

2020- 2021

EMPLOYEE
BENEFITS GUIDE

STEPHENS COUNTY
SCHOOLS



INTRODUCTION

Who's Eligible

- All full-time employees working 20 or more hours per week are eligible to enroll in the benefits described in this guide
- Plan-specific eligibility is listed on the top of each page

How to Enroll

- Verify and update all personal information
- Review your current benefit elections
- Make your benefit elections and list and/or update your beneficiaries

When to Enroll

- New Hire: Enroll within 30 days of your date of hire
- Current Employee: During the Annual Open Enrollment Window (April-May)
- The annual SHBP enrollment period is held in the fall (October-November)

How to Make Changes

- Only Qualifying Life Events allow you to make eligible changes to your current benefit elections during the plan year outside of the Open Enrollment Window
- To submit a qualifying life event, please email mybenefits@campusbenefits.com or call 866-433-7661

PLAN YEAR 2020-2021

7/1/2020 to 6/30/2021

SHBP PLAN YEAR 2020

1/1/2020 to 12/31/2020

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Need Help? Start Here:

mybenefits@campusbenefits.com
866-433-7661

Benefits Portal:

stephenscountybenefits.com

STEPHENS COUNTY SCHOOLS CONTACT

Human Resources Department

Phone: 706-297-7582

Email: human.resource@stephenscountyschools.org

BENEFIT PORTAL

CAMPUS BENEFITS ENROLLMENT

Website: StephensCountyBenefits.com

Steps To Log In:

- 1 StephensCountyBenefits.com
- 2 **Select “Campus Connect” to login**
New Enrollment System: Anyone enrolling or logging in after July 1, 2020 must first register as a New User. This includes all employees hired prior to July 1, 2020.
- 3 **New User Registration**
 1. On Login page click on “Register as a new user and enter information below”
 - First Name
 - Last Name
 - **Company Identifier: ST2020**
 - PIN: Last 4 Digits of SSN
 - Birthdate
 2. Click “Next”
 3. Username: Work email address or one you have provided to HR when you were hired
 4. Password: Must be at least 6 characters and contain a symbol and a number
 5. Click on “Register”
 6. On the next page, it will show your selected Username. Click on “Login”
 7. Enter Username and Password
 8. Click “Start Benefits” to begin the enrollment

Company Identifier: ST2020

Existing User Login

1. Enter your username
2. Enter your password
3. Click “LOGIN”
4. Click on the “Start Benefits” button and begin the enrollment process

FAQ'S

What is my username?

- Work email address OR
- Email address you provided to HR when hired OR
- Email address you used to previously change your username

What is my password?

To create or reset a forgotten password follow the steps on the login page using tips below.

- Password must be at least 6 characters
- It must contain a symbol and a number
- Using uppercase, numbers and symbols greatly improves security

STILL NEED HELP?

Contact Campus Benefits

- Email mybenefits@campusbenefits.com
- Call 1-866-433-7661, opt 5

Login Information

Username: _____

Password: _____

SHORT - TERM DISABILITY



What is Short-Term Disability Insurance? A financial and family protection plan designed to assist with income replacement in the event an employee cannot work due to an accident or illness for a short period of time.

- **Eligibility: All full-time employees working 20+ hours/week**
- Coverage through OneAmerica
- Must be actively at work on the effective date
- **Employees do not have to exhaust sick-leave prior to receiving a benefit**
- **No Health Questions-EVERY YEAR!** (Pre-existing condition will apply for new participants)
- Pays in addition to sick leave (Not to exceed 100% of pre-disability earnings)

Short Term Disability (STD)	
Elimination Period	Benefits begin after you have been out of work due to an injury or illness for either 14 or 30 days
Benefit Duration	11 or 9 weeks (Depending on chosen Elimination Period)
Benefit Percentage (weekly)	40%, 50% or 60% of earnings
Maximum Benefit Amount (weekly)	\$1,000 per week
Pre-existing condition	3, 6 Any sickness or injury for which you received medical treatment, consultation, care, or services during 3 months prior to your coverage effective date, will be covered after the plan has been in effect for 6 months (applies to new enrollees only)

Monthly Rate Calculation		
Step 1	Divide your Annual Salary by 52. This is your weekly salary.	
Step 2	Multiply weekly salary in Step 1 by 40%, 50%, or 60%. If 60% of weekly salary exceeds \$1,000, then enter \$1,000. This is your maximum weekly benefit amount.	
Step 3	Divide weekly amount in Step 2 by \$10.	
Step 4	Multiply Step 3 by either \$0.46 (for 14 day elimination period) or \$0.28 (for 30 day elimination period). This is your monthly premium.	

** Enrollment system will calculate based on payroll information provided by employer*

LONG - TERM DISABILITY



What is Long-Term Disability Insurance? A financial and family protection plan designed to assist with income replacement in the event an employee cannot work due to an accident or illness for one's working lifetime.

- **Eligibility: All full-time employees working 20+ hours/week**
- Coverage through OneAmerica
- Must be actively at work on the effective date
- **Employees do not have to exhaust sick-leave prior to receiving a benefit**
- **No Health Questions-EVERY YEAR!** (Pre-existing condition will apply for new participants)

Long-Term Disability (LTD)	
Elimination Period	Benefits begin after you have been out of work due to an injury or illness for 90 days
Benefit Duration	Social Security Normal Retirement Age (SSNRA)
Benefit Percentage (monthly)	60% of earnings
Maximum Benefit Amount (monthly)	\$7,500 per month
Pre-existing condition	3, 3, 12 Any sickness or injury for which you received medical treatment, consultation, care, or services during the 3 months prior to your coverage effective date will be covered after the plan has been in effect for 12 months; however, if you are treatment free for 3 consecutive months following the effective date, your sickness or injury is covered in full (applies to new enrollees only)

Long-Term Disability Rate Factors	
0-19	\$0.08
20-24	\$0.13
25-29	\$0.15
30-34	\$0.26
35-39	\$0.36
40-44	\$0.51
45-49	\$0.66
50-54	\$0.86
55-59	\$1.06
60-64	\$0.93
65-69	\$0.47
70+	\$0.35

Monthly Rate Calculation		
Step 1	Divide your Annual Salary by 12. This is your monthly salary.	
Step 2	Divide monthly amount in Step 1 by \$100.	
Step 3	Multiply Step 2 by the rate factor listed. This is your monthly premium.	

** Enrollment system will calculate based on payroll information provided by employer*

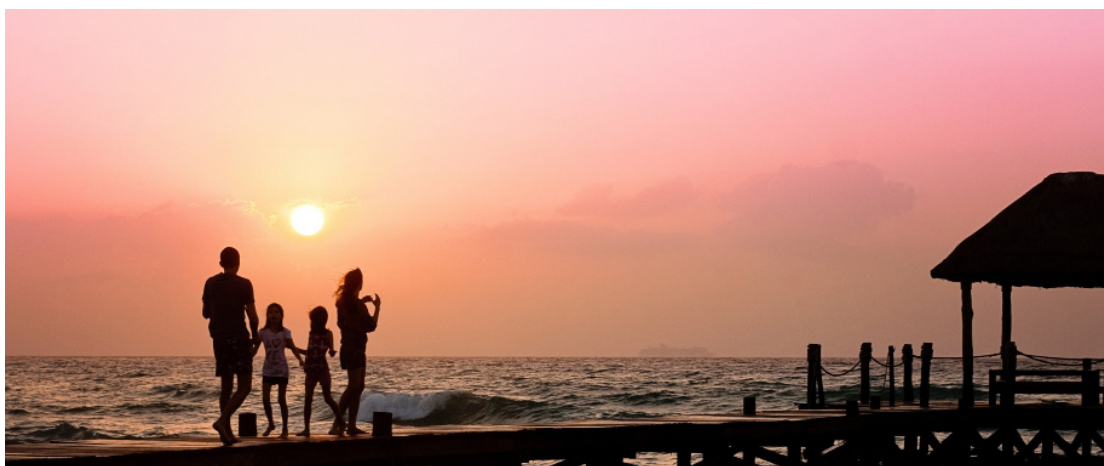
BASIC LIFE INSURANCE



What is Basic Life Insurance? A financial and family protection plan paid for by the Stephens County Board of Education which provides a lump-sum payment, known as a death benefit, to a beneficiary upon the death of the insured. AD&D coverage is included as part of life insurance benefits and will pay out a lump-sum death benefit in the event you are killed accidentally or die later as the direct result of an accident. This plan also includes a dismemberment benefit which provides an additional lump sum payment if an insured becomes dismembered in an accident.

- **Eligibility: All full-time employees working 20+ hours/week**
- Coverage through OneAmerica
- No Health Questions- Guaranteed Issue
- Employee must be actively at work on the effective date

Basic Life and AD&D	
LIFE AMOUNT	
Coverage Amount	\$20,000
ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) AMOUNT	
Coverage Amount	Equal to Life Amount
BENEFITS	
Age Reduction	None
Conversion	Included
Accelerated Life Benefit	Up to 75% of Benefit



Provided at no cost to you courtesy of the Stephens County Board of Education

VOLUNTARY TERM LIFE & AD&D INSURANCE



What is Voluntary Term Life Insurance? A financial protection plan which provides a cash benefit to the beneficiary upon death of the insured. Proceeds can be used to replace lost potential income during working years and help ensure your family's financial goals will be met; goals like paying off a mortgage, keeping a business running, and paying for college. AD&D coverage is included as part of life insurance benefits and will pay out a lump-sum death benefit in the event you or a covered loved one are killed accidentally or die later as the direct result of an accident. This plan also includes a dismemberment benefit which provides an additional lump sum payment if an insured becomes dismembered in an accident.

- **Eligibility: All full-time employees working 20+ hours/week, spouse and children (up to age 26)**
- Coverage through OneAmerica
- Must be actively at work on the effective date
- If electing for the first time outside of the initial open enrollment period, health questions will be required
- Employee must elect coverage on themselves in order to cover spouse and/or children

Voluntary Term Life & Accidental Death and Dismemberment	
COVERAGE DETAILS	
Employee	Up to \$500,000 (5x Salary) Increments of \$10,000
Spouse	Up to \$250,000 (100% of Employee Amount) Increments of \$5,000
Child(ren)	Up to \$10,000 / Increments of \$5,000
Accidental Death and Dismemberment (AD&D) Amount	Matches Life Election
GUARANTEED ISSUE	
Employee	\$200,000 (5x Salary)
Spouse	\$50,000 (100% of Employee Election)
Child(ren)	\$10,000
ADDITIONAL PLAN FEATURES	
Guaranteed Increase in Benefit (Must elect coverage during your initial Open Enrollment; must be < 70 years of age)	Employee: Increase coverage by \$10,000 at open enrollment with no health questions up to individual plan maximum Spouse: Increase coverage by \$10,000 at Open Enrollment with no health questions, only if employee increases coverage by \$10,000 (Cannot exceed plan maximum)
Age Reduction	None
Portability	Prior to Age 70
Conversion	Included
Accelerated Life Benefit	Up to 75% of Benefit Amount
Waiver of Premium	Prior to Age 60 after 6 month elimination period to Age 65

Monthly Employee and Spouse Life and AD&D Rates per \$1,000	
0-29	\$0.08
30-34	\$0.08
35-39	\$0.10
40-44	\$0.16
45-49	\$0.24
50-54	\$0.48
55-59	\$0.62
60-64	\$0.82
65-69	\$1.47
70-74	\$1.65
75+	\$3.54

**Spouse premium based on employee age. Multiply above rate factor by desired benefit amount to determine premium.
For Example: \$100,000 Benefit
Employee Only / Age 30
.08 x 100 = \$8.00 premium*

Monthly Child(ren) Life and AD&D Rates	
\$5,000	\$1.00
\$10,000	\$2.00

The Benefits Guide is provided for illustrative purposes only. Actual benefits, services, premiums, claims processes and all other features and plan designs for coverage offered are governed exclusively by the provider contract and associated Summary Plan Description (SPD).

WHOLE LIFE INSURANCE

CHUBB

What is Whole Life Insurance? Coverage that provides lifelong protection, and the ability to maintain a level premium.

- **Eligibility: All full-time employees working 20+ hours/week, spouse and children (up to age 26)**
- Coverage provided by Chubb
- Must be actively at work on the effective date
- If electing for the first time outside of the initial open enrollment period, health questions will be required
- Permanent Life Insurance offers the flexibility to meet a variety of personal needs while allowing employees the choice of benefit and premium amounts which fit their paycheck and life style
- Underwriting may be required
- Keep your coverage at the same cost even if you retire or change employers

Whole Life Benefits

PLAN MAXIMUMS

Employee (Ages 19 - 80)	Up to \$150,000 (Ages 19-70) Up to \$50,000 (Ages 71-80)
Spouse (Ages 19 - 70)	Up to \$75,000
Child (15 days - 26 years)	Up to \$25,000

GUARANTEED ISSUE

Employee (Ages 19-70)	Up to \$100,000
Spouse (Ages 19-60) *One Health Question*	Up to \$25,000
Child (15 days- 26 years)	Up to \$25,000

INCLUDED RIDERS

Accelerated Death Benefit 50% of benefit amount up to \$100,000
Long-Term Care
Extension of Benefits for Long-Term Care
Restoration for Long-Term Care

OPTIONAL RIDERS

Waiver of Premium

Plan Rates

Cost of coverage is based on the level of benefit you choose and your age with two options for paying premiums. Please call 866.433.7661, option 5 ,to enroll.

DENTAL INSURANCE



What is Dental Insurance? A health and wellness plan designed to pay a portion of dental costs associated with preventive, basic, and some major dental care, as well as child orthodontia.

- **Eligibility: All full-time employees working 20+ hours/week, spouse and children (up to age 26)**
- Coverage provided by MetLife
- Claims must be submitted within 90 days of service
- In-Network Provider Directory: www.metlife.com (Network: PDP Plus, **Group #5951619**)
- Orthodontics available for children only, up to age 19 (subject to takeover provision)
- No waiting periods when first enrolling or moving from one plan to another
- *The chart below is a sample of covered services. Please see Plan Certificate for a detailed listing of services in their entirety. Plan Certificate available on your Employee Benefits website.*

Coinsurance	High Plan	Low Plan
Preventive	100%	100%
Basic	80%	50%
Major	50%	25%
Orthodontics-Child only, up to age 19	50%	Not Covered

Dental Benefits Summary	High Plan	Low Plan
Calendar Year Deductible	\$50/person \$150/family	\$50/person \$150/family
Out of Network Coverage	99th percentile UCR	Scheduled Fee In-Network Only
Waiting period	None	None
Calendar Year Plan Maximum	\$1,500 per person	\$1,000 per person
Orthodontia Lifetime Max (Child only, up to age 19)	\$1,000 per person	Not Covered

Services	High Plan	Low Plan
Preventive		
Routine Exam	100%	100%
Bitewing X-rays	100%	100%
Cleaning	100%	100%
Fluoride (children under 19)	100%	100%
Basic		
Full Mouth X-rays	80%	50%
Restorative Amalgams	80%	50%
Simple Extractions	80%	50%
Anesthesia	80%	50%
Major		
Inlays/Onlays	50%	25%
Crowns & Repairs	50%	25%
Prosthodontics	50%	25%
Dental Implants	50%	25%
Missing Tooth	50%	25%
Denture Repair	50%	25%
Complex Extractions	50%	25%
Endodontics	50%	25%
Periodontics	50%	25%

Monthly Plan Rates	High	Low
Employee	\$43.63	\$20.16
Employee + Spouse	\$84.36	\$38.48
Employee + Child(ren)	\$98.17	\$44.74
Employee + Family	\$149.00	\$67.60

PDP Plus Network

Employee Name	Employee ID
Stephens County	5951619
Group Name	Group Number
This card is not a guarantee of coverage or eligibility.	
1-800-942-0854	metlife.com/mybenefits

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VISION INSURANCE



What is Vision insurance? A health and wellness plan designed to reduce your costs for routine preventive eye care including eye exams and prescription eyewear (eyeglasses and contact lenses).

- **Eligibility: All full-time employees working 20+ hours/week, spouse and children (up to age 26)**
- Coverage provided by EyeMed
- Claims must be submitted within 90 days of service
- In-Network Provider Directory: www.eyemed.com (Network: InSight) **Group# 1016950**
- *The chart below is a sample of covered services. Please see Plan Certificate for a detailed listing of services in their entirety. Plan Certificate available on your Employee Benefits website.*

Vision Benefits Summary	In Network	Out of Network
Exam with Dilation as Necessary	\$10 Copay	Up to \$40
Contact Lens Fit and Follow-Up	Standard: Up to \$40 Premium: 10% off Retail	Not Covered
Lasik or PRK	15% Discount off Retail 5% off Promotional	Not Covered
Frames	\$130 Allowance + 20% off Balance	Up to \$91
Lenses		
Single Vision	\$25 Copay	Up to \$30
Bifocal	\$25 Copay	Up to \$50
Trifocal	\$25 Copay	Up to \$70
Lenticular	\$25 Copay	Up to \$70
Standard Progressive Lens	\$90 Copay	Up to \$50
Additional Lens Options		
UV Coating	\$15	Not Covered
Tint (Solid & Gradient)	\$15	Not Covered
Standard Scratch Resistant	\$15	Not Covered
Standard Polycarbonate	\$40	Not Covered
Standard Anti-Reflective Coating	\$45	Not Covered
Contact Lenses		
Disposable Contacts	\$130 allowance + 15% off Balance	Up to \$100
Medically Necessary Contacts	Covered in Full	Up to \$210
Frequencies		
Exams, Lenses, Contact Lenses and Frames	Every 12 Months	Every 12 Months

Monthly Vision Rates
Employee \$6.84
Employee + Spouse \$12.99
Employee + Child(ren) \$13.67
Employee + Family \$20.10

www.eyemed.com

Member/Patient Services:
(866)-800-5457
Network: InSight
Stephens County
Group #: 1016950

CRITICAL ILLNESS

What is Critical Illness Insurance? A health and wellness plan in which you receive a lump sum cash payment if diagnosed with one of the specific illnesses on the predetermined list of critical illnesses.

- **Eligibility:** All full-time employees working 20+ hours/week, spouse and children (up to age 26)
- Coverage through Trustmark
- Elect Critical Illness with or without Cancer coverage based on your individual needs
- **Issue Age - Rates are locked in and will not increase with age**
- If electing outside of the initial open enrollment period, health questions will be required
- Keep your coverage if you retire or change employers
- *The chart below is a sample of covered services. Please see Plan Certificate for a detailed listing of services in their entirety.*

their entirety.

Benefit Amounts		
Employee	\$10,000 - \$50,000	
Spouse	50% of Employee Amount	
Children	25% of Employee Amount	
Guaranteed Issue Amounts (No Health Questions, First Time Eligible Enrollees)		
Employee	\$10,000	
Spouse	\$5,000 (Ages 18-70)	
Children	\$2,500	
COVERED SPECIFIED CRITICAL ILLNESSES	Critical Illness	Critical Illness w/Cancer
Heart Attack (Myocardial Infarction)	100%	100%
Coronary Artery Bypass	50%	50%
Stroke (30 days impairment)	100%	100%
Cerebral Vascular Disease (TIA)	10%	10%
End State Renal Failure	100%	100%
Major Organ Failure	100%	100%
Permanent Paralysis	100%	100%
Blindness	100%	100%
Occupational HIV	100%	100%
Lupus	50%	50%
Stem Cell/Bone Marrow Transplant	10%	10%
Stage 1 or Higher: pancreas, liver, lung, esophagus, leukemia, biliary tract, head and neck, lymphoma, multiple myeloma	Not Included	100%
Stage 2 or Higher: Melanoma	Not Included	100%
Stage 2: Involving Lymph Nodes	Not Included	100%
Stage 3 or Higher	Not Included	100%
Second Occurrence or Reoccurrence Benefit	Benefits renew each year with coverages available for the same diagnosis or a different diagnosis	
Wellness Benefit	\$100 per covered person/year	
Age Reduction	None	
Pre-existing Condition	12,12- Any illness or injury for which you received treatment the 12 months prior to your effective date will not be covered for the first 12 months (applies to new enrollees only)	
*Cost of coverage is based on the level of benefit you choose and your age. Please log into the enrollment system for rate information.		

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HOSPITAL INDEMNITY



What is Hospital Indemnity Insurance? Supplemental coverage that helps offset costs associated with hospital stays, whether for planned or unplanned reasons. Payments made directly to you and benefits do not offset with medical insurance.

- **Eligibility: All full-time employees working 20+ hours/week, spouse (up to age 70) and children (up to age 26)**
- Coverage through Cigna
- **No Health Questions- Every Year!** (pre-existing condition will apply for new participants)
- Keep your coverage even if you retire or change employers
- You must elect coverage on yourself to cover a spouse or dependents
- *The chart below is a sample of covered services. Please see Plan Certificate for a detailed listing of services in their entirety. Plan Certificate available on your Employee Benefits website.*

Benefit Description	
Hospital and Related Benefits	
Hospital Admission*	\$1,000 (1 every 90 days)
Hospital Stay***	\$100 per day (Limited to 30 days; 1 every 90 days)
Hospital Chronic Condition Admission**	\$50 per day (1 every 90 days)
ICU***	\$200 per day (Limited to 30 days; 1 every 90 days)
Observation Stay	\$100 per 24 hour period (Minimum 24 hour stay required; Limited to 72 hours)
Additional Benefits	Healthy Rewards, Identity Theft, Will Preparation, Health Advocacy
Pre-Existing Condition Limitation	12/12- Any sickness or injury for which you received medical treatment, consultation, care, or services during 12 months prior to your coverage effective date, will be covered after the plan has been in effect for 12 months.
Age Reduction	None (Coverage ends at age 100)
Portability	Included up to age 70
* You must be admitted as an inpatient due to a covered injury or illness. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same covered injury or illness ** You must be admitted as an inpatient due to a covered chronic condition and treatment for the covered condition must be provided by a specialist in that field of medicine. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same covered injury or illness (including chronic conditions). *** You must be admitted as an inpatient and confined to the Hospital/ICU, due to a covered injury or illness, at the direction and under the care of a physician. If also eligible for the ICU/Hospital Stay Benefit, only 1 benefit will be paid for the same covered injury or illness, whichever is greater. Hospital stays within the 90 days for the same service or a related covered injury or illness is considered on Hospital Stay. Please see detailed plan certificate for additional exclusions.	

Monthly Rates	
Employee	\$23.70
Employee + Spouse	\$45.20
Employee + Child(ren)	\$36.01
Employee + Family	\$57.50

ACCIDENT INSURANCE



What is Accident Insurance? This coverage is designed to help offset medical and out-of-pocket costs associated with unforeseen accidents. Payments made directly to you and benefits do not offset with medical insurance.

- **Eligibility: All full-time employees working 20+ hours/week, spouse and children (up to age 26)**
- Coverage through MetLife
- **No health questions - Every Year!**
- Keep your coverage if you retire or change employers
- Accidental Death and Dismemberment is included
- *The chart below is a sample of covered services. Please see Plan Certificate for a detailed listing of services in their entirety.*

Benefit Description	Low Plan	High Plan	
INJURIES			
Fractures	\$50-\$3,000	\$100-\$6,000	Low Plan Monthly Rates
Dislocations	\$50-\$3,000	\$100-\$6,000	
Second and Third Degree Burns	\$50-\$5,000	\$100-\$10,000	
Concussions	\$200	\$400	
Cuts/Lacerations	\$25-\$200	\$50-\$400	
Eye injuries	\$200	\$300	
MEDICAL SERVICES & TREATMENT			
Ambulance	\$200 - \$750	\$300 - \$1,000	Employee \$6.44
Emergency Care	\$25-\$50	\$50-\$100	
Non-Emergency Care	\$25	\$50	
Physician Follow-Up	\$50	\$75	
Therapy Services (including PT)	\$15	\$25	Employee + Spouse \$13.33
Medical Testing Benefit	\$100	\$200	
Medical Appliances	\$50-\$500	\$100-\$1,000	Employee + Child(ren) \$13.27
Inpatient Surgery	\$100-\$1,000	\$200-\$2,000	
HOSPITAL COVERAGE (ACCIDENT)			
Admission	\$500 (non-ICU) \$1,000 (ICU) per accident	\$1,000 (non-ICU) \$2,000 (ICU) per accident	Employee + Family \$16.61
Confinement	\$100 / day (non-ICU) \$200 / day (ICU) up to 31 days	\$200 / day (non-ICU) \$400 / day (ICU) up to 31 days	
Inpatient Rehab	\$100 / day up to 15 days (not to exceed 30 days / year)	\$200 / day up to 15 days (not to exceed 30 days / year)	High Plan Monthly Rates

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FLEXIBLE SPENDING ACCOUNTS



What are Medical Flexible Spending Accounts (FSA's)? A pre-tax benefit account used to pay for out-of-pocket healthcare costs such as deductibles, co-pays, prescribed medication, and some over the counter medications.

What are Dependent Care Accounts? A pre-tax benefit account used to pay for dependent care services such as preschool, summer day camp, before or after school programs and child or elder daycare.

- **Eligibility: All full-time employees working 20+ hours/week, spouse and children (up to age 26)**
- Dependent care is for childcare for children under 13 and adults for adult care
- Coverage through MedCom
- Plan year is from July 1 – June 30 and employees must re-enroll each year
- Only family status changes will allow you to change your annual election. The altered election must be consistent with the status change
- Married and not filing jointly participants limited to \$2,500 deferral for Dependent Care
- Transfer of funds between the Dependent Care and Medical Care accounts are not allowed
- *Please visit your Employee Benefits website for a complete listing of eligible expenses and qualifying dependent care services.*

Account Description	
MEDICAL FSA ACCOUNT	
Minimum Contribution	\$300 annually
Maximum Contribution	\$2,750 annually
CARRYOVER MAXIMUM- Maximum participants can carry over if re-electing the plan	\$500
Total elected amount is available at the beginning of the plan year.	
DEPENDENT CARE ACCOUNT	
Minimum Contribution	\$300 annually
Maximum Contribution	\$5,000 annually
CARRYOVER MAXIMUM	NONE- unused funds are forfeited
Total elected amount is available as it is payroll deducted	
Account Rules	
RUNOUT PERIOD-Time to turn in receipts for services rendered during the plan year	30 days
All receipts should be kept to submit if verification is requested	

Monthly Admin Fee	
Fee Per Participant Per Month (One fee even if electing both Medical FSA and Dependent Care)	\$3.25
Replacement Card Fee	\$0.00

IMPORTANT NOTE:

Dependent Care FSA is for eligible expenses related to the care of your child, disabled spouse, elderly parent, or other dependent who is physically or mentally unable for self-care (i.e. day care, adult day care) or is disabled.

Medical expenses for your dependent are not eligible for reimbursement under the Dependent Care.

THE SMART WAY TO REDUCE YOUR HEALTHCARE COSTS

What is MedCareComplete? A bundle of services constructed to save you time, money and hassle while simplifying your life.

- **Eligibility:** All full-time employees working 20+ hours/week, spouse, and children (up to age 26)
- Coverage through MedCareComplete
- This is a supplemental benefit and does not replace health insurance
- Register @ MCC: medcarecomplete.com/members to access the full range of benefits
- Register @ 1800MD: 1800md.com or (800)388-8785 to access telemedicine benefits

Included With the MedCareComplete Membership:

- | | |
|--|---|
|  Medical Bill Negotiator |  Restoration Expert |
|  Medication Management |  Expense Reimbursement |
|  Telemedicine |  Social Media Tracking |
|  Medical & ID Theft Monitoring |  Sex Offender Alerts |

1. Medical Bill Negotiator

A medical bill advocate will identify and appeal common billing errors and overcharges on your behalf. Advocates provide continuous support throughout the appeal that typically results in an average savings of 40% on 80% of the bills reviewed.

2. Telemedicine

Get 24/7/365 on-demand telephone access to Board-certified physicians for diagnosis and prescriptions for common and acute illnesses.

Individual Monthly Rate	Family Monthly Rate
\$10.50	\$12.50
NO COPAY	

Acute Illnesses include but are not limited to the following:

Asthma	Migraines	Heartburn	Bronchitis	Pink Eye
Fever	Rashes	Sinus Conditions	Ear Infection	Sore Throat
Headache	Bacterial Infections	Urinary Tract Infections	Gout	Cold & Flu
Infections	Diarrhea		Joint Aches	Nausea & Vomiting

3. Medical & ID Theft Protection

Service monitors the internet for usage of your personal health and financial information to protect you from becoming a victim of identity theft. The security of your personal health information (PHI) can have a large impact on the medical care you receive.

LEGAL PLAN



What is Legal Plan? A plan which provides valuable legal and financial educational resources for a variety of life events and needs.

- **Eligibility: All full-time employees working 20+ hours/week, spouse and children (up to age 26)**
- Coverage provided through MetLife
- Elder Care extends to parents and in-laws
- Website: info.legalplans.com, enter “high or low plan code” under “not a member” to find in-network attorneys. **High Plan Code: 0531140, Low Plan Code: 00530140**
- If already enrolled click on “member login”
- Call 800-821-6400 for more information

	Low Plan	High Plan		
Money Matters	• Identity Theft Defense • Negotiations with Creditors • Promissory Notes • Debt Collection Defense • Tax Collection Defense	• Identity Theft Defense • Negotiations with Creditors • Promissory Notes • Debt Collection Defense • Tax Collection Defense	• Personal Bankruptcy • LifeStages Identity Management • Tax Audit Representation • Financial Education Workshops	
Home & Real Estate	• Deeds • Mortgages • Foreclosure • Tenant Negotiations • Eviction Defense • Security Deposit Assistance	• Deeds • Mortgages • Foreclosure • Tenant Negotiations • Eviction Defense • Security Deposit Assistance	• Sale or Purchase (Primary or Vacation Home) • Refinancing & Home Equity • Property Tax Assessments • Boundary & Title Disputes • Zoning Applications	
Estate Planning	• Simple and Complex Wills • Healthcare Proxies • Living Wills • Codicils • Powers of Attorney (Healthcare, Financial, Childcare, Immigration)	• Simple and Complex Wills • Healthcare Proxies • Living Wills • Codicils • Powers of Attorney (Healthcare, Financial, Childcare, Immigration)	• Revocable & Irrevocable Trusts	
Family & Personal	• Guardianship • Conservatorship • Name Change • Review of ANY Personal Legal Document • School Hearings • Demand Letters • Affidavits • Personal Property Issues • Garnishment Defense • Domestic Violence Protection	• Guardianship • Conservatorship • Name Change • Review of ANY Personal Legal Document • School Hearings • Demand Letters • Affidavits • Personal Property Issues • Garnishment Defense • Domestic Violence Protection	• Juvenile Court Defense (Including Criminal Matters) • Parental Responsibility Matters • Review of Immigration Documents • Prenuptial Agreement • Adoption	
Civil Lawsuits	• Disputes over Consumer Goods & Services • Adminstrative Hearings • Incompetency Defense	• Disputes over Consumer Goods & Services • Adminstrative Hearings • Incompetency Defense	• Civil Litigation Defense & Mediation • Small Claims Assistance • Pet Liabilities	
Elder Care Issues	Consultation & Document review for issues related to your (or spouses) parents: • Medicare • Medicaid • Prescription Plans • Nursing Home Agreements • Leases • Promissory Notes • Deeds • Wills • Power of Attorney	• Consultation & Document review for issues related to your (or spouses) parents: • Medicare • Medicaid • Prescription Plans • Nursing Home Agreements • Leases • Promissory Notes • Deeds • Wills • Power of Attorney	Monthly Low Plan Rate	Monthly High Plan Rate
			\$8.00	\$16.50
			NO COPAY	
Vehicle & Driving	• Repossession • Defense of Traffic Tickets • Driving Privileges Restoration • License Suspension due to DUI	• Repossession • Defense of Traffic Tickets • Driving Privileges Restoration • License Suspension due to DUI		

STATE HEALTH BENEFIT PLAN



Notice: Stephens County Schools offers all eligible employees health insurance through the Georgia State Health Benefit Plan. During the annual open enrollment, employees have the opportunity to review all available options and make elections for the upcoming plan year.

- Coverage through Anthem BCBS of GA, United Healthcare, or Kaiser Permanente
- Plan year is January 1- December 31 and open enrollment occurs in the fall of each year
- All qualifying life events must be submitted via the SHBP Portal
- Kaiser Permanente is only available in the Atlanta Metro area

SHBP Enrollment Portal:

<https://myshbpga.adp.com>

How to Enroll:

1. Go to <https://myshbpga.adp.com>
2. Enter your Username and Password and click Login.
If you need assistance, click on "Forgot User ID?" or "Forgot Your Password?".
3. If you have not registered, click "Register Here".
4. Your registration code is **SHBP-GA**.



SHBP Wellness Portal:

<https://bewellshbp.com>

SHBP Decision Guide:

This Guide provides a brief explanation about each health benefit option, a benefit comparison guide, and a list of things to consider before making plan decisions.

Access the decision guide at <https://shbp.georgia.gov/>

SHBP Phone Number: (800)610-1863

2020 WELLNESS INCENTIVES AT-A-GLANCE					
See 2020 Wellness section for details					
Plan Option	Anthem HMO MyIncentive Account (MIA)	Anthem Health Reimbursement Arrangement (HRA)	Kaiser Permanente (KP) Regional HMO	UnitedHealthcare HMO Health Incentive Account (HIA)	UnitedHealthcare HDHP Health Incentive Account (HIA)
Who's Eligible	Up to	Up to		Up to	Up to
Member	480	480	\$500*	480	480
Spouse	480	480	\$500*	480	480
Bonus credits for member and spouse**	n/a	n/a	n/a	480**	480**
Potential Total	960	960	\$1,000*	1,440	1,440

Please review the Active Decision Guide for full incentive program details and requirements.

Anthem: members enrolled in an Anthem HRA Plan Option will receive SHBP-funded base credits at the beginning of the Plan Year. The amount funded will be based on your elected coverage tier. If you enroll in an HRA during the Plan Year, these credits will be prorated based on the elected coverage tier and the months remaining in the current Plan Year.

***KP:** members enrolled in the KP Regional HMO Plan Option and their covered spouses will each receive a \$500 reward card after they each satisfy KP's Wellness Program requirements.

****UnitedHealthcare:** Members and their covered spouses enrolled in an UnitedHealthcare Plan Option can each earn a 240 well-being incentive credit match with a maximum combined up to 480 well-being incentive credits matched by UnitedHealthcare for completing wellness requirements under the plan. After credits are added to your HIA, any remaining credits will rollover to the next plan year.

The Benefits Guide is provided for illustrative purposes only. Actual benefits, services, premiums, claims processes and all other features and plan designs for coverage offered are governed exclusively by the provider contract and associated Summary Plan Description (SPD).

EMPLOYEE ASSISTANCE PROGRAM



What is an EAP? A program offered to all Stephens County Schools employees to provide guidance with personal issues, planning for life events or simply managing daily life which can affect your work, health and family.

- **Eligibility: All Stephens County Schools Employees**
- Coverage through OneAmerica
- Access more information at: guidanceresources.com and use WEB ID: OneAmerica3 or call 1.855.387.9727 (Hearing Impaired 1.800.697.0353)

Confidential Counseling

- Helps employees address stress, relationship and other personal issues for you and your family
- Sessions with highly trained master's and doctoral level clinicians
- Receive 3 Sessions per issue per year for:
 - Stress anxiety and depression
 - Relationship/marital conflicts
 - Problems with children
 - Job pressures
 - Grief and loss
 - Substance abuse

Financial Information and Resources

- Speak by phone with Certified Public Accountants and Certified Financial Planners on a wide range of financial issues, including:
 - Getting out of debt
 - Credit card or loan problems
 - Tax Questions
 - Retirement planning
 - Estate planning
 - Saving for college

Work-Life Solutions

- Work-Life Specialists will do the research for you, providing qualified referrals and customized resources for:
 - Child and elder care
 - Moving and relocation
 - Making major purchases
 - College planning
 - Pet care
 - Home repair

GuidanceResources Online

- One stop for expert information on relationships, work, school, children, wellness, financial, and more
- Timely articles, HelpSheets, tutorials, streaming videos and self-assessments
- "Ask the Expert" personal responses to your questions
- Child care, elder care, attorney and financial planner searches

Free Online Will Preparation

- EstateGuidance lets you quickly and easily write a will on your computer; name an executor to manage your estate, choose a guardian for dependents, specify funeral/burial instructions and more
- Go to GuidanceResources.com and click on EstateGuidance link
- Follow the prompts to create and download your will at no COST

Provided at NO CHARGE to you and your dependents by Stephens County Schools

NOTES

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The Service Hub Helps With:

- Portability/Conversion
- Benefits Education
- Evidence of Insurability
- Qualified Life Event Changes
- Claims
- Card Requests
- Benefit Questions
- COBRA Information

Phone: 866-433-7661, Opt 5

Email: mybenefits@campusbenefits.com

Website: StephensCountyBenefits.com



The 2020 Benefits Enrollment Guide is provided for illustrative purposes only. Actual benefits, services, premiums, claims processes and all other features and plan designs for coverage offered is governed exclusively by the insurance contract and associated Summary Plan Description (SPD). In case of discrepancies between this document and the insurance contract and SPD, the contract and SPD will prevail.

We reserve the right to change, modify, revise, amend or terminate these plan offerings at any time.

Updates, changes and notices are all located at StephensCountyBenefits.com
These should be reviewed fully prior to electing any benefits.