

2018

Franklin County School District



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 Franklin 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 continues to provide annual enrollment meetings in addition to being available for questions and concerns regarding benefits throughout the plan year.

Please review the plans contained in the Employee Benefits Handbook and see how these plans can work for you and your eligible dependents. Your participation in the plans is voluntary. The benefit plans have been chosen to provide a continuation of protection that complements Franklin County Schools leave policies and retirement plans. The plan year is in effect from January 1, 2018 to December 31, 2018.

Disclaimer:

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 Franklin 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 Franklin County Schools and ShawHankins.

Before You Enroll – Things to Know

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

- Name
- Date of Birth
- Social Security Number

HOW TO ENROLL

Go to www.Franklincountyschools.bswift.com.

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

At the enrollment website enter your Username and Password.

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

You will then be prompted to create a permanent password. Passwords require a minimum of 8 characters, at least one number, and at least one letter. Additionally, at least one capital letter and at least one special character (!,@,\$,etc....) will be required when creating a password.



- Please go online and make your elections during the open enrollment period by the deadline provided.
- Please contact ShawHankins at 877-447-6679 to speak with a Benefit Consultant 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

To Begin:

- 1) From the “Home Page” click on the “Start Your Enrollment” link, to begin the election process.
- 2) On the “Employee Information Page”, verify your information is accurate and “Add” all eligible dependents you wish to cover under any benefits.



Franklin County Schools



Welcome to your enrollment!

Enrollment Deadline **6/16/2017**

Your Status **Not Started**

[Start Your Enrollment](#)

- 3) To make a plan selection, select “View Plan Options”. If you are covering dependents, make sure to “Select” them by checking off next to their name under “Who will be covered by this plan?” Then press “Continue” at the bottom of the screen.

CURRENT PLAN	
<input checked="" type="checkbox"/> Dental Plan Ameritas <input checked="" type="checkbox"/> Selected View plan details	Your Cost per pay period: \$148.64 <input type="button" value="v"/> Tier: Employee + Family
<input type="checkbox"/> Waive Dental	

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

Once You've Reviewed All Your Selections:

Participation

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

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

- 5) You will now be taken to the final confirmation page to either print or email.
Note: The enrollment images within this guide are for illustrative purposes only.

2018 Plan Options

Disclaimer – ShawHankins does not administer State Health Benefits

A basic overview of the health care options available to employees is provided here. Please refer to the *SHBP Decision Guide* at <http://shbp.Georgia.gov/> for additional details. If you have not registered to use the site, click “Register Here” to start, and use the registration code SHBP-GA.

Blue Cross Blue Shield of Georgia, United Healthcare and Kaiser Permanente will continue to offer State Health Benefit Plan (SHBP) members the below plan options for 2018.

BlueCross BlueShield of Georgia- BCBSGA

Health Reimbursement Arrangement (HRA) **without copays**

- Gold
- Silver
- Bronze

Statewide Health Maintenance Organization (HMO)

United Healthcare- UHC

- High Deductible Health Plan (HDHP)
- Statewide Health Maintenance Organization (HMO)

Kaiser Permanente- KP

The KP Regional HMO is only offered in the Metro Atlanta Service Area only and is not available as an option in Franklin County School District.

New Medicare Advantage Preferred Provider Organization (PPO) Standard and Premium

- United Healthcare
- BCBSGA

The TRICARE Supplement will continue to be available for those members enrolled in TRICARE.

Peach Care for Kids will continue to be available for those members enrolled in Peach Care for Kids.



State Health Enrollment Instructions

Go to the Enrollment Portal: <http://shbp.Georgia.gov/>

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 2018 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 2018 Plan Year.

Step 2: Under the OE window, **click** on **Continue** to proceed with your 2018 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**.

SHBP – HRA Benefit Summary

	BCBSGa Gold HRA Option		BCBSGa Silver HRA Option		BCBSGa Bronze HRA Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Covered Services	You Pay		You Pay		You Pay	
Deductible						
You	\$1,500	\$3,000	\$2,000	\$4,000	\$2,500	\$5,000
You + Spouse	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500
You + Child(ren)	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500
You + Family	\$3,000	\$6,000	\$4,000	\$8,000	\$5,000	\$10,000
HRA credits will reduce "You Pay" amounts						
Out-of-Pocket Maximum						
You	\$4,000	\$8,000	\$5,000	\$10,000	\$6,000	\$12,000
You + Spouse	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000
You + Child(ren)	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000
You + Family	\$8,000	\$16,000	\$10,000	\$20,000	\$12,000	\$24,000
HRA credits will reduce "You Pay" amounts						
HRA	The Plan Pays		The Plan Pays		The Plan Pays	
You	\$400		\$200		\$100	
You + Spouse	\$600		\$300		\$150	
You + Child(ren)	\$600		\$300		\$150	
You + Family	\$800		\$400		\$200	
Physicians' Services	The Plan Pays		The Plan Pays		The Plan Pays	
Primary Care Physician or Specialist Office or Clinic Visits (illness or injury)	85% coverage subject to deductible	60% coverage subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Maternity Care (non-routine, prenatal, delivery & postpartum)	85% coverage subject to deductible	60% coverage subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Primary Care Physician or Specialist Office or Clinic Visits (Wellness/preventive, prenatal care coded as preventive)	100% coverage not subject to deductible	Not Covered	100% coverage; not subject to deductible	Not covered	100% coverage; not subject to deductible	Not Covered
Physician Services Furnished in a Hospital	85% coverage subject to deductible	60% coverage subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Telemedicine/Virtual Visit	85% coverage not subject to deductible	Not Covered	80% coverage; not subject to deductible	Not Covered	75% coverage; not subject to deductible	Not Covered

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

SHBP – HRA Benefit Summary

HRA Pharmacy	You Pay
Tier 1 Coinsurance	15% (\$20 min/\$50 max); not subject to deductible
Tier 2 Coinsurance Preferred Brand	25% (\$50 min/\$80 max); not subject to deductible
Tier 3 Coinsurance Non-Preferred Brand	25% (\$80 min/\$125 max); not subject to deductible
Participating 90-day Voluntary Mail Order or Retail 90-day Network	Tier 1 - 15% (\$50 min/\$125 max)
	Tier 2 - 25% (\$125 min/\$200 max)
	Tier 3 - 25% (\$200 min/\$313 max)
Note: Amounts you pay for Rx go toward the out-of-pocket maximum.	



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

SHBP – HMO & HDHP Benefit Summary

	BCBSGA /UnitedHealthcare Statewide HMO		UnitedHealthcare HDHP		KP Regional HMO
Covered Services	In-Network only		In-Network	Out-of-Network	Not Available
Deductible	You Pay		You Pay		
You	\$1,300		\$3,500	\$7,000	
You + Spouse	\$1,950		\$7,000	\$14,000	
You + Child(ren)	\$1,950		\$7,000	\$14,000	
You + Family	\$2,600		\$7,000	\$14,000	
Out-of-Pocket Maximum					
You	\$4,000		\$6,450	\$12,900	
You + Spouse	\$6,500		\$12,900	\$25,800	
You + Child(ren)	\$6,500		\$12,900	\$25,800	
You + Family	\$9,000		\$12,900	\$25,800	
HRA	The Plan Pays		The Plan Pays		
You	N/A		N/A		
You + Spouse					
You + Child(ren)					
You + Family					
Physicians' Services	The Plan Pays		The Plan Pays		
Primary Care Physician or Specialist Office or Clinic Visits (illness or injury)	100% coverage after \$35 PCP copay \$45 SPC copay		70% coverage; subject to deductible	50% coverage; subject to deductible	
Maternity Care (non-routine, prenatal, delivery & postpartum)	100% coverage after \$35 PCP copay \$45 SPC copay		70% coverage; subject to deductible	50% coverage; subject to deductible	
Primary Care Physician or Specialist Office or Clinic Visits (Wellness/preventive)	100% coverage; not subject to deductible, in-network only		100% coverage; not subject to deductible	Not covered	
Physician Services Furnished in a Hospital	100% coverage; subject to deductible		70% coverage; subject to deductible	50% coverage; subject to deductible	
Telemedicine/Virtual Visit	100% coverage after \$35 PCP copay		70% coverage; subject to deductible	Not Covered	
HMO HDHP Pharmacy	You Pay				
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Tier 1 Coinsurance	\$20 copay		70% coverage; after deductible is met*		
Tier 2 Coinsurance Preferred Brand	\$50 copay				
Tier 3 Coinsurance Non-Preferred Brand	\$90 copay				
Participating 90-day Voluntary Mail Order or Retail 90-day Network	Tier 1 - \$50		70% coverage; after deductible is met*		
	Tier 2 - \$125				
	Tier 3 - \$225 Copays				
Note: Amounts you pay for Rx go toward the out-of-pocket maximum.					
*For HDHP out-of-network, pharmacy expenses are paid at 70% of the contracted rate. After the deductible has been satisfied.					
Note: If you request a Brand-name Prescription Drug Product in place of the chemically equivalent Prescription Drug Product (Generic equivalent), you will pay the applicable Generic copayment or coinsurance in addition to the difference between the Brand and Generic Drug costs. This differential will not apply towards your out of pocket maximum.					

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

State Health Benefit Plan Rates

Basic information on the health care options available to employees is given here. Please refer to the *SHBP Decision Guide* at www.dch.georgia.gov/shbp. If you have not registered to use the site, click “Register Here” to start, and use the registration code SHBP-GA.

State Health Benefit Plan – Monthly Premiums for Active Employees January 1 – December 31, 2018

	Employee	Employee + Children	Employee + Spouse	Family
BCBS Gold	\$168.73	\$307.13	\$418.09	\$556.50
BCBS Silver	\$110.89	\$208.80	\$296.62	\$394.54
BCBS Bronze	\$72.45	\$143.46	\$215.91	\$286.92
BCBS HMO	\$135.65	\$250.90	\$348.63	\$463.89
UHC HMO	\$172.56	\$313.65	\$426.14	\$567.22
UHC HDHP	\$58.03	\$118.94	\$185.65	\$246.54
Kaiser HMO	Not Available	Not Available	Not Available	Not Available
Tricare Supplement	\$60.50	\$119.50	\$119.50	\$160.50

NOTES: An additional \$80 will be added to the monthly premium shown above when you or any of your covered dependents use tobacco products. Premiums are deducted in advance.

Special note about calling BlueCross BlueShield, UHC or Kaiser:

If you contact your insurance carrier about a coverage or eligibility question and they ask you to contact “your employer”, they are intending for you to contact SHBP directly. The Benefits Office does not have access to the information necessary to answer these questions. SHBP’s telephone number is 800-610-1863.

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

Dental – Supplemental Benefits

Dental coverage will be offered through MetLife for 2018

Benefit	Low Plan	High Plan
Annual Deductible: (3 family Maximum)	\$50 per individual / \$150 per family	\$50 per individual / \$150 per family
Reimbursement: In Network Out of Network	% of Negotiated Fees 90% U&C	% of Negotiated Fees 90% U&C
Class I: Diagnostic & Preventative Services	100% (deductible waived)	100% (deductible waived)
Class II: Basic Benefits / Restorative Benefits / Denture Repairs	80% (deductible applies)	80% (deductible applies)
Class III: Crowns & Cast Restorations / Prosthodontic Benefits	50% (deductible applies)	50% (deductible applies)
Maximum Benefit:	\$1,250 per calendar year	\$1,750 per calendar year
Orthodontia	50% Lifetime max: \$1,000	50% Lifetime max: \$1,000

In-Network: If an In-Network Dentist performs a covered service, benefit will be based on the percentage of the maximum allowed charge.

Out-of-Network: If an Out-of-Network Dentist performs a covered service, benefit will be based on the percentage of the Reasonable and Customary Charge, and you may be charged more for the service from the out-of-network dentist.

Pretreatment: While we don't require a pretreatment authorization form for any procedure, we recommend them for any 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. Your dentist will be informed of the exact amount your insurance will cover and the amount you will be responsible for.

Tier of Coverage	Low Plan Cost Per Month	High Plan Cost Per Month
Employee Only	\$36.99	\$39.82
Employee + Spouse	\$72.13	\$77.76
Employee + Children	\$82.85	\$87.42
Family	\$126.49	\$134.16

Dependent Children can be covered to the age of 26

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

Vision – Supplemental Benefits

Vision coverage will be provided through EyeMed for 2018

To receive the full benefit of the plan, it is best to use an In-Network Provider.

Note: The plan covers either contact lenses **OR** lenses for your glasses once every 12 months.

Benefit	In-Network	Out-of-Network	Frequency
Vision Exam Retinal Imaging Contact Lens Fit & Follow-up	\$10 Copay Up to \$39 Standard: Up to \$40 Premium: 10% off retail price	Up to \$40 N/A N/A N/A	Once every 12 months
Contact Lenses	Allowance	Max Amount	
<i>Conventional</i>	\$0 Copay; \$150 allowance, 15% off balance over \$150	\$150	Once every 12 months
<i>Disposables</i>	\$0 Copay; \$150 allowance, 15% off balance over \$150	\$150	
<i>Medically Necessary</i>	\$0 Copay; Paid-in-Full	\$210	
Standard Plastic Lenses	Copayment	Max Amount	
Single Vision	\$25	\$30	Once every 12 months
Bifocal	\$25	\$50	
Trifocal	\$25	\$70	
Lenticular	\$25	\$70	
Progressive	\$90	\$50	
Frames	\$0 Copay; \$100 allowance, 20% off balance over \$100	\$70	Once every 24 months
Lasik Surgery	15% off the retail price or 5% off the promotional price	N/A	

To locate a provider, please visit www.eyemedvisioncare.com and click on the INSIGHT Network.

For Lasik providers, call 1-877-5LASER6 or visit www.eyemedlasik.com.

Dependent Children can be covered to the age of 26

Tier of Coverage	Employee Monthly Cost
Employee Only	\$5.72
Employee + Spouse	\$10.87
Employee + Child(ren)	\$11.44
Family	\$16.82

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

Voluntary Life & AD&D – Supplemental Benefits

Life coverage will be provided through The Hartford for 2018

Voluntary Term Life Insurance is available to provide additional financial protection for your family. Franklin County School System is pleased to offer life insurance coverage options as a solution. This enrollment period is an annual opportunity to increase coverage or elect life insurance if you do not already have coverage. Your premium will be based on the coverage amount you elect and your age.

Open Enrollment: For 2018, The Hartford is allowing all eligible employees the opportunity to elect life insurance with no health questions asked up to the Guaranteed Issue amount of \$180,000 or 5x your salary whichever is less. You will also be able to select coverage on your spouse and children up to the maximum Guaranteed Issue of \$50,000 and \$10,000. Any amounts above these limits will require an evidence of insurability form to be filled out.

Current Employees with Life Coverage: For 2018, if you currently have coverage on yourself and/or your spouse you will be allowed to increase your current coverage up to the maximum Guaranteed Issue amount listed above with no health questions asked.

Benefit	Coverage
Employee Voluntary Life & AD&D	<p>You can purchase coverage in increments of \$10,000 up to the lesser of \$500,000 or 5 times your annual salary.</p> <p>New Hires: Newly eligible employees are able to elect up to \$180,000 or 5 times your annual salary with no health questions asked. Elections above these amounts will require evidence of insurability.</p>
Spouse Voluntary Life	<p>You can purchase coverage in increments of \$5,000 to a maximum of \$250,000 not to exceed 50% of employee's coverage.</p> <p>New Hires: Newly eligible employees are able to elect coverage on their spouse up to \$50,000 with no health questions asked. Elections above these amounts will require evidence of insurability.</p>
Child(ren) Voluntary Life	<p>You can purchase coverage of \$10,000 for eligible child(ren) not to exceed 50% of employee's coverage.</p> <p>No Evidence of Insurability required on children.</p> <p>Child(ren) are covered from live birth to age 26 regardless of student status.</p>

**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 amount 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 guarantee 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.

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

Voluntary Life & AD&D – Supplemental Benefits

Rate per \$1,000		
Age	EE Rate	Spouse Rate
<19	0.068	0.068
20-24	0.068	0.068
25-29	0.068	0.068
30-34	0.085	0.085
35-39	0.093	0.093
40-44	0.142	0.142
45-49	0.216	0.216
50-54	0.366	0.366
55-59	0.600	0.600
60-64	0.600	0.600
65-69	1.610	1.610
70+	2.909	2.909

Child Life rate is \$1.90 for \$10,000 and covers all children.

Spouse rate is based on employee age.

Additional Information: For complete coverage outline and other information see the certificate booklet and/or benefit summary on the bswift website.

Conversion or Portability: If you leave your employer prior to Social Security Normal Retirement Age you have the option of carrying your coverage with you. You must apply and pay the premium within 31 days of the termination of your life insurance. Evidence of Insurability is not required.

Waiver of premium: If you become disabled before age 60 and your disability last for at least 9 months, your life insurance premium may be waived.

Living Benefit Option: Accelerated Benefit up to 80% of the life benefit to a maximum of \$500,000 in the event of a life-threatening medical condition.



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

Disability - Supplemental Benefits

Long Term Disability will be provided through The Hartford for 2018

Franklin County School System provides you the opportunity to elect Long Term Disability (LTD) income benefits through convenient payroll deductions. Long Term Disability (LTD) insurance is another valuable benefit that protects your financial well-being in the event you are unable to work.

New Hires: You are able to select the disability with a Guarantee Issue if you elect coverage within 30 days of being hired. If do not elect coverage as a new hire your next opportunity will be at open enrollment in which you will be subject to health questions and will need to be approved by SunLife.

Open Enrollment: For 2018 Franklin County Schools will be moving the disability coverage to The Hartford Company. You do not need to do anything for this change if you are currently enrolled disability coverage..

If you are not currently enrolled in disability coverage, you will have the opportunity to elect coverage this year without answering health questions or completing an evidence of insurability form.

Benefits	Plan A		Plan 2	
Percentage of Income	You may elect a monthly benefit amount in \$100 increments not to exceed 66.67% of your monthly earnings.		You may elect a monthly benefit amount in \$100 increments not to exceed 66.67% of your monthly earnings.	
Pre-Existing Conditions	6/6/12		6/6/12	
Benefits Begin After (Elimination Period)	Accidental Injury	Sickness	Accidental Injury	Sickness
	0 Days 14 Days 30 Days 60 Days 90 Days	3 Days 14 Days 30 Days 60 Days 90 Days	0 Days 14 Days 30 Days 60 Days 90 Days	3 Days 14 Days 30 Days 60 Days 90 Days
Maximum Benefit Duration	*SSNRA	5 YR ADEA	SSNRA	SSNRA
Monthly Benefit Maximum	\$5,000			

Pre-Existing Condition: Any disease or physical condition related to or resulting from accidental bodily injury or sickness for which You received Medical Care during the 6 consecutive month period that ends the day before: 1) Your effective date of coverage; or 2) the effective date of a Change in Coverage. Medical Care is received when a Physician or other health care provider: 1) is consulted or gives medical advice; or 2) recommends, prescribes, or provides treatment. Treatment includes but is not limited to: 1) medical examinations, tests, attendance or observation; and 2) use of drugs, medicines, medical services, supplies or equipment.

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

Disability – Supplemental Benefits

First Day Hospital: For those employees electing an elimination period of 30 days or less, if confined in a hospital for 24 hours or more due to a disability, the waiting period for benefits to commence will be waived, and benefits will be payable from the first day.

Exclusions and Limitations: *What Disabilities are not covered?* The Policy does not cover, and Hartford will not pay a benefit for, any Disability: 1) unless You are under the Regular Care of a Physician; 2) that is caused or contributed to by war or act of war, whether declared or not; 3) caused by Your commission of or attempt to commit a felony; 4) caused or contributed to by Your being engaged in an illegal occupation; or 5) caused or contributed to by an intentionally self-inflicted injury.

If You are receiving or are eligible for benefits for a Disability under a prior disability plan that: 1) was sponsored by Your Employer; and 2) was terminated before the Effective Date of The Policy; no benefits will be payable for the Disability under The Policy.

Deductible Sources of Income: The amount of benefit you receive, or are eligible to receive may be offset by the following: Social Security, Worker’s Compensation, State Teachers Retirement System (STRS), salary continuation or sick leave after 12 months of disability, and other sources listed in the certificate will be subtracted from your gross monthly benefit. Income received from salary continuation or accumulated sick leave plans will not be deducted from your gross disability benefit. The minimum monthly benefit amount payable under the policy is 25% of the gross monthly benefit regardless of the amount of income you receive from other sources.

Waiver of Premium: While you are receiving disability payments under this policy, your monthly premium will be waived.

Disability Plan	Monthly Rate per \$100 of Monthly Benefit
0/3- SSNRA* Accident/Sickness to 5 years	\$2.92
14/14- SSNRA* Accident/Sickness to 5 years	\$2.47
30/30- SSNRA* Accident/Sickness to 5 years	\$2.23
60/60- SSNRA* Accident/Sickness to 5 years	\$2.14
90/90- SSNRA* Accident/Sickness to 5 years	\$2.05
0/3- SSNRA* Accident/Sickness	\$3.60
14/14- SSNRA* Accident/Sickness	\$3.15
30/30- SSNRA* Accident/Sickness	\$2.92
60/60- SSNRA* Accident/Sickness	\$2.81
90/90- SSNRA* Accident/Sickness	\$2.73

*SSRRA – Social Security Normal Retirement Age

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

Cancer – Supplemental Benefits

Cancer Insurance can help you and your family better cope financially – and emotionally – if a positive diagnosis of cancer ever occurs. Added comfort and protection means the freedom to focus on more important things. Below is a sampling of the benefits provided under this plan.

Cancer Wellness benefit: Aflac will pay \$75 per calendar year when a covered person receives one of the following common test: *(see policy for a full list)*

- Mammogram or Breast Ultrasound
- Pap smear
- Colonoscopy or Flexible sigmoidoscopy
- Chest X-ray
- PSA (blood test for prostate cancer)

Benefit Name	Benefit Amount
Initial Diagnosis	Insured/Spouse: \$4,000; Dependent Child: \$8,000: payable once per Covered Person
Injected Chemotherapy	\$600 per week; no lifetime max
Radiation Therapy	\$350 per week; no lifetime max
Stem Cell Transplantation	\$7,000; lifetime max \$7,000 per covered person
Bone Marrow Transplantation	\$7,000; lifetime max \$7,000 per covered person; \$750 to donor
Hospitalization for 1 to 30 days	Insured/Spouse: \$200 per day; Dependent Child: \$250 per day; no lifetime max
Hospitalization for 31+ days	Insured/Spouse: \$400 per day; Dependent Child: \$500 per day; no lifetime max
Nursing Services	\$100 per day; no lifetime max
Home Health Care	\$100 per day; limited to 30 day per year per covered person
Hospice Care	\$1,000 for the 1 st day; \$50 per day thereafter; \$12,000 lifetime max per covered person
Ambulance	\$250 ground or \$2,000 air; no lifetime max
Lodging	\$65 per day; limited to 90 days per year

*The above benefits are not all inclusive, please refer to the policy for full list of coverage
For exclusions and limitations please refer to the policy*

Tier of Coverage	MONTHLY W/ NO RIDERS	MONTHLY W/ RIDERS *
EMPLOYEE	\$ 31.72	\$ 32.89
EMPLOYEE & SPOUSE	\$ 53.95	\$ 57.42
ONE PARENT FAMILY	\$ 31.72	\$ 33.80
TWO PARENT FAMILY	\$ 53.95	\$ 58.33

*Riders include Optional Initial Diagnosis Benefit of up to \$500 and
Optional Dependent Child Benefit of \$10,000 upon first diagnoses of Cancer*

Critical Illness with Cancer Rider – Supplemental Benefits

Critical Illness Benefits are payable for specified conditions and can help to cover the costs of your treatments and related expenses, regardless of your major medical insurance coverage. *(If currently in treatment for cancer, you can only purchase a \$10,000 benefit.)*

BENEFITS

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

COVERED CRITICAL ILLNESSES: ¹	CANCER (Internal or Invasive) 100% HEART ATTACK (Myocardial Infarction) 100% STROKE (Apoplexy or Cerebral Vascular Accident) 100% MAJOR ORGAN TRANSPLANT 100% CORONARY ARTERY BYPASS SURGERY ² 25%	RENAL FAILURE (End-Stage) 100% COMA, SEVERE BURNS, PARALYSIS, LOSS OF SIGHT, LOSS OF SPEECH, LOSS HEARING, BENIGN BRAIN TUMOR- 100% CARCINOMA IN SITU ² 25% (if has not spread) SKIN CANCER- \$250 PCY ADVANCED ALZHEIMER & PARKINSON DISEASE- 25%
FIRST-OCCURRENCE BENEFIT	After the waiting period, a lump sum benefit is payable upon initial diagnosis of a covered critical illness. Employee benefit amounts available from \$5,000 to \$50,000. Spouse coverage is also available in benefit amounts up to \$25,000. If you are deemed ineligible due to a previous medical condition, you still retain the ability to purchase Spouse coverage.	
ADDITIONAL OCCURRENCE BENEFIT	If an insured collects full benefits for a critical illness under the plan and later has one of the remaining covered critical illnesses, then we will pay the full benefit amount for each additional illness. Occurrences must be separated by at least six months.	
RE-OCCURRENCE BENEFIT	If an insured collects full benefits for a covered condition and is later diagnosed with the same condition, we will pay the full benefit again. The two dates of diagnosis must be separated by at least 12 months, or for cancer, 12 months treatment free. Cancer that has spread (metastasized) even though there is a new tumor, will not be considered an additional occurrence unless the Insured has gone treatment free for 12 months.	
CHILD COVERAGE AT NO ADDITIONAL COST	Each Dependent Child is covered at 50 percent of the primary insured amount at no additional charge.	
\$50 HEALTH SCREENING BENEFIT (Employee and Spouse only, 30 day waiting period from date of enrollment)	After the waiting period, an insured may receive a maximum of \$50 for any one covered health screening test per calendar year. We will pay this benefit regardless of the results of the test. Payment of this benefit will not reduce the critical illness benefit payable under your certificate. There is no limit to the number of years the insured can receive the health screening benefit; it will be paid as long as the certificate remains in force. This benefit is payable for the covered Employee and Spouse. This benefit is not paid for Dependent Children.	
COVERED HEALTH SCREENING TESTS INCLUDE:	<ul style="list-style-type: none"> • Mammography • Colonoscopy • Pap smear • Breast ultrasound • Chest X-ray • PSA (blood test for prostate cancer) • Stress test on a bicycle or treadmill • Bone marrow testing • CA 15-3 (blood test for breast cancer) • CA 125 (blood test for ovarian cancer) 	<ul style="list-style-type: none"> • Flexible sigmoidoscopy • Hemocult stool analysis • Serum protein electrophoresis (blood test for myeloma) • Thermography • Fasting blood glucose test • Serum cholesterol test to determine level of HDL and LDL • CEA (blood test for colon cancer)

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

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

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

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

Group Accident – Supplemental Benefits

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

The Aflac group Accident Advantage Plus plan benefits:

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

Features:

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

Tier of Coverage	MONTHLY (12PP/YR)
EMPLOYEE	\$ 12.89
EMPLOYEE & SPOUSE	\$ 21.05
EMPLOYEE & DEPENDENT CHILDREN	\$ 25.71
FAMILY	\$ 33.68

**Wellness Benefits Included in Rates:*

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

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



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

Group Hospital Indemnity – Supplemental Benefits

Why Offer Group Hospital Indemnity Insurance?

A sudden hospitalization might stop employees in their tracks, but their bills — mortgages, utilities, groceries and out-of-pocket costs — will keep on coming. Aflac Group Hospital Indemnity insurance can help cover the costs associated with the treatment of a covered sickness or accident. More importantly, the plan helps your employees focus on getting better, not worrying about how they'll pay their bills. Because Aflac pays cash benefits directly to the insured, our Group Hospital Indemnity plan gives your employees the flexibility to use their benefits anyway they see fit either on costs related to treatment or to help with everyday living expenses.

Plan Features:

- Benefits are paid directly to the insured, unless otherwise assigned
- Benefits are paid for covered sicknesses and accidents
- Coverage is available for all family members
- Guaranteed-issue coverage is available (which means your employees may qualify for coverage without having to answer health questions)
- Premiums are paid through convenient payroll deduction
- There are no pre-existing condition limitations
- The plan doesn't have a waiting period for benefits
- Benefits do not reduce as insureds get older
- There's a two-year rate guarantee
- Coverage is portable
- Benefits are paid regardless of any other medical insurance

Dependent Children Coverage:

Dependent children under the age of 26 can be covered. To apply for dependent child coverage, **the employee must also apply** and be issued coverage.

If an employee does not have dependent child coverage, a newborn/newly adopted child will be automatically covered for 60 days from the date of birth or placement for adoption. To continue coverage beyond 60 days, the employee must apply for coverage for the child and pay any required premium.

Limitations and Exclusions:

Wi will not pay for loss due to: Self-Inflicted injuries, racing, suicide, war, illegal occupation, sports, custodial care, treatment for being overweight, service performed by a family member, Services related to sex or gender change, elective abortion, dental service or treatment, cosmetic surgery. Please see policy for a full list of limitations and exclusions.

Tier of Coverage	MONTHLY (12PP/YR)
EMPLOYEE	\$ 24.52
EMPLOYEE & SPOUSE	\$ 46.82
EMPLOYEE & DEPENDENT CHILDREN	\$ 33.90
FAMILY	\$ 56.20

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

Universal Life with Long Term Care – Supplemental Benefits

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

What is Universal Life?

Helps provide permanent financial protection and is a financial tool that helps you manage life at every stage. Builds cash value over time that *you can access for life's challenges and opportunities*. Guaranteed Issue: \$100,000

How Does it work?

With Universal Life, benefits can be paid as a Death Benefit, as Living Benefits or a combination of both.

EZ Value Option

Automatically increases coverage to keep pace with increasing needs- without additional underwriting. This is fully portable. May be cancelled at any time. It is automatically increased via payroll deductions. Inflation-fighting options for employees and spouses. *Actual values will vary by age, smoking, benefits selected and current interest rate.*

BENEFITS

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

LONG TERM CARE	Provides up to 25 months of benefits for home healthcare, assisted living, adult day care and nursing home care
EXTENSION OF LTC	Extends LTC benefits up to an additional 25 months
BENEFIT RESTORATION	Restores the benefits paid out by LTC
FAMILY COVERAGE	Coverage is available for employees, spouses, children and grandchildren
DIRECT PAYMENT	Benefits paid directly to the policyholder enabling choices in care
STREAMLINED UNDERWRITING	Simple and efficient underwriting process
EZ VALUE OPTION	Automatically increases benefits to keep pace with an employee's growing needs, without additional underwriting
TERMINAL ILLNESS BENEFIT	Accelerates up to 75% of the benefit if a doctor determines the policyholder's life expectancy is 24 months or less



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

TeleMedicine – Supplemental Benefits

TeleMedicine benefit will be offered by New Benefits:

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

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

Packages	
ShawHankins Advantage	<ul style="list-style-type: none"> • Teladoc (\$0 consult fee) • Doctors Online • Health Advocacy • Nurseline • Medical Bill Saver • Pharmacy
ShawHankins Advantage Plus	<ul style="list-style-type: none"> • Teladoc (\$0 consult fee) • Doctors Online • Health Advocacy • Nurseline • Medical Bill Saver • Pharmacy • Vision • Dental • Hearing Aids • Lab Testing • MRI & CT scans • Pet Care
ShawHankins Premier	<ul style="list-style-type: none"> • Teladoc (\$0 consult fee) • Doctors Online • Health Advocacy • Nurseline • Medical Bill Saver • Pharmacy • Vision • Dental • Hearing Aids • Lab Testing • MRI & CT scans • Pet Care • ID Sanctuary Enhanced Family • Roadside Assistance • Legal Services
Packages	Monthly Employee- Paid Pricing (Covers entire family)
ShawHankins Advantage	\$ 8.24
ShawHankins Advantage Plus	\$ 11.24
ShawHankins Premier	\$ 17.24

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

Flexible Spending Accounts – Supplemental Benefits

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

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

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

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

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

How the Flex Works

The FSA is offered through your employer and is administered by Continuum Services. When you choose to enroll in a 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!**

Reimbursements

Once you have enrolled in the flexible spending accounts you will receive a debit card in the mail. This debit card can be used to pay for eligible expenses. If for some reason you cannot use the debit card you will be able to submit a paper claim or you can use the Continuum mobile app. Please visit the Continuum Services website for forms and additional information at www.csllc.com.

Mobile App

Download the mobile app, available for both Android and iPhone devices. With the app, you can check your balance, view recent transactions, and even upload a claim.

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

Maximum Annual Election

HealthCare: \$2,600

Dependent Day Care \$5,000



Employee FAQ:

Flexible Spending Accounts

What is an FSA?

A healthcare flexible spending account (FSA) is an employer-sponsored benefit that allows you to set aside pre-tax dollars into an account to be used for eligible medical expenses.

Why should I participate in an FSA?

Contributions to the FSA are deducted from your paycheck on a pre-tax basis, reducing your taxable income. You can increase your spendable income by an average of 30% of your annual contribution with the tax savings.

How do I contribute money to my FSA?

Your annual election will be divided by the number of pay periods in your plan year. This amount will be deducted from your paycheck before taxes are assessed.

Who is eligible under an FSA?

An FSA covers eligible expenses for you and all of your dependents, even if they are not covered under your primary health plan.

What expenses are eligible for reimbursement?

Health plan co-pays, deductibles, co-insurance, eyeglasses, dental care, and certain medical supplies are covered. The IRS provides specific guidance regarding eligible expenses. (See IRS Publication 502).

How do I determine the date my expenses were incurred?

Expenses are incurred at the time the medical care was provided, not when you are invoiced or pay the bill.

How do I get the funds out of my FSA?

If you have a benefits debit card, simply swipe it at the register. Otherwise, just file a claim including the receipt documenting the type, amount and date. Once approved, your reimbursement check will be mailed or deposited into your bank account.

What happens if I don't spend all of my FSA by the end of the plan year?

Be sure to only allocate dollars for predictable medical expenses. Any unused funds at the end of the plan year are forfeited, also called the use-it-or-lose-it rule.

How soon can I start spending my FSA funds?

With a healthcare FSA, your entire annual election amount is available on the first day of the plan year even though you have not yet contributed that amount.

Can I change my election amount mid-year?

Elections can only be altered if you experience a change in status as defined by IRS regulations, such as marriage, divorce, birth, or death in your immediate family.

What happens to my FSA if my employment is terminated?

Participation in your FSA is also terminated. This means that only expenses that were incurred prior to your termination date are eligible for reimbursement.

What is the deadline for submitting claims?

You can submit claims for reimbursement at any time during the same plan year that you incur the expense. You may also have a grace period at the end of the plan year. Check the summary plan document your employer provided.

Can I still deduct healthcare expenses on my tax return?

Yes, but not the same expenses for which you have already been reimbursed from your FSA.

Are over-the-counter (OTC) medications eligible for reimbursement?

Yes. OTC medications are eligible with a doctor's prescription. You will need to submit a claim with the receipt for the OTC medicine along with the prescription from your doctor that includes the diagnosis and course of treatment to receive reimbursement.



Employee FAQ:

Dependent Care FSA

What is a dependent care FSA (DCA)?

A DCA is a flexible spending account that allows you to contribute a portion of your paycheck before taxes are taken out to pay for qualified dependent care expenses so that you can work or look for work.

Why should I participate?

Since contributions to the account are deducted from your paycheck before income taxes are assessed, your taxable income is reduced. Participants enjoy a 30% average tax savings on the total amount they contribute to the account.

How do I contribute money to my DCA?

Once you make your annual election during open enrollment, your employer will deduct this amount from your paycheck before taxes are assessed in equal amounts throughout the year.

How much can I contribute?

The IRS limits annual contributions to \$5,000 on income tax returns for single or married filing jointly, and \$2,500 for married filing separately.

Who qualifies as a dependent?

You can use your DCA to pay for care for children under age 13 that you claim as dependents, as well as adults or other relatives that are incapable of caring for themselves (if you provide more than 50% of their support).

What type of care is eligible?

Eligible expenses must be for the purpose of allowing you to work or look for work. Services may be provided at a child or adult care center, nursery, preschool, after-school, summer day camp, or a nanny in your home.

What type of care is not eligible?

Care expenses that are not eligible to be paid with DCA funds include care for a child over age 13, overnight camp, babysitting that is not work related, school fees for kindergarten and higher grades, and long-term care services.

Do I have access to my entire DCA election amount at the beginning of the year?

No, you will only have access to DCA funds that have already been deducted from your paycheck.

Are there any rules about who can care for my dependents?

Yes. You can not use funds to pay for care provided by a spouse, a person you list as a dependent for income tax purposes, or one of your children under the age of 19.

How do I use the funds in my account?

If you have a benefits debit card and your care provider accepts credit cards, you may pay directly from your account. Otherwise, pay out-of-pocket and then file a reimbursement claim with your expense documentation.

What happens if I don't spend all of my DCA funds by the end of the plan year?

It is essential to estimate conservatively during elections. Any unused funds at the end of the plan year are forfeited, also called the use-it-or-lose-it rule.

Can I change my election amount mid-year?

Typically, you cannot change your contribution mid-year. However, if you experience a qualifying event, such as the birth of a new child, or if your child care provider significantly increases their rates, you may be eligible to adjust your contribution.

What happens to my account if my employment is terminated?

Participation in the plan is also terminated. This means that only expenses that were incurred prior to your termination date are eligible for reimbursement.

Can I still deduct dependent care expenses on my tax return?

Yes, but not the same expenses for which you have already been reimbursed. If your total expenses were \$7,000 and you were reimbursed \$5,000 from your DCA, you may only claim the \$2,000 difference.

For more information, please call 877-747-4141

Unless otherwise noted, a paper copy is available, free of charge, by calling ShawHankins at 877-447-6679.

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.

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.Franklincountyschoolsys.bswift.com. A paper copy is also available, free of charge, by calling your Employer or ShawHankins at 877-447-6679. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan."

GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS: On April 7, 1986, a federal law was enacted (Public Law 99272, Title X) requiring that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end. If you or your eligible dependents enroll in the group health benefits available through your Employer you may have access to COBRA continuation coverage under certain circumstances. Therefore, your plan makes available to you and your dependents the General Notice Of COBRA Continuation Coverage Rights. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. The full Notice is available on the web at: www.Franklincountyschoolsys.bswift.com. A paper copy is also available, free of charge, by calling your Employer or ShawHankins at 877-447-6679. Please note the participant is responsible for providing a copy to their spouse/dependents covered under the group health plan.

Why Should I Contact the 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 it 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.

877-447-6679

customerservice@shawhankins.com

Contact Information

Plan	Administrator	Website	Phone Number
Benefit / Enrollment Questions	ShawHankins	www.shawhankins.com	877-447-6679
Medical/State Health	State Health	www.myshbpga.adp.com	800-610-1863
Dental	MetLife	www.metlife.com	888-466-8673
Vision	EyeMed	www.eyemedvisioncare.com	866-804-0982
Voluntary Life	The Hartford	www.theHartford.com	800-563-1124
Disability	The Hartford	www.theHartford.com	800-563-1124
Flexible Spending (FSA)	Continuon	www.csllc.com	877-747-4141
ShawHankins Advantage (TeleMedicine)	New Benefit	www.teledoc.com/feelbetter	855-847-3627
Supplemental	AFLAC	aflacgroupinsurance.com	800-433-3036

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