



2020 Benefits Enrollment Guide



ShawHankins Acquired by NFP

Our benefits broker, ShawHankins, was recently acquired by NFP. NFP is an insurance industry leader with more than 5,000 employees and 250+ offices across the United States. As one of the largest benefits brokers in the nation, NFP provides their clients with best-in-class products and services. With this acquisition, the ShawHankins name will officially change to NFP in the coming weeks. You will see this new name and branding on your benefit materials soon. While the company name will change, exceptional service remains the priority for the ShawHankins/NFP team. The service team, enrollment portal, contact numbers and office locations will not change. However, they will now have even greater ability to effectively serve you. Please contact NFP with any questions at 800-994-7429.

Welcome to your new Benefits Enrollment Guide. This guide is your summary of the benefit options that are available to eligible employees of Cartersville School System. 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 NFP service team will be 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 school's system's leave policies and retirement plans. The plan year is in effect from January 1, 2020 to December 31, 2020.

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.

The dental plan will remain with Guardian.

The vision plan will remain with NVA.

AFLAC Group Critical Illness with Cancer, Accident and Life will continue to be offered.

The disability and life insurance will remain the same, however if you have had a change in age bracket, you may have a deduction change.

The Flexible Spending Account will continue to be offered through TASC. Employees will be eligible to contribute a maximum of \$2,700 to the Medical FSA for the 2020 plan year.

YOU MUST RE-ENROLL IN FSA EVERY YEAR.

Members of the enrollment team will be available to answer any questions that you have regarding your benefit program. They will be happy to provide you with suggestions and information about any of the insurance or ancillary plans.

Please visit <https://shawhankinsbenefits.net/css/> for additional information on your benefits and enrolling.



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This guide describes the benefit plans available to you as an eligible Employee of Cartersville School System. 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 Cartersville School System and NFP.

State Health Enrollment Instructions

Go to the Enrollment Portal: www.mySHBPga.adp.com

Step 1: Log on to the Enrollment Portal. (If you are a first-time user, you must first register using the registration code **SHBP-GA** and set up a password before making your 2019 election.)

The Home page displays an Open Enrollment (OE) message indicating the event date for the member on the top of the screen for elections to be in effect for the 2020 Plan Year.

Step 2: Under the OE window, **click** on **Continue** to proceed with your 2019 Plan Year enrollment.

Step 3: The Welcome page displays a Terms and Conditions message with the new Plan Year as the effective date. **Click** on **Message** to review Terms and Conditions before accepting. You must **click Accept Terms and Conditions** to continue to the next step of enrollment.

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

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

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

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

After you answer the Tobacco Surcharge question, the Decision Support box will display. You are provided an option to use the Decision Support Benefit Option Comparison Tool to help you choose the right plan to meet your needs. You can choose to decline or accept the opportunity to use the tool. Please see page 8 of the Decision Guide for additional information regarding the Decision Support Tools.

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

Step 9: Make your elections.

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

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

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

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

Step 11: **Click Finish**.

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

- It is **MANDATORY** for each new employee to access this website and enroll or waive coverage for you and your dependents.
- If you are currently enrolled and do not go online and make an election, you will be default enrolled in your current plan, at your current coverage tier and tobacco status.
- If you are currently declined and you do not go online and make an election, you will remain as “declined”.
- Please see pages 12-14 of the State Health Decision Guide for more enrollment details.
- If you experience any technical difficulties, please contact **SHBP Member Services at 800-610-1863**.

State Health Benefit Plan Rate Sheet

JANUARY 2020 – DECEMBER 2020

	Employee	Employee + Child(ren)	Employee + Spouse	Family
Blue Cross Blue Shield				
HRA GOLD	\$168.73	\$307.13	\$418.09	\$556.50
HRA Silver	\$110.89	\$208.80	\$296.62	\$394.54
HRA Bronze	\$72.54	\$143.46	\$215.91	\$286.92
HMO	\$135.65	\$250.90	\$348.63	\$463.89
United Healthcare				
HMO	\$172.56	\$313.65	\$426.14	\$567.22
High Deductible	\$58.03	\$118.94	\$185.62	\$246.54
Kaiser Permanente				
HMO (Regional HMO)	\$142.71	\$262.59	\$362.49	\$482.37



Before You Enroll – Things to Know

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

- Name
- Date of birth
- Social Security number
- Address

Please Note: Eligible Dependents are classified as your legal spouse who resides in the United States and/or your biological children/stepchildren/legal dependent children.

HOW TO ENROLL

Go to www.cartersvilleschool.bswift.com.

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

At the enrollment website enter your Username and Password.

- Username is last name and last 4 digits of your Social Security number (ex. doe4567).
- Password is the last 4 digits of your Social Security number (ex. 4567).

You will then be prompted to create a permanent password.

Log In

Username

Password

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

[Log In >](#)



Annual Enrollment Period: Begins October 21, 2019 and ends at midnight on November 8, 2019.

You may go online or contact the NFP Service Center to elect or decline coverage for the new plan year by the deadline noted.

- Please contact NFP at 800-994-7429 to speak with a benefit consultant if you need assistance with your annual enrollment.
- Once your new plan year elections become effective (January 1st of each year), 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 myself or my spouse; loss or gain of coverage through my spouse; a change in dependents eligibility.
- You must enroll within 30 days from the effective date of a qualifying event.
- Please contact the NFP Service Center at 800-994-7429 to speak with a benefit consultant regarding enrollment due to a Qualifying Event.
- Please visit <https://shawhankinsbenefits.net/css/> for more information on your benefits and enrolling.

How To Enroll Online

To Begin:

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

Welcome to your enrollment!

Enrollment Deadline 8/30/2018

Your Status **Not Started**

[Start Your Enrollment](#)

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

Dental WAIVED

You have waived this benefit.

[View Plan Options](#)

Vision \$5.74

Your Cost per pay period

PLAN 2016 Vision / BLUE CROSS BLUE SHIELD OF GA / [View plan details](#)

COVERAGE Employee + Spouse

1 Your Info

2 Your Benefits

3 Enroll

4 Complete

Your Cost per pay period **\$147.92**

Finished selecting benefits? Click the

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

Who will be covered by this plan?

☒ John Test Employee

☒ Jane Test Spouse

[Add Dependents](#)

[Back](#) [Continue](#)

2016 Vision BLUE CROSS BLUE SHIELD OF GA Your Cost per pay period: \$5.74

[View plan details](#) Tier: Employee + Spouse

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

2016 Vision BLUE CROSS BLUE SHIELD OF GA Your Cost per pay period: \$5.74

[View plan details](#) Tier: Employee + Spouse

☒ Selected

[Keep Selection](#)

☒ Waive Vision [Waive](#)

How to Enroll Online

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

Dental

NO PLAN SELECTED

Vision

NO PLAN SELECTED

Basic Employee Life

\$0.00

Your Cost per pay period

Your Cost per pay period

\$71.02

Finished selecting benefits? Click the button below to continue.

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

Primary Beneficiaries (required)

Name	Percentage
My Estate (Employee)	<input type="text"/> %
Jane Test (Spouse)	100.00 %
James Test (Sibling)	<input type="text"/> %
Total: 100%	

☒ Add Secondary Beneficiaries (optional)

Secondary beneficiaries receive money if your primary beneficiaries are

3 Enroll

Beneficiaries

Review and Confirm

4 Complete

Your Cost per pay period

\$0.00

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

Once You've Reviewed All Your Selections:

Participation

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

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

Beneficiaries

Review and Confirm

4 Complete

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

Your enrollment is complete!

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

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

Your Confirmation Statement is ready

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



VIEW



PRINT

Dental Benefits – Administered by Guardian

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

The Cartersville School System offers dental coverage as summarized below.

Plan Provisions	"Low" Plan	"High" Plan
Calendar Year Deductible Single Family Max	\$50 \$150	\$0 \$0
Annual Benefit Max	\$1,500 calendar year	\$2,000 calendar year
Diagnostic/Preventive Services <i>Periodic oral evaluation (2 per calendar year); Prophylaxis (cleanings), Bitewing X-rays – four films; Topical fluoride application; sealants</i>	100% coverage No Deductible	100% coverage No Deductible
Basic Treatment (Type B) Filling, amalgam, e.g., silver-colored, two surfaces; Extractions, Endodontics, Periodontics	80% coverage (subject to deductible)	80% coverage (subject to deductible)
Major Treatment Crowns, implants, dentures, fixed bridges	50% coverage (subject to deductible)	80% coverage (subject to deductible)
Orthodontia (Child Only) <i>Child(ren) only up to age 19</i>	50% coverage up to lifetime maximum benefit of \$1,000	50% coverage up to lifetime maximum benefit of \$1,000

Missing Tooth Exclusion: The Plan will not replace a tooth that was extracted before the person was on insured by a Cartersville School System dental Plan.

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

Guardian will roll over a portion of your unused annual benefit maximum into your personal maximum Rollover Account (MRA). If you reach your Plan Maximum in future years, you can use money from your MRA. To qualify for an MRA, you must have a paid claim (not just a visit) and must not have exceeded the paid claim threshold during your benefit year. You can view your annual MRA statement on www.GuardianAnytime.com The maximum rollover is \$400 per year.

Log on to guardiananytime.com and select Find a Provider

Select the **PPO Dental Network**. Enter your search criteria and click on the SEARCH button.

Monthly Rates		
Coverage Tier	"Low" Plan	"High" Plan
Employee Only	\$40.00	\$60.04
Employee + Spouse	\$78.21	\$116.97
Employee + Child(ren)	\$92.39	\$122.72
Employee + Family	\$137.42	\$191.71

Eligible Dependents are covered through age 25.



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

Vision Benefits – Administered by NVA

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 Cartersville School System will enable you to take advantage of substantial savings on your eye care and eyewear needs.

Benefit	In-Network	Out-of-Network	Frequency
Vision Exam	\$10 copay	Up to \$40 allowance	Once every calendar year
Contact Lenses	<div>Allowance</div> <div> Elective Up to \$120 allowance (retail) Up to \$84 allowance (Walmart/Sam's) Medically Necessary Covered in full </div>	<div>Max Amount</div> <div> Up to \$120 allowance - retail Up to \$210 allowance </div>	Once every calendar year
Contacts Fitting Standard Premium	<div>\$0 Copay</div> <div>No more than \$50 Copay</div>	Not Covered	Once every calendar year
Standard Plastic Lenses	<div>Copayment</div> <div> Single Vision Bifocal Trifocal Covered in full after a \$25 copay </div>	<div>Max Amount</div> <div> Up to \$30 allowance Up to \$50 allowance Up to \$70 allowance </div>	Once every calendar year
Frames	<div>Up to \$120 allowance (retail)</div> <div>Up to \$47 allowance (Walmart/Sam's)</div>	Up to \$84 allowance (retail)	Once every calendar year

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

Coverage Tier	Per Pay Period Deductions
Employee Only	\$6.11
Employee + 1 Dependent	\$11.59
Employee + Family	\$17.03



For a complete list of providers near you use our Provider Locator on <https://www.e-nva.com>.

Eligible Dependents are covered through age 25.

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

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

Basic Term Life and AD&D Insurance provides valuable financial protection for your family. Cartersville School System is pleased to provide Basic Life & AD&D Insurance to all full-time employees in the amount of \$50,000 at no cost to you.

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

Benefit	Coverage
Employee Voluntary Life/AD&D	<p>You can purchase coverage in increments of \$10,000 up to a maximum of \$200,000 not to exceed 5 times your annual salary.</p> <p>New Hires: You will have a guarantee issue (GI) amount of \$200,000 (not to exceed 5 x your annual salary). Employee elections over GI will require Evidence of Insurability.</p> <p>Benefit Reduction: Benefits reduce by 35% at age 70 and 50% at age 75.</p>
Spouse Voluntary Life/AD&D	<p>You can purchase coverage in increments of \$5,000 to 100% of the employee's election to a maximum of \$25,000.</p> <p>New Hires: You will have a guarantee issue amount of \$25,000.</p> <p>Benefit Reduction: Benefits reduce by 35% at age 70 and 50% at age 75.</p>
Child(ren) Voluntary Life/AD&D	<p>You can purchase coverage in increments of \$2,000 to a maximum of \$10,000.</p> <p>Please note: Child(ren) up to 6 months will receive a \$1,000 benefit.</p> <p>New Hires: You will have a guarantee issue amount of \$10,000.</p>
Annual Enrollment	<p>Employees with existing coverage may increase to the Guarantee Issue with no medical questions.</p> <p>Employees that did not elect coverage when initially offered will be required to complete and Evidence of Insurability (EOI) form that is satisfactory to the insurance carrier before the coverage can become effective.</p>



Voluntary Life Insurance – Continued

Important Terms to Understand

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

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

Employee Life/AD&D Monthly Rates per \$1,000		
Age	Employee	Spouse
<30	\$0.038	\$0.038
30-34	\$0.054	\$0.054
35-39	\$0.077	\$0.077
40-44	\$0.100	\$0.100
45-49	\$0.150	\$0.150
50-54	\$0.230	\$0.230
55-59	\$0.415	\$0.415
60-64	\$0.573	\$0.573
65-69	\$1.041	\$1.041
70+	\$1.939	\$1.939
Child Life	\$0.210	
Employee & Spouse AD&D	\$0.019	
Child AD&D	\$0.031	

Steps to Calculate Employee Premium Per Month

Step 1: Amount of Voluntary Life Insurance	_____
	Desired Amount
Step 2: Divide amount of Voluntary Life Insurance in Step 1 by \$1,000	_____
Step 3: Insert Rate from table based on age	_____
Step 4: Multiply Step 2 by Step 3	_____
	Monthly Premium

Naming Your Beneficiary for Life Insurance:

YOU SHOULD REVIEW/UPDATE YOUR BENEFICIARIES EVERY YEAR.

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

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

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

Short Term Disability – Administered by Cigna

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

Benefit	Coverage
Weekly Benefit Amount	60% of your weekly salary to a maximum of \$2,000 a per week
Benefits Begin After (Elimination Period):	The later of your accumulated Sick Leave or 14 days (for sickness or injury)
Maximum Benefit Duration:	11 Weeks
Contributions:	Payroll deductions are based on salary and age. Note: Rates are age banded and will change at policy anniversary if you move into a new age band.

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

Elimination Period: The elimination period is the length of time of continuous disability which must be satisfied before you are eligible to receive benefits.

Exclusions:

Benefits will not be payable for any disability caused by: an intentionally self-inflicted injury; an act of war (declared or undeclared); commission of a felony; sickness covered by workers' compensation or other workers' disability law; injury occurring out of or in the course of work for wage or profit.

For a comprehensive list of exclusions, limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and Benefits

Rate per \$10	
Age	Rate
<25	0.082
25-29	0.889
30-34	0.752
35-44	0.572
45-49	0.436
50-54	0.530
55-59	0.675
60-64	0.812
65+	0.923

Steps to Calculate Short Term Disability Premium	
Step 1: Divide your annual salary by 52	_____
	Weekly Salary
Step 2: Multiply weekly salary in step 1 by 60%. If 60% of weekly benefit amount exceeds \$2000, then enter \$2000	_____
	Weekly Benefit Amount
Step 3: Divide weekly benefit amount in step 2 by 10	_____
Step 4: Multiply Step 3 by your rate in the above chart	_____
	Monthly Premium

Long Term Disability – Administered by Cigna

A Long Term Disability (LTD) is one of the most devastating experiences that can happen to an employee impacting both work and home life in a drastic way. STD and LTD insurance, when combined, provide seamless protection against the financial consequences of a disability.

Benefit	Coverage
Weekly Benefit Amount	60% of your monthly salary to a maximum of \$6,000 per month
Duration of Benefits:	SSNRA (Social Security Normal Retirement Age)
Benefits Begin After (Elimination Period):	90 Days
Pre-Existing Condition:	3/12

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

LIMITATIONS

- Mental/Nervous Illness Limitation – 24 month out-patient
- Substance Abuse Limitation – 24 months

Rate per \$100	
Age	Rate
<25	0.100
25-29	0.120
30-34	0.140
35-39	0.180
40-44	0.280
45-49	0.410
50-54	0.490
55-59	0.560
60+	0.550

***Pre-Existing Condition Exclusion:** Pre-Existing Conditions are those conditions which you received medical treatment, care or consultation, including diagnostic measures or took prescribed drugs or medications during the 3 months preceding the effective date of this policy. Pre-Existing Conditions are not covered during the first 12 months of coverage. Note: Credit will be given to those that have satisfied or partially satisfied the provision with the prior carrier.

Steps to Calculate Long Term Disability Premium	
Step 1: Divide your annual salary by 12 (If monthly salary exceeds \$10,000, then use \$10,000)	_____
	Monthly Salary
Step 2: Divide Monthly salary amount in step 1 by 100	_____
Step 3: Multiply step 2 by your rate in the above chart	_____
	Monthly Premium

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
- An Emergency Room treatment benefit
- A Rehabilitation Unit benefit
- Coverage for certain serious conditions, such as coma or paralysis
- An accidental death benefit
- A dismemberment benefit that pays for the loss of use of a portion of your body, such as an eye, finger, or leg

Features:

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

Tier	Monthly Rate
Employee Only	\$12.89
Employee + Spouse	\$21.05
Employee + Child(ren)	\$25.71
Family	\$33.68

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

What is Universal Life?

Helps provide permanent financial protection and is a financial tool that helps you manage life at every stage. Builds cash value over time that *you can access for life's challenges and opportunities*. Guaranteed Issue: \$75,000

How Does it work?

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

EZ Value Option

Automatically increases coverage to keep pace with increasing needs – without additional underwriting. This is fully portable. May be cancelled at any time. It is automatically increased via payroll deductions. Inflation-fighting options for employees and spouses.

Actual values will vary by age, smoking, benefits selected and current interest rate.

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

BENEFITS This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions.	
LONG TERM CARE	Provides up to 25 months of benefits for home healthcare, assisted living, adult day care and nursing home care
EXTENSION OF LTC	Extends LTC benefits up to an additional 25 months
BENEFIT RESTORATION	Restores the benefits paid out by LTC
FAMILY COVERAGE	Coverage is available for employees, spouses, children and grandchildren
DIRECT PAYMENT	Benefits paid directly to the policyholder enabling choices in care
STREAMLINED UNDERWRITING	Simple and efficient underwriting process
EZ VALUE OPTION	Automatically increases benefits to keep pace with an employee's growing needs, without additional underwriting
TERMINAL ILLNESS BENEFIT	Accelerates up to 75% of the benefit if a doctor determines the policyholder's life expectancy is 24 months or less

Critical Illness with Cancer Rider with Wellness benefit

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

(If currently in treatment for cancer, you can only purchase a \$10,000 benefit.) You may also purchase an additional spouse benefit up to 50% of the employee election.

BENEFITS	
This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions.	
COVERED CRITICAL ILLNESSES:¹	CANCER (Internal or Invasive) 100% HEART ATTACK (Myocardial Infarction) 100% STROKE (Apoplexy or Cerebral Vascular Accident) 100% MAJOR ORGAN TRANSPLANT 100% CORONARY ARTERY BYPASS SURGERY ² 25%
FIRST-OCCURRENCE BENEFIT	After the waiting period, a lump sum benefit is payable upon initial diagnosis of a covered critical illness. Employee benefit amounts available from \$5,000 to \$50,000. Spouse coverage is also available in benefit amounts up to \$25,000. If you are deemed ineligible due to a previous medical condition, you still retain the ability to purchase Spouse coverage.
ADDITIONAL OCCURRENCE BENEFIT	If an insured collects full benefits for a critical illness under the plan and later has one of the remaining covered critical illnesses, then we will pay the full benefit amount for each additional illness. Occurrences must be separated by at least six months (twelve months for Cancer).
RE-OCCURRENCE BENEFIT	If an insured collects full benefits for a covered condition and is later diagnosed with the same condition, we will pay the full benefit again. The two dates of diagnosis must be separated by at least 6 months, or for cancer, 12 months treatment free. Cancer that has spread (metastasized) even though there is a new tumor, will not be considered an additional occurrence unless the Insured has gone treatment free for 12 months.
CHILD COVERAGE AT NO ADDITIONAL COST	Each Dependent Child is covered at 50 percent of the primary insured amount at no additional charge.
\$50 HEALTH SCREENING BENEFIT (Employee and Spouse only, 30 day waiting period from date of enrollment)	After the waiting period, an insured may receive a maximum of \$50 for any one covered health screening test per calendar year. We will pay this benefit regardless of the results of the test. Payment of this benefit will not reduce the critical illness benefit payable under your certificate. There is no limit to the number of years the insured can receive the health screening benefit; it will be paid as long as the certificate remains in force. This benefit is payable for the covered Employee and Spouse. This benefit is not paid for Dependent Children.
COVERED HEALTH SCREENING TESTS INCLUDE:	<ul style="list-style-type: none"> • Mammography • Colonoscopy • Pap smear • Breast ultrasound • Chest X-ray • PSA (blood test for prostate cancer) • Stress test on a bicycle or treadmill • Bone marrow testing • CA 15-3 (blood test for breast cancer) • CA 125 (blood test for ovarian cancer)

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

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

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

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

Flexible Spending Accounts – Administered by TASC

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

Who is Eligible to Participate?

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

Elections under the Plan

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

Eligible changes in status include:

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

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

Health Care Spending Account (\$2,700 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 \$2,700 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 jointly or \$2,500 if single or you're married and file separate income tax returns.
- Claims for reimbursement must be made after payment for dependent care expenses are paid
- Reimbursements can only be made using the funds contributed at the time the claim is submitted

Multiple Methods for Account Management

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

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

**Please note: If you have an HSA medical plan, you cannot participate in this FSA
You must re-enroll in this plan each year.**

Disclosure Notice

Unless otherwise noted, these Notices are available on the web at: www.cartersvilleschool.bswift.com. A paper copy is also available, free of charge, by calling NFP 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.

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.cartersvilleschool.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 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.cartersvilleschool.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 State Health website at www.dch.georgia.gov/shbp. A paper copy is also available, free of charge, by calling your Employer. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan.

Why Would I Contact the NFP 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 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 voice mailbox and your call will be returned the next business day.*

1-800-994-7429

NFPseCustomerService@NFP.com

Contact Information

Plan	Administrator	Website	Phone Number
Benefit/Enrollment Questions	NFP	NFPsecustomerservice@NFP.com	800-994-7429
Medical/State Health Benefit Plan	State Health Provider	www.myshbpga.adp.com	800-610-1863
Dental Benefits	Guardian	www.guardiananytime.com	800-541-7846
Vision Benefits	NVA	www.e-nva.com	800-672-7723
Life and AD&D Insurance	Cigna	www.cigna.com	800-36-CIGNA
Short Term Disability	Cigna	www.cigna.com	800-36-CIGNA
Long Term Disability	Cigna	www.cigna.com	800-36-CIGNA
Flexible Spending Accounts	TASC	www.mytasconline.com	800-422-4661
Group Critical Illness	AFLAC	www.Aflac.com	800-992-3522
Universal Life	AFLAC	www.Aflac.com	800-992-3522
Accident	AFLAC	www.Aflac.com	800-994-3522

