

2024



Benefits Enrollment Guide

2024 Paulding County School District Employee Benefits

Welcome to your Benefits Enrollment Guide for 2024.

Whether you are reading this Guide in preparation for Open Enrollment in the fall of 2023, or reading it as a newly hired employee in 2024, 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 2024.

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.



Table of Contents	Page
Employee Announcement	2
Open Enrollment Memo	4
Eligibility & Qualifying Events	5
Benefit Resource Center	6
SHBP Enrollment Instructions	7
SHBP Plan Overview	8-11
SHBP Rate Sheet	12
SHBP Additional Information	13
Non-Medical Benefits Enrollment Instructions- bswift	14-16
Dental Benefits	17
Vision Benefits	18
Basic Life/AD&D and Voluntary Term Life	19
Short Term Disability	20
Long Term Disability	21
Group Accident Coverage	22
Group Critical Illness Coverage	23
Group Hospital Indemnity Coverage	24
Term to 120 Life Coverage	25
Flexible Spending Accounts	26
Legal Insurance	27
Telehealth	28
Employee Assistance Program	29
Disclosure Notices	30-33
NFP Service Center	34
Contact List	35

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: 01/01/2024 -12/31/2024):

Enrollment opens at 12:00 a.m. on October 16th 2023 and closes at 11:59 p.m. on November 3rd 2023. 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 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. You MUST enroll the FSA/Section 125 plans if you wish to participate in the 2024 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 26th birthday.

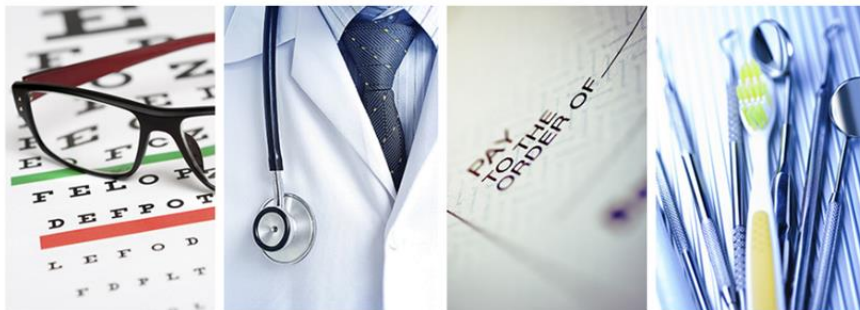
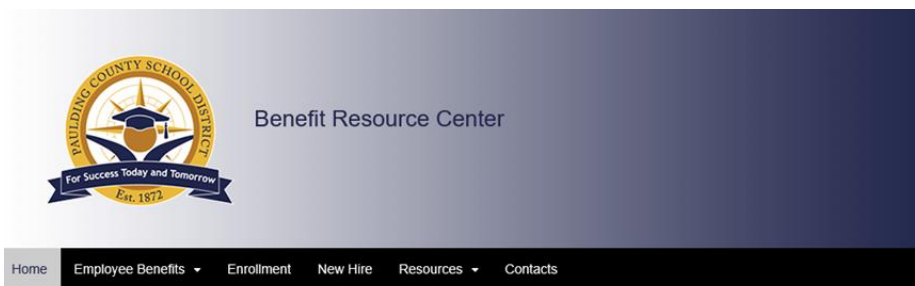
Qualifying Events: (refer to your Summary Plan Description - Special Enrollment Rights)

- Most benefit deductions are withheld from your paycheck on a pre-tax basis and therefore your ability to make changes to these benefits is restricted under Section 125 of the Internal Revenue Code.
- Once your elections become effective, you will not be able to change your elections until the next annual enrollment period unless you experience an eligible qualifying event.
- Examples of qualifying events include: a change in marital status; a change in the number of dependents due to birth, adoption, placement for adoption or death of a dependent; a change in employment status for yourself or spouse; loss or gain of coverage through your spouse; a change in dependents eligibility.
- 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

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 2024 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 2024 Plan Year.

Step 2: Under the OE window, **click** on **Continue** to proceed with your 2024 plan year enrollment.

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

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

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

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

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

Step 7: **Click** on **Go To Tobacco Surcharge question**. You **MUST** answer the Tobacco Surcharge question using the 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	
Deductible						
You	\$1,500	\$3,000	\$2,000	\$4,000	\$2,500	\$5,000
You + Spouse	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500
You + Child(ren)	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500
You + Family	\$3,000	\$6,000	\$4,000	\$8,000	\$5,000	\$10,000
HRA credits will reduce "You Pay" amounts						
Out-of-Pocket Maximum						
You	\$4,000	\$8,000	\$5,000	\$10,000	\$6,000	\$12,000
You + Spouse	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000
You + Child(ren)	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000
You + Family	\$8,000	\$16,000	\$10,000	\$20,000	\$12,000	\$24,000
HRA credits will reduce "You Pay" amounts						
HRA	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	
Physician's Services	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
Tier 1 Coinsurance	15% (\$20 min/\$50 max); not subject to deductible
Tier 2 Coinsurance Preferred Brand	25% (\$50 min/\$80 max); not subject to deductible
Tier 3 Coinsurance Non-preferred Brand	25% (\$80 min/\$125 max); not subject to deductible
Participating 90-day Voluntary Mail Order or Retail 90-day Network	Tier 1 - 15% (\$50 min/\$125 max) Tier 2 - 25% (\$125 min/\$200 max) Tier 3 - 25% (\$200 min/\$313 max)
Note: Amounts you pay for Rx go toward the out-of-pocket maximum.	



SHBP – HMO & HDHP Benefit Summary

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

SHBP – HMO & HDHP Benefit Summary

	Anthem BCBSGA / UnitedHealthcare Statewide HMO Option	UnitedHealthcare HDHP Option	KP Regional HMO Option
HMO HDHP Pharmacy	You Pay	You Pay	You Pay
Tier 1 Coinsurance	\$20 copay		\$20 copay
Tier 2 Coinsurance Preferred Brand	\$50 copay	70% coverage; after deductible is met *	\$50 copay
Tier 3 Coinsurance Non-preferred Brand	\$90 copay		\$80 copay
Participating 90-day Voluntary Mail Order or Retail 90-day Network	Tier 1 - \$50 copay Tier 2 - \$125 copay Tier 3 - \$225 copay	70% coverage; after deductible is met *	Tier 1 - \$50 copay Tier 2 - \$125 copay 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 2024 – DECEMBER 2024

	Employee	Employee + Child(ren)	Employee + Spouse	Family
Anthem BlueCross and BlueShield				
HRA GOLD	\$188.56	\$343.04	\$464.72	\$619.20
HRA SILVER	\$125.19	\$235.32	\$331.65	\$441.78
HRA BRONZE	\$ 77.69	\$154.57	\$231.90	\$308.78
HMO	\$148.53	\$274.99	\$380.66	\$507.12
United Healthcare				
HMO	\$177.91	\$324.94	\$442.36	\$589.39
High Deductible	\$ 63.36	\$130.20	\$201.80	\$268.64
Kaiser Permanente				
HMO (Regional HMO)	\$169.54	\$311.96	\$430.64	\$573.06

State Health Provider
800-610-1863
www.dch.georgia.gov/shbp

Anthem Blue Cross Blue Shield
855-641-4862
www.bcbsga.com/shbp

United HealthCare
888-364-6352
www.myuhc.com

Kaiser Permanente
855-512-5997
www.my.kp.org/shbp/

PeachCare for Kids
877-427-3224
www.peachcare.org

Tri-Care Supplement
866-637-9911
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 2023 and who failed to answer the surcharge question for 2024 will continue to be assessed the surcharge for 2024.

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 or by calling Sharecare at: 888-616-6411. For KP members, please go to 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, 2023. Well-being incentive points not redeemed by midnight ET on December 15th will rollover to the next plan year as well-being incentive credits.

IMPORTANT 2024 WELLNESS NOTES: There is still time for Anthem Blue Cross and Blue Shield of Georgia and United Healthcare members and their covered spouses to earn the 2023 well-being incentive credits. If you have not completed the required health actions or have not taken any actions, you have until November 30, 2023 to earn the 2023 well-being incentive credits. And remember, any unused well-being incentive credits earned in 2023 will roll over in April 2024 to whichever Plan Option and/or vendor you choose to help offset out-of-pocket expenses during the 2024 Plan Year. If you have questions or need help getting started, visit 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 2023 wellness incentive program. KP members and their covered spouses have until November 30, 2023 to complete all four wellness activities to receive a \$500 reward card. Visit KP's website at www.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 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

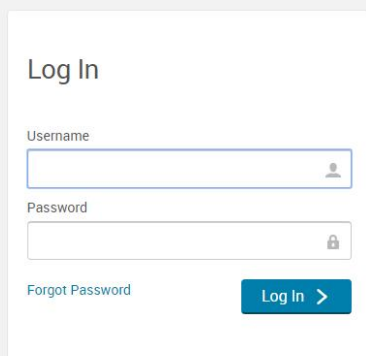
Go to: www.pauldingschools.bswift.com

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.

A screenshot of the bswift login interface. It features a 'Log In' heading, a 'Username' field with a person icon, a 'Password' field with a lock icon, a 'Forgot Password' link, and a blue 'Log In >' button.

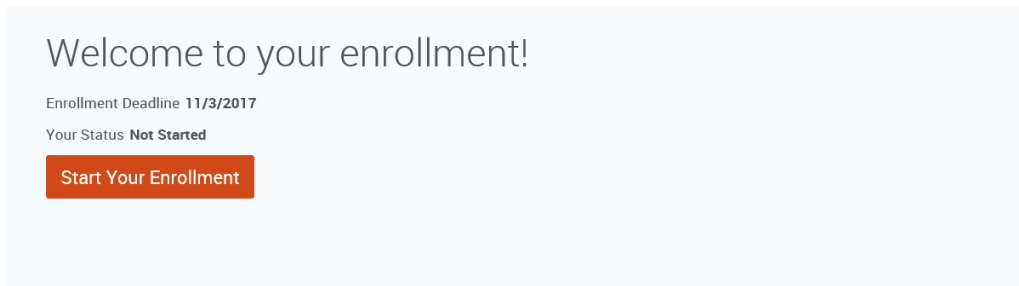
- Please go online to elect or decline coverage by November 5th.
- Please contact NFP at 678-535-6369 to speak with a benefit counselor if you need assistance with your enrollment.

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.



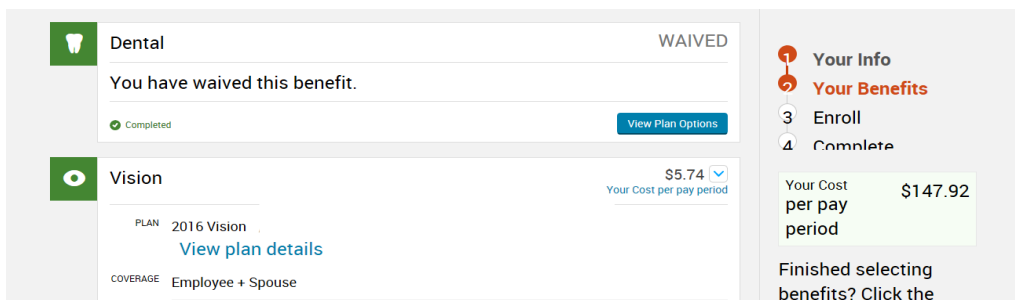
Welcome to your enrollment!

Enrollment Deadline 11/3/2017

Your Status **Not Started**

[Start Your Enrollment](#)

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



Dental WAIVED

You have waived this benefit.

☒ Completed [View Plan Options](#)

Vision \$5.74
Your Cost per pay period

PLAN 2016 Vision [View plan details](#)

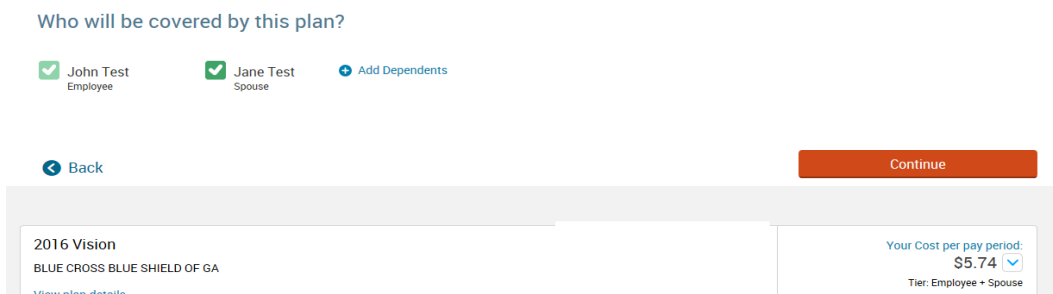
COVERAGE Employee + Spouse

1 Your Info
2 Your Benefits
3 Enroll
4 Complete

Your Cost per pay period **\$147.92**

Finished selecting benefits? Click the

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



Who will be covered by this plan?

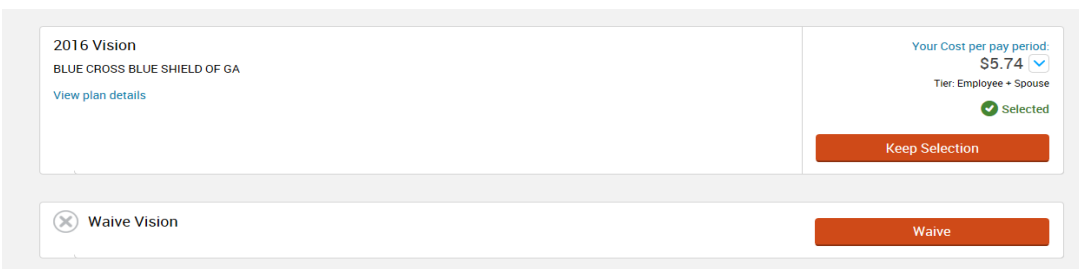
☒ John Test Employee ☒ Jane Test Spouse [+ Add Dependents](#)

[Back](#) [Continue](#)

2016 Vision
BLUE CROSS BLUE SHIELD OF GA
[View plan details](#)

Your Cost per pay period: \$5.74
Tier: Employee + Spouse

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



2016 Vision
BLUE CROSS BLUE SHIELD OF GA
[View plan details](#)

Your Cost per pay period: \$5.74
Tier: Employee + Spouse
☒ Selected

[Keep Selection](#)

☒ Waive Vision [Waive](#)

How to Enroll Online

- 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.

Dental

NO PLAN
SELECTED

Vision

NO PLAN
SELECTED

Basic Employee Life

\$0.00

Your Cost per pay period

Your Cost per pay period **\$71.02**

Finished selecting benefits? Click the button below to continue.

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

Primary Beneficiaries (required)

Name	Percentage
My Estate (Employee)	<input type="text"/> %
Jane Test (Spouse)	100.00 %
James Test (Sibling)	<input type="text"/> %
Total: 100%	

☒ Add Secondary Beneficiaries (optional)

Secondary beneficiaries receive money if your primary beneficiaries are

3

Enroll Beneficiaries

Review and Confirm

4 Complete

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

- 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:

Participation

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

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

Beneficiaries

Review and Confirm

4 Complete

- 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.

Your Confirmation Statement is ready

Your Confirmation Statement is an overview of your new benefits and costs for your review and records.

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
Calendar Year Deductible Single Family Max	\$50 \$150	\$50 \$150
Annual Benefit Max	\$500 calendar year	\$1,000 calendar year
Diagnostic/Preventive Services <i>Periodic oral evaluation; prophylaxis (cleanings), x-rays; topical fluoride application</i>	100% coverage No Deductible	100% coverage No Deductible
Basic Treatment <i>Filling, sealants, simple extractions, general anesthesia</i>	40% coverage (subject to deductible)	80% coverage (subject to deductible)
Major Treatment <i>Crowns, implants, dentures, periodontics, endodontics</i>	25% coverage (subject to deductible)	50% coverage (subject to deductible)
Orthodontia (Child Only) <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](https://www.metlife.com) and go to I Want To Find a MetLife Dentist.

Enter your zip code and select the **PDP Plus** network. Enter your search criteria and click on the 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
Contact Lenses	Allowance	Allowance
Elective	Up to \$130 allowance	Up to \$130 allowance
Medically Necessary	Covered in full	Covered in full
Contacts Fitting	Covered in Full	Covered in Full
Standard		
Standard Plastic Lenses	Copayment	Copayment
Single Vision	Covered in full after a \$20 copay	Covered in full after a \$20 copay
Bifocal		
Trifocal		
Frames	\$50 wholesale allowance (approximate retail value is \$130-\$150)	\$150 allowance
Frequency	Once every 12 months	Once every 12 months
Exam	Once every 12 months	Once every 12 months
Lenses	Once every 24 months	Once every 12 months
Frames		

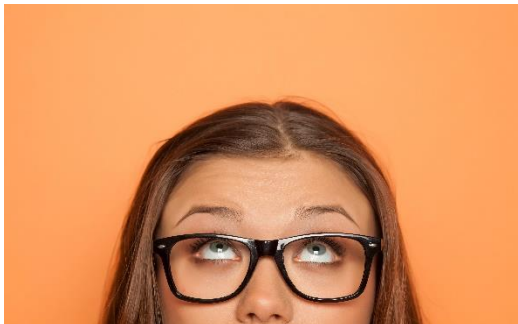
Contact lenses are in lieu of spectacle lenses and frames. Prior authorization for medically necessary contacts is required. Contact lenses and out-of-network benefits are not subject to copayments.

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

Group Number:
20760-1007

Plan Numbers:
9258 (low plan)
50130DY3-L6 (high plan)

For a complete list of providers near you, use our Provider Locator on www.avesis.com.



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

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. New Hires: 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. New Hires: 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. 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 Standard Pregnancy – 6 Weeks
Contributions:	Payroll deductions are based on salary and age. Note: Rates are age banded and will change at policy anniversary if you move into a new age band.

****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

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	
Wrist - closed	Up to \$1,500
Leg - closed	Up to \$1,800
Hip - closed	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	
Extraction	\$100
Crown	\$300

Emergency and Hospitalization Benefits	Benefit Amount
Ambulance (group, once per incident)	\$400
Air Ambulance	\$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.

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

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.

Benefit Overview	
Critical Illness Basic Benefit Amount	Employee - \$5,000 - \$40,000 available in increments of \$5,000 Spouse - 100% of Employee Amount 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	None
Portability	Included

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



Permanent Life Coverage- Aflac

Permanent Life Insurance is an important benefit to maintain through your working years, and retirement years.

Don't leave your family unprotected, provide for them now with the Aflac term to 120 life insurance policy.

This life benefit offers a simple and affordable guaranteed issue life insurance benefit to protect the financial well-being of your family.

This coverage includes a benefit that will never decrease and rates that never increase. All coverage is guaranteed through age 120.

• **FLEXIBILITY TO MEET YOUR NEEDS**

Employee – Coverage amounts up to \$150,000

Spouse – Coverage amounts up to \$50,000 (not to exceed 50% employee's coverage)

Child - \$25,000 in coverage

Includes:

- **Waiver of premium if you become disabled**
- **Accelerated benefit with terminal illness and chronic conditions**
- **Additional benefit for accidental death**

• **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).

If you are currently enrolled in the Unum Whole Life coverage, your coverage will continue via payroll deduction.

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 Medcom

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 Medcom.

Who is Eligible to Participate?

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

Medical Flexible Spending Account (\$3,050 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 \$3,050 during the plan year (as of January 1, 2024). **For the 2024 Plan Year, you will not be able to rollover any unused funds. You will have until March 31, 2025 to spend and submit all funds. Any money left in the FSA after that deadline will be forfeited.**

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

The FSA Store is a great way to spend unused funds www.fsastore.com.

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

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.

Online:

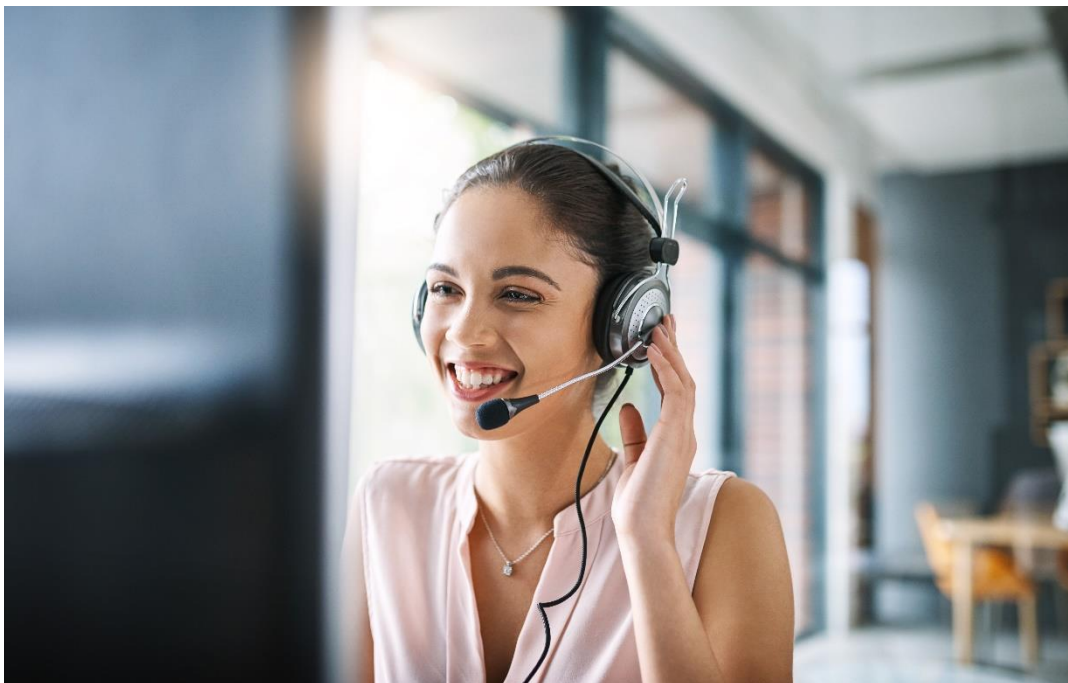
1. Visit MyFlexCare.com; click on Member Portal; then click on Register Now
2. Enter your Full Name, Member Number (exactly as it appears above), Date of Birth, select Relationship, then enter an Email Address and a Password
3. Check the terms and conditions box; then click Register; then Activate Now
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.



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.

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.

Disclosure Notice - CHIP

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility.

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442
ALASKA – Medicaid	FLORIDA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268
ARKANSAS – Medicaid	GEORGIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	GA HIPP Website: https://medicaid.georgia.gov/healthinsurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-partyliability/childrens-health-insurance-program-reauthorizationact-2009-chipra Phone: 678-564-1162, Press 2
CALIFORNIA – Medicaid	INDIANA – Medicaid
Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584 Phone 1-800-403-0864

IOWA – Medicaid and CHIP (Hawki)	NEBRASKA – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-to-z/hipp HIPP Phone: 1-888-346-9562	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KANSAS – Medicaid	NEVADA – Medicaid
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
KENTUCKY – Medicaid	NEW HAMPSHIRE – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: https://www.dhhs.nh.gov/oil/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
LOUISIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Medicaid Website: http://www.state.nj.us/humanservice/s/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MAINE – Medicaid	NEW YORK – Medicaid
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofa/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MASSACHUSETTS – Medicaid and CHIP	NORTH CAROLINA – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MINNESOTA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.nd.gov/dhs/services/medica/serv/medicaid/ Phone: 1-844-854-4825
MISSOURI – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742

PENNSYLVANIA – Medicaid	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
SOUTH DAKOTA – Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://health.wyo.gov/healthcarefin/medicaid/p-rogams-andeligibility/ Phone: 1-800-251-1269
PENNSYLVANIA – Medicaid	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

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

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

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

Benefit Resource Center Site
www.shawhankinsbenefits.net/pcsd



Contact Information

Plan	Administrator	Website	Phone Number
Benefit/Enrollment Questions	NFP	Benefit Resource Center NFP Benefits Resource Center	678-535-6369
Medical/State Health Benefit Plan	State Health	myshbpga.adp.com	800-610-1863
Dental Benefits	MetLife	metlife.com	800-942-0854
Vision Benefits	Avesis	avesis.com	855-214-6777
Life and AD&D Insurance	Unum	unum.com	866-679-3054
Short Term Disability	Unum	unum.com	866-679-3054
Long Term Disability	Unum	unum.com	866-679-3054
Flexible Spending Accounts	Medcom	medcom.com	800-523-7542
Worksite Benefits	Aflac	aflacgroupinsurance.com	800-433-3036
Legal	ARAG	arag.com	800-247-4184
Telehealth	FlexCare	Myflexcare.com	404-846-4100

Paulding County Benefits Office:

770-443-8003

Burton Turner BTurner@paulding.k12.ga.us

Denise Lawton Dlawton@paulding.k12.ga.us





www.NFP.com
678-535-6369