



# COLQUITT COUNTY SCHOOL DISTRICT

ESTD. 1873



## 2024

# New Employee Benefits Guide



## Benefits for the 2024 Plan Year



benefits  
service center

Visit us online to enroll or call the

Colquitt County Schools Benefits Service Center.

[www.colquittcountyschoolsbenefits.com](http://www.colquittcountyschoolsbenefits.com)

(844) 635-0709

# INTRODUCTION

This guide provides an overview of your Colquitt County Schools benefits, the enrollment process, and benefits resources. We encourage you to review this guide before completing your elections.

Our extensive benefits package provides financial protection and peace of mind for you and your family. Colquitt County Schools provides a significant financial contribution towards your State Health Benefit Plan (SHBP) premiums. The district also provides basic life insurance coverage and an Employee Assistance Program (EAP) at no cost. For the plans in which you have a contribution, your contribution will be payroll deducted.

Your benefit elections during Open Enrollment are valid for the entire 2024 plan year unless you have a qualifying life event, such as marriage, divorce, birth of a child, etc. (supporting documentation required).

## Benefits Service Center

Colquitt County Schools is pleased to partner with the Benefits Service Center as an extension of your Human Resources Department.

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

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## How to Enroll

### Voluntary Benefits

#### **Enrollment Online**

Step 1: Visit [www.colquittcountyschoolsbenefits.com](http://www.colquittcountyschoolsbenefits.com) and click “Enroll Now”.

Step 2: Click on “Get Started Now.” You will be prompted to enter your e-mail address, last four digits of your Social Security Number, and date of birth. The system will identify you by these credentials and allow you to create a password. If you have already created an account, click “Login” and enter your credentials to get started.

Step 3: Once you have created your password, you will be able to complete your enrollment. You can complete your benefit elections by clicking “Begin Enrollment” and following the prompts.

#### **Enrollment by Phone**

Call the Colquitt County Schools Benefits Service Center at **(844) 635-0709** to complete your voluntary benefits enrollment.

For online and phone enrollment, you will receive a Confirmation Statement via email following your enrollment.

### State Health Benefit Plan (SHBP) – ADP Portal

1. Access <https://myshbpga.adp.com/shbp> to review your health coverage elections. The Registration Code for new users is “SHBP-GA”. Employees may also enroll by phone by calling (800) 610-1863.
2. If you wish to cover dependent(s), ADP will provide instructions for submitting required documentation. Be sure to provide documentation in the format required by the deadline provided by ADP. Your dependent(s) will not have coverage until the documentation is received and approved.

### How to Reset Your SHBP Password

- Step 1: Go to [www.myshbpga.adp.com](http://www.myshbpga.adp.com) and click “Forgot your user ID?”.
- Step 2: Enter the requested demographic information.
- 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.”

## New Employee Eligibility

As a new Colquitt County Schools employee, you are eligible for benefits on the first of the month following 30 days of employment. No enrollment changes to your benefits are allowed during the plan year unless you experience a qualifying life event.

### 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 of a dependent or 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 and update your life insurance beneficiary(ies). You must also provide the supporting documentation to the Benefits Service Center and SHBP within 31 days of the change. If you do not do so, you must wait until the next open enrollment to make any benefit plan changes.

## Benefit Resources

### Benefits Website

Access plan documents, benefit summaries, premium information, presentations and guides, links to insurance company and vendor websites, and more. [www.colquittcountyschoolsbenefits.com](http://www.colquittcountyschoolsbenefits.com)

### Benefits Service Center

Contact the Colquitt County Schools Benefits Service Center for benefits questions, claims inquiries, and general SHBP inquiries.

## Medical Coverage

### State Health Benefit Plan (SHBP)

Colquitt County Schools participates in the State Health Benefit Plan. Refer to the 2024 Active Member Decision Guide for complete details.

### Employer Contribution

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

### Medical Plan Overview

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

Anthem Options	
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 Options	
HMO	Same benefits as the Anthem HMO. 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. The CVS Caremark pharmacy network is extensive and not limited to CVS pharmacies. Participating pharmacy information is available at [info.caremark.com/shbp](http://info.caremark.com/shbp).

- For your convenience, you may purchase a 90-day supply via 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 for participating providers, health and wellness tools, plan details, and more.

#### Anthem

[www.anthem.com/shbp](http://www.anthem.com/shbp)

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

#### UnitedHealthcare

[www.whyuhc.com/shbp](http://www.whyuhc.com/shbp)

Select “Find a Doctor or Facility” under the Benefits drop down. Select “Choice HMO” or “HDHP with HSA” and follow search instructions.



### 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.** Timely submission is important to avoid retro premium deductions.



## 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
<b>Deductible</b>									
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
<b>Medical OOPM*</b>									
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
<b>Coinsurance (Plan Pays)</b>	85%	60%	80%	60%	75%	60%	80%	70%	50%
<b>HRA</b>									
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	
<b>Medical</b>									
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
<b>Retail Pharmacy</b>									
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	
<b>Mail Order Pharmacy</b>									
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
<b>You</b>	\$188.56	\$125.19	\$77.69	\$148.53	\$177.91	\$63.36
<b>You + Child(ren)</b>	\$343.04	\$235.32	\$154.57	\$274.99	\$324.94	\$130.20
<b>You + Spouse</b>	\$464.72	\$331.65	\$231.90	\$380.66	\$442.36	\$201.80
<b>You + Family</b>	\$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.

## 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.

<b>Step 1</b>	Complete the RealAge Test	Earn 120 well-being incentive points
<b>Step 2</b>	Complete a Biometric Screening	Earn 120 well-being incentive points
<b>Step 3</b>	Complete one or a combination of: <ul style="list-style-type: none"> <li>• Telephonic Well-Being Coaching Pathway</li> <li>• Online Challenges Pathway</li> </ul>	Earn up to 240 well-being incentive points

Please refer to the State Health Benefit Plan Decision Guide or access [www.bewellshbp.com](http://www.bewellshbp.com) for additional details. Download the Sharecare App today to complete activities and redeem well-being incentive points.

## 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	
<b>You</b>	\$60.50
<b>You + Child(ren)</b>	\$119.50
<b>You + Spouse</b>	\$119.50
<b>You + Family</b>	\$160.50

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

### Telemedicine Virtual Visits

The medical plans include a telemedicine benefit that allows you to speak to a participating doctor from home or work through your mobile device, tablet, or computer. You must use in-network providers for coverage to apply. HMO members pay a copay and HRA members pay coinsurance for virtual visits. High Deductible Health Plan members can access this benefit subject to the health plan deductible. Consider this convenient benefit for non-complex medical conditions. Download the LiveHealth Online (Anthem) or the Virtual Visits mobile app (UHC) today!

## 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](http://www.peachcare.org) for more info
- Not available through payroll deduction



## Dental Plans



There are two MetLife dental PPO plan options: the Low Plan and the High Plan. Both plan options include preventive care at 100% (no deductible) and two cleanings per calendar year. The Low Plan has the lowest premiums and lowest annual maximum benefit, but only includes coverage for preventive and basic restorative services. The High Plan has higher premiums and a higher annual maximum, and includes coverage for major restorative services and orthodontia for children (up to age 26).

To reduce your out-of-pocket costs and prevent balance billing, you are encouraged to use in-network dentists. Visit [www.metlife.com/dental](http://www.metlife.com/dental) to locate participating dentists and select the “PDP Plus” dental network. You can download the mobile app to view plan information, find a provider, and access your ID cards. Please refer to the Benefits Summaries for complete plan details.

Dental Monthly Premiums	Low Plan	High Plan
Employee Only	\$20.68	\$43.95
Employee + Spouse	\$41.86	\$87.72
Employee + Child(ren)	\$55.04	\$98.96
Family	\$65.69	\$122.19

Dental Summary of Benefits	Low Plan	High Plan
Calendar Year Deductible	\$50 Individual / \$150 Family	\$50 Individual / \$150 Family
Calendar Year Maximum	\$750	\$1,100
Orthodontia Lifetime Maximum	N/A	\$1,000
Type A Services (Preventive)	100%	100%
Type B Services (Basic Restorative)	60% after deductible	80% after deductible
Type C Services (Major Restorative)	Not Covered	50% after deductible
Orthodontia Services (children up to age 26)	Not Covered	50% after deductible



## Vision

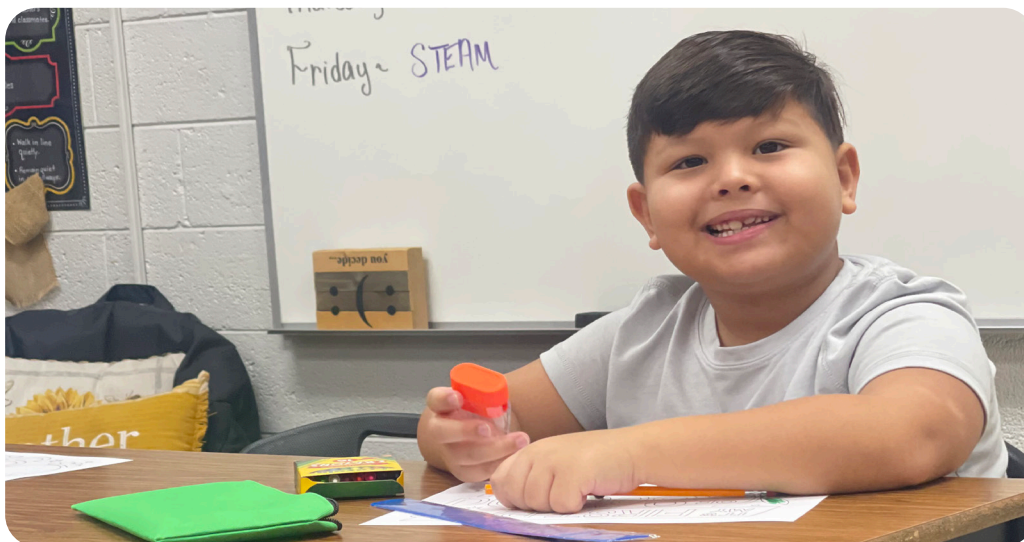
With the MetLife vision plan, you may visit any vision provider. However to maximize your vision benefit, visit participating providers. Access [www.metlife.com](http://www.metlife.com) and click “Find a Vision Provider” under Support from the homepage. Be sure to select the VSP Choice Network. Services obtained at participating MetLife vision providers have a higher benefit, and you receive the benefit at the time of service. If you go out-of-network, you will need to pay at the time of service and file a claim for reimbursement.

The MetLife vision plan provides coverage for exams, frames, and lenses (either contacts or eyeglasses lenses). If you see an in-network provider, you pay a copay for your eye exam and lenses, and the plan pays a benefit of up to \$200 for frames and lenses. Additional copays apply for eyeglass lens options.

**Frequency Limitations:** The vision plan includes frequency limitations. The exam benefit, lens benefit, and frame benefit are once every 12 months. Either eyeglass lenses or contact lenses are allowed every 12 months.

Vision Summary of Benefits	In-Network
<b>Eye Exam</b>	\$10 copay
<b>Retinal Imaging</b>	Up to \$39 copay
<b>Lenses</b>	
Single	Covered in full after \$25 copay
Bifocal	
Trifocal	
Lenticular	
<b>Contacts</b>	
Fit and Follow-up	\$25 copay
Electives Lenses	\$200 allowance
Medically Necessary	Covered in full after \$25 copay
<b>Frames</b>	\$200 allowance

Vision Monthly Premiums	
<b>Employee Only</b>	\$9.73
<b>Employee + Spouse</b>	\$16.16
<b>Employee + Child(ren)</b>	\$16.48
<b>Family</b>	\$26.05







## 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** for dependent day care expenses. Medcom is the administrator for the FSA plans. An FSA allows you to pay for eligible expenses using 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 may contribute up to \$3,200 during 2024 into a Healthcare FSA. 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 allows 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. Eligible dependent care expenses include day care and after-school care for children up to age 13 and certain adult day care expenses for incapacitated adult dependents.

#### Child Daycare:

- Includes daycare facilities, babysitter inside or outside the household, before and after-school care, and more
- For children, step-children, and children eligible for a tax exemption on your federal tax return.

#### Adult Daycare for:

- Disabled children age 13+
- Spouses physically or mentally unable to care for self
- Any adult you can claim as a dependent on your tax return who is physically or mentally unable to care for him/herself and lives in your home



Medcom offers a free mobile app for convenient account access.

### Other Account Features

Participants in the FSAs receive a debit card so that many expenses can be paid at the time of service, eliminating the reimbursement process. The funds are debited from the account and paid to the doctor's office, pharmacy, or day care facility directly at the time of purchase. When the debit card is not accepted, you are required to pay for the expense and submit a claim for reimbursement. As a reminder, you only receive new debit cards upon card expiration.



### Use It or Lose It

Claims must be incurred by December 31, 2024 to be eligible for reimbursement for the 2024 plan year. 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.

The IRS allows **Healthcare FSA** plan members to roll over up to \$640 of unused funds for future use. The \$640 roll over option does not apply to the Dependent Care FSA.

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.

### Monthly FSA Administrative Fee

FSA plan participants pay a \$3.50 monthly post-tax administrative fee via payroll deduction. Only one fee applies if you are enrolled in both the Dependent Care and the Healthcare FSA.



## Life Insurance

Your Colquitt County Schools life insurance plan is insured by Prudential.

### Employer-Paid Basic Life & Accidental Death & Dismemberment (AD&D) Insurance

Colquitt County Schools provides all eligible employees a \$10,000 life insurance and AD&D insurance benefit **at no cost to you**. The AD&D benefit provides an additional payment in the event of a death or loss of limb(s), speech, hearing, and more caused by a covered accident.

### Employee Term Life and AD&D Insurance (employee-paid option)

You may elect life and AD&D insurance in the amount of \$10,000 to \$40,000 in \$10,000 increments to supplement the employer-paid benefit. The monthly cost, regardless of your age, is as follows:

Benefit Amount	Monthly Premiums
\$10,000	\$2.20
\$20,000	\$4.40
\$30,000	\$6.60
\$40,000	\$8.80

### Spouse Term Life Insurance (employee-paid option)

You may elect a \$10,000 life insurance benefit for your spouse, regardless of your spouse's age. The cost for this coverage is \$1.49 per month.

### Child Term Life Insurance (employee-paid option)

You may elect coverage for your children up to age 26 (or for disabled children with no limiting age) in the amount of \$15,000 per child. The monthly cost for child life coverage is \$.39, and this deduction covers all of your children.



## Life Insurance



### Employee & Spouse Voluntary Life Insurance (employee-paid option)

In addition to the previously described employee-paid options, you may elect the below term life insurance coverage for yourself and your spouse based on your age.

	Employee	Spouse
<b>Benefit Amount</b>	\$10,000 increments up to the lesser of 5 times your earnings or \$500,000	\$10,000 increments to a maximum of \$200,000

Per \$1,000 of Coverage Rates	
<b>Under 29</b>	\$.035
<b>30-34</b>	\$.037
<b>35- 39</b>	\$.075
<b>40-44</b>	\$.115
<b>45-49</b>	\$.180
<b>50-54</b>	\$.290
<b>55-59</b>	\$.470
<b>60-64</b>	\$.630
<b>65-69</b>	\$1.010
<b>70-74</b>	\$1.820
<b>75+</b>	\$3.220

### Sample Monthly Premiums

Employee and Spouse Voluntary Life Monthly Premiums				
Age	\$50,000	\$100,000	\$150,000	\$250,000
<b>25</b>	\$1.75	\$3.50	\$5.25	\$8.75
<b>35</b>	\$3.75	\$7.50	\$11.25	\$18.75
<b>45</b>	\$9.00	\$18.00	\$27.00	\$45.00
<b>55</b>	\$23.50	\$47.00	\$70.50	\$117.50
<b>65</b>	\$50.50	\$101.00	\$151.50	\$252.50

Your age is calculated as of January 1 for purposes of life insurance premiums. Spouse rates are based on spouse age.

### Important Enrollment Information

- During the enrollment, you will be required to review your life insurance beneficiary. The beneficiary is the person you designate who will receive your life insurance benefits in the event of your death.
- Guarantee Issue: As a new hire, you may elect the lesser of up to 300% of your annual earnings or \$300,000 with no health questions. You can elect up to \$50,000 on your spouse with no health questions. All other elections for employees and spouses during enrollment require an Evidence of Insurability (EOI) Form. An EOI Form may be obtained from the benefits website or the Benefits Service Center. Any pending elections will be noted on your Benefits Confirmation Statement.

### Benefit Reductions Due to Age

All life insurance benefits for employees and spouses reduce beginning at age 65. Life insurance reduces to 65% at age 65, to 50% at age 70, and to 30% at age 75.

### Life Insurance Continuation of Coverage

In the event of separation of employment, you have the option to continue your life insurance coverage if certain conditions are met. Should you wish to apply for continuation of coverage, you must contact Prudential within 30 days of your date of separation.

## Permanent Life Insurance with Long Term Care

Chubb's Lifetime Benefit Term product provides permanent life insurance protection with a long term care benefit.

### Life Insurance Protection with Guaranteed Death Benefits

This plan provides term life insurance and the death benefit is guaranteed 100% when it is needed most – during the working years when a family relies most on income. The death benefit is 100% guaranteed for the longer of 25 years or through age 70. After age 70, the death benefit is guaranteed to never be less than 50% of the original death benefit.

### Paid Up Death Benefit

After 10 years, paid-up benefits begin to accrue. At any point thereafter, if you stop paying the premium, a reduced paid-up benefit is issued and can never lapse. That means at retirement you can stop paying premiums and have a death benefit for the rest of your life – guaranteed.

### Guaranteed Premiums

Life insurance premiums will never increase and are guaranteed through age 100. After age 100, no additional premium is due while the coverage can continue to age 121.

### Benefits for Long Term Care (LTC)

Long Term Care is costly and averages \$8,821 per month for a semi-private room in a nursing home. The Chubb Lifetime Benefit Term plan pays death benefits in advance of death for home health care, assisted living, adult day care, and nursing home care. The long term care benefit is 4% of the death benefit for up to 50 months. Long term care benefits could reduce in the event of a life insurance benefit reduction.

### Restoration of Your Death Benefit

Ordinarily, using your life insurance coverage for Long Term Care benefits can reduce your death benefit to \$0. While in force, this benefit restores your life coverage to not less than 50% of the death benefit on which your LTC benefits were based. This feature assures a death benefit is available for the insured at time of death.

### How It Works

Age 45 employee elects a \$25,000 policy.

- Employee needs Long Term Care at age 57.
- Plan provides \$1,000 / month benefit for up to 50 months.
- Employee uses 13 months of the Long Term care benefit for a total payment of \$13,000.
- Employee passes away at age 67. Death Benefit Amount is \$12,000.

Age 45 employee elects a \$100,000 policy.

- Employee needs Long Term Care at age 57.
- Plan provides \$4,000 / month benefit for up to 50 months.
- Employee uses 13 months of the Long Term care benefit for a total payment of \$52,000.
- Employee passes away at age 67. Death Benefit Amount is \$48,000.

## Permanent Life Insurance with Long Term Care

### Monthly Premium Example - \$25,000

Age 45 Non-Tobacco	Benefit
Approximate Monthly Premium	\$30.67
Death Benefit at age 45	\$25,000
Death Benefit at age 70	\$25,000
Long Term Care Benefit	\$1,000 per month for up to 50 months

### Eligibility

- Employees up to age 80 eligible to enroll
- Spouses age 19 through 70 eligible to enroll
- Children 15 days through 25 eligible to enroll

### Enrollment

- Enrollment is subject to health questions. Following enrollment, Chubb will contact you to confirm any necessary health information and review your election.





## Disability Insurance

Disability coverage provides an income replacement benefit in the event you are unable to work due to a non-work-related illness or accident. The ability to work is usually an employee’s most important financial asset. The Social Security Administration estimates that just over 1 in 4 of today’s 20 year-olds will become disabled before reaching age 67. Once an individual has become disabled for over 90 days, the average length of disability is 4 years.

The Prudential Short Term Disability and Long Term Disability plans provide income while you are unable to work. Keep in mind your premiums are based on your annual earnings (updated as of November 1) and benefit amount.

### Sick Leave

Sick leave is accumulated at the rate of 1.25 days per month, and employees may accumulate up to 60 days of sick leave.

### Short Term Disability

Short Term Disability coverage provides an income replacement for a relatively short time period. Short Term Disability pays in addition to your sick leave benefits.

Disability Summary of Benefits	
Weekly Benefit Amount	66 2/3% of weekly earnings
Maximum Weekly Benefit	\$500 per week
Benefit Start Date	Day 1 for accident Day 8 illness
Benefit Duration	13 weeks

### Sample Monthly Premiums

Short Term Disability		
Earnings	Monthly Benefit Amount	Monthly Premium
\$30,000	\$384.81	\$21.93
\$50,000	\$500	\$28.50
\$70,000	\$500	\$28.50



## Disability Insurance



### Long Term Disability

Long Term Disability coverage provides a benefit up to age 65 or Social Security Normal Retirement Age should your disability continue beyond the Short Term Disability period and if you continue to satisfy the definition of disability.

Disability Summary of Benefits	
Monthly Benefit Amount	66 2/3% of weekly earnings
Maximum Monthly Benefit	\$7,000 per month
Elimination Period	90 days
Benefit Duration	To age 65 or Social Security Normal Retirement Age

### Sample Monthly Premiums

Long Term Disability		
Earnings	Monthly Benefit Amount	Monthly Premium
\$30,000	\$1,667	\$13.00
\$50,000	\$2,778	\$21.67
\$70,000	\$3,889	\$45.50

The Long Term Disability plan excludes disabilities caused by a pre-existing condition for the first 12 months of coverage. A pre-existing condition is one for which you have been diagnosed or treated within the prior 3 months before newly enrolling in the plan. Once you have been insured with Long Term Disability coverage for 12 months, no coverage restrictions related to pre-existing conditions apply.

### Important Enrollment Information

As a new hire, you have the option to elect coverage with no Evidence of Insurability (health questions) required. If you newly elect Short Term Disability or Long Term Disability coverage in the future, medical underwriting is required.





## Critical Illness

Colquitt County Schools offers voluntary Critical Illness coverage, which provides a lump sum benefit in the event of a diagnosis of a covered illness. The plan is insured by MetLife and employees may elect coverage for yourself, your spouse, and your child(ren) with no health questions.

### Covered Diagnoses and Conditions

- Cancer (see certificate definition)
- Heart attack
- Stroke
- Major organ transplant
- Coronary artery bypass surgery
- End stage renal failure
- And more

### Benefit Options

**Employees:** From \$5,000 to \$30,000 in increments of \$5,000

**Spouses:** 50% of the employee amount

- Employees must be enrolled to elect spouse coverage.

**Children:** 50% of employee coverage for all children

- Employees must be enrolled to elect child coverage.

**Employees may elect up to the maximum amount of coverage for yourself and your spouse with no health questions.**

Sample Monthly Premiums Employee \$10,000; Spouse and Child(ren) \$5,000				
Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
25	\$4.80	\$7.80	\$6.80	\$9.80
35	\$6.90	\$10.90	\$8.90	\$12.80
45	\$12.10	\$18.70	\$14.10	\$20.70
55	\$21.90	\$34.90	\$23.80	\$36.80
65	\$40.40	\$65.60	\$42.30	\$67.50



### Wellness Benefit

The voluntary Critical Illness plan includes a wellness benefit for covered preventive screenings including but not limited to:

- Annual physical exam, biometric screening, or stress test on bicycle or treadmill
- Blood test for triglycerides, CEA, bone marrow, CA 15-3 (breast cancer), fasting glucose, Hemoglobin A1C
- Chest x-ray, mammograms, breast ultrasound, sonogram, MRI
- Serum testing for cholesterol levels (HDL & LDL) or protein electrophoresis (myeloma)
- Routine dental or vision exam
- Electrocardiogram or ultrasound screening for abdominal aortic aneurysms
- Colonoscopy, prostate-specific antigen testing, or pap smear

Wellness Benefit Amount

- Employee: \$50
- Spouse \$50
- Child(ren): \$50

Maximum of once per year per insured.

### How to File a Claim

Step 1: Visit the <https://mybenefits.metlife.com> and login or register to complete your form electronically.

Step 2: Complete the claim form.

Step 3: Gather additional documents, if required.

Step 4: Submit and include completed and signed forms as well as any supporting documents.

- To submit online via a secure upload, visit <https://mybenefits.metlife.com>.
- To mail or fax your submission, see below.
  - \* Mail:  
Metropolitan Life Insurance Company  
Attn: Critical Illness Insurance Product  
P.O. Box 80826  
Lincoln, NE 68501-0826
- Fax: 855-626-3705



## Accident



The MetLife Accident Plan provides financial protection in the event of an unexpected accident. A summary of the benefits schedule is below. Please refer to the Summary of Benefits or certificate of coverage for complete details.

Schedule of Benefits	
<b>Hospital Care Benefits</b>	
Surgery	\$1,500
Admission	\$1,000
Confinement	\$200 / day up to 15 days
ICU Confinement	\$200 / day up to 15 days
Inpatient Rehab	\$75 / day up to 15 days
<b>Medical Treatment Benefits</b>	
Initial and follow-up doctor visit	\$75
ER & Urgent care	\$150 / \$75
Surgery	From \$750 to \$1,500
Outpatient Surgery	\$300
Speech, Occupational, and Physical Therapy	\$35
<b>Injury-Based Benefits</b>	
Fractures	From \$100 to \$8,000
Lacerations	From \$50 to \$400
Concussions	\$250
Dislocations	From \$100 to \$8,000
Coma	\$7,500
<b>Additional Benefits</b>	
Sports Accident Benefit	Additional 25%

Accident Monthly Premium	
<b>Employee</b>	\$5.40
<b>Employee + Spouse</b>	\$10.66
<b>Employee + Child(ren)</b>	\$12.86
<b>Family</b>	\$15.16

Includes Accidental Death & Dismemberment (AD&D) benefit of \$25,000 (employee death benefit). Refer to benefit summary for details.

### How to File a Claim

Step 1: Visit the <https://mybenefits.metlife.com> and login or register to complete your form electronically.

Step 2: Complete the claim form.

Step 3: Gather additional documents, if required.

Step 4: Submit and include completed and signed forms as well as any supporting documents.

- To submit online via a secure upload, visit <https://mybenefits.metlife.com>.
- To mail or fax your submission, see below.
  - \* Mail:
    - Metropolitan Life Insurance Company
    - Attn: Critical Illness Insurance Product
    - P.O. Box 80826
    - Lincoln, NE 68501-0826
- Fax: 855-626-3705



## GROUP LEGAL & IDENTITY THEFT



### Legal Plan



The ARAG legal plan helps cover the costs of legal expenses associated with a variety of needs, and includes in-office and telephonic advice with an attorney for personal legal issues. The plan covers 100% for an extensive listing of legal items when you visit a network participating attorney. If you go out-of-network, the plan pays a benefit according to a schedule.

The ARAG legal plan includes coverage for divorce in both contested and uncontested proceedings, and allows members to go directly to a participating attorney for services. Emergency service with an attorney is also available 24 hours a day / 7 days a week.

Legal Plan Monthly Premium
\$18.25

**Telephonic and office consultations are available on a variety of matters including:**

- Family law
- Real Estate and estate planning
- Financial issues
- Traffic offenses
- And more

We encourage you to evaluate your current needs and learn more about the new ARAG legal plan. Complete plan information is located on the Colquitt County Schools benefits website.

### Legal Resources for All Employees

- How-To Resources: caregiving, debt collection, estate planning, hiring / working with a contractor, managing legal / financial responsibilities surrounding the death of a loved one, tenant's guidebook to renting property
- Law guide: collection of articles on legal topics
- LawExpresso Newsletter, Legal Glossary, Legal Links, and Personal Information Organizer

### Identity Theft



Colquitt County Schools offers Identity Theft Protection through Equifax ID Watchdog.

1 in 14 people become victims of identity fraud. Your identity includes more than your Social Security Number and bank accounts. The Identity Protection Plan does more than monitor your credit reports and scores. It safeguards your personal information and the data you share.

Identity protection gives you the tools and protection to monitor activity, stop identity theft early, and resolve it quickly. Most victims only discover they have a problem when they are denied credit or receive bills for items never ordered. We encourage you to consider this benefit as a proactive step to help protect your personal information.

The Equifax ID Watchdog protection plan has extensive protection for you and your family. Benefits include, but are not limited to:

- Tri-Bureau Credit Monitoring
- Rapid Credit Alerts
- Monthly Credit Score Tracking
- Credit Report Disputes and Freeze Assistance
- Social Network Alerts
- Registered Sex Offender Reporting
- 100% Fully Managed Resolution up to \$1M

Coverage Level	Monthly Premiums
Employee Only	\$8.90
Family	\$15.90



## Air Ambulance - AirMedCare Network



We are pleased to offer a medical emergency air ambulance plan. Even with medical insurance, air medical transport can result in significant out-of-pocket expenses. This benefit eliminates your out-of-pocket expenses for medically necessary flights if flown by an AirMedCare Network provider. Please note this benefit is for emergency transport only.

AirMedCare Network is America's largest air medical membership network, providing financial coverage for emergency air medical transport. Air Evac Lifeteam, located in Tifton, is the closest provider in your area. The state of Georgia has several additional providers in the network; chances are favorable that you will be transported by an AirMedCare Network provider in the event you need emergency medical transport.

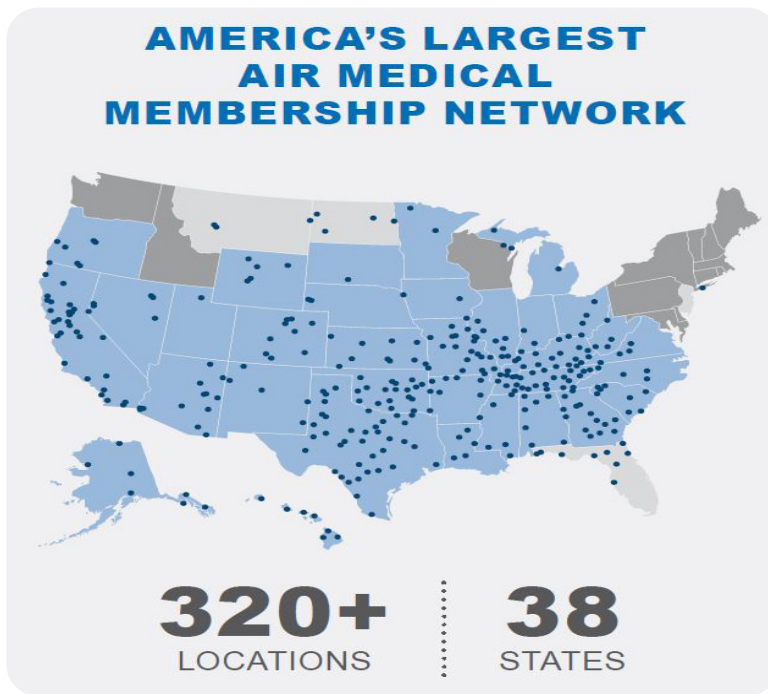
### Membership Options

You pay the total cost indicated below over 12 payroll deductions, and the benefit auto-renews each year unless you cancel. **This benefit will be available to you during the next Open Enrollment period.**

Membership Duration	Total Cost	Monthly Premium
1 Year	\$50	\$4.17

### Household and Nationwide Service Area

Membership covers not just yourself, but anyone who resides in your home. Plus membership is valid in all service areas, so you are covered at home and while traveling. The AirMedCare Network includes coverage in 38 states and over 320 locations in the U.S.



**This program covers  
emergency air  
transportation only.**

# EMPLOYEE ASSISTANCE PROGRAMS



## Employee Assistance Programs

Employees have access to three Employee Assistance Programs (EAP) which offer free and confidential assessments, short-term counseling, referrals, and follow-up services for personal and / or work-related problems. EAPs address a broad and complex body of issues affecting mental and emotional well-being, such as alcohol and other substance abuse, stress, grief, family problems, and psychological disorders. Some EAP programs also provide resources for legal services, financial planning services, and other support services aimed at helping employees with work/life balance.

**Employees are eligible to take part in any or all of the Employee Assistance Programs offered by Colquitt County Schools.**

Sterling Group	Guidance Resources	GA Public Education EAP
<b>Employee + Household Members</b>	<b>Employee + Dependents</b>	<b>Employee (29+ hours per week) + Household Members (up to age 26)</b>
<b>3 face-to-face free counseling sessions per person per year</b>	<b>Up to 3 free face-to-face sessions per issue per person per year</b>	<b>Up to 6 face-to-face counseling sessions per year</b>
<b>Covered Issues</b>		
Depression	Depression	Depression
Anxiety	Marital / Family Conflicts	Home and Job Stress / Anxiety / Anger
Relationship Problems	Job Pressures	Relationships / Work Conflicts
Parenting Concerns	Stress / Anxiety	Family / Parenting Problems
Eating Disorders	Alcohol / Drugs	Substance Abuse
Abuse	Grief / Loss	Grief / Loss
Alcohol / Drugs	Legal (Free 30-Min Consult w/ 25% Discount)	Legal / Financial Advice (Up to 4 consultations per year)
Grief	• Divorce / Family Law	• Collections / Repossessions / Defaults
ADHD	• Debt Obligations / Bankruptcy	• Debt Management / Credit Report Issues
Behavioral Disorders	• Criminal Actions / Civil Lawsuits	• Family Law / Criminal Actions / Civil Matters
Emotional Issues	Financial	Elder Care Support & Resources
	• Saving for College	Childcare Support & Resources
	• Retirement Planning / Estate Planning	Work / Life Convenience Services
	• Getting Out of Debt / Tax Questions	
<b>Contact Information</b>		
<p><b>(229) 891-9443</b></p> <p>Appointments Available: Monday - Thursday 9:00AM - 5:00PM</p>	<p><b>(800) 311-4327</b></p> <p><a href="http://guidanceresources.com">guidanceresources.com</a>   Web ID: GRE311</p> <p>Available 24 hours a day / 7 days a week</p>	<p>(866) 279-5177</p> <p><a href="http://EAPHelpLink.com">EAPHelpLink.com</a>   Code: GADOE</p> <p>Available 24 hours a day / 7 days a week</p>

## Retirement

### 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 19.98% 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 \$16.50 per month multiplied by your number of years of service. Employees are vested after 10 years of service.

### State Health Benefit Plan (SHBP)

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 elect 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/>.

### Third Party Administrator for Supplemental Retirement Plan

The 457(b) Deferred Compensation Plan is serviced by Corebridge Financial. As a reminder, the Board of Education matches your contribution at 100% up to 6% of your compensation for those enrolled in this plan. To increase or change your contribution from the default 3% or move from the 457(b) Plan to the 403(b) Plan, you may use the following listed methods:

- Online: Visit <https://www.corebridgefinancial.com/rs>, and click on "Enroll." Enter Group Access Code: (in the Login field and click Continue.)
  - \* 457(b) Plan
    - 457(b) pre-tax contribution - 07739001
    - 457(b) post-tax (Roth) - 07739101;
  - \* 403(b) Plan
    - 403(b) pre-tax contribution - 07739002
    - 403(b) post-tax (Roth) - 07739102
- By Phone: Call the Enrollment Center at (888) 569-7055 between 8:30 a.m. and 8:00 p.m. (ET). If you are a new employee, reference Group ID 07739002.



## IMPORTANT CONTACT INFORMATION

### Medical

#### Anthem

(855) 641-4862

[www.anthem.com/shbp](http://www.anthem.com/shbp)

#### UnitedHealthcare

(888) 364-6352

[www.whyuhc.com/shbp](http://www.whyuhc.com/shbp)

#### Sharecare

(888) 616-6411

[www.bewellshbp.com](http://www.bewellshbp.com)

#### CVS Caremark

(844) 345-3241

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

#### SHBP Eligibility

(800) 610-1863

[www.dch.georgia.gov/shbp](http://www.dch.georgia.gov/shbp)

[www.myshbpga.adp.com](http://www.myshbpga.adp.com)

#### TRICARE Supplement

(866) 637-9911

[https://info.selmanco.com/ga\\_shbp](https://info.selmanco.com/ga_shbp)

### Dental

#### MetLife

(800) 942-0854

[www.metlife.com/dental](http://www.metlife.com/dental)

### Vision

#### MetLife

(855) 638-3931

[www.metlife.com/vision](http://www.metlife.com/vision)

### Flexible Spending Accounts

#### Medcom

(800) 523-7542

[www.medcombenefits.com](http://www.medcombenefits.com)

### Term Life

#### Prudential

(800) 944-8786

[www.prudential.com](http://www.prudential.com)

### Universal Life

#### Chubb

(855) 241-9891

Email: [claims@gotoservice.chubb.com](mailto:claims@gotoservice.chubb.com)

### Short and Long Term Disability

#### Prudential

(800) 842-1718

[www.prudential.com](http://www.prudential.com)

### Critical Illness

#### MetLife

(800) 438-6388

[www.mybenefits.metlife.com](http://www.mybenefits.metlife.com)

### Accident

#### MetLife

(800) 438-6388

[www.mybenefits.metlife.com](http://www.mybenefits.metlife.com)

### Legal Plan

#### ARAG

(800) 247-4184

[www.araglegal.com](http://www.araglegal.com)

### ID Theft

#### Equifax ID Watchdog

(866) 513-1518

[www.idwatchdog.com](http://www.idwatchdog.com)

### Employee Assistance Program

#### Sterling Group Psychiatry

(229) 891-9443

Appts: Monday - Thursday: 9AM - 5PM

### Guidance Resources (24/7)

(800) 311-4327

[guidanceresources.com](http://guidanceresources.com) (ID: GRE311)

### GA Public Education EAP (24/7)

(866) 279-5177

[eaphelpink.com](http://eaphelpink.com) (Code: GADOE)

### Air Ambulance

#### Global Medical Response

(800) 793-0010

[membership@airmednetwork.com](mailto:membership@airmednetwork.com)

[airmedcarenetwork.com](http://airmedcarenetwork.com)

### Retirement Plans

- **Teachers' Retirement (TRS)**

[www.trsga.com](http://www.trsga.com) • (800) 352-0650

- **PSERS**

[www.ers.ga.gov](http://www.ers.ga.gov) • (800) 805-4609

- **Supplemental Retirement**

<https://www.corebridgefinancial.com/rs>

(888) 569-7055

### Colquitt County Schools Benefits Office

#### Penny Kebler

(229) 890-6219

[penny.kebler@colquitt.k12.ga.us](mailto:penny.kebler@colquitt.k12.ga.us)

### Colquitt County Schools Benefits Service Center

(844) 635-0709

Monday - Thursday 8am - 6pm

Friday 8am - 5pm

[benefits@colquittcountyschoolsbenefits.com](mailto:benefits@colquittcountyschoolsbenefits.com)



## 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 \$1,400. 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 (referrals required for specialist). 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.

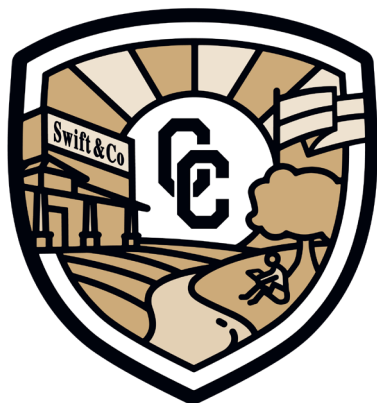
### Medical Savings Account Types

- 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



## benefits service center

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](http://www.myshbpga.adp.com). All other plan documents can be found at [www.colquittcountyschoolsbenefits.com](http://www.colquittcountyschoolsbenefits.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.