



**2023 Benefits
Enrollment
Guide**



Welcome to your new Employee Benefits Guide. This guide is your summary of the benefit options that are available to eligible employees of Pickens 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 Guide is structured to provide you with plan highlights as well as detailed, descriptive instructions to assist you in navigating through the web-based enrollment portal.

While the Employee Benefits Guide is an important component in the benefit communication process, your dedicated NFP 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 Guide and see how these plans can work for you and your eligible dependents. Your participation in the plans is voluntary. The benefit plans have been chosen to provide a continuum of protection that complements the Pickens County Schools leave policies and retirement plans. The plan year is in effect from January 1, 2023 through December 31, 2023.

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

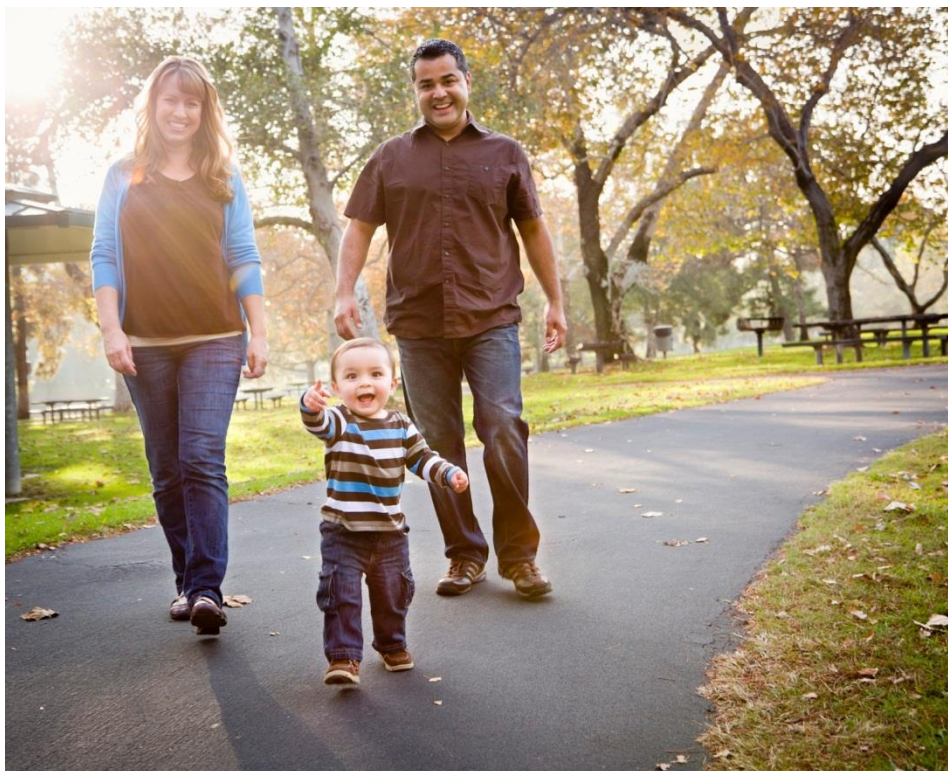
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This guide describes the benefit plans available to you as an eligible Employee of Pickens County Schools. The details of these plans are contained in the official Plan Documents, including some insurance contracts. This guide is meant only to cover 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 Pickens County Schools and NFP.



Eligibility:

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. Spouses are defined as your legally married spouse who resides in the United States.

Your child can be covered on your medical plan through the end of the month during which the child turns 26 years of age. 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 31 days from the effective date of the qualifying event.
- Please contact NFP at 877-393-1211 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.

State Health Benefit Plan

2023 Plan Options

A basic overview of the health care options available to employees is provided here. Please refer to the *SHBP Decision Guide* at www.dch.georgia.gov/shbp 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 2023.

Anthem BlueCross BlueShield of Georgia

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

- Gold
- Silver
- Bronze
- Statewide Health Maintenance Organization (HMO)

United Healthcare

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

Kaiser Permanente

The KP Regional HMO (Metro Atlanta Service Area only) offers medical, wellness and pharmacy benefits. You must live or work in one of the 27 counties below within the Metro Atlanta Service Area to be eligible to enroll in KP:

Barrow	Gwinnett
Bartow	Haralson
Butts	Heard
Carroll	Henry
Cherokee	Lamar
Clayton	Meriwether
Cobb	Newton
Coweta	Paulding
DeKalb	Pickens
Douglas	Pike
Fayette	Rockdale
Forsyth	Spalding
Fulton	Walton

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

- United Healthcare
- Anthem BCBSGA

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

SHBP – HRA Benefit Summary

	Anthem Gold HRA Option		Anthem Silver HRA Option		Anthem 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

SHBP – HRA Benefit Summary – continued

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.	



SHBP – HMO & HDHP Benefit Summary

	Anthem / United Healthcare Statewide HMO		United Healthcare HDHP		KP Regional HMO	
Covered Services Deductible	In-Network only		In-Network	Out-of-Network	In-Network only	
	You Pay		You Pay		You Pay	
You	\$1,300		\$3,500	\$7,000	N/A	
You + Spouse	\$1,950		\$7,000	\$14,000	N/A	
You + Child(ren)	\$1,950		\$7,000	\$14,000	N/A	
You + Family	\$2,600		\$7,000	\$14,000	N/A	
Out-of-Pocket Maximum						
You	\$4,000		\$6,450	\$12,900	\$6,350	
You + Spouse	\$6,500		\$12,900	\$25,800	\$12,700	
You + Child(ren)	\$6,500		\$12,900	\$25,800	\$12,700	
You + Family	\$9,000		\$12,900	\$25,800	\$12,700	
HRA	The Plan Pays		The Plan Pays		The Plan Pays	
You	N/A		N/A		N/A	
You + Spouse						
You + Child(ren)						
You + Family						
Physicians' Services	The Plan Pays		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	100% after \$35 PCP copay \$45 SPC copay	
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	100% after \$35 PCP copay \$45 SPC copay	
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	100% coverage	
Physician Services Furnished in a Hospital	100% coverage; subject to deductible		70% coverage; subject to deductible	50% coverage; subject to deductible	100% coverage	
Telemedicine/Virtual Visit	100% coverage after \$35 PCP copay		70% coverage; subject to deductible	Not Covered	100% coverage	
HMO HDHP Pharmacy						
	You Pay					
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Tier 1 Coinsurance	\$20 copay		70% coverage; after deductible is met*		\$20	
Tier 2 Coinsurance Preferred Brand	\$50 copay				\$50	
Tier 3 Coinsurance Non-Preferred Brand	\$90 copay				\$80	
Participating 90-day Voluntary Mail Order or Retail 90-day Network	Tier 1 - \$50		70% coverage; after deductible is met*		Tier 1 - \$50	
	Tier 2 - \$125				Tier 2 - \$125	
	Tier 3 - \$225				Tier 3 - \$200	
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 toward your out-of-pocket maximum.						

State Health Benefit Plan

Basic information on the health care options available to employees is given here. Please refer to the *SHBP Decision Guide* at <http://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.

The Pickens County School Board pays \$40.00 toward the monthly premium of certified employees and \$80.00 toward non-certified employees.

State Health Benefit Plan – Monthly Premiums for Active Employees January 1 – December 31, 2023				
	Employee	Employee + Children	Employee + Spouse	Family
Anthem Gold	\$175.68	\$320.11	\$436.33	\$580.76
Anthem Silver	\$114.32	\$215.80	\$307.47	\$408.95
Anthem Bronze	\$76.58	\$151.64	\$228.22	\$303.28
Anthem HMO	\$143.03	\$264.61	\$367.76	\$489.34
UHC HMO	\$174.49	\$318.09	\$433.83	\$577.43
UHC HDHP	\$61.83	\$126.57	\$197.24	\$261.98
Kaiser HMO	\$154.13	\$283.60	\$391.49	\$520.96
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 Anthem 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.

Before You Enroll – Things to Know

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

- Name
- Date of Birth
- Social Security Number

HOW TO ENROLL

Go to www.pickenscountyschools.bswift.com

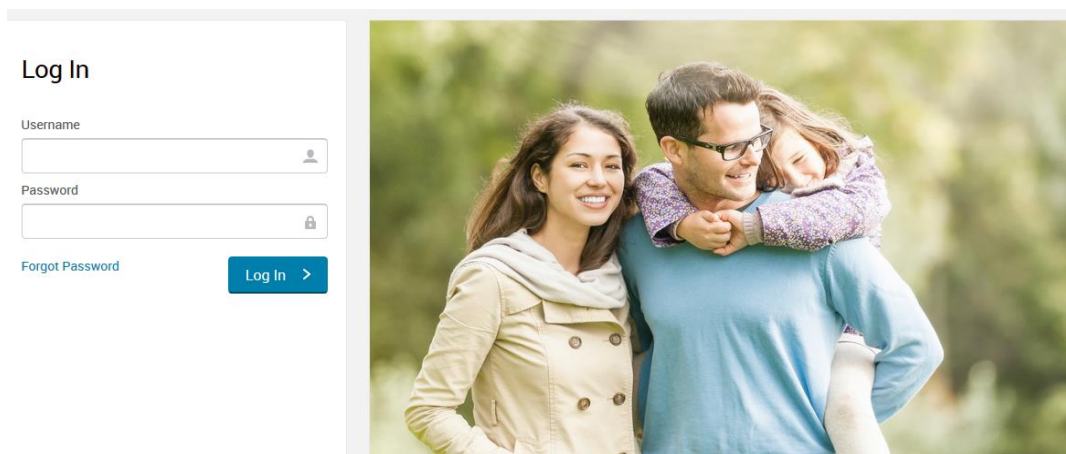
At this time, make sure to disable your pop up blocker.

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.

- **Annual Enrollment period opens October 17th and ends at midnight on November 4th**

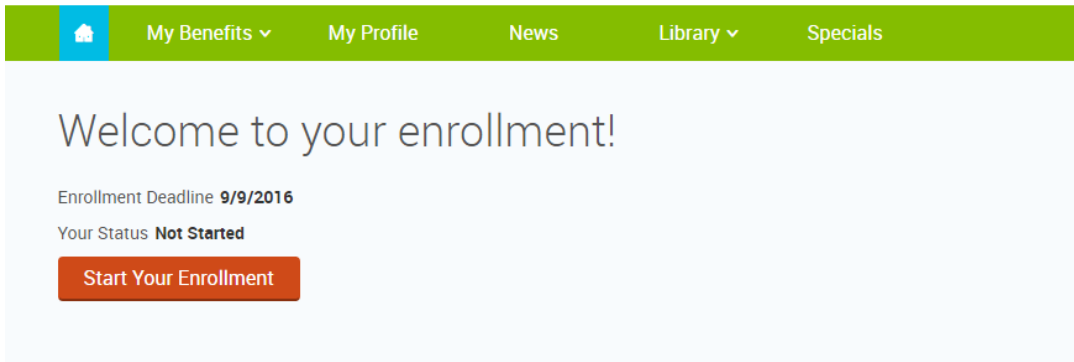
The image shows a login form on the left and a photograph of a family on the right. The login form is titled "Log In" and contains two input fields: "Username" and "Password". Below the password field is a "Forgot Password" link and a blue "Log In >" button. The photograph shows a man in a blue shirt carrying a young girl on his shoulders, with a woman in a tan coat standing next to them, all smiling outdoors.

- Please go online and make your elections during the New Hire Orientation by the deadline provided.
- Please contact NFP at 877-393-1211 to speak with a benefit consultant if you need assistance with your enrollment.
- **In order to participate in FSA in 2023 you must update your enrollment**

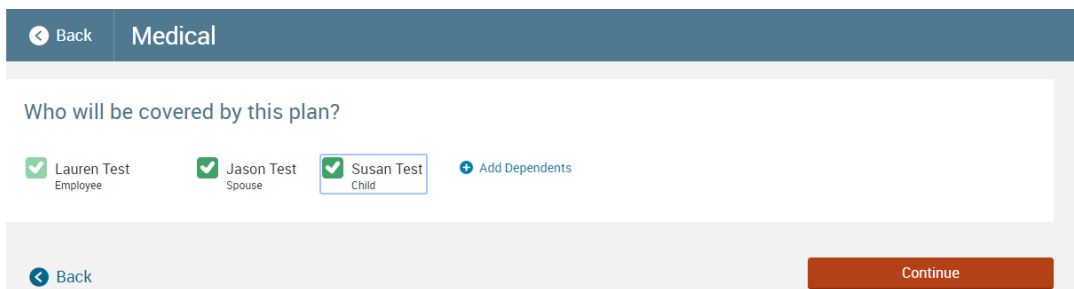
How To Enroll – bswift

To Begin:

- 1) From the “Home Page” click on the “Enroll Now” link, to begin the election process.
- 2) On the “Personal & Family Page”, verify your information is accurate and “Add” all eligible dependents you wish to cover under any benefits.



- 3) To make a plan selection, select the button beside the newly elected plan. If you are covering dependents, make sure to “Select” them by checking off next to their name under “Select who to cover with this plan.” Then press “Next” at the bottom of the screen.



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

Once You've Reviewed All Your Selections:

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 coverage, I authorize such deductions from my earnings and I understand that any premiums will be automatically deducted from my paycheck either taken pre-tax or post-tax, dependent upon benefit and selection. I reserve the right to terminate my post-tax deduction at any time.

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.

Voluntary Dental Plan – Delta Dental Low Plan

Low Plan		In-Network (PPO)
Preventive Care	Oral Exams – 2 per calendar year Cleanings Fluoride to Age 19 X-rays	100% No Deductible
Basic Care	Simple Extractions Anesthesia (restrictions apply) Fillings (restrictions may apply to composite fillings) Periodontal Maintenance Scaling & Planning (per quadrant)	50% After Deductible
Major Care	Dentures & Bridge Implants Inlays, Onlays, & Veneers (restrictions may apply) Periodontics Surgery Repair & Maintenance of Crowns, Bridges, & Dentures Root Canal Single Crowns Surgical Extractions	25% After Deductible
Orthodontia (Adult and Child)	Lifetime Max Per Individual (Dep Child up to Age 26)	50% up to \$1,000
Deductible Per Calendar Year	<i>Deductible applies to all benefits except Diagnostic & Preventive and Orthodontia Services</i>	\$50 Per Individual / \$150 Per Family
Standard Dental Annual Maximum Per Enrollee \$1,250		
<p>In-Network: If an In-Network Dentist performs a covered service, benefit will be based on the percentage of the maximum allowed charge.</p> <p>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. To locate participating providers, go to www.deltadentalins.com and select Dental PPO or call 1-800-521-2651.</p>		

Coverage Tier	Per Pay Period (12 Pay Periods)
Employee Only	\$25.85
Employee + Spouse	\$54.64
Employee + Child(ren)	\$52.41
Family	\$93.70

Voluntary Dental Plan – Delta Dental High Plan

High Plan		In-Network (PPO)
Preventive Care	Oral Exams – 2 per calendar year Cleanings Fluoride To Age 19 X-rays	100% No Deductible
Basic Care	Simple Extractions Anesthesia (restrictions apply) Fillings (restrictions may apply to composite fillings) Periodontal Maintenance Scaling & Planning (per quadrant)	80% After Deductible
Major Care	Dentures & Bridge Implants Inlays, Onlays, & Veneers (restrictions may apply) Periodontics Surgery Repair & Maintenance of Crowns, Bridges, & Dentures Root Canal Single Crowns Surgical Extractions	50% After Deductible
Orthodontia (Adult and Child)	Lifetime Max Per Individual (Dep Child up to Age 26)	50% up to \$1,000
Deductible Per Calendar Year	<i>Deductible applies to all benefits except Diagnostic & Preventive and Orthodontia Services</i>	\$50 Per Individual / \$150 Per Family
Standard Dental Annual Maximum Per Enrollee \$1,250		
<p>In-Network: If an In-Network Dentist performs a covered service, benefit will be based on the percentage of the maximum allowed charge.</p> <p>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. To locate a Participating provider, go to www.deltadentalins.com and select Dental Premier.</p>		

Coverage Tier	Per Pay Period (12 Pay Periods)
Employee Only	\$ 39.08
Employee + Spouse	\$ 82.63
Employee + Child(ren)	\$ 79.23
Family	\$141.66

Voluntary Vision Benefits – Administered through 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 your 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 Pickens 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 Exam	Up to \$40	Once every 12 months
Contacts			
Elective	Up to \$130	Up to \$ 130	Once every 12 months
Medically Necessary	Covered in Full after eyewear copay	Up to \$ 210	
Lenses (per pair)			
Single Vision	\$15 Copay	\$30	Once every 12 months
Lined Bifocal	\$15 Copay	\$50	
Lined Trifocal	\$15 Copay	\$70	
Lenticular	\$80 Copay	\$70	
STD. Progressive	\$100 Copay	\$50	
Prem. Progressive-1	\$110 Copay	\$50	
Prem. Progressive-2	\$125 Copay	\$50	
Prem. Progressive-3	\$80 Copay, 20% off charge less \$120 allowance	\$50	
Prem. Progressive-4		\$50	
Frames	\$130 Allowance after \$15 eyewear copay	Up to \$91	Once every 12 months

Please review the detailed plan summary for additional benefit information and exclusions online. Log into bswift to enroll: <http://www.pickenscountyschools.bswift.com>

You may contact EyeMed directly at 1-888-581-3648, Monday through Saturday 7:30 am – 11:00 pm EST or Sunday 11:00 am – 8:00 pm EST. To locate network providers, visit www.eyemedvisioncare.com.

Coverage Tier	Per Pay Period (12 Pay Periods)
Employee Only	\$ 7.23
Employee + 1 (Spouse or Child)	\$13.74
Employee + 2 or more	\$20.18

Group Term Life – Administered through The Standard

Basic Term Life and AD&D Insurance provides valuable financial protection for your family. Pickens County Schools is pleased to provide Basic Life & AD&D Insurance to all eligible full-time employees in the amount of **\$20,000**. This benefit reduces to 50% at age 70.

This benefit includes Waiver of Premium, Accelerated Death Benefit and conversion privileges. Portability is included.

Accelerated Death Benefit: You may receive an Accelerated Death Benefit of up to 75% of your life coverage. Please review the benefits details in your certificate Booklet.

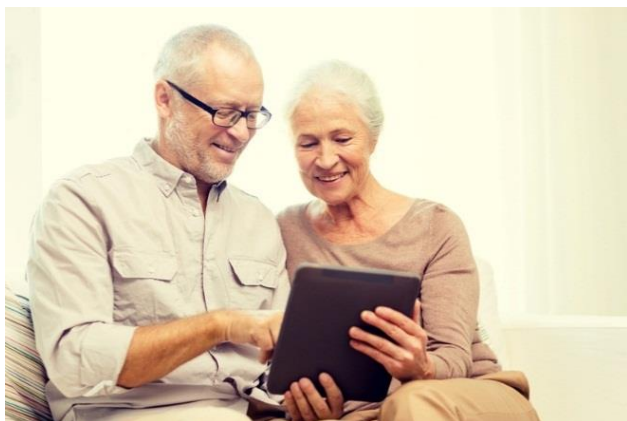


You are eligible to enroll in the Voluntary Term Life Insurance program underwritten by The Standard.

This enrollment period is an annual opportunity for you to elect life insurance if you do not already have coverage. Premiums will be paid through the convenience of payroll deduction.

You cannot be covered as employee and spouse if both are working for Pickens County Schools. Children also cannot be covered by both parents if both are working for Pickens County Schools.

Log into bswift for rates and to enroll:
www.pickenscountyschools.bswift.com



Eligibility includes:

1. All benefit eligible, full-time employees
2. Legally married spouse
3. Child(ren) Live birth through age 25

Coverage is available in \$10,000 increments for employees up to \$500,000 not to exceed 6 x earnings, and \$10,000 increments for dependents. You can elect Spouse coverage up to \$150,000 not to exceed 100% of employee's benefit.

Guaranteed Issue Options Include:

- Employee: Up to \$150,000
- Spouse: Up to \$50,000
- Child(ren): Flat \$10,000

There are no age reductions on this plan.

Accelerated Death Benefit: You may receive an Accelerated Benefit of up to 75% of your Insurance. Please review the benefits details in your certificate booklet.

Portability is included. See plan certificate of coverage for full details.

Conversion is included if Insured is under age 65 and not disabled.

Plan includes Waiver of Premium benefit if Insured becomes disabled prior to age 60.

If you do not enroll when you are initially hired and eligible, you will be considered a late entrant and subject to evidence of insurability. Coverage could be denied.

Voluntary Long-Term Disability – Administered through The Standard

Long term disability is intended to protect your income.

- Employees who are newly eligible for this benefit will not need to complete an Evidence of Insurability (EOI).
- Employees who did not enroll in the Long Disability option when it was first offered at their time of hire must wait until next open enrollment and complete an online Evidence of Insurability (EOI).
- Enrollment through the EOI process must be approved by the carrier. Coverage is not guaranteed.

66 2/3% of an elected covered amount not to exceed \$5,000 per month You have two option to choose from: SSNRA or SSNRA 5.	
Monthly Benefit	
Duration of Benefits	For disabilities due to injury that begin prior to age 62, benefits are paid age 65 or to SSNRA (Social Security Normal Retirement Age) or 3 years 6 months, whichever is longer. For disabilities due to injury that begin on or after you reach age 66, a Reducing Benefits Duration (RBD) or SSNRA 5 will apply.
Elimination Period	0 injury / 7 sickness* 14 injury / 14 sickness* 60 injury / 60 sickness*
Benefit Amount Monthly	Minimum: \$200 Maximum: \$8,000
Contributions / Rates	See bswift online enrollment
Pre-Existing Conditions	6/12
Portability	Coverage can be continued at 50% of the monthly benefit you were insured for at the time employment ended. You will be eligible to apply to port coverage if you have been covered under the policy for 12 consecutive months and have met the eligibility requirements outlined in your certificate of coverage.
Waiver of Premium	Included
EAP	3 face-to-face visits

* Sick pay, annual or personal leave pay, severance , or other salary continuation, including donated amounts (but not vacation pay) paid to you by your Employer cannot exceed 100% of deductible income.

Please review the detailed plan summary for additional benefit information and exclusions online.

Log into bswift to enroll and for rates: <http://www.pickenscountyschools.bswift.com>



Telemedicine – Administered through New Benefits

Packages	
NFP Advantage	<ul style="list-style-type: none"> • Teladoc • Health Advocacy • Doctors Online • Pharmacy
NFP Advantage Plus	<ul style="list-style-type: none"> • Teladoc • Health Advocacy • Doctors Online • Vision • Dental • Pharmacy • Lab Testing • MRI & CT Scans • Hearing Aids
NFP Premier	<ul style="list-style-type: none"> • Teladoc • Health Advocacy • Doctors Online • Vision • Dental • Pharmacy • Lab Testing • MRI & CT Scans • Hearing Aids • Legal Care Direct • ID Sanctuary Enhanced • Roadside Assistance • PetCare
<p>This is a discount benefits program offering significant savings from thousands of providers across the nation. All the benefits include the employee and his/her immediate family.</p> <p>The membership is simple to use. Employees can search for providers on http://www.MyMemberPortal.com.</p>	

Package Rates	Per Pay Period (12 Pay Periods) (Covers entire family)
NFP Advantage	\$ 9.47
NFP Advantage Plus	\$12.96
NFP Premier	\$20.10

Critical Illness with Cancer Rider – Administered by Aflac

Critical Illness Benefits are payable for specified conditions and can help to cover the costs of your treatments and related expenses, regardless of your major medical insurance coverage.

BENEFITS

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

<p>COVERED CRITICAL ILLNESSES:¹</p> <p>Guaranteed Issue: Employee \$30,000</p> <p>Spouse \$15,000</p>	<p>CANCER (Internal or Invasive) 100%</p> <p>HEART ATTACK (Myocardial Infarction) 100%</p> <p>STROKE (Apoplexy or Cerebral Vascular Accident) 100%</p> <p>MAJOR ORGAN TRANSPLANT 100%</p> <p>CORONARY ARTERY BYPASS SURGERY² 25%</p>	<p>RENAL FAILURE (End-Stage) 100%</p> <p>COMA, SEVERE BURNS, PARALYSIS, LOSS OF SIGHT, LOSS OF SPEECH, LOSS HEARING, BENIGN BRAIN TUMOR - 100%</p> <p>CARCINOMA IN SITU² 25% (if has not spread)</p> <p>SKIN CANCER - \$250 PCY</p> <p>ADVANCED ALZHEIMER & PARKINSON DISEASE - 25%</p>
<p>FIRST-OCCURRENCE BENEFIT</p>	<p>After the waiting period, a lump sum benefit is payable upon initial diagnosis of a covered critical illness. Employee benefit amounts available from \$5,000 to \$50,000. Spouse coverage is also available in benefit amounts up to \$25,000. If you are deemed ineligible due to a previous medical condition, you still retain the ability to purchase Spouse coverage.</p>	
<p>ADDITIONAL OCCURRENCE BENEFIT</p>	<p>If an insured collects full benefits for a critical illness under the plan and later has one of the remaining covered critical illnesses, then we will pay the full benefit amount for each additional illness. Occurrences must be separated by at least six months.</p>	
<p>RE-OCCURRENCE BENEFIT</p>	<p>If an insured collects full benefits for a covered condition and is later diagnosed with the same condition, we will pay the full benefit again. The two dates of diagnosis must be separated by at least 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.</p>	
<p>CHILD COVERAGE AT NO ADDITIONAL COST</p>	<p>Each Dependent Child is covered at 50 percent of the primary insured amount at no additional charge.</p>	
<p>\$50 HEALTH SCREENING BENEFIT (Employee and Spouse only, 30 day waiting period from date of enrollment)</p>	<p>After the waiting period, an insured may receive a maximum of \$50 for any one covered health screening test per calendar year. We will pay this benefit regardless of the results of the test. Payment of this benefit will not reduce the critical illness benefit payable under your certificate. There is no limit to the number of years the insured can receive the health screening benefit; it will be paid as long as the certificate remains in force. This benefit is payable for the covered Employee and Spouse. This benefit is not paid for Dependent Children.</p>	
<p>COVERED HEALTH SCREENING TESTS INCLUDE:</p>	<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)

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

²If 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. Log into bswift for rates and to enroll:

<http://www.pickenscountyschools.bswift.com>

Group Accident – Administered by Aflac

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

The Aflac Group Accident Advantage Plus plan benefits:

- Transportation and Lodging benefits
- Emergency Room Treatment Benefit
- Rehabilitation Unit Benefit
- Coverage for certain serious conditions, such as coma, paralysis
- Accidental Death Benefit
- Accidental 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.

24 HOUR PLAN	Per Pay Period (12 Pay Periods)
Employee Only	\$12.89
Employee + Spouse	\$21.05
Employee + Child(ren)	\$25.71
Family	\$33.68



AFLAC GROUP HOSPITAL INDEMNITY

Policy Series C80000



Benefits Overview

	BENEFIT AMOUNT
<p>HOSPITAL ADMISSION BENEFIT per confinement (once per covered sickness or accident per calendar year for each insured)</p> <p>Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury or covered sickness. We will not pay benefits for confinement to an observation unit, or for emergency room treatment or outpatient treatment.</p> <p>We will not pay benefits for admission of a newborn child following his birth; however, we will pay for a newborn's admission to a Hospital Intensive Care Unit if, following birth, he is confined as an inpatient as a result of a covered accidental injury or covered sickness (including congenital defects, birth abnormalities, and/or premature birth).</p>	\$1,000
<p>HOSPITAL CONFINEMENT per day (maximum of 31 days per confinement for each covered sickness or accident for each insured)</p> <p>Payable for each day that an insured is confined to a hospital as an inpatient as the result of a covered accidental injury or covered sickness. If we pay benefits for confinement and the insured becomes confined again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness.</p>	\$100
<p>HOSPITAL INTENSIVE CARE BENEFIT per day (maximum of 10 days per confinement for each covered sickness or accident for each insured)</p> <p>Payable for each day when an insured is confined in a Hospital Intensive Care Unit because of a covered accidental injury or covered sickness. We will pay benefits for only one confinement in a Hospital's Intensive Care Unit at a time. Once benefits are paid, if an insured becomes confined to a Hospital's Intensive Care Unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement.</p> <p>This benefit is payable in addition to the Hospital Confinement Benefit.</p>	\$200
<p>SUCCESSOR INSURED BENEFIT</p> <p>If spouse coverage is in force at the time of the employee's death, the surviving spouse may elect to continue coverage. Coverage would continue according to the existing plan and would also include any dependent child coverage in force at the time.</p>	

In order to receive benefits for accidental injuries due to a covered accident, an insured must be admitted within six months of the date of the covered accident (in Washington, twelve months).

Coverage Tier	Per Pay Period (12 Pay Periods)
Employee Only	\$14.60
Employee + Spouse	\$29.60
Employee + Child	\$23.22
Family	\$38.22

Flexible Spending – Administered through 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 (\$2,850 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 \$2,850 during the plan year (as of January 1, 2020). 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.
- Dependent Care Spending Account amounts do not roll over.

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

Allstate Whole Life

Allstate Whole Life		
Benefit Maximum		
Employee	\$250,000	
Spouse (working)	\$150,000	
Spouse (non-working)	\$50,000	
Child (to age 25)	\$20,000	
Paid Up Age	Paid up at age 70	
Guaranteed Issue	Initial enrollment only (ages 18-70)	
Employee	\$80,000	
Spouse (working)	\$30,000	
Spouse (non-working)	\$10,000	
Child (to age 18)	\$20,000	
Employer Elected Options	Accelerated Death Benefit for Long Term Care with Extension of Benefits (4% up to 50 months), Accelerated Death Benefit for Terminal Illness or Condition	
Pre-Existing Condition	Benefits are not for a period of chronic illness care resulting from a pre-existing condition that begins within the first 6 months after the effective date of coverage.	
Waiting Period	30 days (new employees)	
Sample Monthly Rates		
Base Policy Only (no riders)		
\$20,000 Specified Amount		
Issue Age	Non-Tobacco	Tobacco
25	\$10.92	\$18.09
35	\$17.60	\$28.29
45	\$30.68	\$47.70
55	\$57.57	\$83.68
\$50,000 Specified Amount		
Issue Age	Non-Tobacco	Tobacco
25	\$27.30	\$45.21
35	\$44.00	\$70.71
45	\$76.71	\$119.25
55	\$143.92	\$209.21
\$80,000 Specified Amount		
Issue Age	Non-Tobacco	Tobacco
25	\$43.67	\$72.34
35	\$70.40	\$113.14
45	\$122.73	\$190.80
55	\$230.27	\$334.73

Disclosure Notices – CHIP

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. Contact your State for more information on eligibility.

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ALASKA – Medicaid	FLORIDA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268
ARKANSAS – Medicaid	GEORGIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
CALIFORNIA – Medicaid	INDIANA – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)	MONTANA – Medicaid
<p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>
KANSAS – Medicaid	NEBRASKA – Medicaid
<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
KENTUCKY – Medicaid	NEVADA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov</p> <p>KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p>Medicaid Website: http://dhcfnv.gov Medicaid Phone: 1-800-992-0900</p>
LOUISIANA – Medicaid	NEW HAMPSHIRE – Medicaid
<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>
MAINE – Medicaid	NEW JERSEY – Medicaid and CHIP
<p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711</p>	<p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>
MASSACHUSETTS – Medicaid and CHIP	NEW YORK – Medicaid
<p>Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa Phone: 1-800-862-4840</p>	<p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
MINNESOTA – Medicaid	NORTH CAROLINA – Medicaid
<p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>
MISSOURI – Medicaid	NORTH DAKOTA – Medicaid
<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>	<p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>

OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
OREGON – Medicaid	VERMONT– Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
RHODE ISLAND – Medicaid and CHIP	WASHINGTON – Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://mywvhpp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid and CHIP
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

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

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

Disclosure Notices – Continued

Unless otherwise noted, a paper copy is available, free of charge, by calling NFP at 877-393-1211.

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.pickenscountyschools.bswift.com. A paper copy is also available, free of charge, by calling your Employer or NFP at 800-994-7429. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan."

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

SUMMARY OF BENEFITS AND COVERAGE (SBC): As an employee, the group health (medical) benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC) which summarizes important information about any health coverage option in a standard format to help you compare across options. The SBC is available on the web at www.pickenscountyschools.bswift.com. A paper copy is also available, free of charge, by calling your Employer or NFP at 800-994-7429. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan.

HEALTH INSURANCE MARKETPLACE NOTICE (a.k.a. Exchange Notice): When key parts of the health care law took effect in 2014, a new way to buy health insurance became available through the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, the Marketplace notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer. This notice is available on the web at www.pickenscountyschools.bswift.com. A paper copy is also available, free of charge, by calling your Employer.

Why Should I Contact the Service Center?

Order ID Cards: We can contact the insurance carrier directly and have your replacement card in ten to fifteen business days.

Claim Resolution and Research: We can help you understand your Explanation of Benefits (EOB) as well as contact the insurance carriers on your behalf. We can assist in appealing a denied claim or help you request a Prior Authorization (PA) from your physician as may be required by your medical carrier. We can also help you file out-of-network claims and assist with reimbursement if you require medical assistance while traveling outside of the United States.

Locate In-Network Providers: Staying in network saves everyone money. Our 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, 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: Most benefit plans require that you have a Qualifying Event (like marriage, birth of a child or other life event) to make a change in your election anytime other than during open enrollment. We work with your employer to ensure that your change follows the rules of the plan, that your request is allowed within the appropriate timeframes, and that you give proper documentation of the event.

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

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

877-393-1211

NFPsecustomerservice@NFP.com

Contact Information

Plan	Administrator	Website	Phone Number
Benefit / Enrollment Questions	NFP	NFPsecustomerservice@nfp.com	(877) 393-1211
Benefit Resource Center	NFP	http://shawhankinsbenefits.net/pcboe	(877) 393-1211
Dental	Delta Dental	www.deltadentalins.com	(800) 521-2651
Vision	EyeMed	www.eyemedvisioncare.com	(866) 804-0982
Group Term Life	Standard	www.standard.com	(888) 937-4783
Voluntary Life	Standard	www.standard.com	(888) 937-4783
Group Long Term Disability	Standard	www.standard.com	(888) 937-4783
Group Critical Illness, Group Accident and Group Hospital Indemnity	AFLAC	www.Aflacgroupinsurance.com	(800) 433-3036
Flexible Spending	TASC	www.tasconline.com	(800) 422-4661
Human Resources	Pickens County Schools	www.pickens.k12.ga.us	(706) 253-1700
Whole Life	Allstate	www.allstatebenefits.com	(800) 521-3535

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