# 2026 Employee Benefits Open Enrollment Guide



Monday, October 20 through Friday, November 7, 2025

benefits service center



For information and enrollment, access <a href="https://www.colquittcountyschoolsbenefits.com">www.colquittcountyschoolsbenefits.com</a> 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 during Open Enrollment 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 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.





# What's Changing for 2026...

# State Health Benefit Plan (SHBP) Medical Benefits

- The medical plan premiums will have an increase of approximately 10%.
- To help medical plan members save more by using Tier 1/Generic prescriptions, the Tier 1 copays will be reduced and the copays for Tiers 2 and 3 will have a slight increase for the HMO and HRA plans.
- There are no other changes to the medical plan options for 2026.
- Although an enrollment is not required, we encourage all employees to review and confirm your medical plan benefits for 2026.

#### **Voluntary Benefits**

- There are no changes in the benefits or employee premiums for 2026.
- Voluntary benefits include dental, vision, Flexible Spending Accounts (FSA), life insurance, disability, critical illness, accident, hospital indemnity, legal, identity theft, and air ambulance plans.
  - The Dependent Care FSA has an increase in the annual maximum contribution of \$7,500.
- Although an enrollment is not required, we encourage all employees to review and confirm your voluntary benefits for 2026. To elect or continue your FSA for 2026, an enrollment is required.

# **How to Enroll**

#### **Voluntary Benefits**

#### **Enrollment Online**

**Step 1:** Visit <u>www.colquittcountyschoolsbenefits.com</u> 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.

#### <u> State Health Benefit Plan (SHBP) - ADP Portal</u>

- Access <a href="https://myshbpga.adp.com/shbp">https://myshbpga.adp.com/shbp</a> to review your health coverage elections. Your Registration Code is "SHBP-GA" for new users. Employees may also enroll by calling (800) 610-1863.
- 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 <a href="https://www.myshbpga.adp.com">www.myshbpga.adp.com</a> 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."

# **Important Enrollment Info**

Open Enrollment is Monday, October 20, 2025 through Friday, November 7, 2025. Even if you are not changing your elections, you are strongly encouraged to complete an active enrollment for 2026. All benefits, with the exception of the Flexible Spending Accounts (FSA), will continue to 2026 if no action is taken. If you would like to elect or continue the FSA for 2026, an active election is required. The first deductions for 2026 are taken in December 2025.

#### **Benefits 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.

#### **Benefits Service Center**

Contact the Colquitt County Schools Benefits Service Center at (844) 635-0709 for benefits questions, claims inquiries, and general SHBP inquiries.

## **Onsite Enrollment Sessions**

Benefits Service Center representatives will be in the Boardroom located at 1800 Park Ave, Moultrie to assist with your enrollment on the dates listed below.

Wednesday, October 29: 8:30 a.m. to 6:00 p.m.

Wednesday, November 5: 8:30 a.m. to 6:00 p.m.

# **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.
нмо	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
нмо	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 (<a href="https://info.caremark.com/oe/shbp">https://info.caremark.com/oe/shbp</a>).
- 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. Your
  dependents will not have coverage until the
  documentation is received and approved.
- 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	UH	C			
	Go	ld	Sil	ver	Broi	nze	НМО	ндн	IP
	In	Out	In	Out	In	Out	In-Network Only	In	Out
<b>Deductible</b> You You + Child(ren)/Spouse You + Family	\$1,500 \$2,250 \$3,000	\$3,000 \$4,500 \$6,000	\$2,000 \$3,000 \$4,000	\$4,000 \$6,000 \$8,000	\$2,500 \$3,750 \$5,000	\$5,000 \$7,500 \$10,000	\$1,300 \$1,950 \$2,600	\$3,500 \$7,000 \$7,000	\$7,000 \$14,000 \$14,000
Medical Out-of-Pocket You You + Child(ren)/Spouse You + Family		\$8,000 \$12,000 \$16,000	\$5,000 \$7,500 \$10,000	\$10,000 \$15,000 \$20,000	\$6,000 \$9,000 \$12,000	\$12,000 \$18,000 \$24,000	\$4,000 \$6,500 \$9,000	\$6,450 \$12,900 \$12,900	\$12,900 \$25,800 \$25,800
Coinsurance (Plan Pays)	85%	60%	80%	60%	75%	60%	80%	70%	50%
HRA You You + Child(ren)/Spouse You + Family	\$4 \$6 \$8	00	\$3	200 \$100 300 \$150 400 \$200		N/A N/A N/A	N/ <i>F</i> N/ <i>F</i> N/ <i>F</i>	4	
Medical ER Urgent Care PCP Visit Specialist Visit	Coins after ded		fter ded fter ded	Coins af Coins af Coins af Coins af	ter ded ter ded	\$200 copay \$35 copay \$35 copay \$45 copay	Coins aft Coins aft Coins aft Coins aft	er ded er ded	
Preventive Care	100%	None	100%	None	100%	None	100%	100%	None
Retail Pharmacy Tier 1 Tier 2	15%, Min \$5, Max \$10 25%, Min \$55, Max \$85 25%,		15%, Min \$5, Max \$10 25%, Min \$55, Max \$85 25%,		15%, Min \$5, Max \$10 25%, Min \$55, Max \$85 25%,		\$5 copay	Coinsuran deduct Coinsuran deduct Coinsuran	tible ce after tible
Tier 3	Min \$85, N	Max \$130	Min \$85,	Max \$130	Min \$85, Max \$130		\$95 copay	deduct	tible
Mail Order Pharmacy Tier 1 Tier 2	Max \$25 25%, Min \$137.50, Max \$212.50 Max \$		1in \$12.50, ax \$25 in \$137.50, \$212.50 in \$212.50, 25%, Min \$137.50, Max \$212.50 in \$212.50, 25%, Min \$212.50,		\$12.50 copay \$137.50 copay	Coinsurance after deductible Coinsurance after deductible Coinsurance after			
Tier 3	Max S			\$325	Max \$325		\$237.50 copay	deduct	

Monthly Premiums Anthem		Anthem HRA		Anthem	инс	UHC
	Gold HRA	Silver HRA	Bronze HRA	НМО	НМО	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

2026 Plan Update: Tier 1/Generic copays for the HMO and HRA plans have a reduction, and Tiers 2 and 3 copays have a slight increase, saving you more money when using Tier 1/Generic medications.

# **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:  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 <u>www.bewellshbp.com</u> 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 <a href="https://shbp.georgia.gov/tricare-supplement-plan">https://shbp.georgia.gov/tricare-supplement-plan</a>.

#### **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 <a href="www.metlife.com/">www.metlife.com/</a> 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 <a href="https://www.metlife.com">www.metlife.com</a> 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)

# 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 \$3,300 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 \$660 of unused funds for future use. The \$660 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.

#### **Important Open Enrollment 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.
- Your existing Prudential life insurance benefit amounts will continue for 2026 unless you make updates during Open Enrollment.
- Medical Underwriting: All new employee and spouse elections and coverage increases require an Evidence of Insurability (EOI) Form. Any pending elections will be noted on your Benefits Confirmation Statement. Employees may elect new child life coverage at this time with no health questions.



#### 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**

Emp	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.

Spouse rates are based on spouse age.

#### **Important Open Enrollment 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.
- Your existing Prudential life insurance benefit amounts will continue for 2026 unless you make updates during Open Enrollment.
- Employee Life Coverage Medical Underwriting: Enrolled employees who have not been previously denied coverage may increase coverage by \$10,000 at this time with no health questions, up to the Guarantee Issue of \$300,000. All other elections for employees and spouses during Open Enrollment require an Evidence of Insurability (EOI) Form. An EOI Form may be obtained from the benefits website or the Benefits Service Center. Any pended elections will be noted on your Benefits Confirmation Statement.
- Child Life Insurance Medical Underwriting: Employees may elect new child life coverage at this time with no health questions.

#### **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

# Permanent Life Insurance with Long Term Care



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.

#### **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.



<sup>\*</sup> 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.

# 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*	

<sup>\*</sup> 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

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**

If you are newly electing Short Term Disability or Long Term Disability coverage, an Evidence of Insurability for medical underwriting is required. An EOI Form may be obtained from the benefits website or the Benefits Service Center. Any pended elections will be noted on your Benefits Confirmation Statement.

# **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 <a href="https://www.prudential.com/mybenefits">www.prudential.com/mybenefits</a> 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 <b>\$50 per insured per year</b>	

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 <u>www.prudential.com/mybenefits</u> 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  Intensive Care Unit Confinement Benefit  \$150 / day up to 30 days per confinement \$300 / day up to 30 days per confinement \$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
  - o Contested: up to 30 hours
  - Uncontested: unlimited hours
- Financial issues
- Traffic offenses
- And more

#### **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.

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.





# **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.

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	Divorce / Family Law		
ADHD	Debt Obligations / Bankruptcy		
Behavioral Disorders	Criminal Actions / Civil Lawsuits		
Emotional Issues	Financial		
	Saving for College		
	Retirement Planning / Estate Planning		
	Getting Out of Debt / Tax Questions		
Contact Information			
(229) 891-9443	(800) 311-4327		
	guidanceresources.com   <b>Web ID:</b> GRE311		
Appointments Available: Monday - Thursday 9:00AM - 5:00PM	Available 24 hours a day / 7 days a week		

## 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: <a href="https://shbp.georgia.gov/">https://shbp.georgia.gov/</a>.

#### 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 <a href="https://www.corebridgefinancial.com/rs">https://www.corebridgefinancial.com/rs</a>, and click on "Enroll." Enter Group Access Code: (In the Login field and click Continue.)
  - o 457(b) Plan
    - 457(b) pre-tax contribution 07739001
    - 457(b) post-tax (Roth) 07739101
  - o 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 INFO

#### 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**

(800) 610-1863

www.georgia.gov/shbp www.myshbpga.adp.com

#### **Tricare Supplement Plan**

(866) 637-9911

https://shbp.georgia.gov/tricaresupplement-plan

#### **Peachcare**

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: <a href="mailto:claims@gotoservice.chubb.com">claims@gotoservice.chubb.com</a>

#### **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







# 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 <a href="www.myshbpga.adp.com">www.myshbpga.adp.com</a>. All other plan documents can be found at <a href="www.colquittcountyschoolsbenefits.com">www.colquittcountyschoolsbenefits.com</a>. 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.