife.com)
- **Customer Service & Wellness Screenings:** 1-800-325-4368
- **Claims Fax:** 1-800-880-9325
- **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](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, 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.