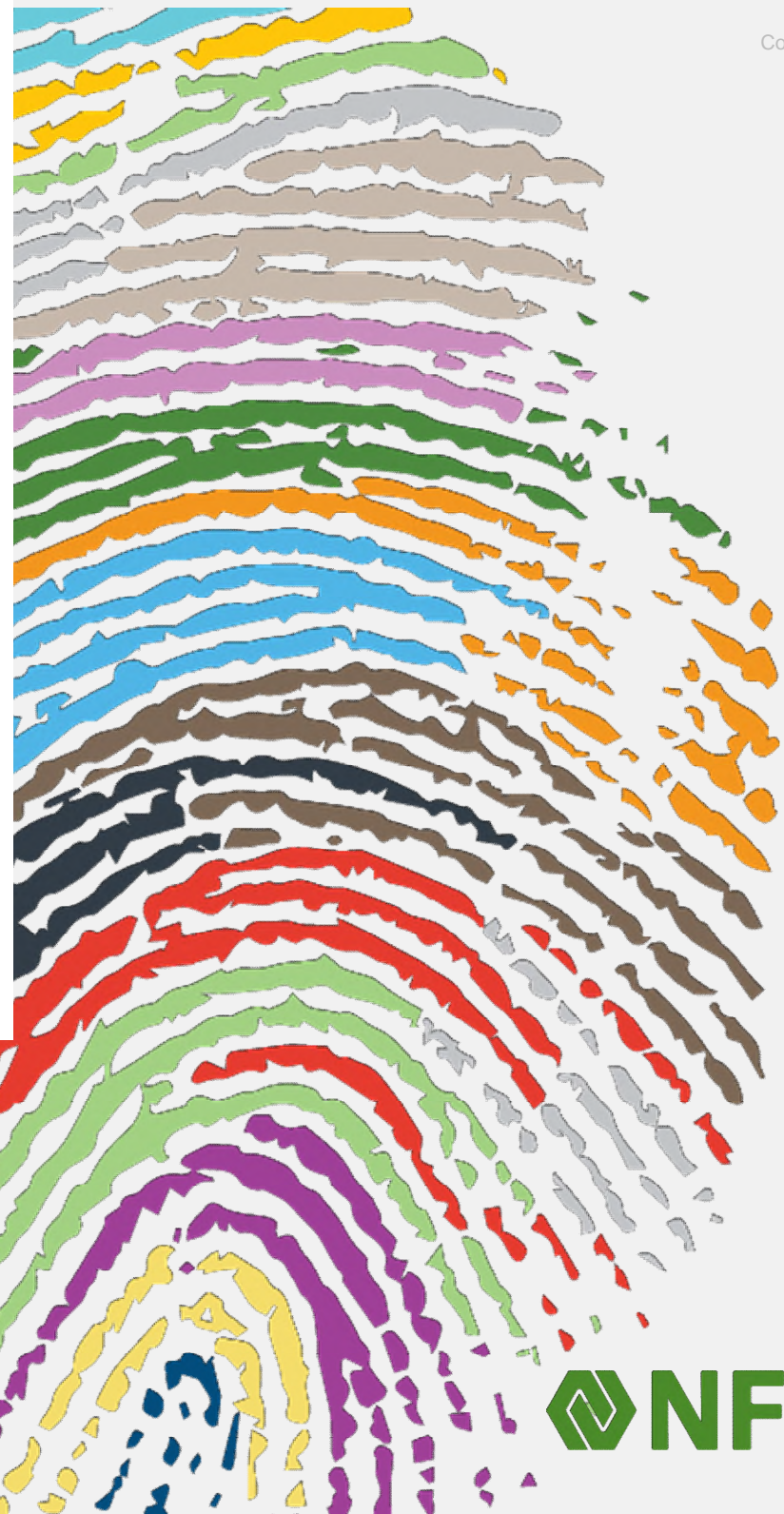




Franklin County Schools

2024 Open Enrollment

Confidential



What Will Be Covered...

- ❑ Open Enrollment Information
 - Plans and coverage
 - How to enroll
 - NFP Contact Information
- ❑ Post Open Enrollment Resources
 - Qualifying Life Events
 - Benefit Resource Center

Updates for 2024

- ❖ Dental will continue to be offered through Delta Dental
 - There will be no changes to plan design or cost
- ❖ Vision will continue through EyeMed
 - There were no plan changes or rate increases for 2023
- ❖ Life, Voluntary Life, Long-Term Disability will continue through Hartford
 - No change to benefit schedule or rates (unless entering a new age bracket)
- ❖ Health Flexible Spending Account will now be administered through Medcom
 - The Healthcare FSA Limit will remain \$2,400; there will be no rollover for this plan, but employees will have a 75-day grace period

Open Enrollment

- October 16th – November 3rd, 2023
- On-site enrollment assistance will be offered on October 24th, 25th, and 26th
- Schedule your appointment at <https://19pevmskbz.timetap.com/>
- Employees can also call the customer service center to get enrollment assistance
- NFP will be available to answer questions and assist with enrollments

Employees' Responsibility

- Read Open Enrollment Materials
- Update your personal information and check beneficiaries
- Complete your enrollment by going on the online enrollment system, seeing an enroller or calling the service center by 11:59pm on November 3rd
NO EXCEPTIONS!!
- Check your December payroll deductions

Enrollment Guidelines

- Open Enrollment is your opportunity to make elections for 2024
- To add someone to your benefits you must provide the following documentation:
 - Marriage Certificate
 - Birth Certificate
 - Date of Birth
 - Social Security Numbers
- The only other time you can make a change to those elections is if you experience a **Qualifying Life Event**.

Bswift Online Enrollment

- Make all elections through the Bswift enrollment portal: www.franklincountyschools.bswift.com
- Username: last name, and last 4 digits of your ss#
 - Example: Smith4567
 - Password: Last 4 digits of your ss#
- If you do not make elections through the enrollment portal, your coverage will roll over for the 2024 plan year. The only exception is Flexible Spending. You must re-enroll in Flexible Spending in order to participate in the plan for 2024.
- You will not be permitted to make changes after the open enrollment period ends, unless you experience a qualifying event.

Enrollment Portal

Log In

Username

Password

[Forgot Password](#)

Log In >





Welcome to your enrollment!

Enrollment Deadline **11/11/2019**




Your Status **Not Started**

[Start Your Enrollment](#)

Completing Enrollment

	Dental	NO PLAN SELECTED
*Selection Required		I don't want this benefit (waive) View Plan Options
	Vision	NO PLAN SELECTED
*Selection Required		I don't want this benefit (waive) View Plan Options

You are now eligible to make changes to your benefits. Be sure to add any eligible dependents in the Family Information section prior to beginning your enrollment.

	Medical	NO PLAN SELECTED
		I don't want this benefit (waive) View Plan Options
	Spousal Surcharge	NO PLAN SELECTED
		I don't want this benefit (waive) View Plan Options
	Dental	NO PLAN SELECTED

1 Your Info

2 **Your Benefits**

3 Enroll

4 Complete

Your Cost per pay period **\$0.00**

Finished selecting benefits? Click the button below to continue.

[Continue](#)

Enrollment Complete

Once You've Reviewed All Your Selections:

Participation

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

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


Beneficiaries

Review and Confirm

4 Complete

Complete Enrollment

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

Qualifying Life Event

- Marriage
- Divorce
- Birth of Child
- Loss of other coverage
- Loss of dependent status

You have 31 days from the date of the Qualifying Life Event to notify Human Resources of the change and provide them with appropriate documentation.

Dental Coverage

Dental coverage will be offered through Delta Dental.

For the best benefits, make sure you elect an In-Network provider.

Log on to www.deltadentalins.com and go to “Find A Dentist.”

Enter your zip code and select the PPO or Premier network (depending on the plan you enrolled in).

Benefit	Low Plan	High Plan
Annual Deductible (3 family Maximum)	\$50 per individual / \$150 per family	\$50 per individual / \$150 per family
Reimbursement In Network Out of Network	% of Negotiated Fees 90% U&C	% of Negotiated Fees 90% U&C
Class I: Diagnostic & Preventative Services	100% (deductible waived)	100% (deductible waived)
Class II: Basic Benefits / Restorative Benefits / Denture Repairs	80% (deductible applies)	80% (deductible applies)
Class III: Crowns & Cast Restorations / Prosthodontic Benefits	50% (deductible applies)	50% (deductible applies)
Maximum Benefit	\$1,250 per calendar year	\$1,750 per calendar year
Orthodontia: Covers Children to age 19	50% Lifetime max: \$1,000	50% Lifetime max: \$1,000

Vision Coverage

Vision coverage is offered through EyeMed.

For the best benefits, make sure you elect an In-Network provider.

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.

Benefit	In Network	Out of Network	Frequency
Vision Exam Retinal Imaging Contact Lens Fit & Follow-up	\$10 Copay Up to \$39 Standard: Up to \$40 Premium: 10% off retail price	Up to \$40 No benefit No benefit No benefit	Once every 12 months
Contact Lenses	Allowance	Max Amount	
<i>Conventional</i>	\$0 Copay; \$150 allowance, 15% off balance over \$150	\$150	Once every 12 months
<i>Disposables</i>	\$0 Copay; \$150 allowance	\$150	
<i>Medically Necessary</i>	\$0 Copay; Paid in Full	\$210	
Standard Plastic Lenses	Copayment	Max Amount	
Single Vision	\$25	\$30	Once every 12 months
Bifocal	\$25	\$50	
Trifocal	\$25	\$70	
Lenticular	\$25	\$70	
Progressive	\$90	\$50	
Frames	\$0 Copay; \$100 allowance, 20% off balance over \$100	\$70	Once every 24 months
Lasik Surgery	15% off the retail price or 5% off the promotional price	No benefit	

Flexible Spending Accounts

- Administered by Medcom
- Healthcare Spending Account
- Dependent Care Spending Account
- Allows you to set aside pre-tax dollars to spend on qualified expenses, reducing your taxable income
- Must make new elections for 2023 via bswift or coverage will be automatically waived

Flexible Spending Accounts (cont'd)

- **Medical Spending Account**
 - Maximum contribution of \$2,400
 - Some eligible expenses- Deductibles, copayments, dental expenses, vision services and materials
- **Dependent Care Spending Account**
 - \$5,000 for married couple filing joint income tax returns, \$2,500 if unmarried or married and filing separate income taxes
 - Some eligible expenses- any care of a dependent that allows you and your spouse to work: day care, after school program, in-home care, camps
- **PARTICIPANTS WILL HAVE 75 DAYS TO ACCESS ANY UNUSED HEALTHCARE FSA FUNDS AT THE END OF THE 2023 PLAN YEAR. IF THOSE FUNDS ARE NOT USED BY 03/14/2025, YOU WILL LOSE THEM.**

Basic Life & AD&D and Voluntary Life & AD&D

- Franklin County Schools provides a Basic Life and AD&D benefit of \$10,000 at no cost to you
 - Provided through Hartford
- Franklin County Schools provides a Voluntary Life and AD&D benefit up to \$500,000 for Employees, \$250,000 for Spouses and \$10,000 for Child(ren) at an additional cost
 - Provided through Hartford

Voluntary Life Insurance

Benefit	Coverage
Employee Voluntary Life and AD&D	<p>You can purchase coverage in increments of \$10,000 up to the lesser of \$500,000 or 5 times your annual salary.</p> <p>Current Coverage: If you are currently participating in this coverage, you may increase your current coverage by \$20,000 not to exceed \$180,000.</p> <p>New Hires: Newly eligible employees can elect up to \$180,000 or 5 times your annual salary with no health questions asked.</p> <p>Any amounts above these limitations will require a Personal Health Application (PHA) to be completed and approved by The Hartford.</p>
Spouse Voluntary Life and AD&D	<p>You can purchase coverage in increments of \$5,000 to a maximum of \$250,000 not to exceed 50% of employee's coverage.</p> <p>Current Coverage: If you are currently participating in this coverage, you may increase your spouse's current coverage by \$10,000, not to exceed \$50,000.</p> <p>New Hires: Newly eligible employees can elect coverage on their spouse up to \$50,000.</p> <p>Any amounts above these limitations will require a Personal Health Application (PHA) to be completed and approved by The Hartford.</p>
Child(ren) Voluntary Life and AD&D	<p>You can purchase coverage of \$10,000 for eligible child(ren) not to exceed 50% of employee's coverage.</p> <p>A Personal Health Application is not required on children.</p> <p>Child(ren) are covered from live birth to age 26 regardless of student status.</p>

Long-Term Disability

- Provided through Hartford
- Please refer to the 2024 Benefits Enrollment Guide for coverage information
- Enroll through bswift

If you are not currently enrolled in Long-Term Disability, you must complete an Evidence of Insurability and be approved for coverage.

Voluntary & Supplemental Benefits

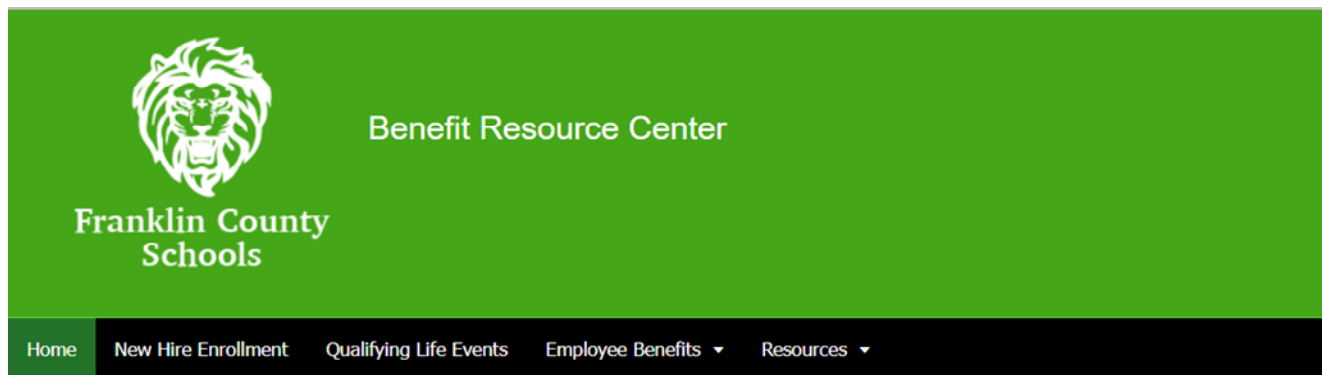
Available Benefits Include:

- Accident
 - Cancer
 - Critical Illness (Cancer Rider available)
 - Hospital Indemnity
-
- Enrolling through bswift will navigate you to the AFLAC enrollment website
 - Refer to the 2024 Benefits Enrollment Guide for more plan information and coverage costs



Benefit Resource Center

- Visit <https://shawhankinsbenefits.net/franklin/>
- This site contains benefit information, links to important documents and forms, and carrier contact information.



Welcome to your Benefit Resource Center - the source of information about your benefit options.

Questions?

Contact your Human Resources Department
or the NFP Customer Service Center

Courtney Coleman
Benefits & Leave Specialist
Franklin County Schools
706-384-4554 ext. 11343

NFP Customer Service
1-800-994-7429

NFP

- Service Center can answer questions on all benefits
- Available 8:30 a.m. – 5:00 p.m. during open enrollment
- NFP Service Center can be reached at 1-800-994-7429
- Benefit Resource Center:
<https://shawhankinsbenefits.net/franklin/>
- All elections will be made using the NFP Bswift enrollment portal



NFP.com