



# 2026 Benefits Guide

JANUARY 1, 2026 – DECEMBER 31, 2026





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# Welcome

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At Paulding County School District, employee contributions are deeply valued and recognized as essential to the organization’s success. Each year, the district strives to provide benefit plans that not only acknowledge dedication and hard work but also offer comprehensive and affordable health and wellness protection for employees and their families.

This guide presents a summary of the benefit offerings for the 2026 plan year. It is recommended to review the contents thoroughly when preparing to make benefit elections, ensuring selections align with individual and family needs. For more detailed information, refer to the plan benefit booklets or summary plan descriptions (SPDs).

## ABOUT THIS GUIDE

This Benefits Guide describes the highlights of the Paulding County School District Benefits Programs in non-technical language. Your specific rights to benefits under this program are governed solely, and in every respect, by the official plan documents and not the information contained within this Benefits Guide.

In the event there is any discrepancy between the descriptions of the program elements contained within this Benefits Guide and the official plan documents, the language of the official plan documents shall prevail. Please refer to the plan-specific documents published by each of the respective carriers or third-party administrators for detailed plan information. Eligibility for any benefit plan is determined by plan documents and policies. You should be aware that any and all elements of our Benefits Program may be modified, amended, updated, or terminated in the future—without agreement of any employee or participant—to meet our obligations under relevant law (including Internal Revenue Service and U.S. Department of Labor rules) or otherwise as determined by Paulding County School District. If you have any questions regarding this Benefits Guide, please contact Human Resources.

## Plan Year Highlight

- Medical will remain with State Health Benefit Plans
- Dental will remain with MetLife
- Vision is now offered through MetLife

# Eligibility & Enrollment

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## PLAN YEAR

Paulding County School District benefit plan year begins on January 1 and ends on December 31. This benefit guide outlines the benefits that apply for the 2026 plan year.

## EMPLOYEE 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.

## DEPENDENT ELIGIBILITY

Your eligible dependents may include:

- Your legal spouse
- Your child(ren) up to age 26 including natural children, legally adopted children, and stepchildren
- Your child(ren) over age 26 who are not able to support themselves due to a physical or mental disability

**Please Note:** Enrolling someone who is not qualified as a dependent is considered insurance fraud. If enrolling dependents under any plans, please provide NFP with documents showing proof of relationship.

## WHEN CAN I CHANGE MY COVERAGE?

The elections you make during your enrollment period will remain in place for the entire plan year, unless you experience one of the following Qualifying Life Events:

- Changes to legal marital status – marriage, divorce, death, legal separation or annulment
- Change in number of tax dependents – birth, adoption, placement of a foster child, death
- Changes in employment status for either employee or spouse
- Changes in work schedule of either employee or spouse, including reduction/increase in work hours
- Dependents becoming ineligible
- Entitlement to Medicare
- 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.

If you qualify for a change in your benefits, please notify Paulding County School District and NFP **within 30 days** of the change in status. You will need to provide proof of the change.

# State Health Enrollment Instructions

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**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 2026 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 2026 Plan Year.

**Step 2:** Under the OE window, **click on Continue** to proceed with your 2026 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](mailto:SHBP@paulingcounty.org) at 800-610-1863.**

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# State Health Benefit Plan HRA Summary

See the summary of your medical and prescription benefits below. For complete details, exclusions and limitations, and out-of-network benefits, see the Certificates of Coverage which are available from Human Resources.

Covered Services	Anthem BCBSGA, Gold HRA Option		Anthem BCBSGA, Silver HRA Option		Anthem BCBSGA, Bronze HRA Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Covered Services</b>	<b>You Pay</b>		<b>You Pay</b>		<b>You Pay</b>	
<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>	<b>The Plan Pays</b>		<b>The Plan Pays</b>		<b>The Plan Pays</b>	
You	\$400		\$200		\$100	
You + Spouse	\$600		\$300		\$150	
You + Child(ren)	\$600		\$300		\$150	
You + Family	\$800		\$400		\$200	
<b>Physician's Services</b>	<b>The Plan Pays</b>		<b>The Plan Pays</b>		<b>The Plan Pays</b>	
Primary Care Physician or Specialist Office or Clinic Visits (illness or injury)	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
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	60% coverage; subject to deductible	80% coverage not subject to deductible	60% coverage; subject to deductible	75% coverage not subject to deductible	60% coverage; subject to deductible

# State Health Benefit Plan HRA Rx Summary

HRA Pharmacy	You Pay
<b>Tier 1 Coinsurance</b>	15% (\$5 min/\$10 max); not subject to deductible
<b>Tier 2 Coinsurance</b> Preferred Brand	25% (\$55 min/\$85 max); not subject to deductible
<b>Tier 3 Coinsurance</b> Non-preferred Brand	25% (\$85 min/\$130 max); not subject to deductible
<b>Participating 90-day Voluntary Mail Order or Retail 90-day Network</b>	Tier 1 - 15% (\$12.50 min/\$25 max) Tier 2 - 25% (\$137.50 min/\$212.50 max) Tier 3 - 25% (\$212.50 min/\$325 max)

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



# State Health Benefit Plan HMO & HDHP Benefit Summary

Covered Services	Anthem BCBSGA / UnitedHealthcare Statewide HMO Option		United Healthcare HDHP Option		KP Regional HMO Option	
	In-Network	Out-of- Network	In-Network	Out-of- Network	In-Network	Out-of- Network
<b>Covered Services</b>	<b>You Pay</b>		<b>You Pay</b>		<b>You Pay</b>	
<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>	<b>The Plan Pays</b>		<b>The Plan Pays</b>		<b>The Plan Pays</b>	
You						
You + Spouse	N/A		N/A		N/A	
You + Child(ren)						
You + Family						
<b>Physician's Services</b>	<b>The Plan Pays</b>		<b>The Plan Pays</b>		<b>The Plan Pays</b>	
Primary Care Physician or Specialist Office or Clinic Visits (illness or injury)	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 / \$45 Specialist copay		70% coverage not subject to deductible	Not Covered	100% coverage	

# State Health Benefit Plan HMO & HDHP Rx

HMO HDHP Pharmacy	Anthem BCBSGA / UnitedHealthcare Statewide HMO Option	UnitedHealthcare HDHP Option	KP Regional HMO Option
	You Pay	You Pay	You Pay
<b>Tier 1 Coinsurance</b>	\$5 copay		\$20 copay
<b>Tier 2 Coinsurance</b> Preferred Brand	\$55 copay	70% coverage; after deductible is met *	\$50 copay
<b>Tier 3 Coinsurance</b> Non-preferred Brand	\$95 copay		\$80 copay
<b>Participating 90-day Voluntary Mail Order or Retail 90-day Network</b>	Tier 1 - \$12.50 copay Tier 2 - \$137.50 copay Tier 3 - \$237.50 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 do not go toward the out-of-pocket maximum for Anthem or UHC HMO, but do for the UHC HDHP.*

*\*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

<b>Anthem BlueCross and BlueShield</b>	<b>Employee</b>	<b>Employee + Child(ren)</b>	<b>Employee + Spouse</b>	<b>Family</b>
<b>HRA GOLD</b>	\$213.71	\$390.68	\$531.82	\$708.79
<b>HRA SILVER</b>	\$146.11	\$275.76	\$389.86	\$519.51
<b>HRA BRONZE</b>	\$92.12	\$183.97	\$276.48	\$368.33
<b>HMO</b>	\$177.21	\$328.63	\$455.17	\$606.59
<b>United Healthcare</b>				
<b>HMO</b>	\$217.19	\$396.59	\$539.13	\$718.53
<b>High Deductible</b>	\$81.11	\$165.26	\$253.36	\$337.51
<b>Kaiser Permanente</b>				
<b>HMO (Regional HMO)</b>	\$177.21	\$328.63	\$455.17	\$606.59

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  
[www.my.kp.org/shbp/](http://www.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 2024 and who failed to answer the surcharge question for 2025 will continue to be assessed the surcharge for 2025.

## 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

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## WELLNESS INCENTIVE CREDITS

All well-being incentive points must be redeemed by midnight Eastern Time on December 15, 2026. 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 2026 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 2025 well-being incentive credits. If you have not completed the required health actions or have not taken any actions, you have until December 2, 2025 to earn the 2025 well-being incentive credits. And remember, any unused well-being incentive credits earned in 2025 will roll over in April 2026 to whichever Plan Option and/or vendor you choose to help offset out-of-pocket expenses during the 2026 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 2025 wellness incentive program. KP members and their covered spouses have until December 1, 2025 to complete all four wellness activities to receive a \$500 reward card. Visit KP's website at [www.my.kp.org/shbp](http://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](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

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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: <https://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.

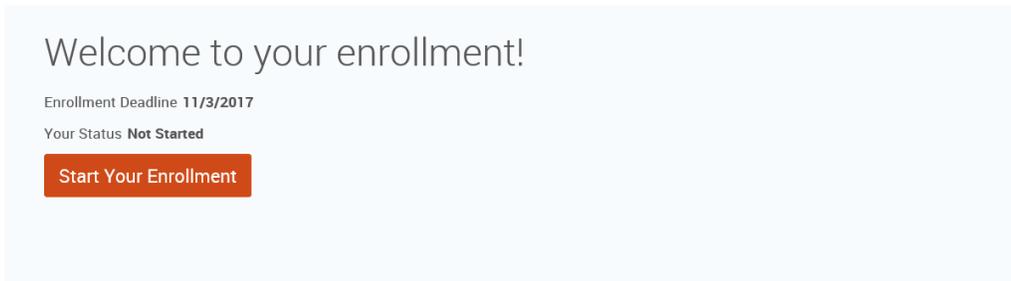
- Please go online to elect or decline coverage by November 7<sup>th</sup>.
- Please contact NFP at 678-535-6369 to speak with a benefit counselor if you need assistance with your enrollment.

**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.**

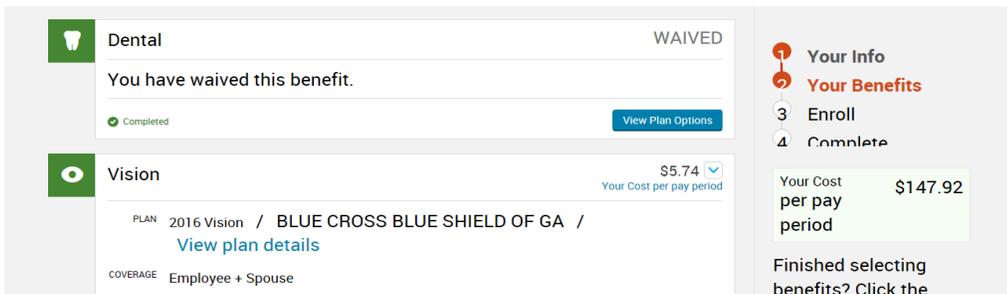
# How To Enroll Online

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.



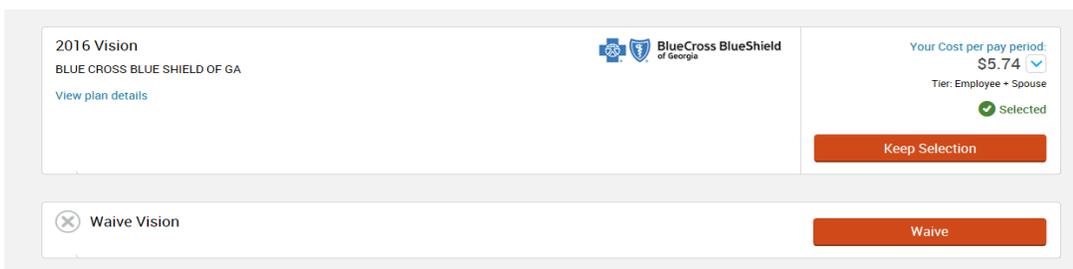
- 2) To select or change your current election, select the **View Plan Options** button for the corresponding benefit.



- 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.

The screenshot shows three benefit selection cards. Each card has a 'NO PLAN SELECTED' status and a 'View Plan Options' button. The 'Basic Employee Life' card shows a cost of '\$0.00' per pay period. To the right, a summary box displays 'Your Cost per pay period' as '\$71.02' and includes a 'Continue' button.

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

The screenshot shows the 'Primary Beneficiaries (required)' section with a table:

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

Total: 100%

Buttons: Add New Beneficiary, Add Secondary Beneficiaries (optional)

Text: Secondary beneficiaries receive money if your primary beneficiaries are

On the right, a progress bar shows 'Enroll Beneficiaries' as 'Review and Confirm' and 'Complete'. A summary box shows 'Your Cost per pay period' as '\$0.00' and a 'Continue' button.

- 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.

The screenshot shows a confirmation box with the text: 'Once You've Reviewed All Your Selections: Participation' and a paragraph of legal acknowledgment. Below the text is a checkbox labeled 'I agree, and I'm finished with my enrollment.' To the right, a progress bar shows 'Beneficiaries' as 'Review and Confirm' and 'Complete'. A 'Complete Enrollment' button is highlighted.

- 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.

Your Confirmation Statement is ready

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

VIEW EMAIL PRINT

# Dental Plan Highlights



	LOW PLAN	HIGH PLAN
<b>In-Network Only</b>		
<b>Calendar Year Deductible</b> For Individual Family Aggregate	\$50 \$150	\$50 \$150
<b>Diagnostic &amp; Preventive</b> Cleanings, exams, x-rays, sealants, space maintainers and fluoride treatments	Covered 100%	Covered 100%
<b>Basic Services</b> Fillings (including tooth-colored fillings on posterior teeth), repairs, extractions, oral surgery, general anesthesia	40% subject to deductible	80% subject to deductible
<b>Major Services</b> Inlays, onlays, crowns, bridges and implants, endodontics and periodontics	25% subject to deductible	50% subject to deductible
<b>Orthodontic Services</b>	N/A	50%
<b>Lifetime Orthodontia Max</b>	N/A	\$1,000
<b>Annual Benefit Maximum (calendar year)</b>	\$1,000	\$1,500

MONTHLY CONTRIBUTION RATES	LOW PLAN	HIGH PLAN
<b>Employee Only</b>	\$22.68	\$33.94
<b>Employee + 1 Dependent</b>	\$63.64	\$95.28
<b>Employee &amp; Family</b>	\$90.87	\$136.02

Dental coverage is offered through MetLife. You may view your benefits, print an ID card and locate in-network dental providers by visiting [www.metlife.com](http://www.metlife.com).

## Want To Find A MetLife Dentist?

- Log on to 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.

## REIMBURSEMENT SCHEDULE FOR OUT-OF-NETWORK BENEFITS

There are two different types of reimbursement schedules for dental plans: Maximum Allowable Charge (MAC) and Usual, Customary and Reasonable (UCR).

- 90% UCR Percentage

# Vision Plan Highlights



# MetLife

	LOW PLAN	HIGH PLAN
<b>VSP Network</b>	<b>In-Network Only</b>	<b>In-Network Only</b>
<b>Eye Exams</b> Routine Eye Exam Contact Lens Fitting/Follow-up	\$10 copay Standard: No Cost	\$10 copay Standard: No Cost
<b>Frames</b> <i>Low Plan Frequency: 24 months/ High Plan Frequency: 12 months</i>	\$150 allowance (\$170 Featured Frames) <b>Every 24 Months</b>	\$150 allowance (\$170 Featured Frames) <b>Every 12 Months</b>
<b>Lens</b> Standard Plastic Single Vision Bifocal Trifocal Lenticular	\$20 Copay \$20 Copay \$20 Copay \$20 Copay	\$20 Copay \$20 Copay \$20 Copay \$20 Copay
<b>Contacts</b> Elective / Medically Necessary <i>Benefits may be redeemed every 12 months</i>	\$150 allowance / \$20 Copay	\$150 allowance / \$20 Copay
	<b>Out-of-Network</b>	<b>Out-of-Network</b>
<b>Eye Exams</b> Routine Eye Exam Contact Lens Fitting/Follow-up <i>Benefits may be redeemed every 12 months</i>	Up to \$45 Not Covered	Up to \$45 Not Covered
<b>Frames</b> <i>Benefits may be redeemed every 24 months</i>	Up to \$70	Up to \$70
<b>Lens</b> Single Vision Bifocal Trifocal Lenticular Standard Progressive	\$30 \$50 \$65	\$30 \$50 \$65
<b>Contacts</b> Elective / Medically Necessary <i>Benefits may be redeemed every 12 months</i>	Up to \$105 / Up to \$210	Up to \$105 / Up to \$210
<b>MONTHLY CONTRIBUTION RATES</b>	<b>BASE PLAN</b>	<b>BUY UP PLAN</b>
<b>Employee Only</b>	\$5.92	\$7.10
<b>Employee + 1</b>	\$10.65	\$12.64
<b>Employee &amp; Family</b>	\$15.65	\$18.58

Vision coverage is offered through MetLife. You may view benefits, print an ID card and locate in-network vision providers at [www.metlife.com](http://www.metlife.com). When you utilize a provider that participates in the network, discounts will be greater and there are no claim forms necessary.

Plan participants also have access to discounted lens upgrade options and Lasik eye surgery.

### WHAT IS A BENEFITS ALLOWANCE?

A benefit allowance gives you a certain dollar amount to use towards contacts and glasses (lenses and frames). When you choose materials that are within that dollar amount or allowance, they are covered at 100%.

If you choose a frame exceeding your plan allowance, you'll be responsible for paying the overage, in addition to any applicable copays at the time of your visit.

### CAN I GET CONTACTS AND GLASSES IN THE SAME CALENDAR YEAR?

No. You can only get contacts OR glasses in the same calendar year, not both.

# Flexible Spending Account



Paulding County School District offers the choice of two Flexible Spending Accounts (FSAs) administered by Medcom, which allow you to pay for eligible expenses with pre-tax dollars.

A full list of qualified expenses can be found in IRS Publication 502, at [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf).

*Please note that if you have currently elected an FSA, you must re-elect coverage for 2026 to continue participating, even if you do not intend to change your election amount.*

## HEALTH CARE FSA

Health Care FSAs may be used to pay for eligible medical, prescription, dental and vision expenses not fully covered by your insurance plans for you and your tax eligible dependents.

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 \$3,200 during the plan year (as of January 1, 2026).

**You will not be able to rollover any unused funds from the 2025 plan year. You have until March 15, 2026 to incur expenses and spend down your balance. You will have until March 31, 2027 to submit reimbursement for expenses incurred before December 31, 2026. Any money left in the FSA after that deadline will be forfeited.**

## DEPENDENT CARE FSA

Dependent Care FSAs may be used to pay for eligible expenses related to the care and supervision of your child (age 12 or under) or adult dependent on your tax return.

**You may elect to defer up to \$7,500 of your salary into a dependent care FSA per household.** If you are a highly compensated employee (HCE), defined by the IRS as an employee with annual compensation greater than \$145,000, your election will be capped at \$2,500 and may be reduced during the year, if necessary, to ensure that the plan passes required discrimination testing

Eligible expenses include child or adult daycare, after school care, nursery school, nanny or babysitter. You must accumulate the funds in your Dependent Care FSA before you can be reimbursed.

*Please note that for expenses to qualify for reimbursement, both you and your spouse (if applicable) must be working, looking for work or attending school fulltime during the period for which you are requesting reimbursement.*

# Life and AD&D Overview



Paulding County School District provides Basic Life and Accidental Death and Dismemberment (AD&D) coverage at no cost to you through Unum.

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

Employees have the option to purchase additional life insurance coverage through Unum.

## DEPENDENT BASIC LIFE COVERAGE

Dependent basic life insurance can 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

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	<p>You can purchase coverage in increments of \$10,000 up to a maximum of \$500,000 not to exceed 6 x your annual salary.</p> <p><b>New Hires:</b> You will have a guaranteed issue (GI) amount of \$300,000 (not to exceed 6 x your annual salary). Employee elections over GI will require Evidence of Insurability.</p>
Spouse Voluntary Life/AD&D	<p>You can purchase coverage in increments of \$5,000 to a maximum of 100% of employee amount, not to exceed max of \$500,000.</p> <p><b>New Hires:</b> You will have a guaranteed issue amount of \$50,000 not to exceed 100% of the employee amount.</p>
Child(ren) Voluntary Life/AD&D	<p>You can purchase coverage in increments of \$2,000 to a maximum of \$10,000 for children 6 months or older.</p> <p>Children are eligible from birth to age 26.</p>
Annual Enrollment	<p>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).</p>

*\*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.*

## EVIDENCE OF INSURABILITY

Initial elections in excess of the guarantee issue amounts and late enrollees must complete evidence of insurability. Coverage will be effective on the first day of the month following the date your medical questionnaire is approved by the insurance company.

# Disability Overview



Disability coverage is offered through Unum.

## WHY DISABILITY COVERAGE IS IMPORTANT

We understand that for most of us, our income is the most important financial resource. To be without income for an extended period of time would most likely be devastating for you and your family. We recognize the importance of protecting your income in the event you are unable to work.

## SHORT-TERM DISABILITY

STD coverage protects you and your family in the event that a short-term disability, such as injury or sickness, prevents you from performing the duties of your occupation.

- You have the option to choose between 3 salary replacement percentage levels: 40%, 50%, or 60% of your before tax 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.**

## LONG-TERM DISABILITY

LTD is an income replacement program that protects you and your family in the event you become disabled and are unable to perform the material and substantial duties of your job.

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.**

# Voluntary Overview



Voluntary plans are offered through Aflac and provide benefits which pay directly to you, regardless of any other insurance you may have. These plans help with medical and personal expenses incurred when a person is undergoing treatment. Costs of the plans will vary by employee.

## ACCIDENT

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.

**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

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

# Voluntary Overview



## CRITICAL ILLNESS

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

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

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

**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.**

## Legal Insurance

Legal insurance helps you address everyday situations like dealing with traffic tickets, resolving warranty issues or buying a home and is administered through ARAG.

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



## 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](https://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](mailto:Support@MyFlexCare.com).



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## 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:

- Childcare
- 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).

# Why Would I Contact the NFP Service Center?

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**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-term 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](http://www.shawhankinsbenefits.net/pcsd)



# Contact Information



Benefit	Carrier	Website	Phone Number
<b>Benefit/Enrollment Questions</b>	NFP	Nfpsecustomerservice@nfp.com	678-535-6369
<b>Medical/State Health Benefit</b>	State Health	myshbpga.adp.com	1-800-610-1863
<b>Dental</b>	MetLife	metlife.com	1-800-942-0854
<b>Vision</b>	MetLife	metlife.com	1-855-638-3931
<b>Life and AD&amp;D Short &amp; Long – Term Disability</b>	UNUM	unum.com	1-866-679-3054
<b>Flexible Spending Account</b>	Medcom	medcombenefits.com	1-800-523-7542
<b>Worksite Benefits</b>	Aflac	aflacgroupinsurance.com	1-800-433-3036
<b>Legal</b>	ARAG	arag.com	1-800-247-4184
<b>Telehealth</b>	FlexCare	myflexcare.com	404-846-4100



# Glossary

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## NETWORK

A group of health care providers, including dentists, physicians, hospitals and other health care providers that agree to accept pre-determined rates when servicing members.

## PRIMARY CARE PHYSICIAN (PCP)

The health care professional who monitors your health needs and coordinates your overall medical care, including referrals for tests or specialists.

## COPAY OR COPAYMENT

A set dollar amount you pay for network doctors' office visits, emergency room services and prescription drugs.

## DEDUCTIBLE

Total dollar amount, based on the allowed amount, you must pay out-of-pocket for covered medical expenses each calendar year before the plan pays for most services.

## COINSURANCE

A percentage of the medical costs, based on the allowed amount, you must pay for certain services after you meet your annual deductible.

## OUT-OF-POCKET MAXIMUM

The maximum amount of coinsurance a Plan member must pay towards covered medical expenses in a calendar year for both network and non-network services. Once you meet this out-of-pocket maximum, the Plan pays the entire coinsurance amount for covered services for the remainder of the calendar year. Deductibles and copays apply to the annual out-of-pocket maximum.

## PRESCRIPTION & FORMULARY DETAILS

- **Generic Drugs:** These drugs are usually the most cost-effective. Generic drugs are chemically identical to their brand-name counterparts. Purchasing generic drugs allows you to pay a lower out-of-pocket cost than if you purchase formulary or non-formulary brand name drugs.
- **Brand Formulary Drugs:** The brand formulary is an approved, recommended list of brand-name medications. Drugs on this list are available to you at a lower cost than drugs that do not appear on this preferred list.
- **Non-Formulary Drugs:** These drugs are not on the recommended formulary list. These drugs are usually more expensive than drugs found on the formulary. You may purchase brand-name medications that do not appear on the recommended list, but at a significantly higher out-of-pocket cost.
- **Specialty Drugs:** Prescription medications that require special handling, administration or monitoring. These drugs may be used to treat complex, chronic and often costly conditions.

# 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).
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- 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, 2024. Contact your State for more information on eligibility.

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

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

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

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://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](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

# Disclosure Notice

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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.

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# 2026 Benefits Guide

JANURARY 1, 2026 – DECEMBER 31, 2026

Prepared by

