Cartersville School System

HELPING YOU UNDERSTAND
Your Benefit Choices

Open Enrollment Benefits Guide 2025

This is a high-level benefits guide of certain benefits your employer offers. The information in this booklet is intended as a general outline of the benefits offered under your employers benefits program and should not be considered legal, investment or other benefits advice. Specific details and plan limitations are provided in the Summary Plan Descriptions (SPD), which is based on the official Plan Documents that may include policies, contracts and plan procedures. The SPD and Plan Documents contain all the specific provisions of the plans. In the event that the information in this brochure differs from the Plan Documents, the Plan Documents will prevail. Benefit plans are subject to change, amendment, or termination without notice to or the agreement of any employee/participant. All protected health information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see the "Notices" Section in the back of this benefits booklet.

**This guide may or may not be applicable to union employees.*

CONTENTS

GLOSSARY OF TERMS

Dependent Verification Services (DVS) – Service used to verify dependent proof of relationship when adding dependents to benefit plans.

Beneficiary – A person designated by you, the participant of a benefit plan, to receive the benefits of the plan in the event of the participant's death.

- **Primary Beneficiary –** A person who is designated to receive the benefits of a benefit plan in the event of the participant's death
- **Contingent Beneficiary** – A person who is designated to receive the benefits of a benefit plan in the event of the Primary Beneficiary's death

Charges – The term "charges" means the actual billed charges. It also means an amount negotiated by a provider, directly or indirectly, if that amount is different from the actual billed charges.

Coinsurance – This is your share of the expense of covered services after your deductible has been paid when the company plan is paying a percentage. The coinsurance rate is usually a percentage.

Deductible – The amount of money you are responsible for paying each year before the plan begins to pay for covered services, with the exception of preventive care services, which are covered at 100% In-Network.

Dependents – Dependents are your:

- Lawful spouse through a marriage that is lawfully recognized.
- Dependent child (married or unmarried) under the age of 26 including stepchildren and legally adopted children.

Proof of relationship documentation will be required in order to add dependents to your plan(s). Employees will receive request for documentation.

Emergency Care – that meets the definition of "emergency services" and is authorized as such by either the PCP or the review organization is considered in-network.

Emergency Services – Medical, psychiatric, surgical, hospital, and related health care services and testing, including ambulance service, that are required to treat a sudden, unexpected onset of a bodily injury or serious sickness that could reasonably be expected by a prudent layperson to result in serious medical complications, loss of life, or permanent impairment to bodily functions in the absence of immediate medical attention. Examples of emergency situations include uncontrolled bleeding, seizures or loss of consciousness, shortness of breath, chest pains or severe squeezing sensations in the chest, suspected overdose of medication or poisoning, sudden paralysis or slurred speech, burns, cuts, and broken bones.

The symptoms that led you to believe you needed emergency care, as coded by the provider and recorded by the hospital, or the final diagnosis – whichever reasonably indicated an emergency medical condition – will be the basis for the determination of coverage provided such symptoms reasonably indicate an emergency.

Evidence of Insurability (EOI) – Proof that you are insurable based on the requirements of the insurance carrier. *For example, the results of a blood test or a doctor's signature on a form may be required for you to be covered by/for Optional Life insurance.*

Explanation of Benefits (EOB) — The health insurance company's written explanation of how a medical claim was paid. It contains detailed information about what the company paid and what portion of the costs are your responsibility.

In-Network – The term "in-network" refers to health care services or items provided by your Primary Care Physician (PCP) or services/items provided by another participating provider and authorized by your PCP or the review organization. Authorization by your PCP or the review organization is not required in the case of mental health and substance abuse treatment other than hospital confinement solely for detoxification.

Out-of-Network – The term "out-of-network" refers to care that does not qualify as in-network.

Maximum Out of Pocket — The most money you will pay during a year for coverage. It includes deductibles, copayments and coinsurance, but is in addition to your regular premiums. Beyond this amount, the insurance company will pay all expenses for the remainder of the year.

Medically Necessary/Medical Necessity – Required to diagnose or treat an illness, injury, disease, or its symptoms; in accordance with generally accepted standards of medical practice; clinically appropriate in terms of type, frequency, extent, site, and duration; not primarily for the convenience of the patient, physician, or other health care provider; and rendered in the least intensive setting that is appropriate for the delivery of the services and supplies.

Participating Provider – A hospital, physician, or any other health care practitioner or entity that has a direct or indirect contractual arrangement with United Healthcare to provide covered services with regard to a particular plan under which the participant is covered.

Post-Tax – To have the payment to your benefits deducted from your gross pay after your taxes have been withheld. Therefore, your tax contributions will be calculated based on a higher amount. Your statutory deductions (federal income tax, Social Security, Medicare) will be calculated based on a higher amount.

Pre-Tax – To have the payment to your benefits deducted from your gross pay before your taxes have been withheld. Therefore, your tax contributions will be calculated based on a lesser amount. Your statutory deductions (federal income tax, Social Security, Medicare) will be calculated based on a lesser amount.

Primary Care Physician (PCP) – The term "Primary Care Physician" means a physician who (a) qualifies as a participating provider in general practice, obstetrics/gynecology, internal medicine, family practice, or pediatrics; and (b) has been selected by you, as authorized by the provider organization, to provide or arrange for medical care for you or any insured dependents.

Primary Care Dentist (PCD) – The term "Primary Care Dentist" means a dentist who (a) qualifies as a participating provider in general practice, referrals, or specialized care; and (b) has been selected by you, as authorized by the provider organization, to provide or arrange for dental care for you or any of your insured dependents.

Proof of Relationship Documentation – Documents that show a dependent is lawfully your dependent. Documents can include marriage certificates, birth certificates, adoption agreements, previous years' tax returns, court orders, and/or divorce decrees showing your or your spouse's responsibility for the dependent.

OPEN ENROLLMENT

OPEN ENROLLMENT MEMO

ENROLLMENT & BENEFIT INFORMATION (Plan Year: 01/01/2025 -12/31/2025):
Enrollment opens at 12:00 a.m. on 10/15/2024 and closes at 11:59 p.m. on 11/08/2024. An Open Enrollment Presentation, plan documents and summaries on all of the benefits offered, and the Decision Guides for State Health are conveniently located on the Benefit Resource Center.

The State Health Benefit Plan enrollment website mySHBPga.adp.com will be available for your health coverage selections. It is encouraged that each employee access this website and enroll or waive coverage for you and your dependents. If you are currently enrolled and do not go online and make an election you will be default enrolled in your current plan, coverage tier and tobacco status. If you are currently declined and you do not go online and make an election, you will remain as "declined". All employees must verify dependent social security numbers, dependent dates of birth, and demographic information on the State Health enrollment website.

All changes to non-medical benefits will be made on the NFP bswift Enrollment Website at cartersvilleschool.bswift.com . You MUST enroll or waive the FSA /Section 125 plans (Flexible Spending Accounts) online as well as verify your dependent social security numbers, dependent dates of birth, demographic information, and review your dental, vision, life and disability coverage elections and verify or update your beneficiaries for life insurance.

Medical (State Health): The Decision Guide is available at **www.shbp.georgia.gov/enrollment/open-enrollment**. ***It is highly recommended you review the State Health Decision Guide in detail.*** All newly enrolled spouses or children on the State Health Benefit Plan will be required to return the barcoded cover sheet along with documentation for proof of dependent eligibility. The barcoded cover sheet will be provided by State Health and must be returned as directed within the communication.

Dental (Ameritas): The Cartersville School System will now be offering dental benefits through Ameritas with no changes to the plan designs. We strongly encourage using an in-network dental provider for the best savings. Please review the benefit summary in detail and review the flyers listed on the BRC site for more information pertaining to the benefit enhancements.

Vision (NVA): The vision carrier and plans will remain the same for the new plan year. Please review the benefit summary in detail and review the flyers listed on the BRC site for more information pertaining to the benefit enhancements.

Group Life/AD&D, Voluntary Life, Short Term Disability (STD), Long Term Disability (LTD) (Cigna): ***Please review/update your beneficiaries for Life Insurance.*** The Cartersville School System continues to provide you with $50,000 in Group Life/AD&D. You have the option to purchase additional Voluntary Life Insurance and Short & Long Term Disability Insurance. Please review carefully the plan features located in the NFP Benefit Enrollment Guide and online.

Flexible Spending Accounts (FSA-Health/Medical Care Reimbursement & Dependent Care): The Flexible Spending Accounts will continue to be offered for the new plan year for the health/medical care or dependent care reimbursement accounts. **However, you are REQUIRED to enroll/waive the FSA plans ONLINE through the NFP Enrollment Website at cartersvilleschool.bswift.com.** The plan year will start January 1, 2025. Please note the maximum contribution for the medical FSA is **$3,200.00** for the 2024 plan year. The **$640** roll-over feature will continue but will be limited to one plan year if you do not choose to participate in the flexible spending account in the subsequent year. If you are enrolled in the State Health UnitedHealth Care High Deductible Health Plan with the Health Savings Account, you are NOT eligible to participate in the Health/Medical Care Flexible Spending Account.

OPEN ENROLLMENT

OPEN ENROLLMENT MEMO

Accident Insurance (Aflac): The Accident Insurance will continue to be administered by Aflac. Aflac's Accident coverage provides a lump sum benefit based on the type of injury (or covered incident) you sustain **(On-Or-Off the Job)** or the type of treatment you need. **Examples of covered injuries include**: broken bones; eye injuries; burns; ruptured discs; torn ligaments; concussion; cuts repaired by stitches; and coma due to a covered injury. **Some covered expenses include**: emergency room treatment; occupational therapy; outpatient surgery facility; speech therapy; doctor office visit; chiropractic visit; hospitalization; physical therapy. **Enrollment is simple - You can enroll online via the enrollment website.** A full schedule of benefits is also available online on the Benefit Resource Center.

Critical illness (Aflac): Aflac Critical Illness Insurance can supplement existing medical coverage and help provide financial support to pay for out-of-pocket expenses such as mortgage payments, college tuition, hiring household help, or treatment not covered by your medical plan. Benefits are paid regardless of what is covered by medical insurance. Payments are made directly to covered employees to spend as they choose.

Universal Life (Aflac): Aflac Universal Life Insurance helps employees by combining the benefit of life insurance *with living benefits they can use for long term care, home healthcare, adult day care, or assisted living. The benefit h*elps provide permanent financial protection and is a financial tool that helps you manage life at every stage. It allows you to build cash value over time that *you can access for life's challenges and opportunities.*

Questions:

If you have any non-medical benefit and/or enrollment related questions that cannot be answered through the enrollment guide, please contact the ***NFP Benefit Center directly at (800) 994-7429.*** If you have any State Health (medical) benefit and/or enrollment related questions that cannot be answered through the State Health Decision Guide, this guide, or the State Health enrollment website, please contact ***State Health at (800) 610-1863.***

WELCOME

BENEFITS MENU | ENROLLMENT

BENEFITS OFFERED

MY HEALTH

Medical | **State Health**
Dental | **Ameritas**
Vision | **NVA**
Flexible Spending Accounts | **Navia**

MY LIFE

Life and AD&D | **Cigna**
Disability | **Cigna**
Accident | **Aflac**
Critical Illness **| Aflac**
Universal Life **| Aflac**

Your Open Enrollment Period

OCTOBER 15, 2024 – NOVEMBER 8, 2024

ENROLLMENT INSTRUCTIONS

1. Review the information in this guide and benefit plan summaries.
2. Please go online or meet with a NFP Benefit Counselor to elect or decline coverage by November 3rd.
3. Please contact NFP at (800) 994-7429 to speak with a Benefit Counselor if you need assistance with your enrollment.
4. You will not be allowed to make changes after the open enrollment window closes, unless you experience a qualifying life event.

NOTE: All employees are encouraged to log into bswift and the State Health ADP enrollment portal to confirm their demographic information, dependent information, student status information, and beneficiary information. For reporting purposes, Social Security numbers and date of birth information must be provided and accurate. During the annual open enrollment, you MUST enroll or waive the FSA/Section 125 plans online.

Helpful Tips To Consider Before You Enroll

1. **Do you plan to enroll an *eligible dependent(s)*?**
   If so, make sure to have their social security numbers and birthdates available. You cannot enroll your dependent(s) without this information.
2. **Have you recently been *married/divorced or had a baby*?**
   If so, remember to add or remove any dependent(s) and/or update your beneficiary designation.
3. **Did any of your covered children reach their *26th birthday this year*?**
   If so, they may no longer be eligible for benefits, unless they meet specific criteria.

WELCOME

BENEFITS MENU | ENROLLMENT GUIDE

BENEFITS OFFERED

MY HEALTH

Medical | **State Health**
Dental | **Ameritas**
Vision | **NVA**
Flexible Spending Accounts | **Navia**

MY LIFE

Life and AD&D | **Cigna**
Disability | **Cigna**
Accident | **Aflac**
Critical Illness **| Aflac**
Universal Life **| Aflac**

Your Open Enrollment Period

OCTOBER 15, 2024 – NOVEMBER 8, 2024

STATE HEALTH ENROLLMENT INSTRUCTIONS:

1. Go to **mySHBPga.adp.com**
2. Under the OE window, click on **Continue** to proceed with your 2025 Plan Year enrollment.
3. Click on the **Terms and Conditions message** to review Terms and Conditions before accepting. **You must click Accept Terms and Conditions to continue to the next step of enrollment.**
4. To start your Election Process, click on **Go to Make your Elections**.
5. Click on **Go To Tobacco Surcharge question**. You MUST answer the Tobacco Surcharge question using the radial buttons.
6. Click on **Go to Health Benefits** to choose your medical claim administrator and plan options.
7. Make your elections.
8. Click on **Go to Review and Confirm Changes**.
9. Click **Finish**.

NOTE: If Finish is NOT clicked, your enrollment process has not been completed.

BSWIFT ENROLLMENT INSTRUCTIONS:

1. Go to **cartersvilleschool.bswift.com**
2. Enter your Username: **Last Name + Last 4 of your SSN** e.g.John Smith = Smith4567
3. Enter your Password: **Last 4 of your SSN**
4. Follow instructions and enroll in your benefits
5. Make sure to complete your enrollment and email yourself a confirmation statement.

Helpful Tips For Enrolling

1. **It is MANDATORY for each employee to access the State Health website and enroll or waive coverage for you and your dependents.**
2. **If you are currently enrolled and do not go online and make an election, you will be default enrolled in your current plan, at your current coverage tier and tobacco status.**
3. **If you have waived coverage and you do not go online and make an election, you will remain with a waiver of coverage.**
4. **If you experience any technical difficulties with State Health, please contact SHBP Member Services at 800-610-1863. If you experience any issues with bswift, please contact the NFP Service Center at (800) 994-7429**

ELIGIBILITY

RULES | REQUIREMENTS

EMPLOYEE ELIGIBILITY

You are eligible to participate if you are full-time. Your coverage will be effective 1st of the month following 30 days from your date of hire.

DEPENDENT ELIGIBILITY

You may also enroll eligible dependents for benefits coverage. A **'dependent'** is defined as the **legal spouse** and/or '**dependent child(ren)'** of the plan participant or the spouse.

The term 'child' refers to any of the following:

- A natural (biological) child;
- A stepchild;
- A legally adopted child;
- A foster child;
- A child for whom legal guardianship has been awarded to the participant or the participant's spouse/domestic partner; or
- Disabled dependents may be eligible if requirements set by the plan are met.

The chart provided below explains who is eligible for coverage under each benefit plan type:

Line of Coverage	Who is eligible
Medical, Dental, Vision, Life, Accident, & Critical Illness	Employee, Spouse, and/or Child(ren) under 26
Universal Life	Employee and Spouse
Disability	Employee Only

Qualifying Life Events

If you have a Qualifying Life Event and want to request a mid-year change, you must notify the Benefits Department and complete your election changes within 30 days following the event. Be prepared to provide documentation to support the Qualifying Life Event.

Common life events include; Marriage, Divorce, New Dependent, Loss/gain of available coverage by you or any of your dependents.

Please contact NFP at (800) 994-7429 to speak with a benefits counselor regarding enrollment in non-medical coverage due to a Qualifying Event. For enrollment in medical coverage due to a Qualifying Event, please contact State Health at (800) 610-1863.

IMPORTANT

You cannot make changes to these elections during the year unless you experience a qualified family status change, which must be reported to the Benefits Department within 30 days of the event.

If you separate from employment, COBRA continuation of coverage may be available as applicable by law. COBRA Continuation details can be found in the notices section of this employee benefit guide.

HEALTH

STATE HEALTH BENEFIT PLAN RATE SHEET

JANUARY 2025 – DECEMBER 2025

Plan Options	Employee	Employee + Child(ren)	Employee + Spouse	Family
ANTHEM GOLD	$194.67	$355.26	$482.76	$643.35
ANTHEM SILVER	$131.17	$247.31	$349.41	$465.55
ANTHEM BRONZE	$82.67	$164.86	$247.56	$329.75
ANTHEM HMO	$157.53	$292.12	$404.77	$539.36
KAISER HMO	$157.53	$292.12	$404.77	$539.36
UHC HMO	$196.58	$358.50	$486.77	$648.69
UHC HDHP	$72.69	$147.89	$226.60	$301.80

State Health Benefits
(800) 610-1863
www.dch.georgia.gov/shbp

Anthem BlueCross & BlueShield
(855) 641-4862
www.anthem.com/shbp/

United HealthCare
(888) 364-6352
www.whyuhc.com/shbp

Kaiser Permanente
(855) 512-5997
my.kp.org/shbp/

PeachCare for Kids
(877) 427-3224
www.peachcare.org

Tri-Care Supplement
(866) 637-9911
www.selmantricareresource.com/ga_shbp

CVS Caremark
(844) 345-3241
http://info.caremark.com/shbp

FLEXIBLE SPENDING ACCOUNT

FSA | TAX SAVING VEHICLE

Flexible Spending Accounts (FSA) allow you to reduce your taxable income by setting aside pre-tax dollars from each paycheck to pay for eligible out-of-pocket health care and dependent care expenses* for yourself, your spouse and your dependent children.

In order to participate in the FSA, you must enroll each year. Your annual contribution stays in effect during the entire year **(January 1st through December 31st)**. The only time you can change your election is during the enrollment period or if you experience a change-in-status event. Also, you must elect this benefit within **30 days** of your hire date or first date of benefits eligibility.

ELIGIBLE EXPENSES

- A full list of qualified FSA expenses can be found in IRS Publication 502 at **www.irs.gov.**
- You can learn more about FSA qualified expenses and also make purchases by visiting the FSA Store at www.**fsastore.com.**

HEALTH CARE & LIMITED PURPOSE FSA

MAXIMUM ANNUAL CONTRIBUTION | $3,200

All eligible health care expenses – such as deductibles, medical and prescription copays, dental expenses, and vision expenses – can be reimbursed from your general purpose FSA account.

With the Health Care FSA or Limited Purpose FSA, you can spend up to the full amount of your annual election as soon as your account has been set up.

DEPENDENT CARE FSA

The Dependent Care FSA allows you to pay for eligible dependent care expenses with tax-free dollars so that you and your spouse can work or attend school FT.

Unlike the Health Care FSA, funds in a Dependent Care FSA are only available once they have been deposited into your account and you cannot use the funds ahead of time.

- You may set aside up to **$5,000** annually in pre-tax dollars, or **$2,500** if you are married and file taxes separately from your spouse.
- If you participate in a Dependent Care FSA, you cannot apply the same expenses for a dependent care tax credit when you file your income taxes.

navia benefit solutions

IMPORTANT FSA RULES

HEALTH CARE FSA ROLLOVER

Health Care FSAs have a **$640 roll over** feature, which allows any amount of $640 or less remaining in your account at the end of the plan year to roll over into the new plan year.

MULTIPLE METHODS FOR ACCOUNT MANAGEMENT

Navia Online:
https://naviabenefits.com

Wealthcare Manager: within Navia at www.wealthcareadmin.com

Navia Mobile App: search Navia Benefits in Google Play or Apple App Store or download from website

ELIGIBLE DEPENDENT CARE EXPENSES INCLUDE:

1. **'Care'** for your dependent child who is under the age of 13 that you can claim as a dependent on your federal tax return;
2. **'Care'** for your dependent child who resides with you and who is physically or mentally incapable of caring for themselves; or
3. **'Care'** for your spouse, parent or grandparent who is physically or mentally incapable of caring for themselves and spends at least eight hours a day in your home.

'Care' is defined as: In-home baby-sitting services (not by an individual you claim as a dependent); care of a preschool child by a licensed nursery or day care provider; before and after-school care; summer day camp (provided it is not overnight); and in-home dependent day care.

FLEXIBLE SPENDING ACCOUNT

FSA | TAX SAVING VEHICLE

HERE'S HOW IT WORKS

An employee earning $30,000 elects to place $2,650 into a Health Care FSA. The payroll deduction is $110.42 based on a 24 pay period schedule. As a result, the insurance premiums and health care expenses are paid with tax-free dollars, giving the employee a tax savings of $574.

	Without FSA	With FSA
Gross Income	$30,000	$30,000
FSA Contributions	$0	-$2,650
TAXABLE INCOME	**$30,000**	**$27,350**
Estimated Taxes		
Federal	$3,090*	-$2,817*
State	$1,104**	$1,106**
FICA	$2,295	$2,092
AFTER TAX EARNINGS	**$23,511**	**$21,435**
Eligible Out-Of-Pocket Expenses	$2,650	$0
AVAILABLE/SPENDABLE INCOME	**$20,861**	**$21,435**

That's a savings of $574 for the year!

This example is for illustrative purposes only. Every situation varies and it is recommended you consult a tax advisor for all tax advice.

**Varies, assumes 10.30%;*
***Varies, assumes 3.68%*

OVER-THE-COUNTER (OTC) MEDICATION REMINDER

Effective for purchases on or after January 1, 2020, thousands of items, including pain relievers, cold and flu medications, antacids, acne remedies, and allergy medicines are now reimbursable from an FSA, Section 213 HRA, or HSA without a prescription.

In addition to eliminating the prescription requirement on OTC drugs and medicine, the new CARES Act has added hundreds of menstrual products to the list of approved expenses, including tampons, pads, liners, cups, sponges and similar items. As was the case prior to the passage of the ACA, vitamins and supplements will continue to require a physician's "prescription" indicating that they are being taken to treat a diagnosed medical condition (e.g., anemia) rather than for general health and wellness.

ELIGIBLE HEALTH FSA EXPENSES*

- Acupuncture
- Alcoholism treatment
- Artificial teeth/dentures
- Blood pressure monitors
- Braces
- Braille-books & magazines
- Breast pumps & lactation supplies
- Chiropractors
- Co-insurance, co-pay & deductibles
- Cost of operations & related treatments
- Crutches
- Diabetic supplies
- Drug addiction treatment
- Eye exams, eyeglasses, contacts
- Hearing devices & batteries
- Hospital services
- Operations
- Pregnancy tests
- Radial keratotomy & lasik eye surgery
- Smoking cessation programs
- Speech therapy
- Surgical fees
- Vaccines
- Walkers & wheelchairs
- X-rays and more.

A full list of qualified expenses can be found in IRS Publication 502 at www.irs.gov.

IMPORTANT: PAYING FOR ELIGIBLE SERVICES & EXPENSES

Visit the FSA Store at **www.FSAstore.com,** where you can purchase FSA-eligible products without a prescription online.

Although you do not need to file for reimbursement when using your FSA debit card, you may be required to submit documentation, so be sure to save your receipts.

If you use a personal form of payment to pay for eligible expenses* out-of-pocket, *you can submit an FSA claim form along with your original receipts for reimbursement.

DENTAL
COVERAGE OVERVIEW

PRE-TREATMENT ESTIMATE
If your dental care is extensive and you want to plan ahead for the cost, you can ask your dentist to submit a pre-treatment estimate. While it is not a guarantee of payment, a pre-treatment estimate can help you predict your out-of-pocket costs.

MISSING TOOTH EXCLUSION
The plan will not replace a tooth that was extracted before the person was insured by a Cartersville School System dental plan.

PREVENTION FIRST
Your dental health is an important part of your overall health. Make sure you take advantage of your preventive dental visits.

Preventive care services are covered at 100% if you visit an In-Network provider. They are also not subject to the annual deductible but will apply to the annual benefit maximum.

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. Keep in mind, if your doctor charges more than the Plan's "reasonable and customary" charge, you may be required to pay the extra amount.

How do I find an In-Network Provider?
This dental plan offers deeper discounts when you visit a provider that is In-Network. In-Network providers can be found on https://dentalnetwork.ameritas.com/.

Select the "Classic (PPO)" network and enter your zip code. We encourage staying in the network for the best savings.

For additional assistance contact: (800) 659-5556

Maintaining our dental health is a large component in our overall health. While brushing and flossing daily is important, routine dental exams and cleanings are necessary to remove bacteria, plaque, and tartar and detect early signs of gum disease. In addition, regular dental visits may reveal other health issues.

Cartersville Schools offers dental coverage as summarized below:

Ameritas	Low Plan	High Plan
PLAN FEATURES - METLIFE		
Benefit Period	**Calendar Year**	
DEDUCTIBLE		
Single	**$50**	**$0**
Family	**$150**	**$0**
When does it apply?	When receiving Basic or Major services (Does not apply for Preventive or Orthodontia services)	
COVERED SERVICES		
CLASS I: Preventive Services *Periodic oral evaluation (2 per calendar year); Prophylaxis (cleanings), Bitewing X-rays – four films; Topical fluoride application; sealants*	**Covered at 100%**	**Covered at 100%**
CLASS II: Basic Services *Filling, amalgam, e.g., silver-colored, two surfaces; Extractions, Endodontics, Periodontics*	**Covered at 80%**	**Covered at 80%**
CLASS III: Major Services *Crowns, implants, dentures, fixed bridges*	**Covered at 50%**	**Covered at 80%**
ORTHODONTIA (Children only up to age 19)	**Covered at 50%; up to a lifetime maximum benefit of $1,000**	**Covered at 50%; up to a lifetime maximum benefit of $1,000**
ANNUAL MAXIMUM		
Maximum Benefit *Allowed per Benefit Period*	**$1,750 per covered individual**	**$2,250 per covered individual**

MONTHLY DENTAL PLAN DEDUCTIONS

Coverage Tier	Low Plan	High Plan
Employee Only	$47.08	$70.66
Employee + Spouse	$92.12	$137.64
Employee + Child(ren)	$108.78	$144.42
Employee + Family	$161.72	$225.62

VISION
COVERAGE OVERVIEW

Good visual health can play an important role in our overall health. For those of us with eye care needs, having a Vision plan available from Cartersville School System can ultimately help offset some of those associated costs in preserving our eye health and ongoing wellness. Becoming a member of the Vision plan available through the school system will enable you to take advantage of substantial savings on your eye care and eyewear needs.

NVA	IN-NETWORK	OUT-OF-NETWORK
PLAN FEATURES - NVA		
Vision Exam	**$10** copay	Up to **$40**
COVERED SERVICES – LENSES / FRAMES		
Single Lenses	**$25** copay	Up to **$30**
Bifocals	**$25** copay	Up to **$50**
Trifocals	**$25** copay	Up to **$70**
Frames	Up to **$120** allowance (retail) ; Up to **$47** allowance (Walmart/Sam's)	Up to **$84** (retail)
COVERED SERVICES		
Contact Lenses - Elective	Up to **$120** allowance	Up to **$120**
Contact Lens – Medically Necessary	**Covered in full**	Up to **$210**
BENEFIT FREQUENCY		
Exams	Once every 12 Months	Once every 12 Months
Lenses	Once every 12 Months	Once every 12 Months
Frames	Once every 12 Months	Once every 12 Months
Contacts	Once every 12 Months *(contacts in lieu of frames/lenses)*	Once every 12 Months

MONTHLY VISION PLAN DEDUCTIONS	
Coverage Tier	**Deduction**
Employee Only	$6.11
Employee + 1 Dependent	$11.59
Employee + Family	$17.03

Need to locate a participating In-Network provider?

For a complete list of providers near you use our Provider Locator on **www.e-nva.com**.

For Lasik providers call (877) 295-8599 or visit **www.e-nvalasik.com**.

BASIC LIFE
COVERAGE OVERVIEW

BENEFICIARY(IES)

It's very important to designate beneficiaries. Taking a few minutes to designate your beneficiaries now will help ensure that your assets will be distributed according to your direction.

A Beneficiary is the person you designate to receive your life insurance benefits in the event of your death. It is important that your beneficiary designation is clear so there is no question as to your intentions.

It is also important that you name a **Primary** and **Contingent (Secondary) Beneficiary.** A contingent beneficiary will receive the benefits of your life insurance if the primary beneficiary cannot. You can change beneficiaries at any time.

You should review your beneficiary elections on a regular basis to ensure they are updated as life changes. Even if you are single, your beneficiary can use your Life Insurance to pay off your debts, such as: credit cards, mortgages, and other expenses.

**You designate your beneficiary(ies) when enrolling for your benefits.*

BASIC LIFE INSURANCE

Basic Term Life and Accidental Death & Disability (AD&D) insurance provides valuable financial protection for your family. Cartersville Schools System is pleased to provide **$50,000** of Basic Life & AD&D insurance to all full-time employees **at no cost to you**.

BASIC LIFE COVERAGE - CIGNA	
Coverage Amount	Flat **$50,000** Benefit
Accidental Death and Dismemberment (AD&D)	Amount equal to your Life benefit
Benefit Reduction Schedule	**65%** of original amount at age **70** **50%** of original amount at age **75**

ADDITIONAL PLAN PROVISIONS	
Portability	If your employment ends or you retire, you may be eligible to continue your term insurance at group rates.
Conversion	When coverage ends under the plan, you can convert to an individual permanent life policy without evidence of insurability.

WHAT WILL MY BENEFICIARY RECEIVE?

In The Event That Death Occurs:

- Your Basic Life insurance is paid to your beneficiary.
- **If death occurs from an accident:** 100% of the AD&D benefit would be payable to your beneficiary(ies) in addition to your Basic Life insurance.

VOLUNTARY LIFE

COVERAGE OPTIONS FOR YOU & THE FAMILY

VOLUNTARY LIFE INSURANCE

Employees have the opportunity to enroll in additional Life/AD&D insurance. If you choose to enroll in employee coverage, this will be in addition to your employer provided Basic Life/AD&D coverage. Coverage is also available for your spouse and/or child dependents.

PLAN OPTIONS - CIGNA			
Cost of Coverage	Premiums are based on age-rated tables and paid by the employee every pay period through a payroll deduction. These premiums are post-tax and benefits payable are tax-free.		
Coverage Options	**Employee Coverage** Choose in $10,000 increments up to the lesser of 5x your annual salary or $200,000.	**Spouse Coverage** Choose in $5,000 increments up to $25,000. Cannot exceed 100% of employee amount.	**Dependent Coverage** Choose in $2,000 increments up to $10,000.
Do I have to take a health exam to get coverage?	If you and your dependents enroll in coverage at your initial eligibility date, you may apply for up to the Guaranteed Issue amounts without medical questions. If you and your dependents currently have coverage, you may increase it up to the Guaranteed Issue amounts without medical questions for this open enrollment.		
Guaranteed Issue	**Employee** Lesser of $200,000 or 5x your annual salary	**Spouse** $25,000 (not to exceed 100% of employee amount)	**Dependent** $10,000

PLAN PROVISIONS	
Cost Calculation	Age Rated Benefit (Spouse Life based on employee's age)
Benefit Reduction Schedule	Reduces to 65% of original amount at age 70.
Portability	If your employment ends or you retire, you may be eligible to continue your term insurance at group rates.
Conversion	When coverage ends under the plan, you can convert to an individual permanent life policy without evidence of insurability.

***Guaranteed Issue (GI) and Evidence of Insurability (EOI)**

When you are first eligible (at hire) for Voluntary Life and AD&D, you may purchase up to the Guaranteed Issue (GI) for yourself and your spouse without providing proof of good health (EOI).

Any amount elected over the GI will require EOI. If you elect voluntary life coverage, and are required to complete an EOI, it is your responsibility to complete the EOI and send to the provider (address will be listed on your form). In addition, your spouse will need to provide EOI to be eligible for coverage amounts over GI, or if coverage is requested at a later date.

DISABILITY

SHORT-TERM | LONG-TERM

SHORT-TERM DISABILITY (STD)

Everyday illnesses or injuries can interfere with your ability to work. Even a few weeks away from work can make it difficult to manage household costs.

Short Term Disability coverage provides financial protection for you by paying a portion of your income, so you can focus on getting better and worry less about keeping up with your bills.

LONG-TERM DISABILITY (LTD)

Serious illnesses or accidents can come out of nowhere. They can interrupt your life, and your ability to work for months – even years.

Long Term Disability provides financial protection for you by paying a portion of your income, so you have financial support to manage your disability and your household.

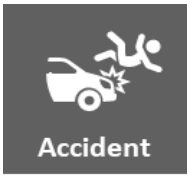
PLAN FEATURES - CIGNA	SHORT-TERM DISABILITY (STD)	LONG-TERM DISABILITY (LTD)
Cost of Coverage	**Voluntary Benefit** Employee is responsible for 100% of the cost	**Voluntary Benefit** Employee is responsible for 100% of the cost
Elimination Period *This is the number of days that must pass between your first day of a covered disability & the day you can begin to receive your disability benefits.*	Benefits begin **the later of your accumulated Sick Leave or 14 days (for sickness or injury)**	Your elimination period is **90 days** (if elected, this will be the benefit duration of Short Term Disability)
Benefit Duration *The maximum number of weeks you can receive benefits while you are sick or disabled.*	**Payments may last up to 11 weeks** You must be sick or disabled for the duration of the waiting period before you can receive a benefit payment.	**Payments will last for as long as you are disabled, or until you reach Normal Social Security Retirement Age whichever is sooner** You must be sick or disabled for the duration of the elimination period before you can receive a benefit payment.
Coverage Amount	Covers **60% of your weekly income,** up to a maximum benefit of **$2,000 per week.**	Covers **60% of your monthly income,** up to a maximum benefit of **$6,000 per month.**
What's covered?	**A variety of conditions and injuries.** Typical claims would include: pregnancy, injuries, joint, back, and digestive disorders.	**A variety of conditions and injuries.** Typical claims would include: cancer, back disorders, injuries and poison, cardiovascular, joint disorders.
Definition of Earnings	**Base Salary** *(excludes commissions and bonuses)*	**Base Salary** *(excludes commissions and bonuses)*
ADDITIONAL PLAN PROVISIONS		
Benefit Payment Frequency	**Weekly benefit** may be reduced or offset by other sources of income.	**Monthly benefit** may be reduced or offset by other sources of income.
Cost Calculation	Composite Rate per $10 of coverage Benefit Payroll deductions are based on salary and age. Note: Rates are age banded and will change at policy anniversary if you move into a new age band.	Composite Rate per $100 of covered payroll. Benefit Payroll deductions are based on salary and age. Note: Rates are age banded and will change at policy anniversary if you move into a new age band.
Waiver of Premium	If you're disabled and receiving benefit payments, your cost may be waived until you return to work.	If you're disabled and receiving benefit payments, your cost may be waived until you return to work.
Pre-Existing Condition Limitation	None	Pre-Existing Conditions are those conditions which you received medical treatment, care or consultation, including diagnostic measures or took prescribed drugs or medications during the 3 months preceding the effective date of this policy. Pre-Existing Conditions are not covered during the first 12 months of coverage.

You must be actively at work to receive either of the disability benefits.

Certain exclusions and any pre-existing condition limitations may apply.
Please refer to the Provider's detailed benefit summary for details.

VOLUNTARY BENEFITS

ACCIDENT | CRITICAL ILLNESS



Accident - Aflac

A serious injury can cost you a lot of money – not only in medical bills but in things like income from lost work hours. Some injuries are minor, but others are debilitating and require significant medical care. If you get hurt, accident insurance pays you money that you can use to cover personal expenses, bills, and out-of-pocket medical costs.

Who Gets Paid?

You get paid. When you have a covered accident or injury, your health insurance company pays your doctor or hospital, but your accident insurance company pays you.

What's Covered?

Not all accidents are "qualifying injuries." The kinds of accidents that are covered can vary by plan, but accident insurance plans typically cover things like:

If you have a covered injury, accident insurance can reimbursement you for things like:

- Emergency Room Treatment
- Ambulance Transportation
- Burns
- Hospital Admissions & Hospital Confinement
- Dislocations
- Diagnostic Exams
- Initial Doctor's Office Visit
- Dental Work

What is the Cost of Accident Insurance?

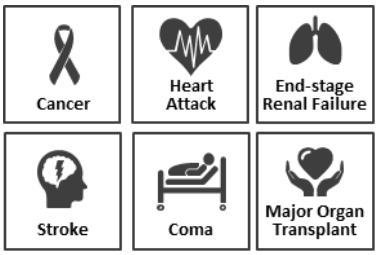
MONTHLY ACCIDENT DEDUCTIONS	
Coverage Tier	**Deduction**
Employee Only	$12.89
Employee + Spouse	$21.05
Employee + Child(ren)	$25.71
Employee + Family	$33.68

Critical Illness - Aflac

How would you pay your bills if you were suddenly diagnosed with cancer and couldn't work? Critical illness insurance doesn't pay your medical bills. It pays you if you're diagnosed with a covered illness. The benefit is paid directly to you and is your choice how to spend it.

What's Covered?

Critical illness can vary widely from one another. This offering providers you with coverage for a range of possible diagnoses, such as:



EMPLOYEE COVERAGE OPTIONS	Choose up to $50,000 in $5,000 increments
SPOUSE COVERAGE OPTIONS	50% of Employee Coverage Amount up to $25,000
DEPENDENT CHILD COVERAGE OPTIONS	50% of Employee Coverage Amount for no additional charge

What is the Cost of Critical Illness Insurance?

Depending on your age, and how much coverage you want, the cost of critical illness insurance can vary significantly. To view the cost of Critical Illness coverage, please log into bswift.

How do I submit a claim?

Log into mylogin.aflac.com, register for an account, and then initiate the claim, **OR** download the MyAflac Mobile App and initiate a claim from the app, **OR** submit a claim using the form online on the benefits resource center.

$50 WELLNESS BENEFIT
Critical Illness: Employee & Spouse Only

VOLUNTARY BENEFITS

UNIVERSAL LIFE INSURANCE - AFLAC

It's common for employees to protect their families' future with end-of-life benefits, but also common to have a need for long term care. Universal Life with LTC helps employees manage both by combining the benefits of life insurance with living benefits they can use for long term care, home healthcare, adult day care or assisted living.

What is Universal Life?
Helps provide permanent financial protection and is a financial tool that helps you manage life at every stage. Builds cash value over time that *you can access for life's challenges and opportunities.*

How Does it work?
With Universal Life, benefits can be paid as a Death Benefit, as Living Benefits or a combination of both.

EZ Value Option
Automatically increases coverage to keep pace with increasing needs – without additional underwriting. This is fully portable. May be cancelled at any time. It is automatically increased via payroll deductions. Inflation-fighting options for employees and spouses.

Actual values will vary by age, smoking, benefits selected, and current interest rate.

Benefit Minimum & Maximum
$5,000 to $125,000 modified issue & to $300,000 simplified issue

Guaranteed Issue
Up to $75,000

Log into bswift for rates and to enroll: cartersvilleschool.bswift.com

BENEFITS This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions.	
LONG TERM CARE	**Provides up to 25 months of benefits for home healthcare, assisted living, adult day care and nursing home care**
EXTENSION OF LTC	**Extends LTC benefits up to an additional 25 months**
BENEFIT RESTORATION	**Restores the benefits paid out by LTC**
FAMILY COVERAGE	**Coverage is available for employees, spouses, children and grandchildren**
DIRECT PAYMENT	**Benefits paid directly to the policyholder enabling choices in care**
STREAMLINED UNDERWRITING	**Simple and efficient underwriting process**
EZ VALUE OPTION	**Automatically increases benefits to keep pace with an employee's growing needs, without additional underwriting**
TERMINAL ILLNESS BENEFIT	**Accelerates up to 75% of the benefit if a doctor determines the policyholder's life expectancy is 24 months or less**

BENEFIT RESOURCE CENTER

ONLINE BENEFIT RESOURCE WEB PAGE

Cartersville School System offers a Benefit Resource Center. The site was developed to create an interactive, centralized resource for you to visit both during open enrollment and throughout the year.

The Benefit Resource Center will serve as your go-to resource for benefits related questions. You'll be able to access enrollment information, important benefit documents, links to resources, and a link to enrollment sites.

Cartersville School System Benefit Resource Center site:

- ✓ **Open Enrollment Materials**
  - Enrollment Guide, Open Enrollment Memo, link to enrollment sites
- ✓ **Full Benefit Summaries**
  - More details about your coverage
- ✓ **Educational Videos**
  - Learn about your benefits and how they work
- ✓ **Carrier Links and Member Resources**
  - Easily find in-network providers and additional resources specific to your benefit plan
- ✓ **Contact Information**
  - Web address, email, and phone numbers to all vendors

View the Benefit Resource Center at www.shawhankinsbenefits.net/css.

NOTICES

Unless otherwise noted, a paper copy is available, free of charge, by calling NFP 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.cartersvilleschool.bswift.com. A paper copy is also available, free of charge, by calling your Employer or NFP 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 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.cartersvilleschool.bswift.com. A paper copy is also available, free of charge, by calling your Employer or NFP 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.cartersvilleschool.bswift.com. A paper copy is also available, free of charge, by calling your Employer or NFP 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.cartersvilleschool.bswift.com. A paper copy is also available, free of charge, by calling your Employer.

IMPORTANT CONTACT INFORMATION

PROVIDER	CONTACT INFORMATION
Benefit Enrollment Questions	NFP (800) 994-7429 nfpSEcustomerservice@nfp.com
Human Resources	Kim Black (770) 387-4721 kblack@cartersvilleschools.org
Medical/State Health Benefit Plan	State Health (800) 610-1863 myshbga.adp.com
Dental	Ameritas (800) 659-5556 www.ameritas.com
Vision	NVA (800) 672-7723 www.e-nva.com
Basic Life & AD&D **Voluntary Life & AD&D**	Cigna (800) 36-CIGNA www.cigna.com
Short Term Disability **Long Term Disability**	Cigna (800) 36-CIGNA www.cigna.com
Flexible Spending Accounts (FSA) **(Healthcare FSA & Dependent Care FSA)**	Navia (800) 669-3539 www.naviabenefits.com
Group Accident	Aflac (800) 433-3036 www.aflacgroupinsurance.com
Group Critical Illness	Aflac (800) 433-3036 www.aflacgroupinsurance.com
Universal Life Insurance	Aflac (800) 433-3036 www.aflacgroupinsurance.com

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 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 your 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.

NFP®
An Aon Company

(800) 994-7429
NFPsecustomerservice@nfp.com

Cartersville School System

This Benefit Enrollment Guide Is Provided By:

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