



2019 Benefits Enrollment Guide



Board of Commissioners

ShawHankins

Right Partner. Right Benefits.



Welcome to your new Benefits Enrollment Guide. This guide is your summary of the benefit options that are available to eligible employees of the Bryan County Board of Commissioners. Each benefit is designed to protect your health and well-being as well as provide valuable financial protection.

Each section of the Benefits Enrollment 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 Benefits Enrollment Guide 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 Benefits Enrollment 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 continuation of protection that complements the Bryan County leave policies and retirement plans. The plan year is in effect from January 1, 2019 to December 31, 2019.

This Benefits Enrollment 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.

NOTICE: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 25 for more details.

Table of Contents

Topic	Page
Before You Enroll	4
How to Enroll	5 - 6
Medical	7 - 8
HRA	9
Flexible Spending	10
Dental	11
Vision	12
Life	13
Telemedicine	14
Disability	15
Employee Assistance Program (EAP)	16
Critical Illness	17 – 18
Accident	19
Hospital Indemnity	20
Cancer	21
Permanent Life	22
Legal Services	23
Defined Benefit Pension Plan	24
Gym	25
Disclosure Notices	26 - 29
Service Center Info	30
Contact Info	31

This guide describes the benefit plans available to you as an eligible Employee of **Bryan County Board of Commissioners**. 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 **Bryan County Board of Commissioners** and ShawHankins.

Before You Enroll

Bryan County Board of Commissioners 2019 Benefits Open Enrollment will be held from Wednesday, November 14, 2018 through Friday, November 30, 2018. You will have the opportunity to sit down with a ShawHankins employee on the 28th or 29th. You can also call into the service center during business hours or go online at your leisure until midnight on Friday night. At that time the window will close for you to make changes for the 2019 plan year unless you have a qualifying life event.

You have 3 ways to enroll:

- In person with an enroller. Go to: <https://kf43jrjmr8.timetap.com/> to schedule an appointment with an enroller.
- By phoning the service center at 1-800-994-7429.
- Enrolling yourself through bswift, the ShawHankins enrollment portal.

Please carefully weigh the plans available, and choose the option that is best for you. If you have questions or need help, please contact the ShawHankins Service Center (1-800-994-7429) or your Human Resources office.

Enrollment Requirements

- Dependent Social Security number and date of birth are required to meet ACA requirements.

Changes for 2019:

Medical Plans\Prescriptions

- Medical, Dental and Vision are changing to Anthem Blue Cross and Blue Shield
- HRA is changing to Ameriflex and offering a debit card
- Long Term Disability will be employer paid for all employees
- Group Cancer Plan being offered through Allstate
- Permanent Life Insurance offered through Texas Life

Full-time employees and eligible dependents are eligible for medical and flexible benefits.

Eligible dependents are classified as:

- Your legal spouse
- Biological children up to age 26
- Step-child(ren) as long as the biological parent remains in the employee's household to age 26
- Foster child(ren) or adopted child(ren) up to age 26

You may make benefit changes as a result of your Life Status Change or Family Status Change as allowed under Section 125 of the Internal Revenue Code.

Making Changes to Your Benefits

- 1) Notify Human Resources **within 30 days** of the date of the qualifying event.
- 2) Provide proof of your status change event.
- 3) Submit your enrollment change via bswift or by contacting the service center.

How to Enroll

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

- Name
- Date of birth
- Social Security number

HOW TO ENROLL

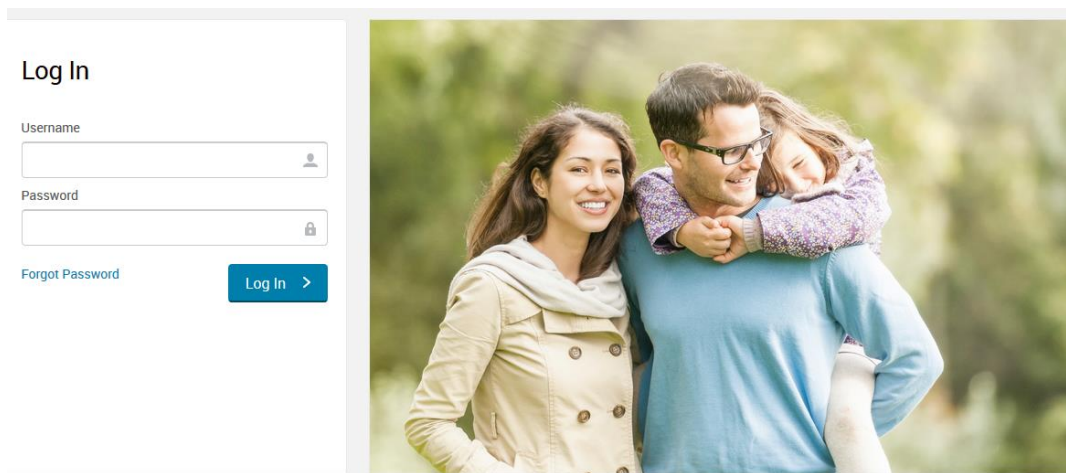
Go to www.bryancountygovt.bswift.com

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.



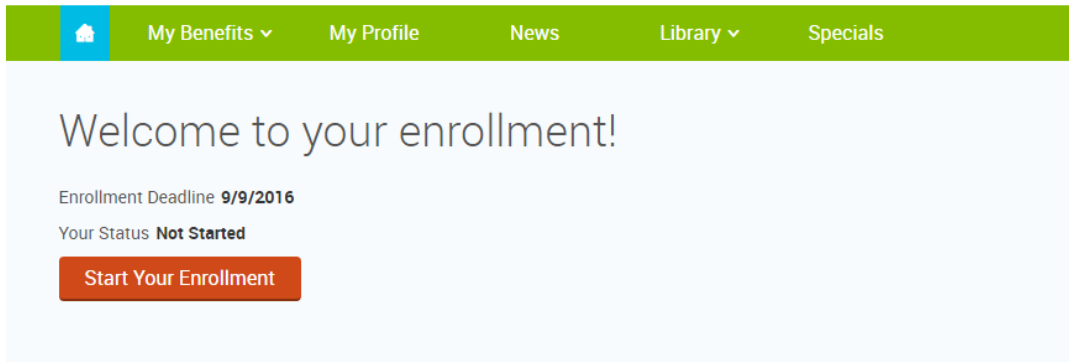
- Please go online and make your elections during Open Enrollment before 11:59 pm on November 30, 2019.
- Please contact ShawHankins at 800-994-7429 to speak with a benefit consultant if you need assistance with your enrollment.

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.

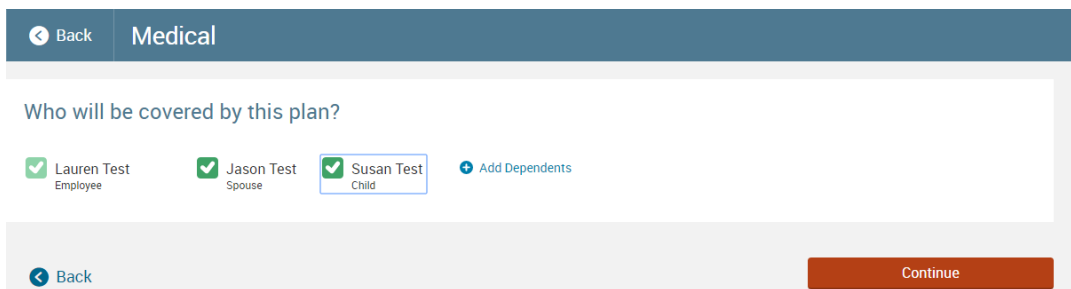
How To Enroll

To Begin:

- 1) From the “Home Page” click on the “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”.



- 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.

Medical – Low Plan – Anthem Blue Cross and Blue Shield

Bryan County Board of Commissioners is offering two medical plans through Anthem Blue Cross and Blue Shield utilizing the **Blue Open Access POS** Network. To locate providers please visit www.bcbsga.com.

Blue Open Access POS		
Benefit	In-Network	Out-of-Network
Lifetime Maximum	Unlimited	
Deductible	Individual \$4,500 Family \$13,500	Individual \$7,500 Family \$22,500
Coinsurance	You pay 20% after plan deductible	You pay 50% after plan deductible
Maximum Annual Out-of-Pocket Limit	Individual \$7,900 Family \$15,800	Individual \$23,700 Family \$47,400
The Out-of-Pocket Maximum includes deductible, coinsurance and all copays – Office Visit, Urgent Care, Emergency Room and Prescriptions		
<u>Office Visits</u>		
Primary Care Physician	\$30 copay	You pay 50% after plan deductible
Specialty Care Physician	\$60 copay	
Routine Preventive Care	No Charge	50% after deductible
Inpatient Hospital Facility	You pay 20% after plan deductible	You pay 50% after plan deductible
Outpatient Facility Services	You pay 20% after plan deductible	You pay 50% after plan deductible
Outpatient Copay (Freestanding)	\$150 plus 20%	You pay 50% after plan deductible
Hospital Emergency Room	\$350 plus 20%, deductible does not apply	
Urgent Care	\$75, Deductible does not apply	You pay 50% after plan deductible
<u>Prescription Drugs</u>		
Rx Deductible	\$200 per person, \$400 per family	
Tier 1	\$15	
Tier 2	\$45	
Tier 3	\$85	
Tier 4	25% to \$350	
Drugs dispensed in office through infusion or injection	In network – 20% coinsurance after deductible Non-network provider – 50% after deductible	

Rates	Monthly	Bi-Weekly	Weekly
Employee	\$32.00	\$14.77	\$7.38
Employee + Spouse	\$277.82	\$128.23	\$64.11
Employee + Child(ren)	\$228.51	\$105.47	\$52.73
Family	\$571.26	\$263.66	\$131.83

Medical – High Plan – Anthem Blue Cross and Blue Shield

Bryan County Board of Commissioners is offering two medical plans through Anthem Blue Cross and Blue Shield utilizing the **Blue Open Access POS Network**. To locate providers please visit www.bcbsga.com.

Blue Open Access POS			
Benefit	In-Network	Out-of-Network	
Lifetime Maximum	Unlimited		
Deductible	Individual \$4,000 Family \$8,000	Individual \$8,000 Family \$16,000	
Coinsurance	Plan Pays 100% after deductible	You pay 40% after plan deductible	
Maximum Annual Out-of-Pocket Limit	Individual \$6,000 Family \$12,000	Individual \$12,000 Family \$24,000	
The Out-of-Pocket Maximum includes deductible, coinsurance and all copays - Office Visit, Urgent Care, Emergency Room and Prescriptions			
Office Visits: Primary Care Physician Specialty Care Physician	\$25 copay \$50 copay	You pay 40% after plan deductible	
Routine Preventive Care	No Charge	40% after deductible	
Inpatient Hospital Facility	Plan pays 100% after plan deductible	You pay 40% after plan deductible	
Outpatient Facility Services	Plan pays 100% after plan deductible	You pay 40% after plan deductible	
Outpatient Facility Services (Freestanding)	\$150 copay	You pay 40% after plan deductible	
Hospital Emergency Room	\$350	\$350	
Urgent Care	\$100	You pay 40% after plan deductible	
Prescription Drugs			
Rx Deductible		None	
Tier 1		\$15	
Tier 2		\$35	
Tier 3		\$60	
Rates	Monthly	Bi-Weekly	Weekly
Employee	\$103.66	\$47.84	\$23.92
Employee + Spouse	\$349.49	\$161.30	\$80.65
Employee + Child(ren)	\$292.99	\$135.23	\$67.61
Family	\$688.30	\$317.68	\$158.84

Bryan County Board of Commissioners is actively participating in a Health Reimbursement Arrangement with Ameriflex. By making this change employees will have access to their HRA funds by using the MyAmeriflex Card. For quick, on-the-go account access and real-time balance information, the MyAmeriflex Mobile App is available for free.

Bryan County will reimburse in increments of \$50 any amount over the first \$500 of your deductible. If the employee gets to the end of the deductible year and has in-network qualifying EOBs for less than the \$50.00 increment; then they could submit for a reimbursement less than \$50.00 during the 90 day grace period at the end of the deductible year.

If you have services rendered that are subject to your deductible you can submit your Explanation of Benefit (EOB) for reimbursement or after reaching your out of pocket of \$500 you can use your MyAmeriflex Card. Reimbursements will be made for two family members on the high medical plan and three family members on the low medical plan. Remember, you can only be reimbursed based on EOB's, not bills from the provider. Claims must be submitted by March 31 after the end of the plan year. After that time, claims will no longer be considered for reimbursement.

Eligible Medical Expenses

In order for a medical expense to be eligible for reimbursement from your Employer's HRA, it must meet each of the following conditions:

1. The expense must be a covered expense under your Employer's Group Health Insurance Plan but unreimbursed by that plan solely because it is subject to your calendar year deductible imposed by the plan. The determination regarding whether an expense is covered under the Group Health Insurance Plan is made solely by the Insurance Company and its decisions shall be binding on both you and your Employer for the purpose of this plan.
2. Your Employer's HRA Plan must not otherwise exclude the expense from reimbursement. Excluded expenses, if any, are listed in your Summary Plan Description.
3. The expense must be for an eligible person. For the purposes of your Employer's HRA Plan, an eligible person is an Employee covered by the Employer's Group Health Insurance as well as that employee's spouse and dependents that are covered under the Employer's Group Health Insurance.
4. The expense must have been incurred while the employee was a participant in the plan. Remember that the date an expense is incurred is based on when the medical service is provided, not when it is paid for.

If you have any further questions or would like more information on the Health Reimbursement Arrangement, please feel free to contact Ameriflex at 888-868-3539.

Flexible Spending – TASC

Participating in the Flexible Spending Account (FSA) available through your Employer can increase your take-home pay by reducing your taxable income. It allows you to potentially save up to 30% on your eligible healthcare and/or dependent care expenses every year by using pre-tax dollars vs. post-tax dollars to pay for those expenses.

We recommend that, prior to making an election, you consider and derive a conservative estimate of how much you spend on healthcare and/or dependent care expenses for you and your qualified dependents in one year. For example, you may want to consider your estimated cost for prescription drugs, medical and dental office visit copays and/or deductibles, as well as vision related needs including exams and prescription glasses/lenses.

Most FSAs require you use the funds you contribute within the plan year or you lose them. However, beginning with the 2016 Plan Year you will be able to roll-over up to \$500 of unused contributions in your Healthcare Reimbursement FSA only.

You MUST re-enroll each year. Your FSA election does NOT roll over from year to year.

Highlights

Healthcare Reimbursement FSA:

Maximum Employee Contribution: \$2,650 Annually

Dependent Day Care FSA:

Maximum Employee Contribution: \$5,000 if married filing jointly or filing head of household or \$2,500 if married filing separately.

Pre-Tax Savings Example

	<i>Without FSA</i>	<i>With FSA</i>
Gross Monthly Pay:	\$3,500	\$3,500
Pre-Tax Contributions		
Medical/Dental Premiums	\$0	-\$125
Medical Expenses	\$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.



Benefits on the Go!

TASC Mobile offers fast and easy account access from anywhere at any time! MyTASC Mobile App and MyTASC Text Messaging make it easy for FlexSystem Participants to access their accounts from their mobile device. Users appreciate these flexible wireless options to securely manage their accounts and request reimbursements while on the go. These mobile features (and much more) are all-inclusive when FlexSystem is part of an employee benefits program!

Additional Management Tools

In addition to TASC Mobile, we provide multiple methods for participant/employee account access and management:

- MyTASC Website www.tasconline.com/mytasc
- IVR Phone System
- Toll-Free Customer Care Center (Monday-Friday)
- Fax or Mail Requests for Reimbursement
- [Mobile Help](#)

Dental – Anthem Blue Cross and Blue Shield

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

The Bryan County Board of Commissioners offers dental coverage as summarized below.

Benefit	In-Network % of Negotiated Fee	Out-of-Network % of R&C Fee
Calendar Year Deductible Single Family Max	\$50 \$150	\$50 \$150
Annual Benefit Maximum	\$5,000 calendar year	\$5,000 calendar year
Diagnostic/Preventive Services Periodic oral evaluation; Prophylaxis (cleanings), Bitewing X-rays – four films; Topical fluoride application (to age 19)	100% No Deductible	100% No Deductible
Basic Treatment (Type B) Composite and amalgam fillings, simple extractions, general anesthesia, periodontal maintenance, consultations	80% coverage (subject to deductible)	80% coverage (subject to deductible)
Major Treatment Inlays, onlays, crowns, root canal, periodontal surgery, periodontal scaling and root planing, surgical extractions, bridges, dentures, implants	40% coverage (subject to deductible)	40% coverage (subject to deductible)
Orthodontia (Child Only) Child(ren) only up to age 19	50% coverage up to lifetime maximum benefit of \$2,000	50% coverage up to lifetime maximum benefit of \$2,000

Benefit Waiting Periods

Current Employees – None

Late Entrants – Must wait until next open enrollment or qualifying event

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

Coverage Tier	Monthly	Bi-Weekly	Weekly
Employee Only	\$8.32	\$3.84	\$1.92
Employee + Spouse	\$33.12	\$15.29	\$7.64
Employee + Child(ren)	\$42.51	\$19.62	\$9.81
Employee + Family	\$67.34	\$31.08	\$15.54

Vision – Anthem Blue Cross and Blue Shield

A good visual health can play an important role in our overall health. For those of us with eye care needs, having a Vision plan available from our Employer can ultimately help offset some of those associated costs in preserving our eye health and ongoing wellness. Becoming a member of the Vision plan available through Bryan County Board of Commissioners will enable you to take advantage of substantial savings on your eye care and eyewear needs.

Benefit	In-Network	Out-of-Network Reimbursement
Plan Name/Network	Blue View Vision	
Copays (Exams/Materials)	\$10 / \$25	N/A
Exam	Paid in full after copay	\$30
Frequency		
Exam	12 Months	
Lenses or Contacts	12 Months	
Frames	24 Months	
Frames		
Frame Allowance (Retail)	\$130	\$45
Lenses		
Single Vision	Covered in full after copay	\$25
Bifocal		\$40
Trifocal		\$55
Contact Lenses		
Contact Fitting and Follow Up	Standard – up to \$55 Premium – 10% off retail	No benefit
All other elective contact lenses	\$130	\$105
Medically Necessary	100%	\$210
LASIK Coverage	15% off Retail or 5% off promo	No benefit
Additional Materials Discount	20% on additional glasses 15% on contacts	No benefit



Coverage Tier	Monthly	Bi-Weekly	Weekly
Employee	\$0.00 (employer paid)	\$0.00	\$0.00
Employee + Spouse	\$3.67	\$1.69	\$0.85
Employee + Child(ren)	\$4.41	\$2.04	\$1.02
Family	\$9.31	\$4.30	\$2.15

Life Insurance – Lincoln

Basic Term Life

Basic Term Life and AD&D Insurance provides valuable financial protection for your family. Bryan County Board of Commissioners is pleased to provide Basic Life & AD&D Insurance to all full-time employees in the amount of one times your base annual income (not to exceed \$100,000) at no cost to you. You also have the option to purchase \$10,000 on all of your dependents.

Voluntary Term Life

Voluntary Term Life and AD&D Insurance is also available to provide additional financial protection for you and your family. Bryan County Board of Commissioners is pleased to offer additional Life Insurance coverage options as a solution. This coverage is not permanent – please see reduction schedule below.

Benefit	Coverage
Employee Voluntary Life/AD&D	<p>You can purchase coverage in increments of \$10,000 to a maximum of \$500,000 or 5 x salary.</p> <p>New Hires: You will have a guarantee issue (GI) amount of \$150,000 (not to exceed 5 times your annual salary). Employee elections over GI will require Evidence of Insurability.</p>
Spouse Voluntary Life/AD&D	<p>You can purchase coverage in increments of \$5,000 to a maximum of \$250,000 (not to exceed 50% of employee's coverage).</p> <p>New Hires: You will have a guarantee issue amount of \$30,000.</p>
Child(ren) Voluntary Life	<p>Age 6 months to 26: You can purchase coverage in increments of \$2,000 to a maximum of \$10,000. (Age 1 day to 6 months: You can purchase coverage of \$250.)</p> <p>New Hires: You will have a guarantee issue amount of \$10,000.</p>
Annual Enrollment	<p>Current participants are allowed a two increment increase to their current coverage amount provided your amount does not exceed the guarantee issue amount.</p>
Reduction Schedule	<p>Benefits will reduce 35% at age 65 and an additional 15% at age 70. Benefits terminate at retirement. Your spouses coverage ends at age 70.</p>

Evidence of Insurability (EOI) is required if your elections exceed the guarantee issue amounts. EOI may also be required at annual enrollment if you elect or increase coverage over the allowable amounts.

Telemedicine- *NewBenefits*

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

The membership is simple to use. Employees can search for providers on mymemberportal.com or call 855.VIP.DOCS (855.847.3627).



ShawHankins Advantage

\$8.30

- Telemedicine
- Health Advocacy
- Medical Bill Saver
- Nurse Line
- Doctors Online
- Pharmacy

Disability – Lincoln

Disability is designed to help you replace lost wages in the untimely event that you should have to miss work due to an accident or illness. Short term disability is available for you to purchase should you feel the need. You can purchase the plan even if you have pre-existing conditions; however, a waiting period does apply. The charts below briefly show the differences in the short term and the long term disability.

Lincoln Short Term Disability Plan	
Benefit	60% of Salary
Maximum Weekly Benefit	\$1,500
Elimination Period	
• Accident	14 Days
• Sickness	14 Days
Duration of Benefits	11 Weeks
Definition of Disability	Loss of Duties Only
Pre-Existing Condition Limitation	3/6*
Annual Open Enrollment	Yes

Bryan County will now provide Long Term Disability to all full time employees at no charge to you. For all full time employees working thirty or more hours per week, long term disability will pay 60% of your salary up to a maximum of \$5,000 per month starting after ninety days and paying until you are Social Security Normal Retirement Age.

Lincoln Long Term Disability	
Definition of Disability	Loss of Duties
Pre-Existing Condition Limitations	3/12*
Mental & Nervous limitation Alcohol & Drug limitation Specified Conditions limitation	24 Months
Residual Disability Survivor Benefit	Included
EAP for all Employees	4 face-to-face visits

***Pre-Existing Condition:** You may not be eligible for benefits if you have received treatment for a condition within the past 3 months until you have been covered for a claim filed under this plan for 6 months for the short term disability and 12 months for the long term disability. If you are currently on the disability plan, pre-ex limitations would apply to any increase in benefit or to a decrease in the waiting period.

EmployeeConnect (EAP) – Provided by Lincoln (through ComPsych)

EmployeeConnect is a confidential personal counseling and work-life service that provides support and resources to help employees resolve personal issues and identify needed resources.

- Unlimited telephonic support for broad range of topics
- 4-session face-to-face counseling to address personal issues such as relationship struggles, substance abuse, parenting challenges and grief
- Comprehensive online offering to increase employees’ comfort with the program and provide information on a variety of topics
- Unlimited telephonic access and online support for Work-life services including:
 - Family and personal convenience referrals, such as child and elder care resources
 - Legal information and referrals for situations requiring expertise in family law, estate planning, landlord/tenant relations, consumer, civil and others
 - Financial information to assist with concerns such as household budgeting, as well as short- and long-term planning

Services	Description
Cost	Provided at no cost with Lincoln’s LTD product
Eligibility	All employees and their dependents. Employees do not need to be enrolled in LTD to be eligible for telephonic counseling and support.
Child Coverage	Beginning at age 12, under age 12 with parental consent
Sessions (EAP)	4 face-to-face sessions per person, per issue, per year
Problems Covered (counseling)	Marital/Family, depression, addiction, stress/anger, life transitions, or any other issue benefitting from short term counseling
Legal Service	<ul style="list-style-type: none"> • Unlimited telephonic access to a ComPsych staff attorney for information • Unlimited referrals to a network attorney • One free 30-minute consultation in person or by phone with a network attorney • Discount of 25% off published fees for additional services
Financial Service	<ul style="list-style-type: none"> • Unlimited telephonic access to a ComPsych staff financial expert • Referrals to a Certified Financial Planner if needed
Work Life Services	Unlimited telephonic access to work-life services including (but not limited to): <ul style="list-style-type: none"> • Child/elder care • Resources for home improvement • Car buying and moving • Wedding planning • Wellness options and weight management information
Online and Mobile Access	Broad range of information on the web, including: <ul style="list-style-type: none"> • Mental health • Wellness, smoking cessation, weight loss • Grief • Parenting issues • Tools, resource information, reading recommendations, “Ask the Expert” for anonymous e-mail communication • Podcasts, videos, slideshows and assessments • Website is available through mobile device

Choose:

You choose the benefits to protect yourself and any family members if diagnosed with a covered critical illness.

Use:

You go to your annual exam, the doctor runs test, the results come back and you're diagnosed with a critical illness.

Claim:

You go online and file a claim. The cash benefits are paid to you, to use however you wish

You can't predict the future, but you can plan for it. We invite you to put yourself in Good Hands with Critical Illness insurance from Allstate Benefits.

Our coverage helps offer financial support if you are diagnosed with a covered critical illness. With the expense of treatment often so high, seeking the treatment you need seems like a heavy financial burden. But when a diagnosis occurs, what you should be focusing on is getting better. With Allstate Benefits, you gain the power to take control of your health when faced with a covered event.

Here's How It Works

You select the benefit coverage amount you want based on your individual need and your budget. If you have covered family members, our coverage also provides cash benefits for them. Then, if diagnosed with a covered critical illness, you will receive a cash benefit based on the percentage payable for the condition. With Allstate Benefits, you gain the power to make treatment decisions without putting your finances at risk.

Key Features

- Guaranteed Issue coverage, meaning no medical questions to answer
- Coverage available for spouse and child(ren)
- Benefits are paid regardless of any other coverage
- Premiums are affordable and are conveniently payroll deducted
- Coverage may be continued

Access Your Benefits and Claim Filings

Accessing your benefit information using My Benefits has never been easier. MyBenefits is an easy-to-use website that offers 24/7 access to important information about your benefits. Plus, you can submit and check your claims(including claim history), request your cash benefit to be direct deposited, make changes to personal information, and more.



Group Critical Illness – Allstate (continued)

Benefits and Amounts	Initial Critical Illness Benefits
Heart Attack (100%)	\$10,000
Stroke (100%)	\$10,000
Coronary Artery Bypass Surgery (25%)	\$2,500
Major Organ Transplant (100%)	\$10,000
End Stage Renal Failure (100%)	\$10,000
Cancer Critical Illness Benefits	
Invasive Cancer (100%)	\$10,000
Carcinoma in Situ (25%)	\$2,500
Additional Critical Illness Benefits*	
Benign Brain Tumor (100%)	\$10,000
Coma (100%)	\$10,000
Complete Blindness (100%)	\$10,000
Complete Loss of Hearing (100%)	\$10,000
Paralysis (100%)	\$10,000
Advanced Alzheimer’s Disease (25%)	\$2,500
Advanced Parkinson’s Disease (25%)	\$2,500
Additional Benefits	
Second Event Initial Critical Illness Benefit	Yes
Second Event Cancer Critical Illness Benefit	Yes
Wellness	\$50

Monthly Group Critical Illness Rates per \$10,000 benefit	Non-Tobacco	Tobacco
< 30	\$5.34	\$7.82
30 - 39	\$9.35	\$14.49
40 - 49	\$17.07	\$30.11
50 - 59	\$30.07	\$50.67
60 - 64	\$48.72	\$83.37
65+	\$63.69	\$110.09

*Insured employees are eligible for 100% of benefit amounts listed. Covered dependents are eligible for 50% of the employee benefit amount.

Group Voluntary 24 Hour Accident Plan – Allstate

You decide how to use the cash benefits. Our cash benefits provide you with greater coverage options because you get to determine how to use them.

Travel:

You can use your cash benefits to help pay for expenses while receiving treatment in another city.

Home:

You can use your cash benefits to help pay the mortgage, continue rental payments, or perform needed home repairs for your after care.

Expenses:

The lump-sum cash benefit can be used to help pay your family's living expenses such as bills, electricity and gas.

Base Coverage	
Inpatient Hospital Confinement	\$1,500
Daily Hospital Confinement	\$300 per day
Intensive Care	\$600 per day
Dislocation/Fracture Rider	Up to \$6,000
Accident Treatment & Urgent Care Rider	
• Ground Ambulance	\$250
• Air Ambulance	\$750
• Accident Physicians Treatment	\$125
• X-ray	\$250
• Urgent Care	\$125
AD&D and Functional Loss Rider	
• Accidental Death	\$40,000
• Common Carrier Accidental Death	\$100,000
• Dismemberment	Up to \$40,000
• Functional Loss	Up to \$40,000
Emergency Room Services Rider	\$250
Outpatient Physician's Treatment	\$25

Group Accident Rates	Monthly	Bi-Weekly	Weekly
Employee	\$14.52	\$6.70	\$3.35
Employee + Spouse	\$25.11	\$11.59	\$5.79
Employee + Child(ren)	\$31.92	\$14.73	\$7.37
Family	\$39.90	\$18.42	\$9.21

Hospital Indemnity – Allstate

HOSPITAL INDEMNITY INSURANCE

Allstate Hospital Indemnity Insurance provides hospital confinement and indemnity hospital admission benefits to help alleviate the costs of a hospital stay. Your medical plan requires you to pay the deductible and coinsurance if you are admitted to the hospital.

Hospital Indemnity Insurance can help pay for these additional out-of-pocket medical expenses. This coverage pays a benefit directly to you regardless of any other coverage you have or the actual cost of treatment.

Pregnancy (normal and complications) is covered with no waiting period. Mental and nervous disorders, including drug addiction and alcoholism, are not covered.

First Day Hospital Confinement Benefit

\$1,000 payment per admission (Some exclusions may apply. See Allstate benefit summary for details.)

Daily Hospital Confinement Benefit

\$100 per day (maximum 10 days)

Hospital Intensive Care Benefit

\$100 per day (maximum 10 days)



Hospital Indemnity Rates	Monthly	Bi-Weekly	Weekly
Employee	\$18.33	\$8.46	\$4.23
Employee + Spouse	\$51.22	\$23.64	\$11.82
Employee + Child(ren)	\$31.59	\$14.58	\$7.29
Family	\$54.86	\$25.32	\$12.66

Cancer - Allstate

Initial Diagnosis (once)	\$2,000
Wellness Benefit	\$50 per year
Ambulance	\$100 per Confinement
Ambulatory Surgical Center	\$500 per day
Private Duty Nursing	\$200 per day
Anesthesia	25% of surgery
Anti-Nausea Benefit	\$200 per year
Blood, Plasma & Platelets	Actual charges up to \$5,000 per 12 months
Bone Marrow or Stem Cell Transplant	Up to \$5,000 per year
Extended-Care Facility	\$200 per day
Home Health Care	\$200 per day
Hospice	\$200 per day in hospice facility; \$200 per hospice team home visit (max of 1 visit per day)
Hospital Confinement	\$200 per day
Intensive Care	Up to \$200 per day
Lodging	\$50 per day
Medical Imaging	\$250 per year
New or Experimental Treatment	Actual Charges up to a Maximum of \$5,000 per 12 months
Physical or Speech Therapy	\$50 per day
Physician's Attendance	\$50 per day
Prosthesis (surgical)	Up to \$2,000 per amputation
Radiation and Chemotherapy	Actual charges up to \$5,000 per 12 months
Second Surgical Opinion	\$400
Surgery	Up to \$3,000 depending on surgery
Transportation	\$0.40 Mile Personal Auto/Family member

Monthly Premiums

Employee	\$17.36
Employee + Spouse	\$27.19
Employee + Child	\$24.66
Family	\$34.46

LIFE INSURANCE HIGHLIGHTS

For the employee

Flexible Premium Life Insurance to Age 121
Policy Form PRFNG-NI-10

Voluntary permanent life insurance can be an ideal complement to the group term and optional term your employer might provide. This voluntary universal life product is yours to keep, even when you change jobs or retire, as long as you pay the necessary premium. Group and voluntary term, on the other hand, typically are not portable if you change jobs and, even if you can keep them after you retire, usually cost more and decline in death benefit.

The policy, PURELIFE-plus, is underwritten by Texas Life Insurance Company, and it has the following features:

- **High Death Benefit.** With one of the highest death benefits available at the worksite,¹ PURELIFE-plus gives your loved ones peace of mind.
- **Minimal Cash Value.** Designed to provide a high death benefit at a reasonable premium, PURELIFE-plus provides peace of mind for you and your beneficiaries while freeing investment dollars to be directed toward such tax-favored retirement plans as 403(b), 457 and 401(k).
- **Long Guarantees.**² Enjoy the assurance of a policy that has a guaranteed death benefit to age 121 and level premium that guarantees coverage for a significant period of time.³
- **Refund of Premium.** Unique in the marketplace, PURELIFE-plus offers you a refund of 10 years' premium, should you surrender the policy if the premium you pay when you buy the policy ever increases. *(Conditions apply.)*
- **Accelerated Death Benefit Due to Terminal Illness Rider.** Should you be diagnosed as terminally ill with the expectation of death within 12 months, you will have the option to receive 92% of the death benefit, minus a \$150 (\$100 in Florida) administrative fee in most states. This valuable living benefit gives you peace of mind knowing that, should you need it, you can take the large majority of your death benefit while still alive. *(Conditions apply.) (Form ICC07-ULABR-07 or Form Series ULABR-07)*

You may apply for this permanent, portable coverage, not only for yourself, but also for your spouse, children and grandchildren by answering just 3 questions:⁴

During the last six months, has the proposed insured:

- a. Been actively at work on a full time basis, performing usual duties?
- b. Been absent from work due to illness or medical treatment for a period of more than five consecutive working days?
- c. Been disabled or received tests, treatment or care of any kind in a hospital or nursing home or received chemotherapy, hormonal therapy for cancer, radiation therapy, dialysis treatment, or treatment for alcohol or drug abuse?

Like most life insurance policies, Texas Life policies contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them in force. Please contact a Texas Life representative for costs and complete details.

¹ Voluntary and Universal Whole Life Products, Eastbridge Consulting Group, October 2012

² Guarantees are subject to product terms, exclusions and limitations and the insurer's claims-paying ability and financial strength.

³ After the guaranteed period, premiums may go down, stay the same, or go up.

⁴ Coverage and spouse/domestic partner eligibility may vary by state. Texas Life complies with all state laws regarding marriages, domestic and civil union partnerships, and legally recognized familial relationships. Coverage not available on children and grandchildren in Washington.

See the PURELIFE-plus brochure for details.

TEXASLIFE INSURANCE
COMPANY

Since 1901 | 900 WASHINGTON | POST OFFICE BOX 830 | WACO, TEXAS 76703-0830

16Mo09-C 1006 Rog16 (expt18)

PURELIFE-plus is not available in NJ, NY or PA.



Legal Services – Administered by ARAG

UltimateAdvisor legal insurance from ARAG offers you affordable, reliable counsel when something in life turns into a legal issue, like a dispute with a contractor, a traffic ticket or the need for estate planning.

For as little as \$24.00 per month, you can enroll in the plan and have a place to turn to for help, with access to a nationwide network of attorneys who will:

- Work with you in person, over the phone or online to consult with you on legal issues
- Review or prepare documents.
- Make follow up calls or write letters on your behalf.
- Represent you, if needed.

Save Time and Money

Attorney fees for most covered legal matters are 100% paid in full when you work with a Network Attorney, which means you'll avoid paying high-cost attorney fees.

It's like having an attorney or retainer whenever you have a question or need guidance regarding a legal matter.

Face Life's Legal Issues with More Confidence

When you encounter situations in life that could result in legal or financial issues – like the examples show above – count on a wide variety of benefits and services to protect you and resolve these matters:

Consumer and Fraud Protection Issues	Government Benefits
Wills and Estate Planning	General Office time (up to 4 hours)
Real Estate Matters	Small Claims Court
Family Law	Tax Issues
Civil Damage Claims (Defense)	Traffic Matters
Criminal Matters	Identity Theft
Debt-Related Matters	Caregiving Services
Dispute with a Landlord	Financial Education and Counseling

To see a full list of coverages available under your plan, visit ARAGLegalCenter.com and go to "Plan Details". For any legal matters not covered and not excluded under the plan (including Immigration Assistance), you are eligible to receive at least 25% off the Network Attorney's normal rate.

Be sure to enroll during the open enrollment period to take advantage of all of these valuable legal benefits. If you have any questions, call 800-247-4184 to speak with an ARAG Customer Care Specialist. For complete plan coverage details, visit ARAGLegalCenter.com.

Group Legal Rates	Monthly	Bi-Weekly	Weekly
Employee, Spouse & Dependents	\$24.00	\$11.08	\$5.54

Defined Benefit Pension Plan - *GEBCorp*

Full time employees, county commissioners, and any other elected official to the extent provide in the Plan become participants on January 1 following three years of service. The Defined Benefit Pension Plan may be used in conjunction with other retirement plans, as well as Social Security, as a source of income upon retirement. Considered the most traditional retirement plan, a defined benefit plan is also the most popular type of primary plan offered by local governments. You become vested in the benefit after five years of service. Your Normal Retirement Date is the date on which you are eligible to retire and receive your full benefit. This is the latter of age 65 or three years of plan participation. You can retire at age 70 even if you have not completed three years of plan participation.

What's in a Name?

This plan is termed "defined benefit" plan because the benefits employees will receive during retirement are set, or "defined," by the plan's terms. The benefit amount is typically based on a formula that considers one's salary and years of service in the organization. This plan provides a lifetime, fixed monthly benefit or the option for employees to choose from several other payment options that will determine the amount of their monthly benefit. The formula is below:

1.0% of Final Average Compensation up to \$6,600
1.5% of Final Average Compensation above \$6,600
Plus \$54
The total is multiplied by Years of Service

Example: \$25,000 Average Annual Compensation and 15 Years of Service

.01 multiplied by the first \$6,600	\$ 66
.015 multiplied by \$18,400 (amount over \$6,600)	\$276
Plus a flat dollar amount of \$54	\$ 54
Total	\$396
Multiplied by 15 Years of Service	$\$396 \times 15 = \$5,940$ annual benefit or \$495 per month

Plan Highlights

- Benefits in addition to Social Security
- Lifetime, monthly benefits
- Optional types of benefit payments for more effective retirement planning
- Can be used in conjunction with retirement savings plans
- Death benefits may be available

Designating Beneficiaries In Case of Death

Employees will need to designate a beneficiary, or beneficiaries, so that their account balance will be paid to the designated individuals in the case of death. Beneficiaries will have immediate access to all of the money unless the employee receives monthly payments from an annuity. Beneficiaries are strongly encouraged to contact GEBCorp representatives for a complete description of options.

Please contact your Human Resources department for further information.

Gym Membership – 24/7

Your health and well-being are important factors in your job performance and in our ability to keep offering the best insurance coverage for our employees. To that end your membership at 24-7 is now part of your benefit as a Bryan County Employee.

Any employee may sign up to three individuals on to their membership plan. **The cost is 15.00 per month per addition. This is a flat fee.** If you add anyone to your membership the cost will be deducted at the last pay cycle of the month.

Employees that have failed to go the gym within a three month window will be removed from membership and will not be eligible to sign back up for a period of six months. Friends and family that are attending will not be taken off the list should an employee stop attending, but the employee **will be responsible for the flat 15.00** per month cost. Friends and family that are signed up that fail to attend for three months will be removed and no further deductions will be made to the employees pay check. The six month reinstatement period will also apply to these individuals as well.



Disclosure Notice – Prescription Drug and Medicare Notice

Important Notice from the Bryan County Board of Commissioners About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Bryan County Board of Commissioners and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The Bryan County Board of Commissioners has determined that the prescription drug coverage offered by the Anthem BCBS plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan? You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan? If you decide to join a Medicare drug plan, your current Bryan County Board of Commissioners coverage will not be affected.

If you drop your current prescription drug coverage and enroll in Medicare prescription drug coverage, you may enroll back into the Bryan County Board of Commissioners benefit plan during an open enrollment period under the Bryan County Board of Commissioners benefit plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan? You should also know that if you drop or lose your current coverage with the Bryan County Board of Commissioners and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage... Contact the person listed below for further information **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Bryan County Board of Commissioners changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage... More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

January 1, 2019 to December 31, 2019
Bryan County Board of Commissioners
Stella Myrick / Human Resources Specialist
51 N. Courthouse Street, Pembroke, GA 31321
912-653-3894

Disclosure Notice – 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, 2019. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – 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: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.hip.in.gov Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Medicaid	IOWA – Medicaid
Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943	Website: http://www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562
KANSAS – Medicaid	NEVADA – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900
KENTUCKY – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
LOUISIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	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

MAINE – Medicaid Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	NEW YORK – Medicaid Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MASSACHUSETTS – Medicaid and CHIP Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	NORTH CAROLINA – Medicaid Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100
MINNESOTA – Medicaid Website: http://mn.gov/dhs/ma/ Phone: 1-800-657-3739	NORTH DAKOTA – Medicaid Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MISSOURI – Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MONTANA – Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	OREGON – Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
NEBRASKA – Medicaid Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633	PENNSYLVANIA – Medicaid Website: http://www.dhs.pa.gov/hipp Phone: 1-800-692-7462
RHODE ISLAND – Medicaid Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300	VIRGINIA – Medicaid and CHIP Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
SOUTH CAROLINA – Medicaid Website: http://www.scdhhs.gov Phone: 1-888-549-0820	WASHINGTON – Medicaid Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
SOUTH DAKOTA - Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059	WEST VIRGINIA – Medicaid Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability
TEXAS – Medicaid Website: http://gethipptexas.com/ Phone: 1-800-440-0493	WISCONSIN – Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
UTAH – Medicaid and CHIP Website: Medicaid: http://health.utah.gov/medicaid CHIP: http://health.utah.gov/chip Phone: 1-877-543-7669	WYOMING – Medicaid Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VERMONT– Medicaid Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	

To see if any more States have added a premium assistance program, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/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, Ext. 61565

OMB Control Number 1210-0137 (expires 10/31/2016)

Disclosure Notice (continued)

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

NOTICE OF YOUR HIPAA SPECIAL ENROLLMENT RIGHTS:

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

SECTION 125 PRE-TAX BENEFIT AUTHORIZATION NOTICE:

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

- A change in marital status, or
- A change in the number of dependents due to birth, adoption, placement for adoption or death of a dependent, or
- A change in employment status for myself or my spouse, or
- Open enrollment elections for my spouse, or
- A change in dependents eligibility, or
- A change in residence or worksite.
- Any change being made must be appropriate and consistent with the event and must be made within 30 days of when the event occurred. All changes are subject to approval by your Employer/Plan.
-

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

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

NEWBORNS' ACT DISCLOSURE:

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

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

GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS: On April 7, 1986, a federal law was enacted (Public Law 99272, Title X) requiring that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end. If you or your eligible dependents enroll in the group health benefits available through your Employer you may have access to COBRA continuation coverage under certain circumstances. Therefore, your plan makes available to you and your dependents the General Notice Of COBRA Continuation Coverage Rights. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. The full Notice is available on the web at: www.bryancountygovt.bswift.com. A paper copy is also available, free of charge, by calling your Employer or ShawHankins at 800-994-7429. Please note the participant is responsible for providing a copy to their spouse/dependents covered under the group health plan.

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

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.bryancountygovt.bswift.com. A paper copy is also available, free of charge, by calling your Employer.

Why Would I Contact the ShawHankins Service Center?

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

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

Locate In-Network Providers: Staying in network saves everyone money. Our service center can help you locate In-Network Providers for medical, dental and vision coverage whether you are at home or away.

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

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

Explain Qualifying Events: Most benefit plans require that you have a Qualifying Event (like marriage, birth of a child or other life event) to make a change in your election anytime other than during open enrollment. We work with your employer to ensure that your change follows the rules of the plan, that your request is allowed within the appropriate timeframes, and that 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 service center representative can walk you through every step of the enrollment process. Whether it's an online enrollment or paper enrollment form, your service center representative is available to help.

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

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

800-994-7429

customerservice@shawhankins.com

Contact Info

Plan	Administrator	Website	Phone
Benefits Administrator	ShawHankins	www.shawhankins.com	(800) 994-7429
Human Resources	Stella Myrick	stella@bryan-county.org	(912) 653-3894
Medical	Anthem Blue Cross and Blue Shield	www.bcbsga.com	(855) 397-9269
HRA	Ameriflex	https://myameriflex.com	(888) 868-3539
Flexible Spending	TASC	www.tasconline.com	(800) 422-4661
Dental	Anthem Blue Cross and Blue Shield	www.bcbsga.com	(855) 397-9269
Vision	Anthem Blue Cross and Blue Shield	www.bcbsga.com	(855) 397-9269
Life	Lincoln	www.lfg.com	(800) 423-2765
Disability	Lincoln	www.lfg.com	(800) 423-2765
Teladoc	NewBenefits	www.mymemberportal.com	(800) 800-7616
Group Accident	Allstate	www.allstate.com	(800) 521-3535
Group Critical Illness	Allstate	www.allstate.com	(800) 521-3535
Hospital Indemnity	Allstate	www.allstate.com	(800) 521-3535
Cancer	Allstate	www.allstate.com	(800) 521-3535
Permanent Life	Texas Life	www.texaslife.com	(800) 283-9233
Legal Services	ARAG	www.ARAGlegalcenter.com	(800) 247-4184
Pension Plan	GebCorp	www.webcorp.com	(800) 736-7166
Gym Membership	24/7	www.24sevenfamilyfitness.com	(912) 858-4508



shawhankins.com
1-800-994-7429