

2016



# Forsyth County Schools

## Benefits Enrollment Guide



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

Each section of the Employee Benefit Handbook is designed to provide you with plan highlights as well as detailed, descriptive instructions to assist you in navigating through the web-based enrollment portal. The first section contains information about your State Health Benefit Plan. The second section contains information about your Online Benefit Plans administered by ShawHankins.

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

Please review the plans contained in the Employee Benefit Handbook and see how these plans can work for you and your eligible dependents. Except for Board-paid plans, your participation is strictly voluntary. All benefit plans have been chosen to provide a continuation of protection that complements the System's leave policies and retirement plans. The plan year runs from January 1, 2016 to December 31, 2016.

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

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*The Benefits at a Glance guide is designed to provide you with an overview of the benefits options we offer. The actual benefits available to you and the descriptions of these benefits are governed by the relevant Summary Plan Document (SPD) and contracts. For more detailed plan information for all lines of coverage listed in the booklet call ShawHankins. ShawHankins and Forsyth County Schools reserves the right to modify, change, revise, amend or terminate these benefit plans at any time.*

# Open Enrollment Memo

## **IMPORTANT – ENROLLMENT & BENEFIT INFORMATION (Plan Year: 01/01/2016 -12/31/2016):**

**Enrollment opens at 12:00 a.m. on 10/19/2015 and closes at 11:59 p.m. on 11/06/2015.**

The State Health Benefit Plan enrollment website [www.myshbpga.adp.com](http://www.myshbpga.adp.com) will be available for your coverage selections. It is **MANDATORY** for each employee to 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”.

It is also **MANDATORY** for each employee to enroll or decline coverage on the ShawHankins bswift Enrollment Website at [www.forsyth.bswift.com](http://www.forsyth.bswift.com) . This year you **MUST** enroll or waive the FSA /Section 125 plans online as well as verify your dependent information, review your dental, vision, life and disability coverage elections and **update your beneficiaries for life insurance.**

**Medical (State Health):** The FCBOE will continue to pay \$49.38 toward your health premium. Please note changes for the new plan year are listed on pages 3-5 of the State Health Decision Guide. There will be new enhancements such as the Telemedicine/Virtual Visit, Well-Being Incentive Credit Rollover between Plan Options and Vendors (pages 3 & 4). There are changes to the Deductible and Out-Of-Pocket Maximum under the High Deductible Health Plan (HDHP) option (page 5). The Plan Options will remain the same as 2015 for Blue Cross and Blue Shield, United Healthcare and Kaiser. The Decision Guide is available at [www.dch.georgia.gov](http://www.dch.georgia.gov) . **It is highly recommended you review the State Health Decision Guide in detail.**

**Dental (Ameritas):** The FCBOE will continue to pay the full single/employee only portion of your dental premium under the CORE plan (applied across all dental plans and coverage tiers). The dental carrier, plans and premiums will remain the same for the new plan year. The **Late Entrant Penalty** still applies to both the Core and Buy-Up Plans. Please see the Dental Plan pages for more details.

**Vision (EyeMed):** The vision carrier, plans and premiums will remain the same for the new plan year. Please review the benefit summary in detail.

**Group Life/AD&D, Voluntary Life, Short Term Disability (STD), Long Term Disability (LTD) (CIGNA):** **You must review/update your beneficiaries for Life Insurance every year.** Forsyth County Schools continues to provide you with \$30,000 in Group Life/AD&D and Long Term Disability Insurance. You have the option to purchase additional Voluntary Life Insurance and Short Term Disability Insurance. Please review carefully the plan features located in the ShawHankins Benefit & Enrollment Guide and online. **Annual Enrollment Note: If you are currently enrolled in Voluntary Employee Life Insurance you can increase your coverage by \$10,000 up to the Guaranteed Issue amount without Evidence of Insurability (EOI). EOI will be required for any new elections or increased amounts for Spouse Life. All Child Life is guaranteed issue regardless of if currently enrolled so EOI will not be required for new elections or increased amounts for Child Life.**

**Flexible Spending Accounts (FSA-Health/Medical Care Reimbursement & Dependent Care):** The Flex Benefit Cafeteria Plan 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 ShawHankins Enrollment Website at [www.forsyth.bswift.com](http://www.forsyth.bswift.com) ; there is no longer a PAPER FORM available for enrollment.** The plan year will start January 1, 2016. Please note the maximum contribution for the medical reimbursement FSA is **\$2,550.00** for the 2016 plan year and the \$500 roll-over feature will continue.

**NEW!!! Accident Insurance (Unum):** **You have the option to elect voluntary Group Accident coverage for the new plan year!** Unum’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 at [shawhankinsbenefits.net/fcs/](http://shawhankinsbenefits.net/fcs/).

**Long Term Care Insurance (Unum):** You can access additional information including your enrollment applications for Long Term Care via the link available through the ShawHankins Benefit Resource Center and enrollment websites.

**Cancer (AFLAC):** AFLAC enrollment packets will be available in your school’s front office. If you are currently enrolled in AFLAC, your coverage will roll over to next year unless you wish to make a change. If you need to cancel your AFLAC policy for the 2016 plan year, we will need a letter of cancellation. Please return all completed applications or your letter of cancellation to the Benefit Department before November 9, 2015. Please note this plan is not administered by ShawHankins.

### **Questions:**

If you have any non-medical benefit and/or enrollment related questions that cannot be answered through the enrollment guide please contact the **ShawHankins Benefit Center directly at 1-800-994-7429**. 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 **Janet Clack, Benefit Coordinator, at 770-887-2461 Ext. 202136 or Casey Hogan, Benefit Assistant at 770-887-2461 Ext. 202139.**

# State Health Open Enrollment Instructions

Go to the Enrollment Portal: [www.mySHBPga.adp.com](http://www.mySHBPga.adp.com)

**Step 1:** Log on to the Enrollment Portal. (If you are a first-time user, you must first register using the registration code **SHBP-GA** and set up a password before making your 2016 election.)

- The Home page displays an OE message indicating the event date for the member on the top of the screen for elections to be in effect for the 2016 Plan Year.

**Step 2:** Under the OE window, **click** on **Continue** to proceed with your 2016 Plan Year enrollment.

**Step 3:** The Welcome page displays a Terms and Conditions message with the new Plan Year as the effective date.

- You should **click** on the **message** to review Terms and Conditions before accepting. You must **click Accept Terms and Conditions** to continue to the next step of enrollment.

**Step 4:** **Click** on **Go to Review Your Current Elections**. This screen displays appropriate default enrollments for you.

**Step 5:** **Click** on **Go To Review Your Dependents**. To add additional dependents, **click** on **Add a Dependent**, and enter necessary details to enroll dependents.

**Step 6:** To start your Election Process, **click** on **Go to Make your Elections**.

**Step 7:** **Click** on **Go To Tobacco Surcharge question**. You **MUST** answer the Tobacco Surcharge question using the radial buttons.

- After you answer the Tobacco Surcharge question, the Decision Support box will display. You are provided an option to use the Decision Support Benefit Option Comparison Tool to help you choose the right plan to meet your needs. You can choose to decline or accept the opportunity to use the tool. Please see page 7 of this Decision Guide for additional information regarding the Decision Support Tools.

**Step 8:** **Click** on **Go to Health Benefits** to choose your medical claim administrator and Plan Options.

**Step 9:** Make your elections.

**NOTE: When adding a dependent, scroll down and check the Include in Coverage box located next to newly added dependent.**

- If you choose **NOT** to enroll in a Plan Option, you will need to **click** the radial button for **No Coverage**. A pop-up box will then display **Reason for Waive**. You will need to **select** the drop-down box that will populate responses. Next, scroll through the options provided and select a reason. The **Reason for Waive** must be populated to move to the next step.

**Step 10:** **Click** on **Go to Review and Confirm Changes**.

- Your Elections (This screen displays your elections made. You should carefully review your elections.)

**Step 11:** **Click Finish**.

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

- It is **MANDATORY** for each employee to 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 HRA plan, at your current 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".
- **Please see pages 6-8 of the State Health Decision Guide for more enrollment details.**
- If you experience any technical difficulties, please contact **SHBP Member Services at 800-610-1863**.

# State Health Benefit Plan Rate Sheet

## JANUARY 2016 – DECEMBER 2016

The Forsyth County Board of Education pays \$49.38 for all employees participating in the health insurance program through the State Health Benefit Plan. *Any premiums in excess of the \$49.38 are listed below and will be deducted from your monthly paycheck.*

	Employee	Employee + Child(ren)	Employee + Spouse	Family
<b>BlueCross and BlueShield</b>				
HRA GOLD	\$ 109.41	\$ 238.63	\$ 340.85	\$ 470.05
HRA GOLD with Tobacco Charge	\$ 189.41	\$ 318.63	\$ 420.85	\$ 550.05
HRA SILVER	\$ 55.95	\$ 147.74	\$ 228.58	\$ 320.36
HRA SILVER with Tobacco Charge	\$ 135.95	\$ 227.74	\$ 308.58	\$ 400.36
HRA BRONZE	\$ 16.90	\$ 81.36	\$ 146.58	\$ 211.02
HRA BRONZE with Tobacco Charge	\$ 96.90	\$ 161.36	\$ 226.58	\$ 291.02
HMO	\$ 81.20	\$ 190.67	\$ 281.61	\$ 391.06
HMO with Tobacco Charge	\$ 161.20	\$ 270.67	\$ 361.61	\$ 471.06
<b>United Healthcare</b>				
HMO	\$ 121.30	\$ 258.84	\$ 365.82	\$ 503.33
HMO with Tobacco Charge	\$ 201.30	\$ 338.84	\$ 445.82	\$ 583.33
High Deductible	\$ 8.08	\$ 66.37	\$ 128.07	\$ 186.34
High Deductible with Tobacco	\$ 88.08	\$ 146.37	\$ 208.07	\$ 266.34
<b>Kaiser Permanente</b>				
HMO (Regional HMO)	\$ 90.64	\$ 206.72	\$ 301.43	\$ 417.48
HMO with Tobacco Charge	\$ 170.64	\$ 286.72	\$ 381.43	\$ 497.48
TRI-CARE Supplement	\$ 11.12	\$ 70.12	\$ 70.12	\$ 111.12

State Health Provider  
800-610-1863  
[www.dch.georgia.gov/shbp](http://www.dch.georgia.gov/shbp)

BlueCross & BlueShield  
855-641-4862  
[www.bcbsga.com/shbp](http://www.bcbsga.com/shbp)

UnitedHealthCare  
888-364-6352  
[www.myuhc.com](http://www.myuhc.com)

Kaiser Permanente  
855-512-5997  
[my.kp.org/shbp/](http://my.kp.org/shbp/)

PeachCare for Kids  
877-427-3224  
[www.peachcare.org](http://www.peachcare.org)

Tri-Care Supplement  
866-637-9911  
[www.asicorporation.com/ga\\_shbp](http://www.asicorporation.com/ga_shbp)

Express Scripts  
877-841-5227  
[www.express-scripts.com/GeorgiaSHBP](http://www.express-scripts.com/GeorgiaSHBP)

**If an employee and spouse are both employed with the Forsyth County School System, please ask about our discounted rates for family coverage.**

**Janet Clack (770)887-2461 ext. 202136**  
**Casey Hogan (770)887-2461 ext. 202139**  
**FAX (770) 888-1221**

# Why Would I Contact the Call Center?

**Order ID Cards** We will contact your dental/vision insurance carrier directly and order your replacement card for you.

**Claim Resolution and Research** We can help you understand your Explanation of Benefits (EOB) as well as contact insurance carriers on your behalf. We can assist in appealing a denied claim or help you request a Prior Authorization (PA) from your dentist as may be required by your dental carrier.

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

**Request Copies of Any Necessary Forms** We can provide you with out-of-network claim forms, short and long term disability as well as life claim forms if the need should arise.

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

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

**Annual Enrollment Information** We can provide you details with regards to when your employer's annual enrollment begins and ends and if your plan designs or payroll deductions are changing.

**Walk Through Enrollment with CSR** The Call Center Representative can walk you through every step of the enrollment process. Whether it's a required paper form you need to complete in addition to the online enrollment website, your Call Center Representative is available to help.

**Confirmation Statements** We can provide copies of your online enrollment confirmation statement at any time.

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

**1-800-994-7429**

[customerservice@shawhankins.com](mailto:customerservice@shawhankins.com)

**Benefit Resource Center Site**

[www.shawhankinsbenefits.net/fcs/](http://www.shawhankinsbenefits.net/fcs/)

# Before You Enroll – Things to Know

You will need the following **information** for all dependents/beneficiaries:

Dependent Date of Birth

Dependent Social Security Number

**NOTE: It is MANDATORY for each employee to enroll or waive coverage on the ShawHankins bSwift Enrollment Website. During Annual Enrollment you MUST enroll or waive the FSA/Section 125 plans online (NO LONGER A PAPER FORM) as well as verify your & your dependent information, review/update your dental, vision, life and disability coverage elections and confirm/update your beneficiaries for life insurance.**

## HOW TO ENROLL

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

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

\*At the enrollment website enter your Username and Password.

Username is your last name & the last 4 digits of your social security number (ex. doe4567).

Password is the last 4 digits of your social security number ( ex. 4567)

You will then be prompted to create a permanent password.



**Log In**

Username

Password

 [First Time User](#)  
[Forgot Password](#)

Welcome to our site

## Can I change my coverage during the year?

You may change your coverage within 31 days of an eligible family status change (i.e. marriage, divorce or annulment; birth, adoption, or legal guardianship; death or loss of other health coverage). You will need to go to [www.forsyth.bswift.com](http://www.forsyth.bswift.com), and click on Change Elections.

If you do *not* submit the change online within 31 days of the date an eligible family status change occurs, you will *not* be able to make any changes until the next annual open enrollment period-unless you have another qualifying event during the plan year.

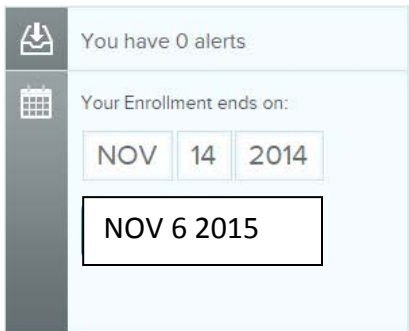


# How to Enroll

NOTE: You are required to enroll in all Benefits. You must review, update or add any Dependents you wish to cover. During Annual Enrollment you are REQUIRED to elect or waive the Flexible Spending Account (FSA)/Section 125 Plans online.

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 that your information is accurate and "Add" or Review/Update all eligible dependents you wish to cover under any benefits, including updating Full-Time Student information on applicable children.



You have 0 alerts

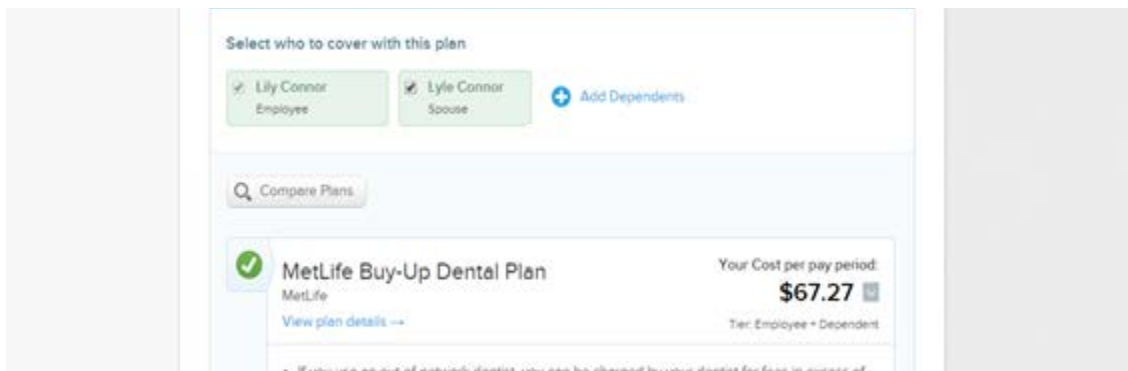
Your Enrollment ends on:

NOV 14 2014

NOV 6 2015



- 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.



Select who to cover with this plan

Lily Connor  
Employee

Lyle Connor  
Spouse

[Add Dependents](#)

Compare Plans

MetLife Buy-Up Dental Plan  
MetLife

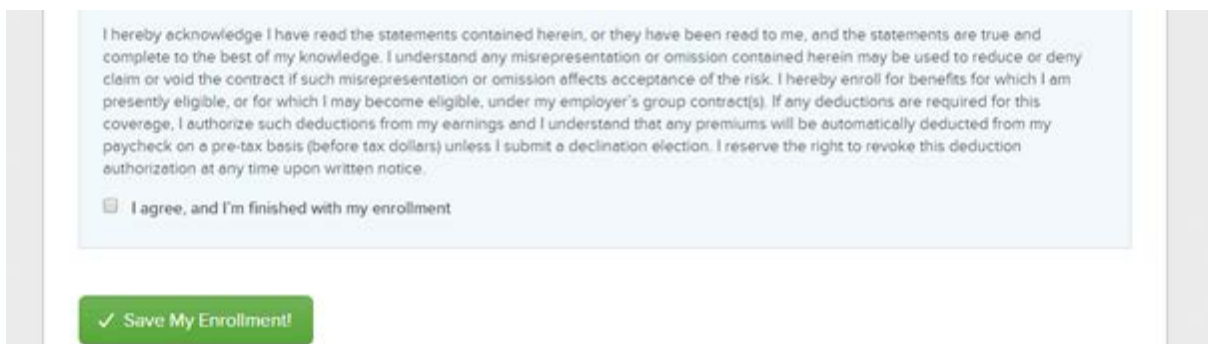
Your Cost per pay period: **\$67.27**

Tier: Employee + Dependent

[View plan details →](#)

\* If you use an out-of-network dentist, you can be charged by your dentist for fees in excess of

- 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."



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

I agree, and I'm finished with my enrollment

[Save My Enrollment!](#)

- 5) You will be taken to the final confirmation page where you can either print or email your confirmation statement.

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

# Dental "Core" Plan

PROVIDED THROUGH AMERITAS

<b>Coinsurance</b>	
Type 1	100%
Type 2	50%
<b>Deductible</b>	\$5/visit Type 1
	\$50 Calendar Year Type 2
	\$150/family
<b>Maximum (per person)</b>	\$1,000 per calendar year
<b>Allowance</b>	90th U&C
<b>Waiting Period</b>	None
<b>Annual Open Enrollment</b>	None

**Sample Procedure Listing** (Current Dental Terminology © American Dental Association.)

Type 1	Type 2
<ul style="list-style-type: none"> <li>• Routine Exam (2 per benefit period)</li> <li>• Bitewing X-rays (1 per benefit period)</li> <li>• Full Mouth/Panoramic X-rays (1 in 5 years)</li> <li>• Periapical X-rays</li> <li>• Cleaning (2 per benefit period)</li> <li>• Fluoride (1 per benefit period)</li> <li>• Space Maintainers</li> <li>• Pre-Diagnostic Test (age 35 and over) (1 in 2 years)</li> </ul>	<ul style="list-style-type: none"> <li>• Sealants (age 13 and under)</li> <li>• Restorative Amalgams</li> <li>• Restorative Composites (anterior and posterior teeth)</li> <li>• Endodontics (nonsurgical)</li> <li>• Endodontics (surgical)</li> <li>• Periodontics (nonsurgical)</li> <li>• Periodontics (surgical)</li> <li>• Simple Extractions</li> <li>• Complex Extractions</li> <li>• Anesthesia</li> </ul>

**\*Late Enrollment (Late Entrant) Waiting Period:**

We strongly encourage you to elect dental coverage when you are initially eligible as a new employee. If you choose not to elect coverage for yourself and/or your dependents when initially eligible you and/or your dependents will be considered a late entrant at the next annual enrollment period. Late Entrants are only eligible for routine exams & routine cleanings for the first 12 months of coverage.

**Eligible Dependents are covered through age 18, or 25 if a full-time student.**

**The Forsyth County Board of Education pays the full cost of the "Employee Only" Core Plan premium for eligible employees participating in the Dental Plan. This same premium is then applied across all other coverage tiers and dental plans.**

**Locate a Provider at:**

www.ameritas.com  
or call 1-800-487-5553

**Per Pay Period Deductions**

Employee Only	\$ 0.00
Employee + 1 Dependent	\$ 28.69
Family	\$ 58.01

Please refer to the Certificate Booklet for full details. The Certificate Booklet/Contract will govern should a conflict arise related to the information contained in this summary.

# Dental "Buy-Up" Plan

## PROVIDED THROUGH AMERITAS

<b>Coinsurance</b>	
Type 1	100%
Type 2	80%
Type 3	50%
<b>Deductible</b>	\$5/visit Type 1 \$50 Calendar Year Type 2,3 \$150/family
<b>Maximum (per person)</b>	\$1,500 per calendar year
<b>Allowance</b>	90th U&C
<b>Waiting Period</b>	None
<b>Annual Open Enrollment</b>	None

## Orthodontia Summary - Child Only Coverage

<b>Allowance</b>	U&C
<b>Coinsurance</b>	50%
<b>Lifetime Maximum (per person)</b>	\$1,500
<b>Waiting Period</b>	None

## Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> <li>Routine Exam (2 per benefit period)</li> <li>Bitewing X-rays (1 per benefit period)</li> <li>Full Mouth/Panoramic X-rays (1 in 5 years)</li> <li>Periapical X-rays</li> <li>Cleaning (2 per benefit period)</li> <li>Fluoride (1 per benefit period)</li> <li>Space Maintainers</li> <li>Pre-Diagnostic Test (age 35 and over) (1 in 2 years)</li> </ul>	<ul style="list-style-type: none"> <li>Sealants (age 13 and under)</li> <li>Restorative Amalgams</li> <li>Restorative Composites (anterior and posterior teeth)</li> <li>Endodontics (nonsurgical)</li> <li>Endodontics (surgical)</li> <li>Periodontics (nonsurgical)</li> <li>Simple Extractions</li> <li>Complex Extractions</li> </ul>	<ul style="list-style-type: none"> <li>Onlays</li> <li>Crowns (1 in 8 years per tooth)</li> <li>Crown Repair</li> <li>Periodontics (surgical)</li> <li>Denture Repair</li> <li>Implants</li> <li>Anesthesia</li> <li>Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 8 years)</li> </ul>

### **\*Late Enrollment (Late Entrant) Waiting Period:**

We strongly encourage you to elect dental coverage when you are initially eligible as a new employee. If you choose not to elect coverage for yourself and/or your dependents when initially eligible you and/or your dependents will be considered a late entrant at the next annual enrollment period. Late Entrants are only eligible for routine exams & routine cleanings for the first 12 months of coverage.

**Eligible Dependents are covered through age 18, or 25 if a full-time student.**

**NOTE: Dependents are only eligible for Orthodontic Benefits through age 18, regardless of full-time student status.**

### Locate a Provider at:

[www.ameritas.com](http://www.ameritas.com)  
or call 1-800-487-5553

### Per Pay Period Deductions

Employee Only	\$ 24.59
Employee + 1 Dependent	\$ 62.96
Family	\$115.75

Please refer to the Certificate Booklet for full details. The Certificate Booklet/Contract will govern should a conflict arise related to the information contained in this summary.

# Dental “Buy-Up” Plan (Ortho)

## How do Orthodontic Benefits Pay?

“Orthodontic expense benefits will be determined according to the terms of the policy for orthodontic expenses incurred by an Insured.

**ORTHODONTIC TREATMENT:** Orthodontic Treatment refers to the movement of teeth by means of active appliances to correct the position of maloccluded or malpositioned teeth.

**TREATMENT PROGRAM:** Treatment Program (“Program”) means an interdependent series of orthodontic services prescribed by a provider to correct a specific dental condition. **A Program will start when the bands, brackets or appliances are placed. A Program will end when the services are done, or after eight calendar quarters starting with the day the appliances were inserted, whichever is earlier.”\***

**The orthodontic benefit is available under the Buy-Up dental plan only for eligible dependents under age 19, meaning orthodontic benefits will not be paid after age 19 regardless of when treatment began or if a full-time student.**

The orthodontic benefit under the plan is 50% to a Lifetime Maximum of \$1,500. Orthodontic benefits are paid on a quarterly basis to your dental provider. “The benefit payable for the initial placement will not exceed 25% of the Maximum Benefit Amount for Orthodontia.”

The benefit payable for the periodic follow-up visits will be payable on a quarterly basis during the course of the orthodontic treatment if:

- **Dental Insurance is in effect for the person receiving the orthodontic treatment; and**
- **Proof is given to us that the orthodontic treatment is continuing.”\***

### “DENTAL INSURANCE: EXCLUSIONS

We will not pay Dental Insurance benefits for charges incurred for:

- **services or supplies received by You or Your Dependent before the Dental Insurance starts for that person;**
- **repair or replacement of an orthodontic device”\***

Please note if orthodontic treatment began prior to your dependent being covered or eligible under the Buy-Up Dental plan this may be considered pre-existing and your dependent may not be eligible for orthodontic benefits under the plan. Also, if your dependent is a late entrant, orthodontic benefits are not available for the first 12 months of coverage. Therefore, orthodontic treatment should not begin until the 12 month late enrollment waiting period ends. Otherwise, it may be considered pre-existing.

**We encourage you to confirm available coverage and benefits prior to making your election as a new employee and at subsequent annual enrollments. If you have any questions please contact ShawHankins at 800-994-7429 or email [customerservice@shawhankins.com](mailto:customerservice@shawhankins.com).**

\*Ameritas Buy-Up Dental Certificate Booklet

NOTE: Please refer to the carrier Certificate Booklet available online for a full disclosure of benefits. The Certificate Booklet/Contract will govern should a conflict arise related to the information contained in this summary.

# Dental Plans (continued)

## Ameritas Information

### We're Here to Help

This plan was designed specifically for the associates of **Forsyth County Schools**. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to [ameritasgroup.com/member](http://ameritasgroup.com/member).

### Rx Savings

Our valued plan members and their covered dependents (even their pets) can save on prescription medications through any Walmart or Sam's Club pharmacy across the nation. This Rx discount is offered at no additional cost, and it is not insurance.

To receive the Walmart Rx discount, Ameritas plan members just need to visit us at [ameritasgroup.com](http://ameritasgroup.com) and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

### Eyewear Savings

Ameritas plan members may receive up to 15% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance; it is available to members at no additional cost to their plan premium.

To receive the eyewear savings identification card, Ameritas plan members can visit [ameritasgroup.com](http://ameritasgroup.com) and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.

### Dental Rewards®

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

Benefit Threshold	\$500/ <del>\$750</del>	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Dental Rewards amount is added to the following year's maximum
Annual PPO Bonus	\$100	Additional bonus is earned if the member sees a PPO provider
Maximum Carryover	\$1,000	Maximum possible accumulation for Dental Rewards and PPO Bonus combined

### PPO Information

To find a provider, visit [ameritasgroup.com](http://ameritasgroup.com) and select **FIND A PROVIDER**, then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose **PPO Dental Network**.

### Pretreatment

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

### Open Enrollment

If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on January 1.

### Late Entrant Provision

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

### Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

### Worldwide Support

When our members travel abroad, they'll have peace of mind knowing that should a dental or vision need arise, help is just a phone call away. Through AXA Assistance, Ameritas offers its dental and vision plan members 24-hour access to dental or vision provider referrals when traveling outside the U.S.

Immediately after a call is made to AXA, an assistance coordinator assesses the situation, provides credible provider referrals and can even assist with making the appointment. Within 48 hours following the appointment, the coordinator calls the member to find out if additional assistance is needed. If all is well, the case is closed. Then, the plan member may submit a claim to Ameritas for reimbursement consideration based on applicable plan benefits. Contact AXA Assistance USA toll free by calling 866-662-2731, or call collect from anywhere in the world by dialing 1-312-935-3727.

# Vision Plan

## PROVIDED THROUGH EYEMED

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam With Dilation as Necessary	\$10 Copay	Up to \$52
<b>Contact Lens Fit and Follow-Up</b> (Contact lens fit and two follow up visits are available once a comprehensive eye exam has been completed)		
Standard Contact Lens Fit & Follow-Up	Up to \$55	N/A
Premium Contact Lens Fit & Follow-Up	10% off retail	N/A
<b>Retinal Imaging</b>	Up to \$39	N/A
<b>Frames</b>	\$0 Copay; \$150 allowance; 80% of charge over \$150	Up to \$45
<b>Standard Plastic Lenses</b>		
Single Vision	\$20 Copay	Up to \$55
Bifocal	\$20 Copay	Up to \$75
Trifocal	\$20 Copay	Up to \$95
Standard Progressive Lens	\$35 Copay	Up to \$40
Premium Progressive Lens <sup>Δ</sup>	\$55 Copay - \$80 Copay	Up to \$40
Tier 1	\$55 Copay	Up to \$40
Tier 2	\$65 Copay	Up to \$40
Tier 3	\$80 Copay	Up to \$40
Tier 4	\$35 Copay, 80% of charge less \$120 allowance	Up to \$40
Lenticular	\$20 Copay	Up to \$125
<b>Lens Options</b> (paid by the member and added to the base price of the lens)		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$0	Up to \$11
Standard Polycarbonate	\$40	N/A
Standard Polycarbonate - Kids under 19	\$0	Up to \$28
Standard Anti-Reflective Coating	\$45	N/A
Premium Anti-Reflective Coating <sup>Δ</sup>	\$57 - \$68	N/A
Tier 1	\$57	N/A
Tier 2	\$68	N/A
Tier 3	80% of charge	N/A
Photochromic/Transitions	\$75	N/A
Polarized	20% off retail price	N/A
Other Add-Ons and Services	20% off retail price	N/A
<b>Contact Lenses</b>		
Conventional	\$0 Copay; \$150 allowance; 85% of charge over \$150	Up to \$130
Disposable	\$0 Copay; \$150 allowance; plus balance over \$150	Up to \$130
Medically Necessary	\$0 copay, Paid in Full	Up to \$250
<b>Laser Vision Correction</b>		
Lasik or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
<b>Frequency</b>		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 24 months	

- You're on the INSIGHT Network
- For a complete list of providers near you, use our Provider Locator on [www.eyemed.com](http://www.eyemed.com) and choose the INSIGHT network or call 1-866-804-0982.
- For Lasik providers, call 1-877-5LASER6 or visit [eyemedlasik.com](http://eyemedlasik.com).

**\*Please note: This plan covers either contact lenses or lenses for your glasses once every 12 months.**

**Eligible Dependents are covered through age 18, or 25 if a full-time student.**

Please refer to the Certificate Booklet for full details. The Certificate Booklet/Contract will govern should a conflict arise related to the information contained in this summary.

### Per Pay Period Deductions

Employee Only	\$ 7.87
Employee + 1 Dependent	\$ 13.74
Family	\$ 20.44

# Vision Plan (Continued)



## What's in it for me?

Options. It's simple really. We love our members—that's why we are dedicated to helping you see clearly and we've built a network that gives you lots of choices and flexibility. You can choose from independent doctors and retail providers to find the one that best fits your needs and schedule. No matter which one you choose, our plan is designed to be easy to use and to save you money. Welcome to EyeMed.



eyemed.com

Benefits Snapshot	With Us	Out-of-Network Reimbursement
<b>Exam with dilation as necessary</b> (Once every 12 months)	<b>\$10 Copay</b>	Up to \$52
<b>Frames</b> (Once every 24 months)	<b>\$0 Copay; \$150 allowance; 80% of charge over \$150</b>	Up to \$45
<b>Single Vision Lenses</b> (Once every 12 months)	<b>\$20 Copay</b>	Up to \$55
Or		
<b>Contacts</b> (Once every 12 months)	<b>\$0 Copay; \$150 allowance; plus balance over \$150</b>	Up to \$130

## And now it's time for the breakdown . . .

Here's an example of what you might pay for a pair of glasses vs. what you'd pay without vision coverage. So, let's say you get an eye exam and choose a frame that costs \$163 with single vision lenses that have UV and scratch protection. Now let's see the difference . . .

86% SAVINGS with us	With Us		Without Insurance**	
	Exam	\$10 Copay	Exam	\$106
	Frame	\$163 -\$150 allowance \$13 -\$2.60 (20% discount off balance) \$10.40	Frame	\$163
	Lens	\$20 Copay \$15 UV treatment add-on +\$0 Scratch coating add-on \$35	Lens	\$78 \$23 UV treatment add-on +\$25 Scratch coating add-on \$126
	<b>Total</b>	<b>\$55.40</b>	<b>Total</b>	<b>\$395</b>

Benefits are not provided from services or materials arising from: 1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures; 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear; 4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; 5) Plano (non-prescription) lenses and/or contact lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals; 8) Services or materials provided by any other group benefit plan providing vision care 9) Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order. 10) Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive lens not covered-fund as a Bifocal lens. Standard Progressive lens covered-fund Premium Progressive as a Standard. Premium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Underwritten by Combined Insurance Company of America, 5050 Broadway, Chicago, IL 60640, except in New York. CICA Form # VN P63007 0801 This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer. Benefit allowance provides no remaining balance for future use within the same benefit year. \*\*Based on industry averages.



LENSCRAFTERS



# Basic Term Life Insurance

## Basic Term Life/AD&D Summary Benefits

<b>ELIGIBILITY</b>	All active, full-time Employees of the Employer regularly working a minimum of 20 hours per week.
<b>BASIC LIFE BENEFIT</b>	\$30,000
<b>BASIC ACCIDENT BENEFIT</b>	\$30,000
<b>BENEFIT REDUCTION SCHEDULE BENEFITS REDUCE BY:</b>	65 % at age 70, 45 % at age 75, 30 % at age 80, 20 % at age 85, 15% at age 90
<b>BASIC LIFE WAIVER OF PREMIUM</b>	Must be totally disabled before age 60 6 month waiting period Benefit provided to age 65 Eligibility for Waiver of Premium continues if the group policy is terminated
<b>BASIC LIFE TERMINAL ILLNESS</b>	When such employees are diagnosed as terminally ill (having 12 months or less to live), they may withdraw up to 75% up to \$500,000 (Basic and Voluntary Life Coverage). The death benefit will be reduced by the amount taken as a Living Benefit.
<b>BASIC LIFE PORTABILITY</b>	Employees may elect to continue Life Coverage upon termination of employment subject to the provisions of this feature. Inforce amounts do not require medical underwriting. Coverage under this provision will terminate at age 75.
<b>BASIC LIFE CONVERSION</b>	If you terminate your employment or if you become ineligible for this coverage, you have the option to convert all or part of the amount of Life Insurance in force on the date of termination without Evidence of Insurability. Conversion election must be made within 31 days of your date of termination.
<b>EMPLOYER CONTRIBUTION</b>	Premiums are paid by your employer
<b>BENEFICIARY SERVICES</b>	- <b>CIGNA Assurance Program</b> - Comprehensive package of financial, bereavement and legal counseling; - <b>Will Prep. Services</b> – Online interactive tool that helps covered employees and their spouses create a will and other legal documents. The site also provides access to other valuable financial educational materials.

This is only a summary of coverage and is not a binding contract. A certificate of coverage will be made available to you shortly which describes the benefits in greater detail. Should there be differences between this summary and the contract, the contract will govern.

### Coverage Underwritten by Life Insurance Company of North America

#### Naming Your Beneficiary for Life Insurance:

**YOU SHOULD REVIEW/UPDATE YOUR BENEFICIARIES EVERY YEAR.**

You will be asked to name a beneficiary for your Life and Accident Insurance benefits online. Your beneficiary is the person or people who will receive these benefits if you die. You are automatically the beneficiary for any dependents who are covered under your voluntary life insurance. The beneficiary(ies) you enter online are legally binding in the event of the death of a covered individual. You must name Beneficiaries for your Basic Life Insurance and your Voluntary Life Insurance separately.

**If you do not name a beneficiary online, the system may auto assign your beneficiary as any listed dependent or auto assign to your Estate. MAKE SURE YOU HAVE AN ACTUAL PERCENTAGE LISTED NEXT TO ACTUAL BENEFICIARY NAME(S) IN THE SYSTEM.**

You may change your beneficiary designation at any time unless prohibited by a Qualified Domestic Relations Order (QDRO). The beneficiary designation or change will take effect on the date the election is made online or received by your Benefits Department.



# Voluntary Life Insurance

## Voluntary Term Life/AD&D Schedule of Benefits Summary

<b>ELIGIBILITY</b>	All active, full-time Employees of the Employer regularly working a minimum of 20 hours per week.
<b>VOLUNTARY LIFE BENEFIT</b>	Units of \$10,000
<b>VOLUNTARY AD&amp;D BENEFIT</b>	Equal to Voluntary Life Election
<b>GUARANTEED ISSUE AMOUNT</b>	\$220,000
<b>ANNUAL ENROLLMENT EVENT</b>	If you are currently insured for Voluntary Life, you may increase your coverage by one increment (\$10,000) not to exceed the Guaranteed Issue Amount, without evidence of insurability.
<b>MAXIMUM BENEFIT</b>	The lesser of 5 times annual compensation to a maximum of \$500,000 rounded to the nearest \$1000.
<b>BENEFIT REDUCTION SCHEDULE –BENEFITS REDUCED BY:</b>	65 % at age 70, 45 % at age 75, 30 % at age 80, 20 % at age 85, 15% at age 90
<b>VOLUNTARY LIFE INSURANCE WAIVER OF PREMIUM</b>	Must be totally disabled before age 60 6 month waiting period Benefit provided to age 65 Eligibility for Waiver of Premium continues if the group policy is terminated
<b>VOLUNTARY LIFE INSURANCE TERMINAL ILLNESS</b>	When such employees are diagnosed as terminally ill (having 12 months or less to live), they may withdraw up to 75% up to \$500,000 (Basic and Voluntary Life Coverage). The death benefit will be reduced by the amount taken as a Living Benefit
<b>SUICIDE EXCLUSION</b>	We do not pay death benefits if insured commits suicide during first two years of coverage This two year suicide exclusion also applies to all later increases in coverage.
<b>VOLUNTARY LIFE INSURANCE PORTABILITY</b>	Employees may elect to continue Life Coverage upon termination of employment subject to the provisions of this feature. Inforce amounts do not require medical underwriting. Coverage under this provision will terminate at age 75.
<b>VOLUNTARY LIFE INSURANCE CONVERSION</b>	If you terminate your employment or if you become ineligible for this coverage, you have the option to convert all or part of the amount of Life Insurance in force on the date of termination without Evidence of Insurability. Conversion election must be made within 31 days of your date of termination.

### Voluntary Dependent Term Life

<b>Eligibility</b>	Employees are not required to elect Voluntary Life Coverage on themselves in order to cover Dependent Spouse and Child(ren). However, Spousal Voluntary Life elections are subject to a \$30,000 maximum provided the Employee is not participating.
<b>Spouse Life Benefit</b>	\$5,000 increments to a maximum of \$100,000. (\$30,000 maximum if the employee is not participating in the Voluntary Life Plan.)
<b>Spouse AD&amp;D Benefit</b>	Equal to the Voluntary Spouse Life Election.
<b>Child Life Benefit</b>	14 Days to 6 months: \$2,000 6 months to 25 years (if full time student) –Units of \$2,000 up to \$10,000 maximum
<b>Child AD&amp;D Benefit</b>	Equal to Voluntary Child Life Election
<b>Guaranteed Issue Amount</b>	Spouse: \$25,000 Child: All Guaranteed Issue
<b>ANNUAL ENROLLMENT EVENT</b>	Spouse - Evidence of Insurability is required for any new election or increase. Child – Evidence of Insurability is NOT required for any new election or increase.

This is only a summary of coverage and is not a binding contract. A certificate of coverage will be made available to you shortly which describes the benefits in greater detail. Should there be differences between this summary and the contract, the contract will govern.

#### Coverage Underwritten by Life Insurance Company of North America

- \* Please note if your Spouse is also an Employee of Forsyth County Schools and they elect to cover themselves for Voluntary Life coverage, you can not elect to cover them under your Spouse Voluntary Life coverage.
- \* This is a Group Term Life policy, not an Individual Life policy. Under the Policy you and your spouse are subject to the "Benefit (Age) Reduction Schedule", which is referenced in the benefit summary above.
- \* Rates are based on your Tobacco Status, Age, and Coverage Amount. The cost of coverage for your Spouse is based on their Tobacco Status, their Age and Coverage Amount. The rates are Age-Banded, which means rates will change as you and/or your spouse move into the next age-band. Child Life premium is one cost regardless of # of eligible children.

# Short Term Disability

**PROVIDED THROUGH CIGNA**

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

<u>Benefit</u>	<u>STD Plan</u>
<b>Weekly Benefit Amount:</b>	60% of your weekly salary to a maximum of \$1,500 per week
<b>Benefits Begin After: Elimination (Waiting) Period*</b>	The later of your Accumulated Sick Leave or 14 days (for sickness or injury)
<b>Maximum Benefit Duration:</b>	17 Weeks Standard Pregnancy – 6 weeks
<b>Contributions:</b>	Payroll Deductions are based on salary and age. <small>Note: Rates are age banded and will change at policy anniversary if you move into a new age band.</small>

**\*NOTE: YOU MUST EXHAUST YOUR ACCUMULATED SICK LEAVE BEFORE SHORT TERM DISABILITY BENEFITS WILL BEGIN TO PAY.**

### Late Entrant Penalty

If you do not elect Short Term Disability (STD) when initially eligible and decide to elect STD later at annual enrollment the following late entrant penalty will be applied: For Disability caused by Physical Disease, Pregnancy, or Mental Disorder, your Benefit Waiting Period will be as follows for the first 12 months of coverage: 60 days or the period for which you receive sick leave, whichever is longer.



### Definition of Disability

For the benefit waiting period and while Short Term Disability benefits are payable, being unable, as a result of mental disorder, physical disease, injury or pregnancy, to perform with reasonable continuity the material duties of the employee’s own occupation, and the employee suffers a loss of at least 20 percent of weekly earnings when working in the employee’s own occupation. The employee is not disabled when they are earning 80% or more of pre-disability earnings in any occupation.

Please refer to the Certificate Booklet for further details. Should there be differences between this summary and the contract, the contract will govern.

# Long Term Disability

**PROVIDED THROUGH CIGNA**

*(Full-Time Employees are eligible)*

A Long Term Disability (LTD) is one of the most devastating experiences that can happen to an employee impacting both work and home life in a drastic way. Forsyth County Schools provides their eligible employees with a Long Term Disability benefit at no cost. STD and LTD insurance, when combined, provide seamless protection against the financial consequences of a disability.

<u>Benefit</u>	<u>LTD Plan</u>
<b>Monthly Benefit Amount:</b>	60% of your monthly salary to a maximum of \$7,000 per Month
<b>Duration of Benefits:</b>	SSNRA (Social Security Normal Retirement Age)
<b>Benefits Begin After: Elimination (Waiting) Period</b>	120 days
<b>Contributions:</b>	Paid by Forsyth County Schools
<b>Pre-Existing Condition:</b>	3/12*

**\*Pre-Existing Condition:** 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.

**Note:** Credit will be given to those that have satisfied or partially satisfied the provision with the prior carrier.

***Benefit Limitations***

**Mental Illness:** 24 Months

**Substance Abuse:** 24 Months

Please refer to the Certificate Booklet for further details. Should there be differences between this summary and the contract, the contract will govern.



# NEW!!! Group Accident Insurance

Accidents happen in places where you and your family spend the most time – at work, in the home or during sports and leisure activities.

Forsyth County Schools offers voluntary Group Accident Insurance through Unum. Unum’s Accident Insurance is designed to help you through the different stages of care for an accidental injury by providing benefits directly to you for initial care and treatment, in addition to the follow-up care you may need. The accident plan is guaranteed issue, so no health questions are required. Coverage is also available for your spouse and children.

### Examples of covered injuries include:

- broken bones
- eye injuries
- burns
- ruptured discs
- torn ligaments
- concussion
- cuts repaired by stitches

### Some covered expenses include:

- emergency room treatment
- occupational therapy
- outpatient surgery facility
- speech therapy
- doctor office visit
- chiropractic visit
- hospitalization

Sample of the Schedule of Benefits (the full schedule is available online):

Covered injuries	Benefit amount	Emergency and hospitalization benefits	Benefit amount
<b>Fractures</b>		<b>Ambulance (ground, once per accident)*</b>	\$400
Open	Up to \$7,500	Air ambulance	\$1,500
Closed	Up to \$3,750	<b>Emergency room treatment</b>	\$150
Chips	25% of closed amount	<b>Emergency treatment in physician office/urgent care facility</b> Either ER room or Primary Care/Specialist/Urgent Care benefit is payable once per covered accident.	
<b>Dislocations</b>		Primary Care Physician	\$50
Open	Up to \$6,000	Specialist	\$50
Closed	Up to \$3,000	Urgent Care Facility	\$50
<b>Burns</b>		<b>Hospital admission</b> (admission or intensive care admission once per covered accident)	\$750
At least 10 square inches, but less than 20 square inches	2nd degree – \$0 3rd degree – \$2,500	<b>Intensive care admission</b> (same as above)	\$1,125
At least 20 square inches, but less than 35 square inches	2nd degree – \$0 3rd degree – \$5,000	<b>Hospital confinement</b> (per day up to 365 days)	\$200
35 or more square inches of the body surface	2nd degree – \$1,000 3rd degree – \$10,000	<b>Intensive care confinement</b> (per day up to 15 days)	\$400
Skin grafts for 2nd and 3rd degree burns	50% of burn benefit	<b>Medical imaging test</b> (once per accident)	\$100
<b>Skin graft for any other accidental traumatic loss of skin</b>		<b>Outpatient surgery facility service</b> (once per accident)	\$50
At least 10 square inches, but less than 20 square inches	\$150	<b>Pain management</b> (epidural, once per accident)	\$100
At least 20 square inches, but less than 35 square inches	\$250		
35 or more square inches of the body surface	\$500		
<b>Concussion</b>	\$150		
<b>Coma</b>	\$10,000		
<b>Ruptured disc</b>	\$800		
<b>Knee cartilage</b>			
Tom	\$750		
Exploratory	\$150		
<b>Laceration</b>	\$25 – \$600		
<b>Tendon/ligament and rotator cuff</b>			
Repair of one	\$800		
Repair of two or more	\$1,200		
Exploratory only	\$150		
<b>Dental work, emergency</b>			
Extraction	\$100		
Crown	\$300		
<b>Eye injury</b>	\$300		



You also are eligible to receive a \$50.00 Wellness Benefit just for having the Accident coverage! Simply have your annual physical each year (including one of the qualified tests) and receive \$50 directly from Unum.

Enrollment is simple - You can enroll online via the enrollment website at [www.forsyth.bswift.com](http://www.forsyth.bswift.com)

### Per Pay Period Deductions

Employee Only	\$ 15.33
Employee + Spouse	\$ 24.71
Employee + Child(ren)	\$ 27.33
Family	\$ 36.71

# Flexible Spending Accounts (FSA) Plan

The Flexible Spending Account is provided through TASC. This plan offers you a choice to contribute pre-tax dollars to pay for certain qualified benefits.

## Maximum Annual Contribution

Please see below the annual maximum contribution you may be eligible to elect under the Flexible Spending Accounts:

**Health Care Reimbursement: \$2,550**

**Dependent Daycare: \$5,000**

\*Note: Minimum Contribution is \$25.00 per month.

**You must make a new election for the FSA plan every year. Your current elections will not roll-over. In addition, you must enroll or waive the FSA/Section 125 plans online through the ShawHankins bSwift Enrollment Portal as there is no longer a paper application available.**

**\$500 Health Care Reimbursement Roll-Over Feature:** Beginning with the 2015 Plan Year, you will be able to roll-over up to \$500 of unused funds in your Health Care Reimbursement FSA account only to be used for the preceding Plan Year. However, it is still important to be conservative in making elections because any unused funds over the \$500 threshold left in your FSA at the close of the Plan Year are not refundable to you. Please note the Grace Period no longer applies.

### Putting Money in a Health Care FSA is Smart *and* Safe.

Expenses for prescriptions, co-pays, doctor's office visits, glasses and contacts, and dental work can add up over the course of a year. With a FSA, you can save 30% on these expenses by paying for them with pre-tax dollars.

### Keep your money, yours.

It can be a challenge to estimate how much money to set aside each year in a FSA. But now you have a \$500 safety net! The Health Care FSA plan will now allow you to carryover up to \$500 of your unused medical FSA funds from year to year.

### How much will you elect this year?

Enrolling in a FSA is a savvy way to save money on health expenses. Everyone who anticipates any out-of-pocket medical expenses should take advantage of the benefits of a FSA. There is no risk to contribute at least \$500. At the end of the year, if your medical expenses are below that amount, you can carryover any amount up to \$500 and use it next year—with no cost or penalties.

If you've participated in a FSA in the past, you already know how much you can save. And now you're safe to increase your annual election by \$500, knowing if you don't use it this year, you can carryover a maximum of \$500 to the next year with no risk of forfeiture at the Plan Year end.

This is only a summary of coverage and is not a binding contract. Should there be differences between this summary and the contract, the contract will govern.

# Flexible Spending Accounts (FSA) - continued

## A valuable pre-tax benefit with innovative services!

**FlexSystem FSA increases your take-home pay by reducing your taxable income.** A Flexible Spending Account (FSA) allows you to save up to 30% on your 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!**

Employee salary reductions to a medical Flexible Spending Account (FSA) are limited to \$2,500 per Plan Year, indexed for inflation. Check with your employer for your Plan's maximum annual election amount.

Putting money in an FSA is smart and safe! If you have medical FSA funds leftover at the end of the Plan Year and your employer has elected Carryover, you may carryover up to \$500 from year to year with no cost or penalty.

### How FlexSystem Works

FlexSystem FSA is offered through your employer and is administered by TASC. When you choose to enroll in a FlexSystem 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!**

Your total Healthcare FSA annual contribution amount is available immediately at the start of the Plan Year; Dependent Care FSA funds are available up to the current account balance only.

### Reimbursements and the TASC Card

As you incur eligible expenses, simply swipe your TASC Card. The card automatically pays for and substantiates most eligible expenses at the point of purchase. If you do not use the TASC Card to pay for an eligible expense, simply submit a request for reimbursement via the MyTASC Mobile App, online Request for Reimbursement Wizard in MyTASC, text message, fax, or mail.

Your reimbursement is deposited in your MyCash account. You can access your MyCash funds in three ways: (1) swipe your TASC Card at any merchant that accepts major credit cards, (2) withdraw at an ATM using your TASC Card (with PIN), or (3) transfer to a personal bank account from MyCash Manager within MyTASC.

### FSA Eligible Expenses

FlexSystem FSA funds may only be used for eligible expenses under your healthcare FSA and/or dependent care FSA. Some eligible expenses include:

- Medical care services
- Dental care services
- Vision care expenses
- Prescriptions
- Certain over-the-counter medications
- Daycare tuition

More detailed lists can be found at [www.irs.gov](http://www.irs.gov) in IRS Publications 502 & 503. Please note insurance premiums are NOT eligible for reimbursement.

### Multiple Methods for Account Management

You may use any of the following self-service options to access your FlexSystem accounts and TASC Card transactions:

- **MyTASC Online:** [www.tasconline.com](http://www.tasconline.com)
- **MyCash Manager:** within MyTASC at [www.tasconline.com](http://www.tasconline.com)
- **MyTASC Mobile App:** free download at [www.tasconline.com/mobile](http://www.tasconline.com/mobile)
- **MyTASC Text Messaging:** elect through your MyTASC account online

### FlexSystem Healthcare FSA FlexSystem Dependent Care FSA

#### Pre-Tax Savings Example

	<u>Without FSA</u>	<u>With FSA</u>
Gross Monthly Pay:	\$3,500	\$3,500
<b>Pre-Tax Contributions</b>		
Medical/Dental Premiums	\$0	-\$125
Medical Expenses	\$0	-\$75
Dependent Care Expenses	\$0	-\$400
TOTAL:	\$0	-\$600
<b>Taxable Monthly Income</b>	<b>\$3,500</b>	<b>\$2,900</b>
Taxes (federal, state, FICA):	-\$968	-\$802
Out-of-pocket Expenses:	-\$600	\$0
<b>Monthly Take-home Pay:</b>	<b>\$1,932</b>	<b>\$2,098</b>

**Net Increase in Take-Home Pay = \$166/mo!**

For illustration only. Actual dollar amounts may vary.

**33 million Americans  
save up to 30%  
every year  
by participating  
in an FSA.**

2009 Nielson Consumer Research

# Long Term Care

## Long Term Care Insurance:

“The need to plan for long term care is an increasingly important issue facing individuals today. Chances are you've heard the term before, but exactly what is it? Long term care is the assistance received when someone needs help with two or more Activities of Daily Living —such as dressing, bathing, going to the bathroom, eating or moving about —or when someone suffers a severe cognitive impairment. This care could be provided in the home, in an assisted living or residential care facility, or in a skilled nursing facility such as a nursing home. Long term care insurance can provide needed resources for care — taking the focus off financial restrictions and helping caregivers spend more time with loved ones.” – Unum

**Medical Underwriting for Employees and Family:** (Completion of the Benefit Election Form is required for enrollment) As an **employee** you are eligible for benefit amounts on a Guarantee Issue basis of up to and including \$6,000 and a Facility Benefit Duration of 3 or 6 years. This does not require completion of the Long Term Care Insurance Application (medical questionnaire) if you apply during your initial eligibility period. The Long Term Care Insurance Application (medical questionnaire) is required if enrolling after your initial eligibility period or if you choose to buy \$7,000, \$8,000 or the Unlimited Duration coverage. **All Family members** must complete the Benefit Election form, the Long Term Care Insurance Application (medical questionnaire) and must be approved for coverage in order to enroll in the Long Term Care plan. All Medical Questionnaires must accompany a signed Authorization to Request Medical Information Form #6720-03 located in the enrollment kit.

Benefit Duration	3 Years	6 Years	Unlimited Duration
Facility Benefit Amount <b>Per \$1,000 Increments</b>	\$1,000 to \$8,000	\$1,000 to \$8,000	\$1,000 to \$8,000
Assisted Living Facility Percent	60%	60%	60%
Lifetime Maximum <b>Per \$1,000 Increments</b>	\$36,000	\$72,000	Unlimited
Professional Home Care	50%	50%	50%
Inflation Protection * - <b>Option</b>	Compound Uncapped	Compound Uncapped	Compound Uncapped

*\* If you selected an inflation option, and you terminate that inflation option at a future date, you can purchase the inflated coverage amount at your original age.*

**Please contact ShawHankins at 800-994-7429 if you have any questions or need any assistance obtaining and completing the enrollment applications for Long Term Care Insurance.**

You may access additional information including your enrollment applications for Long Term Care via the ShawHankins Resource Center website at [shawhankinsbenefits.net/fcs/](http://shawhankinsbenefits.net/fcs/) under *Employee Benefits* and *Long Term Care*. You may also log directly onto the Unum Long Term Care informational website at [w3.unum.com/enroll/Forsyth](http://w3.unum.com/enroll/Forsyth) and follow the prompts to the enrollment applications.

Please refer to the Certificate Booklet for details. Should there be differences between this summary and the contract, the contract will govern.

# AFLAC Cancer Insurance

## Aflac CASH BENEFITS TO YOU

In the event of a Cancer Diagnosis. . .  
*an Aflac Cancer Policy is a vital financial safety net  
 for you and your family*

**YOU DO NOT NEED TO RE-ENROLL IN AFLAC BENEFITS IF YOU ARE NOT MAKING ANY CHANGES. COVERAGE WILL CONTINUE AT SAME RATE.**

**CASH BENEFITS** AFLAC provides cash benefits directly to you, unless assigned, to pay expenses such as out-of-pocket medical expenses, deductibles, co-payments, mortgage or rent, childcare expenses, or other daily living expenses .

**FAMILY COVERAGE** AFLAC Cancer policy can cover not just you, but your family as well. Children are covered at no additional charge until the age of 26.

**NO DEDUCTIBLES OR NETWORKS** AFLAC policies have no deductibles or network restrictions.

**GUARANTEED RENEWABLE, PORTABLE, AND STABLE RATES**

The renewal of your AFLAC policy is guaranteed, which means you can never be cancelled for medical reasons or age. Rates cannot increase due to claims or age.

**Policies are portable at the same rate upon termination of employment.**

**Cancer:** Aflac's Cancer Care Select Plan provides valuable cash benefits upon diagnosis of cancer and throughout the entire course of treatment and after-care, including reconstructive surgery. Benefits start with a \$2000 lump sum Initial Diagnosis benefit that builds by \$500/year until the policyholder turns 65. Premiums for cancer coverage are payroll deductible and qualify for pre-tax savings

**MONTHLY RATES – CANCER CARE SELECT – Series A78000 - Pre-tax**

	<u>Individual</u>	<u>One-Parent Family</u>	<u>Two-Parent Family</u>	<u>Employee/ Spouse</u>
Base Plan	\$17.94	\$17.94	\$28.99	\$28.99
1 <sup>st</sup> Occurrence Benefit Builder Rider	5.85	5.85	13.00	13.00
Specified Disease Rider	.91	.91	1.69	1.69
<b>TOTAL</b>				

Enroll online by accessing the AFLAC enrollment website link through the Forsyth County benefits enrollment website under "My Benefits" or enroll via an application in the enrollment packet available in the school's office.

Existing policyholders may contact Betty Suggs for assistance.

**Betty Suggs - AFLAC Benefits Specialist**  
 770-532-5171 Direct      800-559-5171 Toll-Free  
 770-503-7756 Fax  
 betty\_suggs@us.aflac.com



# Disclosure Notices

Unless otherwise noted, these Notices are available on the web at <http://shawhankinsbenefits.net/fcs/>. A paper copy is also available, free of charge, by calling ShawHankins at 800-994-7429.

## NOTICE OF YOUR HIPAA SPECIAL ENROLLMENT RIGHTS:

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

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself or your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

## SECTION 125 PRE-TAX BENEFIT AUTHORIZATION NOTICE:

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

- A change in marital status, or
- A change in the number of dependents due to birth, adoption, placement for adoption or death of a dependent, or
- A change in employment status for myself or my spouse, or
- Open enrollment elections for my spouse, or
- A change in dependents eligibility, or
- A change in residence or worksite.

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

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

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

## NEWBORNS' ACT DISCLOSURE:

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

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

**GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS:** On April 7, 1986, a federal law was enacted (Public Law 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 <http://shawhankinsbenefits.net/fcs/>. A paper copy is also available, free of charge, by calling your Employer or ShawHankins at 800-994-7429. Please note the participant is responsible for providing a copy to their spouse/dependents covered under the group health plan.

**SUMMARY OF BENEFITS AND COVERAGE (SBC):** As an employee, the group health (medical) benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC) which summarizes important information about any health coverage option in a standard format to help you compare across options. The SBC is available on the web at: [www.dch.georgia.gov/shbp](http://www.dch.georgia.gov/shbp). A paper copy is also available, free of charge, by calling your Employer. 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) 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 <http://shawhankinsbenefits.net/fcs/>. A paper copy is also available, free of charge, by calling your Employer at 770-887-2461.

# Contact Information

<i>Name</i>	<i>Contact</i>	<i>Phone</i>
<i>Benefits Administrator</i>	<b>ShawHankins, Inc.</b>	<b>800-994-7429</b> <b>Fax: 770-844-8856</b> Benefit Resource Center website: <a href="http://shawhankinsbenefits.net/fcs/">http://shawhankinsbenefits.net/fcs/</a>
<i>Medical/State Health Benefit Plan</i>	State Health Provider	800-610-1863
<i>Dental</i>	Ameritas	800-487-5553
<i>Vision</i>	EyeMed	866-800-5457
<i>Basic Life &amp; AD&amp;D</i>	Cigna	800-238-2125
<i>Voluntary Life Insurance</i>	Cigna	800-238-2125
<i>Short Term Disability</i>	Cigna	800-238-2125
<i>Long Term Disability</i>	Cigna	800-238-2125
<i>Long Term Care</i>	UNUM	800-227-4165
<i>Accident</i>	Unum	800-635-5597
<i>FSA</i>	TASC	800-422-4661