HELPING YOU UNDERSTAND
Your Benefit Choices

Open Enrollment Benefits Guide 2024

Welcome to your new Benefits Enrollment Guide. This guide is your summary of the benefit options that are available to eligible employees of the Douglas County 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 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 continuum of protection that complement Douglas County Schools leave policies and retirement plans. The plan year is in effect from January 1, 2024 to December 31, 2024.

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.

Message from the Executive Director of Human Resources

On behalf of the Douglas County Board of Education members and system administration, I would like to express my appreciation to you and our other employees for making this school system one of the best in Georgia. Because we care about you and your family, we have put together an outstanding benefits package. Our employees are the most valuable resource available for providing a quality educational experience for students. Therefore, we are committed to providing our employees with a comprehensive, competitive, and cost effective benefits program.

In an effort to help better inform all of our employees, we have developed this Benefits Enrollment Guide. The Benefits Enrollment Guide will assist you in determining what levels of coverage you may need for you and your dependents. We are pleased to continue to offer free life insurance, and to offer employee vision and dental insurance at a nominal cost. I think that you will find the disability and cancer insurance to be of great value as well. We are also pleased to offer a health and dependent child daycare flexible spending option.

We believe our employees will enjoy the services now offered through our contract with the NFP firm. In addition to our central office personnel, representatives from NFP will be readily available to provide personalized service to our employees regarding questions or issues related to employee benefits.

In preparation for Open Enrollment, our system will be conducting a series of enrollment sessions at multiple school and work locations. Representatives from our Human Resources Department as well as the NFP firm will be present to provide detailed instructions and information regarding our benefits package as well as the on-line benefits enrollment program. This team will be available to answer questions and provide assistance.

Again, I appreciate your hard work and dedication to the children and community of Douglas County. We are committed to providing our employees with a superior work environment.

Thank You,

Jill DePriest

Executive Director of Human Resources

Mr. Trent North, Superintendent
P.O. Box 1077, Douglasville, GA 30133
11490 Veterans Memorial Highway, Douglasville, GA 30134
770-651-2000 | dcssga.org

CONTENTS

GLOSSARY OF TERMS

Dependent Verification Services (DVS) – Service used to verify dependent proof of relationship when adding dependents to benefit plans.

Beneficiary – A person designated by you, the participant of a benefit plan, to receive the benefits of the plan in the event of the participant's death.

- **Primary Beneficiary –** A person who is designated to receive the benefits of a benefit plan in the event of the participant's death
- **Contingent Beneficiary** – A person who is designated to receive the benefits of a benefit plan in the event of the Primary Beneficiary's death

Charges – The term "charges" means the actual billed charges. It also means an amount negotiated by a provider, directly or indirectly, if that amount is different from the actual billed charges.

Coinsurance – This is your share of the expense of covered services after your deductible has been paid when the company plan is paying a percentage. The coinsurance rate is usually a percentage.

Deductible – The amount of money you are responsible for paying each year before the plan begins to pay for covered services, with the exception of preventive care services, which are covered at 100% In-Network.

Dependents – Dependents are your:

- Lawful spouse through a marriage that is lawfully recognized.
- Dependent child (married or unmarried) under the age of 26 including stepchildren and legally adopted children.

Proof of relationship documentation will be required in order to add dependents to your plan(s). Employees will receive request for documentation.

Emergency Care – that meets the definition of "emergency services" and is authorized as such by either the PCP or the review organization is considered in-network.

Emergency Services – Medical, psychiatric, surgical, hospital, and related health care services and testing, including ambulance service, that are required to treat a sudden, unexpected onset of a bodily injury or serious sickness that could reasonably be expected by a prudent layperson to result in serious medical complications, loss of life, or permanent impairment to bodily functions in the absence of immediate medical attention. Examples of emergency situations include uncontrolled bleeding, seizures or loss of consciousness, shortness of breath, chest pains or severe squeezing sensations in the chest, suspected overdose of medication or poisoning, sudden paralysis or slurred speech, burns, cuts, and broken bones.

The symptoms that led you to believe you needed emergency care, as coded by the provider and recorded by the hospital, or the final diagnosis – whichever reasonably indicated an emergency medical condition – will be the basis for the determination of coverage provided such symptoms reasonably indicate an emergency.

Evidence of Insurability (EOI) – Proof that you are insurable based on the requirements of the insurance carrier. *For example, the results of a blood test or a doctor's signature on a form may be required for you to be covered by/for Optional Life insurance.*

Explanation of Benefits (EOB) — The health insurance company's written explanation of how a medical claim was paid. It contains detailed information about what the company paid and what portion of the costs are your responsibility.

In-Network – The term "in-network" refers to health care services or items provided by your Primary Care Physician (PCP) or services/items provided by another participating provider and authorized by your PCP or the review organization. Authorization by your PCP or the review organization is not required in the case of mental health and substance abuse treatment other than hospital confinement solely for detoxification.

Out-of-Network – The term "out-of-network" refers to care that does not qualify as in-network.

Maximum Out of Pocket — The most money you will pay during a year for coverage. It includes deductibles, copayments and coinsurance, but is in addition to your regular premiums. Beyond this amount, the insurance company will pay all expenses for the remainder of the year.

Medically Necessary/Medical Necessity – Required to diagnose or treat an illness, injury, disease, or its symptoms; in accordance with generally accepted standards of medical practice; clinically appropriate in terms of type, frequency, extent, site, and duration; not primarily for the convenience of the patient, physician, or other health care provider; and rendered in the least intensive setting that is appropriate for the delivery of the services and supplies.

Participating Provider – A hospital, physician, or any other health care practitioner or entity that has a direct or indirect contractual arrangement with United Healthcare to provide covered services with regard to a particular plan under which the participant is covered.

Post-Tax – To have the payment to your benefits deducted from your gross pay after your taxes have been withheld. Therefore, your tax contributions will be calculated based on a higher amount. Your statutory deductions (federal income tax, Social Security, Medicare) will be calculated based on a higher amount.

Pre-Tax – To have the payment to your benefits deducted from your gross pay before your taxes have been withheld. Therefore, your tax contributions will be calculated based on a lesser amount. Your statutory deductions (federal income tax, Social Security, Medicare) will be calculated based on a lesser amount.

Primary Care Physician (PCP) – The term "Primary Care Physician" means a physician who (a) qualifies as a participating provider in general practice, obstetrics/gynecology, internal medicine, family practice, or pediatrics; and (b) has been selected by you, as authorized by the provider organization, to provide or arrange for medical care for you or any insured dependents.

Primary Care Dentist (PCD) – The term "Primary Care Dentist" means a dentist who (a) qualifies as a participating provider in general practice, referrals, or specialized care; and (b) has been selected by you, as authorized by the provider organization, to provide or arrange for dental care for you or any of your insured dependents.

Proof of Relationship Documentation – Documents that show a dependent is lawfully your dependent. Documents can include marriage certificates, birth certificates, adoption agreements, previous years' tax returns, court orders, and/or divorce decrees showing your or your spouse's responsibility for the dependent.

OPEN ENROLLMENT

OPEN ENROLLMENT MEMO

ENROLLMENT & BENEFIT INFORMATION (Plan Year: 01/01/2024 -12/31/2024):
Enrollment opens at 12:00 a.m. on 10/16/2023 and closes at 11:59 p.m. on 11/03/2023. An Open Enrollment Presentation, plan documents and summaries on all of the benefits offered, and the Decision Guides for State Health are conveniently located on the Benefit Resource Center.

The State Health Benefit Plan enrollment website mySHBPga.adp.com will be available for your health coverage selections. It is encouraged that each employee access this website and enroll or waive coverage for you and your dependents. If you are currently enrolled and do not go online and make an election you will be default enrolled in your current plan, coverage tier and tobacco status. If you are currently declined and you do not go online and make an election, you will remain as "declined". All employees must verify dependent social security numbers, dependent dates of birth, and demographic information on the State Health enrollment website.

All changes to non-medical benefits will be made on the NFP bswift Enrollment Website at douglascounty.bswift.com. You MUST enroll or waive the FSA /Section 125 plans (Flexible Spending Accounts) online as well as verify your dependent social security numbers, dependent dates of birth, demographic information, and review your dental, vision, life, and disability coverage elections and verify or update your beneficiaries for life insurance.

Medical (State Health): The Decision Guide is available at **https://shbp.georgia.gov/new-members-0/active-members-open-enrollment**. ***It is highly recommended you review the State Health Decision Guide in detail.*** All newly enrolled spouses or children on the State Health Benefit Plan will be required to return the barcoded cover sheet along with documentation for proof of dependent eligibility. The barcoded cover sheet will be provided by State Health and must be returned as directed within the communication.

Dental (MetLife): Douglas County School System will continue to offer dental benefit through MetLife with no changes to the plan designs or premiums. Please review the benefit summary in detail and review the flyers listed on the BRC site for more information.

Vision (Avesis): Douglas County School System will continue to offer vision benefit through Avesis with no changes to the plan designs or premiums. Please review the benefit summary in detail and review the flyers listed on the BRC site for more information.

Group Life/AD&D, Voluntary Life, Short Term Disability (STD), Long Term Disability (LTD) (MetLife): ***Please review/update your beneficiaries for Life Insurance.*** Douglas County School System continues to provide you with $50,000 in Group Life/AD&D. You have the option to purchase additional Voluntary Life Insurance and Short & Long Term Disability Insurance. Please review carefully the plan features located in the NFP Benefit Enrollment Guide and online.

Flexible Spending Accounts (FSA-Health/Medical Care Reimbursement & Dependent Care): The Flexible Spending Accounts will continue to be offered for the new plan year for the health/medical care or dependent care reimbursement accounts through Navia. **However, you are REQUIRED to enroll/waive the FSA plans ONLINE through the NFP Enrollment Website at douglascounty.bswift.com.** The plan year will start January 1, 2024. Please note the maximum contribution for the medical FSA is **$3,050.00**. The **$570** roll-over feature will continue but will be limited to one plan year if you do not choose to participate in the flexible spending account in the subsequent year. If you are enrolled in the State Health UnitedHealth Care High Deductible Health Plan with the Health Savings Account, you are NOT eligible to participate in the Health/Medical Care Flexible Spending Account.

Accident Insurance (Aflac): The Accident Insurance will continue to be administered by Aflac. Aflac's Accident coverage provides a lump sum benefit based on the type of injury (or covered incident) you sustain **(On-Or-Off the Job)** or the type of treatment you need. **Examples of covered injuries include**: broken bones; eye injuries; burns; ruptured discs; torn ligaments; concussion; cuts repaired by stitches; and coma due to a covered injury. **Some covered expenses include**: emergency room treatment; occupational therapy; outpatient surgery facility; speech therapy; doctor office visit; chiropractic visit; hospitalization; physical therapy. **Enrollment is simple - You can enroll online via the enrollment website.** A full schedule of benefits is also available online on the Benefit Resource Center.

Critical illness (Aflac): Aflac Critical Illness Insurance can supplement existing medical coverage and help provide financial support to pay for out-of-pocket expenses such as mortgage payments, college tuition, hiring household help, or treatment not covered by your medical plan. Benefits are paid regardless of what is covered by medical insurance. Payments are made directly to covered employees to spend as they choose. **Enrollment is simple - You can enroll online via the enrollment website.** A full schedule of benefits is also available online on the Benefit Resource Center.

Questions:
If you have any non-medical benefit and/or enrollment related questions that cannot be answered through the enrollment guide, please contact the ***NFP Benefit Center directly at (800) 994-7429.*** If you have any State Health (medical) benefit and/or enrollment related questions that cannot be answered through the State Health Decision Guide, this guide, or the State Health enrollment website, please contact ***State Health at (800) 610-1863.***

WELCOME

BENEFITS MENU | ENROLLMENT

BENEFITS OFFERED

MY STATE HEALTH BENEFITS

Medical | **State Health**

MY BSWIFT BENEFITS

Dental | **MetLife**
Vision | **Avesis**
Flexible Spending Accounts | **Navia**
Life and AD&D | **MetLife**
Disability | **MetLife**
Accident | **Aflac**
Critical Illness **| Aflac**

Your Open Enrollment Period

OCTOBER 16, 2023 – NOVEMBER 3, 2023

OPEN ENROLLMENT INSTRUCTIONS

1. Review the information in this guide and benefit plan summaries.
2. You may go online, speak with an NFP Benefit Counselor, or call State Health to elect or decline coverage by November 3rd.
3. Please contact NFP at (800) 994-7429 to speak with a Benefit Counselor if you need assistance with your non-medical enrollment. Please contact State Health at (800) 610-1863 if you need assistance with your medical enrollment.
4. You will not be allowed to make changes after the open enrollment window closes, unless you experience a qualifying life event.

NOTE: All employees are encouraged to log into bswift and the State Health ADP enrollment portal to confirm their demographic information, dependent information, student status information, and beneficiary information. For reporting purposes, Social Security numbers and date of birth information must be provided and accurate. During the annual open enrollment, you MUST reenroll for FSA/Section 125 plans online for coverage in 2024!

Helpful Tips To Consider Before You Enroll

1. **Do you plan to enroll an *eligible dependent(s)*?**
   If so, make sure to have their social security numbers and birthdates available. You cannot enroll your dependent(s) without this information.
2. **Have you recently been *married/divorced or had a baby*?**
   If so, remember to add or remove any dependent(s) and/or update your beneficiary designation.
3. **Did any of your covered children reach their *26th birthday this year*?**
   If so, they may no longer be eligible for benefits, unless they meet specific criteria.

WELCOME

BENEFITS MENU | ENROLLMENT

BENEFITS OFFERED

MY STATE HEALTH BENEFITS

Medical | **State Health**

MY BSWIFT BENEFITS

Dental | **MetLife**
Vision | **Avesis**
Flexible Spending Accounts | **Navia**
Life and AD&D | **MetLife**
Disability | **MetLife**
Accident | **Aflac**
Critical Illness **| Aflac**

Your Open Enrollment Period

OCTOBER 16, 2023 – NOVEMBER 3, 2023

STATE HEALTH ENROLLMENT INSTRUCTIONS:

1. Go to **mySHBPga.adp.com** (see page 9 for additional details)
2. Under the Open Enrollment window, click on **Continue** to proceed with your 2024 Plan Year enrollment.
3. Click on the **Terms and Conditions message** to review Terms and Conditions before accepting. **You must click Accept Terms and Conditions to continue to the next step of enrollment.**
4. To start your Election Process, click on **Go to Make your Elections**.
5. Click on **Go To Tobacco Surcharge question**. You MUST answer the Tobacco Surcharge question using the radio buttons.
6. Click on **Go to Health Benefits** to choose your medical claim administrator and plan options.
7. Make your elections.
8. Click on **Go to Review and Confirm Changes**.
9. Click **Finish**.

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

BSWIFT ENROLLMENT INSTRUCTIONS:

1. Go to **douglascounty.bswift.com**
2. Enter your Username: **First Name Initial** + **Last Name + Last 4 of your SSN** e.g.John Smith = jsmith4567
3. Enter your Password: **Last 4 of your SSN**
4. Follow instructions and enroll in your benefits
5. Make sure to complete your enrollment and email yourself a confirmation statement.

Helpful Tips For Enrolling

FOR STATE HEALTH MEDICAL BENEFITS ONLY!

1. **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.**
2. **If you have waived coverage and you do not go online and make an election, you will remain with a waiver of coverage.**
3. **If you experience any technical difficulties with State Health, please contact SHBP Member Services at 800-610-1863. If you experience any issues with bswift, please contact the NFP Service Center at (800) 994-7429**

WELCOME

ADDITIONAL STATE HEALTH ENROLLMENT INSTRUCTIONS

To Enroll go to the SHBP Enrollment Portal at www.mySHBPga.adp.com

Enter Your User ID
Click "Forgot Your Password"
Follow the instructions and answer the security questions
Create a new password
Click "Continue"

Note: Your account will be locked after three incorrect login attempts and you must call SHBP to unlock the account.

If you need any assistance with enrollment, contact SHBP at 800-610-1863.

If You Take No Action During Open Enrollment for SHBP Coverage:

If you are currently enrolled in a Commercial Plan Option for 2023, you will remain in your current option and tier with your current Medical Claims Administrator for 2024.

If you are currently enrolled in the Tricare Supplement for 2023, you will remain enrolled in the Tricare Supplement for 2024.

If you are paying a Tobacco Surcharge for 2023, you will continue to pay the surcharge for 2024. If you did not pay a Tobacco Surcharge in 2023, you will not pay one in 2024.

Note: It is your responsibility to notify SHBP immediately if you and/or your covered dependents change tobacco use status, either starting or stopping use.

To Make a 2024 Health Benefit Election with SHBP:

- Log on to the SHBP Enrollment Portal. If you are a first-time user, click on "Get Started" and use the code **SHBP-GA** and set up a password. If you are a returning user but have not used the website in 45 days, then you MUST reset your password before making your 2024 election.
- Under the Open Enrollment window, click on "Enroll Now" to proceed with your 2024 enrollment.
- If you have not provided a Tobacco Surcharge response in the past, you must first answer the Tobacco Surcharge questions before going to "Review Your Benefits".
- Click on "Review Your Info" (if applicable). Verify that each dependent has a valid Social Security Number (SSN) or other Taxpayer Identification Number (TIN).
- To start your Election Process, click on "Enroll in Benefits" tab.
- Select "Change". After you select Change, the Decision Support box will display.
- Click on "Health Coverage or Dependent Health Coverage" to choose your medical claims administrator(s), your plan option(s) and coverage tier(s).
- Make your elections. If you are NOT enrolling in a Plan Option, you MUST click the radio button for "No Coverage" and then you MUST select the appropriate "Reason for Waive" from the drop-down menu list.
- Click on "Save and Return to All Benefits". Your Elections will display on the screen and show the elections you made. You should carefully review your elections before confirming.
- Click "I Agree and Confirm Elections". If I Agree and Confirm Elections is NOT clicked, your enrollment process has not been completed, which means you have decided to make no changes for 2024.

REMEMBER – Your newly added dependents will be placed in "Pending" status until (a) you submit the required documentation of eligibility to SHBP within 45 days of the election, or (b) the deadline for submitting the documentation passes, whichever occurs first. If the deadline passes without providing the documentation, the dependents will not have coverage.

New User/Hire Registration

If you are a first-time user, go to www.mySHBPga.adp.com and click on "New User? Get Started". You will use the code **SHBP-GA**. From there, you will be prompted to fill in your information and create a username and password .

ELIGIBILITY
RULES | REQUIREMENTS

EMPLOYEE ELIGIBILITY

You are eligible to participate if you are full-time. Your coverage will be effective 1st of the month following 30 days from your date of hire.

DEPENDENT ELIGIBILITY

You may also enroll eligible dependents for benefits coverage. A **'dependent'** is defined as the **legal spouse** and/or '**dependent child(ren)'** of the plan participant or the spouse.

The term 'child' refers to any of the following:

- A natural (biological) child;
- A stepchild;
- A legally adopted child;
- A foster child;
- A child for whom legal guardianship has been awarded to the participant or the participant's spouse/domestic partner; or
- Disabled dependents may be eligible if requirements set by the plan are met.

The chart provided below explains who is eligible for coverage under each benefit plan type:

Line of Coverage	Who is eligible
Medical, Dental, Vision, Life, Accident, & Critical Illness	Employee, Spouse, and/or Child(ren) under 26
Disability	Employee Only

Qualifying Life Events

If you have a Qualifying Life Event and want to request a mid-year change, you must notify the Benefits Department and complete your election changes within 30 days following the event. Be prepared to provide documentation to support the Qualifying Life Event.

Common life events include; Marriage, Divorce, New Dependent, Loss/gain of available coverage by you or any of your dependents.

Please contact NFP at (800) 994-7429 to speak with a benefits counselor regarding enrollment in non-medical coverage due to a Qualifying Event. For enrollment in medical coverage due to a Qualifying Event, please contact State Health at (800) 610-1863.

IMPORTANT

You cannot make changes to these elections during the year unless you experience a qualified family status change, which must be reported to the Benefits Department within 30 days of the event.

If you separate from employment, COBRA continuation of coverage may be available as applicable by law. COBRA Continuation details can be found in the notices section of this employee benefit guide.

HEALTH
STATE HEALTH BENEFIT PLAN OPTIONS

2024 Plan Options

A basic overview of the health care options available to employees is provided here. Please refer to the *SHBP Decision Guide* at **https://shbp.georgia.gov/new-members-0/active-members-open-enrollment** for additional details. The enrollment site to enroll in State Health is **http://myshbpga.adp.com**.

Anthem Blue Cross Blue Shield, United Healthcare, and Kaiser Permanente will continue to offer State Health Benefit Plan (SHBP) members the below plan options for 2024.

Anthem BlueCross BlueShield of Georgia (now called Anthem)

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

- Gold
- Silver
- Bronze

Statewide Health Maintenance Organization (HMO)

United Healthcare- UHC

High Deductible Health Plan (HDHP)

Statewide Health Maintenance Organization (HMO)

Kaiser Permanente- KP

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

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

Medicare Advantage Preferred Provider Organization (PPO) Standard and Premium (Retirees Only)

United Healthcare

Anthem

Pharmacy

For 2024, the State Health Benefit Plan will continue to use CVS Caremark as administrator for the pharmacy benefit. This does not mean members must go to a CVS Pharmacy location for their prescriptions.

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

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

HEALTH

STATE HEALTH HRA BENEFIT OVERVIEW

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

HRA Pharmacy	**You Pay**	
	Retail (30-Day Supply)	**Mail Order or Retail (90-Day Supply)**
Tier 1 Coinsurance	15% ($20 min/$50 max); not subject to deductible	Tier 1 - 15% ($50 min/$125 max)
Tier 2 Coinsurance Preferred Brand	25% ($50 min/$80 max); not subject to deductible	Tier 2 - 25% ($125 min/$200 max)
Tier 3 Coinsurance Non-Preferred Brand	25% ($80 min/$125 max); not subject to deductible	Tier 3 - 25% ($200 min/$313 max)

HEALTH

STATE HEALTH HMO & HDHP BENEFIT OVERVIEW

	Anthem /United Healthcare Statewide HMO		United Healthcare HDHP		KP Regional HMO	
Covered Services Deductible	In-Network only		In-Network	Out-of-Network	In-Network only	
	You Pay		**You Pay**		**You Pay**	
You	$1,300		$3,500	$7,000	N/A	
You + Spouse	$1,950		$7,000	$14,000	N/A	
You + Child(ren)	$1,950		$7,000	$14,000	N/A	
You + Family	$2,600		$7,000	$14,000	N/A	
Out-of-Pocket Maximum						
You	$4,000		$6,450	$12,900	$6,350	
You + Spouse	$6,500		$12,900	$25,800	$12,700	
You + Child(ren)	$6,500		$12,900	$25,800	$12,700	
You + Family	$9,000		$12,900	$25,800	$12,700	
HRA	**The Plan Pays**		**The Plan Pays**		**The Plan Pays**	
You	N/A		N/A		N/A	
You + Spouse						
You + Child(ren)						
You + Family						
Physicians' Services	**The Plan Pays**		**The Plan Pays**		**The Plan Pays**	
Primary Care Physician or Specialist Office or Clinic Visits (illness or injury)	100% coverage after $35 PCP copay $45 SPC copay		70% coverage; subject to deductible	50% coverage; subject to deductible	100% after $35 PCP copay $45 SPC copay	
Maternity Care (non-routine, prenatal, delivery & postpartum)	100% coverage after $35 PCP copay $45 SPC copay		70% coverage; subject to deductible	50% coverage; subject to deductible	100% after $35 PCP copay $45 SPC copay	
Primary Care Physician or Specialist Office or Clinic Visits (Wellness/preventive)	100% coverage; not subject to deductible, in-network only		100% coverage; not subject to deductible	Not covered	100% coverage	
Physician Services Furnished in a Hospital	100% coverage; subject to deductible		70% coverage; subject to deductible	50% coverage; subject to deductible	100% coverage	
Telemedicine/Virtual Visit	100% coverage after $35 PCP copay		70% coverage, subject to deductible	Not Covered	100% coverage	
HMO HDHP Pharmacy	**You Pay**					
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Tier 1 Coinsurance	$20 copay		70% coverage; after deductible is met*		$20	
Tier 2 Coinsurance Preferred Brand	$50 copay				$50	
Tier 3 Coinsurance Non-Preferred Brand	$90 copay				$80	
Participating 90-day Voluntary Mail Order or Retail 90-day Network	Tier 1 - $50		70% coverage; after deductible is met*		Tier 1 - $50	
	Tier 2 - $125				Tier 2 - $125	
	Tier 3 - $225				Tier 3 - $200	

Note: Amounts you pay for Rx go toward the out-of-pocket maximum.

*For HDHP out-of-network, pharmacy expenses are paid at 70% of the contracted rate, after the deductible has been satisfied.

Note: If you request a Brand-name Prescription Drug Product in place of the chemically equivalent Prescription Drug Product (Generic equivalent), you will pay the applicable Generic copayment or coinsurance in addition to the difference between the Brand and Generic Drug costs. This differential will not apply towards your out-of-pocket maximum.

HEALTH

STATE HEALTH BENEFIT PLAN RATE SHEET

2024 MONTHLY RATE SHEET
ACTIVE EMPLOYEE , SUBSIDIZED EXTENDED COVERAGE, and
APPROVED LEAVE without PAY (Military, FMLA and Disability) RATES
JANUARY 1 - DECEMBER 31, 2024

DEDUCTIONS WILL BE DIVIDED OVER EACH PAYCHECK

HEALTH PLANS	YOU	YOU + CHILD(REN)	YOU + SPOUSE	YOU + FAMILY
ANTHEM Gold	$188.56	$343.04	$464.72	$619.20
ANTHEM W/ Tobacco	$268.56	$423.04	$544.72	$699.20
ANTHEM Silver	$125.19	$235.32	$331.65	$441.78
ANTHEM Silver W/Tobacco	$205.19	$315.32	$411.65	$521.78
ANTHEM Bronze	$77.69	$154.57	$231.90	$308.78
ANTHEM W/ Tobacco	$157.69	$234.57	$311.90	$388.78
ANTHEM HMO	$148.53	$274.99	$380.66	$507.12
ANTHEM W/ Tobacco	$228.53	$354.99	$460.66	$587.12
UHC HMO	$177.91	$324.94	$442.36	$589.39
UHC HMO W/ Tobacco	$257.91	$404.94	$522.36	$669.39
UHC HDHP	$63.36	$130.20	$201.80	$268.64
UHC HDHP W/ Tobacco	$143.36	$210.20	$281.80	$348.64
Kaiser HMO	$169.54	$311.96	$430.64	$573.06
Kaiser HMO W/ Tobacco	$249.54	$391.96	$510.64	$653.06
Tricare Supplement	$60.50	$119.50	$119.50	$160.50
DENTAL PLANS	**YOU**			**FAMILY**
Dental Low Plan	$25.76			$74.35
Dental Middle Plan	$29.72			$79.90
Dental High Plan	$39.71			$107.07
VISION PLANS	**YOU**			**FAMILY**
Avesis	$4.32			$11.25
ACCIDENT PLAN	$11.24	$20.18	$17.95	$26.89
CRITICAL ILLNESS	Premiums automatically calculated online @ www.douglascounty.bswift.com			
DISABILITY & LIFE	Premiums automatically calculated online @ www.douglascounty.bswift.com			

DEDUCTIONS WILL BE DIVIDED OVER EACH PAYCHECK

State Health Benefits
(800) 610-1863
www.dch.georgia.gov/shbp

Anthem BlueCross & BlueShield
(855) 641-4862
www.anthem.com/shbp/

United HealthCare
(888) 364-6352
www.whyuhc.com/shbp

Kaiser Permanente
(855) 512-5997
my.kp.org/shbp/

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

Tri-Care Supplement
(866) 637-9911
www.selmantricareresource.com/ga_shbp

CVS Caremark
(844) 345-3241
http://info.caremark.com/shbp

FLEXIBLE SPENDING ACCOUNT

FSA | TAX SAVING VEHICLE

Flexible Spending Accounts (FSA) allow you to reduce your taxable income by setting aside pre-tax dollars from each paycheck to pay for eligible out-of-pocket health care and dependent care expenses* for yourself, your spouse and your dependent children.

In order to participate in the FSA, you must enroll each year. Your annual contribution stays in effect during the entire year **(January 1st through December 31st)**. The only time you can change your election is during the enrollment period or if you experience a change-in-status event. Also, you must elect this benefit within **30 days** of your hire date or first date of benefits eligibility.

ELIGIBLE EXPENSES

- A full list of qualified FSA expenses can be found in IRS Publication 502 at **www.irs.gov.**
- You can learn more about FSA qualified expenses and also make purchases by visiting the FSA Store at www.**fsastore.com.**

HEALTH CARE & LIMITED PURPOSE FSA

MAXIMUM ANNUAL CONTRIBUTION | $3,050

All eligible health care expenses – such as deductibles, medical and prescription copays, dental expenses, and vision expenses – can be reimbursed from your general purpose FSA account.

With the Health Care FSA or Limited Purpose FSA, you can spend up to the full amount of your annual election as soon as your account has been set up.

DEPENDENT CARE FSA

The Dependent Care FSA allows you to pay for eligible dependent care expenses with tax-free dollars so that you and your spouse can work or attend school FT.

Unlike the Health Care FSA, funds in a Dependent Care FSA are only available once they have been deposited into your account and you cannot use the funds ahead of time.

- You may set aside up to **$5,000** annually in pre-tax dollars, or **$2,500** if you are married and file taxes separately from your spouse.
- If you participate in a Dependent Care FSA, you cannot apply the same expenses for a dependent care tax credit when you file your income taxes.

navia benefit solutions

IMPORTANT FSA RULES

HEALTH CARE FSA ROLLOVER

Health Care FSAs have a **$570 roll over** feature, which allows any amount of $570 or less remaining in your account at the end of the plan year to roll over into the new plan year.

MULTIPLE METHODS FOR ACCOUNT MANAGEMENT

Navia Online: https://naviabenefits.com

Wealthcare Manager: within Navia at www.wealthcareadmin.com

Navia Mobile App: search Navia Benefits in Google Play or Apple App Store or download from website

ELIGIBLE DEPENDENT CARE EXPENSES INCLUDE:

1. **'Care'** for your dependent child who is under the age of 13 that you can claim as a dependent on your federal tax return;
2. **'Care'** for your dependent child who resides with you and who is physically or mentally incapable of caring for themselves; or
3. **'Care'** for your spouse, parent or grandparent who is physically or mentally incapable of caring for themselves and spends at least eight hours a day in your home.

'Care' is defined as: In-home baby-sitting services (not by an individual you claim as a dependent); care of a preschool child by a licensed nursery or day care provider; before and after-school care; summer day camp (provided it is not overnight); and in-home dependent day care.

FLEXIBLE SPENDING ACCOUNT

FSA | TAX SAVING VEHICLE

HERE'S HOW IT WORKS

An employee earning $30,000 elects to place $2,650 into a Health Care FSA. The payroll deduction is $110.42 based on a 24-pay period schedule. As a result, the insurance premiums and health care expenses are paid with tax-free dollars, giving the employee a tax savings of $574.

	Without FSA	With FSA
Gross Income	$30,000	$30,000
FSA Contributions	$0	-$2,650
TAXABLE INCOME	**$30,000**	**$27,350**
Estimated Taxes		
Federal	$3,090*	-$2,817*
State	$1,104**	$1,106**
FICA	$2,295	$2,092
AFTER TAX EARNINGS	**$23,511**	**$21,435**
Eligible Out-Of-Pocket Expenses	$2,650	$0
AVAILABLE/SPENDABLE INCOME	**$20,861**	**$21,435**

That's a savings of $574 for the year!

This example is for illustrative purposes only. Every situation varies and it is recommended you consult a tax advisor for all tax advice.

**Varies, assumes 10.30%;*
***Varies, assumes 3.68%*

OVER-THE-COUNTER (OTC) MEDICATION REMINDER

Effective for purchases on or after January 1, 2020, thousands of items, including pain relievers, cold and flu medications, antacids, acne remedies, and allergy medicines are now reimbursable from an FSA, Section 213 HRA, or HSA without a prescription.

In addition to eliminating the prescription requirement on OTC drugs and medicine, the new CARES Act has added hundreds of menstrual products to the list of approved expenses, including tampons, pads, liners, cups, sponges and similar items. As was the case prior to the passage of the ACA, vitamins and supplements will continue to require a physician's "prescription" indicating that they are being taken to treat a diagnosed medical condition (e.g., anemia) rather than for general health and wellness.

ELIGIBLE HEALTH FSA EXPENSES*

- Acupuncture
- Alcoholism treatment
- Artificial teeth/dentures
- Blood pressure monitors
- Braces
- Braille-books & magazines
- Breast pumps & lactation supplies
- Chiropractors
- Co-insurance, co-pay & deductibles
- Cost of operations & related treatments
- Crutches
- Diabetic supplies
- Drug addiction treatment
- Eye exams, eyeglasses, contacts
- Hearing devices & batteries
- Hospital services
- Operations
- Pregnancy tests
- Radial keratotomy & lasik eye surgery
- Smoking cessation programs
- Speech therapy
- Surgical fees
- Vaccines
- Walkers & wheelchairs
- X-rays and more.

A full list of qualified expenses can be found in IRS Publication 502 at www.irs.gov.

IMPORTANT: PAYING FOR ELIGIBLE SERVICES & EXPENSES

Visit the FSA Store at **www.FSAstore.com,** where you can purchase FSA-eligible products without a prescription online.

Although you do not need to file for reimbursement when using your FSA debit card, you may be required to submit documentation, so be sure to save your receipts.

If you use a personal form of payment to pay for eligible expenses* out-of-pocket, *you can submit an FSA claim form along with your original receipts for reimbursement.

DENTAL
COVERAGE OVERVIEW

PRE-TREATMENT ESTIMATE
If your dental care is extensive and you want to plan ahead for the cost, you can ask your dentist to submit a pre-treatment estimate. While it is not a guarantee of payment, a pre-treatment estimate can help you predict your out-of-pocket costs.

PREVENTION FIRST
Preventive care services are covered at 100% if you visit an In-Network provider. They are also not subject to the annual deductible but will apply to the annual benefit maximum.

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.

Dependent Children can be covered to the age of 26.

IMPORTANT

Please be aware that the middle plan requires participation in an in-network dental provider to avoid extensive out-of-pocket costs.

How do I find an In-Network Provider?
This dental plan offers deeper discounts when you visit a provider that is In-Network. In-Network providers can be found on www.metlife.com under "Find a Dentist."

Select the PDP Plus Dental Network and enter your zip code. Enter your search criteria and click on the FIND A DENTIST button.

For additional assistance contact: (800) 942-0854

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 reveal other health issues.

Douglas County School System offers dental coverage as summarized below.

MetLife	Low Plan	Middle Plan	High Plan
PLAN FEATURES – METLIFE	**90th**	**MAC**	**90th**
Benefit Period	**Calendar Year**		
DEDUCTIBLE			
Single	**$50**		
Family	**$150**		
When does it apply?	When receiving Basic or Major services (Does not apply for Preventive or Orthodontia services)		
COVERED SERVICES			
CLASS I: Preventive Services *Periodic oral evaluation (2 per calendar year); Prophylaxis (2 cleanings per calendar year), Bitewing X-rays – four films; Topical fluoride application; sealants*	**Covered at 100%**		
CLASS II: Basic Services *Filling, amalgam, e.g., silver-colored, two surfaces; Extractions, Endodontics, Periodontics*	**Covered at 60%**	**Covered at 80%**	**Covered at 80%**
CLASS III: Major Services *Crowns, implants, dentures, fixed bridges*	**Not Covered**	**Covered at 50%**	**Covered at 50%**
ORTHODONTIA (Children only up to age 19)	**Not Covered**	**Covered at 50%; up to a lifetime maximum benefit of $750**	**Covered at 50%; up to a lifetime maximum benefit of $750**
ANNUAL MAXIMUM			
Maximum Benefit *Allowed per Benefit Period*	**$1,250 per covered individual**	**$3,000 per covered individual**	**$5,000 per covered individual**

MONTHLY DENTAL PLAN DEDUCTIONS

Coverage Tier	Low Plan	Middle Plan	High Plan
Employee Only	$25.76	$29.72	$39.71
Family	$74.35	$79.90	$107.07

VISION
COVERAGE OVERVIEW

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 Douglas County School System 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 the school system will enable you to take advantage of substantial savings on your eye care and eyewear needs.

avēsis

	IN-NETWORK	OUT-OF-NETWORK
PLAN FEATURES - AVESIS		
Vision Exam	**$10** copay	Up to **$35**
COVERED SERVICES – LENSES / FRAMES		
Single Lenses	**$25** copay	Up to **$25**
Bifocals	**$25** copay	Up to **$40**
Trifocals	**$25** copay	Up to **$50**
Frames	**$130** allowance (retail)	Up to **$55**
COVERED SERVICES - CONTACTS		
Contact Lenses - Elective	**$130** allowance	Up to **$110**
Contact Lens – Medically Necessary	**Covered in full**	Up to **$250**
COVERED SERVICES - LASIK		
Lasik Surgery	Provider discount up to **25%** plus lifetime **$150** allowance	Lifetime **$150** allowance
BENEFIT FREQUENCY		
Exams	Once every 12 Months	Once every 12 Months
Lenses	Once every 12 Months	Once every 12 Months
Frames	Once every 24 Months	Once every 24 Months
Contacts	Once every 12 Months *(contacts in lieu of frames/lenses)*	Once every 12 Months
Lasik	Once per Lifetime	Once per Lifetime

MONTHLY VISION PLAN DEDUCTIONS	
Coverage Tier	**Deduction**
Employee Only	$4.32
Family	$11.25

Need to locate a participating In-Network provider?

For a complete list of providers near you use our Provider Locator on www.fap.avesis.com/commercial/provider/search.

BASIC LIFE
COVERAGE OVERVIEW

BENEFICIARY(IES)

It's very important to designate beneficiaries. Taking a few minutes to designate your beneficiaries now will help ensure that your assets will be distributed according to your direction.

A **Beneficiary** is the person you designate to receive your life insurance benefits in the event of your death. It is important that your beneficiary designation is clear so there is no question as to your intentions.

It is also important that you name a **Primary** and **Contingent (Secondary) Beneficiary.** A contingent beneficiary will receive the benefits of your life insurance if the primary beneficiary cannot. You can change beneficiaries at any time.

You should review your beneficiary elections on a regular basis to ensure they are updated as life changes. Even if you are single, your beneficiary can use your Life Insurance to pay off your debts, such as: credit cards, mortgages, and other expenses.

**You designate your beneficiary(ies) when enrolling for your benefits.*

MetLife

BASIC LIFE INSURANCE

Basic Term Life and Accidental Death & Disability (AD&D) insurance provides valuable financial protection for your family. Douglas County Schools System is pleased to provide **$50,000** of Basic Life & AD&D insurance to all full-time employees **at no cost to you**.

BASIC LIFE COVERAGE - METLIFE	
Coverage Amount	Flat **$50,000** Benefit
Accidental Death and Dismemberment (AD&D)	Amount equal to your Life benefit
Benefit Reduction Schedule	**65%** of original amount at age **65** **50%** of original amount at age **70**

ADDITIONAL PLAN PROVISIONS

Portability	If your employment ends or you retire, you may be eligible to continue your term insurance at group rates.
Conversion	When coverage ends under the plan, you can convert to an individual permanent life policy without evidence of insurability.

WHAT WILL MY BENEFICIARY RECEIVE?

In The Event That Death Occurs:

- Your Basic Life insurance is paid to your beneficiary.
- **If death occurs from an accident:** 100% of the AD&D benefit would be payable to your beneficiary(ies) in addition to your Basic Life insurance.

VOLUNTARY LIFE

COVERAGE OPTIONS FOR YOU & THE FAMILY

VOLUNTARY LIFE INSURANCE

Employees have the opportunity to enroll in additional Life/AD&D insurance. If you choose to enroll in employee coverage, this will be in addition to your employer provided Basic Life/AD&D coverage. Coverage is also available for your spouse and/or child dependents (up to age 26).

PLAN OPTIONS - METLIFE			
Cost of Coverage	Premiums are based on age-rated tables and paid by the employee every pay period through a payroll deduction. These premiums are post-tax and benefits payable are tax-free.		
Coverage Options	**Employee Coverage** Choose in $10,000 increments up to the lesser of 5x your annual salary or $500,000.	**Spouse Coverage** Choose in $5,000 increments up to $250,000. Cannot exceed 100% of employee amount.	**Dependent Coverage** Choose $1,000, $5,000, or $10,000. Cannot exceed 100% of employee amount.
Do I have to take a health exam to get coverage?	If you and your dependents enroll in coverage at your initial eligibility date, you may apply for up to the Guaranteed Issue amounts without medical questions.		
Guaranteed Issue	**Employee** Lesser of $250,000 or 5x your annual salary	**Spouse** $50,000 (not to exceed 100% of employee amount)	**Dependent** $10,000 (not to exceed 100% of employee amount)

PLAN PROVISIONS	
Cost Calculation	Age Rated Benefit (Spouse Life based on employee's age)
Benefit Reduction Schedule	None
Portability	If your employment ends or you retire, you may be eligible to continue your term insurance at group rates.
Conversion	When coverage ends under the plan, you can convert to an individual permanent life policy without evidence of insurability.

***Guaranteed Issue (GI) and Evidence of Insurability (EOI)**

When you are first eligible (at hire) for Voluntary Life and AD&D, you may purchase up to the Guaranteed Issue (GI) for yourself and your spouse without providing proof of good health (EOI).

Any amount elected over the GI will require EOI. If you elect voluntary life coverage, and are required to complete an EOI, it is your responsibility to complete the EOI and send to the provider (address will be listed on your form). In addition, your spouse will need to provide EOI to be eligible for coverage amounts over GI, or if coverage is requested at a later date.

DISABILITY

SHORT-TERM | LONG-TERM

SHORT-TERM DISABILITY (STD)

Everyday illnesses or injuries can interfere with your ability to work. Even a few weeks away from work can make it difficult to manage household costs.

Short Term Disability coverage provides financial protection for you by paying a portion of your income, so you can focus on getting better and worry less about keeping up with your bills.

LONG-TERM DISABILITY (LTD)

MetLife

Serious illnesses or accidents can come out of nowhere. They can interrupt your life, and your ability to work for months – even years.

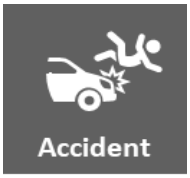
Long Term Disability provides financial protection for you by paying a portion of your income, so you have financial support to manage your disability and your household.

PLAN FEATURES - METLIFE	SHORT-TERM DISABILITY (STD)	LONG-TERM DISABILITY (LTD)
Cost of Coverage	**Voluntary Benefit** Employee is responsible for 100% of the cost	**Voluntary Benefit** Employee is responsible for 100% of the cost
Elimination Period *This is the number of days that must pass between your first day of a covered disability & the day you can begin to receive your disability benefits.*	Benefits begin **the later of your accumulated Sick Leave or 7 days (for sickness or injury)**	Your elimination period is **90 days** (if elected, this will be the benefit duration of Short Term Disability)
Benefit Duration *The maximum number of weeks you can receive benefits while you are sick or disabled.*	**Payments may last up to 12 weeks** You must be sick or disabled for the duration of the waiting period before you can receive a benefit payment.	**Payments will last for as long as you are disabled, or until you reach Normal Social Security Retirement Age whichever is sooner** You must be sick or disabled for the duration of the elimination period before you can receive a benefit payment.
Coverage Amount	Covers **60% of your weekly income,** up to a maximum benefit of **$1,415 per week.**	Covers **60% of your monthly income,** up to a maximum benefit of **$5,000 per month.**
What's covered?	**A variety of conditions and injuries.** Typical claims would include: pregnancy, injuries, joint, back, and digestive disorders.	**A variety of conditions and injuries.** Typical claims would include: cancer, back disorders, injuries and poison, cardiovascular, joint disorders.
Definition of Earnings	**Base Salary** *(excludes commissions and bonuses)*	**Base Salary** *(excludes commissions and bonuses)*
ADDITIONAL PLAN PROVISIONS		
Benefit Payment Frequency	**Weekly benefit** may be reduced or offset by other sources of income.	**Monthly benefit** may be reduced or offset by other sources of income.
Cost Calculation	Composite Rate per $10 of coverage Benefit 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.	Composite Rate per $100 of covered payroll. Benefit 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.
Waiver of Premium	If you're disabled and receiving benefit payments, your cost may be waived until you return to work.	If you're disabled and receiving benefit payments, your cost may be waived until you return to work.
Pre-Existing Condition Limitation	None	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.

Certain exclusions and any pre-existing condition limitations may apply.
Please refer to the Provider's detailed benefit summary for details.

VOLUNTARY BENEFITS

ACCIDENT | CRITICAL ILLNESS



Accident - Aflac

A serious injury can cost you a lot of money – not only in medical bills but in things like income from lost work hours. Some injuries are minor, but others are debilitating and require significant medical care. If you get hurt, accident insurance pays you money that you can use to cover personal expenses, bills, and out-of-pocket medical costs.

Who Gets Paid?

You get paid. When you have a covered accident or injury, your health insurance company pays your doctor or hospital, but your accident insurance company pays you.

What's Covered?

Not all accidents are "qualifying injuries." The kinds of accidents that are covered can vary by plan, but accident insurance plans typically cover things like:

If you have a covered injury, accident insurance can reimbursement you for things like:

- Emergency Room Treatment
- Ambulance Transportation
- Burns
- Hospital Admissions & Hospital Confinement
- Dislocations
- Diagnostic Exams
- Initial Doctor's Office Visit
- Dental Work

What is the Cost of Accident Insurance?

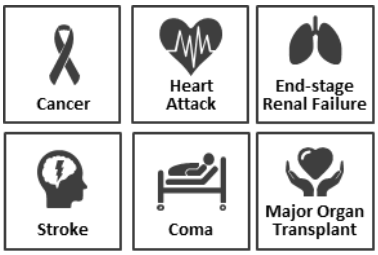
MONTHLY ACCIDENT DEDUCTIONS	
Coverage Tier	**Deduction**
Employee Only	$11.24
Employee + Spouse	$17.95
Employee + Child(ren)	$20.18
Employee + Family	$26.89

Critical Illness - Aflac

How would you pay your bills if you were suddenly diagnosed with cancer and couldn't work? Critical illness insurance doesn't pay your medical bills. It pays you if you're diagnosed with a covered illness. The benefit is paid directly to you and is your choice how to spend it.

What's Covered?

Critical illness can vary widely from one another. This offering providers you with coverage for a range of possible diagnoses, such as:



EMPLOYEE COVERAGE OPTIONS	Choose up to $50,000 in $5,000 increments
SPOUSE COVERAGE OPTIONS	50% of Employee Coverage Amount up to $25,000
DEPENDENT CHILD COVERAGE OPTIONS	50% of Employee Coverage Amount for no additional charge

What is the Cost of Critical Illness Insurance?

Depending on your age, and how much coverage you want, the cost of critical illness insurance can vary significantly. To view the cost of Critical Illness coverage, please log into bswift.

Aflac

How do I submit a claim?

Log into mylogin.aflac.com, register for an account, and then initiate the claim, **OR** download the MyAflac Mobile App and initiate a claim from the app, **OR** submit a claim using the form online on the benefits resource center.

$50 WELLNESS BENEFIT

Accident: Employee & Covered Dependents (12 month waiting period)
Critical Illness: Employee & Spouse Only (30 day waiting period)

EMPLOYEE ASSISTANCE PROGRAM

COVERAGE OVERVIEW

Professional support and guidance for everyday life

Life doesn't always go as planned. And while you can't always avoid the twists and turns, you can get help to keep moving forward.

We can help you and your family, those living at home, get professional support and guidance to make life a little easier. Our Employee Assistance Program (EAP) is available to you in addition to the benefits provided with your MetLife insurance coverage. This program provides you with easy-to-use services to help with the everyday challenges of life — at no additional cost to you.

Help is always at your fingertips.

Our mobile app makes it easy for you to access and personalize educational content important to you.

Search "LifeWorks" on iTunes App Store or Google Play. Log in with the user name: **metlifeeap** and password: **eap**

Expert advice for work, life, and your well-being

The program's experienced counselors provided through LifeWorks — one of the nation's premier providers of Employee Assistance Program services — can talk to you about anything going on in your life, including:

- **Family:** Going through a divorce, caring for an elderly family member, returning to work after having a baby
- **Work:** Job relocation, building relationships with co-workers and managers, navigating through reorganization
- **Money:** Budgeting, financial guidance, retirement planning, buying or selling a home, tax issues
- **Legal Services:** Issues relating to civil, personal and family law, financial matters, real estate and estate planning
- **Identity Theft Recovery:** ID theft prevention tips and help from a financial counselor if you are victimized
- **Health:** Coping with anxiety or depression, getting the proper amount of sleep, how to kick a bad habit like smoking
- **Everyday Life:** Moving and adjusting to a new community, grieving over the loss of a loved one, military family matters, training a new pet

Convenient and confidential help when you want it, how you want it

Your program includes up to 5 in person, phone or video consultations with licensed counselors for you and your eligible household members, per issue, per calendar year. You can call **1-888-319-7819** to speak with a counselor or schedule an appointment, 24/7/365.

When you call, just select "Employee Assistance Program" when prompted. You'll immediately be connected to a counselor.

If you're simply looking for information, the program offers easy to use educational tools and resources, online and through a mobile app. There is a chat feature so you can talk with a consultant to guide you to the information you are looking for or help you schedule an appointment with a counselor.

Log on to metlifeeap.lifeworks.com, user name: metlifeeap and password: eap

BENEFIT RESOURCE CENTER

ONLINE BENEFIT RESOURCE WEB PAGE

Douglas County School System offers a Benefit Resource Center. The site was developed to create an interactive, centralized resource for you to visit both during open enrollment and throughout the year.

The Benefit Resource Center will serve as your go-to resource for benefits related questions. You'll be able to access enrollment information, important benefit documents, links to resources, and a link to enrollment sites.

Douglas County School System Benefit Resource Center site:

- ✓ **Open Enrollment Materials**
  - Enrollment Guide, Open Enrollment Memo, link to enrollment sites
- ✓ **Full Benefit Summaries**
  - More details about your coverage
- ✓ **Educational Videos**
  - Learn about your benefits and how they work
- ✓ **Carrier Links and Member Resources**
  - Easily find in-network providers and additional resources specific to your benefit plan
- ✓ **Contact Information**
  - Web address, email, and phone numbers to all vendors

View the Benefit Resource Center at www.shawhankinsbenefits.net/dcs.

NOTICES

Unless otherwise noted, a paper copy is 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.

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

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

IMPORTANT CONTACT INFORMATION

PROVIDER	CONTACT INFORMATION
Benefit Enrollment Questions	NFP (800) 994-7429 nfpSEcustomerservice@nfp.com
Medical/State Health Benefit Plan	State Health (800) 610-1863 myshbpga.adp.com
Dental	MetLife (800) 438-6388 www.metlife.com
Vision	Avesis (855) 214-6777 www.avesis.com
Basic Life & AD&D **Voluntary Life & AD&D**	MetLife (800) 275-4638 www.metlife.com
Short Term Disability **Long Term Disability**	MetLife (800) 275-4638 www.metlife.com
Flexible Spending Accounts (FSA) **(Healthcare FSA & Dependent Care FSA)**	Navia (800) 669-3539 www.naviabenefits.com
Group Accident	Aflac (800) 433-3036 www.aflacgroupinsurance.com
Group Critical Illness	Aflac (800) 433-3036 www.aflacgroupinsurance.com
Employee Assistance Program	MetLife (888) 319-7819 metlifeeap.lifeworks.com

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 your 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
NFPsecustomerservice@nfp.com

The Standard of Excellence

DOUGLAS COUNTY SCHOOL SYSTEM

This Benefit Enrollment Guide Is Provided By:

NFP