



2024 New Employee Benefits Guide



**Benefits for the
2024 Plan Year**


**benefits
service center**

Visit us online to enroll or call the
School District Benefits Service Center.
www.schooldistrictbenefitssample.com

(844) XXX-XXXX

INTRODUCTION

Benefits Service Center

This guide provides a brief overview of your School District benefits, the enrollment process, and your benefits resources. We encourage you to review this booklet prior to completing your elections.

Our extensive benefits package provides financial protection and peace of mind for you and your family. The School District provides a significant financial contribution towards your State Health Benefit Plan (SHBP) premiums. The employee contributions towards your benefits are conveniently deducted from your monthly paycheck.

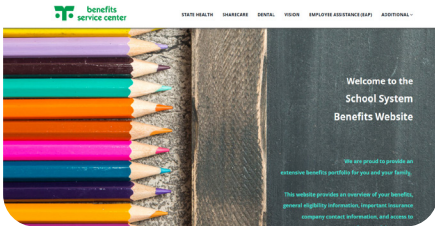
The Benefits Service Center manages all aspects of your voluntary (non-medical) benefits; plans such as dental, vision, life insurance, disability, and more. The Benefits Service Center can help you with benefits questions, claims issues, qualifying life events, ID Cards, and life insurance beneficiary updates. The Benefits Service Center can also assist with general State Health Benefit Plan questions and we're here to support you all year long.

Your new employee benefit elections are valid for the entire 2024 plan year unless you have a Qualifying Life Event or change in family status, such as marriage, divorce, birth of a child, or loss/gain of other coverage (supporting documentation required).

Table of Contents

- Enrollment2
- Medical.....3-5
- Dental.....6
- Vision.....7
- Dental & Vision Portal8
- Flexible Spending Accounts9
- Term Life & AD&D Insurance10
- Whole Life Insurance.....11
- Short and Long Term Disability....12
- Employee Assistance.....13
- Critical Illness.....14
- Accident.....15
- Retirement.....16
- Healthcare Terms17
- Important Contact Information....18

Your Benefits Resources



Benefits Website

Access plan documents, benefit summaries, forms, premium information, benefits presentations, links to carrier websites (including SHBP), and more:

www.schooldistrictbenefitssample.com



State Health Benefit Plan (SHBP)

Access the SHBP Decision Guide, premium information, wellness program details, links to the SHBP ADP enrollment portal and vendor websites, and more.

- <https://shbp.georgia.gov>
- Call (800) 610-1863



Benefits Service Center

Contact the School District Benefits Service Center for benefits questions, claims inquiries, and general SHBP inquiries. The Benefits Service Center can also assist you with your voluntary benefits enrollment.

(844) XXX-XXXX
benefits@schooldistrictbenefitssample.com

Monday through Thursday: 8am - 6pm
Friday: 8am - 5pm

New Employee Eligibility

As a new School District employee, you are eligible for benefits on the first day of the month following 30 days of employment. No benefit enrollment changes are allowed during the plan year unless you experience a Qualifying Life Event.

All of your School District benefit premiums are conveniently deducted from your monthly paycheck. Your medical, dental, vision, and FSA plan premiums are pre-tax. The life insurance, disability, and critical illness plan premiums are post-tax.

Qualifying Life Events

Qualifying Life Events that could result in changes to your benefit coverage include, but are not limited to the following:

- Marriage or divorce
- Birth or adoption of a child
- Loss or gain of other group coverage
- Medicare entitlement

If you have a Qualifying Life Event, please contact the Benefits Service Center and SHBP to complete your new elections. You must also provide supporting documentation to the Benefits Service Center and SHBP within 31 days of the event. If you do not do so within 31 days, you must wait until the next open enrollment to make any benefit plan changes. It is also very important that you update your life insurance beneficiary information if you experience a Qualifying Life Event.

State Health Benefit Plan (SHBP) Enrollment

Access <https://myshbpga.adp.com/shbp> to review your health coverage options. Your registration code is "SHBP-GA".

If you wish to cover dependents, SHBP / ADP will provide instructions for submitting required documentation for the added dependents. Be sure to look for instructions and provide documentation in the format required by the deadline.

How to Reset Your SHBP Password

- Step 1: Go to www.myshbpga.adp.com and click "Forgot Your Password."
- Step 2: Enter your User ID.
- Step 3: Follow the instructions to answer security questions (contact SHBP if you are unable to answer the questions).
- Step 4: Create a new password and click "Continue."

Voluntary Benefit (Non-Medical) Enrollment

For your new hire voluntary benefits, which include dental, vision, FSA, life insurance, disability, and critical illness, you may complete your elections by either calling the Benefits Service Center or enrolling online at www.schooldistrictbenefitssample.com. You have 30 days from your date of hire to complete your employee benefit elections.

Telephonic Enrollment

Call the Benefits Service Center at (844) XXX-XXXX to speak with a trained Benefits Specialist who can assist you based on your family income, personal situation, and other factors that may impact your choices. Call center hours are Monday through Thursday from 8am to 6pm EST, and Friday from 8am to 5pm EST. English and Spanish Benefits Specialists are available.

Online Enrollment

Step 1: Access www.schooldistrictbenefitssample.com. Click on "Enroll Now."

Step 2: Click on "Get Started Now" to begin. You will be prompted to enter your e-mail address on file, the last four digits of your Social Security Number, and your Date of Birth. The system will identify you by these credentials and allow you to create a password.

Step 3: Once you have created your password, you will be able to complete your enrollment. Complete your benefit elections by clicking "Begin Enrollment" and following the prompts. For future logins, your User ID will be your district e-mail address.

After you have completed your benefit elections, a Confirmation Statement will be emailed to you. Please review your Confirmation Statement carefully and contact the Benefits Service Center if you have any questions.

Medical Coverage

State Health Benefit Plan (SHBP)

School District participates in the State Health Benefit Plan. Refer to the Active Member Decision Guide for details.

SHBP Contribution

The district contributes a significant portion to your health insurance premiums. This financial contribution reduces your premium for a quality health plan at a competitive cost.

Employee Class	Monthly Employer Contribution
Certified Employees	\$1,760
Classified Employees	\$1,580

State Health Benefit Plan Overview

Preventive care is covered at 100% for all plan options.

Anthem	
HRA Gold HRA Silver HRA Bronze	The Gold, Silver, and Bronze HRA plans have different HRA credits, deductibles, coinsurance levels, and out-of-pocket limits. Most services are subject to a deductible. Then you pay coinsurance up to the out-of-pocket maximum. For prescription drugs, you pay a percentage of the retail cost. The HRA plans include a SHBP-funded Health Reimbursement Account (HRA) to provide first-dollar medical and pharmacy expenses. Unused HRA credits roll over to future years.
HMO	This plan has the lowest deductible and provides in-network coverage only. Some services, such as office visits, ER and prescription drugs, are covered at 100% after a copay. For most other services, you are responsible for a deductible and coinsurance until you meet your out-of-pocket maximum.
UnitedHealthcare	
HMO	Same benefits as the Anthem HMO, but utilizes the UnitedHealthcare provider network.
High Deductible Health Plan (HDHP)	Lowest premiums, highest deductible and out-of-pocket maximum. All services including pharmacy are subject to deductible and coinsurance. A Health Savings Account (HSA) is available with this plan.

Pharmacy Information

- CVS Caremark administers the pharmacy benefits for HRA, HMO, and HDHP members.
- You are not limited to CVS pharmacies for your retail prescription needs. The CVS Caremark pharmacy network is extensive, and participating pharmacy information is available (<https://info.caremark.com/oe/shbp>).
- For your convenience, you may purchase a 90-day supply via mail order or retail at participating in-network pharmacies.
- Certain drug costs are waived if SHBP is primary and you actively participate in one of the Disease Management programs for diabetes, hypertension, asthma, ALS, cystic fibrosis, Parkinson’s Disease, or coronary artery disease.

Online Resources

Access the plan websites to locate participating providers.

Anthem

www.anthem.com/shbp

Select “Find Care” from the Main Menu and then follow instructions to find a doctor.

UnitedHealthcare

www.whyuhc.com/shbp

Select “Search for a Provider.” Select “Choice HMO” or “HDHP with HSA” and follow search instructions.

Telemedicine Virtual Visits

The medical plans include telemedicine that allows you to speak to participating doctors from home or work through your smartphone, tablet, or computer 24 hours a day / 7 days a week. You must use in-network providers for coverage to apply. HMO members pay a copay and HRA members pay coinsurance for telemedicine. This benefit is subject to the deductible for High Deductible Health Plan members. Consider this convenient benefit for non-complex medical conditions. Download the LiveHealth Online (Anthem) or the Virtual Visits mobile app (UHC) today!

Dependent Documentation

- If you wish to add dependent(s) to your health plan at this time, ADP will contact you to request verification documents following your enrollment. This communication from ADP will include a personalized fax cover sheet with a bar code that must be used when submitting documentation.
- You can submit documents through the ADP portal if you do not wish to fax them.
- If you do not receive the request, contact SHBP at (800) 610-1863 to have the request sent to you. **Your dependents will not be covered until the documentation is received and approved.**

Medical Plan Designs and Premiums



	Anthem HRA						Anthem or UHC	UHC	
	Gold		Silver		Bronze		HMO	HDHP	
	In	Out	In	Out	In	Out	In	In	Out
Deductible									
You	\$1,500	\$3,000	\$2,000	\$4,000	\$2,500	\$5,000	\$1,300	\$3,500	\$7,000
You + Child(ren)/Spouse	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500	\$1,950	\$7,000	\$14,000
You + Family	\$3,000	\$6,000	\$4,000	\$8,000	\$5,000	\$10,000	\$2,600	\$7,000	\$14,000
Out-of-Pocket Max*									
You	\$4,000	\$8,000	\$5,000	\$10,000	\$6,000	\$12,000	\$4,000	\$6,450	\$12,900
You + Child(ren)/Spouse	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000	\$6,500	\$12,900	\$25,800
You + Family	\$8,000	\$16,000	\$10,000	\$20,000	\$12,000	\$24,000	\$9,000	\$12,900	\$25,800
Coinsurance (Plan Pays)	85%	60%	80%	60%	75%	60%	80%	70%	50%
HRA									
You	\$400		\$200		\$100		N/A	N/A	
You + Child(ren)/Spouse	\$600		\$300		\$150		N/A	N/A	
You + Family	\$800		\$400		\$200		N/A	N/A	
Medical									
ER	Coinsurance after ded		Coinsurance after ded		Coinsurance after ded		\$200 copay	Coinsurance after ded	
Urgent Care	Coinsurance after ded		Coinsurance after ded		Coinsurance after ded		\$35 copay	Coinsurance after ded	
PCP Visit	Coinsurance after ded		Coinsurance after ded		Coinsurance after ded		\$35 copay	Coinsurance after ded	
Specialist Visit	Coinsurance after ded		Coinsurance after ded		Coinsurance after ded		\$45 copay	Coinsurance after ded	
Preventive Care	100%	None	100%	None	100%	None	100%	100%	None
Retail Pharmacy									
Tier 1	15%, Min \$20, Max \$50		15%, Min \$20, Max \$50		15%, Min \$20, Max \$50		\$20 copay	Coinsurance after deductible	
Tier 2	25%, Min \$50, Max \$80		25%, Min \$50, Max \$80		25%, Min \$50, Max \$80		\$50 copay	Coinsurance after deductible	
Tier 3	25%, Min \$80, Max \$125		25%, Min \$80, Max \$125		25%, Min \$80, Max \$125		\$90 copay	Coinsurance after deductible	
Mail Order Pharmacy									
Tier 1	15%, Min \$50, Max \$125		15%, Min \$50, Max \$125		15%, Min \$50, Max \$125		\$50 copay	Coinsurance after deductible	
Tier 2	25%, Min \$125, Max \$200		25%, Min \$125, Max \$200		25%, Min \$125, Max \$200		\$125 copay	Coinsurance after deductible	
Tier 3	25%, Min \$200, Max \$312.50		25%, Min \$200, Max \$312.50		25%, Min \$200, Max \$312.50		\$225 copay	Coinsurance after deductible	


Monthly Premiums	Anthem HRA			Anthem	UHC	UHC
	Gold	Silver	Bronze	HMO	HMO	HDHP
You	\$188.56	\$125.19	\$77.69	\$148.53	\$177.91	\$63.36
You + Child(ren)	\$343.04	\$235.32	\$154.57	\$274.99	\$324.94	\$130.20
You + Spouse	\$464.72	\$331.65	\$231.90	\$380.66	\$442.36	\$201.80
You + Family	\$619.20	\$441.78	\$308.78	\$507.12	\$589.39	\$268.64

*OOPM refers to the Out-of-Pocket Maximum. This amount is the most you will be expected to pay in a plan year for services.

Other Medical Plan Options

TRICARE

The TRICARE Supplement Plan is an alternative to the State Health Benefit Plan that is offered to members and dependents who are eligible for SHBP coverage and enrolled in TRICARE.



Who is eligible for the TRICARE Supplement Plan?

- Retired military receiving retired, retainer, or equivalent pay
- Retired Reservists between ages 60 and 65
- Retired Reservists under age 60 and enrolled in TRICARE Retired Reserve (TRR)
- Qualified National Guard and Reserve Members enrolled in TRICARE Reserve Select (TRS)
- Spouses/surviving spouses of any of the above


TRICARE Supplement Plan Premiums	
You	\$60.50
You + Child(ren)	\$119.50
You + Spouse	\$119.50
You + Family	\$160.50

For information about eligibility and benefits, contact (866) 637-9911 or visit <https://shbp.georgia.gov/tricare-supplement-plan>.





Attention Families – PeachCare

- Your dependents, up to age 19, may be eligible for PeachCare (instead of SHBP), offered through the state of Georgia
- Income and other qualifications must be met
- Visit www.peachcare.org for more info
- Not available through payroll deduction



SHBP Medical Wellness Program

Sharecare, your wellness program vendor, provides comprehensive well-being and incentive programs for SHBP members. As you complete wellness activities, you earn incentive points to help you pay for your medical expenses. HDHP members must meet a portion of the deductible before well-being points may be used.

You and your covered spouse are each eligible to receive up to 480 well-being incentive points (960 family total) when you complete the activities between January 1 and December 2. Enrolled members choose to redeem well-being incentive points in the Sharecare Redemption Center for either 1) a \$150 Sharecare Rewards Visa Prepaid Card or 2) 480 incentive points to apply towards eligible medical / pharmacy expenses.

Step 1	Complete the RealAge Test (online health questionnaire)	Earn 120 well-being incentive points
Step 2	Complete a Biometric Screening	Earn 120 well-being incentive points
Step 3	Complete one or a combination of: <ul style="list-style-type: none"> Telephonic Coaching Pathway Online Challenges Pathway 	Earn up to 240 well-being incentive points
Note:	You can earn a total of 480 well-being incentive points for yourself and 480 well-being incentive points for your spouse, for a total of 960 well-being incentive points.	

Please refer to the State Health Benefit Plan Decision Guide or access www.bewellshbp.com for additional details. Download the Sharecare App today to complete activities or redeem well-being incentive points.

Dental Coverage



There are two MetLife dental PPO plan options: The **Standard Plan** and the **Premium Plan**. Please refer to the chart below for an overview of both plans. Preventive care services are covered at 100% (no deductible).

Visit www.metlife.com/dental to locate participating dentists. Under “Find a Participating Dentist,” enter your zip code, select “PDP Plus” as your dental network, and follow the search instructions.

Dental Summary of Benefits	Standard Plan	Premium Plan
Calendar Year Deductible	\$75 Individual / \$225 Family	\$50 Individual / \$150 Family
Calendar Year Maximum	\$750	\$1,500
Orthodontia Lifetime Maximum	\$750	\$1,500
Type A Preventive Services (exams, x-rays, cleanings)	100%	100%
Type B Services (fillings, extractions)	60% after deductible	80% after deductible
Type C Services (crowns, Root Canals, General Anesthesia)	50% after deductible	50% after deductible
Orthodontia Services	50% after deductible	50% after deductible

The above is a summary and does not provide a complete listing of services. All frequency limitations are not reflected in the above summary. Please reference the Certificate for additional details regarding descriptions of covered services, age restrictions, and frequency limitations. This is available at www.schooldistrictbenefitssample.com.

Monthly Premiums

Monthly Deductions	Standard Plan	Premium Plan
Employee Only	\$18.48	\$31.09
Employee + Spouse	\$44.19	\$69.52
Employee + Child(ren)	\$51.12	\$78.11
Family	\$84.18	\$121.16



Vision Coverage



School District offers MetLife Vision plan provides coverage for exams, frames, or lenses (either contacts or eyeglass lenses). If you visit a participating MetLife vision provider, you will have a higher benefit and lower out-of-pocket costs, and you will receive the benefit at the time of service (no need to file claims). If you go out-of-network, you will need to pay at the time of service and file a claim for reimbursement.

Frequency Limitations: The exam benefit and lens benefit are once per 12 months. The frame benefit is one pair per 24 months. Either eyeglass lenses or contact lenses are allowed per frequency.

The Importance of Preventive Vision Care

We encourage all employees to have an annual eye exam with a doctor of optometry, even if you have clear vision. When vision problems are not addressed in a timely manner, they can lead to larger health complications down the road. Eye exams can detect signs of serious health issues such as diabetes, heart disease, high blood pressure, and cancer. The American Optometric Association encourages children between the ages of 6 months and 5 years to receive an eye exam by a licensed pediatric optometrist to ensure their vision is properly developing in the early stages of life. It's particularly important for individuals over the age of 40 to receive annual eye exams when the risk of vision and other health problems increases.

Vision Summary of Benefits	In-Network
Eye Exam	\$20 copay
Retinal Imaging	Up to \$39 copay
Lenses	
Single	Covered in full after \$20 copay
Bifocal	
Trifocal	
Lenticular	
Contacts	
Fit and Follow-up	Up to \$60 copay
Electives Lenses	\$130 allowance
Medically Necessary	Covered in full after \$20 copay
Frames	\$130 allowance after \$20 copay

Dental and Vision Plan ID Cards

Following your enrollment, you will receive Dental ID Cards, Vision ID Cards or combined Dental and Vision ID Cards if you elect both plans. Please use these ID Cards when you obtain services from your dental and/or vision providers.

Monthly Premiums

Vision Monthly Premiums	
Employee Only	\$9.12
Employee + Spouse	\$15.17
Employee + Child(ren)	\$16.30
Family	\$25.01

Dental and Vision Member Portal

As a MetLife dental or vision plan member, you'll receive access to a member portal. You can review your annual benefits, claims information, plan documents, and covered dependents on the portal, and a convenient mobile app is also available.



www.metlife.com/mybenefits

You Can Benefit from MyBenefits

MyBenefits provides you with a personalized, integrated and secure view of your MetLife-delivered benefits. You can take advantage of a number of self-service capabilities as well as a wealth of easy to access information including planning tools and oral health awareness material.* MetLife is able to deliver services that empower you to manage your benefits. As a first time user, you will need to register on MyBenefits, requiring you to follow the steps outlined below.

Registration Process for MyBenefits

Provide Your Group Name

Access MyBenefits at www.metlife.com/mybenefits and enter your group name and click 'Submit.'

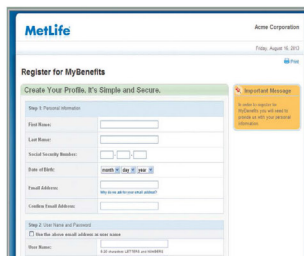


The Login Screen

On the Home Page, you can access general information. To begin accessing personal plan information, click on 'Register Now' and perform the one-time registration process. Going forward, you will be able to log-in directly.

Step 1: Enter Personal Information

Enter your first and last name, identifying data and e-mail address.



Step 2: Create a User Name and Password

Then you will need to create a unique user name and password for future access to MyBenefits.

The User Name and Password requirements may vary by company setup. General setup includes a User Name between 8-20 characters, containing at least one letter and one number, and a password between 6-20 characters, containing at least one letter and one number.

Step 3: Security Verification Questions

Now, you will need to choose and answer three identity verification questions to be utilized in the event you forget your password.

Step 4: Terms of Use

Finally, you will be asked to read and agree to the website's Terms of Use.

Step 5: Process Complete

Now you will be brought to the "Thank You" page.

Lastly, a confirmation of your registration will be sent to the e-mail address you provided during registration.





Flexible Spending Accounts (FSA)

There are two types of Flexible Spending Accounts (FSA's) available: **1) Healthcare FSA** for medical, dental, vision, pharmacy, and other related expenses and **2) Dependent Care FSA** primarily for dependent day care expenses. Consolidated Admin Services (CAS) is the administrator for your FSA plans. An FSA allows you to pay for these expenses with pre-tax dollars, saving you money. Your taxable income is reduced by your annual FSA contributions. Plus, the reimbursements are tax-free.

Healthcare Flexible Spending Account

You can contribute up to \$3,200 during 2024 into a Healthcare FSA (minimum contribution is \$300). Eligible Healthcare FSA expenses include deductibles, copays, coinsurance, prescription drugs, over-the-counter drugs and supplies (no prescription required), dental, and vision expenses.

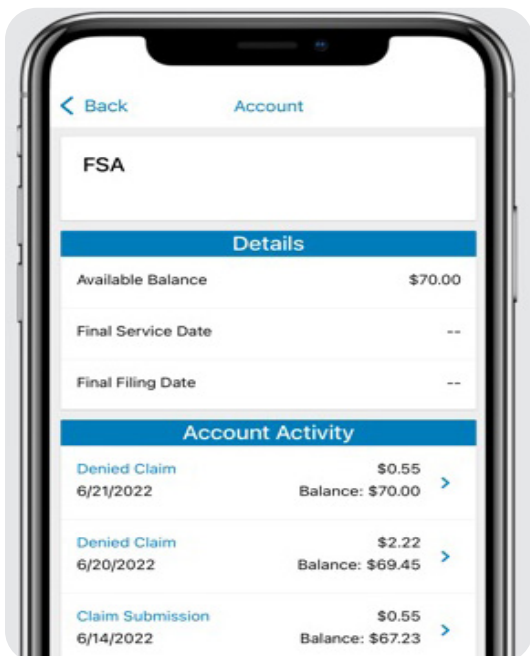
Dependent Care Flexible Spending Account

The Dependent Care FSA enables you to pay for certain dependent care expenses using before-tax dollars. You may contribute up to \$5,000 in a Dependent Care FSA for 2024 (minimum contribution is \$300). Eligible dependent care expenses include, but are not limited to, day care and before and after-school program fees for children up to age 13 and certain adult day care expenses for incapacitated adult dependents.

Secure FSA Member Portal and Mobile App

You'll receive access to a secure member portal to track your balance, view your claims, and submit claims for reimbursement. It's important for FSA members to manage your account using the member portal.

You can also access your FSA account details through your mobile device with the Consolidated Administrative Services app. You can easily access your account details on the app and submit claims and documentation using your phone.



Convenient Debit Card

FSA participants receive a debit card to make it easy to pay for eligible services and products. When you use the card, payments are automatically withdrawn from your account. Most expenses can be validated through the card transaction, but you may need to provide receipts for certain transactions. When the debit card is not accepted by physicians or pharmacies, you are required to pay for the expense and submit a claim for reimbursement.



Use It or Lose It

Before you enroll, you must first decide how much you would like to contribute to your accounts. It is important that you estimate your anticipated eligible expenses for the 2024 plan year at this time.

Claims must be incurred by December 31, 2024 to be eligible for reimbursement for the 2024 plan year. You have up to 90 days following the end of the plan year to submit FSA claims for processing. The IRS requires that any unused money in your account at the end of the plan year is retained by your employer and forfeited by the employee.

Retain Your Receipts

IRS regulations require appropriate documentation to ensure your claims are valid expenses. You will be asked to provide receipts as documentation for most expenses. Retain receipts and provide them promptly upon request.

Plan Year

The FSA plan year for 2024 is January 1 through December 31.

Important Termination and Retirement Information

Please note if you terminate employment or retire, eligible FSA claims must be incurred prior to your benefits-end date, regardless of your FSA balance.



Term Life Insurance with AD&D

School District offers term life insurance with Accidental Death & Dismemberment (AD&D) for voluntary enrollment. Life Insurance pays a benefit to your beneficiary(ies) should you die as a result of an illness or an accident. It pays an additional AD&D benefit in the event of death or loss of limbs, speech, hearing and more caused by a covered accident. You may elect group term life insurance for yourself and your dependents through convenient post-tax payroll deduction. Refer to the Certificate of Coverage for complete details.

Term Life with AD&D Insurance Options	
Employee	Up to the lesser of 5 times annual earnings or \$500,000 in \$10,000 increments
Spouse	Up to \$500,000, not to exceed 100% of the employee amount, in \$5,000 increments
Child(ren)	Up to \$10,000, not to exceed 100% of the employee amount, in \$2,000 increments

Beneficiary Information: Your beneficiary is the person(s) who will receive your life insurance benefits in the event of your death. Your beneficiary can be one person or multiple people, charitable institutions, or your estate. Once named, your beneficiary remains on file until you make a change. If your family situation changes, please review your beneficiary on file and make updates if needed. If you don't name a beneficiary, your life insurance benefits will automatically go to your estate. You are required to designate your beneficiary during your enrollment, but you can change it at any time.

As a new hire, you can elect coverage for yourself, your spouse, and your child(ren) with no health questions. If you waive coverage, all future elections will require health questions. Reminder: We encourage you to enroll in the plan because as long as you are enrolled, future elections up to the guarantee issue amounts during Open Enrollment do not require health questions. **Now is the time to enroll!**

The below elections do not require health questions during this special enrollment opportunity.

- Employee Guarantee Issue: Up to \$300,000
- Spouse Guarantee Issue: Up to \$50,000
- Child(ren) Guarantee Issue: Up to \$10,000

Should you elect an amount that exceeds the above guarantee issue amounts, an Evidence of Insurability (EOI) will be required. You will not be deducted for the pending coverage amount unless you are approved by the carrier. Employees age 70+ who newly elect coverage have a maximum coverage amount of \$50,000.

Employee Term Life with AD&D Monthly Premiums						
Age	\$10,000	\$50,000	\$100,000	\$150,000	\$250,000	\$350,000
25	\$0.70	\$3.38	\$6.86	\$10.22	\$17.02	\$23.84
35	\$1.42	\$6.91	\$13.97	\$20.89	\$34.76	\$48.68
45	\$2.42	\$11.25	\$22.45	\$33.64	\$56.21	\$78.45
55	\$5.82	\$28.98	\$57.95	\$86.88	\$144.79	\$202.72

Spouse Term Life with AD&D Monthly Premiums (based on spouse age)						
Age	\$10,000	\$50,000	\$100,000	\$150,000	\$250,000	\$350,000
25	\$1.42	\$6.98	\$13.92	\$20.73	\$34.82	\$48.92
35	\$1.91	\$9.85	\$19.53	\$29.51	\$48.92	\$68.42
45	\$3.34	\$16.92	\$33.72	\$50.81	\$84.42	\$118.16
55	\$9.71	\$48.55	\$97.62	\$146.52	\$243.82	\$341.41

Child Term Life with AD&D Monthly Premiums					
Age	\$2,000	\$4,000	\$6,000	\$8,000	\$10,000
0-26	\$0.55	\$1.10	\$1.65	\$2.20	\$2.75

Portability of Coverage

If you separate employment, you may port your life coverage and remit premiums directly to Lincoln Financial if certain conditions apply. It is important that you apply for portability within 30 days of your employment separation.





Whole Life Insurance

Unum’s portable Whole Life insurance addresses varying employee needs for permanent life insurance and peace of mind for a lifetime, since you can keep Whole Life Insurance as long as you want. Once you’ve bought coverage, your cost won’t increase as you age. The benefit amount stays the same as well and doesn’t decrease as you get older. That means you get protection during your working years and into retirement. Whole Life Insurance also builds cash value at a guaranteed rate. You can borrow from that cash value, or you can buy a smaller, paid-up policy with no more premiums due.

Living Benefit

You may request an early payout of your policy’s death benefit (up to \$150,000 maximum) if you’re diagnosed with a terminal illness and are expected to live 12 months or less. It can help cover costs while you’re still alive. The payout would reduce the benefit paid upon death.

Why You Should Buy Coverage Now

- It’s more affordable when you’re younger. Once you’ve bought coverage, your cost stays the same as long as you keep it.
- The cost is conveniently deducted from your paycheck. If you leave employment, you can keep this coverage and be direct billed.
- Whole life gives you valuable protection in addition to any term life insurance you might have. It is available for spouses and children even if you don’t purchase coverage for yourself.

Guarantee Issue Amounts

For new employees, the Guarantee Issue for employee coverage is \$50,000 and the Guarantee Issue for spouse coverage is \$15,000.

- Future increases for Currently Enrolled Employees: You may purchase an increase in coverage to the maximum Guaranteed Issue amount without health questions.
- Future increases for Currently Enrolled Spouses: Currently enrolled spouses may purchase an increase in coverage to any level subject to health questions.
- Coverage Levels for Previously Eligible Employees and Spouses Not Currently Enrolled: Previously eligible spouses not currently enrolled may qualify for coverage at any level subject to health questions.

Coverage Options

Employee	You can purchase \$15,000, \$30,000, \$40,000 or \$50,000 of coverage for yourself.
Spouse <i>Ages 17 - 80</i>	You can purchase \$10,000, \$15,000 or \$20,000 of coverage for your spouse.
Children	You can purchase a benefit amount of \$10,000 or \$15,000 of coverage for each child.

Monthly Premium Example - \$30,000

Age 45 Non-Smoker	Whole Life Paid-Up Age 70
Approximate Monthly Premium	\$76.01
Approximate Cash Value at age 65	\$11,855

Monthly Premium Example - \$50,000

Age 45 Non-Smoker	Whole Life Paid-Up Age 70
Approximate Monthly Premium	\$126.67
Approximate Cash Value at age 65	\$19,758

Enrollment Process

Enrollment can be completed on the Unum Whole Life enrollment portal. During your voluntary benefit enrollment, a benefit tile is available that includes a link to your customized enrollment. You will need your name, employee ID, and date of birth to register.

Disability Insurance



Disability coverage provides an income replacement benefit in the event you are unable to work due to an accident or illness. When making a benefit election, it is recommended that you consider how long you would be able to pay your bills without a continuous income should you be unable to work. Short Term Disability provides an income replacement benefit for a short period of time (up to 11 weeks after a 14 day waiting period). If you remain disabled and unable to work upon Short Term Disability exhaustion, Long Term Disability would begin on the 91st day of disability and continue to age 65 should you remain disabled.

Disability Summary of Benefits		
	Short Term Disability	Long Term Disability
Benefit Amount	3 options: 40%, 50%, or 60% of weekly earnings	60% of monthly earnings
Benefit Start Date	15th day after accident or illness begins	91st day after accident or illness begins
Benefit Duration	11 weeks	Social Security Normal Retirement Age
Maximum Benefit	\$2,000 per week	\$5,500 per month

You may elect Short Term Disability and Long Term Disability at this time with no health questions. Your specific benefit options and premiums are available in the benefit enrollment system or by calling the Benefits Service Center.

Short Term Disability Monthly Premiums - \$20,000 Salary			
Age	40% Weekly Benefit: \$153	50% Weekly Benefit: \$192	60% Weekly Benefit: \$230
25	\$10.82	\$13.39	\$16.23
35	\$7.93	\$9.72	\$13.22
45	\$6.71	\$8.31	\$9.92
55	\$7.21	\$8.98	\$10.89
65	\$8.41	\$10.62	\$12.63

Short Term Disability Monthly Premiums - \$40,000 Salary			
Age	40% Weekly Benefit: \$307	50% Weekly Benefit: \$384	60% Weekly Benefit: \$461
25	\$21.52	\$26.96	\$32.34
35	\$15.63	\$19.47	\$23.35
45	\$13.26	\$16.56	\$19.85
55	\$14.24	\$17.86	\$21.42
65	\$16.74	\$20.92	\$25.11

Short Term Disability Monthly Premiums - \$60,000 Salary			
Age	40% Weekly Benefit: \$461	50% Weekly Benefit: \$576	60% Weekly Benefit: \$692
25	\$32.34	\$40.38	\$48.49
35	\$23.35	\$29.15	\$35.00
45	\$19.85	\$24.77	\$29.74
55	\$21.42	\$26.73	\$32.09
65	\$25.11	\$31.34	\$37.63

Long Term Disability	
\$20,000 Salary \$1,000 Monthly Benefit	Monthly Premium
< age 50	\$5.91
Age 50+	\$14.37

Long Term Disability	
\$40,000 Salary \$2,000 Monthly Benefit	Monthly Premium
< age 50	\$11.82
Age 50+	\$28.62

Long Term Disability	
\$60,000 Salary \$3,000 Monthly Benefit	Monthly Premium
< age 50	\$17.67
Age 50+	\$42.87

Pre-Existing Conditions Exclusion

The Short Term Disability and Long Term Disability plans have a pre-existing conditions exclusion for disabilities that begin in the first 12 months of your coverage. A pre-existing condition is one for which you have received medical treatment, consultation, or services, including prescription drugs, in the 3 months prior to your effective date. Once you have been covered for 12 months, no limitation applies.

The premiums listed are sample premiums. Your exact premium amounts based on your salary and age will be available during enrollment.

Employee Assistance Program (EAP)



The resources you need to meet life's challenges

*EmployeeConnect*SM offers professional, confidential services to help you and your loved ones improve your quality of life.



In-person guidance

Some matters are best resolved by meeting with a professional in person. With *EmployeeConnect*SM, you and your family get:

- In-person help for short-term issues (up to five sessions with a counselor per person, per issue, per year)
- In-person consultations with network lawyers, including one free 30-minute in-person consultation per legal issue, and **25% off** subsequent meetings



Unlimited 24/7 assistance

You and your family can access the following services anytime — online, on the mobile app or with a toll-free call:

- Information and referrals on family matters, such as child and elder care, pet care, vacation planning, moving, car buying, college planning and more
- Legal information and referrals for family law, estate planning, consumer and civil law
- Financial guidance on household budgeting and short- and long-term planning



Online resources

*EmployeeConnect*SM offers a wide range of information and resources you can research and access on your own. Expert advice and support tools are just a click away when you visit GuidanceResources.com or download the *GuidanceNow*SM mobile app. You'll find:

- Articles and tutorials
- Videos
- Interactive tools, including financial calculators, budgeting worksheets and more

*EmployeeConnect*SM

EMPLOYEE ASSISTANCE PROGRAM SERVICES

To find out more:

- Visit GuidanceResources.com
username: LFGSupport password: LFGSupport1
- Download the *GuidanceNow*SM mobile app
- Call 888-628-4824



Critical Illness



School District offers a Critical Illness plan insured by Lincoln Financial Group. Critical Illness coverage provides a lump sum benefit in the event of a diagnosis of a covered illness. You may elect coverage for yourself and your spouse, and children are covered at 50% of the employee's benefit amount. The plan includes a health screening benefit for all insureds as well.

Covered Diagnoses and Conditions

Core Plan Benefits	
Heart attack	100%
Arterial / Vascular disease	50%
Mitral or aortic valve disease	50%
Stroke	100%
Major organ failure	100%
End stage renal (kidney) failure	100%
Invasive cancer	100%
Non-invasive cancer (in situ)	25%
Skin cancer (paid once/lifetime)	\$500
Supplemental Conditions	
AIDS	100%
Advanced Alzheimer's disease	100%
Advanced Parkinson's disease	100%
Advanced Lou Gehrig's disease (ALS)	100%
Advanced Multiple Sclerosis	25%
Advanced COPD	100%
Benign brain tumor	100%
Loss of speech, sight, hearing	100%
Accidental Injury Benefits	
Severe traumatic brain injury	100%
Severe burn	100%
Permanent paralysis	100%
Additional Childhood Conditions	
Cerebral palsy	100%
Cleft lip, cleft palate	100%
Cystic fibrosis	100%
Down syndrome	100%
Muscular dystrophy	100%
Spina bifida	100%
Type 1 diabetes	100%

Wellness Benefit Included

The voluntary Critical Illness plan includes a wellness benefit of \$50 per covered member per calendar year. The benefit covers one test per insured once per calendar year.

- Annual exams by a physician, including sports physicals
- Immunizations and other health screenings
- Cardiovascular, cholesterol, and diabetes screenings
- Imaging, including chest X-ray, mammography, and more

Benefit Options

Employees: \$10,000, \$15,000, \$20,000, or \$30,000

Spouses: \$5,000, \$7,500, \$10,000, or \$15,000, not to exceed 50% of the employee benefit amount

Children: 50% of employee benefit amount

Enroll now with no health questions required!

Employee & Spouse Monthly Premiums per \$1,000		
Age	Non-Tobacco	Tobacco
0 - 24	\$0.22	\$0.22
25 - 29	\$0.29	\$0.34
30 - 34	\$0.39	\$0.48
35 - 39	\$0.57	\$0.74
40 - 44	\$0.78	\$1.04
45 - 49	\$1.05	\$1.56
50 - 54	\$1.38	\$2.10
55 - 59	\$1.90	\$3.01
60 - 64	\$2.70	\$4.29
65 - 69	\$3.88	\$5.44
70 +	\$5.64	\$7.40

Spouse rates are based on spouse age.

Employee Premium Examples - Non-tobacco		
	\$10,000	\$20,000
Age 25	\$2.90	\$5.80
Age 35	\$5.70	\$11.40
Age 45	\$10.50	\$21.00
Age 55	\$19.00	\$38.00

Spouse Premium Examples - Non-tobacco		
	\$5,000	\$10,000
Age 25	\$1.45	\$2.90
Age 35	\$2.85	\$5.70
Age 45	\$5.25	\$10.50
Age 55	\$9.50	\$19.00

Accident



Accidents result in unexpected expenses, many of which are for medical care. We offer an accident benefit, insured by Lincoln Financial Group, to help with these unexpected expenses. If you have an unexpected injury that results in medical treatment, the accident plan provides a benefit according to a schedule. The plan includes benefits for many kinds of medical treatment – such as hospital admission, office visits, therapy, and x-rays. The accident plan also pays a benefit depending on the specific type of injury, as well as an Accidental Death and Dismemberment benefit. If your child is injured as a result of an organized sporting activity, the plan pays an additional benefit.

Consider this benefit when completing your medical plan election. You may want to consider a higher deductible on your health plan if you have the accident benefit to provide financial protection from something unexpected.

Hospital Care Benefits	
Per Admission Benefit	\$1,000 / Intensive Care: \$2,000
Daily Stay Benefit	\$200 / day up to 365 days
Surgery	\$200 - \$1,875
Medical Care Benefits	
Initial doctor visit	\$125
Emergency Room / Urgent care	\$250
Follow-up Physician Treatment	\$140 up to 2 visits
Ambulance	\$425
Physical / Occupational Therapy	\$65 up to 6 visits
Outpatient Surgery	\$450
X-Ray	\$225
Injury-Based Benefits	
Burns	\$100 to \$15,000
Concussions	\$300
Lacerations	\$75 - \$1,500
Dislocations	\$150 - \$3,000
Fractures	\$200 - \$3,250
Accidental Death & Dismemberment (AD&D)	
Employee	\$50,000
Spouse	\$25,000
Child(ren)	\$12,500
Child Sports Injury Benefit	
Covers accidents as a result of an organized sporting activity	Pays an additional 25% benefit

Accident Monthly Premiums	
Employee	\$11.31
Employee + Spouse	\$17.52
Employee + Child(ren)	\$18.82
Family	\$25.91

This is an abbreviated description of the accident plan benefits. The benefits are extensive. Please refer to the complete Benefit Summary for details.

Sick Leave

Full-time benefits eligible employees earn sick leave at a rate of 1.25 days for every calendar month worked. Any unused sick leave can be carried over from one fiscal year to the next, up to a maximum of 45 days. With prior approval, up to three days of accumulated sick leave can be utilized for personal reasons. However, it's important to note that personal and professional leave may not be granted on system critical days.

Sick Leave Bank

The School District has a sick leave bank for members to utilize once their accumulated sick leave has been exhausted. Any full-time employee of the district who is entitled to sick leave may become a member of the sick leave bank by donating one day of the employee's accumulated sick leave. Sick Leave Bank enrollment is held during the district's annual open enrollment period. New employees of the district are eligible to participate in the Sick Leave Bank after their second year of employment.

Georgia Paid Parental Leave

Full time eligible employees can take advantage of Georgia Paid Parental Leave, which allows up to 240 hours of paid parental leave within a year of the birth of their child or within a year after adoption or taking in a minor through foster care.

Employees eligible for Georgia Paid Parental Leave can take up to 240 hours within a rolling 12-month period, regardless of the number of qualifying life events. This leave doesn't deduct from accrued leave and runs concurrently with federal laws like FMLA. Leave can be taken as needed in increments as small as two hours.

Eligibility criteria include full-time status in the district, participation in TRS or PSERS, six months of continuous employment for salaried employees, and 700 hours worked in the six months preceding the requested leave for hourly employees. Qualifying events include the birth of a child or the placement of a minor child for adoption or foster care.



Retirement

The School District retirement program is comprised of either the Teachers Retirement System (TRS) or the Public School Employees Retirement System (PSERS), in addition to supplemental 457(b) and 403(b) plans.



Teachers Retirement System (TRS)

The following personnel are required to participate in TRS, a state retirement plan: certified teacher, administrator, clerical staff, paraprofessional, lead custodian, supervisor, and school nutrition manager. Your TRS account is funded by you and the district. Employees contribute 6% of earnings and the district contributes 20.78% of earnings. Employees are vested after 10 years of service.

Public School Employees Retirement System (PSERS)



The following personnel are required to participate in PSERS, a state retirement plan: school nutrition, transportation, maintenance, and custodial staff. The employee contribution for employees hired before July 1, 2012 is \$4 per month for 9 months (\$36 per year). For employees hired on or after July 1, 2012, it is \$10 per month for 9 months (\$90 per year). Your retirement benefit will be \$17.00 per month multiplied by your number of years of service. Employees are vested after 10 years of service.

Supplemental Retirement Plans

School District offers a variety of voluntary retirement plans to supplement the mandatory state-sponsored TRS and PSERS plans. We encourage all employees to consider participating in a voluntary retirement plan to help adequately financially prepare for retirement. To learn more and/or open an account, please contact one of our recommended retirement plan advisors. The contact information is available on page 21.

Retirement Plan Administrator

The 403(b) and 457(b) plans are administered by Corebridge Financial. This organization assists with certain retirement plan actions such as loans and surrenders.

State Health Benefit Plan (SHBP) Retirement Note

In order to continue your SHBP coverage as a retiree, you and any dependents you wish to cover must be enrolled in the plan at the time you retire. If you are not enrolled in SHBP and wish to carry coverage as a retiree, you will need to enroll during Open Enrollment the year prior to your retirement. Please refer to the Retiree Decision Guide for additional information regarding your SHBP coverage and retiree options. More information is available here: <https://shbp.georgia.gov/>.



Commonly Used Healthcare Terms

Carrier – Insurance company insuring your benefits.

Coinsurance – Percentage of medical bills that patient is responsible for; goes into effect after deductible has been met.

Copay – The per visit charge paid each time you see your doctor.

Deductible – The amount of medical costs you are financially responsible for before coinsurance applies.

Employee Assistance Program (EAP) – Program with services to assist with handling life's problems (stress, mental illness, addiction, workplace issues, etc.)

Explanation of Benefits (EOB) – Received from carrier summarizing charges for care received. It will spell out what was billed, how much your carrier paid, and how much you are responsible for.

In-Network – Providers that have contracted with your carrier. Going in-network will save you money.

Out-of-Network – Providers that have not contracted with your carrier. Going out-of-network will result in reduced coverage, or no coverage at all. Potential balance billing can occur when you go out-of-network.

Out-of-Pocket Maximum – The maximum amount you will pay for medical expenses before your plan will pay 100%.

Primary Care Provider (PCP) – Doctor that you typically visit first with health issues; they manage your overall care.

Participating Dental Provider (PDP) Fee – Amount dentist has agreed to accept as payment for services from carrier.

Premium – Amount deducted from your paycheck to pay your portion of your insurance.

Preventive care – Care obtained to prevent major health issues: annual physicals, mammograms, colonoscopies, etc.

Qualifying Life Event (QLE) – Event (i.e. marriage, birth of child, gain/loss of coverage), that allows you to make changes to coverage during the year within a specific timeframe, typically 31 days from date of event.

Summary Plan Description (SPD) – Overview of provisions of plan, including coverage for specific procedures and applicable legal language.

Plan types

- High Deductible Health Plan (HDHP) – Typically has individual deductible of at least \$1,600. Many qualified HDHP plans do not have copays, and all care is subject to the deductible and coinsurance.
- Health Maintenance Organization (HMO) – Network plans require a PCP to be responsible for care. There is no out-of-network coverage, and HMOs usually have more plan restrictions.
- Health Reimbursement Arrangement (HRA): An employer-funded health plan that reimburses employees for qualified medical expenses. Reimbursement dollars received by employees are generally tax-free.

Medical Savings Account Types

- Healthcare and Dependent Care Flexible Spending Accounts (FSA) – Accounts in which pre-tax income is put aside to pay for IRS-qualified medical / dependent care expenses. The FSA is "use it or lose it": funds must be used by end of plan year or be forfeited.



Definition of Dependent

- Legally married spouse
- Natural or legally adopted child(ren) or stepchild(ren), under age 26
- Child(ren) due to Legal Guardianship
- Natural or legally adopted child(ren) or stepchild(ren) 26 or older who are physically or mentally disabled prior to age 26, and who are primarily dependent on the enrolled member for support

IMPORTANT CONTACT INFORMATION

Medical

Anthem

(855) 641-4862

www.anthem.com/shbp

United Healthcare

(888) 364-6352

www.welcometouhc.com/shbp

Sharecare

(888) 616-6411

www.bewellshbp.com

CVS Caremark

(844) 345-3241

<http://info.caremark.com/shbp>

SHBP Eligibility

(800) 610-1863

www.dch.georgia.gov/shbp

www.myshbpga.adp.com

TRICARE Supplement

(866) 637-9911

https://info.selmanco.com/ga_shbp

Dental

MetLife

(800) 942-0854

www.metlife.com/dental

Vision

MetLife

(855) 638-3931

www.metlife.com/vision

Flexible Spending Accounts

Medcom

(800) 523-7542

www.medcombenefits.com

Term Life Insurance

Lincoln Financial

(800) 423-2765

www.lincolnfinancial.com

Whole Life Insurance

Unum

(800) 635-5597

www.unum.com

Short and Long Term Disability

Lincoln Financial

(800) 423-2765

www.lincolnfinancial.com

Critical Illness

Lincoln Financial

(800) 423-2765

www.lincolnfinancial.com

Accident

Lincoln Financial

(800) 423-2765

www.lincolnfinancial.com

Employee Assistance Program

Lincoln Financial

Guidance Resources

(888) 628-4824

www.guidanceresources.com

Username: LFGSupport

Password: LFGSupport1

School District Benefits Service Center

(844) XXX-XXXX

Monday - Thursday 8am - 6pm

Friday 8am - 5pm

benefits@schooldistrictbenefitssample.com

School District Payroll and Benefits Office

Jane Doe

Payroll & Benefits Specialist

(XXX) XXX-XXXX

jane.doe@school.k12.ga.us

John Doe

Payroll & Benefits Manager

(XXX) XXX-XXXX

john.doe@school.k12.ga.us

Retirement Plans

- **Teachers Retirement System of Georgia (TRS)**

www.trsga.com • (800) 352-0650

- **Public School Employees' Retirement System of Georgia (PSERS)**

www.ers.ga.gov • (800) 805-4609

Supplemental Retirement

- **Corebridge Financial - 403b/Roth 403b/457**

Benefits Advisor • (XXX) XXX-XXXX

benefits.advisor@corebridgefinancial.com



This guide is a general summary of your benefit options. For specific details, refer to each plan's Certificate or Summary Plan Description (SPD). SPDs for your health insurance can be found on the State Health Benefit Plan (SHBP) website at www.myshbpga.adp.com. All other plan documents can be found at www.schooldistrictbenefitssample.com. Every effort has been made to ensure that this document accurately represents the benefits being offered. However, if there are any discrepancies between the terms in this document and the terms of the plan documents, the plan documents will prevail.