



Bartow County School System



2017 Benefits Enrollment Guide



TO: All Employees

FROM: John F. Harper, Ed.D.
Superintendent

SUBJECT: 2017 Open Enrollment

I would like to express my personal thanks to all of you for making the Bartow County School System one of the best in Georgia. Because we care about our employees and your families, we have put together an outstanding benefit package for the 2017 school year. I hope that you will take full advantage of all of these programs.

In an effort to keep up with today's fast paced world, we have developed this Enrollment Guide. The Guide will assist you in determining what levels of coverage you may need for you and your family. It generally explains each type of coverage, gives you help about how to effectively use your benefits and provides examples to help you determine benefit amounts and premiums.

Aside from the excellent insurance plans, other opportunities, such as participation in the Flexible Spending Accounts, are available.

As a system, we will be conducting a number of individual enrollment sessions at a variety of locations and times. Members of the Employee Benefits Support Team and ShawHankins Certified Enrollers will be present to answer any questions that you may have regarding your benefit program and enrolling you on laptops. They will be happy to provide you with suggestions and information about any of the insurance or ancillary plans.

Thank you for your cooperation and participation.

A handwritten signature in blue ink, appearing to be "JFH", is located at the bottom left of the page.



Welcome to your new Employee Benefits Handbook. This guide is your summary of the benefit options that are available to eligible employees of the Bartow County School System. Each benefit is designed to protect your health and well-being as well as provide valuable financial protection.

Each section of the Employee Benefits Handbook is structured to provide you with plan highlights as well as detailed, descriptive instructions to assist you in navigating through the web-based enrollment portal.

While the Employee Benefits Handbook is an important component in the benefit communication process, your dedicated ShawHankins service team continues to provide annual enrollment meetings in addition to being available for questions and concerns regarding benefits throughout the plan year.

Please review the plans contained in the Employee Benefits Handbook and see how these plans can work for you and your eligible dependents. Your participation in the plans is voluntary. The benefit plans have been chosen to provide a continuation of protection that complements Bartow County Schools leave policies.

The plan year is in effect from January 1, 2017 to December 31, 2017.

This Employee Benefits Handbook is intended for orientation purposes only. It is an abbreviated overview of the plan documents. Please refer to the Certificate Booklet (the contract) available from the plan carriers for complete details. Your Certificate Booklet will provide detailed information regarding copayments, coinsurance, deductibles, exclusions and other benefits. The certificate booklet will govern should a conflict arise relating to the information contained in this summary. This summary does not establish eligibility to participate in or receive benefits from any benefit plan.

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This guide describes the benefit plans available to you as an eligible Employee of Bartow County Schools. The details of these plans are contained in the official Plan Documents, including some insurance contracts. This guide is meant only to cover the major points of each plan. It does not contain all of the details that are included in your Summary Plan Descriptions (SPD) (as described by the Employee Retirement Income Security Act).

If there is ever a question about one of these plans, or if there is a conflict between the information in this guide and the formal language of the Plan Documents, the formal wording in the Plan Documents will govern.

Please note the benefits described in this guide may be changed at any time and do not represent a contractual obligation on the part of Bartow County Schools and ShawHankins.

Before You Enroll – Things to Know

You are REQUIRED to **provide the below information/documentation** for all dependents/beneficiaries:

- Name
- Date of Birth
- Social Security Number

HOW TO ENROLL

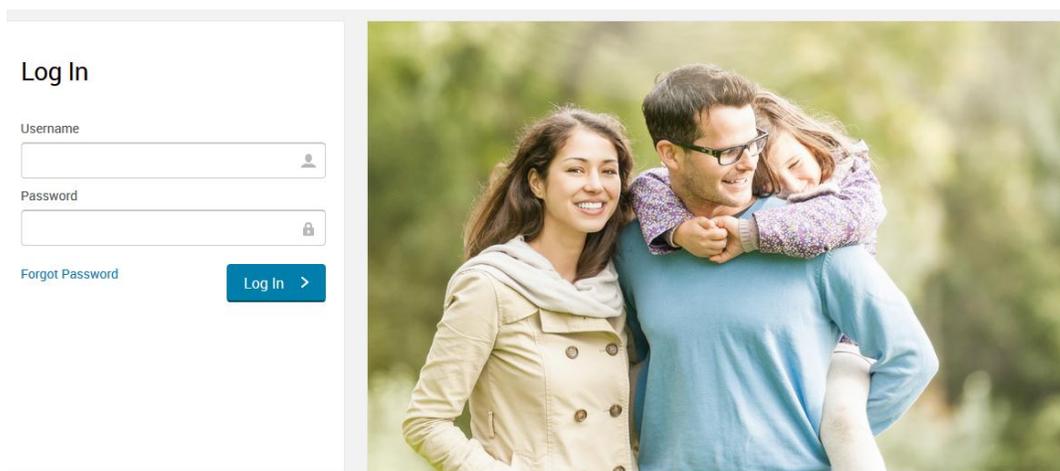
Go to www.bartowcountyschools.bswift.com.

At this time, make sure to disable your pop up blocker.

At the enrollment website enter your Username and Password.

- Username is the first letter of your first name, your last name, and last 4 digits of your Social Security number (ex. jdoe4567).
- Password is the last 4 digits of your Social Security number (ex. 4567).

You will then be prompted to create a permanent password.



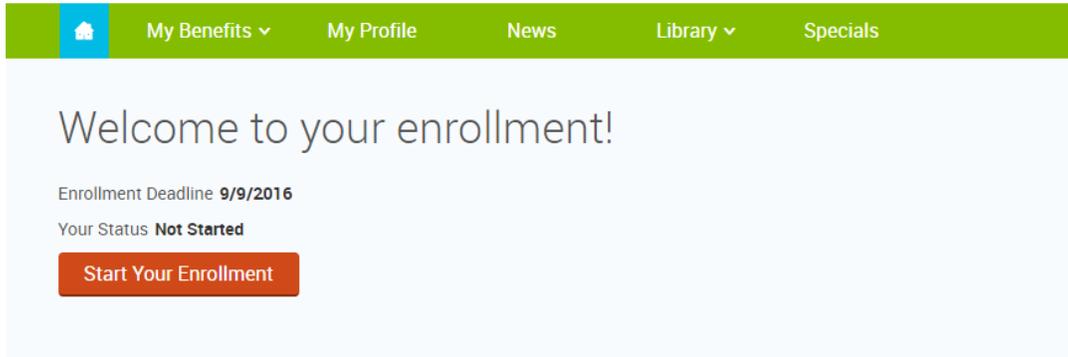
- Please go online and make your elections during the Open Enrollment period of October 17, 2016 through November 4, 2016.
- Please contact ShawHankins at 800-994-7429 to speak with a Benefit Consultant if you are unable to login to your account or need assistance with your enrollment.

Failure to enroll within the enrollment time period will result in the forfeiture of your eligibility for enrollment or to make changes until the next annual enrollment period unless you experience an eligible qualifying event.

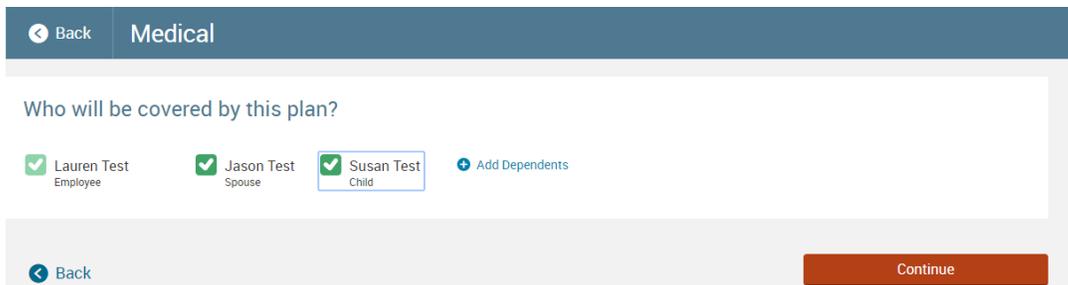
How To Enroll

To Begin:

- 1) From the “Home Page” click on the “Enroll Now” link, to begin the election process.
- 2) On the “Personal & Family Page”, verify your information is accurate and “Add” all eligible dependents you wish to cover under any benefits.



- 3) To make a plan selection, select the button beside the newly elected plan. If you are covering dependents, make sure to “Select” them by checking off next to their name under “Select who to cover with this plan.” Then press “Next” at the bottom of the screen.



- 4) Once you have reviewed and completed your enrollment, click on “I Agree and I am finished with my enrollment”, then click on “Save My Enrollment”.

Once You've Reviewed All Your Selections:

Participation

I hereby acknowledge I have read the statements contained herein, or they have been read to me, and the statements are true and complete to the best of my knowledge. I understand any misrepresentation or omission contained herein may be used to reduce or deny claim or void the contract if such misrepresentation or omission affects acceptance of the risk. I hereby enroll for benefits for which I am presently eligible, or for which I may become eligible, under my employer's group contract(s). If any deductions are required for this coverage, I authorize such deductions from my earnings and I understand that any premiums will be automatically deducted from my paycheck on a pre-tax basis (before tax dollars) unless I submit a declination election. I reserve the right to revoke this deduction authorization at any time upon written notice.

I agree, and I'm finished with my enrollment.

- 5) You will now be taken to the final confirmation page to either print or email.

Note: The enrollment images within this guide are for illustrative purposes only.

Dental Plan Options - Administered through Ameritas

Low Plan Benefits	In-Network (PPO)	High Plan Benefits	In-Network (PPO)
<p>Type A: Routine Exam (2 per benefit period), Bitewing X-rays (2 per benefit period), Full Mouth/Panoramic X-rays (1 in 3 years), Periapical X-rays, Cleaning (2 per benefit period), Fluoride for Child(ren) 18 and under (1 per benefit period), Sealants (age 16 and under), Space Maintainers</p>	<p>80% No Deductible</p>	<p>Type A: Routine Exam (2 per benefit period), Bitewing X-rays (2 per benefit period), Full Mouth/Panoramic X-rays (1 in 3 years), Periapical X-rays, Cleaning (2 per benefit period), Fluoride for Child(ren) 18 and under (1 per benefit period), Sealants (age 16 and under), Space Maintainers</p>	<p>100% No Deductible</p>
<p>Type B: Restorative Amalgams, Restorative Composites (anterior and posterior teeth), Denture Repair, Simple Extractions; Type C: Onlays, Crowns (1 in 5 years per tooth), Crown Repair, Surgical and Nonsurgical Endodontics/Periodontics, Implants, Prosthodontics (fixed bridge; removable complete/partial dentures; 1 in 5 years), Complex Extractions, Anesthesia</p>	<p>60% Subject to Deductible</p>	<p>Type B: Restorative Amalgams, Restorative Composites (anterior and posterior teeth), Denture Repair, Simple Extractions; Type C: Onlays, Crowns (1 in 5 years per tooth), Crown Repair, Surgical and Nonsurgical Endodontics/Periodontics, Implants, Prosthodontics (fixed bridge; removable complete/partial dentures; 1 in 5 years), Complex Extractions, Anesthesia</p>	<p>80% Subject to Deductible</p>
<p>Type C: Onlays, Crowns (1 in 5 years per tooth), Crown Repair, Surgical and Nonsurgical Endodontics/Periodontics, Implants, Prosthodontics (fixed bridge; removable complete/partial dentures; 1 in 5 years), Complex Extractions, Anesthesia</p>	<p>40% Subject to Deductible</p>	<p>Type C: Onlays, Crowns (1 in 5 years per tooth), Crown Repair, Surgical and Nonsurgical Endodontics/Periodontics, Implants, Prosthodontics (fixed bridge; removable complete/partial dentures; 1 in 5 years),</p>	<p>50% Subject to Deductible</p>
<p>Class IV: Orthodontia</p>	<p>Not Covered</p>	<p>Class IV: Orthodontia</p>	<p>50%</p>
<p>Deductible Amount Per Calendar Year <i>(Deductible applies to all benefits except Diagnostic & Preventive Services or Orthodontic Services)</i></p>	<p>\$100 Per Individual / \$300 Per Family</p>	<p>Deductible Amount Per Calendar Year <i>(Deductible applies to all benefits except Diagnostic & Preventive Services or Orthodontic Services)</i></p>	<p>\$100 Per Individual / \$300 Per Family</p>
<p>Standard Dental Annual Maximum Per Enrollee</p>	<p>\$1,250</p>	<p>Standard Dental Annual Maximum Per Enrollee</p>	<p>\$1,250</p>
<p>Orthodontia Lifetime Maximum: per individual</p>	<p>N/A</p>	<p>Orthodontia Lifetime Maximum: per individual</p>	<p>\$1,250</p>

Dental Plan Options - Administered through Ameritas, cont'd.

Dental Rewards ®: This dental plan includes a valuable feature that allows qualifying plan members to carryover part of their unused annual maximum. A member earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. In addition, a person earning dental rewards who submits a claim for services received through the dental PPO network earns an extra reward, called the PPO Bonus. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

Ameritas PPO Dental Rewards		
<i>Benefit usage cannot exceed \$500 for the year in order to receive the following</i>		
Annual Carry-over amount for the following year	\$250	This amount will be added to the following years maximum
Annual PPO Provider use bonus	\$100	Add to the member's annual maximum
Maximum Carry-over Dental amount	\$1,000	Combined Rewards and PPO Bonus combined

Pretreatment:

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

Eligibility:

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

For a list of providers, please visit:

www.ameritas.com



Log into Bswfit to enroll.

www.bartowcountyschools.bswift.com

Monthly Rates	Ameritas Low Option Plan	Ameritas High Option Plan
Employee Only	\$22.71	\$35.76
Employee + Spouse	\$43.73	\$68.96
Employee + Child(ren)	\$48.96	\$86.96
Family	\$69.94	\$120.16

Vision Plan- Administered through EyeMed

Dependent children covered up to age 26

Benefits	In-Network	Out-of-Network	Frequency
Vision Exam	\$10 Copay	Up to \$32	Once every 12 months
Standard Plastic Lens			
Single	\$25 Copay	Up to \$25	
Bifocal	\$25 Copay	Up to \$40	
Trifocal	\$25 Copay	Up to \$60	
Lenticular	\$25 Copay	Up to \$60	Once every 12 months
Std Progressive	\$90 Copay	Up to \$40	
Prem Progressive	\$90 Copay/80% of charge less \$120 allowance	Up to \$40	
Lenticular	\$25 Copay	Up to \$60	
Contact Lenses			
Conventional/ Disposable	\$0 Copay Up to \$115 allowance	Up to \$92	Once every 12 months
Medically Necessary	\$0 Copay/Paid in Full	Up to \$210	
Frames	\$0 Copay Up to \$100 retail allowance/ 80% of charge over \$100	Up to \$50	Once every 24 months
Lens Options			
UV Treatment	\$15	N/A	
Tint	\$15	N/A	
Plastic Scratch Coating	\$15	N/A	
Polycarbonate	\$15	N/A	Once every 12 months
Anti-Reflective Coating	\$40	N/A	
Polarized and Add on's	\$45	N/A	
	20% off Retail	N/A	
Laser Vision Correction			
Lasik or PRK	15% off Retail	N/A	N/A
For a complete list of providers near you, please visit www.eyemedvisioncare.com , and choose the ACCESS network. For Lasik providers, call 1-877-5LASER6			

Vision Coverage	Monthly Cost
Employee Only	\$4.96
Family	\$12.66

Basic and Voluntary Life Plans- Administered through Cigna

Term Life Insurance provides valuable financial protection for your family.

Bartow County Schools is pleased to offer \$15,000 of Basic Life Insurance & AD&D.

You are eligible to enroll in the Term Life Insurance program underwritten by Cigna.

This enrollment period is an annual opportunity to increase coverage or elect life insurance if you do not already have coverage.

Your premium will be based on the coverage amount you elect and your age.

You will be able to elect coverage during the enrollment period. Premiums will be paid through the convenience of payroll-deduction.

If you are currently enrolled in the voluntary term life with Cigna, your coverage will automatically rollover unless you complete an online EOI to change the coverage amount.

See bswift online enrollment for total monthly deduction amount.

Age Band	Monthly Rate per \$1,000 for Employee and Spouse
<29	\$0.030
30-34	\$0.060
35-39	\$0.080
40-44	\$0.100
45-49	\$0.140
50-54	\$0.240
55-59	\$0.440
60-64	\$0.520
65-69	\$0.910
70+	\$1.470
Child(ren)	\$2.00

Eligibility includes:

1. All benefit eligible, full-time employees
2. Legally married spouse under age 70
3. Child(ren) age 14 days to 20 years (or to age 26 if unmarried & a full-time student)

- Coverage available in \$10,000 increments for employees & \$5,000 increments for dependent spouses.

- Guaranteed Issue Options Include:
Employee: Up to \$250,000
Spouse: Up to \$25,000
Child(ren): Flat \$ 10,000

- Portability - You may be eligible to take coverage with you if you ever terminate employment prior to age 70.

- Plan includes Waiver of Premium benefit if Insured becomes disabled prior to age 60.

- If you did not enroll when you are initially hired and eligible, you will be considered a late entrant, and subject to evidence of insurability, and coverage could be denied.



This document is not a contract for coverage. Certain exclusions may apply. Coverage reduces to 65% at age 65 and 50% at age 75. Please refer to the certificate booklet for complete reductions and benefit limitations and restrictions.

Short Term Disability

Short-Term Disability (STD) insurance provides you with weekly income if you are unable to work or have a reduced income due to an illness or injury unrelated to your occupation.

- Employees who are newly eligible for this benefit will not need to complete an Evidence of Insurability (EOI).
- For those employees who did not enroll in the Short Term Disability option when it was first offered at the time of hire, an Evidence of Insurability (EOI) must be completed online.
- Election of this benefit does not guarantee coverage. Coverage will pend EOI approval from CIGNA.

Weekly Benefit	60% to a Max of \$2,000 per Week
Elimination Period Waiting period for Accident/Sickness	14/14 or 30/30
Benefit Duration	26 week after elimination period
Contributions	See Bswift online enrollment

Benefit Reductions:

Your benefits may be reduced if you are receiving benefits from any compulsory benefit, act or law such as a state disability plan or receiving benefits from the following sources.

- Any government retirement system earned as a result of working for the current policyholder
- Any disability or retirement benefit received under a retirement plan
- Any Social Security, or similar plan
- Earnings the insured earns or receives from any form of employment

Benefits Exclusions:

You will not receive benefits in the following circumstances:

- Your disability is the result of a self-inflicted injury
- You are not under the regular care of a doctor when requesting disability benefits
- Your disability is covered under a worker’s compensation plan and/or is due to a job-related sickness or injury.
- You are receiving payment under a retirement plan sponsored by the group policyholder

Long Term Disability

Long term disability is intended to protect your income from a long duration after you have depleted short-term disability or any sick leave your company may offer.

- Employees who are newly eligible for this benefit will not need to complete an Evidence of Insurability (EOI).
- For those employees who did not enroll in the Long Disability option when it was first offered at the time of hire, you must wait until next open enrollment and complete an online Evidence of Insurability (EOI).
- Election of benefit doesn't guarantee coverage.

Monthly Benefit	60% to a Max of \$10,000 per Month
Duration of Benefits	SSNRA (Social Security Normal Retirement Age)
Elimination Period	180 days
Contributions	See Bswift online enrollment
Pre-Existing Condition	3/12

Benefit Reductions:

Your benefits may be reduced if you are receiving benefits from any compulsory benefit, act or law such as a state disability plan or receiving benefits from the following sources.

- Any government retirement system earned as a result of working for the current policyholder
- Any disability or retirement benefit received under a retirement plan
- Any Social Security, or similar plan
- Earnings the insured earns or receives from any form of employment

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- You are receiving payment under a retirement plan sponsored by the group policyholder

Whole Life- Administered by UNUM

Whole Life insurance provides much more than a death benefit – it also offers valuable “living benefits” that you can use during times of need. You can also keep your Whole Life coverage after you retire, making it an essential complement to Term Life.

What is Whole Life?

Whole Life offers “living benefits” you can use when you need them, as well as a death benefit.

Living Benefit Option Rider:

If you are diagnosed with a terminal illness, you can request up to 100% of your policy’s benefit amount and use it for any purpose.

Long Term Care Rider:

Your policy may include a long term care rider – see your plan administrator.

How does it work?

- **Your premiums are level for life.** Premiums will be conveniently deducted from your paycheck.
- **Your death benefit is level, too.** The benefit does not decrease with age.
- **You own the policy.** You can keep the policy if you leave or retire. You’ll pay the same premium.

Three reasons to buy Whole Life at work---- now!

1. Whole Life rates. The rates available through your employer are typically more affordable than those available elsewhere.
2. Age-based premiums. Premiums are based on your age when you purchase, and don’t increase as you get older. So the earlier you buy, the lower your premium will be for the life of your policy.
3. Guaranteed issue. Generally available during the initial enrollment at your workplace. When it’s offered to you, you can purchase coverage up to a set amount, without medical exams or health questions. If you don’t purchase the maximum amount, you have the option to increase it up to that level during future enrollments – no questions asked!

Premium Payment Options

You may have two options for paying premiums:

- “Lifetime premium.” Coverage continues as long as you pay your premiums.
- “Paid-up at 70.” Available when purchased between the ages 15 and 50. Adjusts the premium so that the policy is fully paid up when you turn 70.

Sample rates based on \$25,000 benefit amount

Issue Age	Lifetime Premium		Paid-up at 70	
	Wkly Prem.	Cash Value at 65	Wkly Prem..	Cash Value at 65
25	\$4.19	\$9,840	\$4.91	\$10,996
35	\$6.44	\$8,851	\$7.76	\$10,567
45	\$10.79	\$7,140	\$13.92	\$9,716

Sample non-tobacco user rates shown above. Premiums vary by age, coverage amount, and tobacco use. For illustrative purposes only.

Log into Bswfit to enroll.

www.bartowcountyschools.bswift.com



Whole Life- Administered by UNUM, cont'd

Coverage Options Available

Who Can Have It?	What's the Benefit Amount?	How long can they keep it?
Individual Employee Coverage Ages 15-80	Minimum policy amount of \$2,000. Actual benefit amount based on coverage amount chosen and age at issue.	You can keep it as long as you want it. If you leave your employer, you would be billed directly at home.
Individual Spouse Coverage Ages 15 – 80	Minimum policy amount of \$2,000. Actual benefit amount based on coverage amount chosen and age at issue.	If you leave your employer, you can keep your spouse's policy and be billed directly at home.
Spouse Term Benefit Spouses age 15 – 50. The employee must purchase coverage to add this Spouse Term Life benefit. This benefit is not available if you purchase individual coverage for your spouse.	\$5,000 to \$25,000 coverage cannot exceed the employee base coverage amount.	Coverage lasts for 20 years.
Individual Child Coverage No employee or spouse purchase needed. Available to eligible children, stepchildren, legally adopted children and grandchildren (14 days until their 26 th birthday) of the primary insured adult.	Up to \$50,000 – benefit amounts are based on issue age and premium selected.	Your children can keep it, even if you leave your employer. You would be billed directly at home.
Child Term Benefit With purchase of employee or spouse policy, available to eligible children, legally adopted children and grandchildren (14 days until their 26 th birthday) of the primary insured adult.	\$1,000 to \$10,000 – one rider covers all children	Coverage ends when your policy ends or when children turn 25. At that time, children are guaranteed the right to buy an individual Whole Life policy at 5 times the amount of their rider.

Additional 50% Term Life Coverage	Accidental Death Benefit
<p>This option may be available for purchase. This is an affordable way to increase your coverage by 50% of your base policy amount. The option lasts for 20 years.</p> <p>For example, if you purchase a \$25,000 Whole Life policy, you can get an additional \$12,500 (or 50%) of term life coverage for 20 years.</p>	<p>Depending on your plan, this benefit may be available at initial enrollment to employees and spouses ages 15 to 65. It can pay an additional death benefit equal to the base policy amount (\$150,000 maximum) if the policyholder dies before age 70 as the result of a covered accident.</p>
<p>Purchase \$25,000 base coverage + Additional \$12,500 (or 50%) of coverage for 20 years = \$37,500 total coverage</p>	<p>Purchase \$25,000 base coverage + Accidental Death benefit which adds another \$25,000 = \$50,000 total coverage</p>

Protecting Long Term Plans

Marcia’s savings are modest, but she’s worked hard for every penny. She wants to travel to Italy, pay for her daughter’s wedding, and leave something behind for those she loves. But she’s seen how quickly the cost of long term care can deplete a lifetime of savings. She wants to make sure a traumatic accident or illness won’t scramble her nest egg.

How Long Term Care Benefits Work

This is an example of how a LTC rider can help you finance a period of long term care. This illustration is based on an insured individual who has a \$25,000 life insurance policy.*

BASE RIDER – Employer selected	
LTC pays 6% monthly benefit for either LTC facility benefit or assisted living facility benefit.	\$1,500 per month
Payments reduce the death benefit until exhausted (approx. 16 months)	
ADDITIONAL RIDERS – Employee may select one rider listed below.	
Restoration Benefits Rider After death benefit has been exhausted, this rider restores 100% of death benefit.	\$25,000 death benefit
Continuation Benefits Rider Continues benefits at same level (6% monthly) for additional 16 months, no death benefit during continuation. After the base long term care rider has been exhausted, this rider allows a second period of coverage. <i>Only available if currently enrolled in the plan.</i>	\$1,500 per month
Combination of Restoration and Continuation Riders	
<ul style="list-style-type: none"> • Restores death benefit one time. • Continues benefits for one additional benefit period after death benefits have been exhausted. • Combines the features of the restoration and continuation riders – buy the combo instead of the separate riders. 	\$25,000 death benefit \$1,500 per month
*Assumes there are no outstanding policy loans	

Who’s At Risk?

- About 9 million Americans over the age of 65 were projected to need long-term care services in 2008.
- By 2020 that number is projected to increase to 12 million.
- There are more than 50 million Americans today providing unpaid care for family members and loved ones.

Benefits for the Long Term

Thanks to modern medicine, people are now living longer and surviving very serious health problems; but that can mean long-term treatment in a nursing home or assisted living facility. And the same care that saves your life can devastate your savings.

You may be surprised to learn that this care isn’t covered by health or other insurance policies; Or that waiting for “later” to buy a long term care policy may make things worse. In fact, the younger you are, the less expensive this coverage is. Surprisingly, 40% of those who are receiving long term care services are not elderly, but under age 65.

By adding a Long Term Care Rider to your life insurance policy, you can help protect your savings pool from the drain of this expensive care. You can choose from several additional options that can extend or increase your LTC benefits. Most importantly, this coverage allows you to use the benefit whether you receive care at home, in a long term care facility, an assisted living facility, an adult day care, or in a nursing home.

Enrollment and Rates are located on the bswift enrollment portal.

www.bartowcountyschools.bsswift.com

TeleMedicine - Administered by New Benefits

This is a discount benefits program offering significant savings from thousands of providers across the nation. All of the benefits include the employee and his/her immediate family.

The membership is simple to use. Employees can search for providers on www.MyMemberPortal.com

Packages	
ShawHankins Advantage	<ul style="list-style-type: none"> • Teladoc • Health Advocacy • Medical Bill Saver • Nurseline • Doctors Online • Health Wealth Connection • Pharmacy
ShawHankins Advantage Plus	<ul style="list-style-type: none"> • Teladoc • Health Advocacy • Medical Bill Saver • Nurseline • Doctors Online • Health Wealth Connection • Vision • Dental • Pharmacy • Lab Testing • MRI & CT Scans • Hearing Aids
ShawHankins Premier	<ul style="list-style-type: none"> • Teladoc • Health Advocacy • Medical Bill Saver • Nurseline • Doctors Online • Health Wealth Connection • Vision • Dental • Pharmacy • Lab Testing • MRI & CT Scans • Hearing Aids • Legal Care Direct • ID Sanctuary Enhanced • Roadside Assistance • PetCare
Packages	Employee- Paid Pricing (Covers entire family)
ShawHankins Advantage	\$6.99 PEPM
ShawHankins Advantage Plus	\$9.99 PEPM
ShawHankins Premier	\$15.99 PEPM

Critical Illness with Cancer Rider- Administered by AFLAC

Critical Illness Benefits are payable for specified conditions and can help to cover the costs of your treatments and related expenses, regardless of your major medical insurance coverage.

If currently in treatment for cancer, you can only purchase a \$10,000 benefit.

BENEFITS

This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions.

COVERED CRITICAL ILLNESSES:¹	CANCER (Internal or Invasive) 100% HEART ATTACK (Myocardial Infarction) 100% STROKE (Apoplexy or Cerebral Vascular Accident) 100% MAJOR ORGAN TRANSPLANT 100%	RENAL FAILURE (End-Stage) 100% CARCINOMA IN SITU ² 25% (if has not spread) CORONARY ARTERY BYPASS SURGERY ² 25%
FIRST-OCCURRENCE BENEFIT	After the waiting period, a lump sum benefit is payable upon initial diagnosis of a covered critical illness. Employee benefit amounts available from \$5,000 to \$50,000. Spouse coverage is also available in benefit amounts up to \$25,000. If you are deemed ineligible due to a previous medical condition, you still retain the ability to purchase Spouse coverage.	
ADDITIONAL OCCURRENCE BENEFIT	If an insured collects full benefits for a critical illness under the plan and later has one of the remaining covered critical illnesses, then we will pay the full benefit amount for each additional illness. Occurrences must be separated by at least six months.	
RE-OCCURRENCE BENEFIT	If an insured collects full benefits for a covered condition and is later diagnosed with the same condition, we will pay the full benefit again. The two dates of diagnosis must be separated by at least 12 months, or for cancer, 12 months treatment free. Cancer that has spread (metastasized) even though there is a new tumor, will not be considered an additional occurrence unless the Insured has gone treatment free for 12 months.	
CHILD COVERAGE AT NO ADDITIONAL COST	Each Dependent Child is covered at 50 percent of the primary insured amount at no additional charge.	
\$50 HEALTH SCREENING BENEFIT (Employee and Spouse only, 30 day waiting period from date of enrollment)	After the waiting period, an insured may receive a maximum of \$50 for any one covered health screening test per calendar year. We will pay this benefit regardless of the results of the test. Payment of this benefit will not reduce the critical illness benefit payable under your certificate. There is no limit to the number of years the insured can receive the health screening benefit; it will be paid as long as the certificate remains in force. This benefit is payable for the covered Employee and Spouse. This benefit is not paid for Dependent Children.	
COVERED HEALTH SCREENING TESTS INCLUDE:	<ul style="list-style-type: none"> • Mammography • Colonoscopy • Pap smear • Breast ultrasound • Chest X-ray • PSA (blood test for prostate cancer) • Stress test on a bicycle or treadmill • Bone marrow testing • CA 15-3 (blood test for breast cancer) • CA 125 (blood test for ovarian cancer) • CEA (blood test for colon cancer) 	<ul style="list-style-type: none"> • Flexible sigmoidoscopy • Hemocult stool analysis • Serum protein electrophoresis (blood test for myeloma) • Thermography • Fasting blood glucose test • Serum cholesterol test to determine level of HDL and LDL

¹ All covered conditions are subject to the definitions found in your certificate.

² If a benefit is paid for Carcinoma in Situ, the Internal Cancer benefit will be reduced by 25 percent. If a benefit is paid for Coronary Artery Bypass Surgery, the Heart Attack benefit will be reduced by 25 percent.

This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. Definitions, waiting period, pre-existing condition limitation, limitations and exclusions, benefits, termination, portability, etc., may vary based on your employer's home office. Please see your agent for the plan details specific to your employer. *This benefit is a Post Tax Benefit.*

Critical Illness Rates- Administered by AFLAC

Bartow County Schools – Monthly (12pp/yr)										
NON TOBACCO – EMPLOYEE										
Newly Eligible Employee Guarantee Issue Amount is \$30,000										
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.90	\$6.05	\$8.20	\$10.35	\$12.50	\$14.65	\$16.80	\$18.95	\$21.10	\$23.25
30-39	\$5.50	\$9.25	\$13.00	\$16.75	\$20.50	\$24.25	\$28.00	\$31.75	\$35.50	\$39.25
40-49	\$9.30	\$16.85	\$24.40	\$31.95	\$39.50	\$47.05	\$54.60	\$62.15	\$69.70	\$77.25
50-59	\$16.05	\$30.35	\$44.65	\$58.95	\$73.25	\$87.55	\$101.85	\$116.15	\$130.45	\$144.75
60-69	\$28.55	\$55.35	\$82.15	\$108.95	\$135.75	\$162.55	\$189.35	\$216.15	\$242.95	\$269.75

Bartow County Schools – Monthly (12pp/yr)										
NON TOBACCO – SPOUSE										
Newly Eligible Employee Guarantee Issue Amount is \$15,000										
Issue Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000	
18-29	\$3.90	\$4.98	\$6.05	\$7.13	\$8.20	\$9.28	\$10.35	\$11.43	\$12.50	
30-39	\$5.50	\$7.38	\$9.25	\$11.13	\$13.00	\$14.88	\$16.75	\$18.63	\$20.50	
40-49	\$9.30	\$13.08	\$16.85	\$20.63	\$24.40	\$28.18	\$31.95	\$35.73	\$39.50	
50-59	\$16.05	\$23.20	\$30.35	\$37.50	\$44.65	\$51.80	\$58.95	\$66.10	\$73.25	
60-69	\$28.55	\$41.95	\$55.35	\$68.75	\$82.15	\$95.55	\$108.95	\$122.35	\$135.75	

Critical Illness Rates- Administered by AFLAC, cont'd

Bartow County Schools – Monthly (12pp/yr)										
NON TOBACCO – EMPLOYEE										
Newly Eligible Employee Guarantee Issue Amount is \$30,000										
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$5.15	\$8.55	\$11.95	\$15.35	\$18.75	\$22.15	\$25.55	\$28.95	\$32.35	\$35.75
30-39	\$8.00	\$14.25	\$20.50	\$26.75	\$33.00	\$39.25	\$45.50	\$51.75	\$58.00	\$64.25
40-49	\$17.05	\$32.35	\$47.65	\$62.95	\$78.25	\$93.55	\$108.85	\$124.15	\$139.45	\$154.75
50-59	\$29.60	\$57.45	\$85.30	\$113.15	\$141.00	\$168.85	\$196.70	\$224.55	\$252.40	\$280.25
60-69	\$53.55	\$105.35	\$157.15	\$208.95	\$260.75	\$312.55	\$364.35	\$416.15	\$467.95	\$519.75

Bartow County Schools – Monthly (12pp/yr)										
NON TOBACCO – SPOUSE										
Newly Eligible Employee Guarantee Issue Amount is \$15,000										
Issue Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000	
18-29	\$5.15	\$6.85	\$8.55	\$10.25	\$11.95	\$13.65	\$15.35	\$17.05	\$18.75	
30-39	\$8.00	\$11.13	\$14.25	\$17.38	\$20.50	\$23.63	\$26.75	\$29.88	\$33.00	
40-49	\$17.05	\$24.70	\$32.35	\$40.00	\$47.65	\$55.30	\$62.95	\$70.60	\$78.25	
50-59	\$29.60	\$43.53	\$57.45	\$71.38	\$85.30	\$99.23	\$113.15	\$127.08	\$141.00	
60-69	\$53.55	\$79.45	\$105.35	\$131.25	\$157.15	\$183.05	\$208.95	\$234.85	\$260.75	

Accident- Administered by AFLAC

The group Accident Advantage Plus plan from Aflac means that your family has access to added financial resources to help with the cost of follow-up care as well.

The Aflac group Accident Advantage Plus plan benefits:

- *A Wellness Benefit for covered preventive screenings
- Transportation and Lodging benefits
- An Emergency Room Treatment Benefit
- A Rehabilitation Unit Benefit
- Coverage for certain serious conditions, such as coma paralysis
- An Accidental – Death Benefit
- A Dismemberment Benefit

Features:

- Coverage is guaranteed-issue (which means you may qualify for coverage without having to answer health questions).
- Benefits are paid directly to you unless you choose otherwise.
- Coverage is available for you, your spouse, and dependent children.
- Coverage is portable (with certain stipulations). That means you can take it with you if you change jobs or retire.
- Fast claims payment. Most claims are processed in about four business days.

HIGH OPTION – 24 HOUR PLAN	MONTHLY (12PP/YR)
EMPLOYEE	\$19.65
EMPLOYEE & SPOUSE	\$29.45
EMPLOYEE & DEPENDENT CHILDREN	\$34.44
FAMILY	\$44.24

**Wellness Benefits Included in Rates:*

***WELLNESS BENEFIT** (per 12-month period)

After 12 months of paid premium and while coverage is in force, we will pay this benefit for preventive testing once each 12-month period. Benefits include and are payable (for each covered person) for annual physical exams, mammograms, Pap smears, eye examinations, immunizations, flexible sigmoidoscopies, PSA tests, ultrasounds, and blood screenings.

This benefit is Pre-Tax.



Hospital Indemnity- Administered by AFLAC

Hospital Admission Benefit

\$1,000 per admission Employee/Spouse/Child

The benefit is paid when a Covered Person is admitted to a hospital and confined as a resident bed patient because of injuries received in a Covered Accident or because of a Covered Sickness. In order to receive this benefit for injuries received in a Covered Accident, the Covered Person must be admitted to a hospital within six months of the date of the Covered Accident.

We will not pay benefits for confinement to an observation unit, or for emergency treatment or outpatient treatment. We will pay this benefit once for a period of confinement. We will only pay this benefit once for each Covered Accident or Covered Sickness. If a Covered Person is confined to the hospital because of the same or related Injury or Sickness we will not pay this benefit again.

Residents of Massachusetts are not eligible for Hospital Admission Benefit Amounts in excess of \$500.

For a complete list of limitations and exclusions please refer to the brochure.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands.

Continental American Insurance Company · 2801 Devine Street · Columbia, South Carolina 29205. The certificate to which this sales material pertains is written only in English; the certificate prevails if interpretation of this material varies. This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. This brochure is subject to terms, conditions, and limitations of Policy Form Series Ca8500-MP. Continental Insurance is not aware of whether you receive benefits from Medicare, Medicaid, or a state variation. If you or a dependent are subject to Medicare, Medicaid, or a state variation, any and all benefits under this plan could be assigned. This means that you may not receive any of the benefits in the plan. As a result please check the coverage in all health insurance policies you already have or may have before you buy this insurance to verify the absence of any assignments or liens. Notice to Consumer: The coverage's provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.

This Benefits is Pre-Tax.

BARTOW COUNTY SCHOOLS – MONTHLY (12PP/YR)	
PLAN III H.S.A COMPATIBLE PLAN RATES	EMPLOYEE \$23.70
	EMPLOYEE & SPOUSE \$46.60
	EMPLOYEE & DEPENDENT CHILDREN \$33.75
	FAMILY \$56.65
BENEFIT SUMMARY	
HOSPITAL CONFINEMENT (PER DAY) Paid out First Day	\$250.00
HOSPITAL ADMISSION (PER CONFINEMENT) Paid out First Day	\$1,000.00
HOSPITAL INTENSIVE CARE (PER DAY)	\$250.00

Flexible Spending Accounts (FSA)

Allows you to set aside funds for the care of your legal dependents and medical expenses for any of you that are not reimbursed on a pre-tax basis. Depending on your income tax bracket, you may realize a significant savings by using one or both of these FSA options. As with all tax-free alternatives, there are certain rules that govern use of these accounts. For example, make sure any FSA properly coordinates with your State Health Benefit Plan Major Medical Plan choice (special rules govern an HRA or HSA Plan). You must make a new FSA election each year, so please see an Aflac representative to make your election.

CHILD AND DEPENDENT CARE (DDC) ACCOUNT: Reimbursements for child and dependent day care cannot exceed \$5,000 per year for single individuals or married couples filing tax returns jointly (\$2,500 if married filing separately) or the earned income of you or your spouse, whichever is less. Your child must be 12 and under and must reside with you. Your child or other dependents over the age of 12 must be incapable of self support and must spend eight or more hours per day in your home. The individual caring for your child (age 12 and under) or other dependent must not be a tax dependent. The child (age 12 and under) or other dependent must require care so that you may work. To be deducted from your account, the caregiver expense must be incurred during the plan year. An adult dependent must be unable to care for him or herself without assistance. Generally, use of the DDC account eliminates your childcare deduction on your state and federal income tax. You are required to disclose who provided the care for your children or adult dependent on your federal income tax return. We recommend that you consult with your personal tax advisor.

UNREIMBURSED MEDICAL EXPENSE (URM) ACCOUNT: You may set aside before taxes up to \$2,550 per year to be used to pay for medically necessary expenses that are not paid by other insurance. The services must be provided during the plan year and be eligible for coverage under the plan rules. Expenses must be incurred before reimbursement can be made. If medical expenses or supplies are covered by your medical insurance plan, your claim must be first submitted and an Explanation of Benefits (EOB) obtained for your use. Receipts are necessary to file for reimbursement.

Several very important rules to remember:

- The plan year extends from January 1, 2017 until December 31, 2017.
- Once you have set the amount of your FSA deductions, only changes in your family status will allow you to alter your chosen amount.
- Any balance remaining in your DDC or URM account at the end of the plan year will be lost.
- Transfer of funds between the DDC and URM accounts is prohibited.



Disclosure Notice - CHIP

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2016. Contact your State for more information on eligibility –

ALABAMA – Medicaid Website: http://myalhipp.com/ Phone: 1-855-692-5447	FLORIDA – Medicaid Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	GEORGIA – Medicaid Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	INDIANA – Medicaid Healthy Indiana Plan for low-income adults 19-64 Website: http://www.hip.in.gov Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Medicaid Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943	IOWA – Medicaid Website: http://www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562
KANSAS – Medicaid Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	NEVADA – Medicaid Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900
KENTUCKY – Medicaid Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	NEW HAMPSHIRE – Medicaid Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
LOUISIANA – Medicaid Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	NEW JERSEY – Medicaid and CHIP Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710

MAINE – Medicaid Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	NEW YORK – Medicaid Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MASSACHUSETTS – Medicaid and CHIP Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	NORTH CAROLINA – Medicaid Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100
MINNESOTA – Medicaid Website: http://mn.gov/dhs/ma/ Phone: 1-800-657-3739	NORTH DAKOTA – Medicaid Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MISSOURI – Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MONTANA – Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	OREGON – Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
NEBRASKA – Medicaid Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633	PENNSYLVANIA – Medicaid Website: http://www.dhs.pa.gov/hipp Phone: 1-800-692-7462
RHODE ISLAND – Medicaid Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300	VIRGINIA – Medicaid and CHIP Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
SOUTH CAROLINA – Medicaid Website: http://www.scdhhs.gov Phone: 1-888-549-0820	WASHINGTON – Medicaid Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
SOUTH DAKOTA - Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059	WEST VIRGINIA – Medicaid Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability
TEXAS – Medicaid Website: http://gethipptexas.com/ Phone: 1-800-440-0493	WISCONSIN – Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
UTAH – Medicaid and CHIP Website: Medicaid: http://health.utah.gov/medicaid CHIP: http://health.utah.gov/chip Phone: 1-877-543-7669	WYOMING – Medicaid Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VERMONT– Medicaid Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	

To see if any more States have added a premium assistance program, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Ext. 61565

OMB Control Number 1210-0137 (expires 10/31/2016)

Unless otherwise noted, a paper copy is available, free of charge, by calling ShawHankins at 800-994-7429.

NOTICE OF YOUR HIPAA SPECIAL ENROLLMENT RIGHTS:

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards you or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contribution toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself or your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

SECTION 125 PRE-TAX BENEFIT AUTHORIZATION NOTICE:

Before-tax deductions will lower the amount of income reported to the federal government. This may result in slightly reduced Social Security benefits. If you do not enroll eligible dependents at this time, you may not enroll them until the next open enrollment period. You may not drop the coverage you elected until the next open enrollment period. You may only make a change or drop coverage elections before the next open enrollment period under the following circumstances:

A change in marital status, or

A change in the number of dependents due to birth, adoption, placement for adoption or death of a dependent, or

A change in employment status for myself or my spouse, or

Open enrollment elections for my spouse, or

A change in dependents eligibility, or

A change in residence or worksite.

Any change being made must be appropriate and consistent with the event and must be made within 30 days of when the event occurred. All changes are subject to approval by your Employer/Plan.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 ANNUAL NOTICE:

The Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breast, prostheses, and complications resulting from a mastectomy, including lymph edema.

NEWBORNS' ACT DISCLOSURE:

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96) hours.

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION: This Notice describes how the Plan(s) may use and disclose your protected health information ("PHI") and how you can get access to your information. The privacy of your protected health information that is created, received, used or disclosed by the Plan(s) is protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). This Notice is available on the web at: www.bartowcountyschool.sbswift.com. A paper copy is also available, free of charge, by calling your Employer or ShawHankins at 800-994-7429. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan."

GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS: On April 7, 1986, a federal law was enacted (Public Law 99-272, Title X) requiring that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end. If you or your eligible dependents enroll in the group health benefits available through your Employer you may have access to COBRA continuation coverage under certain circumstances. Therefore, your plan makes available to you and your dependents the General Notice Of COBRA Continuation Coverage Rights. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. The full Notice is available on the web at: www.bartowcountyschools.bswift.com. A paper copy is also available, free of charge, by calling your Employer or ShawHankins at 800-994-7429. Please note the participant is responsible for providing a copy to their spouse/dependents covered under the group health plan.

SUMMARY OF BENEFITS AND COVERAGE (SBC): As an employee, the group health (medical) benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC) which summarizes important information about any health coverage option in a standard format to help you compare across options. The SBC is available on the web at www.bartowcountyschools.bswift.com. A paper copy is also available, free of charge, by calling your Employer or ShawHankins at 800-994-7429. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan.

HEALTH INSURANCE MARKETPLACE NOTICE (a.k.a. Exchange Notice): When key parts of the health care law took effect in 2014, a new way to buy health insurance became available through the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, the Marketplace notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer. This notice is available on the web at www.bartowcountyschools.bswift.com. A paper copy is also available, free of charge, by calling your Employer.

Why Would I Contact ShawHankins?

Order ID Cards: We can contact the insurance carrier directly and have your replacement card in ten to fifteen business days.

Claim Resolution and Research: We can help you understand your Explanation of Benefits (EOB) as well as contact the insurance carriers on your behalf. We can assist in appealing a denied claim or help you request a Prior Authorization (PA) from your physician as may be required by your medical carrier. We can also help you file out-of-network claims and assist with reimbursement if you require medical assistance while traveling outside of the United States.

Locate In-Network Providers: Staying in network saves everyone money. Our Call Center can help you locate In-Network Providers for medical, dental and vision coverage whether you are at home or away.

Request Copies of Any Necessary Forms: Medical claim forms, out-of-network claim forms, evidence of insurability forms, short and long term disability claim forms and any other applicable forms are always available if the need should arise.

Understanding Your Benefits: We can assist you with questions regarding deductibles, copayments and coinsurance. We can explain waiting periods, elimination periods and eligibility rules.

Explain Section 125 Cafeteria Plans: We can explain qualifying events regulated by the IRS as described in your Summary Plan Description (SPD). We help clarify the time frames and qualifying events allowed by your Plan.

Annual Enrollment Information: We can provide details about when open enrollment begins and ends and if your plan designs or payroll deductions are changing.

Enrollment Assistance: The Call Center Representative can walk you through every step of the enrollment process. Whether it's an online enrollment or paper enrollment form, your Call Center Representative is available to help.

Confirmation Statements: We can provide copies of your online enrollment confirmation statement or a copy of your paper enrollment form at any time.

The Call Center is available from 8:30 a.m. to 5:00 p.m. Monday through Friday to assist you. We have an after-hours voice mailbox and your call will be returned the next business day.

800-994-7429

customerservice@shawhankins.com

Contact Information

Plan	Administrator	Website	Phone Number
Benefit / Enrollment Questions	ShawHankins	www.shawhankins.com	800- 994-7429
Payroll/Benefits	Mallory Whorton (Administrator)	Mallory.whorton@bartow.k12.ga.us	770-606-5800 Ext. 3814
Dental	Ameritas	www.ameritas.com	800-487-5553
Vision	EyeMed	www.eyemedvisioncare.com	866- 723-0596
Voluntary Life	Cigna	www.mycigna.com	800-362-4462
Short Term / Long Term Disability	Cigna	www.mycigna.com	800-362-4462
Whole Life	UNUM	www.unum.com	866-679-3054
Critical Illness, Accident & Hospital Indemnity	AFLAC	www.aflacgroupinsurance.com	800-433-3036
Flexible Spending Accounts	WageWorks	www.wageworks.com	877- WAGEWORKS

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