

Savannah Chatham County Public School System

2021 Open Enrollment

Employees' Responsibility

- Read Open Enrollment Materials
- Update your personal information and check beneficiaries
- Complete your enrollment by going on the on-line enrollment system yourself or talking with an enroller by appointment between Monday, October 19th and November 6th.

NO EXCEPTIONS!!

Print a confirmation statement for your open enrollment elections and compare to your January pay stub.

Qualifying Life Event

- Marriage
- Divorce
- Birth of Child
- Loss/gain of other coverage
- Loss/gain of dependent status

You have 31 days from the date of the Qualifying Life Event to notify NFP and/or SHBP of the change and provide them with appropriate documentation. The notification can take place through either the online portals or by calling the Customer Service Centers.

Enrollment Guidelines

To add someone to your benefits you have to provide the following documentation, if applicable:

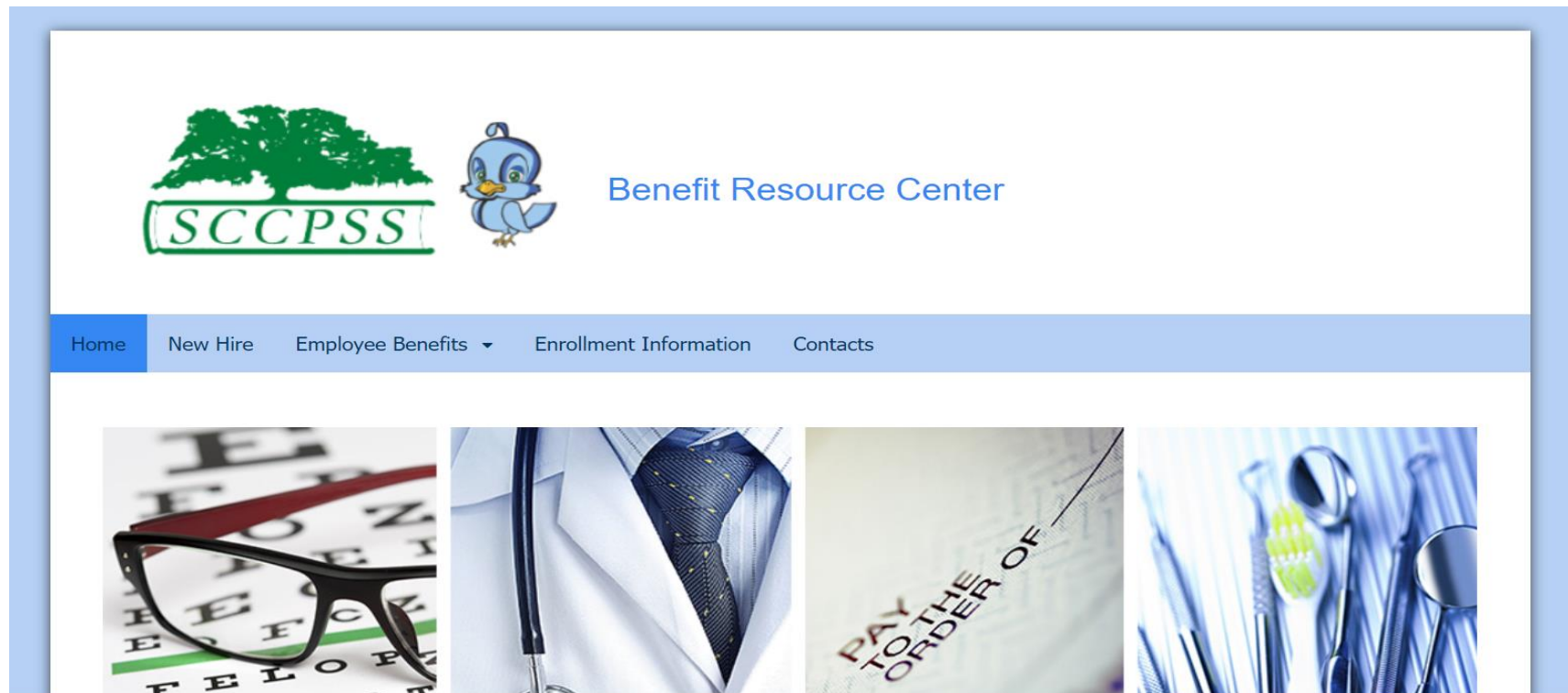
- Marriage Certificate
- Birth Certificate
- Date of Birth
- Social Security Numbers
- Court Orders
- Proof of loss or gain of coverage elsewhere

Changes for 2021

- Vision is staying with EyeMed but they are adding a second choice increasing the frames allowance
- MetLife is now offering a Legal Plan

Benefit Resource Center

www.shawhankinsbenefits.net/sccpss/



How to Enroll

NFP Enrollment Portal:

- www.sccpss.bswift.com
- Disable pop-up blocker
- Username – is your employee ID number using five leading zeros (total of 10 digits)
- Password is the last four digits of your social security number – you will be prompted to change it when you log in
- We reset passwords every year

Assistance with Enrollment Counselor – log onto <https://v3.rivs.com/00-96-76/> to schedule an appointment

Enrollment Portal

Log In

Username

Password

[Forgot Password](#)

[Log In >](#)



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Welcome to your enrollment!

Enrollment Deadline **9/9/2016**

Your Status **Not Started**

[Start Your Enrollment](#)

Completing Enrollment

[← Back](#) **Medical**

Who will be covered by this plan?

Lauren Test
Employee




Jason Test
Spouse

Susan Test
Child

[+ Add Dependents](#)

[← Back](#) [Continue](#)

You are now eligible to make changes to your benefits. Be sure to add any eligible dependents in the Family Information section prior to beginning your enrollment.

 Medical	NO PLAN SELECTED
<input type="text"/>	I don't want this benefit (waive) View Plan Options
 Spousal Surcharge	NO PLAN SELECTED
<input type="text"/>	I don't want this benefit (waive) View Plan Options
 Dental	NO PLAN SELECTED

1 Your Info
2 Your Benefits
3 Enroll
4 Complete

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

Finished selecting benefits? Click the button below to continue.

[Continue](#)

Enrollment Complete

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

Complete Enrollment

Your enrollment is complete!

 You may make changes to your elections until: **October 21, 2016**

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


PRINT

Medical Insurance

Log into: <https://myshbpga.adp.com/shbp/> to review or change your medical insurance.

Should you have any questions or need help with your medical insurance you can find more information at:

<http://dch.georgia.gov/state-health-benefit-plan-shbp>

Or call them at 1-800-610-1863

***NFP cannot provide assistance with SHBP plans

Dental - Ameritas

- Direct Reimbursement Plan
- See Any Dentist You Choose
- Discounts at In-Network Ameritas Providers

High Plan	Low Plan
<ul style="list-style-type: none"> • Pays 100% of the first \$250 • Pays 50% of the next \$1,500 • Annual Plan Maximum is \$1,000 • Cosmetic Procedures are not included • Orthodontics for children are covered 	<ul style="list-style-type: none"> • Pays 100% of the first \$150 • Pays 50% of the next \$700 • Annual Plan Maximum is \$500 • Cosmetic Procedures are not included • Orthodontics are not covered

	High Plan	Low Plan
Employee	\$13.00	\$5.00
Employee + 1	\$27.50	\$17.00
Family	\$43.50	\$28.50

Vision - Eyemed

Benefit Highlights	Low Plan	High Plan
Eye Exam- Every 12 months	\$10 co-payment	\$10 co-payment
Frames	\$130 allowance Discount over \$130 Every 24 months	\$150 allowance Discount over \$150 Every 12 months
Lens - Every 12 months	Single, Bifocal, Trifocal	Single, Bifocal, Trifocal
Contact Lens-Every 12 months (in lieu of lenses for glasses)	\$130 allowance or Paid in full if medically necessary	\$150 allowance or Paid in full if medically necessary

	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
Low Plan	\$2.74	\$5.09	\$5.77	\$7.44
High Plan	\$4.17	\$7.74	\$8.78	\$11.30

Flexible Spending Account

Flexible Spending Account (FSA)

- Unreimbursed Medical Spending Account
- Set aside as much as \$2,750
- Deductibles, co-payments, co-insurance, vision, dental
- May rollover up to \$500 in unused healthcare FSA funds to next plan year

Dependent Care Spending Account

- Up to \$5,000 if head of household or are married filing joint return
- Or up to \$2,500 if you are married filing a separate return

NOTE: You must re-enroll in the flexible spending benefits if you wish to keep them for 2021.

Employer Paid Group Life Insurance - MetLife

- Employee = \$20,000
 - Spouse= \$5,000
 - Child= \$5,000
- The county provides this benefit at no cost to you.



Voluntary Term Life - MetLife

Employee Amount	10 x Salary or \$500,000 (\$10,000 increments)
Employee Guaranteed Issue Amt	\$350,000 as a new hire
Spouse Amount	50% of employee amount up to \$50,000
Spouse Guaranteed Issue Amt	\$25,000 as a new hire
Child Amount	\$5,000 or \$10,000
Child Guaranteed Issue Amt	\$10,000
Annual GI Increase	1x annual salary up to GI Amt

- If you waived this coverage in the past and want to add now, you must complete an evidence of insurability form and be approved for coverage
- Evidence of Insurability must be received by November 30, 2020



Short Term Disability - MetLife

	Option 1	Option 2	Option 3	Option 4	Option 5
Benefit	40%	40%	50%	60%	60%
Max Weekly	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Elimination Period	14 days	60 days	30 days	14 days	60 days
Pre-Ex	3/12	3/12	3/12	3/12	3/12
Duration	24 weeks	18 weeks	22 weeks	24 weeks	18 weeks

- If you waived this coverage in the past and want to add now, you must complete an evidence of insurability form and be approved for coverage
- Evidence of Insurability must be received by November 30, 2020



Long Term Disability - MetLife

Long Term Disability

- 60% of Salary to max \$6,000 Monthly Benefit
 - Elimination Period - 180 Days
 - Pays until you reach Social Security Normal Retirement Age or return to work
 - Pre-existing condition limitations is 3/12
-
- If you waived this coverage in the past and want to add now, you must complete an evidence of insurability form and be approved for coverage
 - Evidence of Insurability must be received by November 30, 2020



Group Legal - MetLife

Benefits	High Plan	Low Plan
General In-Office Services	Included	Included
Simple Will	Included	Included
Complex Will	Included	Included
Uncontested Divorce	Included	
Contested Divorce	Included up to 20 hours	
Adoption	Included	
Financial Counseling	Included	Included
Bankruptcy	Included	
Minor Traffic Offenses	Included	Included

High Plan	Low Plan
\$7.50	\$4.13

Accident - Aflac

Emergency and Initial Care	
• Initial Doctor's Office Visit	\$100
• Emergency Room Treatment	\$150
• Diagnostic Exam	\$50
• Follow-Up Doctors Visit	\$30
Hospitalization	
• Admission	\$750
• Hospital Stay Daily Rate	\$200 per day
• ICU Daily Rate	\$400 per day
Maximum Benefit Period	365 days
Lacerations	Up to \$400
Surgery	Up to \$750 per day
Travel	
• Lodging (Up to 30 days per acc)	\$150 per day

Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$9.30	\$15.32	\$21.04	\$27.06

Critical Illness - Aflac

Rating	Attained Age
Benefit Amount <ul style="list-style-type: none">• Employee• Spouse• Child(ren)	\$10,000, \$20,000 or \$30,000 Up to 50% of Employee Amount Up to 50% of Employee Amount
Guaranteed Issue	\$30,000 employee 50% Spouse or Child
Recurrence Benefit	Payable at 100% with 6 months separation period; cancer 12 months separation period
Benefit Reduction	None
Pre-Existing Conditions	None
New Employee Waiting Period	None

Hospital Indemnity - Aflac

Hospital Indemnity - Aflac	
Hospital Confinement (once per accident or sickness per year)	\$500
Diagnostic Procedure	\$250
Outpatient Surgical Procedure	\$500
Daily Hospital Confinement	\$100 Per day (maximum 15 days)
Daily Intensive Care Confinement	\$200 Per day (maximum 10 days)
Pregnancy Covered	Yes
Pre-Existing Condition Period	None

Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$21.86	\$45.06	\$33.72	\$56.92

Questions

State Health Benefit Plan

1-800-610-1863

<https://myshbpga.adp.com/shbp/>

NFP Service Center

1-844-550-9717

nfpsecustomerservice@nfp.com

Benefit Resource Center

<https://shawhankinsbenefits.net/sccpss/>

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NFP.com