

2023

Stephens County School System

Benefits Guide



WELCOME TO STEPHENS COUNTY SCHOOL SYSTEM!

I am honored to be the Superintendent of this great school system and excited about the bright future we have ahead of us.

Our schools are “Committed to Student Success” and we are thrilled to have you join our team.

The mission of the Stephens County School System is to empower all students to become self-motivated learners who think critically to achieve academic and personal success. We also want you to experience great success as a member of our school system. We are proud to partner with Campus Benefits as our employee brokerage firm.

Stephens County School System offers a comprehensive and valuable benefits program to all benefits-eligible employees. Our benefits package is designed to provide security and assistance during a time of need.

Throughout the following pages of the employee benefits guide is vital information designed to empower you as a Stephens County School System employee to become familiar with the various insurance options geared toward fundamental financial planning tools, products and decisions to further enhance the future financial successes for you and your family.

Please take the time to familiarize yourself with the content available in the employee benefits guide. Our simple step-by-step enrollment process is designed to help you become familiar and educate yourself with what can sometimes be an unfamiliar subject.

I am proud of our employee benefits package available to you and your family and the services provided by our outstanding school system and Campus Benefits.

Again, welcome to the SCSS family!

Dr. Connie Franklin
Superintendent
Stephens County School System



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STEPHENS COUNTY SCHOOL SYSTEM CONTACT

Human Resources Department

Phone: 706.297.7582

Email: human.resource@stephenscountyschools.org

Need Help? Start Here:

mybenefits@campusbenefits.com

866.433.7661 opt 5

Benefits Portal:

stephenscountybenefits.com

Eligibility

- All full-time employees working 20 or more hours per week are eligible to enroll in the benefits described in this guide
- General plan eligibility is listed on the top of each page. Specific employee and dependent eligibility rules are governed by each plan's policy document/certificate, which is available on your employee benefits website, or by contacting Campus Benefits.

How to Enroll

- Verify and update all personal information
- Review your current benefit elections
- Make your benefit elections and list and/or update your beneficiaries

When to Enroll

- New Hire: Enroll within 30 days of your date of hire
- Current Employee: During the Annual Open Enrollment Window
- The annual SHBP enrollment period is held in the fall (October-November)

When do Benefits Begin

- The effective date of coverage for benefits depends on your hire date. Typically, benefits will begin the first of the month following 30 days of employment.
- Employees must be actively at work on the effective date of coverage

How to Make Changes

- Only Qualifying Life Events allow you to make eligible changes to your current benefit elections during the plan year outside of the Open Enrollment Window
- To submit a qualifying life event, please email mybenefits@campusbenefits.com or call 866.433.7661

Disclaimer: The Benefits Guide is provided for illustrative purposes only. Actual eligibility, benefits, services, premiums, claims processes and all other features and plan designs for coverage offered are governed exclusively by the provider contract and associated Summary Plan Description (SPD).



TAKE ACTION REMINDERS!

- If you do not actively enroll in benefits within 30 days of your date of hire, you will not have benefits coverage for the upcoming plan year.
- Remember to provide/update beneficiaries as necessary for Voluntary Term Life and AD&D policies and for Board Paid Basic Life
- New hire employees may be eligible for certain benefits without health questions (guaranteed issue). Please review and understand these guaranteed issue amounts and limitations.
- Submit any qualifying life event changes for you and eligible dependents within 30 days of the event date

There are two separate benefit enrollments:

1. Campus Benefits Voluntary Benefits

2. State Health Benefit Plan Medical Insurance

**Benefits enrollment must take place within 30 days of hire date*

1

How to Enroll in Campus Benefits Voluntary Benefits

1. Visit <https://www.stephenscountybenefits.com/>
 2. Select the "Enroll" tab or the "Campus Connect" tab
 3. Follow the on screen instructions OR
 4. **Contact Campus Benefits at 866.433.7661 opt 5**
- **Updating to a 1/1 Plan Year**
 - Short Plan year: 7/1/2023 - 12/31/2023
 - New Plan year: 1/1/2024 - 12/31/2024

2

How to Enroll in your State Health Benefit Medical Plan

1. Visit <https://www.stephenscountybenefits.com/>
 2. Select the "State Health" tab
 3. Select "SHBP Enrollment Link" (Refer to the SHBP section of this guide for additional details) OR
 4. **Contact SHBP at 800.610.1863**
- Plan year is 1/1 - 12/31
 - Annual open enrollment occurs in the Fall (October/November)

CAMPUS BENEFITS ENROLLMENT INSTRUCTIONS

Website: StephensCountyBenefits.com



STOP !

Please note: Due to plan changes for the 2023 Open Enrollment Period, April 10th - May 12th, 2023, you will need to schedule an appointment with an on-site representative to enroll in benefits.

You will be unable to log into the enrollment platform until after the plan year starts, 7/1/2023.

Questions: Call 866.433.7661 opt 5

1

Visit stephenscountybenefits.com

2

Select "Campus Connect" to log in

3

Existing User Login

1. Enter your username
2. Enter your password
3. Click "LOGIN"
4. Click on the "Start Benefits" button and begin the enrollment process

Frequently Asked Questions

What is my username?

- Work email address OR
- Email address you provided to HR when hired OR
- Email address you used to previously change your username

What is my password?

To create or reset a forgotten password follow the steps on the login page using tips below.

- Password must be at least 6 characters
- It must contain a symbol and a number
- Using uppercase, numbers and symbols greatly improves security

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Company Identifier: ST2020

New User Registration

1. On Login page click on "Register as a new user" and enter information below
 - First Name
 - Last Name
 - Company Identifier: ST2020
 - PIN: Last 4 Digits of SSN
 - Birthdate
2. Click "Next"
3. Username: Work email address or one you have provided to HR when you were hired
4. Password: Must be at least 6 characters and contain a symbol and a number
5. Click on "Register"
6. On the next page, it will show your selected Username. Click on "Login"
7. Enter Username and Password
8. Click "Start Benefits" to begin the enrollment

Login Information

Username: _____

Password: _____



SERVICE HUB/ SUPPORT CENTER

Campus Benefits is your dedicated advocate for all your voluntary benefits.

When to contact the Campus Benefits Service Hub?

- Portability/Conversion
- Benefits Education
- Evidence of Insurability
- Qualified Life Event Changes
- Claims
- Card Requests
- Benefit Questions
- COBRA Information

How to File a Claim ?

1. Contact Campus Benefits via Phone or Email
2. Work with Campus Benefits' claims specialist to complete the necessary paperwork
 - Employee Portion
 - Physician Portion
 - Employer Portion
3. Submit the Necessary Paperwork to Campus Benefits via the secure upload
 - Secure upload located at stephenscountybenefits.com/contact-campus

The Campus Benefits team understands claims processes and leverages the necessary carrier relationships to expedite the paperwork efficiently and ensures claims are not delayed due to improper paperwork completion.

Frequently Asked Questions (FAQs):

Q: When must a qualifying life event change be made?

A: Please notify Campus Benefits within 30 days of the life event date. All SHBP life events must be made directly through the SHBP website.

Q: Am I required to contact Campus Benefits to file a claim?

A: No. However, in our experience the number one reason for claim denial or delay is due to incomplete or inaccurate paperwork. By working with Campus Benefits' claim specialist, we can advocate on your behalf.

Q: How can I access my dental card or vision card quickly?

A: Your group dental and vision plan information is available at: stephenscountybenefits.com



Phone: 866.433.7661, Opt 5
Email: mybenefits@campusbenefits.com
Website: StephensCountyBenefits.com

EMPLOYEE ASSISTANCE PROGRAMS

What is an EAP? A program offered to all Stephens County School System employees to provide guidance with personal issues, planning for life events or simply managing daily life which can affect your work, health and family.

Mutual of Omaha EAP

Eligibility: All Stephens County School System Employees

- **Coverage provided by Mutual of Omaha**
- Provides support, resources, and information for personal and work-life challenges
- **Receive up to five sessions per issue per year**
- CALL 1.800.316.2796 or visit mutualofomaha.com/eap



Life's not always easy. Sometimes a personal or professional issue can get in the way of maintaining a healthy, productive life.

We're Here to Help

Mutual of Omaha's EAP assists employees and their eligible dependents with personal or job-related concerns, including:

- Emotional well-being
- Family and relationships
- Legal and financial matters
- Healthy lifestyles
- Work and life transitions

EAP Benefits

- Access to EAP professionals 24 hours a day, seven days a week.
- Information and referral services
- Service for employees and eligible dependents
- Robust network of licensed mental health professionals
- **Five face-to-face sessions* with a counselor (per household per calendar year)**
- Legal assistance and financial resources
 - Online will preparation
 - Legal library and online forms
 - Financial tools & resources
- Resources for :
 - **Substance use and other addictions**
 - Dependent and Elder Care resources

- Access to a library of educational articles, handouts, and resources via mutualofomaha.com/eap

*Face-to-face visits can also be used toward legal consultations

*California Residents: Knox-Keene Statute limits no more than three face-to-face sessions per six-month period.

What to Expect

You can trust your EAP professional to assess your needs and handle your concerns in a confidential, respectful manner. Our goal is to collaborate with you and find solutions that are responsive to your needs.

Your EAP benefits are provided through your employer. There is **no cost** to you for utilizing EAP services. If additional resources are needed, your EAP professional will help locate appropriate resources in your area.

Don't delay if you need help

Visit mutualofomaha.com/eap or call **800.316.2796** for **confidential consultation** and resource services.

Georgia Public Education/Ga DOE EAP

Eligibility: All full-time employees working 29+ hours/week, their household members and children up to age 26

- Coverage through Kepro
- Provides support when you're facing issues that interfere with your health, well-being and productivity at home or at work.
- **Receive up to six counseling sessions**
- CALL 1.866.279.5177 or visit www.EAPHelpLink.com, Company Code: GADOE

Provided at NO CHARGE to you and your dependents by Stephens County School System.

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SHORT - TERM DISABILITY



What is Short-Term Disability Insurance? A type of coverage that replaces a portion of your income if injury or illness prevents you from working for a short period of time. It provides financial security for you and any loved ones who may depend on your ability to earn a paycheck. You may also hear disability insurance referred to as disability income insurance or income protection.

Eligibility: All full-time employees working 20+ hours/week

- **Coverage provided by Mutual of Omaha**
- Must be actively at work on the effective date
- **Employees do not have to exhaust sick-leave prior to receiving a benefit**
- **No Health Questions-EVERY YEAR!** (Pre-existing condition will apply for new participants)
- Pays in addition to sick leave (Above 100% of pre-disability earnings)

See
important
claims
information
on page 5.

Short Term Disability (STD)	
Elimination Period	Benefits begin after you have been out of work due to an injury or illness for either 14 or 30 days
Benefit Duration	11 or 9 weeks (Depending on chosen Elimination Period)
Benefit Percentage (weekly)	40%, 50% or 66.67% of earnings
Maximum Benefit Amount (weekly)	\$1,500 per week
Pre-existing condition	3, 6 Any sickness or injury for which you received medical treatment, consultation, care, or services during 3 months prior to your coverage effective date, will be covered after the plan has been in effect for 6 months (applies to new enrollees OR if moving to a higher benefit amount, for example: 40% plan to 50% plan)



Plan Rates

**Cost of coverage is based on the level of benefit you choose and your age.
Please consult with a benefits counselor for rate details.**

LONG - TERM DISABILITY



What is Long-Term Disability Insurance? A type of coverage that replaces a portion of your income if injury or illness prevents you from working for a long period of time. It provides financial security for you and any loved ones who may depend on your ability to earn a paycheck. You may also hear disability insurance referred to as disability income insurance or income protection.

Eligibility: All full-time employees working 20+ hours/week

- **Coverage provided by Mutual of Omaha**
- Must be actively at work on the effective date
- **Employees do not have to exhaust sick-leave prior to receiving a benefit**
- **No Health Questions-EVERY YEAR!** (Pre-existing condition will apply for new participants)
- Does not pay in addition to sick leave

See
important
claims
information
on page 5.

Long-Term Disability (LTD)	
Elimination Period	Benefits begin after you have been out of work due to an injury or illness for 90 days
Benefit Duration	Social Security Normal Retirement Age (SSNRA)
Benefit Percentage (monthly)	60% of earnings
Maximum Benefit Amount (monthly)	\$7,500 per month
Pre-existing condition	6/12 Any sickness or injury for which you received medical treatment, consultation, care, or services during the 6 months prior to your coverage effective date will be covered after the plan has been in effect for 12 months. (applies to new enrollees only)



Plan Rates

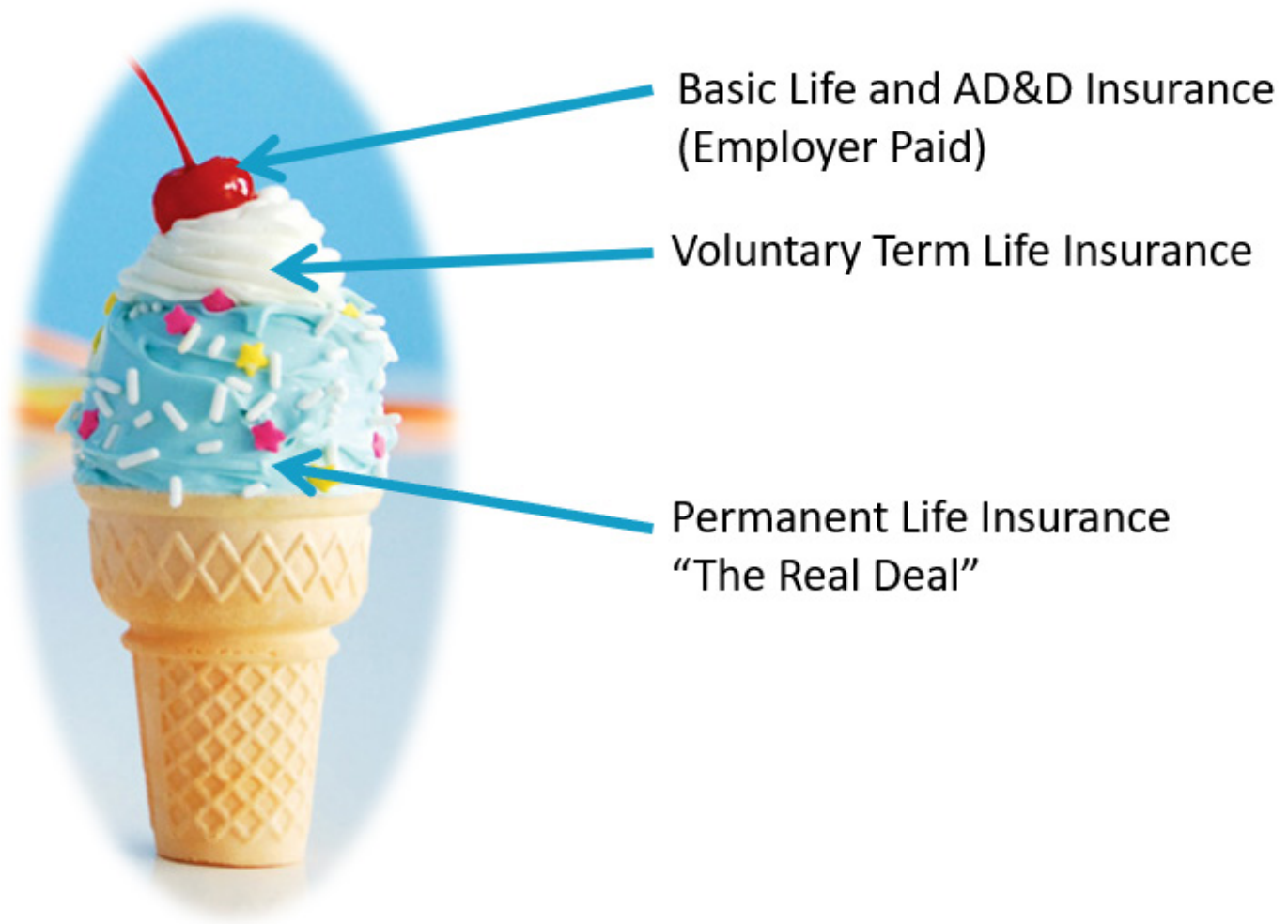
**Cost of coverage is based on the level of benefit you choose and your age.
Please consult with a benefits counselor for rate details.**

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LIFE INSU

The need for life insurance depends on each individual life situation. If loved ones are financially dependent on you, then buying life insurance coverage can absolutely be worth it. Even if you don't have financial dependents yet, life insurance can be a valuable solution for making death easier on a family (at least financially.) There are two voluntary life insurance options offered through your employer: Term Life Insurance and Permanent Life Insurance. Below is an overview of differences.

Term Life and Permanent Life work best used in conjunction with one another. Term Life can protect your family in your younger working years and Permanent Life can protect your family in your retirement years.

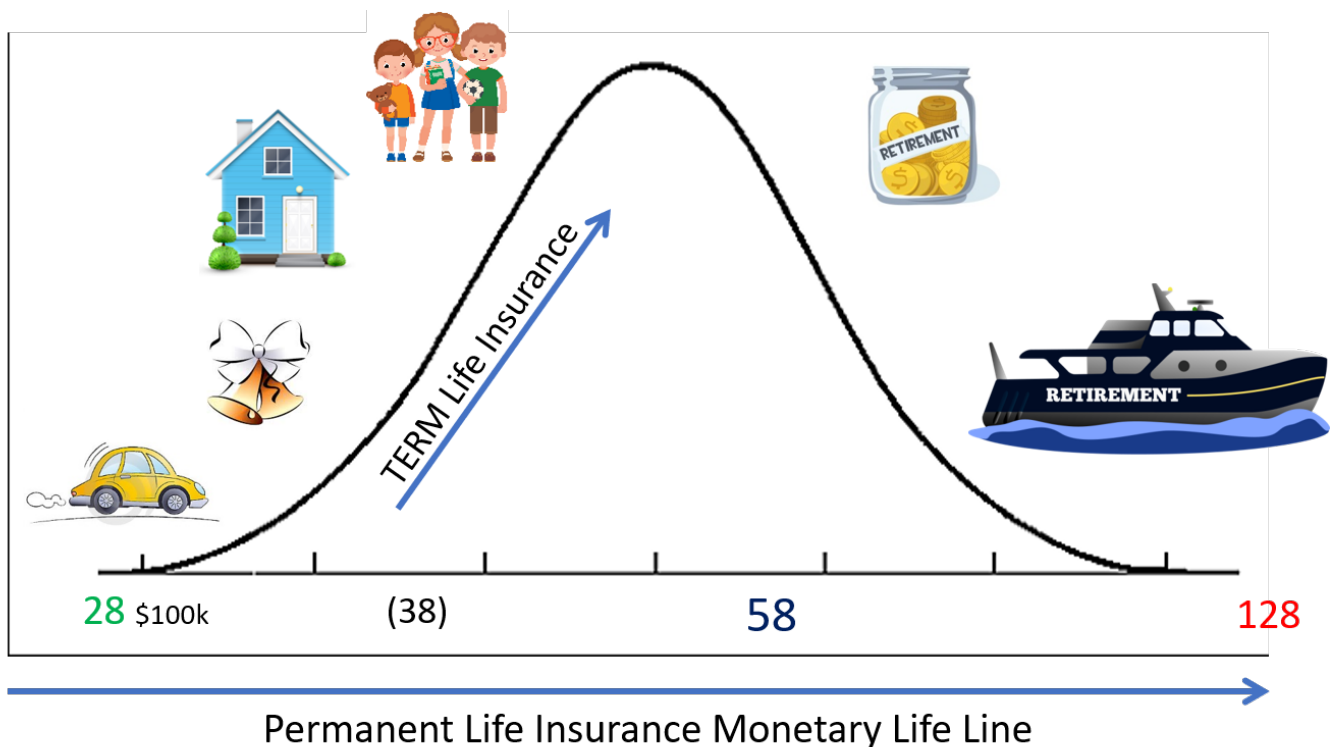


RANCE 101

TERM LIFE INSURANCE

Term Life insurance is illustrated on the bell curve below. The term life offered is a group policy which allows you to get more benefit for less premium.

- Term life insurance is for the unexpected death
- Includes an Accidental Death & Dismemberment Benefit
- Term life insurance is flexible and allows changes to your benefit amount each year depending on life changes. For example, as you get married and have children the need for term insurance often increases. As you near retirement, the need for term life insurance often decreases.
- Coverage is portable at retirement or if you leave the employer (**premium will increase when ported**)
- Premiums are based on age and increase as you get older



PERMANENT LIFE INSURANCE

- Permanent Life Insurance is illustrated above along the bottom of the graph with a straight blue arrow.
- Permanent life insurance offers a stable premium along the lifetime of the policy
- Permanent life offers a level premium and is meant to take into retirement
- Permanent life is an issue age policy. The rate is based on the age when the policy is issued
- This is an individual plan you can take with you regardless of where you work

BASIC LIFE INSURANCE



What is Basic Life Insurance? A financial and family protection plan paid for by the Stephens County School System which provides a lump-sum payment, known as a death benefit, to a beneficiary upon the death of the insured. AD&D coverage is included as part of life insurance benefits and will pay out a lump-sum death benefit in the event you are killed accidentally or die later as the direct result of an accident. This plan also includes a dismemberment benefit which provides an additional lump sum payment if an insured becomes dismembered in an accident.

Eligibility: All full-time employees working 20+ hours/week

- **Coverage provided by Mutual of Omaha**
- No Health Questions- Guaranteed Issue
- Employee must be actively at work on the effective date
- **Attention: This benefit requires a beneficiary! Please remember to assign and update beneficiaries as necessary.**

Basic Life and AD&D	
LIFE AMOUNT	
Coverage Amount	\$20,000
ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) AMOUNT	
Coverage Amount	Equal to Life Amount
BENEFITS	
Age Reduction	None
Conversion	Included
Living Care Benefit	80% up to \$20,000



Provided at no cost to you courtesy of the Stephens County School System.

VOLUNTARY TERM LIFE & AD&D INSURANCE



What is Voluntary Term Life Insurance? A financial protection plan which provides a cash benefit to the beneficiary upon death of the insured. Proceeds can be used to replace lost potential income during working years and help ensure your family's financial goals will be met; goals like paying off a mortgage, keeping a business running, and paying for college. AD&D coverage is included as part of life insurance benefits and will pay out a lump-sum death benefit in the event you or a covered loved one are killed accidentally or die later as the direct result of an accident. This plan also includes a dismemberment benefit which provides an additional lump sum payment if an insured becomes dismembered in an accident.

Eligibility: All full-time employees working 20+ hours/week, spouse and unmarried children (up to age 26)

- **Coverage provided by Mutual of Omaha**
- Must be actively at work on the effective date
- Guaranteed issue amounts available during open enrollment
- Employee must elect coverage on themselves in order to cover spouse and/or children
- **Attention: This benefit requires a beneficiary! Assign and update beneficiaries as necessary.**

Voluntary Term Life & Accidental Death and Dismemberment	
COVERAGE DETAILS/PLAN MAXIMUMS	
Employee	Up to \$500,000 (5x Salary) Increments of \$10,000
Spouse (Coverage terminates when the employee turns 90)	Up to \$250,000 (100% of Employee Amount) Increments of \$5,000
Child(ren)	Up to \$10,000 / Increments of \$1,000
Accidental Death and Dismemberment (AD&D) Amount	Matches Life Election
NEW HIRE - GUARANTEED ISSUE AMOUNTS	
Employee	\$200,000 (5x Salary)
Spouse	\$50,000 (100% of Employee Election)
Child(ren)	\$10,000
ADDITIONAL PLAN FEATURES	
Guaranteed Increase in Benefit	Employee: Can increase coverage by \$20,000, up to the guaranteed issue amount, at open enrollment with no health questions. Spouse: Can increase coverage by \$20,000, up to the guaranteed issue amount, at open enrollment with no health questions
Age Reduction	None
Portability	Included
Conversion	Included
Living Care Benefit	80% of Benefit Amount up to \$500,000
Waiver of Premium	Prior to Age 60 after 6 month elimination period to Age 65

Employee / Spouse Plan Rates

Cost of coverage is based on the level of benefit you choose and your age.
Please consult with a benefits counselor for rate details.

Note: Spouse rate is based on employee age.

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PERMANENT LIFE INSURANCE

CHUBB®

What is Permanent Life Insurance? Coverage that provides lifelong protection and the ability to maintain a level premium.

Eligibility: All full-time employees working 20+ hours/week, spouse and unmarried children (up to age 26)

- Coverage provided by Chubb
- Must be actively at work on the effective date
- If electing for the first time outside of the initial open enrollment period, health questions will be required
- Permanent Life Insurance offers the flexibility to meet a variety of personal needs while allowing employees the choice of benefit and premium amounts which fit their paycheck and life style
- Keep your coverage at the same cost even if you retire or change employers

Permanent Life Benefits	
PLAN MAXIMUMS	
Employee (Ages 19 - 80)	Up to \$150,000 (Ages 19-70) Up to \$50,000 (Ages 71-80)
Spouse (Ages 19 - 70)	Up to \$75,000
Child (15 days - 25 years)	Up to \$25,000
GUARANTEED ISSUE	
Employee (Ages 19-70)	Up to \$100,000
Spouse (Ages 19-60) *One Health Question*	Up to \$25,000 (Lesser 50% of employee amount)
Child (15 days- 18 years)	Up to \$25,000
Child (19 - 25 years)	Up to \$3.00 per week purchase
INCLUDED RIDERS	
Accelerated Death Benefit 50% of benefit amount up to \$100,000 Long-Term Care Extension of Benefits for Long-Term Care Restoration for Long-Term Care	
OPTIONAL RIDERS	
Waiver of Premium	

Plan Rates

Cost of coverage is based on the level of benefit you choose and your age. Please consult with a benefits counselor to enroll.

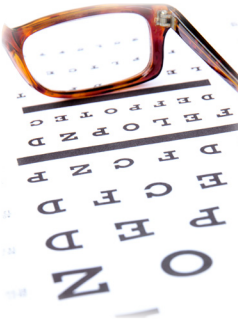
VISION INSURANCE

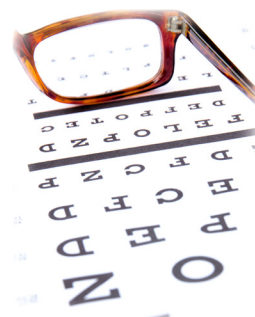


What is Vision Insurance? A health and wellness plan designed to reduce your costs for routine preventive eye care including eye exams and prescription eyewear (eyeglasses and contact lenses).

Eligibility: All full-time employees working 20+ hours/week, spouse and dependent children (up to age 26)

- **Coverage provided by MetLife**
- Claims must be submitted within 90 days of service
- Provider Network: <https://www.metlife.com/insurance/vision-insurance/#find-a-provider>
- **(Network: Vision PPO / VSP)**
- *The chart below is a sample of covered services. After 7/1/2023 effective date, the Plan Certificate will be available on your Employee Benefits Website, stephenscountybenefits.com.*

In-Network Vision Benefits Summary	High Plan	Low Plan	
Exam (with dilation as necessary)	\$10 Copay	\$10 Copay	High Plan Rates Employee \$9.76 Employee + Spouse \$18.57 Employee+Child(ren) \$19.53 Family \$28.72
Materials Copay	Included in Lens Copay		
Contact Lens Fit and Follow-Up (Standard)	Up to \$60 Copay		
Lasik or PRK	15% off retail or 5% off promotional		
Frames (See plan certificate for featured frames allowance)	\$200 allowance + 20% off balance (Additional discount not available at Walmart, Costco and Sam's Club)	\$175 allowance + 20% off balance (Additional discount not available at Walmart, Costco and Sam's Club)	
Lenses			Low Plan Rates Employee \$8.29 Employee + Spouse \$15.75 Employee+Child(ren) \$16.56 Family \$24.35
Single Vision, Bifocal, Trifocal, Lenticular	\$25 Copay		
Standard Progressive Lenses	Up to \$55 Copay		
Additional Lens Options			
Standard UV Treatment	Cover in Full		
Standard Scratch Resistant	Up to \$17 - \$33 Copay		
Standard Polycarbonate	Children: Covered in Full Adults: Up to \$35 Copay		
Standard Anti-Reflective Coating	Up to \$41 - \$85 Copay		
Transition Lenses	Up to \$82 Copay		
Contact Lenses			
Elective Contacts	\$200 Allowance	\$175 Allowance	
Medically Necessary	Covered in Full after eyewear Copay		
Frequencies			
Exams, Lenses, Contact Lenses and Frames	12 months	12 months	
2nd Pair Benefit	Each covered person can get: • 2 pairs of prescription eyeglasses OR • 1 pair of prescription eyeglasses & an allowance toward contacts OR • Double the contact lens allowance	2nd Pair Benefit - N/A	



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DENTAL INSURANCE



What is Dental Insurance? A health and wellness plan designed to pay a portion of dental costs associated with preventive, basic, and some major dental care, as well as child orthodontia.

Eligibility: All full-time employees working 20+ hours/week, spouse and children (up to age 26)

- **Coverage provided by Ameritas**
- Claims must be submitted within 90 days of service
- Provider directory: <https://dentalnetwork.ameritas.com/> (Network: Classic PPO & Plus)
- Orthodontics available for children only, up to age 19 (subject to takeover provision)
- **The Dental Low Plan is an In-Network ONLY Plan**
- No waiting periods when first enrolling or moving from one plan to another
- *The chart below is a sample of covered services. After 7/1/2023, please see Plan Certificate for a detailed listing of services in their entirety. The plan certificate is available on your employee benefits website, stephenscountybenefits.com.*

Coinsurance	High Plan	Middle Plan	Low Plan (In- Network Only)
Preventive (Type 1)	100%	100%	100%
Basic (Type 2)	80%	50%	50%
Major (Type 3)	50%	N/A	25%
Calendar Year Max	\$1,500	\$1,000	\$1,000
Orthodontia	50%	N/A	N/A
Orthodontia (Lifetime Max)	\$1,000	N/A	N/A
Allowance	95th UCR	95th UCR	Discounted Fee
Dental Rewards	Included	Included	Included
Calendar Year Deductible (All Plans)			
\$50 per person /\$150 max per family (Excludes Preventive)			

Your Plan Includes Dental Rewards


Allows qualifying plan members to carryover part of their unused annual maximum. Visit your employee benefits website for additional details. stephenscountybenefits.com

Dental Rewards	All Plans
Benefit Threshold	\$500
Annual Carryover Amount	\$250
Annual PPO Bonus	\$100
Maximum Carryover	\$1,000

DENTAL INSURANCE

Dental Services	High Plan	Middle Plan	Low Plan (In-Network ONLY)
Routine Exam (2 in 12 months)	100%	100%	100%
Bitewing X-rays (1 in 12 months)	100%	100%	100%
Full Mouth/Panoramic X-rays (1 in 5 years)	80%	100%	50%
Periapical X-rays	100%	100%	100%
Cleaning (2 in 12 months)	100%	100%	100%
Fluoride for children 18 & under (1 in 12 months)	100%	100%	100%
Space Maintainers	100%	100%	100%
Sealants (age 15 & under)	80%	100%	50%
Fillings for Cavities	80%	50%	50%
Restorative Composites (anterior & posterior teeth)	80%	50%	50%
Simple Extractions	80%	50%	50%
Complex Extractions	50%	n/a	25%
Anesthesia	80%	50%	50%
Endodontics Nonsurgical	50%	50%	25%
Endodontics Surgical	50%	n/a	25%
Denture Repair	50%	50%	25%
Implants	50%	n/a	25%
Periodontics (nonsurgical)	80%	n/a	50%
Onlays	50%	n/a	25%
Crowns (1 in 10 years per tooth)	50%	n/a	25%
Crown Repair	80%	n/a	25%
Periodontics (surgical)	50%	n/a	25%
Prosthodontics (Fixed bridge, removable complete/partial dentures) (1 in 10 years)	50%	n/a	25%

Monthly Plan Rates			
	High Plan	Middle Plan	Low Plan
Employee	\$43.63	\$28.48	\$20.16
Employee + Spouse	\$84.16	\$54.92	\$38.48
Employee + Children	\$98.18	\$61.08	\$44.74
Employee + Family	\$149.00	\$95.52	\$67.60


Mock Dental Card

Group Name: Stephens County School System
 Group Number: Available after 7/1/2023
 Set up an Ameritas account by visiting:
<https://www.ameritas.com/service/register.asp>

- Print your Dental ID Card
- Dental Health Score Card
- Rx Savings Card and more!

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GET THE MOST OUT OF YOUR DENTAL / VISION PLAN

Register on the MetLife MyBenefits website for a personalized, secure view of your MetLife vision benefits.



How to Register:

1. Go to: metlife.com/mybenefits
2. Under Access MyBenefits, enter: **Stephens County Board of Education**
3. Select "Next" and follow the prompts to register (If you have previously registered, select "Login" - If you have never registered, select "Register"). *If you previously registered with MetLife/ mybenefits, you will utilize the same user name a password for vision.*

Search for In-Network Providers:

- Go to: metlife.com
- Select Find a Vision Provider
- **Network:** MetLife Vision PPO
- Type in your zip code or address

New for 7/1/2023 - Vision High Plan Participants


Enjoy the second pair benefit option!
Each covered person can get:

- 2 pairs of prescription eyeglasses OR
- 1 pair of prescription eyeglasses & an allowance toward contacts OR
- Double the contact lens allowance

DID YOU KNOW?

- The vision plans allow you to visit any licensed vision specialist and receive coverage.
- Your dental high plan and middle plan allow you to utilize an in-network or out-of-network dentist.
- The dental low plan is an in-network only plan, so you will need to utilize an in-network dentist.
- **Remember your benefits go further when you go in-network. This will help control your out-of-pocket expenses.**
- You can price shop your lens & frame providers. Take your prescription from an out of network provider to an in-network provider to receive the most benefit from your vision plan.
- For dental work, you can complete a pre-estimate for services at ameritas.com to predict your out-of pocket expense.
- Vision care and dental care expenditures qualify as an eligible expense under the available Flexible Spending Account Plan. See FSA pages for details.
- You can access additional plan information on your benefits website: stephenscountybenefits.com

Register for your secure member account at ameritas.com.

- The one-time set up is quick and easy: **Ameritas** 
- Go to ameritas.com
 - Sign in to your Customer (Member) Account under the Dental/Vision/Hearing drop down
 - On the Login page select "Register Now"
 - Complete the New User Registration form

CRITICAL ILLNESS



What is Critical Illness Insurance? A health and wellness plan in which you receive a lump sum cash payment if diagnosed with one of the specific illnesses on the predetermined list of critical illnesses.

Eligibility: All full-time employees working 20+ hours/week, spouse and dependent children* (up to age 26)

- **Coverage provided by MetLife**
- **Issue Age - Rates are locked in and will not increase with age**
- **No health questions every year!**
- **New starting 7/1/2023, benefit includes cancer coverage**
- Keep your coverage if you retire or change employers
- *The chart below is a sample of covered services. After 7/1/2023, please see Plan Certificate for a detailed listing of services in their entirety. The plan certificate is available on your employee benefits website, stephenscountybenefits.com.*

*Child marital status may impact benefit eligibility

Critical Illness Benefits Summary	
Employee	\$15,000 or \$30,000
Spouse	50% of EE Amount
Dependent Children	50% of EE Amount
Max Payout	500% of elected benefits
COVERED SPECIFIED CRITICAL ILLNESSES	Pays % of Face Amount
Invasive Cancer	100%
Non-Invasive Cancer	25%
Skin Cancer	5% (not less than \$250)
Benign Brain Tumor	100%
Coronary Artery Disease	50%
Childhood Diseases (Cerebral Palsy, Cleft Lip or Cleft Palate, Cystic Fibrosis, Diabetes (Type 1), Down Syndrome, Sickle Cell Anemia, Spina Bifida)	100% of child benefit
Functional Loss (Coma, Loss of: Ability to Speak; Hearing; or Sight, Paralysis of 2 or more limbs)	100%
Heart Attack (Myocardial Infarction)	100%
Sudden Cardiac Arrest	50%
Infectious Diseases (Bacterial Cerebrospinal Meningitis, Diphtheria, Encephalitis, Legionnaire's Disease, Malaria, Necrotizing Fasciitis, Osteomyelitis, Rabies, Tetanus, Tuberculosis)	25%
Stroke	100%
Major Organ Failure (bone marrow, heart, lung, pancreas, liver)	100%
End Stage Renal Failure (Kidney)	100%
Progressive Diseases (ALS, Alzheimer's Disease, Multiple Sclerosis, Muscular Dystrophy, Parkinson's Disease (Advanced), Systemic Lupus Erythematosus (SLE))	100%
Severe Burn	100%
ANNUAL WELLNESS EXAM	\$100 - View Wellness Incentives Page
Age Reduction	None
Pre-Existing Condition	None

Plan Rates

Cost of coverage is based on the level of benefit you choose and your age. Please consult with a benefits counselor for rates details.

Disclaimer: The Benefits Guide is provided for illustrative purposes only. Actual eligibility, benefits, services, premiums, claims processes and all other features and plan designs for coverage offered are governed exclusively by the provider contract and associated Summary Plan Description (SPD).

CANCER INSURANCE



What is Cancer Insurance? Cancer insurance is a form of supplemental insurance meant to offset cancer-related expenses so you can focus on recovery.

Eligibility: Full-time employees working 20+ hours/week, spouse, and children* (up to age 26)

- **Coverage through Allstate**
- Payments made directly to you and do not offset with medical insurance
- Health questions will be required unless enrolling within the initial offering or a new hire period
- Keep your coverage, at the same cost, even if you retire or change employers

*Child marital status does not impact benefit eligibility

Cancer Benefits Summary		Plan	Don't forget your \$50 Wellness!											
HOSPITAL AND RELATED BENEFITS			<p>What qualifies as wellness:</p> <ul style="list-style-type: none">• Biopsy for skin cancer• Blood tests for triglycerides, CA15-3 (breast cancer)• CA125 (ovarian cancer)• CEA (colon cancer)• PSA (prostate cancer)• Bone Marrow Testing• Chest X-ray• Colonoscopy• Doppler screening for carotids or peripheral vascular disease• Echocardiogram• EKG• Flexible sigmoidoscopy• Hemocult stool analysis• HPV (Human Papillomavirus) Vaccination• Lipid panel (total cholesterol count)• Mammography, including Breast Ultrasound• Pap Smear, including ThinPrep Pap Test• Serum Protein Electrophoresis (test for myeloma)• Stress test on bike or treadmill• Thermography• Ultrasound screening for abdominal aortic aneurysms											
Initial Cancer Diagnosis		\$2,000												
Continuous Hospital Confinement (Up to 45 days)		\$200/day												
Private Duty Nursing Expenses		\$200/day												
Extended Care Facility		\$200/day												
At Home Nursing/Hospice Care		\$200/day												
RADIATION, CHEMOTHERAPY & RELATED BENEFITS														
Radiation, Chemo for Cancer (Every 12 months)		\$10,000												
Blood, Plasma, Platelets (Every 12 months)		\$10,000												
Medical Imaging (Max per year)		\$500												
SURGERY AND RELATED BENEFITS			<p>How to file a wellness claim:</p> <ul style="list-style-type: none">• Call 800.348.4489• Fax completed documents to 800.430.4188• Mail completed documents to: American Heritage Life Insurance Company 1776 American Heritage Life Drive, Jacksonville, FL 32224• Register at www.allstatebenefits.com/mybenefits for additional information											
Surgery (Based on surgery type)		Up to \$1,500												
Anesthesia (% of surgery benefits)		25%												
Ambulatory Surgical Center		\$250/day												
Second Opinion		\$200												
Bone Marrow or Stem Cell Transplant (Once Per Year)														
1. Autologous		\$500												
2. Non-autologous (cancer or specified disease treatment)		\$1,250												
3. Non-autologous (Leukemia)		\$2,500												
MISCELLANEOUS BENEFITS					<table><tr><th colspan="2">Monthly Rates</th></tr><tr><td>Employee</td><td>\$21.48</td></tr><tr><td>Employee + Spouse</td><td>\$33.52</td></tr><tr><td>Employee + Child(ren)</td><td>\$30.65</td></tr><tr><td>Employee + Family</td><td>\$42.68</td></tr></table>		Monthly Rates		Employee	\$21.48	Employee + Spouse	\$33.52	Employee + Child(ren)	\$30.65
Monthly Rates														
Employee	\$21.48													
Employee + Spouse	\$33.52													
Employee + Child(ren)	\$30.65													
Employee + Family	\$42.68													
Ambulance (per confinement)		\$100												
Transportation (Non-local)		\$0.40/mile												
Outpatient or Family Lodging (Daily/12 Mo. Limit)		\$50 (\$2,000 limit)												
Physical or Speech Therapy		\$50/day												
New or Experimental Treatment (Every 12 months)		Up to \$5,000												
Prosthesis		\$2,000												
Wellness Exam (Annual)		\$50												
Waiting Period (Initial Diagnosis)		None												
Pre-existing Condition		12/12												
Age Reduction		None												
Please note the above is a sample of covered services. Please visit stephenscountybenefits.com to view the plan certificate for actual payment for services.														

HOSPITAL INDEMNITY



What is Hospital Indemnity Insurance? Supplemental coverage that helps offset costs associated with hospital stays, whether for planned or unplanned reasons. Payments made directly to you and benefits do not offset with medical insurance.

Eligibility: All full-time employees working 20+ hours/week, spouse and dependent children* (up to age 26)

- **Coverage provided by MetLife**
- **No Health Questions- Every Year!**
- Keep your coverage even if you retire or change employers
- You must elect coverage on yourself to cover a spouse or dependents
- *The chart below is a sample of covered services. Please see the Highlight Sheet for a more detailed listing of services in their entirety. After 7/1/2023, the plan certificate will be available on your employee benefits website, stephenscountybenefits.com.*

*Child marital status impacts benefit eligibility

Hospital Indemnity Benefits	High Plan	Low Plan
HOSPITAL COVERAGE		
Admission Benefit (4 times per year) (Must be admitted into the hospital for this benefit - ER admission/Outpatient treatment does not qualify)	\$1,000	\$500
ICU Supplemental Admission (4 times per Year) (Paid concurrently with the Admission Benefit)	\$1,000	\$500
Confinement (15 days per year) (If the admission benefit is payable for a confinement, the confinement benefit will begin to be payable the day after admission)	\$200	\$100
ICU Confinement (15 days per year) (Paid concurrently with the Confinement Benefit)	\$200	\$100
Confinement Benefit for Newborn Nursery Care (2 days per confinement)	\$50	\$25
Wellness / Health Screening	\$50 View the wellness page for additional details.	
Pre-existing Condition	None	
Age Reduction	None	
Please see plan highlight sheets for additional details, located on your employee benefits website.		

Monthly Rates	High Plan	Low Plan
Employee	\$22.10	\$13.46
Employee + Spouse	\$39.67	\$24.67
Employee + Child(ren)	\$33.56	\$20.00
Employee + Family	\$51.13	\$31.21

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ACCIDENT INSURANCE



What is Accident Insurance? This coverage is designed to help offset medical and out-of-pocket costs associated with unforeseen accidents. Payments made directly to you and benefits do not offset with medical insurance.

Eligibility: All full-time employees working 20+ hours/week, spouse and dependent children* (up to age 26)

- Coverage provided by MetLife
- **No health questions - Every Year!**
- Keep your coverage if you retire or change employers
- Accidental Death and Dismemberment is included
- *The chart below is a sample of covered services. Please see Plan Certificate for a detailed listing of services in their entirety. The plan certificate is available on your employee benefits website, stephenscountybenefits.com.*

*Child marital status impacts benefit eligibility

Accident Benefit Description	Low Plan	High Plan	Low Plan Monthly Rates	
INJURIES				
Fractures	\$50-\$3,000	\$100-\$6,000	Employee \$6.44	
Dislocations	\$50-\$3,000	\$100-\$6,000		
Second and Third Degree Burns	\$50-\$5,000	\$100-\$10,000	Employee + Spouse \$13.33	
Concussions	\$200	\$400		
Cuts/Lacerations	\$25-\$200	\$50-\$400	Employee + Child(ren) \$13.27	
Eye injuries	\$200	\$300		
MEDICAL SERVICES & TREATMENT			Employee + Family \$16.61	
Ambulance	\$200 - \$750	\$300 - \$1,000		
Emergency Care	\$25-\$50	\$50-\$100		
Non-Emergency Care	\$25	\$50		
Physician Follow-Up	\$50	\$75		
Therapy Services (including PT)	\$15	\$25		
Medical Testing Benefit	\$100	\$200		
Medical Appliances	\$50-\$500	\$100-\$1,000		
Inpatient Surgery	\$100-\$1,000	\$200-\$2,000		
Wellness Benefit	\$50 - View wellness page for details			
HOSPITAL COVERAGE (ACCIDENT)			High Plan Monthly Rates	
Admission	\$500 (non-ICU) \$1,000 (ICU) per accident	\$1,000 (non-ICU) \$2,000 (ICU) per accident	Employee \$12.33	
Confinement	\$100 / day (non-ICU) \$200 / day (ICU) up to 31 days	\$200 / day (non-ICU) \$400 / day (ICU) up to 31 days	Employee + Spouse \$25.64	
Inpatient Rehab	\$100 / day up to 15 days (not to exceed 30 days / year)	\$200 / day up to 15 days (not to exceed 30 days / year)	Employee + Child(ren) \$25.34	
			Employee + Family \$31.73	

WELLNESS INCENTIVES

As of 7/1/2023, if you are covered under MetLife Critical Illness, MetLife Accident, or MetLife Hospital Indemnity Policies, you can receive a “Wellness Incentive” as part of your policy.

The Wellness Benefit Amount is \$50 or \$100 per calendar year for each insured for each of the MetLife plans. The wellness test may vary depending on each plan.

“MetLife will pay Wellness Benefit Amount for one wellness test per calendar year per Insured if the Insured has a wellness test performed while the Insured’s coverage is in force.”

Wellness test may include:

- routine health check-up exam
- biopsies for cancer
- blood chemistry panel
- blood test to determine total cholesterol
- blood test to determine triglycerides
- bone marrow testing
- breast MRI
- breast ultrasound
- breast sonogram
- cancer antigen 15-3 blood test for breast cancer (CA 15-3)
- cancer antigen 125 blood test for ovarian cancer (CA 125)
- carcinoembryonic antigen blood test for colon cancer (CEA)
- carotid doppler
- chest x-rays
- clinical testicular exam
- colonoscopy
- complete blood count (CBC)
- coronavirus testing
- dental exam
- digital rectal exam (DRE)
- Doppler screening for cancer
- Doppler screening for peripheral vascular disease
- echocardiogram/lectrardiogram (EKG)
- electroencephalogram (EEG)
- endoscopy
- eye exam
- fasting blood glucose test
- fasting plasma glucose test
- flexible sigmoidoscopy
- hearing test
- hemocult stool specimen
- hemoglobin A1C
- human papillomavirus (HPV) vaccination
- immunization
- lipid panel
- mammogram
- oral cancer screening
- pap smears or thin prep pap test
- prostate-specific antigen (PSA) test
- serum cholesterol test to determine LDL and HDL levels
- serum protein electrophoresis
- skin cancer biopsy
- skin cancer screening
- skin exam
- stress test on bicycle or treadmill
- successful completion of smoking cessation program
- tests for sexually transmitted infections (STIs)
- thermography
- two hour post-load plasma glucose test
- ultrasounds for cancer detection
- ultrasound screening of the abdominal aorta for abdominal aortic aneurysms
- virtual colonoscopy



How to file your Wellness Benefit Claim:

- You can request a wellness claim form by either calling the Campus Benefits Call Center at 866.433.7661 opt 5 or emailing our Service Team at MyBenefits@CampusBenefits.com.
- After 7/1/2023, wellness forms will be available on your employee benefits website, stephenscountybenefits.com

What is Legal Plan? A plan which provides valuable legal and financial educational resources for a variety of life events and needs.

Eligibility: All full-time employees working 20+ hours/week, spouse and dependent children* (up to age 26)

- Coverage provided by MetLife
- Elder Care extends to parents and in-laws
- Additional information for non-plan members - info.legalplans.com or call 800.821.6400
- Under "Not a member?", enter plan access code "Legal" to learn more about plan providers in your area
- Plan members, select member login for plan specific information. Additional resources are available on your employee benefits website.

*Child marital status impacts benefit eligibility

	Low Plan (0530010)	High Plan (0531010)							
Money Matters	<ul style="list-style-type: none">• Identity Theft Defense• Negotiations with Creditors• Promissory Notes• Debt Collection Defense• Tax Collection Defense	<ul style="list-style-type: none">• Identity Theft Defense• Negotiations with Creditors• Promissory Notes• Debt Collection Defense• Tax Collection Defense	<ul style="list-style-type: none">• Personal Bankruptcy• Life Stages Identity Management• Tax Audit Representation• Financial Education Workshops						
Home & Real Estate	<ul style="list-style-type: none">• Deeds• Mortgages• Foreclosure• Tenant Negotiations• Eviction Defense• Security Deposit Assistance	<ul style="list-style-type: none">• Deeds• Mortgages• Foreclosure• Tenant Negotiations• Eviction Defense• Security Deposit Assistance	<ul style="list-style-type: none">• Sale or Purchase (Primary or Vacation Home)• Refinancing & Home Equity• Property Tax Assessments• Boundary & Title Disputes• Zoning Applications						
Estate Planning	<ul style="list-style-type: none">• Simple and Complex Wills• Healthcare Proxies• Living Wills• Codicils• Powers of Attorney (Healthcare, Financial, Childcare, Immigration)	<ul style="list-style-type: none">• Simple and Complex Wills• Healthcare Proxies• Living Wills• Codicils• Powers of Attorney (Healthcare, Financial, Childcare, Immigration)	<ul style="list-style-type: none">• Revocable & Irrevocable Trusts						
Family & Personal	<ul style="list-style-type: none">• Guardianship• Conservatorship• Name Change• Review of ANY Personal Legal Document• School Hearings• Demand Letters• Affidavits• Personal Property Issues• Garnishment Defense• Domestic Violence Protection	<ul style="list-style-type: none">• Guardianship• Conservatorship• Name Change• Review of ANY Personal Legal Document• School Hearings• Demand Letters• Affidavits• Personal Property Issues• Garnishment Defense• Domestic Violence Protection	<ul style="list-style-type: none">• Juvenile Court Defense (Including Criminal Matters)• Parental Responsibility Matters• Review of Immigration Documents• Prenuptial Agreement• Adoption						
Civil Lawsuits	<ul style="list-style-type: none">• Disputes over Consumer Goods & Services• Administrative Hearings• Incompetency Defense	<ul style="list-style-type: none">• Disputes over Consumer Goods & Services• Administrative Hearings• Incompetency Defense	<ul style="list-style-type: none">• Civil Litigation Defense & Mediation• Small Claims Assistance• Pet Liabilities						
Elder Care Issues	Consultation & Document review for issues related to your (or spouses) parents: <ul style="list-style-type: none">• Medicare• Medicaid• Prescription Plans• Nursing Home Agreements• Leases• Promissory Notes• Deeds• Wills• Power of Attorney	Consultation & Document review for issues related to your (or spouses) parents: <ul style="list-style-type: none">• Medicare• Medicaid• Prescription Plans• Nursing Home Agreements• Leases• Promissory Notes• Deeds• Wills• Power of Attorney	<table><tr><th>Monthly Low Plan Rate</th><th>Monthly High Plan Rate</th></tr><tr><td>\$8.00</td><td>\$16.50</td></tr><tr><td colspan="2">NO COPAY</td></tr></table>	Monthly Low Plan Rate	Monthly High Plan Rate	\$8.00	\$16.50	NO COPAY	
Monthly Low Plan Rate	Monthly High Plan Rate								
\$8.00	\$16.50								
NO COPAY									
Vehicle & Driving	<ul style="list-style-type: none">• Repossession• Defense of Traffic Tickets• Driving Privileges Restoration• License Suspension due to DUI	<ul style="list-style-type: none">• Repossession• Defense of Traffic Tickets• Driving Privileges Restoration• License Suspension due to DUI							

THE SMART WAY TO REDUCE YOUR HEALTHCARE COSTS

What is MedCareComplete? A bundle of services constructed to save you time, money and hassle while simplifying your life.

Eligibility: All full-time employees working 20+ hours/week, spouse, and unmarried children (up to age 26)

- Coverage provided by MedCareComplete
- This is a supplemental benefit and does not replace health insurance
- Register @ MCC: [Medcarecomplete.com/members](https://medcarecomplete.com/members) to access the full range of benefits
- Register @ 1800MD: 1800md.com or 800.388.8785 to access telemedicine benefits

Included With the MedCareComplete Membership:



Medical Bill Negotiator



Restoration Expert



Medication Management



Expense Reimbursement



Telemedicine



Social Media Tracking



Medical & ID Theft Monitoring



Sex Offender Alerts

1. Medical Bill Negotiator

A medical bill advocate will identify and appeal common billing errors and overcharges on your behalf. Advocates provide continuous support throughout the appeal that typically results in an average savings of 40% on 80% of the bills reviewed.

2. Telemedicine

Get 24/7/365 on-demand telephone access to Board-certified physicians for diagnosis and prescriptions for common and acute illnesses.

Individual Monthly Rate	Family Monthly Rate
\$10.50	\$12.50
NO COPAY	

Acute Illnesses include but are not limited to the following:

Asthma
Fever
Headache
Infections

Migraines
Rashes
Bacterial Infections
Diarrhea

Heartburn
Sinus Conditions
Urinary Tract Infections

Bronchitis
Ear Infection
Gout
Joint Aches

Pink Eye
Sore Throat
Cold & Flu
Nausea & Vomiting

3. Medical & ID Theft Protection

Service monitors the internet for usage of your personal health and financial information to protect you from becoming a victim of identity theft. The security of your personal health information (PHI) can have a large impact on the medical care you receive.

FLEXIBLE SPENDING ACCOUNTS

What are Medical Flexible Spending Accounts (FSA's)? A pre-tax benefit account used to pay for out-of-pocket healthcare costs such as deductibles, co-pays, prescribed medication, and some over the counter medications.

What are Dependent Care Accounts? A pre-tax benefit account used to pay for dependent care services such as preschool, summer day camp, before or after school programs and child or elder daycare.

- Eligibility:** All full-time employees working 20+ hours/week, spouse and tax dependent children (up to age 26)
- Dependent care is for childcare for children up to age 13 and adults for adult care
 - Coverage provided by MedCom
 - **Short Plan Year: July 1 – December 31, 2023**
 - **New Plan Year: January 1, 2024 - December 31, 2024**
 - Only family status changes will allow you to change your annual election. The altered election must be consistent with the status change
 - Married and not filing jointly participants limited to \$2,500 deferral for Dependent Care
 - Transfer of funds between the Dependent Care and Medical Care accounts are not allowed
 - *The chart below is a sample of covered services. Please visit stephenscountybenefits.com for additional FSA details or go to fsastore.com.*

Flexible Spending Account Description	
MEDICAL FSA ACCOUNT	
Short Plan Year 7.1.2023 - 12.31.2023	
Minimum Contribution	\$150
Maximum Contribution	\$1,525
CARRYOVER MAXIMUM- Maximum participants can carry over if re-electing the plan	\$610 (Any unused amounts over \$610 will be forfeited)
Total elected amount is available at the beginning of the plan year.	
DEPENDENT CARE ACCOUNT	
Short Plan Year 7.1.2023 - 12.31.2023	
Minimum Contribution	\$150
Maximum Contribution	\$2,500
CARRYOVER MAXIMUM- Maximum participants can carry over if re-electing the plan	\$0 (Any unused amounts over \$0 will be forfeited)
Total elected amount is available as it is payroll deducted	
Account Rules	
RUNOUT PERIOD-Time to turn in receipts for services rendered during the plan year	30 days
All receipts should be kept to submit if verification is requested	

Monthly Admin Fee	
Fee Per Participant Per Month (One fee even if electing both Medical FSA and Dependent Care)	\$3.25
Replacement Card Fee	\$0.00

IMPORTANT NOTE:
Dependent Care FSA is for eligible expenses related to the care of your child, disabled spouse, elderly parent, or other dependent who is physically or mentally unable for self-care (i.e. day care, adult day care) or is disabled. Medical expenses for your dependent are not eligible for reimbursement under the Dependent Care.

HELPFUL FSA RESOURCES

What is covered under Medical FSA Account?

- Medical coinsurance and deductible
- Doctor's office visit co-pays
- Emergency Room costs
- Dental co-pays and out-of-pocket costs
- Vision co-pays and out-of-pocket costs
- Contacts and Glasses
- Prescriptions
- *Please see the full eligibility list for other covered expenses*

Find helpful information at fsastore.com.

- FSA Calculator
- FSA Eligibility Listing

Who is covered under Dependent Care Account?

- Children up to age 13 (including stepchildren, grandchildren, adopted or foster children, and children related to you who are eligible for a tax exemption on your federal tax return).
- Tax dependents residing with you and incapable of self-care (this could include your spouse, a child age 13 and over, and elderly parents).

The CARES Act permanently reinstates over-the counter products, and adds menstrual care products for the first time as eligible expenses for your FSA funds WITHOUT A PRESCRIPTION!

Eligible items for purchase without a prescription now include, but are not limited to:

- Pain relief medications, e.g., acetaminophen, ibuprofen, naproxen sodium
- Cold & flu medications
- Allergy medications
- Acne treatments
- Eye drops
- Stomach & digestive aids
- Pads, Tampons and Menstrual sponges
- Sleep aids
- Children's pain relievers, allergy medicines, and digestive aids



Medcom
BENEFIT SOLUTIONS

Your Benefits Are Going **MOBILE**

In the App Store go to: MedCom Mobile

Online Portal and Access to information:
<https://medcom.wealthcareportal.com>



IMPORTANT NOTE:

Dependent Care FSA is for eligible expenses related to the care of your child, disabled spouse, elderly parent, or other dependent who is physically or mentally unable for self-care (i.e. day care, adult day care) or is disabled. Medical expenses for your dependent are not eligible for reimbursement under the Dependent Care account.

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STATE HEALTH BENEFIT PLAN

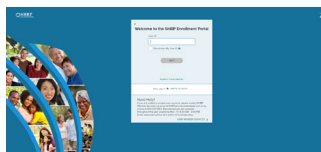


Notice: Stephens County School System offers all eligible employees health insurance through the Georgia State Health Benefit Plan. During the annual open enrollment, employees have the opportunity to review all available options and make elections for the upcoming plan year.

- **Coverage provided by Anthem BCBS of GA, United Healthcare, or Kaiser Permanente**
- **Plan year is January 1- December 31 and open enrollment occurs in the fall of each year**
- All qualifying life events must be submitted via the SHBP Portal
- Kaiser Permanente is only available in the Atlanta Metro area
- **Attention to participants approaching age 65 and/or retirement:** Please review: <https://shbp.georgia.gov/retirees-0/turning-age-65>

SHBP Enrollment Portal:

<https://myshbpga.adp.com>



How to Enroll:

1. Go to <https://myshbpga.adp.com>
2. Enter your Username and Password and click Login.
If you need assistance, click on "Forgot User ID?" or "Forgot Your Password?".
3. If you have not registered, click "Register Here".
4. Your registration code is **SHBP-GA**.

SHBP Phone Number: 800.610.1863

SHBP Wellness Portal:

<https://bewellshbp.com>

SHBP Decision Guide:

This Guide provides a brief explanation about each health benefit option, a benefit comparison guide, and a list of things to consider before making plan decisions.

Access the decision guide at <https://shbp.georgia.gov/>

2023 WELLNESS INCENTIVES AT-A-GLANCE

Plan Option	Anthem HMO MyIncentive Account (MIA)	Anthem Health Reimbursement Arrangement (HRA)	Kaiser Permanente (KP) Regional HMO	United Healthcare HMO Health Incentive Account (HIA)	United Healthcare HDHP Health Incentive Account (HIA)
	Up to	Up to		Up to	Up to
Member	480	480	\$500 Reward Card	480	480
Covered Spouse	480	480	\$500 Reward Card	480	480
United Healthcare Reward Card for enrolled member and covered spouse	n/a	n/a	n/a	\$250 Reward Card (member) \$250 Reward Card (Covered Spouse)	\$250 Reward Card (member) \$250 Reward Card (Covered Spouse)
Potential Total	960	960	\$1,000	1,460	1,460

Please review the Active Decision Guide for full incentive program details and requirements.

Anthem: Members enrolled in an Anthem HRA Plan Option will receive SHBP-funded base credits at the beginning of the Plan Year. The amount funded will be based on your elected coverage tier. If you enroll in a HRA during the Plan Year, these credits will be prorated based on the elected coverage tier and the months remaining in the current Plan Year.

***KP:** Members enrolled in the KP Regional HMO Plan Option and their covered spouses will each receive a \$500 reward card after they each satisfy KP's Wellness Program requirements.

****UnitedHealthcare:** Members and their covered spouses enrolled in an UnitedHealthcare Plan Option can each earn a 240 well-being incentive credit match with a maximum combined up to 480 well-being incentive credits matched by UnitedHealthcare for completing wellness requirements under the plan. After credits are added to your HIA, any remaining credits will rollover to the next plan year.

2023 SHBP PLANS & PRICING

The table below is a high level overview, for official details and plan information please review the SHBP Decision Guide.

Plan Designs for 2023											
	Anthem Gold Plan HRA		Anthem Silver Plan HRA		Anthem Bronze Plan HRA		Anthem HMO	UHC HMO	UHC HDHP		Kaiser HMO*
	In	Out	In	Out	In	Out	In	In	In	Out	In
Deductible											
You	\$1,500	\$3,000	\$2,000	\$4,000	\$2,500	\$5,000	\$1,300	\$1,300	\$3,500	\$7,000	N/A
You + Spouse	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500	\$1,950	\$1,950	\$7,000	\$14,000	N/A
You + Child(ren)	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500	\$1,950	\$1,950	\$7,000	\$14,000	N/A
You + Family	\$3,000	\$6,000	\$4,000	\$8,000	\$5,000	\$10,000	\$2,600	\$2,600	\$7,000	\$14,000	N/A
Medical OOPM											
You	\$4,000	\$8,000	\$5,000	\$10,000	\$6,000	\$12,000	\$4,000	\$4,000	\$6,450	\$12,900	\$6,350
You + Spouse	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000	\$6,500	\$6,500	\$12,900	\$25,800	\$12,700
You + Child(ren)	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000	\$6,500	\$6,500	\$12,900	\$25,800	\$12,700
You + Family	\$8,000	\$16,000	\$10,000	\$20,000	\$12,000	\$24,000	\$9,000	\$9,000	\$12,900	\$25,800	\$12,700
Coinsurance (Plan Pays)	85%	60%	80%	60%	75%	60%	80%	80%	70%	50%	100%
HRA											
You	\$400		\$200		\$100		N/A	N/A	N/A	N/A	N/A
You + Spouse	\$600		\$300		\$150		N/A	N/A	N/A	N/A	N/A
You + Child(ren)	\$600		\$300		\$150		N/A	N/A	N/A	N/A	N/A
You + Family	\$800		\$400		\$200		N/A	N/A	N/A	N/A	N/A
Medical											
ER	Coins after ded		Coins after ded		Coins after ded		\$150 copay	\$150 copay	Coins after ded		\$150 copay
Urgent Care	Coins after ded		Coins after ded		Coins after ded		\$35 copay	\$35 copay	Coins after ded		\$35 copay
PCP Visit	Coins after ded		Coins after ded		Coins after ded		\$35 copay	\$35 copay	Coins after ded		\$35 copay
Specialist Visit	Coins after ded		Coins after ded		Coins after ded		\$45 copay	\$45 copay	Coins after ded		\$45 copay
Preventative	100%	No Coverage	100%	No Coverage	100%	No Coverage	100%	100%	100%	No Coverage	100%
Retail Rx											
Tier 1	15%, Min \$20, Max \$50		15%, Min \$20, Max \$50		15%, Min \$20, Max \$50		\$20 copay	\$20 copay	Coins after ded		\$20 copay
Tier 2	25%, Min \$50, Max \$80		25%, Min \$50, Max \$80		25%, Min \$50, Max \$80		\$50 copay	\$50 copay	Coins after ded		\$50 copay
Tier 3	25%, Min \$80, Max \$125		25%, Min \$80, Max \$125		25%, Min \$80, Max \$125		\$90 copay	\$90 copay	Coins after ded		\$80 copay
Mail Order Rx											
Tier 1	15%, Min \$50, Max \$125		15%, Min \$50, Max \$125		15%, Min \$50, Max \$125		\$50 copay	\$50 copay	Coins after ded		\$50 copay
Tier 2	25%, Min \$125, Max \$200		25%, Min \$125, Max \$200		25%, Min \$125, Max \$200		\$125 copay	\$125 copay	Coins after ded		\$125 copay
Tier 3	25%, Min \$200, Max \$313		25%, Min \$200, Max \$313		25%, Min \$200, Max \$313		\$225 copay	\$225 copay	Coins after ded		\$200 copay
Rx OOPM	Combined with Medical		Combined with Medical		Combined with Medical		Combined w/ Medical	Combined w/ Medical	Combined w/ Medical		Combined w/ Medical
Monthly Premiums											
Employee	\$175.68		\$114.32		\$76.58		\$143.03	\$174.49	\$61.83		\$154.13
Employee + CH	\$320.11		\$215.80		\$151.64		\$264.61	\$318.09	\$126.57		\$283.60
Employee + SP	\$436.33		\$307.47		\$228.22		\$367.76	\$433.83	\$197.24		\$391.49
Family	\$580.76		\$408.95		\$303.28		\$489.34	\$577.43	\$261.98		\$520.96

*The Kaiser HMO plan is only available in the Atlanta Metro area.

Disclaimer: The Benefits Guide is provided for illustrative purposes only. Actual eligibility, benefits, services, premiums, claims processes and all other features and plan designs for coverage offered are governed exclusively by the provider contract and associated Summary Plan Description (SPD).

DISCLOSURE NOTICES

Unless otherwise noted, these Notices are available on the web at stephenscountybenefits.com. A paper copy is also available, free of charge by calling the Stephens County School System Board Office at 706.297.7582.

NOTICE OF YOUR HIPAA SPECIAL ENROLLMENT RIGHTS: If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards you or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contribution toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself or your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

NOTICE OF YOUR HIPAA SPECIAL ENROLLMENT RIGHTS: Before-tax deductions will lower the amount of income reported to the federal government. This may result in slightly reduced Social Security benefits. If you do not enroll eligible dependents at this time, you may not enroll them until the next open enrollment period. You may not drop the coverage you elected until the next open enrollment period. make a change or drop coverage elections before the next open enrollment period under the following circumstances:

- A change in marital status, or
- A change in the number of dependents due to birth, adoption, placement for adoption or death of a dependent, or
- A change in employment status for myself or my spouse, or
- Open enrollment elections for my spouse, or
- A change in dependents eligibility, or
- A change in residence or work site.

Any change being made must be appropriate and consistent with the event and must be made within 30 days of when the event occurred. All changes are subject to approval by your Employer/Plan

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 ANNUAL NOTICE: The Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breast, prostheses, and complications resulting from a mastectomy, including lymph edema.

NEWBORNS' ACT DISCLOSURE: Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a not in excess of 48 hours (or 96) hours.

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION: This Notice describes how the Plan(s) may use and disclose your protected health information ("PHI") and how you can get access to your information. The privacy of your protected health information that is created, received, used or disclosed by the Plan(s) is protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). This Notice is available on the web at

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GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS: On April 7, 1986, a federal law was enacted (Public Law 99272, Title X) requiring that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end. If you or your eligible dependents enroll in the group health benefits available through your employer you may have access to COBRA continuation coverage under certain circumstances. Therefore, your plan makes available to you and you or dependents the General Notice of COBRA Continuation Coverage Rights. This notice contains important information about your right to COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. The full Notice is available on the web at stephenscountybenefits.com. A paper copy is also available, free of charge, by calling your Employer. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan.

SUMMARY OF BENEFITS AND COVERAGE (SBC): As an employee, the group health (medical) benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make a informed choice, your plan makes available a Summary of Benefits and Coverage (SBC) which summarizes important information about any health coverage option in a standard format to help you compare across options. The SBC is available on the State Health website at <https://shbp.georgia.gov/>. A paper copy is also available, free of charge, by calling your Employer. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan.

HEALTH INSURANCE MARKETPLACE NOTICE (a.k.a. Exchange Notice): When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, the Marketplace notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer. This notice is available on the web at stephenscountybenefits.com. A paper copy is also available, free of charge, by calling your Employer.

RETIREMENT PLAN OPTIONS



All eligible employees will become members in a State of Georgia retirement plan.

Teacher Retirement System (TRS)

All employees who are employed one-half time or more in covered positions of the State's public school systems are required to be members of the TRS of Georgia as a condition of employment. Covered positions include teachers, supervisors, paraprofessionals, administrators, nurses, and clerical staff. Refer to the TRS guidelines for more details by visiting www.trsga.com.

Public School Employees Retirement System of Georgia (PSERS)

Regular, non-temporary employees of public school systems who are not eligible for membership in TRS must establish membership in the PSERS as a condition of employment. Covered positions include: maintenance and custodial employees, bus drivers, bus monitors, BEE Childcare positions and food service. Refer to the PSERS guidelines for more details by visiting www.ers.ga.gov

403(b) & 457(b) Deferred Compensation Plans

Stephens County School System offers a 403(b) and a 457(b) deferred compensation plan to all employees.

Lincoln and Voya / TransAmerica (Life/Long-Term Care)

Mack Poss Associates
Mack Poss & Byron Young
706.779.7079
mackposs@gmail.com
byron.young@me.com

Franklin Templeton

Aaron Plaisted
706.886.0411
aaron.plaisted@edwardjones.com

AIG/VALIC

Troy Webb Senior Financial Advisor

Cell: 470.201.9590
troy.webb@aig.com

Danny Caldwell Financial Advisor

Cell: 706.455.0532
danny.caldwell@aig.com

Jackie Csonka Financial Advisor

Cell: 762.228.0259
jackie.csonka@aig.com

403B Partners (www.403bpartners.com) is our third party administrator that provides signature and approval of all plan transactions and enrollments.



The Service Hub Helps With:

- Portability/Conversion
- Benefits Education
- Evidence of Insurability
- Qualified Life Event Changes
- Claims
- Card Requests
- Benefit Questions
- COBRA Information

Phone: 866.433.7661, Opt 5

Email: mybenefits@campusbenefits.com

Website: StephensCountyBenefits.com

The 2023 - 2024 Benefits Enrollment Guide is provided for illustrative purposes only. Actual eligibility, benefits, services, premiums, claims processes and all other features and plan designs for coverage offered is governed exclusively by the insurance contract and associated Summary Plan Description (SPD). In case of discrepancies between this document and the insurance contract and SPD, the contract and SPD will prevail.

We reserve the right to change, modify, revise, amend or terminate these plan offerings at any time.

Updates, changes and notices are all located at StephensCountyBenefits.com

These should be reviewed fully prior to electing any benefits.