

2025

Franklin County School District



2025 Benefits Enrollment Guide



Welcome to your new Benefits Enrollment Guide. This guide is your summary of the benefit options that are available to eligible employees of Franklin 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 continues to provide annual enrollment meetings in addition to being available for questions and concerns regarding benefits throughout the plan year.

Please review the plans contained in the Benefits Enrollment Guide and see how these plans can work for you and your eligible dependents. Your participation in the plans is voluntary. The benefit plans have been chosen to provide a continuation of protection that complements Franklin County Schools leave policies and retirement plans.

The plan year is in effect from January 1, 2025 to December 31, 2025.

Disclaimer:

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.

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This guide describes the benefit plans available to you as an eligible Employee of Franklin 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 Franklin County Schools and NFP.

Franklin County Schools will be holding our annual Open Enrollment from October 15th, 2024 through November 8th, 2024.

Please remember Open Enrollment is your annual opportunity to:

- Compare plan designs and plan costs to determine which benefit plans will best suit your needs for the upcoming plan year.
- Make changes such as:
 - enrolling in a plan for the first time;
 - adding or dropping dependents;
 - modifying the nature of your coverage (i.e., moving from Low to High dental option).

The elections you make during Open Enrollment will become effective with the new plan year beginning **January 1, 2025**.

A recap of your ancillary benefits for the 2025 plan year are as follows:

- The Dental benefit will remain being offered through Delta Dental with no change to plan designs and a slight increase to premiums.
- The Vision benefit will remain with EyeMed with no change to plan design or premium.
- The Group Life, Voluntary Life and Disability will remain with Hartford with no changes.
- The Group Critical Illness, Hospital Indemnity, and Accident Plans will remain with AFLAC.
- The Flexible Spending Accounts will now be administered through Medcom. You must re-enroll in this benefit each year. **The maximum amount you can elect for the Medical Savings Account is \$2,400 for the 2025 plan year. PARTICPANTS WILL HAVE 75 DAYS TO ACCESS ANY UNUSED HEALTHCARE FSA FUNDS AT THE END OF THE 2024 PLAN YEAR. IF THOSE FUNDS ARE NOT USED BY 03/16/2025, YOU WILL LOSE THEM.**

If you do not make any changes, you will continue with your current plan elections and coverage tiers. The only exception is for the medical Flexible Spending and Dependent Daycare Savings Accounts. You must make an election for the 2025 plan year to begin or to continue your participation in the Flexible Spending Accounts.

Eligibility

Eligibility

Active Full Time Employees of Franklin County Schools are eligible for benefits.

Eligible dependents are classified as:

- Your legal spouse who resides in the United States; and/or
- Biological, Step or Foster child(ren) up to age 26.

Making Changes to Your Benefits Elections

To make benefit changes as a result of a Qualifying Event as allowed under Section 125 of the Internal Revenue Code, you must:

- 1) Notify Human Resources or NFP within 30 days of the date of the qualifying event.
- 2) Provide proof of your status change event.
- 3) Submit the documentation regarding the event.

Examples of status changes considered to be Qualifying Events:

- Marriage, divorce, legal separation
- Birth or adoption
- Change in your or your spouse's work status that affects your benefits or an eligible dependent's benefits
- Change in health coverage due to your spouse's annual Open Enrollment period
- Change in dependent eligibility status
- Change in eligibility for you or a dependent for Medicaid or Medicare
- Receipt of a Qualified Medical Child Support Order, or other court order
- Death of your spouse or covered child



Benefit Resources Center

NFP provides the Franklin County School District Employees a Benefit Resource Center website that gives you easy access to all the plan details needed to make decisions on your benefit elections. The Benefit Resource Center contains important documents such as, plan summaries, enrollment guide, claim forms, contacts, access to the bswift enrollment portal, and important links.

Please visit the Benefit Resource Center site at www.nfp.com/franklincountyschools to view important benefit information. If you need assistance or have questions, please contact the NFP service center at **877-447-6679**.



Franklin County
Schools

Benefit Resource Center



Scan QR Code

Home

New Hire Enrollment

Qualifying Life Events

Employee Benefits ▾

Enrollment

Retiree

Resources ▾



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

Before You Enroll – Things to Know

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

- Name
- Date of Birth
- Social Security number

Annual Enrollment period is October 15th, 2024 through November 8th, 2024.

HOW TO ENROLL

Go to www.franklincountyschools.bswift.com.

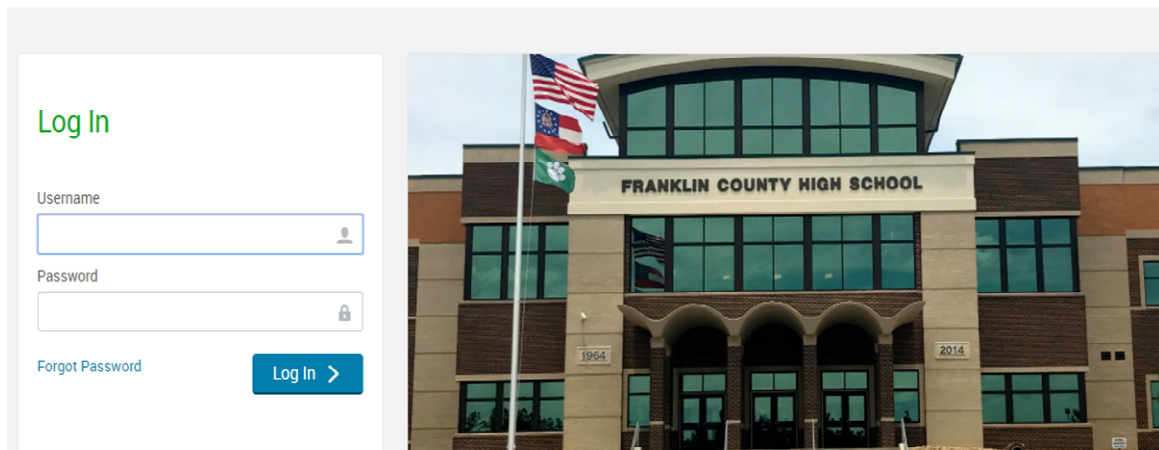
At this time, make sure to disable your pop-up blocker.

At the enrollment website enter your Username and Password.

- Username is the first letter of your first name, your last name, and last 4 digits of your Social Security number (ex. jdoe4567).
- Password is the last 4 digits of your Social Security number (ex. 4567).

You will then be prompted to create a permanent password. Passwords require a minimum of 8 characters, at least one number, and at least one letter. Additionally, at least one capital letter and at least one special character (ex. !, @, \$) will be required when creating a password.

Please remember all passwords have been reset for the 2025 enrollment.



Please contact NFP at 877-447-6679 to speak with a benefit consultant if you need assistance with your enrollment.

Open Enrollment is your opportunity to make changes to plans, tiers, coverage amounts, etc. Unless you experience a qualifying life event, you will be unable to make changes until open enrollment next year.

How To Enroll

To Begin:

- 1) From the “Home Page” click on the “Start Your Enrollment” link, to begin the election process.
- 2) On the “Employee Information Page”, verify your information is accurate and “Add” all eligible dependents you wish to cover under any benefits.



Franklin County Schools

Welcome to your enrollment!

Enrollment Deadline **6/16/2017**

Your Status **Not Started**

[Start Your Enrollment](#)

- 3) To make a plan selection, select “View Plan Options”. If you are covering dependents, make sure to “Select” them by checking off next to their name under “Who will be covered by this plan?” Then press “Continue” at the bottom of the screen.

CURRENT PLAN

<input checked="" type="checkbox"/> Dental Plan Ameritas <input checked="" type="radio"/> Selected View plan details	Your Cost per pay period: \$148.64 ▾ Tier: Employee + Family
--	---

Waive Dental

- 4) Once you have reviewed and completed your enrollment, click on “I Agree, and I am finished with my enrollment,” then click on “Complete My Enrollment.”

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.

- 5) You will now be taken to the final confirmation page to either print or email.

Note: The enrollment images within this guide are for illustrative purposes only.

State Health Benefit Plans

2025 Plan Options

Disclaimer – NFP does not administer State Health benefits.

A basic overview of the health care options available to employees is provided here. Please refer to the *SHBP Decision Guide* at <http://shbp.Georgia.gov/> for additional details. If you have not registered to use the site, click “Register Here” to start, and use the registration code SHBP-GA.

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 2025.

Anthem BlueCross BlueShield of Georgia – 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 is only offered in the Metro Atlanta Service Area only and is not available as an option in Franklin County School District.

New Medicare Advantage Preferred Provider Organization (PPO) Standard and Premium

- United Healthcare
- Anthem

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.

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 2025 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 2025 Plan Year.

Step 2: Under the OE window, **click** on **Continue** to proceed with your 2024 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 8 of the Decision Guide for additional information regarding the Decision Support Tools.

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

Step 9: Make your elections.

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

- If you choose **NOT** to enroll in a Plan Option, you will need to **click** the 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 yourself 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 HRA 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".
- If you experience any technical difficulties, please contact **SHBP Member Services at 800-610-1863**.

State Health Benefit Plan Rates

Basic information on the health care options available to employees is given here. Please refer to the *SHBP Decision Guide* at www.dch.georgia.gov/shbp. If you have not registered to use the site, click “Register Here” to start, and use the registration code SHBP-GA.

State Health Benefit Plan – Monthly Premiums for Active Employees January 1, 2025 – December 31, 2025

Plan Name	Employee	Employee + Children	Employee + Spouse	Family
Anthem Gold	\$194.67	\$355.26	\$482.76	\$643.35
Anthem Silver	\$131.17	\$247.31	\$349.41	\$465.55
Anthem Bronze	\$82.67	\$164.86	\$247.56	\$329.75
Anthem HMO	\$157.53	\$292.12	\$404.77	\$539.36
UHC HMO	\$196.58	\$358.50	\$486.77	\$648.69
UHC HDHP	\$72.69	\$147.89	\$226.60	\$301.80
Kaiser HMO	Not Available			
Tricare Supplement	Please contact State Health for additional information			

NOTES

An additional \$80 will be added to the monthly premium shown above when you or any of your covered dependents use tobacco products. Premiums are deducted in advance.

Special note about calling Anthem Blue Cross and Blue Shield, UHC or Kaiser: If you contact your insurance carrier about a coverage or eligibility question and they ask you to contact “your employer”, they are intending for you to contact SHBP directly. The Benefits Office does not have access to the information necessary to answer these questions. SHBP’s telephone number is 800-610-1863.

Refer to your Summary Plan Description and Policy Certificate for full details on the plan.

Dental – Administered by Delta Dental

Dental coverage will continue to be offered through Delta Dental for 2025. A provider list and benefit summary along with other important information on the dental plan can be found on the Benefits Resource Center located at www.nfp.com/franklincountyschools.

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

In-Network: If a Network Dentist performs a covered service, benefits will be based on the percentage of the maximum allowed charge.

Out-of-Network: If an Out-of-Network Dentist performs a covered service, benefit will be based on the percentage of the Reasonable and Customary Charge, and you may be charged more for the service from the out-of-network dentist.

Pretreatment: While we don't require a pretreatment authorization form for any procedure, we recommend them for any work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate. Your dentist will be informed of the exact amount your insurance will cover and the amount for which you will be responsible.

- Preventive services such as exams and cleanings do not count towards the maximum benefit amount.

Tier of Coverage	Low Plan Cost Per Month	High Plan Cost Per Month
Employee Only	\$39.00	\$42.00
Employee + Spouse	\$76.07	\$82.01
Employee + Children	\$87.38	\$92.20
Family	\$133.40	\$141.49

Dependent children can be covered to the age of 26.

Refer to your Summary Plan Description and Policy Certificate for full details on the plan.

Vision – Administered by EyeMed

Vision coverage will be provided through EyeMed for 2025. Instructions on how to locate providers and a benefit summary along with other important information on the vision plan can be found on the Benefits Resource Center located at www.nfp.com/franklincountyschools. To receive the full benefits of the plan, it is best to use an In-Network Provider.

Note: The plan covers either contact lenses **OR** lenses for your glasses once every 12 months.

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	

To locate a provider, please visit www.eyemedvisioncare.com and click on the INSIGHT Network.

For Lasik providers, call 1-877-5LASER6 or visit www.eyemedlasik.com.

Tier of Coverage	Employee Monthly Cost
Employee Only	\$5.72
Employee + Spouse	\$10.87
Employee + Child(ren)	\$11.44
Family	\$16.82

Dependent children can be covered until the age of 26.

Refer to your Summary Plan Description and Policy Certificate for full details on the plan.

Basic/Voluntary Life & AD&D – Administered by Hartford

Life coverage will be provided through The Hartford for 2025.

Franklin County School District pays the full cost for \$10,000 in Basic Life with Accidental Death and Disability (AD&D) coverage for all benefits-eligible employees.

Additional life insurance is made available that will provide financial protection for your family. This additional coverage can be selected through Voluntary Life with AD&D coverage. Limits are listed below. In addition, employees are able to ensure their spouse and children with the limits listed below.

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 up to but 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>

Amount over Guaranteed Amount: If you are electing or increasing coverage that is above the guaranteed issue amount you will need to provide evidence of insurability that is satisfactory to the Hartford before coverage can become effective.

Late Entrant: If you did not elect coverage as a new hire, you are considered a late entrant and will need to provide evidence of insurability that is satisfactory to the Hartford before coverage can become effective.

Special Note: You must have voluntary coverage on yourself in order to cover your spouse and/or child.

Refer to your Summary Plan Description and Policy Certificate for full details on the plan.

Voluntary Life and AD&D – Administered by Hartford

Rate per \$1,000		
Age	EE Rate	Spouse Rate
<19	0.068	0.068
20-24	0.068	0.068
25-29	0.068	0.068
30-34	0.085	0.085
35-39	0.093	0.093
40-44	0.142	0.142
45-49	0.216	0.216
50-54	0.366	0.366
55-59	0.600	0.600
60-64	0.600	0.600
65-69	1.610	1.610
70+	2.909	2.909

Child Life rate is \$1.90 for \$10,000 and covers all children.

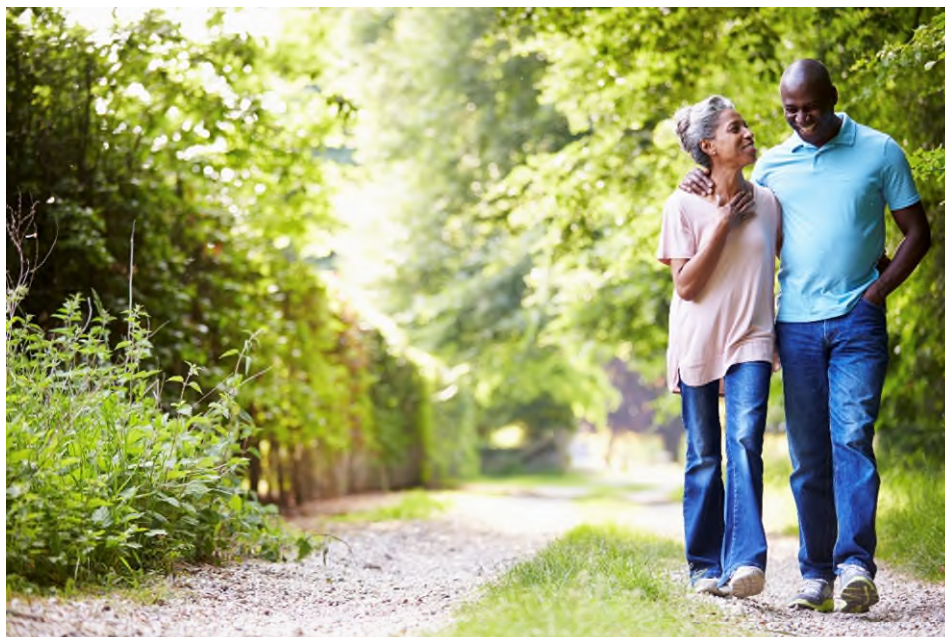
Spouse Life rate is based on employee age.

Additional Information: For complete coverage outline and other information see the certificate booklet and/or benefit summary on the bswift website.

Conversion or Portability: If you leave your employer prior to Social Security Normal Retirement Age you have the option of carrying your coverage with you. You must apply and pay the premium within 31 days of the termination of your life insurance. Evidence of Insurability is not required.

Waiver of premium: If you become disabled before age 60 and your disability lasts for at least 9 months, your life insurance premium may be waived.

Living Benefit Option: Accelerated Benefit up to 80% of the life benefit to a maximum of \$500,000 in the event of a life-threatening medical condition.



Refer to your Summary Plan Description and Policy Certificate for full details on the plan.

Disability – Administered by Hartford

Long-Term Disability will be provided through The Hartford for 2025.

Franklin County School District provides you the opportunity to elect Long Term Disability (LTD) benefits through convenient payroll deductions. Long Term Disability insurance is another valuable benefit that protects your financial well-being in the event you are unable to work.

Enrollment: You have two opportunities to enroll in the Long-Term Disability, as a new hire and then at your annual open enrollment. Coverage is Guaranteed Issue, which means no health questions are required. However, your coverage will be subject to the pre-existing condition clause. If disability is caused by a pre-existing condition, your maximum duration of benefits payable is 4 weeks, otherwise duration of benefits is payable as listed in chart below.

Pre-Existing Condition: Any disease or physical condition related to or resulting from accidental bodily injury or sickness for which You received Medical Care during the 6 consecutive month period that ends the day before: 1) Your effective date of coverage; or 2) the effective date of a Change in Coverage. Medical Care is received when a Physician or other health care provider: 1) is consulted or gives medical advice; or 2) recommends, prescribes, or provides treatment. Treatment includes but is not limited to 1) medical examinations, tests, attendance or observation; and 2) use of drugs, medicines, medical services, supplies or equipment.

Benefits	Option A		Option B	
Percentage of Income	You may elect a monthly benefit amount in \$100 increments not to exceed 66.67% of your monthly earnings.		You may elect a monthly benefit amount in \$100 increments not to exceed 66.67% of your monthly earnings.	
Pre-Existing Conditions	6/6/12		6/6/12	
Benefits Begin After (Elimination Period)	Accidental Injury	Sickness	Accidental Injury	Sickness
	0 Days 14 Days 30 Days 60 Days 90 Days	3 Days 14 Days 30 Days 60 Days 90 Days	0 Days 14 Days 30 Days 60 Days 90 Days	3 Days 14 Days 30 Days 60 Days 90 Days
Maximum Benefit Duration	*SSNRA	5 Years	SSNRA	SSNRA
Monthly Benefit Maximum	\$5,000			

Refer to your Summary Plan Description and Policy Certificate for full details on the plan.

Disability – Administered by Hartford

First Day Hospital: For those employees electing an elimination period of 30 days or less, if confined in a hospital for 24 hours or more due to a disability, the waiting period for benefits to commence will be waived, and benefits will be payable from the first day.

Exclusions and Limitations: *What Disabilities are not covered?* The Policy does not cover, and Hartford will not pay a benefit for, any Disability: 1) unless You are under the Regular Care of a Physician; 2) that is caused or contributed to by war or act of war, whether declared or not; 3) caused by Your commission of or attempt to commit a felony; 4) caused or contributed to by Your being engaged in an illegal occupation; or 5) caused or contributed to by an intentionally self-inflicted injury.

If You are receiving or are eligible for benefits for a Disability under a prior disability plan that: 1) was sponsored by Your Employer; and 2) was terminated before the Effective Date of The Policy; no benefits will be payable for the Disability under The Policy.

Deductible Sources of Income: The amount of benefit you receive or are eligible to receive may be offset by the following: Social Security, Worker’s Compensation, State Teachers Retirement System (STRS), salary continuation or sick leave after 12 months of disability, and other sources listed in the certificate will be subtracted from your gross monthly benefit. Income received from salary continuation or accumulated sick leave plans will not be deducted from your gross disability benefit. The minimum monthly benefit amount payable under the policy is 25% of the gross monthly benefit regardless of the amount of income you receive from other sources.

Waiver of Premium: While you are receiving disability payments under this policy, your monthly premium will be waived.

Disability Plan	Monthly Rate per \$100 of Monthly Benefit
0/3 - SSNRA* Accident/Sickness to 5 years	\$2.92
14/14 - SSNRA* Accident/Sickness to 5 years	\$2.47
30/30 - SSNRA* Accident/Sickness to 5 years	\$2.23
60/60 - SSNRA* Accident/Sickness to 5 years	\$2.14
90/90 - SSNRA* Accident/Sickness to 5 years	\$2.05
0/3 - SSNRA* Accident/Sickness	\$3.60
14/14 - SSNRA* Accident/Sickness	\$3.15
30/30 - SSNRA* Accident/Sickness	\$2.92
60/60 - SSNRA* Accident/Sickness	\$2.81
90/90 - SSNRA* Accident/Sickness	\$2.73

*SSRNAS – Social Security Normal Retirement Age

Refer to your Summary Plan Description and Policy Certificate for full details on the plan.

Flexible Spending Accounts (FSA)

FlexSystem FSA increases your take-home pay by reducing your taxable income. A Flexible Spending Account (FSA) allows you to **save up to 30%** on eligible healthcare and/or dependent care expenses every year by using **pre-tax dollars**.

Consider how much you spend on healthcare and/or dependent care expenses for you and your qualified dependents in one year:

- Prescription drugs/Medications
- Medical/Dental office visit co-pays
- Eye Exams and prescription glasses/lenses
- Vaccinations
- Daycare tuition

Why not reduce these expenses by using pre-tax dollars instead of after-tax dollars? With rising healthcare costs, **every penny counts!**

By using pre-tax dollars, you are taxed on a lower gross salary, thereby saving money that would otherwise be spent on federal, state and FICA taxes, and thereby you **increase your take home pay!** See the example ----->>

How Flexible Spending Works

FSA is offered through your employer and is administered by Medcom. When you choose to enroll in a FSA Healthcare and/or Dependent Care, you choose the dollar amount you want to contribute to each account based on your estimated expenses for the upcoming Plan Year. Your Contributions will be deducted in equal amounts from each paycheck, **pre-tax**, throughout the Plan Year. **The more you contribute to these accounts, the more you save by paying less in taxes!**

Maximum Annual Election

Healthcare: \$2,400

Dependent Day Care \$5,000

Reimbursements and the Medcom Card

As you incur eligible expenses, simply submit a request for reimbursement to Medcom in order to receive reimbursement from your FSA, up to the amount of your annual contribution. Medcom offers multiple methods for requesting a reimbursement: Online, Text Message, Mobile App, Fax, or Mail.

For additional convenience, you will be issued a Medcom Card to directly access your funds when paying for eligible medical and/or dependent care expenses at the point of purchase, which eliminates the need for requesting a reimbursement.

***Employees must pay a \$3.50 monthly fee to participate in this plan.**

Pre-Tax Savings Example	Without FSA	With FSA
Gross Monthly Pay	\$3,500	\$3,500
<u>Pre-Tax Contributions</u>		
Medical/Dental Premiums	\$0	-\$125
Medical Expenses (FSA)	\$0	-\$75
Dependent Care Expenses	\$0	-\$400
TOTAL:	\$0	-\$600
Taxable Monthly Income	\$3,500	\$2,900
Taxes (federal, state, FICA)	-\$968	-\$802
Out-of-pocket Expenses	-\$600	\$0
Monthly Take-home Pay	\$1,932	\$2,098
Net Increase in Take-Home Pay = \$166/mo! For illustration only. Actual dollar amounts may vary.		

PARTICIPANTS WILL HAVE 75 DAYS TO ACCESS ANY UNUSED HEALTHCARE FSA FUNDS AT THE END OF THE 2024 PLAN YEAR. IF THOSE FUNDS ARE NOT USED BY 03/16/2025, YOU WILL LOSE THEM.

The Medcom Mobile App

Make better healthcare spending and saving decisions with the Medcom Mobile App!

The Medcom Mobile app takes the guesswork out of your healthcare spending and saving decisions. It includes a personalized, real-time, and self-guided experience that ensures you have access to not only powerful self-service capabilities such as viewing and managing your account information, submitting claims, and accessing account alerts but also actionable insights that lead you down a path to better healthcare spending and saving behaviors.

Medcom Mobile combines health and wealth in one location, giving you personalized, low-cost, high-quality healthcare options, making you a smarter healthcare consumer by spending less now and saving more for the future.



Get the most of every dollar

- A modern, easy-to-use mobile experience with powerful self-service capabilities
- Virtual medicine cabinet for managing your monthly drug costs
- Data-driven tools, including a personalized Smart Score, that guide you to make informed decisions about where to best spend and save your healthcare dollars
- Find care to help you search for providers or procedure and drug prices
- Funding calculator to help you save for the future
- Personalized recommendations to help you maximize account value

Download it Today!

* The Medcom Benefit Solutions Mobile App is available on the App Store and Google Play.



Q&A: Submitting Receipts

- Q. Why do I need to submit receipts for my Flexible Spending Account expenses?**
- A.** Your Flexible Spending Account program provides you with a significant savings since your contributions are not taxed. In return for your lower taxes, the IRS requires all expenditures to be eligible under your plan.
- Q. What is the best way to submit a receipt?**
- A.** The best way to submit a receipt is through the online portal at <https://medcom.wealthcareportal.com> or through the mobile app. You may also email a scanned copy or photograph of the receipt to MedcomReceipts@medcombenefts.com, or fax to (877) 723-0149.
- Q. Do I need to submit a receipt for all my FSA expenses?**
- A.** No. Many transactions, such as copayments and most prescriptions filled at one of the major pharmacy retailers, do not require a receipt.
- Q. How can I avoid receiving receipt requests?**
- A.**
- **Purchases at Pharmacies:** Receipts are not usually needed for purchases made at large pharmacy chains using your FSA card. This is because most of these stores use a computer program that can tell whether an item is eligible under your FSA plan. Many smaller pharmacies do not have this technology, so purchases made at these pharmacies may require a receipt to prove eligibility.
 - If the transaction amount is a **copayment** amount or an amount up to 5 times the normal copayment under your employer's group medical plan, a receipt will not be requested. (EXAMPLE: if the normal copayment is \$20.00 and you spend \$99.00, a receipt will be requested because the amount is not a multiple of your normal copayment; however, if you spend \$100.00, a receipt will not be requested to prove the eligibility of the purchase because it is exactly 5 times the normal copayment).
 - **Recurring Expenses:** Recurring expenses can be registered with Medcom by sending us an initial receipt and filling out a recurring expense form. These forms are available on our website at www.medcombenefts.com. You will not need to keep sending receipts for the recurring expense after it has been registered.
 - **Our partner, FSA Store,** is a convenient source for Flexible Spending Account participants, as it is the only e-commerce site exclusively stocked with FSA eligible products. There is no guesswork about FSA reimbursement on the site because products are clearly marked showing which ones require a prescription, and which ones do not. In addition to thousands of products, the site has various resources (including an FSA Learning Center and FSA Calculator) to help participants better understand and use their FSA. FSA Store features 24/7 customer service via live chat, phone, and email. To visit FSA Store, please go to www.medcombenefts.com or <https://medcom.wealthcareportal.com> and click on the banner.

Supplemental Benefits – Cancer – Administered by AFLAC

Cancer Insurance can help you and your family better cope financially – and emotionally – if a positive diagnosis of cancer ever occurs. Added comfort and protection means the freedom to focus on more important things. Below is a sampling of the benefits provided under this plan.

Benefit Name	Benefit Amount
Initial Diagnosis	Insured/Spouse: \$4,000; Dependent Child: \$8,000; payable once per Covered Person
Chemotherapy, Radiation Therapy	Self-Administered: \$250 once per month; Physician Administered: \$1200 once per month; no lifetime max
Stem Cell Transplantation	\$7,000; lifetime max \$7,000 per covered person
Bone Marrow Transplantation	\$7,000; lifetime max \$7,000 per covered person; \$750 to donor
Hospitalization for 1 to 30 days	Insured/Spouse: \$200 per day; Dependent Child: \$250 per day; no lifetime max
Hospitalization for 31+ days	Insured/Spouse: \$400 per day; Dependent Child: \$500 per day; no lifetime max
Nursing Services	\$100 per day; no lifetime max
Home Health Care	\$100 per day; limited to 30 day per year per covered person
Hospice Care	\$1,000 for the 1 st day; \$50 per day thereafter; \$12,000 lifetime max per covered person
Ambulance	\$250 ground or \$2,000 air; no lifetime max
Lodging	\$65 per day; limited to 90 days per year

If you are interested in enrolling in this benefits, please make an appointment with one of our enrollers and they will be able to enroll you directly with Aflac. This benefit is not listed in bswift.

Tier of Coverage	MONTHLY W/ NO RIDERS	MONTHLY W/ RIDERS *
EMPLOYEE	\$33.50	\$39.45
EMPLOYEE & SPOUSE	\$57.64	\$71.69
ONE PARENT FAMILY	\$33.50	\$40.36
TWO PARENT FAMILY	\$57.64	\$72.60

Critical Illness with Cancer Rider – Administered by AFLAC

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

BENEFITS

This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions.

COVERED CRITICAL ILLNESSES: ¹	Cancer (Internal or Invasive) Heart Attack (Myocardial Infarction) Stroke(Ischemic or Hemorrhagic) Major Organ Transplant Kidney Failure (End Stage Renal Failure) Bone Marrow Transplant (Stem Cell) Sudden cardiac Arrest	Additional covered critical illnesses: Severe Burn, Coma, Paralysis, Loss of Sight, Loss of Hearing, Loss of Speech. The following are covered at 25%: Non-Invasive Cancer, Coronary Artery Bypass Surgery ² , Carcinoma In Situ ² (if it has not spread), Advanced Alzheimer's and Parkinson's Disease.
INITIAL DIAGNOSIS	Aflac will pay a lump sum benefit upon initial diagnosis of a covered critical illness when such diagnosis is caused by or solely attributed to an underlying disease. Cancer diagnoses are subject to the cancer diagnosis limitation. Benefits will be based on the face amount chosen. Employee benefit amounts available from \$5,000 to \$50,000. Spouse coverage is also available in benefit amounts up to \$25,000.	
ADDITIONAL DIAGNOSIS	Aflac will pay benefits for each different critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation.	
RE-OCCURRENCE BENEFIT	Aflac will pay benefits for the same critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation.	
CANCER DIAGNOSIS LIMITATION	Benefits are payable for cancer and/or noninvasive cancer as long as the insured is treatment free from cancer for at least 12 months before the diagnosis date; and is in complete remission prior to the date of a subsequent diagnosis.	
CHILD COVERAGE AT NO ADDITIONAL COST	Each Dependent Child is covered at 50 percent of the primary insured amount at no additional charge.	
SKIN CANCER BENEFIT	Aflac will pay \$250 for the diagnosis of skin cancer. This payment will only pay once per calendar year.	
\$50 HEALTH SCREENING BENEFIT	Aflac will pay \$50 for health screening tests performed while an insured's coverage is in force. This benefit will pay once per calendar year. This benefit is only payable for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for the covered employee and spouse. This benefit is not paid for Dependent Children.	
COVERED HEALTH SCREENING TESTS INCLUDE:	<ul style="list-style-type: none"> • Mammography • Colonoscopy • Pap smear • Breast ultrasound • Chest X-ray • PSA (blood test for prostate cancer) • Stress test on a bicycle or treadmill • Bone marrow testing • CA 15-3 (blood test for breast cancer) • CA 125 (blood test for ovarian cancer) • Blood test for triglycerides • DNA stool analysis • Spiral CT screening for Lung 	<ul style="list-style-type: none"> Cancer • Flexible sigmoidoscopy • Hemocult stool analysis • Serum protein electrophoresis (blood test for myeloma) • Thermography • Fasting blood glucose test • Serum cholesterol test to determine level of HDL and LDL • CEA (blood test for colon cancer)

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

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

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

Refer to your Summary Plan Description and Policy Certificate for full details on the plan.

Group Accident – Administered by AFLAC

The Group Accident plan from Aflac means that your family has access to added financial resources to help with the cost of follow-up care as well.

The Aflac Group Accident plan benefits:

- Transportation and Lodging benefits
- An Emergency Room Treatment benefit
- Hospital Confinement
- Fractures, Dislocations, and Burns
- A Rehabilitation Unit benefit
- An Accidental Death benefit
- A Dismemberment benefit

Features:

- Coverage is guaranteed-issue (which means you may qualify for coverage without having to answer health questions).
- Coverage is 24 hours.
- Benefits are paid directly to you unless you choose otherwise.
- Coverage is available for you, your spouse, and dependent children under age 26.
- Coverage is fully portable when you leave employment. That means you can take it with you if you change jobs or retire.
- No reduction in benefits with age.
- There is no waiting period.



Tier of Coverage	Employee Cost Per Month
Employee	\$12.89
Employee + Spouse	\$21.05
Employee + Children	\$25.71
Family	\$33.68

Refer to your Summary Plan Description and Policy Certificate for full details on the plan.

Group Hospital Indemnity – Administered by AFLAC

Why Offer Group Hospital Indemnity Insurance?

A sudden hospitalization might stop employees in their tracks, but their bills — mortgages, utilities, groceries and out-of-pocket costs — will keep on coming. Aflac Group Hospital Indemnity insurance can help cover the costs associated with the treatment of a covered sickness or accident. More importantly, the plan helps your employees focus on getting better, not worrying about how they'll pay their bills. Because Aflac pays cash benefits directly to the insured, our Group Hospital Indemnity plan gives your employees the flexibility to use their benefits anyway they see fit either on costs related to treatment or to help with everyday living expenses.

Plan Features:

- Benefits are paid directly to the insured, unless otherwise assigned
- Benefits are paid for covered sicknesses and accidents
- Coverage is available for all family members
- Premiums are paid through convenient payroll deduction
- There are no pre-existing condition limitations
- The plan doesn't have a waiting period for benefits
- Benefits do not reduce as insureds get older
- Coverage is portable
- Benefits are paid regardless of any other medical insurance

Dependent Children Coverage:

Dependent children under the age of 26 can be covered. To apply for dependent child coverage, **the employee must also apply** and be issued coverage.

If an employee does not have dependent child coverage, a newborn/newly adopted child will be automatically covered for 60 days from the date of birth or placement for adoption. To continue coverage beyond 60 days, the employee must apply for coverage for the child and pay any required premium.

Limitations and Exclusions:

Aflac will not pay for loss due to: Self-Inflicted injuries, racing, suicide, war, illegal occupation, sports, custodial care, treatment for being overweight, service performed by a family member, services related to sex or gender change, elective abortion, dental service or treatment, cosmetic surgery. Please see policy for a full list of limitations and exclusions.

Tier of Coverage	Employee Cost Per Month
EMPLOYEE	\$24.52
EMPLOYEE & SPOUSE	\$46.82
EMPLOYEE & DEPENDENT CHILDREN	\$33.90
FAMILY	\$56.20

Refer to your Summary Plan Description and Policy Certificate for full details on the plan.

Prescription Drug and Medicare Disclosure Notice

Important Notice from Franklin 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 Franklin 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. Franklin 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 Franklin 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 Franklin County Schools benefit plan during an open enrollment period under the Franklin 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 Franklin 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 Franklin County Schools.. 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, 2025 to December 31, 2025

Name of Entity/Sender: Franklin County Schools

Contact Person: Liz Adams

Disclosure Notice – Continued

Unless otherwise noted, a paper copy is available, free of charge, by calling NFP at 877-447-6679.

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.franklincountyschools.bswift.com. A paper copy is also available, free of charge, by calling your Employer or NFP at 877-447-6679. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan."

GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS: On April 7, 1986, a federal law was enacted (Public Law 99272, Title X) requiring that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end. If you or your eligible dependents enroll in the group health benefits available through your Employer, you may have access to COBRA continuation coverage under certain circumstances. Therefore, your plan makes available to you and your dependents the General Notice Of COBRA Continuation Coverage Rights. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. The full Notice is available on the web at: www.franklincountyschools.bswift.com. A paper copy is also available, free of charge, by calling your Employer or NFP at 877-447-6679. 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.franklincountyschools.bswift.com. A paper copy is also available, free of charge, by calling your Employer or NFP at 877-447-6679. 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.franklincountyschools.bswift.com. A paper copy is also available, free of charge, by calling your Employer.

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, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2</p>	<p>IHealth Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIIPP Website: Health Insurance Premium Payment (HIIPP) Health & Human Services (iowa.gov) HIIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>

MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcnp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.lhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059

TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Utah’s Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	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, 2024, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

Why Should I Contact the 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 it 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.

877-447-6679

NFPseCustomerService@nfp.com

Contact Information

Plan	Administrator	Website	Phone Number
Benefit / Enrollment Questions	NFP	www.nfp.com/franklincountyschools	877-447-6679
Medical/State Health Benefit Plan	State Health	www.myshbpga.adp.com	800-610-1863
Dental	Delta Dental	www.deltadentalins.com	800-521-2651
Vision	EyeMed	www.eyemedvisioncare.com	866-804-0982
Voluntary Life	The Hartford	www.theHartford.com	800-563-1124
Disability	The Hartford	www.theHartford.com	800-563-1124
Flexible Spending (FSA)	Medcom	www.medcombenefits.com	800-523-7542
Supplemental Benefits	AFLAC	www.aflacgroupinsurance.com	800-433-3036



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