



**BARTOW COUNTY  
SCHOOL SYSTEM**  
*empowering our children to succeed*



# Bartow County Schools

## 2024 Benefits Enrollment Guide



Welcome to your 2024 Benefits Enrollment Guide. 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 Benefits Enrollment Guide 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 Benefits Enrollment Guide is an important component in the benefit communication process, your dedicated NFP service team will continue 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 Benefits Enrollment Guide 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, 2024 to December 31, 2024.

This Benefits Enrollment Guide 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.



TO: All Employees

FROM: Phillip Page  
Superintendent

SUBJECT: 2023 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 2024 school year. I hope that you will take full advantage of these programs.

In an effort to assist you with making these important decisions, 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 with 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. All of the additional options with detailed information are included in this guide.

NFP will be conducting individual enrollment sessions to assist with enrollment in, or changes to, your ancillary benefit elections. A link will be made available for you to schedule an appointment for a session if needed. NFP Certified Enrollers will be available to you at your scheduled time to answer any questions that you may have regarding your benefit program and assist in getting you successfully enrolled. They will be happy to provide you with suggestions and information about any of the insurance or ancillary plans.

Our Benefits Specialist, Samantha Elrod, will be available via phone, email, or appointment to assist with any State Health Benefit questions and enrollment.

Thank you for your cooperation and participation.

*Phillip D. Page*

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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 NFP.

## Open Enrollment Memo

Bartow County Schools will be holding our annual Open Enrollment beginning:

**October 16th, 2023 through November 3rd, 2023**

Please remember Open Enrollment is your annual opportunity to:

- Compare plan designs and plan costs and determine which benefit plans will best suit your needs for the upcoming plan year.
- Make changes such as:
  - enrolling in a plan for the first time;
  - adding or dropping dependents;
  - modifying the nature of your coverage (i.e., moving from Low to High dental option).

The elections you make during Open Enrollment will become effective with the new plan year beginning **January 1, 2024**.

**A recap of your ancillary benefits for the 2024 plan year are as follows:**

The Dental benefit will now be offered through with Delta Dental with minimal changes to plan design and premiums.

The Vision benefit will remain with EyeMed with no change to plan design or premiums.

The Group Life, Voluntary Life and Disability will remain being offered through The Standard.

**Evidence of Insurability and Guaranteed Issue Rules:**

- Any employee who did not elect Employee and/or Spouse voluntary life benefits prior to open enrollment are able to add the benefit up to one increment without an Evidence of Insurability form. There is no Evidence of Insurability for Child Voluntary Life.
- Employees who are currently enrolled in Employee and/or Spousal Voluntary Life can increase their benefit by one increment up to the Guaranteed Issue Amount without an Evidence of Insurability form.
- Any employee who is requesting to increase or add Employee and/or Spouse life coverage over the Guaranteed Issue amount will be required to fill out an Evidence of Insurability form for underwriting approval. There is no Evidence of Insurability for Child Voluntary Life.
- Employees who did not elect disability benefits when initially eligible may be subject to an Evidence of Insurability form.

The Telemedicine benefit will remain with New Benefits.

The Group Critical Illness, Hospital Indemnity, and Accident plans will remain with AFLAC.

The Flexible Spending Accounts will continue to be administered through Medcom. You must re-enroll in this benefit each year. The maximum for the Medical Savings Account will be \$2,700 for the 2024 plan year.

**If you do not make any changes, you will continue with your current plan elections and coverage tiers.** The only exception is for the medical Flexible Spending and Dependent Daycare Savings Accounts. You must make an election for the 2024 plan year to begin or to continue your participation in the Flexible Spending Accounts.



## Eligibility

### Eligibility

Active Full Time Employees of Bartow County Schools are eligible for benefits.

Eligible dependents are classified as:

- Your legal spouse who resides in the United States; and/or
- Biological, Step or Foster child(ren) up to age 26.

### Making Changes to Your Benefits Elections

To make benefit changes as a result of a Qualifying Event as allowed under Section 125 of the Internal Revenue Code, you must:

- 1) Notify Human Resources or NFP within 30 days of the date of the qualifying event.
- 2) Provide proof of your status change event.
- 3) Submit the documentation regarding the event.

Examples of status changes considered to be Qualifying Events:

- Marriage, divorce, legal separation
- Birth or adoption
- Change in your or your spouse's work status that affects your benefits or an eligible dependent's benefits
- Change in health coverage due to your spouse's annual Open Enrollment period
- Change in dependent eligibility status
- Change in eligibility for you or a dependent for Medicaid or Medicare
- Receipt of a Qualified Medical Child Support Order, or other court order
- Death of your spouse or covered child



## Benefits Resource Center

NFP provides Bartow County School Employees a Benefit Resource Center website that gives you easy access to all the plan details needed to make decisions on your benefit elections. The Benefit Resource Center contains important documents such as, plan summaries, enrollment guide, claim forms, contacts, access to the Bswift enrollment portal, and important links.

Please visit the Benefit Resource Center site at [www.shawhankinsbenefits.net/bcs](http://www.shawhankinsbenefits.net/bcs) to view important benefit information. If you need assistance or have questions, please contact the NFP service center at 877-242-4380.



Welcome to your Benefit Resource Center - the source of information about your benefit options.

## Before You Enroll – Things to Know

You are REQUIRED to provide the following information and/or documentation for all dependents and beneficiaries:

- Name
- Date of birth
- Social Security number

### HOW TO ENROLL

Go to [www.bartowcountyschools.bswift.com](http://www.bartowcountyschools.bswift.com)

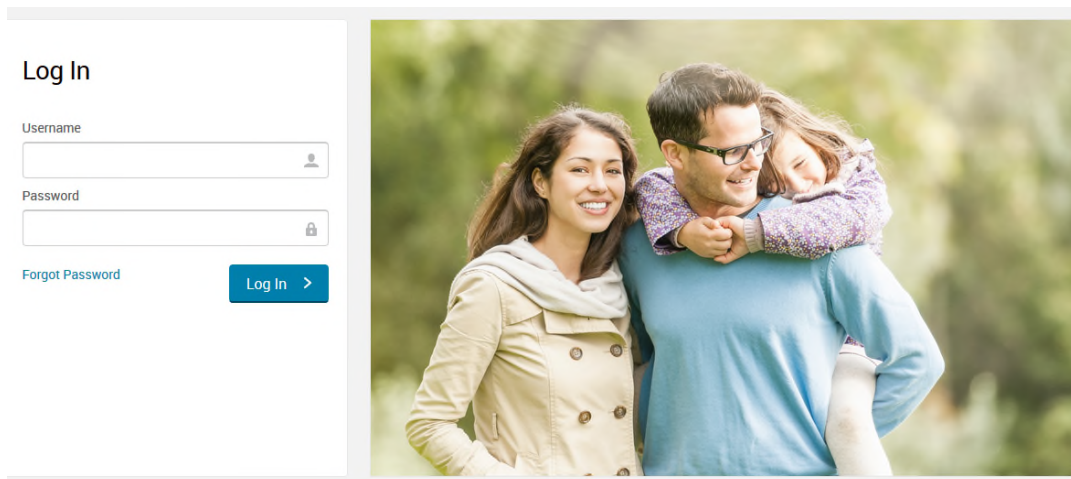
At this time, make sure to disable your pop-up blocker.

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 remember, all passwords have been reset for the 2023 enrollment.

The image shows a screenshot of a web application's login interface on the left and a photograph of a family on the right. The login interface has a title 'Log In', followed by 'Username' and 'Password' labels above their respective input fields. There are small user and lock icons to the right of the input fields. Below the password field is a link that says 'Forgot Password'. At the bottom right of the login form is a blue button with the text 'Log In >'. The photograph on the right shows a smiling woman in a tan coat, a man in a blue shirt with glasses, and a young girl in a purple patterned shirt being carried by the man. They are outdoors with green foliage in the background.

- Please go online and make your elections during the Open Enrollment period of October 16th, 2023 through November 3rd, 2023.
- Please contact NFP at 877-242-4380 to speak with a benefit consultant if you are unable to login to your account or need assistance with your enrollment.

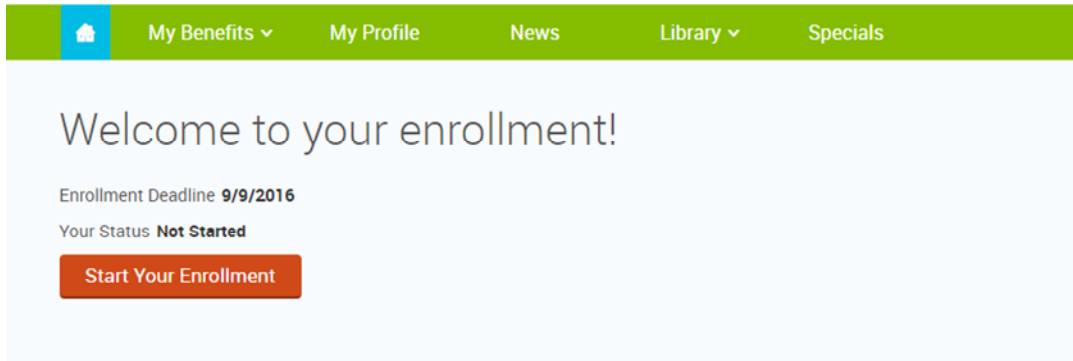
Failure to enroll within the enrollment period will result in the forfeiture of your eligibility for enrollment or to make changes until the next annual enrollment period unless you experience an eligible qualifying event.



## How To Enroll

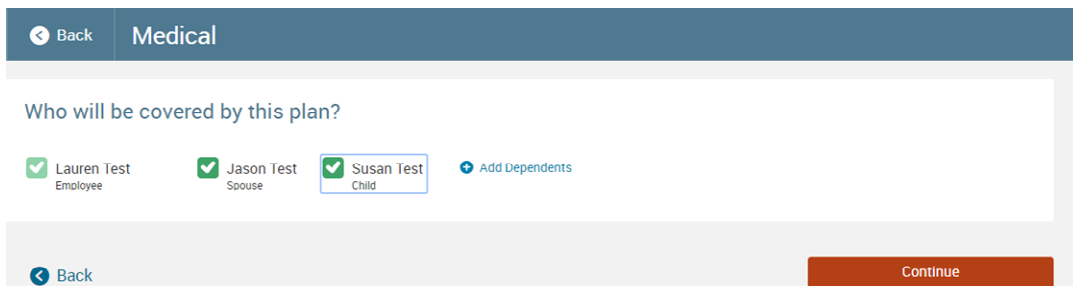
To Begin:

- 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.



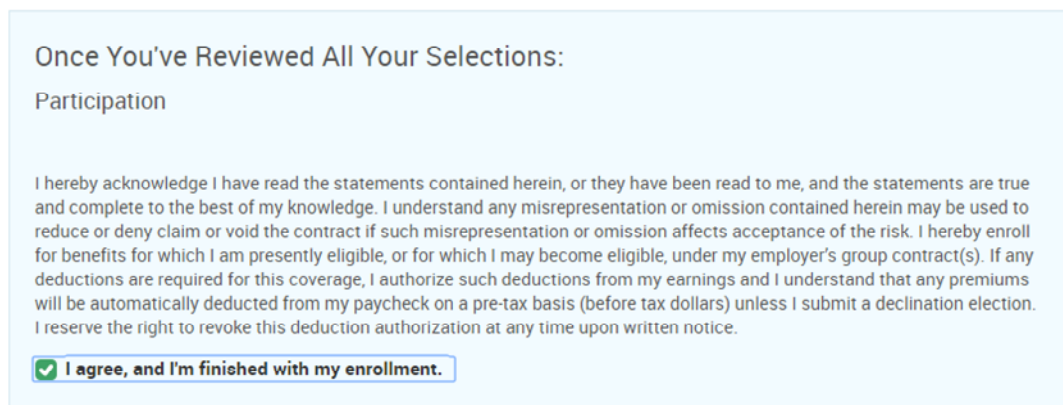
The screenshot shows a green navigation bar at the top with links: Home (house icon), My Benefits (dropdown), My Profile, News, Library (dropdown), and Specials. Below the bar, the main content area has a light blue background. It features the heading "Welcome to your enrollment!" in a large, dark font. Underneath, it says "Enrollment Deadline 9/9/2016" and "Your Status Not Started". At the bottom of this section is a red button with white text that says "Start Your Enrollment".

- 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.



The screenshot shows a dark blue header bar with a "Back" button (left arrow) and the word "Medical". Below the header, the main content area has a light gray background. It features the heading "Who will be covered by this plan?". Underneath, there are three checkboxes, each with a green checkmark and a name: "Lauren Test Employee", "Jason Test Spouse", and "Susan Test Child". To the right of these checkboxes is a blue link with a plus icon and the text "Add Dependents". At the bottom of the screen, there is a "Back" button (left arrow) on the left and a red "Continue" button on the right.

- 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.”



The screenshot shows a light blue background with the heading "Once You've Reviewed All Your Selections:" in a bold, dark font. Below the heading is the word "Participation". Underneath, there is a paragraph of text: "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." Below the paragraph is a red button with white text that says "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 – Delta Dental

Low Option Plan Benefits	In-Network (PPO)
<b><u>Preventive Care:</u></b> Cleaning; Once every 6 months. Fluoride Treatments; Under Age 19 Oral Exams Sealants (per tooth) X-rays	80% No Deductible
<b><u>Basic Care:</u></b> Anesthesia (restrictions may apply) Fillings (restrictions may apply to composite fillings) Repair & Maintenance of Crowns, Bridges, & Dentures Simple Extractions	60% Subject to Deductible
<b><u>Major Care:</u></b> Dental Implants Bridges and Dentures Inlays, Onlays, Veneers (restrictions may apply) Periodontic Surgery Periodontal Maintenance- Once every 6 months Root Canal Scaling & Root Planing (Per quadrant) Single Crowns Surgical Extractions	50% Subject to Deductible
<b>Class IV: Orthodontia (Adult &amp; Child)</b>	Not Covered
<b>Deductible Amount Per Calendar Year</b> <i>(Deductible applies to all benefits except Diagnostic &amp; Preventive Services or Orthodontic Services)</i>	\$100 Per Individual / \$300 Per Family
<b>Standard Dental Annual Maximum: Per Enrollee (Children up to age 26)</b>	\$1,500
<b>Orthodontia Lifetime Maximum: Per Enrollee</b>	Not Covered
<b>Out of Network</b>	90 <sup>th</sup> UCR

Monthly Rates	Delta Dental Low Option Plan
Employee Only	\$25.54
Employee + Spouse	\$49.19
Employee + Child(ren)	\$55.08
Family	\$78.69

## Dental Plan Options – Delta Dental

High Option Plan Benefits	In-Network (PPO)
<b>Preventive Care:</b> Cleaning; 2 in 12 months Fluoride Treatments; Under Age 19 Oral Exams Sealants (per tooth) X-rays	100% No Deductible
<b>Basic Care:</b> Anesthesia (restrictions may apply) Fillings (restrictions may apply to composite fillings) Periodontal Maintenance; 2 in 12 months Repair & Maintenance of Crowns, Bridges, & Dentures Root Canal Scaling & Root Planing (per quadrant) Simple Extractions Surgical Extractions	80% Subject to Deductible
<b>Major Care:</b> Bridges and Dentures Dental Implants Inlays, Onlays, Veneers (restrictions may apply) Periodontal Surgery Single Crowns	50% Subject to Deductible
<b>Class IV: Orthodontia (Adult and Child)</b>	50%
<b>Deductible Amount Per Calendar Year</b> <i>(Deductible applies to all benefits except Diagnostic &amp; Preventive Services or Orthodontic Services)</i>	\$100 Per Individual / \$300 Per Family
<b>Standard Dental Annual Maximum Per Enrollee (Children up to Age 26)</b>	\$1,500
<b>Orthodontia Lifetime Maximum: per individual</b>	\$ 1,250
<b>Out of Network</b>	90 <sup>th</sup> UCR

Monthly Rates	Delta Dental High Option Plan
Employee Only	\$40.24
Employee + Spouse	\$77.58
Employee + Child(ren)	\$97.84
Employee + Family	\$135.17

Refer to your Summary Plan Description and Policy Certificate for full details on the plan.

## Vision Plan - EyeMed

Benefit	In-Network	Out-of-Network
<b>Vision Exam</b>	\$10 Copay	Up to \$32
<b>Standard Plastic Lenses</b>		
Single	\$25 Copay	Up to \$25
Bifocal	\$25 Copay	Up to \$40
Trifocal	\$25 Copay	Up to \$60
Lenticular	\$25 Copay	Up to \$60
Standard Progressive	\$90 Copay	Up to \$40
Premium Progressive Tier 1-3	\$110 - \$135 Copay	Up to \$40
Premium Progressive Tier 4	\$90 Copay; 20% off Retail Less \$120 Allowance	Up to \$40
<b>Frames</b>	\$0 Copay; 20% off Balance over \$100 Allowance	Up to \$50
<b>Lens Options</b>		
UV Treatment	\$15	N/A
Tint	\$15	N/A
Plastic Scratch Coating	\$15	N/A
Polycarbonate	\$40	N/A
Anti-Reflective Coating – Standard	\$45	N/A
<b>Laser Vision Correction</b>		
Lasik or PRK	15% off Retail	N/A
<b>Frequency</b>		
Exam	Every 12 Months	
Frame	Every 12 Months	
Lenses	Every 12 Months	
Contact Lenses	Every 12 Months	
For a complete list of providers near you, please visit <a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a> , and choose the <b>INSIGHT</b> network. For Lasik providers, call 1-800-988-4221.		

Vision Coverage	Monthly Cost
Employee Only	\$6.47
Family	\$16.53

Dependent children covered up to age 26.

Refer to your Summary Plan Description and Policy Certificate for full details on the plan.



## Basic and Voluntary Life /AD&D Plans – The Standard

Bartow County is pleased to offer \$15,000 of Basic Term Life Insurance & AD&D to all eligible employees.

This enrollment period is an annual opportunity to increase coverage or elect Voluntary Life/AD&D Insurance if you do not already have coverage. Premiums will be paid through the convenience of payroll-deduction.

This additional life insurance is available for you, your spouse and your children. This coverage can provide financial protection for you and your family. Details of the available coverage are listed in the chart below.

**Employees with Current Coverage:** Any employee currently enrolled can increase their benefit coverage by one increment up to the Guaranteed Issue Amount without an Evidence of Insurability form.

**New for 2024 Open Enrollment:** Any employee who did not elect Employee and/or Spouse Voluntary Life/AD&D benefits prior to open enrollment are able to elect one increment of coverage without an Evidence of Insurability form.

**\*\***Any employee who is requesting to increase or add Employee and/or Spouse life coverage over the Guaranteed Issue amount will be required to fill out an Evidence of Insurability form for underwriting approval. There is no Evidence of Insurability needed for Child Voluntary Life.

Benefit	Coverage
Employee Voluntary Life / AD&D	<p>You can purchase coverage in increments of \$10,000 increments up to the \$500,000. You must elect at coverage on yourself to be eligible for coverage on your spouse and/or children.</p> <p>New Hires: Newly eligible employees are able to elect up to \$250,000 with no health questions asked. Elections above these amounts will require evidence of insurability.</p>
Spouse Voluntary Life / AD&D	<p>You can purchase coverage in increments of \$5,000 to a maximum of \$250,000, not to exceed 100% of the employee voluntary life amount.</p> <p>New Hires: Newly eligible employees are able to elect coverage on their spouse up to \$25,000 with no health questions asked. Elections above these amounts will require evidence of insurability.</p>
Child(ren) Voluntary Life /AD&D	<p>You can purchase coverage of \$5,000 or \$10,000 for eligible child(ren). Child(ren) are covered from birth to age 26.</p>

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

**This document is not a contract for coverage. Certain exclusions may apply.**

*Refer to your Summary Plan Description and Policy Certificate for full details on the plan.*

## Short Term Disability – The Standard

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.

Benefit	Coverage
Percentage of Income	60% to a Max of \$2,000 per Week
Elimination Period Waiting period for Accident/Sickness	14/14 or 29/29
Maximum Benefit Duration	180 days after elimination period
Pre-Existing Conditions	None

**Elimination Period:** The elimination period is the length of time of continuous disability which must be satisfied before you are eligible to receive benefits.

### **Benefit Reduction:**

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 Exclusion:**

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

### **Late Entrant:**

- Short-Term Disability – Late entrants (those eligible to enroll before but who chose not to enroll) are subject to a 60-day elimination period for sickness and/or pregnancy claims only during their first 12 months on the plan (no penalty for accident claims).
- Long-Term Disability – Late entrants (those eligible to enroll before but who chose not to enroll) are subject to an evidence of insurability questionnaire. Coverage is dependent upon approval by the carriers.

## Long-Term Disability – The Standard

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.

Benefit	Coverage
Percentage of Income	60% to a max of \$10,000 a month
Maximum Duration of Benefits	SSNRA (Social Security Normal Retirement Age)
Elimination Period	180 days
Pre-Existing Condition	3/12

**Pre-Existing Condition Exclusions:** Any sickness or injury for which you received medical treatment, consultation, care, or services (including diagnostic measures or the taking of prescribed medications) during the specified months (3 months) prior to your coverage effective date. A disability arising from any such sickness or injury will be covered only if it begins after you have performed your regular occupation on a full-time basis for the specified months (12 months) following the coverage effective date.

**Benefit Reduction:** 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 Exclusion:** 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.

**Late Entrant:**

If you did not elect disability coverage when first eligible, you would need to find out an Evidence of Insurability form and submit to underwriting approval.

*Refer to your Summary Plan Description and Policy Certificate for full details on the plan.*

## TeleMedicine - 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 <https://mybenefitswork.com/login>.

Packages	
NFP Advantage	<ul style="list-style-type: none"> <li>• Teladoc</li> <li>• Health Advocacy</li> <li>• Medical Bill Saver</li> <li>• Nurseline</li> <li>• Doctors Online</li> <li>• Pharmacy</li> </ul>
NFP Advantage Plus	<ul style="list-style-type: none"> <li>• Teladoc</li> <li>• Health Advocacy</li> <li>• Medical Bill Saver</li> <li>• Nurseline</li> <li>• Doctors Online</li> <li>• Vision</li> <li>• Dental</li> <li>• Pharmacy</li> <li>• Lab Testing</li> <li>• MRI &amp; CT Scans</li> <li>• Hearing Aids</li> <li>• PetCare</li> </ul>
NFP Premier	<ul style="list-style-type: none"> <li>• Teladoc</li> <li>• Health Advocacy</li> <li>• Medical Bill Saver</li> <li>• Nurseline</li> <li>• Doctors Online</li> <li>• Vision</li> <li>• Dental</li> <li>• Pharmacy</li> <li>• Lab Testing</li> <li>• MRI &amp; CT Scans</li> <li>• Hearing Aids</li> <li>• Legal Care Direct</li> <li>• ID Sanctuary Enhanced</li> <li>• Roadside Assistance</li> <li>• PetCare</li> </ul>
Packages	Monthly Cost (Covers entire family)
NFP Advantage	\$9.93
NFP Advantage Plus	\$13.23
NFP Premier	\$19.96



## Critical Illness with Cancer Rider - 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.

### BENEFITS

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

<b>COVERED CRITICAL ILLNESSES:<sup>1</sup></b>	<p>CANCER (Internal or Invasive) 100%</p> <p>HEART ATTACK (Myocardial Infarction) 100%</p> <p>STROKE (Ischemic or Hemorrhagic) 100%</p> <p>MAJOR ORGAN TRANSPLANT 100%</p> <p>CORONARY ARTERY BYPASS SURGERY<sup>2</sup> 25%</p>	<p>RENAL FAILURE (End-Stage) 100%</p> <p>COMA, SEVERE BURNS, PARALYSIS, LOSS OF SIGHT, LOSS OF SPEECH, LOSS HEARING, BENIGN BRAIN TUMOR- 100%</p> <p>CARCINOMA IN SITU<sup>2</sup> 25% (if has not spread)</p> <p>SKIN CANCER- \$250 PCY</p> <p>ADVANCED ALZHEIMER &amp; PARKINSON DISEASE- 25%</p>
<b>FIRST-OCCURRENCE BENEFIT</b>	<p>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 \$30,000. If you are deemed ineligible due to a previous medical condition, you still retain the ability to purchase Spouse coverage.</p>	
<b>ADDITIONAL OCCURRENCE BENEFIT</b>	<p>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.</p>	
<b>RE-OCCURRENCE BENEFIT</b>	<p>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 6 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.</p>	
<b>CHILD COVERAGE AT NO ADDITIONAL COST</b>	<p>Each Dependent Child is covered at 50 percent of the primary insured amount at no additional charge.</p>	
<b>\$50 HEALTH SCREENING BENEFIT (Employee and Spouse only, 30 day waiting period from date of enrollment)</b>	<p>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.</p>	
<b>COVERED HEALTH SCREENING TESTS INCLUDE:</b>	<ul style="list-style-type: none"> <li>• 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)</li> </ul>	<ul style="list-style-type: none"> <li>• 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 • CEA (blood test for colon cancer)</li> </ul>

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

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.*

## Accident - 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
Employee	\$11.72
Employee & Spouse	\$19.62
Employee & Dependent Children	\$26.75
Family	\$34.65

*\*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 per covered person. 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 deducted Pre-Tax.*



## Hospital Indemnity - 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.

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 Benefit is deducted Pre-Tax.*

Monthly Rates	
Employee	\$21.47
Employee & Spouse	\$40.79
Employee & Dependent Children	\$34.12
Family	\$53.44

BENEFIT SUMMARY	
<b>HOSPITAL CONFINEMENT (PER DAY)</b> Paid out First Day (Max 31 days)	\$250.00
<b>HOSPITAL ADMISSION (PER CONFINEMENT)</b> Paid out First Day	\$1,000.00
<b>HOSPITAL INTENSIVE CARE (PER DAY)</b> (10-day max during one period of confinement)	\$250.00

## Flexible Spending Accounts (FSA) - Medcom

**Medcom FSA increases your take-home pay by reducing your taxable income.** A Flexible Spending Account (FSA) allows you to **save up to 30%** on eligible healthcare and/or dependent care expenses every year by using **pre-tax dollars**.

Consider how much you spend on healthcare and/or dependent care expenses for you and your qualified dependents in one year:

- Prescription drugs/Medications
- Medical/Dental office visit co-pays
- Eye Exams and prescription glasses/lenses
- Vaccinations
- Daycare tuition

Why not reduce these expenses by using pre-tax dollars instead of after-tax dollars? With rising healthcare costs, ***every penny counts!***

By using pre-tax dollars, you are taxed on a lower gross salary, thereby saving money that would otherwise be spent on federal, state and FICA taxes, and thereby you ***increase your take home pay!*** See the example ----->>

### How Medcom Works

Medcom FSA is offered through your employer and is administered by Medcom. When you choose to enroll in a Medcom FSA Healthcare and/or Dependent Care, you choose the dollar amount you want to contribute to each account based on your estimated expenses for the upcoming Plan Year. Your Contributions will be deducted in equal amounts from each paycheck, **pre-tax**, throughout the Plan Year. ***The more you contribute to these accounts, the more you save by paying less in taxes!***

**Participants will be subject to a monthly \$3.50 administrative fee.**

### Maximum Annual Election

**Healthcare: \$2700**

**Dependent Day Care \$5000**

**Rollover: \$250- Participants will have one year to use the rollover funds.**

### Reimbursements and the Medcom Card

As you incur eligible expenses, simply submit a request for reimbursement to Medcom in order to receive reimbursement from your FSA, up to the amount of your annual contribution. Medcom offers multiple methods for requesting a reimbursement: Online, Text Message, Mobile App, Fax, or Mail.

For additional convenience, you will be issued a Medcom Card to directly access your Medcom funds when paying for eligible medical and/or dependent care expenses at the point of purchase, which eliminates the need for requesting a reimbursement. The Medcom Card also offers the MyCash Account feature that allows you to auto-deposit your reimbursements into a separate cash account and directly access those funds with your Medcom Card for any purchase. Your benefits card also becomes a VISA cash card.

Pre-Tax Savings Example	Without FSA	With FSA
Gross Monthly Pay:	\$3,500	\$3,500
<u>Pre-Tax Contributions</u>		
Medical/Dental Premiums	\$0	-\$125
Medical Expenses (FSA)	\$0	-\$75
Dependent Care Expenses	\$0	-\$400
TOTAL:	\$0	-\$600
Taxable Monthly Income	\$3,500	\$2,900
Taxes (federal, state, FICA):	-\$968	-\$802
Out-of-pocket Expenses:	-\$600	\$0
Monthly Take-home Pay:	\$1,932	\$2,098
Net Increase in Take-Home Pay = \$166/mo! For illustration only. Actual dollar amounts may vary.		





# Online Portal Quick Start Guide

Getting the Most From Your Medcom Benefit Solutions  
Consumer Driven Health Plans!

Follow these easy steps to optimize your account

## Register for the Portal

Check your balance, submit claims, view transactions and more.

1. Visit <https://medcom.wealthcareportal.com> and click Register
2. Create your username and password
3. Use either your card number or your Employee ID, which is your social without dashes
4. Refer to your emailed welcome letter for your Employer ID
5. Follow the prompts to complete your registration

## Set up Account Alerts

Confirm your preferences for important communications and alerts.

1. Click on Your Name > Communication Settings in the top right corner
2. Register your mobile phone for SMS text alerts
3. For each alert type, choose how you want to receive the alert and click *Save* when you are done editing your preferences
4. From the Accounts Summary page, click on the Statements and Tax Forms links under your HSA and select Electronic as your delivery method for fast and secure access without added fees

## Enroll in Direct Deposit

Don't wait for reimbursement or waste time depositing checks.

1. Click on Your Name > Profile in the top right corner
2. Click Edit above Reimbursement Method
3. Select Direct Deposit and fill out your bank account information



Contact



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

[MedcomReceipts@medcombenefits.com](mailto:MedcomReceipts@medcombenefits.com)

(800) 523-7542, option 1

# The Medcom Mobile App

## Make better healthcare spending and saving decisions with the Medcom Mobile App!

The Medcom Mobile app takes the guesswork out of your healthcare spending and saving decisions. It includes a personalized, real-time, and self-guided experience that ensures you have access to not only powerful self-service capabilities such as viewing and managing your account information, submitting claims, and accessing account alerts but also actionable insights that lead you down a path to better healthcare spending and saving behaviors.

Medcom Mobile combines health and wealth in one location, giving you personalized, low-cost, high-quality healthcare options, making you a smarter healthcare consumer by spending less now and saving more for the future.



## Get the most of every dollar

- A modern, easy-to-use mobile experience with powerful self-service capabilities
- Virtual medicine cabinet for managing your monthly drug costs
- Data-driven tools, including a personalized Smart Score, that guide you to make informed decisions about where to best spend and save your healthcare dollars
- Find care to help you search for providers or procedure and drug prices
- Funding calculator to help you save for the future
- Personalized recommendations to help you maximize account value

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## Download it Today!

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\* The Medcom Benefit Solutions Mobile App is available on the App Store and Google Play.



## 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](http://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](http://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](http://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, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: <a href="http://myalhiip.com/">http://myalhiip.com/</a> Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: <a href="http://myarhiip.com/">http://myarhiip.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycobibi.com/">https://www.mycobibi.com/</a> HIBI Customer Service: 1-855-692-6442	Website: <a href="https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268

<b>GEORGIA Medicaid</b>	<b>MASSACHUSETTS Medicaid and CHIP</b>
Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162 ext 2131	Website: <a href="https://www.mass.gov/info-details/masshealth-premium-assistance-pa">https://www.mass.gov/info-details/masshealth-premium-assistance-pa</a> Phone: 1-800-862-4840
<b>INDIANA Medicaid</b>	<b>MINNESOTA Medicaid</b>
Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> Phone 1-800-457-4584	Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739
<b>IOWA Medicaid and CHIP (Hawki)</b>	<b>MISSOURI Medicaid</b>
Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Hawki Phone: 1-800-257-8563 HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> HIPP Phone: 1-888-346-9562	Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005
<b>KANSAS Medicaid</b>	<b>MONTANA Medicaid</b>
Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> Phone: 1-800-792-4884	Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084
<b>KENTUCKY Medicaid</b>	<b>NEBRASKA Medicaid</b>
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328 Email: <a href="mailto:KIHIP.PPROGRAM@ky.gov">KIHIP.PPROGRAM@ky.gov</a>  KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a> Phone: 1-877-524-4718  Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a>	Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

#### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)



## Disclosure Notice

Unless otherwise noted, a paper copy is available, free of charge, by calling NFP at 877-242-4380.

### **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.bartowcountyschools.bswift.com](http://www.bartowcountyschools.bswift.com). A paper copy is also available, free of charge, by calling your Employer or NFP at 877-242-4380. 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 99272, 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](http://www.bartowcountyschools.bswift.com). A paper copy is also available, free of charge, by calling your Employer or NFP at 877-242-4380. 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](http://www.bartowcountyschools.bswift.com). A paper copy is also available, free of charge, by calling your Employer or NFP at 877-242-4380. 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](http://www.bartowcountyschools.bswift.com). A paper copy is also available, free of charge, by calling your Employer.

## Why Would I Contact the NFP Service Center?

**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 Service 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-term 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 Qualifying Events:** Most benefit plans require that you have a Qualifying Event (like marriage, birth of a child or other life event) to make a change in your election anytime other than during open enrollment. We work with your employer to ensure that your change follows the rules of the plan, that your request is allowed within the appropriate timeframes, and that you give proper documentation of the event.

**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 Service Center representative can walk you through every step of the enrollment process. Whether it's an online enrollment or paper enrollment form, your Service 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 Service 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.*

**877-242-4380**

**[NFPseCustomerService@nfp.com](mailto:NFPseCustomerService@nfp.com)**

## Contact Information

Plan	Administrator	Website or Email	Phone Number
Benefit/ Enrollment Questions	NFP	<a href="mailto:NFPseCustomerService@nfp.com">NFPseCustomerService@nfp.com</a>	877-242-4380
Benefits Resource Center	NFP	<a href="http://shawhankinsbenefits.net/bcs">http://shawhankinsbenefits.net/bcs</a>	877-242-4380
Payroll/Benefits	Samantha Elrod Lindsey Huskins	<a href="mailto:Samantha.Elrod@bartow.k12.ga.us">Samantha.Elrod@bartow.k12.ga.us</a> <a href="mailto:Lindsey.Huskins@bartow.k12.ga.us">Lindsey.Huskins@bartow.k12.ga.us</a>	770-606-5800
Dental	Delta Dental	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>	800-521-2651
Vision	EyeMed	<a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a>	866- 723-0596
Voluntary Life	Standard	<a href="http://www.standard.com">www.standard.com</a>	888-937-4783
Short-Term/ Long-Term Disability	Standard	<a href="http://www.standard.com">www.standard.com</a>	888-937-4783
Critical Illness, Accident, & Hospital Indemnity	AFLAC	<a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a>	800-433-3036
Flexible Spending Accounts	Medcom	<a href="http://www.medcombenefits.com">www.medcombenefits.com</a>	800-523-7542

