



# 2015 Benefit Enrollment Guide

**January 1, 2015 – December 31, 2015**

# Table of Contents

2015 PCSD Employee Benefits . . . . .	1
2015 Open Enrollment . . . . .	2
Enrollment Portal. . . . .	3
Eligible Dependents . . . . .	4
PCSD Flexible Benefit Plan . . . . .	5
State Health Benefit Plan . . . . .	6
Dental Insurance . . . . .	11
Vision Care . . . . .	13
Basic Life/AD&D Insurance . . . . .	14
Supplemental Life/AD&D Insurance . . . . .	15
Short Term Disability Insurance . . . . .	16
Long Term Disability Insurance . . . . .	17
Whole Life Insurance . . . . .	18
Critical Illness Insurance . . . . .	19
Flexible Spending Accounts. . . . .	20
ShawHankins Service Center . . . . .	23
Contact Information	Back



# 2015 PCSD Employee Benefits

Welcome to your Benefits Information Booklet for 2015.

Whether you are reading this booklet in preparation for Open Enrollment in the fall of 2014, or reading it as a newly hired employee in 2015, the staff of the Human Resources Department are pleased to invite you to learn about the excellent employee benefits package offered to Paulding County School District (PCSD) employees. This booklet provides much of the detail you need to make good, informed decisions on behalf of yourself and your family for 2015.

Paulding County School District's benefits are designed to recognize the diverse needs of our employees. In the upcoming year, our plan will continue to provide competitive and comprehensive benefit options, maintain a program that considers individual needs, and offer plans to provide long-term financial security for you and your family.

Your benefits are an important part of your total compensation. We invite you to familiarize yourself with the details of these plans and encourage you to seek clarification when necessary. Should you have any questions about your benefits, we urge you to utilize the following avenues for assistance:

- Our partnership with ShawHankins Service Center can provide you with the same information as the benefits office. If you have questions about status changes or specific PCSD questions about employment issues, you should certainly contact the PCSD Human Resources Department. However, if your questions are about the benefit plans and how they work (including the State Health Benefit Plan), your call can be answered by the ShawHankins Service Center (678-535-6369 or 844-286-5618) just as well. Both the PCSD Human Resources Department and ShawHankins Service Center have a shared goal of making your enrollment process both uncomplicated and understandable for you and your family.
- The ***ShawHankins Benefits Resource Center*** is located at [www.shawhankinsbenefits.net/pcsd](http://www.shawhankinsbenefits.net/pcsd). This Online resource is available 24 hours a day and provides convenient access to important benefit information and documents—such as plan summaries, required forms, enrollment portal links, and informational videos—and can thus greatly assist with the enrollment process and the decision-making it entails.

***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.***



# 2015 Open Enrollment

Open Enrollment is that annual window of time when employees can (or, in some cases, must) select or confirm benefits for the coming plan year. For PCSD, the benefit “plan year” is the calendar year. The elections you make during this open enrollment will therefore be effective **January 1, 2015**. Once you’ve selected your benefits for a year, you cannot make any changes to those elections unless you have a qualifying event as noted below.

**Open Enrollment for your 2015 benefits elections will be October 27, 2014 through 5:00 p.m. on November 14, 2014.**

Because there are often system delays during the last days of Open Enrollment (particularly at the State Health website), and because “unexpected life events” can distract you from other important things, we strongly recommend that you **AVOID THE RUSH! PROCESS YOUR OPEN ENROLLMENT EARLY!**

You’ll receive confirmation numbers at both the SHBP and the bSwift websites. **Always print your confirmation page and number from both SHBP and the PCSD processes or save both documents to your computer.** Please monitor your initial paychecks after employment and each year in December and January after Open Enrollment to make sure the deductions you expect are included. If not, contact the Human Resources Department immediately.

**For 2015 Please note some of the important changes to the plans.**

- The Dental plan is now being administered by MetLife.
- Flexible Spending Accounts will now be administered by TASC.
- There is now a \$500 rollover option on medical FSA.

**Of particular importance for SHBP:**

- The **State Health Benefit Plan** has added additional carrier options for 2015. You will now have three carriers to choose from: BlueCross BlueShield, UnitedHealthcare and Kaiser Permanente.
  - For the HRA plans, copayments will no longer apply to medical and pharmacy expenses. All services will be subject to the plan deductible and/or coinsurance.
  - Members now have the choice of enrolling in statewide or regional HMO plans which offer copayments for certain services.
  - Members now have the option of enrolling in an HDHP. With the HDHP, you may also be eligible to start a Health Savings Accounts (HSA) to set aside pre-tax dollars for medical expenses.
  - The medical and pharmacy out-of-pocket maximums will now be combined. For the HMO plans, copayments will count toward the out-of-pocket maximum. Go to [www.dch.georgia.gov/shbp](http://www.dch.georgia.gov/shbp) for complete details.



# 2015 Open Enrollment

## How to enroll in non-medical benefits online:

Follow the link to the ShawHankins Enrollment Portal (bSwift) located under the "Enrollment" tab of the *ShawHankins Benefits Resource Center*, or visit the portal directly at [www.pauldingschools.bswift.com](http://www.pauldingschools.bswift.com). Once there, you will be prompted to enter your username and password. You do not need to create a username and password as one has already been assigned:

- Your bSwift username is your **first initial, last name, and last 4 digits of your Social Security Number**. For example, JDoe4567. Usernames are not case sensitive.
- Your password is **the last four digits of your Social Security Number**. For example, 4567.

After clicking "Log In," you will be prompted to change your password before continuing to the Home Page. From the Home Page, click on the blue **ENROLL NOW/CHANGE MY ELECTIONS** button pictured below.



At this point you will be guided through a step by step enrollment process. Please be sure to have your reference materials in hand for review. *It is very important that you have the names, dates of birth, and SSNs of your family members on hand* for the enrollment as you will be asked to enter this information into the system. If this information is already in the system, please ensure that it is up to date.

Should you have any questions, please contact ShawHankins at 678-535-6369.

\*If you do not make elections through the online system, your coverage will roll over for the 2015 plan year. You will not be permitted to make changes after the Open Enrollment period unless you experience a qualifying event. You must re-enroll in the Flexible Spending Account if you wish to participate for the 2015 plan year.



# Eligible Dependents

An eligible dependent that may be covered on your benefit plan includes any one of the following. Documentation may be requested for newly enrolled dependents.

## **Spouse**

Your legal spouse as defined by Georgia Law. You may be required to provide a copy of a certified marriage license or copy of your most recent jointly filed federal tax return with your spouse's signature.

## **Natural Child**

You may be required to provide a copy of the certified birth certificate showing parents' names (birth card issued by hospital for newborn is also acceptable) when adding dependents.

## **Stepchild**

You may be required to provide a copy of the birth certificate showing your spouse as parent, a copy of the certified marriage license for yourself and your spouse **and** a notarized statement that your stepchild lives in your home at least 180 days per year.

## **Disabled Dependent Children**

Children with a mental or physical disability who have attained the limiting age of 26 may continue coverage beyond age 26 if proof of disability is provided within 31 days of attaining age 26.

## **Other Children**

Other children refers to those adopted and for whom you have temporary or permanent guardianship. You will be required to provide a copy of the court decree showing your financial responsibility for the dependent, a copy of the certified birth certificate, and a notarized statement that the dependent lives in your home on a permanent basis.

For children, coverage is available through the end of the month in which the child turns 26 years of age.



# PCSD Flexible Benefit Plan

Section 125 of the Internal Revenue Code permits an eligible employee to elect and purchase designated insurance benefits with premiums that are deducted from his or her paycheck before taxes are taken out. This results in the employee paying lower taxes and having more take home pay. This section of the Code also allows employees to set aside additional pre-tax money into spending accounts with those funds available for unreimbursed medical expenses and also for dependent care expenses.

The Paulding County School District has established a Flexible Benefits Plan to take advantage of this pre-tax opportunity. All deductions for health, dental and vision coverage are set up as pre-tax deductions under the Plan. With Flexible Spending Accounts, you can set aside pre-tax money to reimburse yourself when you have to pay for deductibles, co-pays, and other medical expenses, or for daycare and related expenses for your children.

The Flexible Benefits Plan simply changes the order in which your paycheck is calculated. By deducting eligible expenses BEFORE taxes are calculated, your taxable income is reduced. Payment with pre-tax dollars means you keep more money to use as you prefer.

## QUALIFYING EVENTS UNDER THE PLAN

While allowing these pre-tax benefits, the Internal Revenue Service also requires that elections under the plan are set for the entire plan year (January through December). You may not change your election except during the annual Open Enrollment period (normally in October) unless you have a **Qualifying Event**. Such events include:

- marriage or divorce or legal separation;
- death of your 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.

**You must complete new online election and provide documentation of the Qualifying Event within 31 calendar days of the event to the State Health Benefit Plan at [www.myshbpga.adp.com](http://www.myshbpga.adp.com) and to the Human Resources Office if you want to make any changes to your benefits elections.** Changes are effective on the first day of the month following your election. To make changes for dental, vision, disability, life legal services, critical illness insurance products as well as the Flexible Spending Accounts, please contact the ShawHankins at 678-535-6369 or your Human Resources Department. **If you miss the 31 day deadline, you can only make changes during the next Open Enrollment period for the following year.**



# State Health Benefit Plan

Each month in 2015, employees will pay up to \$584.80 for SHBP coverage for themselves and their families. What you may not know is that PCSD also pays a significant amount for your coverage: over \$945 each month for each certificated employee who participates in the plan and over \$596 each month for each non-certificated employee.

With so much of our combined money going to this health care coverage, it is important for you to understand the type of coverage that you have and how it works. Please study the Decision Guide available at [www.dch.georgia.gov/shbp](http://www.dch.georgia.gov/shbp) or from the Benefits Resource Center site for specific details on the options offered to you and your dependents so you can make the best and most informed decision.

## For 2015

There have been significant changes to the State Health Benefit Plan for 2015:

- BlueCross BlueShield of Georgia will continue to offer HRA plans – Gold, Silver and Bronze **but without co-pays**
- Three levels of coverage are available: **Gold, Silver or Bronze**
  - All levels are PPO-type plan options which include HRA credits that you can add to by participating in health-related actions
- A statewide HMO option is now available through BlueCross BlueShield and United Healthcare
- An HMO option is now available through Kaiser Permanente for employees living or working in the HMO service area
- An HDHP option with a Health Savings Account is now available through United Healthcare.

## Wellness Incentives

If you earned the additional wellness incentive during 2014 and have funds left at the end of the year, that amount will be added to your 2015 account balance on January 1<sup>st</sup>, 2015, if you enroll in an HRA plan option. If you enroll in an HMO or the HDHP, 2014 HRA balances will be forfeited. Additional HRA credits can be earned during 2015 and will be added to your account the month following completion – up to \$480 for you and up to \$480 for your covered spouse.

	What to Do	What you Earn
Complete BOTH	<p><b><u>Assess Your Health</u></b> Complete your Healthways Well-Being Assessment ® (WBA), a confidential, online questionnaire that will take about 20 minutes.</p> <p><b><u>Know Your Numbers</u></b> Complete a biometric screening and submit results. The biometric screening must be completed at an SHBP-sponsored screening event or by your physician or other providers identified by SHBP in published materials.</p>	Complete <u>both</u> and earn <b>\$240</b> In HRA fund contributions
Complete Either OR a Combination	<p><b><u>Take Action</u></b> It's your choice! Complete the coaching or online pathway, or a combination of both.</p> <p><b><u>Coaching Pathway</u></b> Create your Well-Being plan Actively engage in telephonic coaching</p> <p><b><u>Online Pathway</u></b> Create your Well-Being plan Record 5 online well-being activities using the same tracker in a 4-week period and earn \$40 in HRA funds. You can earn this for up to 6 months. Examples: Track exercise 5 times; record daily steps 5 times; track food 5 times.</p>	Earn up to <b>\$240</b> In HRA fund contributions



# State Health Benefit Plan

## 2015 Plan Options

Please refer to the *SHBP Decision Guide* at [www.dch.georgia.gov/shbp](http://www.dch.georgia.gov/shbp). If you have not registered to use the site, click "Register Here" to start. Then use the registration code SHBP-GA.

As a result of the 2015 State Health Benefit Plan (SHBP) Plan Options, members will experience a number of positive enhancements. The 2015 Plan Options listed below are designed to provide members with a choice of Plan Options that best meet their needs.

### BlueCross BlueShield of Georgia- BCBSGA

- Health Reimbursement Arrangement (HRA) **without co-payments**
  - Gold
  - Silver
  - Bronze
- Statewide Health Maintenance Organization (HMO)

### UnitedHealthcare- UHC

- High Deductible Health Plan (HDHP)
- Statewide Health Maintenance Organization (HMO)

### Kaiser Permanente- KP

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

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

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

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



# SHBP - HRA Benefit Summary

Covered Services	BCBSGA Gold HRA		BCBSGA Silver HRA		BCBSGA Bronze HRA	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
	You Pay		You Pay		You Pay	
<b>Deductible</b>						
You	\$1,500	\$3,000	\$2,000	\$4,000	\$2,500	\$5,000
You + Spouse	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500
You + Child(ren)	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500
You + Family	\$3,000	\$6,000	\$4,000	\$8,000	\$5,000	\$10,000
HRA credits will reduce "You Pay" amounts						
<b>Out-of-Pocket Maximum</b>						
You	\$4,000	\$8,000	\$5,000	\$10,000	\$6,000	\$12,000
You + Spouse	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000
You + Child(ren)	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000
You + Family	\$8,000	\$16,000	\$10,000	\$20,000	\$12,000	\$24,000
HRA credits will reduce "You Pay" amounts						
<b>HRA</b>	<b>The Plan Pays</b>		<b>The Plan Pays</b>		<b>The Plan Pays</b>	
You	\$400		\$200		\$100	
You + Spouse	\$600		\$300		\$150	
You + Child(ren)	\$600		\$300		\$150	
You + Family	\$800		\$400		\$200	
<b>Physicians' Services</b>	<b>The Plan Pays</b>		<b>The Plan Pays</b>		<b>The Plan Pays</b>	
Primary Care Physician or Specialist Office or Clinic Visits (illness or injury)	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Primary Care Physician or Specialist Office or Clinic Visits (Wellness/preventive)	100% coverage; not subject to deductible	Not covered	100% coverage; not subject to deductible	Not covered	100% coverage; not subject to deductible	Not covered
<b>HRA Pharmacy</b>	<b>You Pay</b>					
Tier 1 Coinsurance	15% (\$20 min/\$50 max); not subject to deductible					
Tier 2 Coinsurance Preferred Brand	25% (\$50 min/\$80 max); not subject to deductible					
Tier 3 Coinsurance Non-Preferred Brand	25% (\$80 min/\$125 max); not subject to deductible					
Participating 90-day Voluntary Mail Order or Retail 90-day Network	Tier 1 - 15% (\$50 min/\$125 max) Tier 2 - 25% (\$125 min/\$200 max) Tier 3 - 25% (\$200 min/\$313 max)					
<i>Note: Amounts you pay for Rx go toward the out-of-pocket maximum.</i>						



# SHBP – HMO & HDHP Benefit Summary

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

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

\*For HDHP out-of-network, pharmacy expenses are paid at 70% of the contracted rate.

Note: If you request a Brand-name Prescription Drug Product in place of the chemically equivalent Prescription Drug Product (Generic equivalent), you will pay the applicable Generic copayment or coinsurance in addition to the difference between the Brand and Generic Drug costs.



# State Health Benefit Plan

## State Health Benefit Plan – Monthly Premiums for Active Employees January 1 – December 31, 2015

	Employee	Employee + Children	Employee + Spouse	Family
<b>BCBS HRA Gold</b>	\$166.08	\$300.38	\$405.52	\$539.84
<b>BCBS HRA Silver</b>	\$108.64	\$202.74	\$284.90	\$379.00
<b>BCBS HRA Bronze</b>	\$66.28	\$130.74	\$195.96	\$260.40
<b>BCBS HMO (new)</b>	\$130.74	\$240.88	\$333.06	\$443.18
<b>UHC HMO (new)</b>	\$181.32	\$326.86	\$439.26	\$584.80
<b>UHC HDHP (new)</b>	\$53.02	\$108.74	\$169.84	\$225.56
<b>Kaiser HMO (new)</b>	\$145.78	\$266.44	\$364.64	\$485.30

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 BlueCross BlueShield, 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.*



# Dental Insurance - MetLife

PCSD has contracted with MetLife for 2015 to provide two options for dental coverage for employees and their dependents. As a result of this change, employees will enjoy decreased premiums.

The **Low Plan** provides 100% coverage for Diagnostic and Preventive services. Basic services are covered at 40%; Major services are covered at 25%. A maximum benefit of \$500 per person applies for each calendar year. Orthodontia is not covered.

The **High Plan** also covers Diagnostic and Preventive services at 100%. Basic services are covered at 80% while Major services and Orthodontia are covered at 50%. A \$1,000 maximum coverage per participant applies for each calendar year. Orthodontia is covered with a \$1000 orthodontia maximum per participant per lifetime.

**Both Plans** provide coverage at preferred rates when you use network providers while offering participants the option of using non-network providers. However, please note that the responsibility of a member seeing a non-contracted provider may vary depending upon the Reasonable and Customary fees in the area.

In the examples below:

- **Negotiated Fee** refers to the fees that participating dentists have agreed to accept as payment in full, subject to any copayments, deductibles, cost sharing and benefits maximums. These fees are subject to change.
- **R&C Fee** refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

### Plan Option 1 – Low Plan

Your dentist says you need a Crown, a type C service. The negotiated fee is \$670.00 while the R&C fee is \$1,386. The dentist's usual fee is \$1,462.

IN-NETWORK When you receive care from a participating dentist		OUT-OF-NETWORK When you receive care from a non-participating dentist	
Dentist's Usual Fee is:	\$1,462.00	Dentist's Usual Fee is:	\$1,462.00
The Negotiated Fee is:	\$670.00	The R&C Fee is:	\$1,386.00
<b>Your Plan Pays:</b>		<b>Your Plan Pays:</b>	
25% X \$670 Negotiated Fee:	- \$167.50	25% X \$1,386.00 R&C Fee:	- \$346.50
Your Out-of-Pocket Cost:	\$502.50	Your Out-of-Pocket Cost:	\$1,115.50

In this example, you save \$613.00 (\$1,115.50 minus \$502.50)... by using a participating dentist.

### Plan Option 2 – High Plan

Your dentist says you need a Crown, a type C service. The negotiated fee is \$670.00 while the R&C fee is \$1,386. The dentist's usual fee is \$1,462.

IN-NETWORK When you receive care from a participating dentist		OUT-OF-NETWORK When you receive care from a non-participating dentist	
Dentist's Usual Fee is:	\$1,462.00	Dentist's Usual Fee is:	\$1,462.00
The Negotiated Fee is:	\$670.00	The R&C Fee is:	\$1,386.00
<b>Your Plan Pays:</b>		<b>Your Plan Pays:</b>	
50% X \$670 Negotiated Fee:	- \$335.00	50% X \$1,386.00 R&C Fee:	- \$693.00
Your Out-of-Pocket Cost:	\$335.00	Your Out-of-Pocket Cost:	\$769.00

In this example, you save \$434.00 (\$769 minus \$335)... by using a participating dentist.



# Dental Insurance - MetLife

Benefit Summary	Plan Option 1- Low Plan		Plan Option 2 – High Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Coverage Type				
Type A – Diagnostics & Preventative	100% of Negotiated Fee*	100% of R&C Fee**	100% of Negotiated Fee*	100% of R&C Fee**
Type B – Basic	40% of Negotiated Fee*	40% of R&C Fee**	80% of Negotiated Fee*	80% of R&C Fee**
Type C – Major	25% of Negotiated Fee*	25% of R&C Fee**	50% of Negotiated Fee*	50% of R&C Fee**
Type D – Orthodontia	N/A	N/A	50% of Negotiated Fee*	50% of R&C Fee**
Deductible†	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual	\$50.00	\$50.00	\$50.00	\$50.00
Family	\$150.00	\$150.00	\$150.00	\$150.00
Annual Maximum Benefit:	In-Network	Out-of-Network	In-Network	Out-of-Network
Per Person	\$500.00	\$500.00	\$1,000	\$1,000
Orthodontia Lifetime Maximum			In-Network	Out-of-Network
Per Person			\$1,000	1,000
<p>See Schedule for detailed codes</p> <p>*Negotiated Fee refers to the fees that participating dentists have agreed to accept as payment in full, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated Fee fees are subject to change.</p> <p>**R&amp;C Fee refers to the Reasonable and Customary (R&amp;C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.</p> <p>†Applies only to Type B &amp; C Services.</p>				

MetLife	Employee	Employee + 1	Family
Low Plan	\$ 16.30	\$ 45.77	\$65.34
High Plan	\$ 24.40	\$68.51	\$97.81



# Vision Care – Davis Vision

IN-NETWORK BENEFITS		
<b>Eye Examination</b>	Every 12 months, <b>Covered in full</b> after \$10 copayment	
<b>Eyeglasses</b>		
<b>Spectacle Lenses</b>	Every 12 months, <b>Covered in full</b> For standard single-vision, lined bifocal, or trifocal lenses after \$20 copayment	
<b>Frames</b>	Every 24 months, <b>Covered in full</b> Any Fashion or Designer frame from Davis Vision's Collection <sup>1</sup> (value up to \$175) OR \$130 retail allowance toward any frame from provider, plus 20% off balance <sup>3</sup>	
<b>Contact Lenses</b>		
<b>Contact Lens Evaluation, Fitting &amp; Follow Up Care</b>	Every 12 months Collection Contacts: Covered in full after \$20 copayment Non Collection Standard Contacts: 15% discount <sup>3</sup> OR Non Collection Specialty Contacts: 15% discount <sup>3</sup>	
<b>Contact Lenses (in lieu of eyeglasses)</b>	Every 12 months, <b>Covered in full</b> Any contact lenses from Davis Vision's Contact Lens Collection <sup>1</sup> OR \$130 retail allowance toward provider supplied contact lenses, plus 15% off balance <sup>3</sup>	
ADDITIONAL DISCOUNTED LENS OPTIONS & COATINGS		
<b>MOST POPULAR OPTIONS</b> <small>Savings based on in-network usage and average retail values.</small>	Without Davis Vision	With Davis Vision
Scratch-Resistant Coating	\$45	\$0
Polycarbonate Lenses	\$64	\$0 <sup>2</sup> -\$30
Standard Anti-Reflective (AR) Coating	\$62	\$35
Standard Progressives (no-line bifocal)	\$154	\$50
Plastic Photosensitive (Transitions <sup>®/4</sup> )	\$123	\$65
OUT-OF-NETWORK REIMBURSEMENT SCHEDULE		
Eye Examination up to \$40   Frame up to \$45 Spectacle Lenses (per pair) up to: Single Vision \$40, Bifocal \$60, Trifocal \$80, Lenticular \$80, Progressive Lenses \$60 Elective Contacts up to \$130, Medically Necessary Contacts up to \$225		

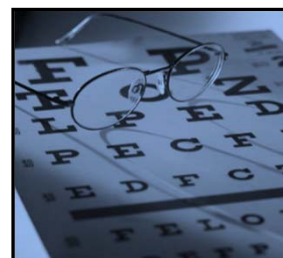
**Davis Vision** will continue to be the vision care provider for 2015. There are no changes to the current rates and three tiers will continue to be offered.

The Davis Vision network can be accessed by going to their website: [davisvision.com](http://davisvision.com).

You may also see an out-of-network provider, but you must pay the full bill before submitting a claim—along with an itemized receipt—for reimbursement.

For more details, please see your plan summary document located on the Benefits Resource Center as well as on Bswift.

Tier	Monthly Cost
Employee	\$6.78
Employee + 1	\$11.88
Family	\$17.64





# Basic Life/AD&D - UNUM

## **BASIC LIFE INSURANCE WITH ACCIDENTAL DEATH & DISABILITY COVERAGE (AD&D)**

The Paulding County School District provides, at no cost to you, Basic Life Insurance with AD&D coverage in the amount of:

- \$30,000 for all Full Time Administrators
- \$15,000 for all Other Full Time Employees

Life insurance pays your designated beneficiary the benefit amount if you die while covered by the plan. Accidental death and disability coverage will pay your beneficiary an amount equal to your Basic Life insurance amount if you die as the result of an accident, or it will pay you a percentage of the benefit amount if you are disabled or injured as the result of an accident.

**[PCSD pays the full cost of this coverage for you. Please log into the bSwift enrollment portal to confirm your core life benefit and update your beneficiary.](#)**

## **DEPENDENT BASIC LIFE INSURANCE WITH AD&D**

You may purchase the below amounts of Basic Life insurance with AD&D coverage for your spouse and/or children:

- \$5,000 for Eligible Spouse
- \$3,000 for each Eligible Child-up to age 19 or to age 26 if a full time student

**[The cost for family coverage is \\$1.65, which will apply regardless of the number of dependents covered.](#)**





# Supplemental Life/AD&D - UNUM

## SUPPLEMENTAL LIFE INSURANCE WITH AD&D

In addition to the core Life and AD&D benefits provided by PCSD, you have the option to purchase additional life insurance for yourself, your spouse, and your family.

**You may also elect AD&D coverage in the same amount as your life election.**

Please note that the supplemental life coverage has a one time open enrollment. If you declined coverage when initially eligible (at the last open enrollment or as a new hire) and wish to enroll in this benefit, you must complete a health questionnaire and be approved for coverage.

Benefit	Available Coverage
Employee Supplemental Life Insurance	You can purchase coverage in <b>increments of \$10,000</b> up to <b>6 times salary</b> , not to exceed max of <b>\$500,000</b> . If this is your first time eligible for coverage, you will have the opportunity to enroll in the <b>guarantee issue</b> amount of <b>\$300,000</b> or maximum 6 x salary without completing evidence of insurability (EOI).
Spouse Supplemental Life Insurance	You can purchase coverage for your spouse in <b>increments of \$5,000</b> to a max of <b>100% of employee amount</b> , not to exceed max of <b>\$500,000</b> . Spouse elections over <b>\$50,000</b> will require EOI.
Child(ren) Supplemental Life Insurance	You can purchase child(ren) coverage in <b>increments of \$2,000</b> up to a max of <b>\$10,000</b> for children 6 months or older. Children under 6 months receive <b>\$1,000</b> . Children are eligible up to age 19 or age 26 if a full time student.

\*If you and your eligible dependents elect coverage when initially eligible and wish to increase the amount at the following open enrollment, you may apply for any amount up to \$300,000 or 6 x salary for self and any amount up to \$50,000 for your spouse. Any coverage over Guarantee Issue will be subject to evidence of insurability (EOI).

\*\*All employees will be defaulted to \$10,000 of coverage. If you wish to waive this coverage or elect a different amount, you must complete the election via the bSwift enrollment portal.

**The cost for Supplemental Life coverage is based on your age bracket and the amount of coverage you choose. Please see the bSwift enrollment portal to determine your cost.**



# STD – Mutual of Omaha

## Short Term Disability Plan with Mutual of Omaha

Everyone understands the value of protecting your family by purchasing life insurance. But what about protecting your income? How would your bills get paid in the event that you were unable to work due to a disability that lasted several days – or several months?

Short Term Disability (STD) insurance replaces a portion of your lost earnings if you are unable to work due to a covered disability. PCSD offers a STD plan where you can choose between three salary replacement percentage levels: 40%, 50%, or 60% of your before tax weekly earnings. This is the percentage of your regular earnings that you will receive after a disability begins. Your STD plan has a 14 day elimination period, but since **all sick leave must be exhausted prior to receiving disability benefits**, when benefits begin is also on the number of days of sick leave you have accumulated but not used.

*Remember that your use of Sick Leave during a disability leave of absence is based on your scheduled work days. The Start Date of the payments is a number of calendar days from the start of the disability.*

If you are a newly eligible employee, evidence of insurability is not required to enroll. If you previously waived or declined to enroll in this coverage and are enrolling for the first time, you must complete a health questionnaire and your coverage must be approved before it will become effective.

Benefit	Available Coverage
Short Term Disability	Benefits begin on the <b>15<sup>th</sup> day</b> of your disability.  You can choose a benefit that is <b>40%, 50%, or 60%</b> of your before tax weekly earnings.  The maximum weekly benefit is <b>\$1,500</b> .  The short term disability coverage will last up to <b>11 weeks</b> of disability.

“Disability” or “Disabled” means that because of an injury or illness, a significant change in your mental or functional abilities has occurred, for which you are prevented from performing at least one of the material duties of your regular job and are unable to generate current earnings which exceed 99% of your weekly earnings from your regular job. You can be totally or partially disabled during the elimination period.

Disabilities that occur during the first 6 months of coverage due to a pre-existing condition are excluded. A pre-existing condition is a condition for which you were diagnosed or received medical care in the 3 months prior to your effective date of coverage or the effective date of an increase in coverage. “Medical Care” includes consulting a physician or other medical provider who gives medical advice or prescribes treatment. “Treatment” includes medical exams, tests, observation, prescriptions, medicines, medical services, supplies or equipment.

Your payroll deductions for the Short Term Disability coverage are taken out post tax, so that your disability benefit is not taxable.

**The cost for Disability coverage is based on your age bracket and salary. Please see the bSwift enrollment portal to determine your cost.**



# LTD – Mutual of Omaha

## Long Term Disability Plan with Mutual of Omaha

Long Term Disability (LTD) insurance is another valuable benefit that protects your financial well-being if you are disabled for 90 days or longer. The Long Term Disability benefit replaces **60%** of your gross monthly earnings, less income you may receive from other sources (e.g., Sick Leave, Social Security, Workers' Compensation, etc.). The maximum monthly benefit is **\$6,000**.

Benefit	Available Coverage
Long Term Disability	Benefits begin <b>90 days</b> after the onset of your disability.  Your benefit is equal to <b>60%</b> of your before tax monthly earnings.  The maximum monthly benefit is <b>\$6,000</b> .  Long Term Disability coverage will last until you are able to return to work or until you reach your Social Security Normal Retirement Age.

"Disability" is defined in two phases:

- For the first 24 months, you must be unable to earn (at your own occupation) more than **99%** of your pre-disability earnings due to sickness, injury, or pregnancy.
- After 24 months of disability benefit payments, you must be unable to earn more than **85%** of your pre-disability earnings at any occupation, considering prior education, training, experience, and earnings.

If you become disabled and are able to work part-time, you may be eligible for Partial Disability Benefits, which will help supplement your income until you are able to return to work full-time. Furthermore, if you become disabled and opt to participate in the Vocational Rehabilitation Program—which offers services that help you return to work and ability—you will be eligible for a monthly benefit increase of 5%.

***Throughout your disability, you must be receiving appropriate care and treatment from a physician for the disabling condition.***

Disabilities that occur during the first 12 months of coverage due to a pre-existing condition are excluded until you have been treatment free for 3 consecutive months. A pre-existing condition is any injury or sickness for which you have received medical treatment, advice or consultation, care or services, or had drugs or medicines prescribed or taken in the 3 months prior to the day you became insured under the policy.

Your payroll deductions for the Long Term Disability coverage are taken out post tax, so that your disability benefit is not taxable.

**The cost for Disability coverage is based on your age bracket and salary. Please see the bSwift enrollment portal to determine your cost.**



# Whole Life Insurance - Transamerica



## YOUR FAMILY DESERVES A BETTER TOMORROW

Paulding County Schools

Trans\$ure<sup>SM</sup>  
interest sensitive whole life insurance

Underwritten by **Transamerica Life Insurance Company**, Cedar Rapids, Iowa.

### 4% guaranteed interest rate and coverage for your eligible family members.

Now without a medical exam you can buy interest sensitive whole life insurance coverage and build cash value with a guaranteed 4% interest rate. You can help protect yourself and eligible members of your family, all with the convenience of payroll deduction. You'll be able to keep your coverage and take it with you if you ever leave the company.

### Half of all American households say they need more life insurance.<sup>1</sup> How about you and your family?

You can take action now by choosing the amount of coverage you need between \$15,000 and \$100,000. None of us likes to think about these things, but it's important that you can also tap into your life insurance death benefit early if you're ever diagnosed with a terminal illness.<sup>2</sup> That benefit could really help you and your family during a difficult time. If you're ever laid off from your full-time job, there's also protection to keep paying for your policy for as long as six months.<sup>3</sup>

Here's another plus: if you buy this policy and continue to pay the monthly cost, after 15 years or at age 65, whichever is later, you'll have a paid-up life insurance policy for half of the benefit amount that's yours to keep.

### You can cover yourself, your spouse, and your eligible dependents.

In addition to your coverage, you can buy whole life policies for your spouse and each eligible child and grandchild.

### Who would you like to cover?

	Ages Available	Amounts Available
Coverage for yourself	16 – 70	\$15,000 – \$100,000
Spouse or equivalent by state law	16 – 65	\$15,000
Child or grandchild	15 days – 24 years	\$25,000 whole life policy

Meaningful guarantees  
for your family's future:

Life insurance benefits that  
will never decrease

Premiums that will never  
increase

A 4% guaranteed  
interest rate

A paid-up whole life  
insurance policy for  
your retirement





# Group Critical Illness - Transamerica

## CriticalAssistance Select<sup>®</sup> for Georgia

### Critical Illness Benefit

CriticalAssistance Select offers benefits to help with the costs associated with critical illness when you or your insured loved ones are initially diagnosed after the waiting period with the following conditions: cancer, heart attack, stroke and end-stage renal failure. It even provides benefits for major organ transplant surgery! This benefit is payable one time for each covered person.

Condition	% of Critical Illness Benefit Amount
Cancer, Heart Attack, Stroke, End-stage Renal Failure or Major Organ Transplant Surgery	100%
Carcinoma In Situ <sup>1</sup> or Skin Cancer <sup>1</sup>	5%

<sup>1</sup> Payment for these benefits is one-time only, but will be paid in addition to any other benefit in this policy/certificate.

### Critical Illness Screening Benefit

This benefit pays \$50 each year for each covered person for the following medical tests and procedures performed at the direction of a licensed physician:

chest X-Ray	colonoscopy	EKG	Pap smear
flexible sigmoidoscopy	Hemoccult stool specimen	carcinoembryonic antigen test (CEA, test for colon cancer)	prostate-specific antigen test (PSA)
thallium scan	MUGA scan	mammography, <sup>3</sup>	neuroimaging studies
blood tests to confirm elevated cardiac enzymes	CA125 (test for ovarian cancer)	stress echocardiograms	thermography

### Individual Coverage Amount

Issue Age	\$ 5,000	\$ 10,000	\$ 15,000	\$ 20,000	\$ 25,000
18-34	\$ 3.50	\$ 7.00	\$ 10.50	\$ 14.00	\$ 17.50
35-44	7.00	14.00	21.00	28.00	35.00
45-54	12.65	25.30	37.95	50.60	63.25
55-59	17.25	34.50	51.75	69.00	86.25
60-64	21.50	43.00	64.50	86.00	107.50

### 1 Parent Family

Issue Age	\$ 5,000	\$ 10,000	\$ 15,000	\$ 20,000	\$ 25,000
18-34	\$ 3.85	\$ 7.70	\$ 11.55	\$ 15.40	\$ 19.25
35-44	7.70	15.40	23.10	30.80	38.50
45-54	13.90	27.80	41.70	55.60	69.50
55-59	19.00	38.00	57.00	76.00	95.00
60-64	23.65	47.30	70.95	94.60	118.25

### 2 Parent Family

Issue Age	\$ 5,000	\$ 10,000	\$ 15,000	\$ 20,000	\$ 25,000
18-34	\$ 6.75	\$ 13.50	\$ 20.25	\$ 27.00	\$ 33.75
35-44	13.50	27.00	40.50	54.00	67.50
45-54	24.35	48.70	73.05	97.40	121.75
55-59	33.25	66.50	99.75	133.00	166.25
60-64	41.40	82.80	124.20	165.60	207.00

### Subsequent Critical Illness Benefit –

The benefit is payable if the covered person is first diagnosed as having a subsequent and separate covered critical illness more than 60 days after the diagnosis of the first covered critical illness.

**Benefit Elections –** If you meet eligibility requirements, you can purchase coverage in \$5,000 increments up to \$100,000 for you and each eligible family member. Benefits are payable after a 30-day waiting period.

**Issue Age –** Employees and their spouses\* from ages 18 through 63 are eligible for coverage. Your eligible dependent children from birth through age 25 are also eligible. Benefit amount reduces by 50% at age 65.

**Continuation of Coverage –** If you leave your employment for any reason, you have the option to continue coverage by paying the premiums directly to Transamerica, as long as your former employer keeps the group master policy in force.

Please see the Plan Summary located on the Benefits Resource Center for more information.



# Flexible Spending Accounts - TASC

TASC administers the Flexible Spending Accounts for PCSD.

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?

Flexible Spending Accounts can be set up by all regular employees who have consistently worked 20 hours per week for 90 days.

## 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

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 \$2,500 during the plan year. Expenses that are eligible for reimbursement from the Health Care Spending Account include, but are not limited to, the following:

- Deductibles and co-payments not paid by the health insurance option or dental insurance option in which you or any family members participate
- Cost of eligible procedures not covered by health or dental plans
- Vision examinations, glasses, contact lenses and supplies
- Hearing exams and hearing aids
- Alcoholism treatment, birth control, braces, chiropractor fees, prescription drug and medical supplies (used to alleviate or treat injury or illness), orthopedic shoes, psychiatric care, transportation expenses (related to the rendering of medical services), weight loss programs (if prescribed by a physician), wheelchair.

**Premiums for other accident and health insurance coverage, including premiums for coverage under a plan maintained by the employer of your spouse or dependent are not reimbursable by the Medical Spending Account. Long Term Care insurance premiums and any expenses incurred for long-term care services are NOT reimbursable from the Medical Spending Account as described in IRS Publication 502 – Medical and Dental Expenses.**



# Flexible Spending Accounts - TASC

## Dependent Child Care Spending Account

The Dependent Care Spending Account allows you to use the expenses incurred (not to exceed \$5,000 if married and filing joint income tax returns or \$2,500 if unmarried or married and filing separate income tax returns in the plan year) to care for your children or other dependents while you and your spouse work or go to school full-time.

Expenses can be for the care of a child up to thirteen (13) years old or for care of a dependent who is disabled or elderly and frail who is living with you. Your child care expenses can be for a sitter or housekeeper in your home, a family day care home, or a day care center. You can include the full amount you pay to a nursery school, even though part of it is for lunch and education expenses unless those amounts are billed separately. Only the portion of the cost of summer camp that is attributable to day care can be included, and camp deposits made in the winter or spring cannot be reimbursed until the full bill is due.

To use your Dependent Care Spending Account for expenses for a disabled or elderly person, that person must be physically or mentally unable to care to himself/herself. The person must be your dependent for tax purposes, and you must provide more than half of his/her living expenses. He/she must reside in your home at least eight hours a day. Therefore, you can pay out of your Dependent Care Spending Account for adult day care for your elderly parent who lives with you and is a dependent on your tax return. You cannot use this account, however, to pay part of the cost of a nursing home for a parent in another city. You cannot claim payments if you are married and your spouse does not work. You can claim payments to a relative for dependent care if:

- the relative is not your dependent for the tax year, and
- the relative is providing child care as an employee of another organization, or as a self-employed person in his/her own home, or as your employee for whom you are withholding social security taxes.

## Terms and Conditions

The Internal Revenue Code, Section 125, governs the Healthcare Flexible Benefits Plan, and Section 129 governs the Dependent Care Spending Account.

By choosing to contribute money to one or both of the Flexible Spending Accounts, you are agreeing to abide by the regulations of the Flexible Benefits Plan, the Medical Reimbursement Plan and the Dependent Care Assistance Plan. Specifically, you are agreeing to the following provisions:

- Money contributed for one type of Flexible Spending Account cannot be used to pay claims payable to the other Flexible Spending Account
- The maximum on the Medical Spending Account cannot exceed \$2,500 per employee per plan year
- The amount contributed to a Dependent Care Spending Account cannot be greater than \$5,000 if married and filing joint income tax returns or \$2,500 if unmarried or married and filing separate income tax returns in the plan year
- The validity of a claim against either Flexible Spending Account is determined in accordance with the Plan, IRS Code and IRS regulations as interpreted by the Administrator subject to the appeal provisions of the Plan
- Any money contributed to either Flexible Spending Account during the Plan year must be used for reimbursable expense incurred during the Plan year, otherwise the contributed money will be forfeited as required by law.



# Flexible Spending Accounts - TASC

## Debit Card

You will receive a new FSA debit card from TASC, to access your health care spending account dollars. The debit card eliminates the need to file a claim for reimbursement. If you have a health care FSA, present your debit card at the point of service to pay for expenses for you and your eligible dependents. The eligible expenses will be deducted directly out of your health care FSA account. In most cases, this is all you need to do, however, be sure to keep your receipts in case you are asked for them and as documentation for your income tax returns.

## Mobile App & Text Messaging

With the MyTasc mobile app, you can securely check real-time balances, request a reimbursement, view transaction details, and use your mobile device's camera to take a picture of the receipt. The MyTasc mobile app is free download from the Apple app store and Android market.

## Manual claims processed daily in addition to the Debit Card

If you do not have your card and need to file a manual claim, simply fill out a paper form and fax or mail it to TASC with copies of all appropriate receipts. Set up an account by going to [www.tasconline.com](http://www.tasconline.com) and all necessary forms are available there. **You can also file a claim using the MyTasc mobile app – just use your phone to take a photo of appropriate receipts.**

## Miscellaneous Information:

The IRS states that a person "incurs" an expense on the day the service is rendered, not when it is billed or not when it is paid, but only on the date the service is actually performed.

Participants can submit claims through March 31 for expenses incurred in the previous year if funds were available for reimbursement as of December 31.

**Any portion of your medical spending account or your dependent care spending account which you do not use during the plan year (January 1 – December 31) is forfeited as required by law and will not be carried over for use in later years. However, new for 2015, you will be able to roll over up to \$500 in unused funds in your medical spending account at the end of the 2014 plan year, to use in 2015.**

**You will not pay income taxes or Social Security (FICA) taxes on any amount included in the Flexible Benefits Plan.** If you are within five years of Social Security retirement and choose to have FICA withheld, contact the Benefits Office to waive Flexible Benefits.





# ShawHankins Service Center



**The ShawHankins Service Center is available for additional support!  
Call Toll-Free 678-535-6369**

Our partnership with the ShawHankins Service Center can provide our employees with much of the same information as the benefits office. What can they assist with?

**Understanding Your Benefits:** The Service Center can assist you with questions regarding your many plan options and benefits, including deductibles, copayments and coinsurance. They can also explain any applicable waiting periods, elimination periods and eligibility rules.

**Annual Enrollment Information:** The Service Center can provide you details about when open enrollment begins and ends and if your plan designs or payroll deductions are changing.

**Enrollment Process Support:** The Service Center can provide you general instructions regarding online enrollment or completing any applicable paper forms.

**Locating Network Providers:** Staying in network saves everyone money. The Service Center can help you locate network providers for medical, dental and vision coverage, whether you are at home or away.

**Order ID cards:** The Service Center can contact your Dental or Vision insurance carrier directly and order a replacement card for you.

**Claim Resolution and Research:** The Service Center can help you understand your Dental or Vision Explanation of Benefits (EOB) as well as contact those insurance carriers on your behalf. They can assist in appealing a denied dental or vision claim or help you request a Prior Authorization (PA) from your dentist as may be required by your dental carrier.

**Request Copies of Any Necessary Forms:** The Service Center can provide you with any applicable forms, such as Evidence of Insurability forms (health questionnaire), out-of-network claim forms, short- and long-term disability and life claim forms.

**Explain Section 125 Cafeteria Plans:** The Service Center can explain qualifying events regulated by the IRS as described by your Summary Plan Description (SPD). They can help to clarify the time frames and life events allowed by your plan.

**The ShawHankins Service Center is located in Cartersville, Georgia and is staffed with friendly, knowledgeable individuals ready to answer your questions!**



# Contact Information

**PCSD Benefits Office** . . . . . 770.443.8003  
    Burton Turner . . . . . Ext. 10124  
    Mary Grecco . . . . . Ext. 10222

**ShawHankins Service Center** . . . . . 678-535-6369  
[www.shawhankinsbenefits.net/PCSD/](http://www.shawhankinsbenefits.net/PCSD/) . . . . . 844-286-5618

Health Insurance Information  
    State Health Benefit Plan . . . . . 800.610.1863

Dental Insurance  
    MetLife . . . . . 800.275.4638

Vision Care Insurance  
    Davis Vision . . . . . 800.999.5431

Basic or Supplemental Life Insurance  
    UNUM . . . . . 866.679.3054

Short Term or Long Term Disability Insurance  
    Mutual of Omaha . . . . . 800.877.5176

Whole Life Insurance or Critical Illness Insurance  
    Transamerica . . . . . 800.797.2643

Flexible Spending Accounts (FSA)  
    TASC . . . . . 800.422.4661

