



STEPHENS COUNTY SCHOOL SYSTEM

BENEFITS GUIDE

2021 - 2022

INTRODUCTION

Who's Eligible

- All full-time employees working 20 or more hours per week are eligible to enroll in the benefits described in this guide
- Plan-specific eligibility is listed on the top of each page

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 (April-May)
- The annual SHBP enrollment period is held in the fall (October-November)

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

PLAN YEAR 2021-2022

7.1.2021 to 6.30.2022

SHBP PLAN YEAR 2021

1.1.2021 to 12.31.2021

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Need Help? Start Here:

mybenefits@campusbenefits.com

866.433.7661 opt 5

Benefits Portal:

stephenscountybenefits.com

STEPHENS COUNTY SCHOOL SYSTEM CONTACT

Human Resources Department

Phone: 706.297.7582

Email: human.resource@stephenscountyschools.org

BENEFIT PORTAL

CAMPUS BENEFITS ENROLLMENT

Website: StephensCountyBenefits.com

Steps To Log In:

- 1** StephensCountyBenefits.com
- 2** **Select “Campus Connect” to login**
New Enrollment System: Anyone enrolling or logging in after July 1, 2020 must first register as a New User. This includes all employees hired prior to July 1, 2020.
- 3** **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

Company Identifier: ST2020

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

FAQ'S

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

STILL NEED HELP?

Contact Campus Benefits

- Email mybenefits@campusbenefits.com
- Call 1.866.433.7661, opt 5

Login Information

Username: _____

Password: _____



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. 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 OneAmerica
- 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 (Not to exceed 100% of pre-disability earnings)

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 60% of earnings
Maximum Benefit Amount (weekly)	\$1,000 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)

Monthly Rate Calculation		
Step 1	Divide your Annual Salary by 52. This is your weekly salary.	
Step 2	Multiply weekly salary in Step 1 by 40%, 50%, or 60%. If 60% of weekly salary exceeds \$1,000, then enter \$1,000. This is your maximum weekly benefit amount.	
Step 3	Divide weekly amount in Step 2 by \$10.	
Step 4	Multiply Step 3 by either \$0.46 (for 14 day elimination period) or \$0.28 (for 30 day elimination period). This is your monthly premium.	

* Enrollment system will calculate based on payroll information provided by employer

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. 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 OneAmerica
- 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)

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	3, 3, 12 Any sickness or injury for which you received medical treatment, consultation, care, or services during the 3 months prior to your coverage effective date will be covered after the plan has been in effect for 12 months; however, if you are treatment free for 3 consecutive months following the effective date, your sickness or injury is covered in full (applies to new enrollees only)

Long-Term Disability Rate Factors	
0-19	\$0.08
20-24	\$0.13
25-29	\$0.15
30-34	\$0.26
35-39	\$0.36
40-44	\$0.51
45-49	\$0.66
50-54	\$0.86
55-59	\$1.06
60-64	\$0.93
65-69	\$0.47
70+	\$0.35

Monthly Rate Calculation		
Step 1	Divide your Annual Salary by 12. This is your monthly salary.	
Step 2	Divide monthly amount in Step 1 by \$100.	
Step 3	Multiply Step 2 by the rate factor listed. This is your monthly premium.	

* Enrollment system will calculate based on payroll information provided by employer

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 OneAmerica
- No Health Questions- Guaranteed Issue
- Employee must be actively at work on the effective date

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
Accelerated Life Benefit	Up to 75% of Benefit Amount



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 children (up to age 26)

- Coverage provided by OneAmerica
- 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
- Employee must elect coverage on themselves in order to cover spouse and/or children

Voluntary Term Life & Accidental Death and Dismemberment	
COVERAGE DETAILS/PLAN MAXIMUMS	
Employee	Up to \$500,000 (5x Salary) Increments of \$10,000
Spouse	Up to \$250,000 (100% of Employee Amount) Increments of \$5,000
Child(ren)	Up to \$10,000 / Increments of \$5,000
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 (Must be < 70 years of age)	<p>Employee: If currently enrolled, can increase coverage up to the guaranteed issue amount at open enrollment with no health questions. If not currently enrolled, can elect \$10,000 of coverage at open enrollment with no health questions (as long as you have not previously been denied coverage with OneAmerica)</p> <p>Spouse: If currently enrolled, can increase coverage by \$10,000 at Open Enrollment with no health questions, only if employee increases coverage by \$10,000 (cannot exceed plan maximum)</p>
Age Reduction	None
Portability	Prior to Age 70
Conversion	Included
Accelerated Life Benefit	Up to 75% of Benefit Amount
Waiver of Premium	Prior to Age 60 after 6 month elimination period to Age 65

Monthly Employee and Spouse Life and AD&D Rates per \$1,000	
0-29	\$0.08
30-34	\$0.08
35-39	\$0.10
40-44	\$0.16
45-49	\$0.24
50-54	\$0.48
55-59	\$0.62
60-64	\$0.82
65-69	\$1.47
70-74	\$1.65
75+	\$3.54

**Spouse premium based on employee age. Multiply above rate factor by desired benefit amount to determine premium.
For Example: \$100,000 Benefit
Employee Only / Age 30
.08 x 100 = \$8.00 premium*

Monthly Child(ren) Life and AD&D Rates	
\$5,000	\$1.00
\$10,000	\$2.00

The Benefits Guide is provided for illustrative purposes only. Actual 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).

PERMANENT LIFE INSURANCE



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 children (up to age 25)

- 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 with two options for paying premiums. Please call 866.433.7661, option 5 to enroll.

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 MetLife
 - Claims must be submitted within 90 days of service
 - In-Network Provider Directory: <https://providers.online.metlife.com/> (Network: PDP Plus, **Group #5951619**)
 - 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. 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.*

Dental Benefits Summary	High Plan	Low Plan (In-Network Only Plan)
Type A - Preventive	100%	100%
Type B - Basic	80%	50%
Type C - Major	50%	25%
Orthodontics-Child only, up to age 19	50%	Not Covered
Calendar Year Deductible	\$50/person \$150/family	
Out of Network Coverage	99th percentile UCR	Scheduled Fee (In-Network Only Plan)
Waiting Period	None	
Calendar Year Plan Maximum	\$1,500 per person	\$1,000 per person
Orthodontia Lifetime Max (Child Only, Up to Age 19)	\$1,000 per person	Not Covered

Services	High Plan	Low Plan (In-Network Only Plan)
Type A - Preventive		
Routine Exam	100%	100%
Bitewing X-rays	100%	100%
Cleaning	100%	100%
Fluoride (children under 19)	100%	100%
Type B - Basic		
Full Mouth X-rays	80%	50%
Restorative	80%	50%
Simple Extractions	80%	50%
Anesthesia	80%	50%
Type C - Major		
Inlays/Onlays	50%	25%
Crowns & Repairs	50%	25%
Prosthodontics	50%	25%
Dental Implants	50%	25%
Missing Tooth	50%	25%
Denture Repair	50%	25%
Complex Extractions	50%	25%
Endodontics	50%	25%
Periodontics	50%	25%

Monthly Plan Rates	High	Low
Employee	\$43.63	\$20.16
Employee + Spouse	\$84.36	\$38.48
Employee + Child(ren)	\$98.17	\$44.74
Employee + Family	\$149.00	\$67.60

MetLife PDP Plus Network

Stephens County BOE 5951619
 Group Name Group Number

This card is not a guarantee of coverage or eligibility.

1.800.942.0854 metlife.com/mybenefits

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GET THE MOST OUT OF YOUR DENTAL / VISION PLAN

DENTAL PLAN



Register on the MetLife MyBenefits website for a personalized, secure view of your MetLife dental 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")

Search for In-Network Providers:

- Go to: <https://providers.online.metlife.com/>
- **Network:** PDP Plus
- **The Dental Low Plan is an In-Network ONLY Plan**
- The Dental High Plan you can go In or Out of Network, but you receive more benefit from utilizing an In-Network Provider

VISION PLAN



Did you Know:

- Your vision plan allows you to visit any licensed vision specialist and receive coverage. **Just remember when you stay In-Network, you keep more money in your pocket.**
- If you utilize the contact lens allowance within a benefit period, you can also utilize the frames allowance within the same benefit period - Since you utilized the lens allowance on contacts, the lenses necessary for the frames will be an out-of-pocket expense.
- You can access your benefit details, check claim status, print replacement ID cards, locate a provider, shop online and receive special offers when you register on the eyemed.com website or download the app.

How to Register:

1. Go to: eyemed.com or download the app
2. Click on "Member Login"
3. If you are a new user, click on "Create an Account"
4. Register by using your member ID or the last four of your social security number
5. Follow the prompt to finish setting up your account

Additional Information:

- Dental and Vision expenditures qualify as an eligible expense under the medical flexible spending account. See page 14 - 15 for FSA details.
- You can access additional dental/vision resources by going to stephenscountybenefits.com

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 children (up to age 26)

- Coverage provided by EyeMed
- Claims must be submitted within 90 days of service
- In-Network Provider Directory: <https://eyedoclocator.eyemedvisioncare.com/>
- **Network:** InSight / **Group#** 1016950
- *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.*

Vision Benefits Summary	In Network	Out of Network
Exam with Dilation as Necessary	\$10 Co-pay	Up to \$40
Contact Lens Fit and Follow-Up	Standard: Up to \$40 Premium: 10% off Retail	Not Covered
LASIK or PRK	15% Discount off Retail 5% off Promotional	Not Covered
Frames	\$130 Allowance + 20% off Balance	Up to \$91
Lenses		
Single Vision	\$25 Co-pay	Up to \$30
Bifocal	\$25 Co-pay	Up to \$50
Trifocal	\$25 Co-pay	Up to \$70
Lenticular	\$25 Co-pay	Up to \$70
Standard Progressive Lens	\$90 Co-pay	Up to \$50
Additional Lens Options		
UV Coating	\$15	Not Covered
Tint (Solid & Gradient)	\$15	Not Covered
Standard Scratch Resistant	\$15	Not Covered
Standard Polycarbonate	\$40	Not Covered
Standard Anti-Reflective Coating	\$45	Not Covered
Contact Lenses		
Disposable Contacts	\$130 allowance + 15% off Balance	Up to \$100
Medically Necessary Contacts	Covered in Full	Up to \$210
Frequencies		
Exams, Lenses, Contact Lenses and Frames	Every 12 Months	Every 12 Months

Monthly Vision Rates
Employee \$6.84
Employee + Spouse \$12.99
Employee + Child(ren) \$13.67
Employee + Family \$20.10



www.eyemed.com

Member/Patient Services:
866.800.5457

Network: Insight

Stephens County BOE
Group #: 1016950

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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 children (up to age 26)

- Coverage provided by Trustmark
- Elect Critical Illness with or without Cancer coverage based on your individual needs
- **Issue Age - Rates are locked in and will not increase with age**
- If electing outside of the initial open enrollment period, health questions will be required
- Keep your coverage if you retire or change employers
- *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.*

Benefit Amounts	
Employee	\$10,000 - \$50,000
Spouse	50% of Employee Amount
Children	25% of Employee Amount
Guaranteed Issue Amounts (No Health Questions, First Time Eligible Enrollees)	
Employee	\$10,000
Spouse	\$5,000 (Ages 18-70)
Children	\$2,500
COVERED SPECIFIED CRITICAL ILLNESSES	Select Critical Illness with or without Cancer
Heart Attack (Myocardial Infarction)	100%
Coronary Artery Obstruction	50%
Stroke (>30 days impairment)	100%
Cerebral Vascular Disease "Mini Stroke" (TIA)	10%
End State Renal Failure	100%
Major Organ Failure	100%
Permanent Paralysis	100%
Blindness	100%
Occupational HIV	100%
Lupus	50%
Stem Cell/Bone Marrow Transplant	10%
CANCER BENEFIT AMOUNTS	
Invasive basal/squamous cell skin cancer; In situ cancer; benign brain, spinal cord and cranial nerve tumors; Myelodysplastic syndrome	Only Included on CI plan with cancer - 10%
Stage 1 Melanoma; Stage 1 or 2 Cancers, no lymph node involvement	Only Included on CI plan with cancer - 50%
Stage 1 or Higher: pancreas, liver, lung, esophagus, leukemia, biliary tract, head and neck, lymphoma, multiple myeloma Stage 2 or Higher: Melanoma Stage 2: Involving Lymph Nodes Stage 3 or Higher	Only Included on CI plan with cancer - 100%
Second Occurrence or Reoccurrence Benefit - Benefits renew each year with coverages available for the same diagnosis or a different diagnosis	
Wellness Benefit	\$100 per covered person/year
Age Reduction	None
Pre-existing Condition - Any illness or injury for which you received treatment the 12 months prior to your effective date will not be covered for the first 12 months	12,12 (applies to new enrollees only)

Don't forget your \$100 wellness benefit!

What Qualifies as wellness?

- Mammography
- Pap Smear for women over Age 18
- Flexible Sigmoidoscopy
- Hemoccult Stool Specimen
- Colonoscopy
- Prostate Specific Antigen (for prostate cancer)
- CA 125 (blood test for ovarian cancer)
- Carotid doppler
- CT colonography
- Electrocardiogram (EKG/ECG)
- Human Papillomavirus (HPV) vaccination

How to file a wellness claim?

- Fax completed documents to 508.471.3208
- Email completed documents to ridercclaims@trustmarkins.com
- File online: www.trustmarksolutions.com/file-claim

Visit stephenscountybenefits.com for additional wellness details.

Cost of coverage is based on the level of benefit you choose and your age. Please log into the enrollment system for rate information.



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 (up to age 70) and children (up to age 26)

- Coverage provided by Cigna
- **No Health Questions- Every Year!** (pre-existing condition will apply for new participants)
- 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. The plan certificate is available on your employee benefits website, stephenscountybenefits.com.*

Benefit Description	
Hospital and Related Benefits	
Hospital Admission*	\$1,000 (1 every 90 days)
Hospital Stay***	\$100 per day (Limited to 30 days; 1 every 90 days)
Hospital Chronic Condition Admission**	\$50 per day (1 every 90 days)
ICU***	\$200 per day (Limited to 30 days; 1 every 90 days)
Observation Stay	\$100 per 24 hour period (Minimum 24 hour stay required; Limited to 72 hours)
Additional Benefits	Healthy Rewards, Identity Theft, Will Preparation, Health Advocacy
Pre-Existing Condition Limitation	12/12- Any sickness or injury for which you received medical treatment, consultation, care, or services during 12 months prior to your coverage effective date, will be covered after the plan has been in effect for 12 months.
Age Reduction	None (Coverage ends at age 100)
Portability	Included up to age 70
<p>* You must be admitted as an inpatient due to a covered injury or illness. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same covered injury or illness</p> <p>** You must be admitted as an inpatient due to a covered chronic condition and treatment for the covered condition must be provided by a specialist in that field of medicine. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same covered injury or illness (including chronic conditions).</p> <p>*** You must be admitted as an inpatient and confined to the Hospital/ICU, due to a covered injury or illness, at the direction and under the care of a physician. If also eligible for the ICU/Hospital Stay Benefit, only 1 benefit will be paid for the same covered injury or illness, whichever is greater. Hospital stays within the 90 days for the same service or a related covered injury or illness is considered on Hospital Stay. Please see detailed plan certificate for additional exclusions.</p>	

Monthly Rates	
Employee	\$23.70
Employee + Spouse	\$45.20
Employee + Child(ren)	\$36.01
Employee + Family	\$57.50

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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 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.*

Benefit Description	Low Plan	High Plan		
INJURIES			Low Plan Monthly Rates	
Fractures	\$50-\$3,000	\$100-\$6,000		Employee \$6.44
Dislocations	\$50-\$3,000	\$100-\$6,000		Employee + Spouse \$13.33
Second and Third Degree Burns	\$50-\$5,000	\$100-\$10,000		Employee + Child(ren) \$13.27
Concussions	\$200	\$400		Employee + Family \$16.61
Cuts/Lacerations	\$25-\$200	\$50-\$400		
Eye injuries	\$200	\$300		
MEDICAL SERVICES & TREATMENT			High Plan Monthly Rates	
Ambulance	\$200 - \$750	\$300 - \$1,000		Employee \$12.33
Emergency Care	\$25-\$50	\$50-\$100		Employee + Spouse \$25.64
Non-Emergency Care	\$25	\$50		Employee + Child(ren) \$25.34
Physician Follow-Up	\$50	\$75		Employee + Family \$31.73
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		
HOSPITAL COVERAGE (ACCIDENT)				
Admission	\$500 (non-ICU) \$1,000 (ICU) per accident	\$1,000 (non-ICU) \$2,000 (ICU) per accident		
Confinement	\$100 / day (non-ICU) \$200 / day (ICU) up to 31 days	\$200 / day (non-ICU) \$400 / day (ICU) up to 31 days		
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)		

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 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
- Plan year is from July 1 – June 30 and employees must re-enroll each year
- 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 fsasstore.com.*

Account Description	
MEDICAL FSA ACCOUNT	
Minimum Contribution	\$300 annually
Maximum Contribution	\$2,750 annually
CARRYOVER MAXIMUM- Maximum participants can carry over if re-electing the plan	<p>For the plan year ending 6.30.2021: 100% of remaining funds can be carried over to the new plan year starting 7.1.2021</p> <p>For future plan years: the allowable carryover amount will be \$550 unless otherwise communicated (Any unused amounts over \$550 will be forfeited)</p>
Total elected amount is available at the beginning of the plan year.	
DEPENDENT CARE ACCOUNT	
Minimum Contribution	\$300 annually
Maximum Contribution	\$5,000 annually
CARRYOVER MAXIMUM- Maximum participants can carry over if re-electing the plan	<p>For the plan year ending 6.30.2021: 100% of remaining funds can be carried over to the new plan year starting 7.1.2021</p> <p>For future plan years: the allowable carryover amount will be \$0 unless otherwise communicated (Any unused amounts over \$0 will be forfeited)</p>
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.

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FLEXIBLE SPENDING ACCOUNTS

HELPFUL 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 fstore.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

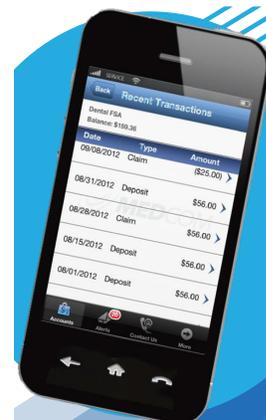


 **Medcom**
BENEFIT SOLUTIONS

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.

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 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 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 | Migraines | Heartburn | Bronchitis | Pink Eye |
| Fever | Rashes | Sinus Conditions | Ear Infection | Sore Throat |
| Headache | Bacterial Infections | Urinary Tract Infections | Gout | Cold & Flu |
| Infections | Diarrhea | | Joint Aches | 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.

LEGAL PLAN



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 children (up to age 26)

- Coverage provided by MetLife
- Elder Care extends to parents and in-laws
- Website: info.legalplans.com, enter “high or low plan code” under “not a member” to find in-network attorneys. **High Plan Code:** 0531010, **Low Plan Code:** 0530010
- If already enrolled click on “member login”
- Call 800.821.6400 for more information

	Low Plan	High Plan
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 • 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 • 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) • 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 • 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 • 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
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

Monthly Low Plan Rate	Monthly High Plan Rate
\$8.00	\$16.50
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STATE HEALTH BENEFIT PLAN



Notice: Stephens County Schools 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 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/>

SHBP Phone Number: 800.610.1863

2021 WELLNESS INCENTIVES AT-A-GLANCE See 2021 Wellness section for details					
Plan Option	Anthem HMO MyIncentive Account (MIA)	Anthem Health Reimbursement Arrangement (HRA)	Kaiser Permanente (KP) Regional HMO	UnitedHealthcare HMO Health Incentive Account (HIA)	UnitedHealthcare HDHP Health Incentive Account (HIA)
Who's Eligible	Up to	Up to		Up to	Up to
Member	480	480	\$500*	480	480
Spouse	480	480	\$500*	480	480
Bonus credits for member and spouse**	n/a	n/a	n/a	480**	480**
Potential Total	960	960	\$1,000*	1,440	1,440

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.

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EMPLOYEE ASSISTANCE PROGRAM



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.

Eligibility: All Stephens County School System Employees

- Coverage provided by OneAmerica
- Access more information at: guidanceresources.com and use WEB ID: OneAmerica3 or call 1.855.387.9727 (Hearing Impaired 1.800.697.0353)

Confidential Counseling

- Helps employees address stress, relationship and other personal issues for you and your family
- Sessions with highly trained master's and doctoral level clinicians
- Receive 3 Sessions per issue per year for:
 - Stress anxiety and depression
 - Relationship/marital conflicts
 - Problems with children
 - Job pressures
 - Grief and loss
 - Substance abuse

Financial Information and Resources

- Speak by phone with Certified Public Accountants and Certified Financial Planners on a wide range of financial issues, including:
 - Getting out of debt
 - Credit card or loan problems
 - Tax Questions
 - Retirement planning
 - Estate planning
 - Saving for college

Work-Life Solutions

- Work-Life Specialists will do the research for you, providing qualified referrals and customized resources for:
 - Child and elder care
 - Moving and relocation
 - Making major purchases
 - College planning
 - Pet care
 - Home repair

GuidanceResources Online

- One stop for expert information on relationships, work, school, children, wellness, financial, and more
- Timely articles, Help Sheets, tutorials, streaming videos and self-assessments
- "Ask the Expert" personal responses to your questions
- Child care, elder care, attorney and financial planner searches

Free Online Will Preparation

- EstateGuidance lets you quickly and easily write a will on your computer; name an executor to manage your estate, choose a guardian for dependents, specify funeral/burial instructions and more
- Go to GuidanceResources.com and click on EstateGuidance link
- Follow the prompts to create and download your will at no COST

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



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



TOGETHER WE'RE US

The 2021 Benefits Enrollment Guide is provided for illustrative purposes only. Actual 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.