

2026 Employee Benefits New Hire Guide



**COLQUITT COUNTY
SCHOOL DISTRICT**
ESTD. 1873

Benefits for the 2026 Plan Year


**benefits
service center**



For information and enrollment,
access www.colquittcountyschoolsbenefits.com or call
the Colquitt County Schools Benefits Service Center at (844) 635-0709.

INTRODUCTION

This guide provides an overview of your Colquitt County Schools benefits, the enrollment process, and your 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 as well as an Employee Assistance Program (EAP) including counseling and other tools and resources at no cost. For the plans for which you have a contribution, your contribution will be payroll deducted.

Your benefit elections are valid for the entire 2026 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 our Human Resources Department.

The Benefits Service Center manages all aspects of your voluntary (non-medical) benefits plans, including dental, vision, Flexible Spending Accounts (FSA), life insurance, disability, critical illness, accident, hospital indemnity, group legal, identity theft, and air ambulance.

We can help you with benefit questions, claims issues, qualifying life events, ID Cards, provider locator, 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. For assistance, call **(844)635-0709** or email benefits@colquittcountyschoolsbenefits.com.

Service Center hours are 8am to 6pm Monday - Thursday and 8am to 5pm Friday.



How to Enroll

Voluntary Benefits

Enrollment Online

Step 1: Visit www.colquittcountyschoolsbenefits.com and click “Enroll Now”.

Step 2: Click on “Get Started Now.” You will be prompted to enter your email 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.

Following your online or telephonic enrollment, you will receive a Confirmation Statement via email.

State Health Benefit Plan (SHBP) - ADP Portal

1. Access <https://myshbpga.adp.com/shbp> to review your health coverage elections. Your Registration Code is “SHBP-GA” for new users. Employees may also enroll by calling **(800) 610-1863**.
2. If you are covering a new dependent(s), ADP will provide instructions for submitting required documentation for the added dependents. Be sure to provide documentation in the format required by the deadline provided by ADP. Your dependents 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 and click “Need help signing in?”.
- Step 2: Enter the requested demographic information.
- Step 3: Follow the instructions to answer security questions. Please 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.**

Employee Benefits Website

colquittcountyschoolsbenefits.com

This website contains your benefit plan details, as well as the resources you need to manage all of your district benefits.

Access plan documents, benefit summaries, premium information, presentations and guides, links to insurance company and vendor websites, and more at www.colquittcountyschoolsbenefits.com.

You can also access the voluntary benefits enrollment portal and contact the Benefits Service Center for assistance on the website.

Medical Coverage

State Health Benefit Plan (SHBP)

Colquitt County Schools participates in State Health Benefit Plan. Refer to the 2026 Active Member Decision Guide for complete details.

SHBP Employer Contribution

The district funds a significant portion of your 2026 health insurance premiums: **\$1,885 per month / \$22,620 per year**. This financial contribution allows you to receive quality medical plan coverage at a competitive cost.

Medical 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 retail at participating in-network pharmacies.
- Certain drug costs are waived if SHBP is primary and you actively participate in the Coronary Artery Disease (CAD), Diabetes, Asthma Disease Management Programs and/or Medication for Addiction Treatment Programs.

Online Resources

Access the plan websites to locate participating providers as well as health and wellness tools, plan details, and much more.

Anthem

www.anthem.com/shbp

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

United Healthcare

www.whyuhc.com/shbp

Select "Search for network providers" in the Health plans drop down. Then select your plan and follow search instructions.

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!

Dependent Documentation

- If you are covering a new dependent(s), ADP will provide instructions for submitting required documentation for the added dependents. Be sure to provide documentation in the format required by the deadline provided by ADP.
- 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 & UHC		UHC	
	Gold		Silver		Bronze		HMO		HDHP	
	In	Out	In	Out	In	Out	In-Network Only		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
Medical Out-of-Pocket										
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	Coins after ded		Coins after ded		Coins after ded		\$200 copay		Coins after ded	
Urgent Care	Coins after ded		Coins after ded		Coins after ded		\$35 copay		Coins after ded	
PCP Visit	Coins after ded		Coins after ded		Coins after ded		\$35 copay		Coins after ded	
Specialist Visit	Coins after ded		Coins after ded		Coins after ded		\$45 copay		Coins after ded	
Preventive Care	100%	None	100%	None	100%	None	100%		100%	None
Retail Pharmacy										
Tier 1	15%, Min \$5, Max \$10		15%, Min \$5, Max \$10		15%, Min \$5, Max \$10		\$5 copay		Coinsurance after deductible	
Tier 2	25%, Min \$55, Max \$85		25%, Min \$55, Max \$85		25%, Min \$55, Max \$85		\$55 copay		Coinsurance after deductible	
Tier 3	25%, Min \$85, Max \$130		25%, Min \$85, Max \$130		25%, Min \$85, Max \$130		\$95 copay		Coinsurance after deductible	
Mail Order Pharmacy										
Tier 1	15%, Min \$12.50, Max \$25		15%, Min \$12.50, Max \$25		15%, Min \$12.50, Max \$25		\$12.50 copay		Coinsurance after deductible	
Tier 2	25%, Min \$137.50, Max \$212.50		25%, Min \$137.50, Max \$212.50		25%, Min \$137.50, Max \$212.50		\$137.50 copay		Coinsurance after deductible	
Tier 3	25%, Min \$212.50, Max \$325		25%, Min \$212.50, Max \$325		25%, Min \$212.50, Max \$325		\$237.50 copay		Coinsurance after deductible	
Monthly Premiums	Anthem HRA						Anthem	UHC	UHC	
	Gold HRA		Silver HRA		Bronze HRA		HMO	HMO	HDHP	
You	\$213.71		\$146.11		\$92.12		\$177.21	\$217.19	\$81.11	
You + Child(ren)	\$390.68		\$275.76		\$183.97		\$328.63	\$396.59	\$165.26	
You + Spouse	\$531.82		\$389.86		\$276.48		\$455.17	\$539.13	\$253.36	
You + Family	\$708.79		\$519.51		\$368.33		\$606.59	\$718.53	\$337.51	



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 (a family total of 960) when you complete the activities between January 1 and November 30. Enrolled members choose to redeem well-being incentive points in the Sharecare Redemption Center for either 1) 480 incentive points to apply towards eligible medical / pharmacy expenses or 2) a \$150 Sharecare Rewards Visa Prepaid Card.

Step 1	Complete the RealAge Test	Earn 120 in well-being incentive points
Step 2	Complete a biometric screening	Earn 120 in well-being incentive points
Step 3	Complete one of or a combination of: <ul style="list-style-type: none"> • Telephonic Coaching Pathway • Online Challenges Pathway 	Earn up to 240 in 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.

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

You	\$60.50
You + Spouse / Child(ren)	\$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 information
- 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 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	\$22.54	\$47.91
Employee + Spouse	\$45.63	\$95.61
Employee + Child(ren)	\$59.99	\$107.87
Family	\$71.60	\$133.19

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 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 the eyeglass benefit or the contact lens benefit may be used per frequency. If you visit 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 contact 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
Eye Exam	\$10 copay
Retinal Imaging	Up to \$39 copay
Lenses (Single, Bifocal, Trifocal, Lenticular)	Covered in full after \$25 copay
Contacts	
Fit and Follow-up	\$25 copay
Electives Lenses	\$200 allowance
Medically Necessary	Covered in full after \$25 copay
Frames	\$200 allowance

Vision Monthly Premiums	
Employee Only	\$9.73
Employee + Spouse	\$16.16
Employee + Child(ren)	\$16.48
Family	\$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 can contribute **up to \$3,400** during 2026 into a Healthcare FSA. Married employees can each contribute up to the maximum. Eligible Healthcare FSA expenses include deductibles, copays, coinsurance, prescription drugs, over-the-counter drugs (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. Single individuals and married couples filing jointly may contribute **up to \$7,500** in a Dependent Care FSA for 2026. For married individuals filing separate returns, the **limit is \$3,750**. Eligible dependent care expenses include, but are not limited to, day care and before 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

Use It or Lose It

Claims must be incurred by December 31, 2026 to be eligible for reimbursement for the 2026 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.

For 2026, the IRS allows **Healthcare FSA** plan members to roll over up to \$680 of unused funds for future use. The \$680 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.

2026 Plan Year

The FSA plan year for 2026 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.

FSA Debit Card

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.





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.

Special Enrollment Opportunity for New Employees

As a new employee, you may elect coverage for yourself and your spouse with no medical questions. There are no health questions required for child life insurance coverage.



Important Life Insurance Beneficiary Information

During your enrollment, you will be required to review your life insurance beneficiary. The beneficiary is the person you designate to receive your life insurance benefits upon your passing.

Important: Even if you are waiving voluntary benefits or voluntary life insurance at this time, you are required to provide your beneficiary information for the employer-paid life insurance. If you elect voluntary life insurance coverage, you will provide this information during your enrollment.

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. For these options, your monthly premium is based on your age.

	Employee	Spouse
Benefit Amount	\$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	
Under 29	\$.035
30-34	\$.037
35-39	\$.075
40-44	\$.115
45-49	\$.180
50-54	\$.290
55-59	\$.470
60-64	\$.630
65-69	\$ 1.010
70-74	\$ 1.820
75+	\$ 3.220

Sample Monthly Premiums

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

Your age is calculated as of January 1 for purposes of life insurance premiums.

The spouse rates are based on your spouse's age.

Special Enrollment Opportunity for New Employees

- **Guarantee Issue with No Medical Questions:** As a new hire, you may elect up to the lesser of up to 300% of your annual earnings or \$300,000 with no health questions at this time. You can elect up to \$50,000 on your spouse with no health questions. All other elections for employees and spouses 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.
- 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.

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 termination 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®

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

Guaranteed Life Insurance Protection with Death Benefits

This plan provides term life insurance and a death benefit for when it is needed most. The death coverage is 100% guaranteed for the longer of 25 years or through age 70. After age 70, the death benefit will never be reduced to 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 available 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 can pay death benefits in advance of death if you require long term care. You can use these benefits 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.

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.

* Once the full death benefit has been paid in advance for LTC, payments can be extended. Extension of Benefit may extend the same monthly LTC benefit for up to an additional 25 months, doubling the value.



Benefits for Long Term Care (LTC)

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.

Permanent Life Insurance with Long Term Care

CHUBB®

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*

* Once the full death benefit has been paid in advance for LTC, payments can be extended. Extension of Benefit may extend the same monthly LTC benefit for up to an additional 25 months, doubling the value.

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. You may elect to use your sick leave benefits in addition to the Short Term Disability benefits if desired.

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 monthly 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	\$18.93
\$50,000	\$2,778	\$31.54
\$70,000	\$3,889	\$44.16

Special Enrollment Opportunity for New Employees

As a new hire, you may elect coverage with no Evidence of Insurability (this means no health questions) required. If you waive coverage at this time and elect Short Term Disability and/or Long Term Disability coverage in the future, medical underwriting will be required.

Pre-existing Conditions Exclusion

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.





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 Prudential 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 Monthly Premiums				
Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
25	\$4.75	\$7.61	\$6.72	\$9.58
35	\$6.74	\$10.25	\$8.71	\$12.22
45	\$11.76	\$17.21	\$13.73	\$19.18
55	\$21.29	\$31.97	\$23.25	\$33.94
65	\$39.71	\$60.78	\$41.68	\$62.74

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 | Spouse | Child(ren): \$50
Max of once per year per insured

*The wellness benefit can be claimed on each plan in which you are enrolled. For example, if you are enrolled in both Critical Illness and Accident, you can claim the wellness benefits under both plans with the same annual preventive screening.

How to File a Claim - It's Easy

Step 1: Visit the www.prudential.com/mybenefits and login or register to complete your form electronically.

Step 2: Select "My claims" from the left side menu and click on the option to "File a claim/Report an absence."

Step 3: Provide authorization for Prudential to obtain necessary medical information from your doctor, saving you time.

Accident



The Prudential Voluntary 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	
Hospital Care Surgery Admission Confinement ICU Confinement Inpatient Rehab	Up to \$1,500 \$1,000 \$200 / day up to 365 days \$400 / day up to 30 days \$150 / day up to 15 days
Medical Treatment Benefits Initial and follow-up doctor visit ER Urgent care Surgery Outpatient Surgery Speech, Occupational, and Physical Therapy	\$75 \$150 \$75 From \$750 to \$1,500 \$300 \$35
Injury-Based Benefits Fractures Lacerations Concussions Dislocations Coma	From \$200 to \$8,000 From \$50 to \$400 \$250 From \$200 to \$8,000 \$7,500
Additional Benefits Organized Sports Activity Benefit Accidental Death & Dismemberment (AD&D) Wellness Benefit*	Additional 25% Up to \$75,000 \$50 per insured per year

Accident Monthly Premiums	
Employee Only	\$5.40
Employee + Spouse	\$10.66
Employee + Child(ren)	\$12.86
Family	\$15.15

Wellness Benefit *

The Accident plan includes a wellness benefit for covered preventive screenings.

- Employee, Spouse, and/or children: **\$50 once per member per year**

*The wellness benefit can be claimed on each plan in which you are enrolled. For example, if you are enrolled in both Critical Illness and Accident, you can claim the wellness benefits under both plans with the same annual preventive screening.

How to File a Claim - It's Easy

Step 1: Visit the www.prudential.com/mybenefits and login or register to complete your form electronically.

Step 2: Select "My claims" from the left side menu and click on the option to "File a claim/Report an absence."

Step 3: Provide authorization for Prudential to obtain necessary medical information from your doctor, saving you time.

Hospital Indemnity



The Prudential Hospital Indemnity plan includes a hospital confinement benefit plus daily benefits which are paid directly to you and may be used for any purpose. Please refer to the Summary of Benefits or certificate of coverage for complete details. This plan is portable at time of separation. Should you wish to continue this benefit upon separation, you may do so by remitting premiums directly to Prudential.

Schedule of Benefits	
Initial Confinement Benefit	\$1,000 / day up to 5x per calendar year
Daily Hospital Confinement Benefit	\$150 / day up to 30 days per confinement
Intensive Care Unit Confinement Benefit	\$300 / day up to 30 days per confinement

No Pre-Existing Conditions Restriction

This plan does not include a pre-existing condition limitation. This includes pregnancy, which is covered with no restrictions.

Wellness Benefit Included *

The Hospital Indemnity 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, Spouse, and/or children: **\$50 once per member per year**

*The wellness benefit can be claimed on each plan in which you are enrolled. For example, if you are enrolled in both Hospital Indemnity and Accident, you can claim the wellness benefits under both plans with the same annual preventive screening.

How to File a Claim

Step 1: Visit the www.prudential.com/mybenefits and login or register to complete your form electronically.

Step 2: Select “My claims” from the left side menu and click on the option to “File a claim/Report an absence.”

Step 3: Provide authorization for Prudential to obtain necessary medical information from your doctor, saving you time.

Hospital Indemnity Monthly Premiums	
Employee Only	\$17.71
Employee + Spouse	\$33.01
Employee + Child(ren)	\$34.09
Family	\$49.39

Group 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
- Estate planning and wills
- Real estate
- Tax Matters
- Divorce
 - Contested: up to 30 hours
 - Uncontested: unlimited hours
- Financial issues
- Traffic offenses
- And more

We encourage you to evaluate your legal needs and consider this benefit.

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 Premium
Employee Only	\$8.90
Family	\$15.90

Air Ambulance - AirMedCare Network

Colquitt County Schools 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 2 payroll deductions, in the February and March payrolls. The benefit auto-renews each year unless you cancel. **This benefit will be available to you during the next Open Enrollment period.**

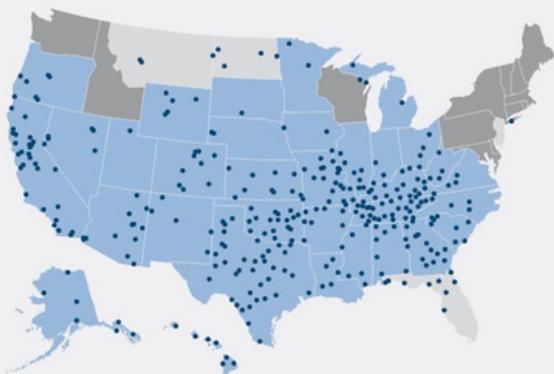
Coverage Level	Total Cost	Two Premiums
1 Year	\$60	\$30 each (Feb and March payrolls)

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.

AMERICA'S LARGEST AIR MEDICAL MEMBERSHIP NETWORK



320+
LOCATIONS

38
STATES



Employee Assistance Program (EAP)

Employees have access to two 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. The GuidanceResources EAP also provides 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 one or both of the Employee Assistance Programs offered by Colquitt County Schools. This is valuable benefit that is paid by the district at no cost to you.

Plan 1: Sterling Group	Plan 2: Guidance Resources
Employee + Household Members	Employee + Household Members
3 free face-to-face counseling sessions per person per year	3 free face-to-face counseling sessions per issue per person per year
Covered Issues	
Depression	Depression
Anxiety	Marital / Family Conflicts
Relationship Problems	Job Pressures
Parenting Concerns	Stress / Anxiety
Eating Disorders	Alcohol / Drugs
Abuse	Grief / Loss
Alcohol / Drugs	Legal (Free 30-Min Consult w/ 25% Discount)
Grief and loss	Divorce / Family Law
ADHD	Debt Obligations / Bankruptcy
Behavioral Disorders	Criminal Actions / Civil Lawsuits
Emotional Issues	Financial, Including Retirement Planning, Saving for College/Estate Planning, Debt Management, and Tax Inquiries
Contact Information	
<p><u>Sterling Group</u> (229) 891-9443</p> <p>Appointments Available: Monday - Thursday 9:00AM - 5:00PM</p>	<p><u>Guidance Resources</u> (800) 311-4327</p> <p>guidanceresources.com Web ID: GRE311 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 21.91% 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.

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 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.



Medical

Anthem

(855) 641-4862

www.anthem.com/shbp

UnitedHealthcare

(888) 364-6352

www.whyuhc.com/shbp

Sharecare

(888) 616-6411

www.bewellshbp.com

CVS Caremark

(844) 345-3241

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

SHBP Eligibility & Enrollment

(800) 610-1863

<http://dch.georgia.gov/shbp>

www.myshbpga.adp.com

Tricare Supplement Plan

(866) 637-9911

<https://shbp.georgia.gov/tricare-supplement-plan>

Peachcare

(877)427-3224

www.peachcare.org

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

medcomreceipts@medcombenefits.com

Term Life Insurance

Prudential

(800) 944-8786

www.prudential.com

Permanent Life with Long Term Care

Chubb

(855) 241-9891

Email: claims@gotoservice.chubb.com

Short & Long Term Disability

Prudential

(800) 842-1718

www.prudential.com

Critical Illness

Prudential

(844) 455-1002

www.prudential.com

Accident

Prudential

(844) 455-1002

www.prudential.com

Hospital Indemnity

Prudential

(844) 455-1002

www.prudential.com

Group Legal

ARAG

(800) 247-4184

www.araglegal.com

Identity Theft

Equifax ID Watchdog

(866) 513-1518

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 (ID: GRE311)

Air Ambulance

Global Medical Response

(800) 793-0010

membership@airmednetwork.com

airmedcarenetwork.com

Retirement Plans

Teachers Retirement (TRS)

(800) 352-0650

www.trsga.com

PSERS

(800) 805-4609

www.ers.ga.gov

Supplemental Retirement

Corebridge Financial

(888) 569-7055

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

Colquitt County Schools

Benefits Office

Penny Kebler

(229) 890-6219

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





TS
**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 dch.georgia.gov/shbp. All other plan documents can be found at 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.