

2022



Benefits Enrollment Guide

2022 Forsyth County School District Employee Benefits

Welcome to your Benefits Enrollment Guide. This guide is your summary of the benefit options that are available to eligible employees of Forsyth County Schools. 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 System's leave policies and retirement plans. The plan year is in effect from January 1, 2022 to December 31, 2022.

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.

The information and materials presented in this booklet do not offer complete details of all plan provisions and requirements, nor is this booklet intended to be a legally binding document. Those documents and contracts are available at the Benefit Resource Center site, and those official documents govern all plan activity.



Topic	Page
Open Enrollment Memo	4
State Health Enrollment Instructions	7
State Health Benefit Plan Rate Sheet	8
Benefits Enrollment – Getting Started	9
How to Enroll	10
Eligibility and Qualifying Events	12
Dental Benefits	13
Vision Benefits	15
Life Insurance	16
Short Term Disability	18
Long Term Disability	19
Group Accident	20
Long Term Care	21
Critical Illness	22
Universal Life	23
Flexible Spending Accounts	24
Telemedicine – New Benefits	25
Pet Insurance	26
Disclosure Notices	27
NFP Service Center	32
Contact Information	33

This guide describes the benefit plans available to you as an eligible Employee of Forsyth County Schools. The details of these plans are contained in the official Plan Documents, including some insurance contracts. This guide is meant only to cover the major points of each plan. It does not contain all of the details that are included in your Summary Plan Descriptions (SPD) (as described by the Employee Retirement Income Security Act).

If there is ever a question about one of these plans, or if there is a conflict between the information in this guide and the formal language of the Plan Documents, the formal wording in the Plan Documents will govern.

Please note the benefits described in this guide may be changed at any time and do not represent a contractual obligation on the part of Forsyth County Schools and NFP.

ENROLLMENT & BENEFIT INFORMATION (Plan Year: 01/01/2022 -12/31/2022):

Enrollment opens at 12:00 a.m. on 10/18/2021 and closes at 11:59 p.m. on 11/05/2021. An Open Enrollment Presentation, informational videos 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 www.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 www.forsyth.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 FCBOE will continue to pay \$49.38 toward your health premium. The Decision Guide is available at www.dch.georgia.gov. ***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): The FCBOE will continue to pay the full single/employee only portion of your dental premium under the CORE plan (applied across all dental plans and coverage tiers). Members enrolled in the high plan, are eligible for replacements of crowns, inlays, onlays, partial and complete dentures, veneers, implants, and bridges once every ten years. All dental participants are eligible for prophylaxis once every six months.

Vision (EyeMed): The vision carrier and plans will remain the same for the new plan year. Members will have access to plan enhancements via a contact lens booster and Freedom Pass. Please review the benefit summary in detail and review the flyers listed on the BRC site for more information pertaining to the benefit enhancements.

Group Life/AD&D, Voluntary Life, Short Term Disability (STD), Long Term Disability (LTD) (MetLife): ***You must review/update your beneficiaries for Life Insurance every year.*** The FCBOE continues to provide you with \$30,000 in Group Life/AD&D and Long Term Disability Insurance. You have the option to purchase additional Voluntary Life Insurance and Short 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. **However, you are REQUIRED to enroll/waive the FSA plans ONLINE through the NFP Enrollment Website at www.forsyth.bswift.com.** The plan year will start January 1, 2022. Please note the maximum contribution for the medical reimbursement FSA is **\$2,750.00** for the 2022 plan year and the \$500 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 (MetLife): The Accident Insurance is changing to MetLife with enhanced benefits and a reduction in premium. MetLife'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](#).

Long Term Care Insurance (Unum): There will be no changes to the Unum Long Term Care Insurance. You can access additional information including your enrollment applications for Long Term Care via the link available through the NFP Benefit Resource Center and enrollment websites.

NEW Critical illness (MetLife): MetLife 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.

NewBenefits (Telemedicine): A comprehensive discount benefits program remains available through NewBenefits. Employees are able to enroll in one of three packages that include benefits such as TelaDoc, Legal Care Direct, ID Sanctuary, and many other discount programs for things like lab testing, pet care, etc.

Universal Life (Aflac): Universal Life insurance will continue to be offered through Aflac. This life insurance policy features a Long Term Care rider that, along with TRS and Social Security, can assist with your long term care needs. All employees will have the ability to elect up to \$200,000 of coverage by satisfactorily answering several health questions. Additional information may be requested based on the answers to the health questions. All election amounts over \$200,000 will require underwriting and approval.

.

NEW Pet Insurance (Nationwide): Offers comprehensive coverage for dogs and cats. Covers medical, accidents, injuries, surgeries, and more. Cash back on eligible vet bills after \$250 deductible up to \$7,500 annually.

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 1-800-994-7429***. 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 ***Katie Beusse at 770-887-2461 Ext. 202136 or Jamie Coleman at 770-887-2461 Ext. 202141***.

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 2022 election.)

- The Home page displays an OE message indicating the event date for the member on the top of the screen for elections to be in effect for the 2022 Plan Year.

Step 2: Under the OE window, **click** on **Continue** to proceed with your 2022 Plan Year enrollment.

Step 3: The Welcome page displays a Terms and Conditions message with the new Plan Year as the effective date.

- You should **click** on the **message** to review Terms and Conditions before accepting. You must **click Accept Terms and Conditions** to continue to the next step of enrollment.

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

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

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

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

- After you answer the Tobacco Surcharge question, the Decision Support box will display. You are provided an option to use the Decision Support Benefit Option Comparison Tool to help you choose the right plan to meet your needs. You can choose to decline or accept the opportunity to use the tool. Please see page 13 of the Decision Guide for additional information regarding the Decision Support Tools.

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

Step 9: Make your elections.

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

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

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

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

Step 11: **Click** **Finish**.

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

- It is **MANDATORY** for each employee to access this website and enroll or waive coverage for you and your dependents.
- If you are currently enrolled and do not go online and make an election, you will be default enrolled in your current 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 11-13 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 2022 – DECEMBER 2022

Forsyth County Schools pays \$49.38 for all employees participating in the health insurance program through the State Health Benefit Plan. ***Any premiums in excess of the \$49.38 are listed below and will be deducted from your monthly paycheck.***

Anthem BlueCross and BlueShield	Employee	Employee + Child(ren)	Employee + Spouse	Family
HRA GOLD	\$126.30	\$270.73	\$386.95	\$531.38
HRA GOLD with Tobacco Charge	\$206.30	\$350.73	\$466.95	\$611.38
HRA SILVER	\$64.94	\$166.42	\$258.09	\$359.57
HRA SILVER with Tobacco Charge	\$144.94	\$246.42	\$338.09	\$439.57
HRA BRONZE	\$27.20	\$102.26	\$178.84	\$253.90
HRA BRONZE with Tobacco Charge	\$107.20	\$182.26	\$258.84	\$333.90
HMO	\$93.92	\$215.23	\$318.38	\$439.96
HMO with Tobacco Charge	\$173.92	\$295.23	\$398.38	\$519.96
United Healthcare				
HMO	\$125.11	\$268.71	\$384.45	\$528.05
HMO with Tobacco Charge	\$205.11	\$348.71	\$464.45	\$608.05
High Deductible	\$12.45	\$77.19	\$147.86	\$212.60
High Deductible with Tobacco	\$92.45	\$157.19	\$227.86	\$292.60
Kaiser Permanente				
HMO (Regional HMO)	\$104.75	\$234.22	\$342.11	\$471.58
HMO with Tobacco Charge	\$184.75	\$314.22	\$422.11	\$551.58
TRI-CARE Supplement	\$11.12	\$70.12	\$70.12	\$111.12

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.shbp.welcometouhc.com	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
--	---	---

If an employee and spouse are both employed with the Forsyth County School System, please ask about our discounted rates for family coverage.

Katie Beusse	(770) 887-2461 ext. 202136
Jamie Coleman	(770) 887-2461 ext. 202141
FAX	(770) 888-1221

Before You Enroll – Things to Know

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

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

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** enroll or waive the FSA/Section 125 plans online.

HOW TO ENROLL ONLINE

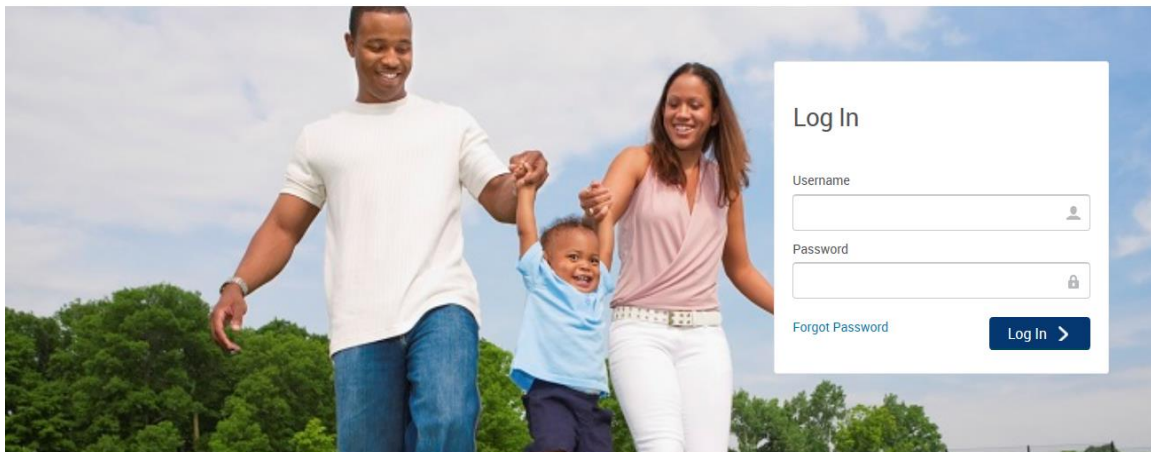
Go to www.forsyth.bswift.com.

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

At the enrollment website enter your Username and Password.

- Username is your 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.



- Please go online or meet with a NFP Benefit Counselor to elect or decline coverage by November 6th.
- Please contact NFP at 800-994-7429 to speak with a Benefit Counselor if you need assistance with your enrollment.

Failure to enroll within the enrollment time period will result in the forfeiture of your eligibility for enrollment until the next annual enrollment period unless you experience an eligible qualifying event.

How To Enroll 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.

⌵ Preferences 🔒 Change Password 🚪 Log Out

My Benefits ▾ My Profile News Library ▾ Specials

Welcome to your enrollment!

Enrollment Deadline **10/21/2016**

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	<div><div>1 Your Info</div><div>2 Your Benefits</div><div>3 Enroll</div><div>4 Complete</div></div> <div>Your Cost per pay period \$147.92</div> <div>Finished selecting benefits? Click the</div>
<p>You have waived this benefit.</p> <p>Completed View Plan Options</p>	
Vision \$5.74 ▾ Your Cost per pay period	
<p>PLAN 2016 Vision / BLUE CROSS BLUE SHIELD OF GA / View plan details</p> <p>COVERAGE Employee + Spouse</p>	

- 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 View plan details		Your Cost per pay period: \$5.74 ▾ 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 drop down menu, then click the “Select” or “Keep Selection” button under the chosen plan.

2016 Vision BLUE CROSS BLUE SHIELD OF GA View plan details		Your Cost per pay period: \$5.74 ▾ Tier: Employee + Spouse <input checked="" type="radio"/> 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.

The screenshot shows the benefit selection interface. On the left, there are three benefit categories: Dental, Vision, and Basic Employee Life. Each category has a 'NO PLAN SELECTED' status and a 'View Plan Options' button. Below each category is a link that says 'I don't want this benefit (waive)'. On the right side, there is a summary box showing 'Your Cost per pay period' as \$71.02 for Dental and Vision, and \$0.00 for Basic Employee Life. Below this summary, there is a 'Continue' button.

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

The screenshot shows the beneficiary designation form. It has a section for 'Primary Beneficiaries (required)' with a table listing beneficiaries and their percentages. The table has columns for 'Name' and 'Percentage'. The listed beneficiaries are 'My Estate (Employee)' (0%), 'Jane Test (Spouse)' (100.00%), and 'James Test (Sibling)' (0%). The total percentage is 100%. Below the table is a link to 'Add New Beneficiary'. There is also a section for 'Add Secondary Beneficiaries (optional)' with a note that 'Secondary beneficiaries receive money if your primary beneficiaries are'. On the right side, there is a progress indicator showing 'Enroll Beneficiaries', 'Review and Confirm', and 'Complete'. Below the progress indicator, there is a summary box showing 'Your Cost per pay period' as \$0.00 and a 'Continue' button.

- 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.

The screenshot shows the review and confirmation screen. On the left, there is a box titled 'Once You've Reviewed All Your Selections: Participation'. It contains a statement of acknowledgment and a checkbox labeled 'I agree, and I'm finished with my enrollment.' On the right side, there is a progress indicator showing 'Beneficiaries', 'Review and Confirm', and 'Complete'. Below the progress indicator, there is a 'Complete Enrollment' button.

- 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



Eligibility:

Active Full Time Employees of Forsyth County Schools are eligible for benefits. If you are a new employee you are eligible to join the plans the 1st of the month following your first full calendar month of employment. Otherwise, your annual enrollment elections are effective January 1st of each year.

Your Eligible Dependents are classified as:

- Your legal spouse who resides in the United States; or
- Your dependent children including natural children, legally adopted children, stepchildren, and children for whom you have been appointed guardian.

Your child can be covered on the medical plans through age 25. If your dependent child is approaching 26 and is disabled, an application for continuation of dependent status must be made within 30 days of the child's 26th birthday.

Your child can be covered on the dental, vision, and life plans through age 25 regardless of student status. If your dependent child is approaching 26 and is disabled, an application for continuation of dependent status must be made within 30 days of the child's 26th birthday.

Qualifying Events (refer to your Summary Plan Description - Special Enrollment Rights):

Most benefit deductions are withheld from your paycheck on a pre-tax basis and therefore your ability to make changes to these benefits is restricted under Section 125 of the Internal Revenue Code.

- Once your elections become effective, you will not be able to change your elections until the next annual enrollment period unless you experience an eligible qualifying event.
- Examples of qualifying events include: a change in marital status; a change in the number of dependents due to birth, adoption, placement for adoption or death of a dependent; a change in employment status for yourself or spouse; loss or gain of coverage through your spouse; a change in dependents eligibility.
- **You must notify the Benefits Department, provide proof of your qualifying event, and enroll within 30 days from the effective date of the qualifying event.**
- 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.

Dental Benefits – Administered by MetLife

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.

Forsyth County Schools offers dental coverage as summarized below.

Plan Provisions	"Core" Plan	"Buy-Up" Plan
Calendar Year Deductible Single Family Max	\$50 \$150	\$50 \$150
Annual Benefit Max	\$1,250 calendar year	\$1,750 calendar year
Diagnostic/Preventive Services <i>Periodic oral evaluation; Prophylaxis (cleanings), Bitewing X-rays – four films; Topical fluoride application</i>	100% coverage No Deductible	100% coverage No Deductible
Basic Treatment (Type B) Filling, amalgam, e.g., silver-colored, two surfaces; sealants, Extractions, Endodontics, Simple Periodontics	50% coverage (subject to deductible)	80% coverage (subject to deductible)
Major Treatment Crowns, implants, dentures, fixed bridges	Not Covered	50% coverage (subject to deductible)
Orthodontia (Child Only) <i>Child(ren) only up to age 19</i>	Not covered	50% coverage up to lifetime maximum benefit of \$1,500

Missing Tooth Exclusion: The plan will not replace a tooth that was extracted before the person was insured by a Forsyth County Schools dental plan.

Members enrolled in the high plan, are eligible for replacements of crowns, inlays, onlays, partial and complete dentures, veneers, implants, and bridges once every ten years. All dental participants are eligible for prophylaxis once every six months.

Log on to [metlife.com](https://www.metlife.com) and go to **I Want To Find a MetLife Dentist**.

Enter your zip code and select the **PDP Plus** network. Enter your search criteria and click on the SUBMIT button.

For additional assistance contact:
(800) 942-0854



Per Pay Period Dental Plan Deductions		
Coverage Tier	"Core" Plan	"Buy-Up" Plan
Employee Only	\$ 0.00	\$ 29.87
Employee + 1 Dependent	\$ 36.97	\$ 70.74
Employee + Family	\$ 70.62	\$131.70

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.

Eligible Dependents are covered through age 25 regardless of student status.

How Do Orthodontics Benefits Pay?

Orthodontic expense benefits will be determined according to the terms of the policy for orthodontic expenses incurred by an Insured.

ORTHODONTIC TREATMENT: Orthodontic Treatment refers to the movement of teeth by means of active appliances to correct the position of maloccluded or malpositioned teeth.

TREATMENT PROGRAM: Treatment Program ("Program") means an interdependent series of orthodontic services prescribed by a provider to correct a specific dental condition. **A Program will start when the bands, brackets or appliances are placed. A Program will end when the services are done, or after eight calendar quarters starting with the day the appliances were inserted, whichever is earlier.**

The orthodontic benefit is available under the Buy-Up dental plan only for eligible dependents under age 19, meaning orthodontic benefits will not be paid after age 19 regardless of when treatment began or if a full-time student.

The orthodontic benefit under the plan is 50% to a Lifetime Maximum of \$1,500. Orthodontic benefits are paid on a quarterly basis to your dental provider. The benefit payable for the initial placement will not exceed 25% of the Maximum Benefit Amount for Orthodontia.

The benefit payable for the periodic follow-up visits will be payable on a quarterly basis during the course of the orthodontic treatment if:

- Dental Insurance is in effect for the person receiving the orthodontic treatment; and
- Proof is given to us that the orthodontic treatment is continuing.

DENTAL INSURANCE: EXCLUSIONS

We will not pay Dental Insurance benefits for charges incurred for:

- services or supplies received by You or Your Dependent before the Dental Insurance starts for that person; or
- repair or replacement of an orthodontic device.

Please note if orthodontic treatment began prior to your dependent being covered or eligible under the Buy-Up Dental plan this may be considered pre-existing and your dependent may not be eligible for orthodontic benefits under the plan.

We encourage you to confirm available coverage and benefits prior to making your election as a new employee and at subsequent annual enrollments. If you have any questions please contact NFP at 800-994-7429 or NFPsecustomerservice@nfp.com.

NOTE: Please refer to the carrier Certificate Booklet available online for a full disclosure of benefits. The Certificate Booklet/Contract will govern should a conflict arise related to the information contained in this summary.

Vision Benefits – Administered by EyeMed

Good visual health can play an important role in our overall health. For those of us with eye care needs, having a Vision plan available from Forsyth County Schools 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 district 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 \$52 allowance	Once every 12 months
Contact Lenses	Allowance	Max Amount	Once every 12 months
Elective Medically Necessary	Up to \$150 allowance Covered in full	Up to \$130 allowance Up to \$250 allowance	
Contacts Fitting			Once every 12 months
Standard Premium	Member cost up to \$40 10% off retail price	Not covered	
Standard Plastic Lenses	Copayment	Max Amount	Once every 12 months
Single Vision Bifocal Trifocal	Covered in full after a \$20 copay	Up to \$55 allowance Up to \$75 allowance Up to \$95 allowance	
Frames	Up to \$150 allowance; 20% off additional cost	Up to \$45 allowance	Once every 24 months

Please note: Members are eligible to take advantage of both the contact lens benefit and the frame benefit in the same plan year.

Coverage Tier	Per Pay Period Deductions
Employee Only	\$8.58
Employee + 1 Dependent	\$14.98
Employee + Family	\$22.28



- Your group uses the INSIGHT Network.
- For a complete list of providers near you use our Provider Locator on **www.eyemed.com** and choose the INSIGHT network or call 1-866-804-0982.
- For Lasik providers call 1-877-5LASER5 or visit eyemedlasik.com.

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.

Eligible Dependents are covered through age 25 regardless of student status.

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

Basic Term Life and Accidental Death & Disability (AD&D) insurance provides valuable financial protection for your family. Forsyth County Schools is pleased to provide **\$30,000** of Basic Life & AD&D insurance to all full-time employees **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 \$500,000 not to exceed 5 x your annual salary.</p> <p>New Hires: You will have a guarantee issue (GI) amount of \$350,000 (not to exceed 5 x your annual salary). Employee elections over GI will require Evidence of Insurability.</p>
Spouse Voluntary Life/AD&D (eligible spouses up to age 70)	<p>You can purchase coverage in increments of \$5,000 to a maximum of \$100,000. You can elect up to \$30,000 of spouse coverage without electing coverage for yourself.</p> <p>New Hires: You will have a guarantee issue amount of \$50,000 not to exceed \$30,000 if the employee is not covered.</p>
Child(ren) Voluntary Life/AD&D (dependent children up to age 26)	<p>You can purchase coverage in increments of \$2,000 to a maximum of \$10,000.</p> <p>New Hires: You will have a guarantee issue amount of \$10,000.</p>

Please note, those with existing coverage can increase coverage by two increments, not to exceed the Guarantee Issue Amount, without submitting an EOI.



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 and Spouse Life/AD&D (Monthly Rates per \$1,000 of coverage)				
Age	Employee Non-Smoker Rate	Employee Smoker Rate	Spouse Non-Smoker Rate	Spouse Smoker Rate
<30	\$0.045	\$0.070	\$0.083	\$0.148
30-34	\$0.055	\$0.090	\$0.101	\$0.173
35-39	\$0.069	\$0.104	\$0.128	\$0.204
40-44	\$0.110	\$0.158	\$0.200	\$0.309
45-49	\$0.160	\$0.274	\$0.353	\$0.538
50-54	\$0.240	\$0.476	\$0.578	\$0.926
55-59	\$0.440	\$0.637	\$0.830	\$1.199
60-64	\$0.636	\$0.797	\$1.298	\$1.817
65-69	\$1.116	\$1.363	\$2.288	\$3.098
70+	\$1.768	\$2.226	\$4.097	\$5.048
Child(ren) Life/AD&D				
Monthly rate per \$1,000 of coverage = \$0.12				

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 and Accident 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 MetLife

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 \$1,730 per week
Benefits Begin After (Elimination Period):	The later of your accumulated Sick Leave or 14 days (for sickness or injury)
Maximum Benefit Duration:	17 Weeks Standard Pregnancy – 6 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.
Pre-Existing Condition:	3/12

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

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.

Definition of Disability

For the benefit waiting period and while Short Term Disability benefits are payable, insured person's inability, due to sickness or injury, to perform each of the main duties of his or her own occupation.

Please refer to the Certificate Booklet for further details. Should there be differences between this summary and the contract, the contract will govern.



Long Term Disability – Administered by MetLife

A disability that keeps you out of work for an extended period of time can be a devastating experience, impacting your work and home life in drastic ways. Forsyth County Schools provides full time eligible employees with a Long Term Disability (LTD) benefits at **no cost** to you. STD and LTD insurance, when combined, provide seamless protection against the financial consequences of a disability.

Benefit	Coverage
Monthly Benefit Amount	60% of your monthly salary to a maximum of \$7,000 per month
Duration of Benefits:	SSNRA (Social Security Normal Retirement Age)
Benefits Begin After (Elimination Period):	120 Days
Contributions:	Paid by Forsyth County Schools
Pre-Existing Condition:	3/12

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

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.



Group Accident – Administered by MetLife

Accidents happen in places where you and your family spend the most time – at work, in the home or during sports and leisure activities.

Forsyth County Schools offers voluntary Group Accident Insurance through MetLife. MetLife's Accident Insurance is designed to help you through the different stages of care for an accidental injury by providing benefits directly to you for initial care and treatment, in addition to the follow-up care you may need. The accident plan is guaranteed issue, so no health questions are required. Coverage is also available for your spouse and children.

Examples of covered injuries include:

- broken bones
- eye injuries
- burns
- ruptured discs
- torn ligaments
- Concussion
- cuts repaired by stitches
- coma due to a covered injury

Examples of covered expenses include:

- emergency room treatment
- occupational therapy
- outpatient surgery facility
- speech therapy
- doctor office visit
- chiropractic visit
- Hospitalization
- physical therapy

Sample of the Schedule of Benefits (full schedule is available online):

Covered Injuries	Benefit Amount
Accidental Death	
Employee	\$75,000
Spouse	\$37,500
Child(ren)	\$15,000
Dislocations	Up to \$8,250
Doctor's Office Initial Visit	\$100
Paralysis	Up to \$75,000
Laceration	\$65-\$800
Dental Work, Emergency	
Extraction	\$150
Crown	\$450

Emergency and Hospitalization Benefits	Benefit Amount
Ambulance (group, once per incident)	\$400
Air Ambulance	\$1,500
Emergency Room Treatment	\$150
Hospital Admission	\$1,200
Hospital Confinement	\$350
Medical Imaging Test	\$100
Burns	
2 nd Degree	\$1,500
3 rd Degree	Up to \$15,000

You also are eligible to receive a \$50.00 Wellness Benefit just for having the Accident coverage! Simply have your annual physical each year (including one of the qualified tests) and receive \$50 directly from MetLife.

Enrollment is simple - You can enroll online using the enrollment website at www.forsyth.bswift.com

Per Pay Period Deductions	
Employee Only	\$10.73
Employee + Spouse (spouses up to age 64)	\$17.30
Employee + Child (ren) (children up to age 26)	\$19.13
Employee + Family	\$25.70

Long Term Care – Administered by Unum

Long Term Care Insurance:

“The need to plan for long term care is an increasingly important issue facing individuals today. Chances are you've heard the term before, but exactly what is it? Long term care is the assistance received when someone needs help with two or more Activities of Daily Living — such as dressing, bathing, going to the bathroom, eating or moving about — or when someone suffers a severe cognitive impairment. This care could be provided in the home, in an assisted living or residential care facility, or in a skilled nursing facility such as a nursing home. Long term care insurance can provide needed resources for care — taking the focus off financial restrictions and helping caregivers spend more time with loved ones.” – Unum

Medical Underwriting for Employees and Family: (Completion of the [Benefit Election Form](#) is required for enrollment). As an employee you are eligible for benefit amounts on a Guarantee Issue basis of up to and including \$6,000 and a Facility Benefit Duration of 3 or 6 years. This does not require completion of the Long Term Care Insurance Application (medical questionnaire) if you apply during your initial eligibility period. The Long Term Care Insurance Application (medical questionnaire) is required if enrolling after your initial eligibility period or if you choose to buy \$7,000, \$8,000 or the Unlimited Duration coverage. All Family members must complete the Benefit Election form, the Long Term Care Insurance Application (medical questionnaire) and must be approved for coverage in order to enroll in the Long Term Care plan. All Long Term Care Insurance Applications (medical questionnaires) must accompany a signed Authorization to Request Medical Information (Form #6720-03) included in the enrollment kit.

Benefit Duration	3 Years	6 Years	Unlimited Duration
Facility Benefit Amount Per \$1,000 increments	\$1,000 to \$8,000	\$1,000 to \$8,000	\$1,000 to \$8,000
Assisted Living Facility Percent	60%	60%	60%
Lifetime Maximum Per \$1,000 Increments	\$36,000	\$72,000	Unlimited
Professional Home Care	50%	50%	50%
Inflation Protection* - Option	Compound Uncapped	Compound Uncapped	Compound Uncapped

* If you selected an inflation option, and you terminate that inflation option at a future date, you can purchase the inflated coverage amount at your original age.

Please contact NFP at 800-994-7429 if you have any questions or need any assistance obtaining and completing the enrollment applications for Long Term Care insurance.

You may access additional information including your enrollment applications for Long Term Care using the NFP Resource Center website under *Employee Benefits* and *Long Term Care*. You may also log directly onto the Unum Long Term Care information website at w3.unum.com/enroll/Forsyth and follow the prompts to the enrollment applications.

Please refer to the Certificate Booklet for details. Should there be differences between this summary and the contract, the contract will govern.

New Critical Illness— Administered by MetLife

MetLife is pleased to offer you an opportunity to provide you and your family with financial protection in the event you are a family member is diagnosed with a critical illness.

MetLife 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.

- ✓ No coordination with other insurance benefits;
- ✓ Employees are paid a lump-sum benefit that they can use as they feel necessary.
- ✓ Employees and their families will have access to discounts or services that will provide them actionable tools and resources to help them navigate life's twists and turns.

Benefit Summary	
Issue Age/Attained Age	Attained Age
Benefit Amount	
Employee	\$10,000 to \$50,000
Spouse	50% of Employee Benefit
Child(ren)	50% of Employee Benefit
Guaranteed Issue	Employee \$50,000; Spouse \$25,000
Contract Provisions	
Wellness Benefit	\$50
Base Benefits	
Heart Attack	100%
Coronary Artery Bypass Surgery	50%
Major Organ Transplant	100%
Bone Marrow/Stem Cell Transplant	100%
End Stage Renal Failure	100%
Stroke	100%
Benign Brain Tumor	100%
Cancer Benefits	
Cancer (Internal or Invasive)	100%
Non-Invasive Cancer	25%
Skin Cancer	5% but Not Less than \$250

Rates will vary by age, smoking, and benefits selected. Please log into bswift to obtain pricing.

Universal Life – Administered by Aflac

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 so that *you can prepare for life's challenges and opportunities*. Guaranteed Issue: \$200,000 after satisfactorily answering several medical questions. Additional information may be requested based on the information provided at the time of your enrollment.

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

Rates will vary by age, smoking, benefits selected and current interest rate, please log into bswift to obtain pricing.

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 (ages 18-75), spouses (ages 18-70), children (up to age 23), and grandchildren (up to age 19)
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

Flexible Spending Accounts – Administered by NAVIA

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 (\$2,750 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 \$2,750 during the plan year (as of January 1, 2022). You may roll over up to \$500 of unused funds at the end of the plan year. The \$500 rollover amount will be limited to one year if you choose not to participate in the flexible spending account in subsequent years. 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 \$10,500 a year if married and file income taxes or \$5,250 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 Navia Card transactions:

- Navia Online: <https://naviabenefits.com/app/#/login>
- 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

Telemedicine – Administered by New Benefits

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

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

Packages	Benefits		*Cost
NFP Advantage	<ul style="list-style-type: none"> Teladoc Health Advocacy Medical Bill Saver 	<ul style="list-style-type: none"> Nurseline Doctors Online Pharmacy 	\$8.93
NFP Advantage Plus	<ul style="list-style-type: none"> Teladoc Health Advocacy Medical Bill Saver Nurseline Doctors Online Vision 	<ul style="list-style-type: none"> Dental Pharmacy Pet Care Lab Testing MRI & CT Scans Hearing Aids 	\$12.23
NFP Premier	<ul style="list-style-type: none"> Teladoc Health Advocacy Medical Bill Saver Nurseline Doctor's Online Vision Dental Pharmacy 	<ul style="list-style-type: none"> Pet Care Lab Testing MRI & CT Scans Hearing Aids Legal Care Direct ID Sanctuary Enhanced (family) Roadside Assistance 	\$18.96

*Cost shown is monthly and covers all immediate family members living in your household.

Teladoc

73% of Americans have trouble receiving timely medical care without having to visit the emergency room. Help employees save time and money with 24/7 access to a doctor by phone or online video consult – anytime, anywhere in the U.S. with no copay. Doctors offer diagnosis, treatment options and prescription if necessary. By using Teladoc instead of going to an urgent care clinic or ER, employees cut unnecessary out-of-pocket costs and time wasted in crowded waiting rooms.

Legal Care Direct

With a national average hourly rate of \$381, contacting an attorney may seem out of reach. Give employees access to free and discounted rates on services from experienced lawyers. Attorneys help with traffic tickets, bankruptcy, divorce, spousal and child support. Additional services are also available at no cost.

ID Sanctuary Enhanced

Keep employees one step ahead of identity theft. If they are online, have a bank account or use a credit card, personal information can be stolen at any time. ID Sanctuary provides the proactive tools and recovery assistance your employees need to quickly respond to an identity or fraud crisis.

For additional information on all benefits available under each benefit package, please visit the Benefit Resource Center site.

Following your enrollment in the plan, you will receive a packet of information containing an ID card. You will be instructed to go online and register your account and list all eligible family members. Registering before receiving services will greatly reduce the wait time upon initial use.

New Pet Insurance – Administered by Nationwide

Forsyth County Schools offers Pet Insurance through Nationwide. Nationwide's Pet Insurance offers comprehensive coverage for dogs and cats to help you when you need it most.

Examples of coverage includes:

- Discounts for multi-pets
- Medical
- Injuries
- Hereditary issues
- Surgeries

Examples of covered benefits include:

- Up to \$250 cash back on vet bills
- Choice of reimbursement (50% or 70%)
- \$7,500 annual benefit

If you are interested in the Nationwide Pet Insurance, please visit the BSwift enrollment site to review plans and costs.

Per Pay Period Deductions	
Canine (50%)	\$27.83
Canine (70%)	\$37.10
Feline (50%)	\$16.69
Feline (70%)	\$22.26



Disclosure Notice – Prescription Drug and Medicare Notice

Important Notice from Forsyth County Schools About Your Prescription Drug Coverage and Medicare

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Forsyth County Schools has determined that the prescription drug coverage offered by the State Health Benefit plans is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

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

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Forsyth County Schools coverage will not be affected.

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

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Forsyth County Schools and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Forsyth County Schools changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

Visit www.medicare.gov

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

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

From: January 1, 2022 to December 31, 2022

Name of Entity/Sender: Forsyth County Schools

Contact Person: Katie Beusse

Disclosure Notice - CHIP

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2021. Contact your State for more information on eligibility –

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

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

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

To see if any other states have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Human Services
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)
4, Ext. 61565

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

Disclosure Notice – Continued

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

GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS: On April 7, 1986, a federal law was enacted (Public Law 99-272, Title X) requiring that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end. If you or your eligible dependents enroll in the group health benefits available through your Employer you may have access to COBRA continuation coverage under certain circumstances. Therefore, your plan makes available to you and your dependents the General Notice Of COBRA Continuation Coverage Rights. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. The full Notice is available on the web at: www.forsyth.bswift.com. A paper copy is also available, free of charge, by calling your Employer or NFP at 800-994-7429. Please note the participant is responsible for providing a copy to their spouse/dependents covered under the group health plan.

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

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

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 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.

1-800-994-7429

NFPsecustomerservice@nfp.com



Contact Information

Plan	Administrator	Website	Phone Number
Benefit Enrollment Questions	NFP	www.nfp.com	800-994-7429
Medical/State Health Benefit Plan	State Health Provider	www.myshbga.adp.com	800-610-1863
Dental	MetLife	www.metlife.com	800-942-0854
Vision	EyeMed	www.eyemedvisioncare.com	866-800-5457
Basic & Optional Term Life & AD&D	MetLife	www.metlife.com	800-858-6506
Short Term Disability	MetLife	www.metlife.com	800-858-6506
Long Term Disability	MetLife	www.metlife.com	800-858-6506
Flexible Spending Accounts (FSA)	Navia	www.naviabenefits.com	800-669-3539
Group Accident	MetLife	www.metlife.com	800-858-6506
Long Term Care	Unum	www.unum.com	800-227-4165
Critical Illness	MetLife	www.metlife.com	800-858-6506
Universal Life	Aflac	www.aflacgroupinsurance.com	800-433-3036
Telemedicine	New Benefits	www.newbenefits.com	800-800-8304
Pet Insurance	Nationwide	https://benefits.petinsurance.com/forsyth-k12	877-738-7874





www.nfp.com
1-800-994-7429