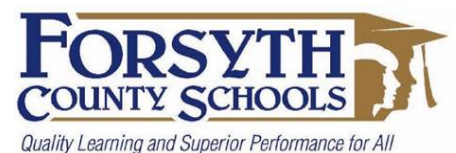


2017

Forsyth County Schools

2017 Benefits Enrollment Guide





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

While the Employee Benefits Handbook is an important component in the benefit communication process, your dedicated ShawHankins service team will be available for questions and concerns regarding benefits throughout the plan year.

Please review the plans contained in the Employee Benefits Handbook and see how these plans can work for you and your eligible dependents. Your participation in the plans is voluntary. The benefit plans have been chosen to provide a continuation of protection that complements the System's leave policies and retirement plans. The plan year is in effect from January 1, 2017 to December 31, 2017.

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

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

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

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

Open Enrollment Memo

ENROLLMENT & BENEFIT INFORMATION (Plan Year: 01/01/2017 -12/31/2017):

Enrollment opens at 12:00 a.m. on 10/17/2016 and closes at 11:59 p.m. on 11/04/2016. An Open Enrollment Presentation, informational videos on all of the benefits offered, and the Decision Guides for State Health are conveniently located on the Benefit Resource Center at www.shawhankinsbenefits.net/fcs.

The State Health Benefit Plan enrollment website www.myshbpga.adp.com will be available for your health 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". 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 ShawHankins bswift Enrollment Website at www.forsyth.bswift.com. You **MUST** enroll or waive the FSA /Section 125 plans 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 update your beneficiaries for life insurance.

Medical (State Health): The FCBOE will continue to pay \$49.38 toward your health premium. The Decision Guide is available at www.dch.georgia.gov. *It is highly recommended you review the State Health Decision Guide in detail.* All newly enrolled individuals 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 (MetLife): 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). Dental benefits will now be administered through MetLife, and both plans have an increased annual benefit maximum. Please see the Dental Plan pages for more details. If you do not make changes to your current dental elections, you will continue coverage through MetLife at your current plan and coverage tier selection.

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) (Lincoln): *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:** *You can enroll for the first time or increase your current election up to the Guaranteed Issue. Anything over the Guaranteed Issue amount will require Evidence of Insurability (EOI). All Child Life is guaranteed issue therefore no EOI will be required.*

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 ShawHankins Enrollment Website at www.forsyth.bswift.com.** The plan year will start January 1, 2017. Please note the maximum contribution for the medical reimbursement FSA is **\$2,550.00** for the 2017 plan year and the \$500 roll-over feature will continue. 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.

Accident Insurance (Unum): There will be no changes to the Unum Accident Insurance. 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/.

Long Term Care Insurance (Unum): There will be no changes to the Unum Long Term Care Insurance. 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): 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 2017 plan year, we will need a letter of cancellation. Employees can enroll in the Cancer Benefit by visiting the AFLAC online enrollment portal listed on the Benefit Resource Center under the Voluntary Benefits tab. Please note this plan is not administered by ShawHankins.

NEW!! NewBenefits (Telemedicine): A comprehensive discount benefits program is now available through NewBenefits. Employees are able to enroll in one of three packages that include benefits such as TeleDoc, Legal Care Direct, ID Sanctuary, and many other discount programs for things like lab testing, pet care, etc.

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 at 770-887-2461 Ext. 202136 or Chad Dowdy at 770-887-2461 Ext. 202139**.

State Health Enrollment Instructions

Go to the Enrollment Portal: 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 2017 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 2017 Plan Year.

Step 2: Under the OE window, **click** on **Continue** to proceed with your 2017 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 8 of the 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 2017 – DECEMBER 2017

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.***

BlueCross and BlueShield	Employee	Employee + Child(ren)	Employee + Spouse	Family
HRA GOLD	\$114.98	\$249.34	\$356.46	\$490.82
HRA GOLD with Tobacco Charge	\$194.98	\$329.34	\$436.46	\$570.82
HRA SILVER	\$ 59.11	\$154.36	\$239.13	\$334.38
HRA SILVER with Tobacco Charge	\$139.11	\$234.36	\$319.13	\$414.38
HRA BRONZE	\$ 19.58	\$ 87.16	\$156.12	\$223.70
HRA BRONZE with Tobacco Charge	\$ 99.58	\$167.16	\$236.12	\$303.70
HMO	\$ 81.58	\$192.56	\$286.31	\$397.29
HMO with Tobacco Charge	\$161.58	\$272.56	\$366.31	\$477.29
United Healthcare				
HMO	\$116.85	\$252.53	\$360.40	\$496.07
HMO with Tobacco Charge	\$196.85	\$332.53	\$440.40	\$576.07
High Deductible	\$ 1.63	\$ 56.64	\$118.42	\$173.44
High Deductible with Tobacco	\$ 81.63	\$136.64	\$198.42	\$253.44
Kaiser Permanente				
HMO (Regional HMO)	\$ 89.26	\$205.72	\$302.76	\$419.21
HMO with Tobacco Charge	\$169.26	\$285.72	\$382.76	\$499.21
TRI-CARE Supplement	\$ 11.12	\$ 70.12	\$ 70.12	\$111.12

State Health Provider
800-610-1863
www.dch.georgia.gov/shbp

BlueCross & BlueS
855-641-4862
www.bcbsga.com/shbp

UnitedHealthCare
888-364-6352
www.mvuhc.com

Kaiser Permanente
855-512-5997
mv.kp.org/shbp/

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

Tri-Care Supplement
866-637-9911
www.asicorporation.com/ga_shbp

Express Scripts
877-841-5227
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
Chad Dowdy (770)887-2461 ext. 202139
FAX (770) 888-1221

Before You Enroll – Things to Know

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

- Name
- Date of Birth
- Social Security Number
- Address

NOTE: All employees are **REQUIRED** 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 Annual Enrollment you **MUST** enroll or waive the FSA/Section 125 plans online.

HOW TO ENROLL ONLINE

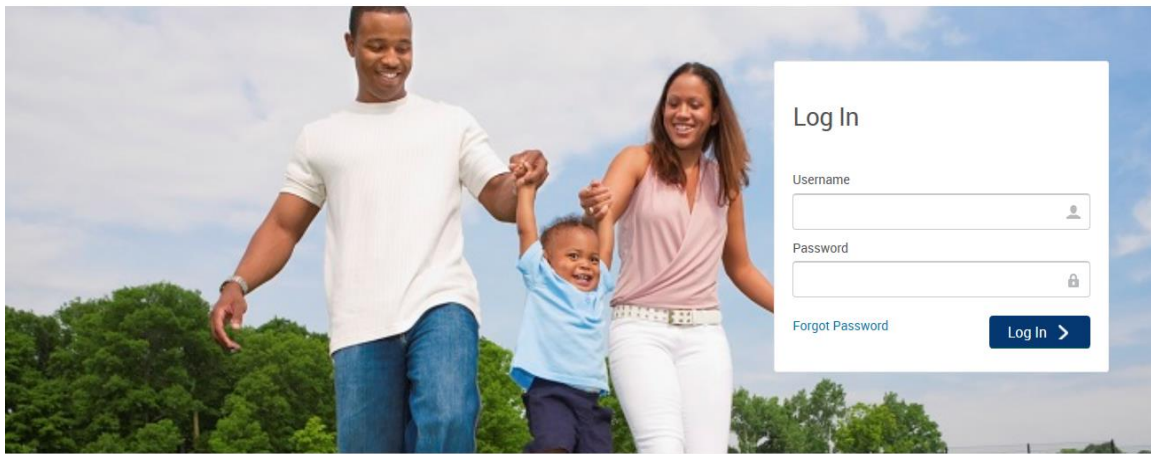
Go to www.forsyth.bswift.com.

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, and 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.



- Please go online or meet with a ShawHankins Benefit Counselor to elect or decline coverage by November 4th.
- Please contact ShawHankins at 800-994-7429 to speak with a Benefit Counselor if you need assistance with your enrollment.

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

How To Enroll Online

To Begin:

1) From the “Home Page” click on the “Start Your Enrollment” link, to begin the election process. Make sure you go to “My Profile” before you begin the enrollment process to confirm your demographic and dependent information , as well as add any new dependents.

[✕ Preferences](#) [🔒 Change Password](#) [🚪 Log Out](#)

The screenshot shows a web interface with a dark blue header containing navigation links: "My Benefits", "My Profile", "News", "Library", and "Specials". Below the header, a light blue box contains the text "Welcome to your enrollment!". Underneath, it states "Enrollment Deadline 10/21/2016" and "Your Status Not Started". A prominent orange button labeled "Start Your Enrollment" is centered in the box.

2) To select or change your current election, select the View Plan Options button for the corresponding benefit.

This screenshot displays the benefit selection interface. On the left, there are two benefit cards: "Dental" with a green tooth icon and a "WAIVED" status, and "Vision" with a green eye icon and a cost of "\$5.74" per pay period. The Vision card is expanded, showing details for the "2016 Vision / BLUE CROSS BLUE SHIELD OF GA" plan, with a "View plan details" link and "Employee + Spouse" coverage. On the right, a sidebar shows a progress indicator with steps: "Your Info", "Your Benefits" (current step), "Enroll", and "Complete". Below the indicator, it shows "Your Cost per pay period" as "\$147.92" and a prompt: "Finished selecting benefits? Click the".

3) Select the dependents you wish to cover under that particular benefit plan. Then click on the Continue button.

The screenshot shows the dependent selection page. At the top, it asks "Who will be covered by this plan?". Below this, there are two checked boxes for "John Test Employee" and "Jane Test Spouse", followed by an "Add Dependents" link. At the bottom left is a "Back" button, and at the bottom right is a large orange "Continue" button. Below the main content area, there is a summary box for the "2016 Vision BLUE CROSS BLUE SHIELD OF GA" plan, showing the cost of "\$5.74" per pay period and the tier "Employee + Spouse".

4) Click on View Plan Details to see details for the corresponding plan. After making a decision, choose the appropriate tier using the drop down menu, then click the “Select” or “Keep Selection” button under the chosen plan.

This screenshot shows the plan details and selection page. It features a summary box for the "2016 Vision BLUE CROSS BLUE SHIELD OF GA" plan, including a "View plan details" link. To the right, it shows the cost of "\$5.74" per pay period and the tier "Employee + Spouse". A green checkmark and the word "Selected" are displayed below the tier. At the bottom, there are two buttons: a "Keep Selection" button and a "Waive" button. Below the main content area, there is a "Waive Vision" option with a red "X" icon and a "Waive" button.

How to Enroll Online

5) Repeat this process for all remaining benefits. Please note that your per pay period deductions will total on the right hand side as you continue through the enrollment process. Once you have finished selecting benefits, click the Continue button on the right hand side.

The screenshot shows the benefit selection interface. On the left, there are three benefit categories: Dental, Vision, and Basic Employee Life. Each category has a selection area with a 'NO PLAN SELECTED' message and a 'View Plan Options' button. Below the selection area, there is a link 'I don't want this benefit (waive)'. On the right, a summary box shows 'Your Cost per pay period' as \$71.02 for Dental and Vision, and \$0.00 for Basic Employee Life. A 'Continue' button is at the bottom right.

Benefit Category	Cost per pay period
Dental	\$71.02
Vision	\$71.02
Basic Employee Life	\$0.00

6) Make your beneficiary designations or confirm your current designations, and once finished click on the Continue button.

The screenshot shows the beneficiary designation interface. On the left, there is a table for 'Primary Beneficiaries (required)'. The table has columns for 'Name' and 'Percentage'. The table lists 'My Estate (Employee)', 'Jane Test (Spouse)', and 'James Test (Sibling)'. The 'Total' is 100%. Below the table, there is a link 'Add New Beneficiary'. On the right, a summary box shows 'Your Cost per pay period' as \$0.00. A 'Continue' button is at the bottom right.

Name	Percentage
My Estate (Employee)	%
Jane Test (Spouse)	100.00 %
James Test (Sibling)	%

Total: 100%

7) Review all your selections for accuracy. Once you have completed your review, click inside the box next to I agree and I'm finished with my enrollment. Next click on the Complete Enrollment button.

The screenshot shows the review and confirmation interface. On the left, there is a box titled 'Once You've Reviewed All Your Selections: Participation'. It contains a paragraph of text and a checkbox 'I agree, and I'm finished with my enrollment.' On the right, a summary box shows 'Your Cost per pay period' as \$0.00. A 'Complete Enrollment' button is at the bottom right.

8) Once you have successfully completed your enrollment, you will see the confirmation above. You will now have the option to view, print, or email your benefit confirmation statement.

Your enrollment is complete!

You may make changes to your elections until: **October 21, 2016**

You have completed your enrollment. Click the Print icon to print out a copy of your Confirmation Statement for your records or the Email icon to email yourself a copy of the Statement. If you would like to make changes to your enrollment, click on the plan's Edit Selection button.

Your Confirmation Statement is ready

Your Confirmation Statement is an overview of your new benefits and costs for your review and records.



VIEW



PRINT

**Eligibility:**

Active Full Time Employees of the Forsyth County Schools are eligible for benefits. If you are a new employee you are eligible to join the plans the 1st of the month following your first full calendar month of employment. Otherwise, your annual enrollment elections are effective January 1st of each year.

Spouses and dependent children of the employee are also eligible to participate in our benefit plans. Dependent children include natural children, legally adopted, stepchildren, and children for whom the employee has been appointed guardian.

Eligible Dependents are classified as:

- Your legal spouse who resides in the United States.
- Child/stepchild/legal dependent child.

Your child can be covered on the medical plans through age 25. If your dependent child is approaching 26 and is disabled, an application for continuation of dependent status must be made within 30 days of the child's 26th birthday.

Your child can be covered on the dental, vision, and life plans through age 18 or 25 if they are a full time student. If your dependent child is approaching 26 and is disabled, an application for continuation of dependent status must be made within 30 days of the child's 26th birthday.

Qualifying Events: (refer to your Summary Plan Description - Special Enrollment Rights)

Most benefit deductions are withheld from your paycheck on a pre-tax basis and therefore your ability to make changes to these benefits is restricted by the IRS under Section 125.

- Once your elections become effective, you will not be able to change your elections until the next annual enrollment period unless you experience an eligible qualifying event.
- Examples of qualifying events include: a change in marital status; a change in the number of dependents due to birth, adoption, placement for adoption or death of a dependent; a change in employment status for yourself or spouse; loss or gain of coverage through your spouse; a change in dependents eligibility.
- You must notify the Benefits Department, provide proof of your qualifying event, and enroll within 30 days from the effective date of the qualifying event.
- Please contact ShawHankins at 800-994-7429 to speak with a Benefit Consultant 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.

Dental Benefits – Administered by MetLife

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 actually help reveal other health issues you may be unaware of.

The Forsyth County Schools offers dental coverage as summarized below.

Plan Provisions	"Core" Plan	"Buy-Up" Plan
Calendar Year Deductible Single Family Max	\$50 \$150	\$50 \$150
Annual Benefit Max	\$1,250 calendar year	\$1,750 calendar year
Diagnostic/Preventive Services <i>Periodic oral evaluation; Prophylaxis (cleanings), Bitewing X-rays – four films; Topical fluoride application</i>	100% coverage No Deductible	100% coverage No Deductible
Basic Treatment (Type B) Filling, amalgam, e.g., silver-colored, two surfaces; sealants, Extractions, Endodontics, Simple Periodontics	50% coverage (subject to deductible)	80% coverage (subject to deductible)
Major Treatment Crowns, implants, dentures, fixed bridges	Not Covered	50% coverage (subject to deductible)
Orthodontia (Child Only) <i>Child(ren) only up to age 19</i>	Not covered	50% coverage up to lifetime maximum benefit of \$1,500

Missing Tooth Exclusion: Missing Tooth Exclusion will not replace a tooth that was extracted before the person was on insured by a Forsyth County Schools dental Plan.

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.

Log on to [metlife.com](https://www.metlife.com) and go to I Want To Find a MetLife Dentist.

Enter your zip code and select the PDP Plus network. Enter your search criteria and click on the SEARCH button.

For additional assistance contact:
(800) 942-0854



Per Pay Period Dental Plan Deductions		
Coverage Tier	"Core" Plan	"Buy-Up" Plan
Employee Only	\$0.00	\$26.64
Employee + 1 Dependent	\$31.41	\$66.93
Employee + Family	\$63.29	\$122.36

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.

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

How Do Orthodontics Benefits Pay?

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.

- MetLife 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.

Vision Benefits – Administered by EyeMed

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 our Employer 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 Forsyth County Schools will enable you to take advantage of substantial savings on your eye care and eyewear needs.

Benefit	In-Network	Out-of-Network	Frequency
Vision Exam	\$10 copay	Up to \$52 allowance	Once every 12 months
Contact Lenses	Allowance	Max Amount	Once every 12 months
Elective Medically Necessary	Up to \$150 allowance Covered in full	Up to \$130 allowance Up to \$250 allowance	
Contacts Fitting Standard Premium	Member cost up to \$55 10% off retail price	Not covered	Once every 12 months
Standard Plastic Lenses	Copayment	Max Amount	Once every 12 months
Single Vision Bifocal Trifocal	Covered in full after a \$20 copay	Up to \$55 allowance Up to \$75 allowance Up to \$95 allowance	
Frames	Up to \$150 allowance; 20% off additional cost	Up to \$45 allowance	Once every 24 months

Please note: This plan covers either contact lenses or lenses for your glasses once every other calendar year.

Coverage Tier	Per Pay Period Deductions
Employee Only	\$7.87
Employee + 1 Dependent	\$13.74
Employee + Family	\$20.44



- You're on the INSIGHT Network
- For a complete list of providers near you use our Provider Locator on www.eyemed.com and choose the INSIGHT network or call 1-866-804-0982.
- For Lasik providers call 1-877-5LASER5 or visit eyemedlasik.com

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.

Basic Life/AD&D & Voluntary Life Insurance – Administered by Lincoln

Basic Term Life and AD&D Insurance provides valuable financial protection for your family. Forsyth County Schools is pleased to provide Basic Life & AD&D Insurance to all full-time employees in the amount of \$30,000 at no cost to you.

Voluntary Term Life and AD&D Insurance is also available to provide additional financial protection for you and your family.

Benefit	Coverage
Employee Voluntary Life/AD&D	<p>You can purchase coverage in increments of \$10,000 up to a maximum of \$500,000 not to exceed 5 x your annual salary.</p> <p>New Hires: You will have a guarantee issue (GI) amount of \$350,000 (not to exceed 5 x your annual salary). Employee elections over GI will require Evidence of Insurability.</p>
Spouse Voluntary Life/AD&D	<p>You can purchase coverage in increments of \$5,000 to a maximum of \$100,000. You can elect up to \$30,000 of spouse coverage without electing coverage for yourself.</p> <p>New Hires: You will have a guarantee issue amount of \$50,000 not to exceed \$30,000 if the employee is not covered.</p>
Child(ren) Voluntary Life/AD&D	<p>You can purchase coverage in increments of \$2,000 to a maximum of \$10,000.</p> <p>New Hires: You will have a guarantee issue amount of \$10,000.</p>
Annual Enrollment	<p>There will be a true open enrollment in which all participants may increase or elect coverage up to the Guarantee Issue amount without completing an Evidence of Insurability form. Anything over the Guarantee Issue Amount will require Evidence of Insurability and approval.</p>



Voluntary Life Insurance Continued

Important Terms to Understand

Evidence of Insurability: Evidence of Insurability is a request to verify good health and is often in the form of a questionnaire. This is required when you are requesting insurance that is over the guarantee issue amounts or if you are enrolling after your initial enrollment.

Guarantee Issue: Guarantee Issue is the amount of life insurance that you can elect without having to provide evidence of insurability. The guaranteed issue period is 31 days from the date you first become eligible for the plan from your date of hire. If you choose not to enroll when you are first eligible and enroll at a later date, the entire amount of insurance will be subject to evidence of insurability.

Employee Life/AD&D Monthly Rates per \$1,000				
Age	Employee Non-Smoker Rate	Employee Smoker Rate	Spouse Non-Smoker Rate	Spouse Smoker Rate
<30	\$0.046	\$0.08	\$0.09	\$0.162
30-34	\$0.058	\$0.096	\$0.11	\$0.190
35-39	\$0.069	\$0.114	\$0.14	\$0.224
40-44	\$0.110	\$0.174	\$0.22	\$0.341
45-49	\$0.197	\$0.303	\$0.39	\$0.596
50-54	\$0.348	\$0.528	\$0.64	\$1.027
55-59	\$0.485	\$0.707	\$0.92	\$1.330
60-64	\$0.636	\$0.884	\$1.44	\$2.017
65-69	\$1.116	\$1.513	\$2.54	\$3.440
70+	\$1.963	\$2.472	\$4.55	\$5.607

Steps to Calculate Employee Premium Per Month

Step 1: Amount of Voluntary Life Insurance

Desired Amount

Step 2: Divide amount of Voluntary Life Insurance in Step 1 by \$1,000

Step 3: Insert Rate from table based on age

Step 4: Multiply Step 2 by Step 3

Monthly Premium

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.

Short Term Disability – Administered by Lincoln

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.

Benefit	Coverage
Weekly Benefit Amount	60% of your weekly salary to a maximum of \$1,500 a per week
Benefits Begin After (Elimination Period):	The later of your accumulated Sick Leave or 14 days (for sickness or injury)
Maximum Benefit Duration:	17 Weeks Standard Pregnancy – 6 Weeks
Contributions:	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.
Pre-Existing Condition:	3/12

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

Pre-Existing Condition Exclusion

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.

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 – Administered by Lincoln

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 full time 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.

Benefit	Coverage
Monthly Benefit Amount	60% of your monthly salary to a maximum of \$7,000 per month
Duration of Benefits:	SSNRA (Social Security Normal Retirement Age)
Benefits Begin After (Elimination Period):	120 Days
Contributions:	Paid by Forsyth County Schools
Pre-Existing Condition:	3/12

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

Pre-Existing Condition Exclusion

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.



Group Accident – Administered by Unum

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
- 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

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

Covered Injuries	Benefit Amount
Fractures	
Open	Up to \$7,500
Closed	Up to \$3,750
Chips	25% of closed amount
Dislocations	
Open	Up to \$6,000
Closed	Up to \$3,000
Concussion	\$150
Coma	\$10,000
Ruptured Disc	\$800
Dental Work, Emergency	
Extraction	\$100
Crown	\$300

Emergency and Hospitalization Benefits	Benefit Amount
Ambulance (group, once per incident)	\$400
Air Ambulance	\$1,500
Emergency Room Treatment	\$150
Hospital Admission	\$750
Hospital Confinement	\$200
Medical Imaging Test	\$100
Outpatient Surgery Facility Service (once per incident)	\$50

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

Per Pay Period Deductions	
Employee Only	\$15.33
Employee + Spouse	\$24.71
Employee + Child (ren)	\$27.33
Employee + Family	\$36.71

Long Term Care – Administered by Unum

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 Questionnaire 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 Per \$1,000 increments	\$1,000 to \$8,000	\$1,000 to \$8,000	\$1,000 to \$8,000
Assisted Living Facility Percent	60%	60%	60%
Lifetime Maximum Per \$1,000 Increments	\$36,000	\$72,000	Unlimited
Professional Home Care	50%	50%	50%
Inflation Protection* - Option	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/ 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 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.

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 THE SAME RATE.

CASH BENEFITS AFLAC provides cash benefit directly to you, unless assigned , to pay expenses such as out-of-pocket medical expenses , deductible, 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 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.

There will be some changes to the AFLAC Cancer plans available. For specific plan details, please visit the Aflac Enrollment Website for details. If you are currently enrolled in the Aflac Cancer Care Select Plan, your benefits will continue unless you elect to make changes.

MONTHLY RATES – CANCER CARE SELECT- Series A78200 – Low Plan

	Individual	One-Parent Family	Two-Parent Family	Employee/ Spouse
Low Plan	\$ 24.70	\$24.70	\$43.68	\$43.68

MONTHLY RATES – CANCER CARE PLAN CLASSIC - Series A78300 – High Plan

	Individual	One-Parent Family	Two-Parent Family	Employee/ Spouse
High Plan	\$ 38.48	\$38.48	\$68.64	\$68.64

Enroll online by accessing the AFLAC enrollment website link through the Forsyth County Schools benefits enrollment website under the “My Benefits” tab.

Existing policyholders may contact Betty Suggs for assistance.

Betty Suggs - Aflac Benefits Specialist
770-532-5171 Direct
770-503-7756 Fax
Betty_suggs@us.aflac.com

Flexible Spending Accounts – Administered by TASC

The FSA consists of two separate accounts: a Health Care Spending Account and Dependent Care Spending Account. The FSA increases your take home pay by reducing your taxable income. Payment with pretax dollars means that you have more money to use on these important expenses.

Who is Eligible to Participate?

All full-time benefit eligible employees are able to participate in the flexible spending accounts.

Elections under the Plan

Elections **may not be changed outside the Open Enrollment period** unless you have a change in family status. Eligible changes in status include:

- marriage or divorce or legal separation;
- death of a spouse;
- birth or adoption of a child or a change in legal custody; and
- your or your spouse's new employment or termination of employment or other change in employment status that affects your or your spouse's eligibility for benefits.

If you change your election because of a change in family status, the change will be effective on the first day of the month following your election.

Health Care Spending Account (\$2,550 Annual Maximum Contribution)

Your Health Care Spending Account allows you to pay for health-related treatments and expenses for you and your dependents not paid for by your insurance programs. The maximum contributions to the Health Care Spending Account cannot exceed \$2,550 during the plan year (as of January 1, 2017). You may roll over up to \$500 of unused funds at the end of the plan year. Expenses that are eligible for reimbursement from the Health Care Spending Account include, but are not limited to, the following:

- Deductibles and co-payments not paid by the health insurance option or dental insurance option in which you or any family members participate
- Cost of eligible procedures not covered by health or dental plans
- Vision examinations, glasses, contact lenses and supplies
- Hearing exams and hearing aids
- Alcoholism treatment, birth control, braces, chiropractor fees, prescription drug and medical supplies (used to alleviate or treat injury or illness), orthopedic shoes, psychiatric care, transportation expenses (related to the rendering of medical services), weight loss programs (if prescribed by a physician), wheelchair.

All participants in the Health Care Spending Account will receive a debit card that can be used for eligible expenses at the time of purchase.

Dependent Care Spending Account (\$5,000 Annual Maximum Contribution)

A Dependent Care FSA can save you money on dependent care expenses you pay while you're at work. These include day care and summer camps for children under age 13 and care for an elderly parent.

- You can contribute up to \$5,000 a year if married and file income taxes or \$2,500 if single or you're married and file separate income tax returns.
- Claims for reimbursement must be made after payment for dependent care expenses are paid
- Reimbursements can only be made using the funds contributed at the time the claim is submitted

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
- MyCash Manager: within MyTASC at www.tasconline.com
- MyTASC Mobile App: free download at www.tasconline.com/mobile
- MyTASC Text Messaging: elect through your MyTASC account online

Telemedicine – Administered by New Benefits

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

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

Packages	Benefits		*Cost
ShawHankins Advantage	<ul style="list-style-type: none"> Teladoc Health Advocacy Medical Bill Saver 	<ul style="list-style-type: none"> Nurseline Doctors Online Health Wealth Connection 	\$6.99
ShawHankins Advantage Plus	<ul style="list-style-type: none"> Teladoc Health Advocacy Medical Bill Saver Nurseline Doctors Online Health Wealth Connection 	<ul style="list-style-type: none"> Vision Dental Pharmacy Pet Care Lab Testing MRI & CT Scans Hearing Aids 	\$9.99
ShawHankins Premier	<ul style="list-style-type: none"> Teladoc Health Advocacy Medical Bill Saver Nurseline Doctor's Online Health Wealth Connection Vision Dental 	<ul style="list-style-type: none"> Pharmacy Pet Care Lab Testing MRI & CT Scans Hearing Aids Legal Care Direct ID Sanctuary Enhanced (family) Roadside Assistance 	\$15.99

*Cost shown is monthly and covers all immediate family members living in your household.

Teladoc

73% of Americans have trouble receiving timely medical care without having to visit the emergency room. Help employees save time and money with 24/7 access to a doctor by phone or online video consult– anytime, anywhere in the U.S. with no copay. Doctors offer diagnosis, treatment options and prescription if necessary. By using Teladoc instead of going to an urgent care clinic or ER, employees cut unnecessary out-of-pocket costs and time wasted in crowded waiting rooms.

Legal Care Direct

With a national average hourly rate of \$381, contacting an attorney may seem out of reach. Give employees access to free and discounted rates on services from experienced lawyers. Attorneys help with traffic tickets, bankruptcy, divorce, spousal and child support. Additional services are also available at no cost.

ID Sanctuary Enhanced

Keep employees one step ahead of identity theft. If they are online, have a bank account or use a credit card, personal information can be stolen at any time. ID Sanctuary provides the proactive tools and recovery assistance your employees need to quickly respond to an identity or fraud crisis.

Following your enrollment in the plan, you will receive a packet of information containing an ID card. You will be instructed to go online and register your account and list all eligible family members. Registering before receiving services will greatly reduce the wait time upon initial use.

Disclosure Notice – Continued

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

NOTICE OF YOUR HIPAA SPECIAL ENROLLMENT RIGHTS:

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

SECTION 125 PRE-TAX BENEFIT AUTHORIZATION NOTICE:

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

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

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

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

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

NEWBORNS' ACT DISCLOSURE:

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

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION: This Notice describes how the Plan(s) may use and disclose your protected health information ("PHI") and how you can get access to your information. The privacy of your protected health information that is created, received, used or disclosed by the Plan(s) is protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). This Notice is available on the web at: www.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 99-272, Title X) requiring that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end. If you or your eligible dependents enroll in the group health benefits available through your Employer you may have access to COBRA continuation coverage under certain circumstances. Therefore, your plan makes available to you and your dependents the General Notice Of COBRA Continuation Coverage Rights. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. The full Notice is available on the web at: www.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.shawhankinsbenefits.net/fcs. A paper copy is also available, free of charge, by calling your Employer or ShawHankins at 844-505-9158. 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.shawhankinsbenefits.net/fcs. A paper copy is also available, free of charge, by calling your Employer.

Why Would I Contact the Benefits Call 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 Call Center can help you locate In-Network Providers for medical, dental and vision coverage whether you are at home or away.

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

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

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

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

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

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

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

1-800-994-7429

customerservice@shawhankins.com

Benefit Resource Center Site

www.shawhankinsbenefits.net/fcs/



Contact Information

Plan	Administrator	Website	Phone Number
Benefit/Enrollment Questions	ShawHankins	www.shawhankins.com Benefit Resource Center www.shawhankinsbenefits.net/fcs	800-994-7429
Medical/State Health Benefit Plan	State Health Provider	www.myshbpga.adp.com	800-610-1863
Dental Benefits	MetLife	www.metlife.com	800-942-0854
Vision Benefits	EyeMed	www.eyemedvisioncare.com	866-800-5457
Life and AD&D Insurance	Lincoln	www.lfg.com	800-423-2765
Short Term Disability	Lincoln	www.lfg.com	800-423-2765
Long Term Disability	Lincoln	www.lfg.com	800-423-2765
Flexible Spending Accounts	TASC	www.tasconline.com	800-422-4661
Group Accident	Unum	www.unum.com	800-635-5597
Long Term Care	Unum	www.unum.com	800-227-4165
Cancer Policy	Aflac	Betty Suggs betty_suggs@us.aflac.com	800-559-5171
Telemedicine	New Benefits	www.newbenefits.com	800-800-8304

ShawHankins
Right Partner. Right Benefits.



shawhankins.com
800-994-7429