

2023



Benefits  
Enrollment  
Guide

# 2023 Paulding County School District Employee Benefits

Welcome to your Benefits Enrollment Guide for 2023.

Whether you are reading this Guide in preparation for Open Enrollment in the fall of 2022, or reading it as a newly hired employee in 2023, 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 2023.

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 your 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 the NFP Service Center can provide you with the same information as the benefits office. 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 NFP Service Center (678-535-6369 or 844-286-5618) just as well. Both the PCSD Human Resources Department and NFP Service Center have the shared goal of making your enrollment process both uncomplicated and understandable for you and your family.
- The **NFP Benefits Resource Center** is located at [NFP Benefits Resource Center](#). 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 greatly assist with the enrollment process and the decision-making it requires.

***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.***



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This guide describes the benefit plans available to you as an eligible Employee of Paulding County School District. 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).

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 Paulding County School District or NFP.

## Open Enrollment Memo

### ENROLLMENT & BENEFIT INFORMATION (Plan Year: 01/01/2023 -12/31/2023):

Enrollment opens at 12:00 a.m. on October 17<sup>th</sup> 2022 and closes at 11:59 p.m. on November 4<sup>th</sup> 2022. Open Enrollment materials, informational videos on all of the benefits offered, and the Decision Guides for State Health are conveniently located on the Benefit Resource Center at [NFP Benefits Resource Center](#).

The State Health Benefit Plan enrollment website [www.myshbpga.adp.com](http://www.myshbpga.adp.com) will be available for your health coverage selections. If you are currently enrolled and do not go online and make an election your enrollment will default to your current plan, coverage tier and tobacco status. If you are currently declined and you do not go online and make an election, you will remain as “declined”. All employees are highly encouraged to verify dependent Social Security numbers, dependent dates of birth, and demographic information on the State Health enrollment website.

All changes to non-medical benefits will be made on the NFP bswift enrollment website at [www.pauldingschools.bswift.com](http://www.pauldingschools.bswift.com). You MUST enroll the FSA /Section 125 plans online if you wish to participate in the 2023 plan year. You are encouraged to log in and confirm your demographic information, review your dental, vision, life and disability coverage elections and update your beneficiaries for life insurance (if necessary).

Because there are often system delays during the last days of Open Enrollment (particularly on 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 a confirmation number upon completing your SHBP enrollment. **Always print your confirmation page from both SHBP and the bswift Enrollment Portal 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. We can correct most problems that are found immediately but not the ones that are noticed months later.

**Eligibility:**

Your spouse and dependent child(ren) are also eligible to participate in our benefit plans. Eligible dependents are classified as:

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

Your child can be covered on medical, dental, vision and voluntary term life insurance through the end of the month during which the child turns 26 years of age. If your dependent child is approaching 26 and is disabled, an application for continuation of dependent status must be made within 30 days of the child's 26<sup>th</sup> birthday.

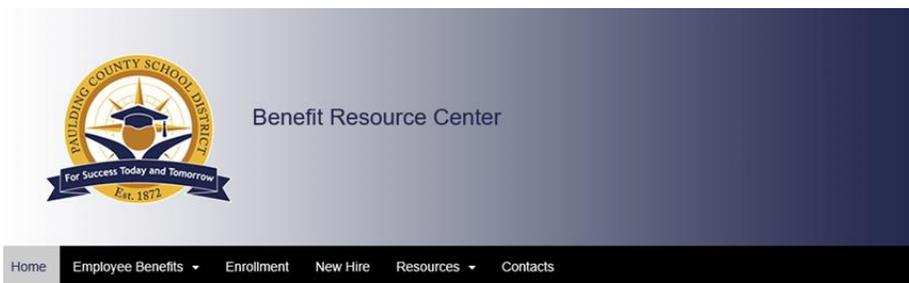
**Qualifying Events:** (refer to your Summary Plan Description - Special Enrollment Rights)

- Most benefit deductions are withheld from your paycheck on a pre-tax basis and therefore your ability to make changes to these benefits is restricted under Section 125 of the Internal Revenue Code.
- Once your elections become effective, you will not be able to change your elections until the next annual enrollment period unless you experience an eligible qualifying event.
- Examples of qualifying events include: a change in marital status; a change in the number of dependents due to birth, adoption, placement for adoption or death of a dependent; a change in employment status for yourself or spouse; loss or gain of coverage through your spouse; a change in dependents eligibility.
- Please contact NFP at 678-535-6369 to speak with a benefit consultant regarding enrollment in non-medical coverage due to a Qualifying Event. For enrollment in medical coverage due to a Qualifying Event please contact State Health at 800-610-1863.

## Benefit Resources Center

NFP provides the Paulding County School District employees a Benefit Resource Center website that gives you access to all of the plan details needed to make decisions on your benefit elections. The Benefit Resource Center contains information on the following topics,

- Employee Benefits
  - State Health
  - Dental
  - Vision
  - Life
  - Disability
  - Voluntary Benefits
  - Flexible Spending Accounts
  - Telehealth
  - Retirement Plans
  - Qualifying Life Events
  - Disclosure Notices
- Enrollment
  - NFP Enrollment Portal
  - State Health Portal
  - State Health Decision Guide
  - Enrollment Presentation
- New Hire Enrollment
- Resources
  - Contacts



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

For easy access we have included important documents and links to your benefit information along with access to the bswift enrollment system on the enrollment page of the website. The Benefit Resource Center also includes videos that will discuss a high level overview of the benefit plans and ancillary coverages that you have available. Please visit the Benefit Resource Center site at [NFP Benefits Resource Center](#) to view documents on each of your benefits. Remember, if you still have questions please contact the NFP service center at 678-535-6369.

## State Health Enrollment Instructions

Go to the Enrollment Portal: [www.mySHBPga.adp.com](http://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 2023 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 2023 Plan Year.

**Step 2:** Under the OE window, **click** on **Continue** to proceed with your 2023 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 radio 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.

**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 radio 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.*

- **If you are currently enrolled and do not go online and make an election, your enrollment will default to your current election, at your current coverage tier and tobacco status.**
- **If you are currently declined and you do not go online and make an election, you will remain as “declined”.**
- **Please see pages 11-14 of the State Health Decision Guide for more enrollment details.**
- **If you experience any technical difficulties, please contact SHBP Member Services at 800-610-1863.**

## SHBP – HRA Benefit Summary

|   | Anthem BCBSGA, Gold HRA Option          |                                     | Anthem BCBSGA, Silver HRA Option        |                                     | Anthem BCBSGA, Bronze HRA Option        |                                     |
|---|---|-------------------------------------|---|-------------------------------------|---|-------------------------------------|
| Covered Services  | In-Network                              | Out-of-Network                      | In-Network                              | Out-of-Network                      | In-Network                              | Out-of-Network                      |
| Covered Services  | 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                            |
| <b>HRA credits will reduce "You Pay" amounts</b>  |   |                                     |   |                                     |   |                                     |
| <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                            |
| <b>HRA credits will reduce "You Pay" amounts</b>  |   |                                     |   |                                     |   |                                     |
| <b>HRA</b>  | The Plan Pays                           |                                     | The Plan Pays                           |                                     | The Plan Pays                           |                                     |
| You   | \$400                                   |                                     | \$200                                   |                                     | \$100                                   |                                     |
| You + Spouse  | \$600                                   |                                     | \$300                                   |                                     | \$150                                   |                                     |
| You + Child(ren)  | \$600                                   |                                     | \$300                                   |                                     | \$150                                   |                                     |
| You + Family  | \$800                                   |                                     | \$400                                   |                                     | \$200                                   |                                     |
| <b>Physician's Services</b>   | The Plan Pays                           |                                     | The Plan Pays                           |                                     | The Plan Pays                           |                                     |
| Primary Care Physician or Specialist Office or Clinic Visits (illness or injury)                                      | 85% coverage; subject to deductible     | 60% coverage; subject to deductible | 80% coverage; subject to deductible     | 60% coverage; subject to deductible | 75% coverage; subject to deductible     | 60% coverage; subject to deductible |
| Maternity Care (non-routine, prenatal, delivery & postpartum)   | 85% coverage; subject to deductible     | 60% coverage; subject to deductible | 80% coverage; subject to deductible     | 60% coverage; subject to deductible | 75% coverage; subject to deductible     | 60% coverage; subject to deductible |
| Primary Care Physician or Specialist Office or Clinic Visits (Wellness/preventive, prenatal care coded as preventive) | 100% coverage not subject to deductible | Not Covered                         | 100% coverage not subject to deductible | Not Covered                         | 100% coverage not subject to deductible | Not Covered                         |
| Physician Services Furnished in a Hospital  | 85% coverage; subject to deductible     | 60% coverage; subject to deductible | 80% coverage; subject to deductible     | 60% coverage; subject to deductible | 75% coverage; subject to deductible     | 60% coverage; subject to deductible |
| Telemedicine/Virtual Visit  | 85% coverage not subject to deductible  | Not Covered                         | 80% coverage not subject to deductible  | Not Covered                         | 75% coverage not subject to deductible  | Not Covered                         |

**SHBP – HRA Benefit Summary (Continued)**

| HRA Pharmacy  | You Pay   |
|---|---|
| <b>Tier 1 Coinsurance</b>   | 15% (\$20 min/\$50 max); not subject to deductible  |
| <b>Tier 2 Coinsurance Preferred Brand</b>                                 | 25% (\$50 min/\$80 max); not subject to deductible  |
| <b>Tier 3 Coinsurance Non-preferred Brand</b>                             | 25% (\$80 min/\$125 max); not subject to deductible   |
| <b>Participating 90-day Voluntary Mail Order or Retail 90-day Network</b> | Tier 1 - 15% (\$50 min/\$125 max)<br>Tier 2 - 25% (\$125 min/\$200 max)<br>Tier 3 - 25% (\$200 min/\$313 max) |

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



## SHBP – HMO & HDHP Benefit Summary

| Covered Services   | Anthem BCBSGA /<br>UnitedHealthcare Statewide<br>HMO Option    |                    | United Healthcare HDHP<br>Option                 |  | KP Regional HMO Option                                  |                    |
|--|--|--------------------|--|--|---|--------------------|
|  | In-Network   | Out-of-<br>Network | In-Network                                       | Out-of-<br>Network                           | In-Network  | Out-of-<br>Network |
| <b>Covered Services</b>  | 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  |                    | The Plan Pays                                    |  | The Plan Pays   |                    |
| You<br>You + Spouse<br>You + Child(ren)<br>You + Family  | N/A  |                    | N/A  |  | N/A   |                    |
| <b>Physician's Services</b>  | The Plan Pays  |                    | The Plan Pays                                    |  | The Plan Pays   |                    |
| Primary Care Physician or<br>Specialist Office or Clinic<br>Visits (illness or injury)   | 100% coverage after<br>\$35 PCP copay<br>\$45 SPC copay        |                    | 70%<br>coverage;<br>subject to<br>deductible     | 50%<br>coverage;<br>subject to<br>deductible | 100% coverage after<br>\$35 PCP copay<br>\$45 SPC copay |                    |
| Maternity Care<br>(non-routine, prenatal,<br>delivery & postpartum)  | 100% coverage after<br>\$35 PCP copay<br>\$45 SPC copay        |                    | 70%<br>coverage;<br>subject to<br>deductible     | 50%<br>coverage;<br>subject to<br>deductible | 100% coverage after<br>\$35 PCP copay<br>\$45 SPC copay |                    |
| Primary Care Physician<br>or Specialist Office<br>or Clinic Visits<br>(Wellness/preventive,<br>prenatal care coded as<br>preventive) | 100% coverage<br>not subject to deductible;<br>in network only |                    | 100%<br>coverage not<br>subject to<br>deductible | Not Covered                                  | 100% coverage   |                    |
| Physician Services<br>Furnished in a Hospital  | 100% coverage<br>not subject to deductible                     |                    | 70%<br>coverage;<br>subject to<br>deductible     | 50%<br>coverage;<br>subject to<br>deductible | 100% coverage   |                    |
| Telemedicine/Virtual Visit   | 100% coverage after<br>\$35 PCP copay                          |                    | 70% coverage<br>not subject to<br>deductible     | Not Covered                                  | 100% coverage   |                    |

## SHBP – HMO & HDHP Benefit Summary

|   | Anthem BCBSGA /<br>UnitedHealthcare<br>Statewide HMO<br>Option      | UnitedHealthcare<br>HDHP Option               | KP Regional HMO<br>Option   |
|---|---|---|---|
| HMO HDHP Pharmacy   | You Pay   | You Pay                                       | You Pay   |
| <b>Tier 1 Coinsurance</b>   | \$20 copay  |   | \$20 copay  |
| <b>Tier 2 Coinsurance</b><br>Preferred Brand                                      | \$50 copay  | 70% coverage;<br>after deductible is<br>met * | \$50 copay  |
| <b>Tier 3 Coinsurance</b><br>Non-preferred Brand                                  | \$90 copay  |   | \$80 copay  |
| <b>Participating 90-day<br/>Voluntary Mail Order or<br/>Retail 90-day Network</b> | Tier 1 - \$50 copay<br>Tier 2 - \$125 copay<br>Tier 3 - \$225 copay | 70% coverage;<br>after deductible is<br>met * | Tier 1 - \$50 copay<br>Tier 2 - \$125 copay<br>Tier 3 - \$200 copay |

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

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

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



**State Health Benefit Plan Rate Sheet**

**JANUARY 2023 – DECEMBER 2023**

|  | Employee | Employee + Child(ren) | Employee + Spouse | Family   |
|--|----------|-----------------------|-------------------|----------|
| <b>Anthem BlueCross and BlueShield</b> |          |                       |                   |          |
| HRA GOLD                               | \$175.68 | \$320.11              | \$436.33          | \$580.76 |
| HRA SILVER                             | \$114.32 | \$215.80              | \$307.47          | \$408.95 |
| HRA BRONZE                             | \$ 76.58 | \$151.64              | \$228.22          | \$303.28 |
| HMO                                    | \$143.03 | \$264.61              | \$367.76          | \$489.34 |
|  |          |                       |                   |          |
| <b>United Healthcare</b>               |          |                       |                   |          |
| HMO                                    | \$174.49 | \$318.09              | \$433.83          | \$577.43 |
| High Deductible                        | \$ 61.83 | \$126.57              | \$197.24          | \$261.98 |
|  |          |                       |                   |          |
| <b>Kaiser Permanente</b>               |          |                       |                   |          |
| HMO (Regional HMO)                     | \$154.13 | \$283.60              | \$391.49          | \$520.96 |

State Health Provider  
800-610-1863  
[www.dch.georgia.gov/shbp](http://www.dch.georgia.gov/shbp)

Anthem Blue Cross Blue Shield  
855-641-4862  
[www.bcbsga.com/shbp](http://www.bcbsga.com/shbp)

United HealthCare  
888-364-6352  
[www.myuhc.com](http://www.myuhc.com)

Kaiser Permanente  
855-512-5997  
[my.kp.org/shbp/](http://my.kp.org/shbp/)

PeachCare for Kids  
877-427-3224  
[www.peachcare.org](http://www.peachcare.org)

Tri-Care Supplement  
866-637-9911  
[https://info.selmanco.com/ga\\_shbp](https://info.selmanco.com/ga_shbp)

CVS Caremark  
844-345-3241  
<http://info.caremark.com/shbp>

**Tobacco Surcharge**

The surcharge (\$80 per month) applies if the member or any of the member’s enrolled dependents are not tobacco-free or do not complete the Tobacco Surcharge Removal Requirements. TOBACCO FREE means that you have not used tobacco products within the last 60 days.

Members who were assessed the tobacco surcharge in 2022 and who failed to answer the surcharge question for 2023 will continue to be assessed the surcharge for 2023.

**Tobacco Cessation**

Every attempt to quit tobacco is worth the effort. It takes planning, support and sometimes, all the will power you’ve got. But quitting for good is absolutely possible. Anthem BCBSGa and United Healthcare members can view complete details or sign-up for the telephonic tobacco cessation coaching, by visiting [www.bewellshbp.com](http://www.bewellshbp.com) or by calling Sharecare at: 888-616-6411. For KP members, please go to [www.my.kp.org/shbp](http://www.my.kp.org/shbp).

## State Health Benefit Plan Additional Information

### Wellness Incentive Credits

All well-being incentive points must be redeemed by midnight Eastern Time on December 15, 2022. Well-being incentive points not redeemed by midnight ET on December 15<sup>th</sup> will rollover to the next plan year as well-being incentive credits.

**IMPORTANT 2023 WELLNESS NOTES:** There is still time for Anthem Blue Cross and Blue Shield of Georgia and UnitedHealthcare members and their covered spouses to earn the 2022 well-being incentive credits. If you have not completed the required health actions or have not taken any actions, you have until November 30, 2022 to earn the 2022 well-being incentive credits. And remember, any unused well-being incentive credits earned in 2022 will roll over in April 2023 to whichever Plan Option and/or vendor you choose to help offset out-of-pocket expenses during the 2023 Plan Year. If you have questions or need help getting started, visit [www.BeWellSHBP.com](http://www.BeWellSHBP.com) or contact Sharecare at 888-616-6411.

Also, KP members and their covered spouses enrolled in the KP Regional HMO Plan, still have time to participate in KP's 2022 wellness incentive program. KP members and their covered spouses have until November 30, 2022 to complete all four wellness activities to receive a \$500 reward card. Visit KP's website at [my.kp.org/shbp](http://my.kp.org/shbp) or contact KP's wellness program customer service at 866-300-9867 for details and if you have questions or need help getting started.

### Telemedicine/Virtual Visits

Telemedicine/virtual visits is a benefit that is available to SHBP members under all Plan Options. Telemedicine allows health care professionals to evaluate, diagnose and treat patients using telecommunication technology. Please see the Benefits Comparison Charts in this Decision Guide or contact the medical claims administrators if you have questions.

### Dependent Verification

Open Enrollment (OE) and certain qualifying events (QE) are opportunities to add eligible dependents to your coverage. SHBP requires documentation confirming eligibility of newly added dependents covered under the Plan. Please see the Eligibility & Enrollment Provisions at [www.dch.georgia.gov/shbp-plan-documents](http://www.dch.georgia.gov/shbp-plan-documents) for the acceptable documentation. Upon request, be prepared to submit this documentation. If you elect to cover dependents and do not provide documentation necessary to verify eligibility by the deadline, your dependents' coverage will cease without refund.

**NOTE:** All members must provide SHBP with their Taxpayer Identification Number (TIN) for themselves and their enrolled dependents. The most common type of TIN is a Social Security number (SSN), but for individuals who are not eligible for a SSN, members may submit an Individual Taxpayer Identification Number (ITIN) or Adoption Taxpayer Identification Number (ATIN).

## Non-Medical Benefits Enrollment Instructions

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

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

**NOTE:** All employees are encouraged to log into bswift and the State Health ADP enrollment portal to confirm their demographic information, dependent information, student status information, and beneficiary information. For reporting purposes, social security numbers and date of birth information must be provided and accurate. During Annual Enrollment you **MUST** enroll in the FSA/Section 125 plans online if you choose to participate in those plans for the new calendar year.

### HOW TO ENROLL ONLINE

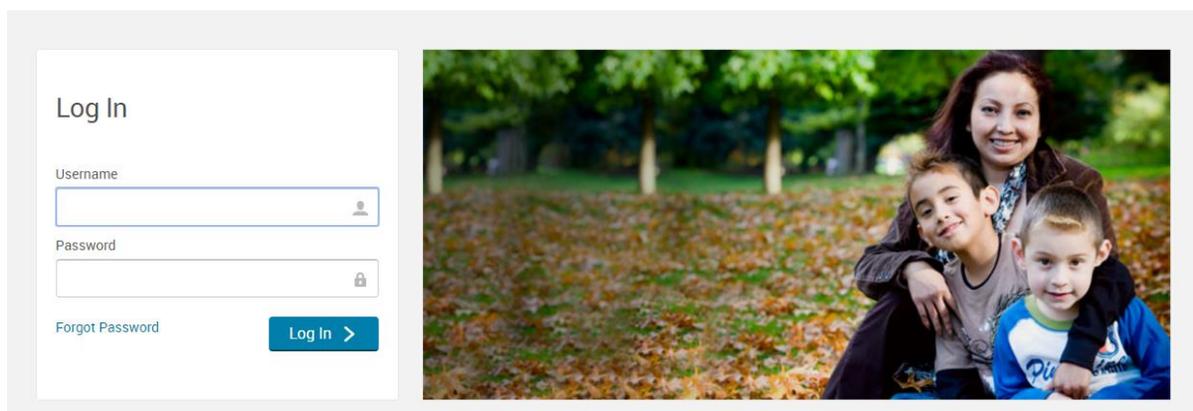
Go to: [www.pauldingschools.bswift.com](http://www.pauldingschools.bswift.com)

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

At the enrollment website enter your Username and Password.

- Username is the first initial 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.



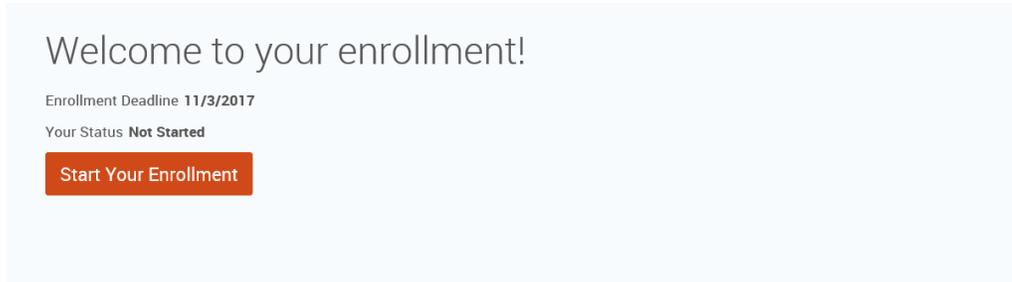
- Please go online to elect or decline coverage by November 5<sup>th</sup>.
- Please contact NFP at 678-535-6369 to speak with a benefit counselor if you need assistance with your enrollment.

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

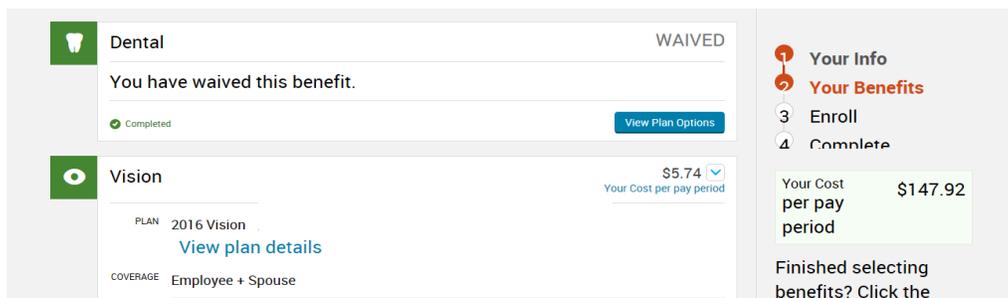
## How To Enroll Online

To Begin:

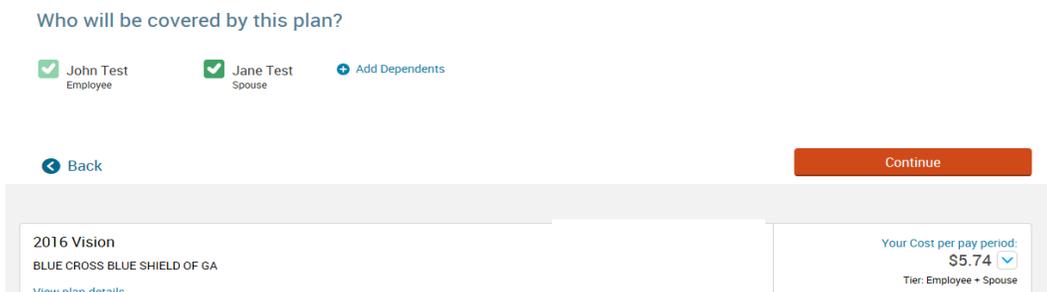
- 1) From the “Home Page” click on the “Start Your Enrollment” link, to begin the election process. Make sure you go to “My Profile” before you begin the enrollment process to confirm your demographic and dependent information , as well as add any new dependents.



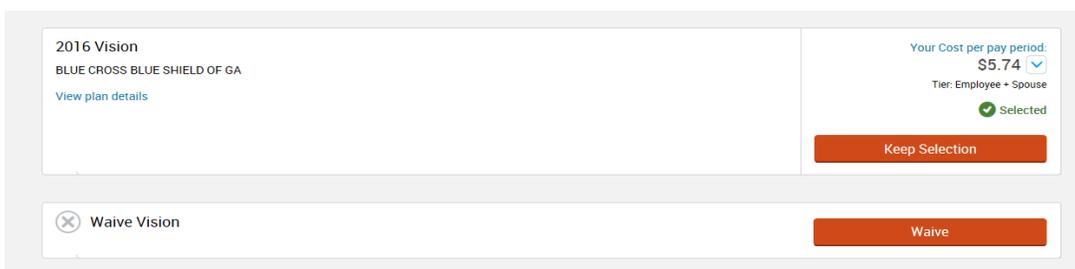
- 2) To select or change your current election, select the **View Plan Options** button for the corresponding benefit.



- 3) Select the dependents you wish to cover under that particular benefit plan. Then click on the **Continue** button.



- 4) Click on **View Plan Details** to see details for the corresponding plan. After making a decision, choose the appropriate tier using the drop down menu, then click the “**Select**” or “**Keep Selection**” button under the chosen plan.



## How to Enroll Online

- 5) Repeat this process for all remaining benefits. Please note that your per pay period deductions will total on the right hand side as you continue through the enrollment process. Once you have finished selecting benefits, click the Continue button on the right hand side.

|  |   |   |
|--|---|---|
|  <b>Dental</b>              | NO PLAN<br>SELECTED   | Your Cost<br>per pay<br>period<br>\$71.02                                 |
| <input type="text"/>   | <input type="button" value="I don't want this benefit (waive)"/> <input type="button" value="View Plan Options"/> |   |
|  <b>Vision</b>              | NO PLAN<br>SELECTED   |   |
| <input type="text"/>   | <input type="button" value="I don't want this benefit (waive)"/> <input type="button" value="View Plan Options"/> | Finished selecting<br>benefits? Click the<br>button below to<br>continue. |
|  <b>Basic Employee Life</b> | \$0.00<br>Your Cost per pay period  | <input type="button" value="Continue"/>                                   |

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

| <b>Primary Beneficiaries</b> (required)  |  Enroll<br>Beneficiaries<br>Review and<br>Confirm<br>Complete |                        |            |                      |                        |                    |          |                      |                        |                    |  |
|--|--|------------------------|------------|----------------------|------------------------|--------------------|----------|----------------------|------------------------|--------------------|--|
| <table border="1"> <thead> <tr> <th>Name</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>My Estate (Employee)</td> <td><input type="text"/> %</td> </tr> <tr> <td>Jane Test (Spouse)</td> <td>100.00 %</td> </tr> <tr> <td>James Test (Sibling)</td> <td><input type="text"/> %</td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>Total: 100%</b></td> </tr> </tbody> </table> |  | Name                   | Percentage | My Estate (Employee) | <input type="text"/> % | Jane Test (Spouse) | 100.00 % | James Test (Sibling) | <input type="text"/> % | <b>Total: 100%</b> |  |
| Name   |  | Percentage             |            |                      |                        |                    |          |                      |                        |                    |  |
| My Estate (Employee)   |  | <input type="text"/> % |            |                      |                        |                    |          |                      |                        |                    |  |
| Jane Test (Spouse)   |  | 100.00 %               |            |                      |                        |                    |          |                      |                        |                    |  |
| James Test (Sibling)   | <input type="text"/> %   |                        |            |                      |                        |                    |          |                      |                        |                    |  |
| <b>Total: 100%</b>   |  |                        |            |                      |                        |                    |          |                      |                        |                    |  |
| <input type="button" value="Add New Beneficiary"/>   |  |                        |            |                      |                        |                    |          |                      |                        |                    |  |
| <input type="button" value="Add Secondary Beneficiaries (optional)"/>  |  |                        |            |                      |                        |                    |          |                      |                        |                    |  |
| Secondary beneficiaries receive money if your primary beneficiaries are  | Your Cost<br>per pay<br>period<br>\$0.00   |                        |            |                      |                        |                    |          |                      |                        |                    |  |
|  | <input type="button" value="Continue"/>  |                        |            |                      |                        |                    |          |                      |                        |                    |  |

- 7) Review all your selections for accuracy. Once you have completed your review, click inside the box next to "I agree and I'm finished with my enrollment." Next click on the **Complete Enrollment** button.

|   |   |
|---|---|
| Once You've Reviewed All Your Selections:<br>Participation<br><br>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. |  Beneficiaries<br>Review and Confirm<br>Complete |
| <input type="checkbox"/> I agree, and I'm finished with my enrollment.  |   |
|   | <input type="button" value="Complete Enrollment"/>  |

- 8) Once you have successfully completed your enrollment, you will see the confirmation above. You will now have the option to view, print, or email your benefit confirmation statement.



### Your enrollment is complete!

 You may make changes to your elections until: **November 3, 2017**

You have completed your enrollment. Click the Print icon to print out a copy of your Confirmation Statement for your records or the Email icon to email yourself a copy of the Statement. If you would like to make changes to your enrollment, click on the plan's Edit Selection button.

|   |   |
|---|---|
| <b>Your Confirmation Statement is ready</b><br>Your Confirmation Statement is an overview of your new benefits and costs for your review and records. | <input type="button" value="VIEW"/> <input type="button" value="EMAIL"/> <input type="button" value="PRINT"/> |
|---|---|

## Dental Benefits – Administered by MetLife

Maintaining our dental health is a large component in our overall health. While brushing and flossing daily is important, routine dental exams and cleanings are necessary to remove bacteria, plaque, and tartar and detect early signs of gum disease. In addition, regular dental visits may actually help reveal other health issues.

The Paulding County School District offers dental coverage as summarized below.

| Plan Provisions   | Low Plan                                | High Plan  |
|---|---|--|
| <b>Calendar Year Deductible</b><br>Single<br>Family Max   | \$50<br>\$150                           | \$50<br>\$150  |
| <b>Annual Benefit Max</b>   | \$500 calendar year                     | \$1,000 calendar year                                  |
| <b>Diagnostic/Preventive Services</b><br><i>Periodic oral evaluation; prophylaxis (cleanings), x-rays; topical fluoride application</i> | 100% coverage<br>No Deductible          | 100% coverage<br>No Deductible                         |
| <b>Basic Treatment</b><br><i>Filling, sealants, simple extractions, general anesthesia</i>  | 40% coverage<br>(subject to deductible) | 80% coverage<br>(subject to deductible)                |
| <b>Major Treatment</b><br><i>Crowns, implants, dentures, periodontics, endodontics</i>  | 25% coverage<br>(subject to deductible) | 50% coverage<br>(subject to deductible)                |
| <b>Orthodontia (Child Only)</b><br><i>Child(ren) only up to age 26</i>  | Not covered                             | 50% coverage up to lifetime maximum benefit of \$1,000 |

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. Keep in mind, if your doctor charges more than the Plan's "reasonable and customary" charge, you may be required to pay the extra amount.

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

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

**For additional assistance contact:**

(800) 942-0854

**Group Number:**

158972



| Per Pay Period Dental Plan Deductions |          |           |
|---------------------------------------|----------|-----------|
| Coverage Tier                         | Low Plan | High Plan |
| Employee Only                         | \$18.70  | \$27.98   |
| Employee + 1 Dependent                | \$52.48  | \$78.56   |
| Employee + Family                     | \$74.92  | \$112.15  |

Please refer to the Certificate Booklet for full details. The Certificate Booklet/Contract will govern should a conflict arise related to the information contained in this summary.

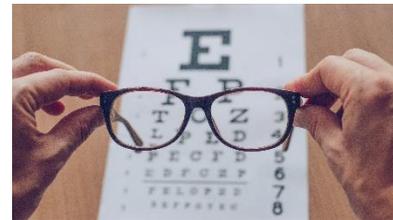
## Vision Benefits – Administered by Avesis

Good visual health can play an important role in our overall health. For those of us with eye care needs, having a Vision plan available from our employer can ultimately help offset some of those associated costs in preserving our eye health and ongoing wellness. Paulding County School District now provides employees with a choice between two vision plans which allows you to pick the coverage that best meets the needs of you and your family.

| Benefit                        | Base Plan  | Buy Up Plan                        |
|--------------------------------|--|------------------------------------|
| Vision Exam                    | \$10 copay   | \$10 copay                         |
| <b>Contact Lenses</b>          | <b>Allowance</b>   | <b>Allowance</b>                   |
| Elective                       | Up to \$130 allowance  | Up to \$130 allowance              |
| Medically Necessary            | Covered in full  | Covered in full                    |
| <b>Contacts Fitting</b>        |  |                                    |
| Standard                       | Covered in Full  | Covered in Full                    |
| <b>Standard Plastic Lenses</b> | <b>Copayment</b>   | <b>Copayment</b>                   |
| Single Vision                  | Covered in full after a \$20 copay                                 | Covered in full after a \$20 copay |
| Bifocal                        |  |                                    |
| Trifocal                       |  |                                    |
| <b>Frames</b>                  | \$50 wholesale allowance (approximate retail value is \$130-\$150) | \$150 allowance                    |
| <b>Frequency</b>               |  |                                    |
| Exam                           | Once every 12 months   | Once every 12 months               |
| Lenses                         | Once every 12 months   | Once every 12 months               |
| Frames                         | Once every 24 months   | Once every 12 months               |

Contact lenses are in lieu of spectacle lenses and frames. Prior authorization for medically necessary contacts is required. Contact lenses and out-of-network benefits are not subject to copayments.

| Coverage Tier          | Base Plan | Buy Up Plan |
|------------------------|-----------|-------------|
| Employee Only          | \$6.23    | \$7.47      |
| Employee + 1 Dependent | \$11.21   | \$13.31     |
| Employee + Family      | \$16.47   | \$19.56     |



For a complete list of providers near you, use our Provider Locator on [www.avesis.com](http://www.avesis.com).

Group Number: 20760-1007  
 Plan Numbers: 9258 (low plan)  
 150130DY3-L6 (high plan)

Please refer to the Certificate Booklet for full details. The Certificate Booklet /Contract will govern should a conflict arise related to the information contained in this summary.

## Basic Life/AD&D & Voluntary Life Insurance – Administered by Unum

Basic Term Life and AD&D Insurance provides valuable financial protection for your family. Paulding County School District is pleased to provide Basic Life & AD&D Insurance to all full-time employees at no cost to you.

- \$30,000 for all Full Time Administrators & Technical Professional Employees
- \$15,000 for all other Full Time Employees

Dependent Basic Life Insurance may be purchased for your spouse and/or children:

- \$5,000 for Eligible Spouse
- \$3,000 for each Eligible Child up to age 26

The cost for family coverage is \$2.00, which will apply regardless of the number of dependents covered. Please note that this coverage does not include an AD&D benefit.

Voluntary Term Life and AD&D Insurance is also available to provide additional financial protection for you and your family.

Please note that the voluntary life coverage has a one-time open enrollment. If you declined coverage when initially eligible and wish to enroll in this benefit, you must complete a health questionnaire (Evidence of Insurability) and be approved for coverage.

| Benefit                        | Coverage  |
|--------------------------------|---|
| Employee Voluntary Life/AD&D   | You can purchase coverage in increments of \$10,000 up to a maximum of \$500,000 not to exceed 6 x your annual salary.<br><br><b>New Hires:</b> You will have a guarantee issue (GI) amount of \$300,000 (not to exceed 6 x your annual salary). Employee elections over GI will require Evidence of Insurability.  |
| Spouse Voluntary Life/AD&D     | You can purchase coverage in increments of \$5,000 to a maximum of 100% of employee amount, not to exceed max of \$500,000.<br><br><b>New Hires:</b> You will have a guarantee issue amount of \$50,000 not to exceed 100% of the employee amount.  |
| Child(ren) Voluntary Life/AD&D | You can purchase coverage in increments of \$2,000 to a maximum of \$10,000 for children 6 months or older.<br><br>Children are eligible up to age 26.  |
| Annual Enrollment              | 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 yourself and any amount up to \$50,000 for your spouse. Any coverage over the Guarantee Issue amount will be subject to Evidence of Insurability (EOI). |

\*All new 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 or contact an NFP benefit consultant at 678-535-6369.

**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.**

## Short Term Disability – Administered by Unum

Short Term Disability (STD) insurance provides you with a weekly income if you are unable to work or have a reduced income due to a non-occupational illness or injury. You may choose between 3 salary replacement percentage levels: 40%, 50% or 60% of your before tax weekly earnings.

| Benefit                                    | Coverage   |
|--|--|
| Weekly Benefit Amount                      | 40%, 50% or 60% of your weekly salary to a maximum of \$1,500 per week   |
| Benefits Begin After (Elimination Period): | The later of your accumulated Sick Leave or 14 days (for sickness or injury)   |
| Maximum Benefit Duration:                  | 11 Weeks<br>Standard Pregnancy – 6 Weeks   |
| Contributions:                             | Payroll deductions are based on salary and age.<br><br>Note: Rates are age banded and will change at policy anniversary if you move into a new age band. |

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

### Definition of Disability

For Short Term Disability, you are considered disabled when Unum determines that:

- you are **limited** from performing the **material and substantial duties** of your **regular occupation** due to your **sickness or injury**; and
- you have a 20% or more loss in weekly earnings due to the same sickness or injury.

For Long Term Disability, you are considered disabled when Unum determines that:

- you are **limited** from performing the **material and substantial duties** of your **regular occupation** due to your **sickness or injury**; and
- you have a 20% or more loss in your **indexed monthly earnings** due to the same sickness or injury.

You can apply for coverage as a new hire without completing an Evidence of Insurability. Employees that add coverage during a scheduled enrollment period or within 31 days of a change in status, would be required to complete an Evidence of insurability form.

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

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

## Long Term Disability – Administered by Unum

A disability that keeps you out of work for an extended period of time can be a devastating experience, impacting your work and home life in drastic ways. Paulding County School District provides their full time eligible employees with the opportunity to purchase Long Term Disability. STD and LTD insurance, when combined, provide seamless protection against the financial consequences of a disability.

| Benefit                                    | Coverage   |
|--|--|
| Weekly Benefit Amount                      | 60% of your monthly salary to a maximum of \$10,000 per month, less income you may receive from other sources (e.g., Social Security, Workers' Compensation, TRS, etc.). |
| Duration of Benefits:                      | SSNRA (Social Security Normal Retirement Age)  |
| Benefits Begin After (Elimination Period): | 90 Days  |
| Pre-Existing Condition Limitations:        | 3 months prior / 12 month wait   |

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

### Pre-Existing Condition Exclusion

Pre-Existing Conditions are those conditions which you received medical treatment, care or consultation, including diagnostic measures or took prescribed drugs or medications during the 3 months preceding the effective date of this policy. Pre-Existing Conditions are not covered during the first 12 months of coverage.

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



## Accident Insurance – Administered by Aflac

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

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

### Examples of covered injuries include:

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

### Examples of covered expenses include:

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

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

| Covered Injuries  | Benefit Amount                                  |
|---|---|
| Fractures<br>Wrist - closed<br>Leg - closed<br>Hip - closed | Up to \$1,500<br>Up to \$1,800<br>Up to \$3,000 |
| Dislocations  | Up to \$5,000 based on a schedule               |
| Concussion  | \$250   |
| Coma  | \$3,000   |
| Burns   | Up to \$20,000 based on a schedule              |
| Dental Work, Emergency<br>Extraction<br>Crown               | \$100<br>\$300                                  |

| Emergency and Hospitalization Benefits                          | Benefit Amount   |
|---|------------------|
| Ambulance (group, once per incident)<br>Air Ambulance           | \$400<br>\$1,500 |
| Emergency Room Treatment  | \$250            |
| Hospital Admission  | \$1,500          |
| Hospital Confinement  | \$200 per day    |
| Medical Imaging Test  | \$300            |
| Outpatient Surgery performed within one year after the accident | \$600            |

Enrollment is simple - You can enroll online via the enrollment website at [www.pauldingschools.bswift.com](http://www.pauldingschools.bswift.com).

Portability – Employees can reach out to Aflac, upon termination of employment, to continue this coverage by paying Aflac directly.

If you were previously enrolled in the Unum Accident plan, you will automatically be enrolled in the Aflac Accident plan covering the same dependents.

| Monthly Premiums       |         |
|------------------------|---------|
| Employee Only          | \$11.65 |
| Employee + Spouse      | \$19.68 |
| Employee + Child (ren) | \$20.25 |
| Employee + Family      | \$28.28 |

## Critical Illness Coverage – Administered by Aflac

This benefit is designed to help employees offset the financial effects of a catastrophic illness with a lump sum benefit if an insured is diagnosed with a covered critical illness.

All eligible employees may elect this coverage for themselves or their family. Child coverage is automatically included with Employee coverage.

**If you were previously enrolled in the Unum Critical Illness plan, you will automatically be enrolled in the Aflac Critical Illness plan at the same level of coverage.**

| Benefit Overview                                |   |
|---|---|
| Critical Illness Basic Benefit Amount           | Employee - \$5,000 - \$40,000 available in increments of \$5,000<br>Spouse - 100% of Employee Amount<br>Child(ren) - 50% of Employee Amount (at initial enrollment)   |
| Invasive Cancer                                 | 100%  |
| Non-Invasive Cancer                             | 25%   |
| Heart Attack                                    | 100%  |
| Stroke  | 100%  |
| Coronary Artery Bypass Surgery                  | 100%  |
| Major Organ Transplant                          | 100%  |
| End Stage Renal Kidney Failure                  | 100%  |
| Permanent Paralysis                             | 100%  |
| Loss of Hearing, Sight or Speech                | 100%  |
| Coma  | 100%  |
| Specified Disease Rider                         | Addison's Disease, Cerebrospinal Meningitis, Diphtheria, Encephalitis, Huntington's Chorea, Legionnaire's Disease, Lyme Disease, Malaria, Muscular Dystrophy, Myasthenia Gravis, Necrotizing Fasciitis, Osteomyelitis, Polio, Rabies, Sickle Cell Anemia, Systemic Lupus, Tetanus, Tuberculosis, COVID (see schedule of benefits) |
| Wellness Benefit Rider/Health Screening Benefit | \$50 Benefit Per Year   |
| Pre-existing Condition/Waiting Period           | While you will not be denied coverage due to any pre-existing condition, you will not receive payment for any diagnosis that occurs prior to the plan effective date. For a secondary cancer diagnosis, your benefit payment could be limited by a correlation to your original diagnosis.  |
| Continuations of Coverage Portability Benefit   | Coverage is portable. Employees can keep their coverage if they change jobs or retire. Employees may continue all coverage, including riders, for the same face amount and the same premium.  |

**The cost of this coverage is based on the coverage amount you choose and your age at the time the benefit is obtained. Please see the bswift enrollment portal to determine your specific cost.**

## Hospital Indemnity Coverage – Administered by Aflac

This benefit provides assistance in the case of an extended hospital stay. This does cover hospital stays for maternity care. These reimbursements can assist you in offsetting the deductibles and coinsurance on your medical plans. The Hospital Indemnity plan is guaranteed issue, so no health questions are required.

| Benefit                               | Coverage                              |
|---------------------------------------|---------------------------------------|
| Hospital Confinement                  | \$1,000 per insured per calendar year |
| Daily Confinement                     | \$200 per day (maximum 31 days)       |
| Daily Intensive Care Unit Confinement | \$300 per day (maximum 10 days)       |
| Waiting period                        | 30 days for new employees             |
| Portability                           | Included                              |

| Monthly Premiums      |         |
|-----------------------|---------|
| Employee              | \$18.04 |
| Employee & Spouse     | \$36.38 |
| Employee & Child(ren) | \$29.18 |
| Family                | \$47.52 |

**If you were previously enrolled in the Unum Hospital Indemnity plan, you will automatically be enrolled in the Aflac Hospital Indemnity plan covering the same dependents.**



## Whole Life – Administered by Unum

While Term Life Insurance is an important benefit to maintain through your working years, Whole Life Insurance can also provide you with an additional level of Life Insurance coverage.

### **Don't leave your family unprotected, provide for them now with whole life insurance.**

Many employees choose our whole life insurance products because they offer the flexibility to meet a variety of personal needs. With whole life insurance plans, employees have a choice of benefit and premium amounts that fit their paycheck and lifestyle.

Employees also have access to the cash value accumulated in their plans and may use these savings for loans or withdrawals. And with our voluntary plans, employees own their coverage and can keep them in force even when they retire or change employers.

#### **• FLEXIBILITY TO MEET YOUR NEEDS**

Employee – Coverage amount: \$2,000 - \$300,000

Spouse – Coverage amount: \$2,000 - \$75,000 (not to exceed employee's coverage)

Children – Coverage amount: \$5,000 - \$50,000

#### **• BUILDS CASH VALUE**

In addition to having valuable life insurance protection, you can accumulate savings at a guaranteed rate of return. You have access to your cash value and have the ability to make loans or withdrawals.

#### **• ACCELERATED DEATH BENEFIT**

Terminally ill policy holders can request benefits early to help pay expenses.

#### **• LONG TERM CARE RIDER**

Your policy may include a long term care rider – see your plan administrator.

#### **• PERMANENT INSURANCE PROTECTION**

Once your insurance application has been approved and payroll deductions have started, the coverage is yours to keep by continuing to pay premiums. Your premium will never increase.

#### **• PORTABILITY**

Take your coverage with you if you leave the company (with certain stipulations).

**The cost of this coverage is based on the level of benefit you choose and your age. Please see the bswift enrollment portal to determine your specific cost.**

## Flexible Spending Accounts – Administered by TASC

The FSA consists of two separate accounts: a Health Care Spending Account and Dependent Care Spending Account. Enrollment in the 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, using funds you have contributed on a pre-tax basis. Enrollment in the Dependent Care Flexible Spending Account allows you to set aside pre-tax dollars to be used for eligible dependent care expenses. Flexible Spending is administered by TASC.

### Who is Eligible to Participate?

All full-time benefit eligible employees are able to participate in the flexible spending accounts.

### Elections under the Plan

Elections **may not be changed outside the Open Enrollment period** unless you have a change in family status. Eligible changes in status include:

- marriage or divorce or legal separation
- death of a spouse;
- birth or adoption of a child or a change in legal custody; and
- your or your spouse's new employment or termination of employment or other change in employment status that affects your or your spouse's eligibility for benefits.

If you change your election because of a change in family status, the change will be effective on the first day of the month following your election.

### Medical Flexible Spending Account (\$2,850 Annual Maximum Contribution)

Your Medical Flexible 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 Medical Flexible Spending Account cannot exceed \$2,850 during the plan year (as of January 1, 2023). You may roll over up to \$500 of unused funds at the end of the plan year. Expenses that are eligible for reimbursement from the Medical Flexible Spending Account include, but are not limited to, the following:

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

**All participants in the Medical and Dependent Care Flexible Spending Accounts will receive a debit card that can be used for eligible expenses at the time of purchase.**

### Dependent Care Spending Account (\$5,000 Annual Maximum Contribution)

A Dependent Care FSA can save you money on dependent care expenses you pay while you're at work. These include day care and summer camps for children under age 13 and care for an elderly parent.

- You can contribute up to \$5,000 a year if married and file income taxes jointly or \$2,500 if single or you're married and file separate income tax returns.
- Expenses can only be paid using the funds contributed at the time the claim is submitted.

## Legal Insurance – Administered by ARAG

### Save Time and Money with Legal Insurance

Legal insurance helps you address everyday situations like dealing with traffic tickets, resolving warranty issues or buying a home. When you need help, don't waste time looking for the right attorney or paying costly attorney fees, which average \$323 per hour. ARAG offers top-performing legal insurance which features:

- In-Office Services: Meet with an experienced attorney who can advise and represent you when you need someone on your side.
- Telephone Advice: Talk to a knowledgeable professional over the phone when you need information and direction to address legal matters.
- Online Resources: The ARAG Legal Center provides online tools and useful information to help you learn more about your legal issues on your own.

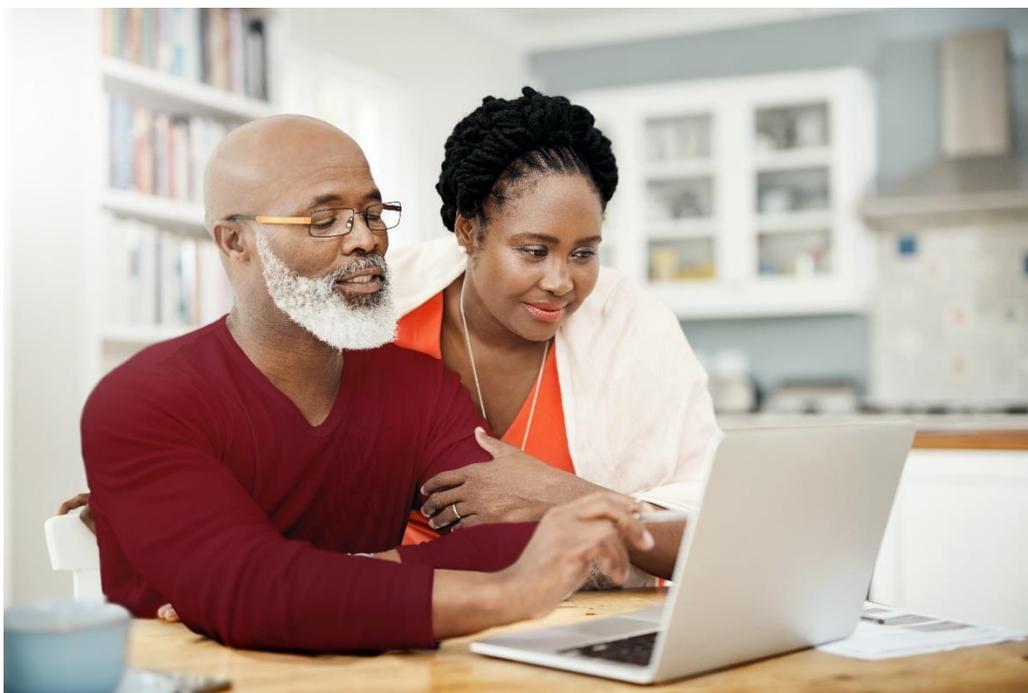
### What do I get for my money?

- You will receive in-office access to a nationwide network of more than 10,000 credentialed attorneys
- You can call a Network Attorney for unlimited legal advice to help prepare documents, letters or a Will
- You can use DIY Docs to help you create any of 300+ state-specific, legally valid documents online.

To view a complete list of this coverage, please visit the BRC site at [NFP Benefits Resource Center](#).

### What does it cost?

**\$22.00** per month covers your family



## Telehealth – FlexCare

You are just a few minutes away from having access to an exciting new benefit. This telemedicine benefit gives you and your family 24/7/365 access to board-certified physicians anywhere in the US via text, phone, video or mobile app.

Set up your FlexCare account now by either downloading the FlexCare Digital Health mobile app or online at [MyFlexCare.com](https://MyFlexCare.com).

### Online:

1. Visit [MyFlexCare.com](https://MyFlexCare.com); click on Member Portal; then click on Register Now
2. Enter your Full Name, Member Number (exactly as it appears above), Date of Birth, select Relationship, then enter an Email Address and a Password
3. Check the terms and conditions box; then click Register; then Activate Now
4. To add dependent, on the homepage, click Dependents, then Add Dependent

### Mobile App:

1. Download the FlexCare Digital Health mobile app; then click Register button
2. Enter your Member Number (exactly as it appears above), First and Last Name, Date of Birth, select Account Type, then enter an Email Address and a Password
3. Check the terms and conditions box; then click Register
4. To add dependents, click on the Account icon, then Dependents, then Add New Dependent

After adding a dependent, those over 18 will need to follow steps 1-3 above to create their own account (member number is the same for everyone in your household). Dependents under 18 will access FlexCare through your account.

If you have any issues or questions, you can email [Support@MyFlexCare.com](mailto:Support@MyFlexCare.com).



## Employee Assistance Program – Unum

In addition to the Basic Life/AD&D that Paulding County School District provides to benefit eligible employees, the following Employee Assistance Program and Work/Life Balance services are available to you at no cost.

### Who is covered?

Unum's EAP services are available to all eligible employees, their spouses or domestic partners, dependent children, parents and parents-in-law.

### Employee Assistance Program (EAP)

Your EAP is designed to help you lead a happier and more productive life at home and at work. Call for confidential access to a Licensed Professional Counselor who can help you.

A Licensed Professional Counselor can help you with:

- Stress, depression, anxiety
- Relationship issues, divorce
- Job stress, work conflicts
- Family and parenting problems
- Anger, grief and loss
- And more

Help is easy to access:

- Online/phone support: Unlimited, confidential, 24/7.
- In person: You can get up to 3 visits available at no additional cost to you with a Licensed Professional Counselor. Your counselor may refer you to resources in your community for ongoing support.

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### Work/Life Balance

You can also reach out to a specialist for help with balancing work and life issues. Just call and one of our Work/Life Specialists can answer your questions and help you find resources in your community.

Ask our Work/Life Specialists about:

- Child care
- Elder care
- Legal questions
- Identity theft
- Financial services, debt management, will preparation, credit report issues
- Even reducing your medical/dental bills!
- And more

To gain access to the Employee Assistance Program and other Work/Life Balance services available contact 1-800-854-1446 or visit their website at [www.unum.com/lifebalance](http://www.unum.com/lifebalance).

## Disclosure Notice - CHIP

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

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://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](http://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](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

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

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

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

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

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

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

U.S. Department of Health and  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option  
4, Ext. 61565

## Disclosure Notice

Unless otherwise noted, a paper copy is available, free of charge, by calling NFP at 678-535-6369.

### **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 31 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 31 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 31 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: [NFP Benefits Resource Center](#). A paper copy is also available, free of charge, by calling your Employer or NFP at 678-535-6369. 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: [NFP Benefits Resource Center](#). A paper copy is also available, free of charge, by calling your Employer or NFP at 678-535-6369. 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 [NFP Benefits Resource Center](#). A paper copy is also available, free of charge, by calling your Employer or NFP at 678-535-6369. 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 [NFP Benefits Resource Center](#). A paper copy is also available, free of charge, by calling your Employer.

## Why Would I Contact the NFP Service Center?

**Order ID Cards:** We can contact the insurance carrier directly and have your replacement card in ten to fifteen business days.

**Claim Resolution and Research:** We can help you understand your Explanation of Benefits (EOB) as well as contact the insurance carriers on your behalf. We can assist in appealing a denied claim or help you request a Prior Authorization (PA) from your physician as may be required by your medical carrier. We can also help you file out-of-network claims and assist with reimbursement if you require medical assistance while traveling outside of the United States.

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

**Request Copies of Any Necessary Forms:** Medical claim forms, out-of-network claim forms, evidence of insurability forms, short and long term disability claim forms and any other applicable forms are always available if the need should arise.

**Understanding Your Benefits:** We can assist you with questions regarding deductibles, copayments and coinsurance. We can explain waiting periods, elimination periods and eligibility rules.

**Explain Qualifying Events:** Most benefit plans require that you have a Qualifying Event (like marriage, birth of a child or other life event) to make a change in your election anytime other than during open enrollment. We work with your employer to ensure that your change follows the rules of the plan, that your request is allowed within the appropriate timeframes, and that you give proper documentation of the event.

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

**Enrollment Assistance:** The Service Center Representative can walk you through every step of the enrollment process. Whether it's an online enrollment or paper enrollment form, your Service Center Representative is available to help.

**Confirmation Statements:** We can provide copies of your online enrollment confirmation statement or a copy of your paper enrollment form at any time.

*The Service Center is available from 8:30 a.m. to 5:00 p.m. Monday through Friday to assist you. We have an after-hours voice mailbox and your call will be returned the next business day.*

678-535-6369

[NFPsecustomerservice@nfp.com](mailto:NFPsecustomerservice@nfp.com)

Benefit Resource Center Site  
[www.shawhankinsbenefits.net/pcsd](http://www.shawhankinsbenefits.net/pcsd)



**Contact Information**

| Plan                              | Administrator | Website   | Phone Number |
|-----------------------------------|---------------|---|--------------|
| Benefit/Enrollment Questions      | NFP           | Benefit Resource Center<br><a href="#">NFP Benefits Resource Center</a> | 678-535-6369 |
| Medical/State Health Benefit Plan | State Health  | <a href="#">myshbpga.adp.com</a>  | 800-610-1863 |
| Dental Benefits                   | MetLife       | <a href="#">metlife.com</a>   | 800-942-0854 |
| Vision Benefits                   | Avesis        | <a href="#">avesis.com</a>  | 855-214-6777 |
| Life and AD&D Insurance           | Unum          | <a href="#">unum.com</a>  | 866-679-3054 |
| Short Term Disability             | Unum          | <a href="#">unum.com</a>  | 866-679-3054 |
| Long Term Disability              | Unum          | <a href="#">unum.com</a>  | 866-679-3054 |
| Flexible Spending Accounts        | TASC          | <a href="#">tasconline.com</a>  | 800-422-4661 |
| Worksite Benefits                 | Aflac         | <a href="#">aflacgroupinsurance.com</a>                                 | 800-433-3036 |
| Legal                             | ARAG          | <a href="#">arag.com</a>  | 800-247-4184 |
| Telehealth                        | FlexCare      | <a href="#">Myflexcare.com</a>  | 404-846-4100 |

**Paulding County Benefits Office:**  
**770-443-8003**  
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