



**HELPING YOU UNDERSTAND**  
Your Benefit Choices

**Open Enrollment Benefits Guide 2024**

Welcome to your new Benefits Enrollment Guide. This guide is your summary of the benefit options that are available to eligible employees of the Jones County School System. Each benefit is designed to protect your health and well-being as well as provide valuable financial protection.

Each section of the Benefits Enrollment Guide is structured to provide you with plan highlights as well as detailed, descriptive instructions to assist you in navigating through the web-based enrollment portal.

While the Benefits Enrollment Guide is an important component in the benefit communication process, your dedicated NFP service team continues to provide annual enrollment meetings in addition to being available for questions and concerns regarding benefits throughout the plan year.

Please review the plans contained in the Benefits Enrollment Guide and see how these plans can work for you and your eligible dependents. Your participation in the plans is voluntary. The benefit plans have been chosen to provide a continuum of protection that complement Jones County Schools leave policies and retirement plans. The plan year is in effect from January 1, 2024 to December 31, 2024.

This Benefits Enrollment Guide is intended for orientation purposes only. It is an abbreviated overview of the plan documents. Please refer to the Certificate Booklet (the contract) available from the plan carriers for complete details. Your Certificate Booklet (the contract) will provide detailed information regarding your copayments, coinsurance, deductibles, exclusions, and other benefits. The certificate booklet will govern should a conflict arise relating to the information contained in this summary. This summary does not establish eligibility to participate in or receive benefits from any benefit plan.

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# GLOSSARY OF TERMS

**Dependent Verification Services (DVS)** – Service used to verify dependent proof of relationship when adding dependents to benefit plans.

**Beneficiary** – A person designated by you, the participant of a benefit plan, to receive the benefits of the plan in the event of the participant's death.

- **Primary Beneficiary** – A person who is designated to receive the benefits of a benefit plan in the event of the participant's death
- **Contingent Beneficiary** – A person who is designated to receive the benefits of a benefit plan in the event of the Primary Beneficiary's death

**Charges** – The term “charges” means the actual billed charges. It also means an amount negotiated by a provider, directly or indirectly, if that amount is different from the actual billed charges.

**Coinsurance** – This is your share of the expense of covered services after your deductible has been paid when the company plan is paying a percentage. The coinsurance rate is usually a percentage.

**Deductible** – The amount of money you are responsible for paying each year before the plan begins to pay for covered services, with the exception of preventive care services, which are covered at 100% In-Network.

**Dependents** – Dependents are your:

- Lawful spouse through a marriage that is lawfully recognized.
- Dependent child (married or unmarried) under the age of 26 including stepchildren and legally adopted children.

*Proof of relationship documentation will be required in order to add dependents to your plan(s). Employees will receive request for documentation.*

**Emergency Care** – that meets the definition of “emergency services” and is authorized as such by either the PCP or the review organization is considered in-network.

**Emergency Services** – Medical, psychiatric, surgical, hospital, and related health care services and testing, including ambulance service, that are required to treat a sudden, unexpected onset of a bodily injury or serious sickness that could reasonably be expected by a prudent layperson to result in serious medical complications, loss of life, or permanent impairment to bodily functions in the absence of immediate medical attention. Examples of emergency situations include uncontrolled bleeding, seizures or loss of consciousness, shortness of breath, chest pains or severe squeezing sensations in the chest, suspected overdose of medication or poisoning, sudden paralysis or slurred speech, burns, cuts, and broken bones.

The symptoms that led you to believe you needed emergency care, as coded by the provider and recorded by the hospital, or the final diagnosis – whichever reasonably indicated an emergency medical condition – will be the basis for the determination of coverage provided such symptoms reasonably indicate an emergency.

**Evidence of Insurability (EOI)** – Proof that you are insurable based on the requirements of the insurance carrier. *For example, the results of a blood test or a doctor's signature on a form may be required for you to be covered by/for Optional Life insurance.*

**Explanation of Benefits (EOB)** – The health insurance company's written explanation of how a medical claim was paid. It contains detailed information about what the company paid and what portion of the costs are your responsibility.

**In-Network** – The term “in-network” refers to health care services or items provided by your Primary Care Physician (PCP) or services/items provided by another participating provider and authorized by your PCP or the review organization. Authorization by your PCP or the review organization is not required in the case of mental health and substance abuse treatment other than hospital confinement solely for detoxification.

**Out-of-Network** – The term “out-of-network” refers to care that does not qualify as in-network.

**Maximum Out of Pocket** – The most money you will pay during a year for coverage. It includes deductibles, copayments and coinsurance, but is in addition to your regular premiums. Beyond this amount, the insurance company will pay all expenses for the remainder of the year.

**Medically Necessary/Medical Necessity** – Required to diagnose or treat an illness, injury, disease, or its symptoms; in accordance with generally accepted standards of medical practice; clinically appropriate in terms of type, frequency, extent, site, and duration; not primarily for the convenience of the patient, physician, or other health care provider; and rendered in the least intensive setting that is appropriate for the delivery of the services and supplies.

**Participating Provider** – A hospital, physician, or any other health care practitioner or entity that has a direct or indirect contractual arrangement with United Healthcare to provide covered services with regard to a particular plan under which the participant is covered.

**Post-Tax** – To have the payment to your benefits deducted from your gross pay after your taxes have been withheld. Therefore, your tax contributions will be calculated based on a higher amount. Your statutory deductions (federal income tax, Social Security, Medicare) will be calculated based on a higher amount.

**Pre-Tax** – To have the payment to your benefits deducted from your gross pay before your taxes have been withheld. Therefore, your tax contributions will be calculated based on a lesser amount. Your statutory deductions (federal income tax, Social Security, Medicare) will be calculated based on a lesser amount.

**Primary Care Physician (PCP)** – The term “Primary Care Physician” means a physician who (a) qualifies as a participating provider in general practice, obstetrics/gynecology, internal medicine, family practice, or pediatrics; and (b) has been selected by you, as authorized by the provider organization, to provide or arrange for medical care for you or any insured dependents.

**Primary Care Dentist (PCD)** – The term “Primary Care Dentist” means a dentist who (a) qualifies as a participating provider in general practice, referrals, or specialized care; and (b) has been selected by you, as authorized by the provider organization, to provide or arrange for dental care for you or any of your insured dependents.

**Proof of Relationship Documentation** – Documents that show a dependent is lawfully your dependent. Documents can include marriage certificates, birth certificates, adoption agreements, previous years' tax returns, court orders, and/or divorce decrees showing your or your spouse's responsibility for the dependent.

# WELCOME

## BENEFITS MENU | ENROLLMENT

### BENEFITS OFFERED

#### MY HEALTH

Medical | **State Health**

#### MY BSWIFT BENEFITS

Dental | **Delta Dental**

Vision | **EyeMed**

Flexible Spending Accounts | **Medcom**

Life and AD&D | **Standard**

Disability | **Standard**

Accident | **Aflac**

Critical Illness | **Aflac**

Whole Life | **Aflac**



#### Helpful Tips For Enrolling

1. If you are currently enrolled and do not go online and make an election, you will be default enrolled in your current plan, at your current coverage tier and tobacco status. **REMEMBER** reenrollment in the FSA plans are required.
2. If you have waived coverage and you do not go online and make an election, you will remain with a waiver of coverage.
3. If you experience any technical difficulties with State Health, please contact SHBP Member Services at 800-610-1863. If you experience any issues with bswift, please contact the NFP Service Center at (800) 994-7429

### Your Open Enrollment Period

**OCTOBER 16, 2023 – NOVEMBER 3, 2023**

#### STATE HEALTH ENROLLMENT INSTRUCTIONS:

Call 1-800-610-1863 or go to [mySHBPga.adp.com](https://mySHBPga.adp.com)

Additional enrollment instructions can be found on page 6.

#### If you are a new user to SHBP:

Click on “New User? Get Started”

Use code **SHBP-GA**

Fill in your information

Create a username and password

#### If you are a returning user but have not accessed the website in 45 days, you MUST reset your password to log into the SHBP portal:

Enter Your User ID

Click “Forgot Your Password”

Follow the instructions and answer the security questions

Create a new password

Click “Continue”

**Note:** Your account will be locked after three incorrect login attempts and you must call SHBP to unlock the account.

#### BSWIFT ENROLLMENT INSTRUCTIONS:

1. Call 1-800-994-7429 or go to [jonescountyschoolsys.bswift.com](https://jonescountyschoolsys.bswift.com)
2. Enter your Username: **First Name Initial + Last Name + Last 4 of your SSN** e.g. John Smith = jsmith4567
3. Enter your Password: **Last 4 of your SSN**
4. Follow instructions and enroll in your benefits
5. Make sure to complete your enrollment and email yourself a confirmation statement.

# WELCOME

## ADDITIONAL STATE HEALTH ENROLLMENT INSTRUCTIONS

### HOW TO MAKE YOUR HEALTH ELECTION WITH SHBP

If you need any assistance with enrollment, contact SHBP at 800-610-1863.

**Step 1:** Go to the SHBP Enrollment Portal: [www.mySHBPga.adp.com](http://www.mySHBPga.adp.com)

**Step 2:** Log on to the SHBP Enrollment Portal. The homepage displays an enrollment Event (e.g., [Open Enrollment](#) and [Newly Eligible Employee](#)).

If you are a first-time user, select "How do I register for the SHBP Enrollment Portal?" FAQ for instructions.

If you are a returning user but have not accessed the SHBP Enrollment Portal within the last 45 days, you will be prompted to create a new password that will also expire after 45 days. See "How do I reset my Password?" FAQ if you would like to reset your password.

**Step 3:** Under the Event enrollment window, click **Continue** to proceed with your enrollment.

**Step 4:** The Welcome page displays a terms and conditions message with the effective date. You must click **Accept Terms and Conditions** to continue to the next step of enrollment.

**Step 5:** If applicable, click **Go to Review Your Current Elections**. This screen displays appropriate default enrollments for you.

**Step 6:** If applicable, click **Go to Review Your Dependents (if applicable)**. Verify that each dependent has a valid Social Security number (SSN) or other Tax Identification Number (TIN).

**Step 7:** To start your election process, click **Go to Make your Elections**.

**Step 8:** Click **Go to Tobacco Surcharge question**. You MUST answer the tobacco surcharge question using the radio option.

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 (i.e., Decision Support 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. Please see additional information in the [Active Decision Guide](#) regarding the decision support tools.

**Step 9:** Click **Go to Health Benefits** to choose your medical claims administrator (e.g., Anthem Blue Cross & Blue Shield, UnitedHealthcare(s), plan option(s) and coverage tier.

**Step 10: Make your elections.**

When adding a new dependent, scroll down and check the "include in coverage" box located next to your newly added dependent.

For existing dependents, confirm that all dependent(s) that require health benefits have a check in the "include in coverage" box.

**Step 11:** Click **Go to Review and Confirm Changes**. "Your elections" will display on the screen and show the elections you made. You should carefully review your elections.

**Step 12:** Click **Finish**. If finish is NOT clicked, your enrollment process has not been completed, which means you have decided to **make no changes**.

If you choose **NOT** to enroll into a plan option, you must click the radio option for **No Coverage**. A pop-up box will then display **Reason for Waive**. You will need to select the drop-down box which 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.

# ELIGIBILITY

## RULES | REQUIREMENTS

### EMPLOYEE ELIGIBILITY

You are eligible to participate if you are full-time. Your coverage will be effective 1st of the month following 30 days from your date of hire.

### DEPENDENT ELIGIBILITY

You may also enroll eligible dependents for benefits coverage. A **'dependent'** is defined as the **legal spouse** and/or **'dependent child(ren)'** of the plan participant or the spouse.



**The term 'child' refers to any of the following:**

- A natural (biological) child;
- A stepchild;
- A legally adopted child;
- A foster child;
- A child for whom legal guardianship has been awarded to the participant or the participant's spouse; or
- Disabled dependents may be eligible if requirements set by the plan are met.

The chart provided below explains who is eligible for coverage under each benefit plan type:

Line of Coverage	Who is eligible
<b>Medical, Dental, Vision, Life, Accident, Critical Illness, &amp; Whole Life</b>	Employee, Spouse, and/or Child(ren) under 26
<b>Disability</b>	Employee Only

### Qualifying Life Events

If you have a Qualifying Life Event and want to request a mid-year change, you must notify the Benefits Department and complete your election changes within 30 days following the event. Be prepared to provide documentation to support the Qualifying Life Event.

Common life events include; Marriage, Divorce, New Dependent, Loss/gain of available coverage by you or any of your dependents.

Please contact NFP at (800) 994-7429 to speak with a benefits counselor 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.

**IMPORTANT**

You cannot make changes to these elections during the year unless you experience a qualified family status change, which must be reported to the Benefits Department within 30 days of the event.

If you separate from employment, COBRA continuation of coverage may be available as applicable by law. COBRA Continuation details can be found in the notices section of this employee benefit guide.

# BENEFIT RESOURCE CENTER

## ONLINE BENEFIT RESOURCE WEB PAGE



Jones County School System offers a Benefit Resource Center. The site was developed to create an interactive, centralized resource for you to visit both during open enrollment and throughout the year.

The Benefit Resource Center will serve as your go-to resource for benefits related questions. You'll be able to access enrollment information, important benefit documents, links to resources, and a link to enrollment sites.

Jones County School System Benefit Resource Center site:

✓ **Open Enrollment Materials**

- Enrollment Guide, Open Enrollment Memo, link to enrollment sites

✓ **Full Benefit Summaries**

- More details about your coverage

✓ **Educational Videos**

- Learn about your benefits and how they work

✓ **Carrier Links and Member Resources**

- Easily find in-network providers and additional resources specific to your benefit plan

✓ **Contact Information**

- Web address, email, and phone numbers to all vendors

View the Benefit Resource Center at [www.nfpsebenefits.net/jcs](http://www.nfpsebenefits.net/jcs).




# EMPLOYEE ASSISTANCE PROGRAM

## COVERAGE OVERVIEW





### Jones County School System Employee Assistance Program (EAP)


Free | Confidential | 24/7

 **Counseling Support** for stress, marital and family problems, job-related concerns, life transitions, work-life challenges, emotional issues, and other concerns.

- **TalkNow®** provides immediate access to counselors for in- the-moment support, and guidance.
- Up to 6 EAP sessions for assessment, short-term counseling, and referral.
- Telephonic, video, and in-person options available.

 **Legal** assistance for issues such as divorce, family law, wills, adoption, and more. Identity Theft Recovery and mediation services are also available. Get a free 30-minute consultation and 25% discount off the mediator or attorney fees for services rendered beyond the EAP.

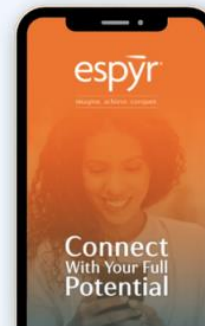
 **Financial** consultation regarding debt matters, investment options, money management, taxes, and retirement planning. Financial personnel services are discounted at 25% as are CPA tax preparation fees.

 **Work-Life** specialists provide consultation, information, resources, and verified referrals for most all personal and family needs such as:

- Childcare & Eldercare
- Adoption
- Academic
- Health & Wellness
- Relocation
- Concierge
- Pet Care
- And More

Jones County has partnered with Espyr® to provide you and your eligible family members with immediate support to help improve your well-being. Get help with a variety of personal and work-life matters today.

**App:** Download the Espyr Connect mobile app from the Apple Store or Google Play Store.



Scan &  
Download Now



Access digital resources including activities, assessments, videos, quizzes, articles, motivational tips, and more.

**Organization ID:** JCSS2018

**Online:** [care.espyr.com](https://care.espyr.com)

**Call:** (800) 869-0276

**Chat:** Chat live with Espyr online or through the Espyr Connect mobile app to ask a question, request services, or receive immediate counseling support.

# HEALTH

## STATE HEALTH BENEFIT PLAN OPTIONS

### 2024 Plan Options

A basic overview of the health care options available to employees is provided here. Please refer to the *SHBP Decision Guide* at <http://shbp.georgia.gov/enrollment/open-enrollment> for additional details. The enrollment site to enroll in State Health is <http://myshbpga.adp.com>.

Anthem Blue Cross Blue Shield and United Healthcare will continue to offer State Health Benefit Plan (SHBP) members the below plan options for 2024.

### **Anthem BlueCross BlueShield of Georgia (now called Anthem)**

Health Reimbursement Arrangement (HRA) **without copays**

- Gold
- Silver
- Bronze

Statewide Health Maintenance Organization (HMO)

### **United Healthcare- UHC**

High Deductible Health Plan (HDHP)

Statewide Health Maintenance Organization (HMO)

### **Medicare Advantage Preferred Provider Organization (PPO) Standard and Premium**

United Healthcare

Anthem

### **Pharmacy**

For 2024, the State Health Benefit Plan will continue to use CVS Caremark as administrator for the pharmacy benefit. This does not mean members must go to a CVS Pharmacy location for their prescriptions.

The TRICARE Supplement will continue to be available for those members enrolled in TRICARE

Peach Care for Kids will continue to be available for those members enrolled in Peach Care for Kids.

# HEALTH

## STATE HEALTH HRA BENEFIT OVERVIEW

	Anthem Gold HRA Option		Anthem Silver HRA Option		Anthem 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><u>Deductible</u></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
HRA credits will reduce "You Pay" amounts						
<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
HRA credits will reduce "You Pay" amounts						
<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>Physicians' 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	Not Covered	80% coverage; not subject to deductible	Not Covered	75% coverage; not subject to deductible	Not Covered
<b>HRA Pharmacy</b>	<b>You Pay</b>					
	<b>Retail (30-Day Supply)</b>			<b>Mail Order or Retail (90-Day Supply)</b>		
Tier 1 Coinsurance	15% (\$20 min/\$50 max); not subject to deductible			Tier 1 - 15% (\$50 min/\$125 max)		
Tier 2 Coinsurance Preferred Brand	25% (\$50 min/\$80 max); not subject to deductible			Tier 2 - 25% (\$125 min/\$200 max)		
Tier 3 Coinsurance Non-Preferred Brand	25% (\$80 min/\$125 max); not subject to deductible			Tier 3 - 25% (\$200 min/\$313 max)		

# HEALTH

## STATE HEALTH HMO & HDHP BENEFIT OVERVIEW

	Anthem /United Healthcare Statewide HMO		United Healthcare HDHP		KP Regional HMO
Covered Services Deductible	In-Network only		In-Network	Out-of-Network	Not Available
	<b>You Pay</b>		<b>You Pay</b>		
You	\$1,300		\$3,500	\$7,000	
You + Spouse	\$1,950		\$7,000	\$14,000	
You + Child(ren)	\$1,950		\$7,000	\$14,000	
You + Family	\$2,600		\$7,000	\$14,000	
Out-of-Pocket Maximum					
You	\$4,000		\$6,450	\$12,900	
You + Spouse	\$6,500		\$12,900	\$25,800	
You + Child(ren)	\$6,500		\$12,900	\$25,800	
You + Family	\$9,000		\$12,900	\$25,800	
<b>HRA</b>	<b>The Plan Pays</b>		<b>The Plan Pays</b>		
You	N/A		N/A		
You + Spouse					
You + Child(ren)					
You + Family					
<b>Physicians' Services</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	
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	
Primary Care Physician or Specialist Office or Clinic Visits (Wellness/preventive)	100% coverage; not subject to deductible, in-network only		100% coverage; not subject to deductible	Not covered	
Physician Services Furnished in a Hospital	100% coverage; subject to deductible		70% coverage; subject to deductible	50% coverage; subject to deductible	
Telemedicine/Virtual Visit	100% coverage after \$35 PCP copay		70% coverage, subject to deductible	Not Covered	
<b>HMO HDHP Pharmacy</b>	<b>You Pay</b>				
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Tier 1 Coinsurance	\$20 copay		70% coverage; after deductible is met*		
Tier 2 Coinsurance Preferred Brand	\$50 copay				
Tier 3 Coinsurance Non-Preferred Brand	\$90 copay				
Participating 90-day Voluntary Mail Order or Retail 90-day Network	Tier 1 - \$50		70% coverage; after deductible is met*		
	Tier 2 - \$125				
	Tier 3 - \$225				

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

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

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

# HEALTH

## STATE HEALTH BENEFIT PLAN RATE SHEET

JANUARY 2024 – DECEMBER 2024

Plan Options	Employee	Employee + Child(ren)	Employee + Spouse	Family
<b>ANTHEM GOLD</b>	\$188.56	\$343.04	\$464.72	\$619.20
<b>ANTHEM SILVER</b>	\$125.19	\$235.32	\$331.65	\$441.78
<b>ANTHEM BRONZE</b>	\$77.69	\$154.57	\$231.90	\$308.78
<b>ANTHEM HMO</b>	\$148.53	\$274.99	\$380.66	\$507.12
<b>UHC HMO</b>	\$177.91	\$324.94	\$442.36	\$589.39
<b>UHC HDHP</b>	\$63.36	\$130.20	\$201.80	\$268.64

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

Anthem BlueCross & BlueShield  
(855) 641-4862  
[www.anthem.com/shbp/](http://www.anthem.com/shbp/)

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

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

Tri-Care Supplement  
(866) 637-9911  
[www.selmantricareresource.com/ga\\_shbp](http://www.selmantricareresource.com/ga_shbp)

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

# DENTAL

## COVERAGE OVERVIEW

### PRE-TREATMENT ESTIMATE

If your dental care is extensive and you want to plan ahead for the cost, you can ask your dentist to submit a pre-treatment estimate. While it is not a guarantee of payment, a pre-treatment estimate can help you predict your out-of-pocket costs.

### PREVENTION FIRST

Your dental health is an important part of your overall health. Make sure you take advantage of your preventive dental visits.

Preventive care services are covered at 80% or 100% based on the plan. They are also not subject to the annual deductible or apply towards your annual maximum.

### ORTHODONTIA WAITING PERIOD

A 12-month orthodontia waiting period applies to any new enrollees on the high dental plan.

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

**Dependent Children can be covered to the age of 26.**


### How do I find an In-Network Provider?

This dental plan offers deeper discounts when you visit a provider that is In-Network. In-Network providers can be found on [www.deltadental.com](http://www.deltadental.com) under "Find a Dentist."

Select the Delta Dental PPO Network. Enter your search criteria and click on the FIND DENTIST button.

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

Jones County School System offers dental coverage as summarized below.

 DELTA DENTAL		Low Plan	High Plan
PLAN FEATURES – DELTA DENTAL		MAC	90 <sup>th</sup>
Benefit Period		Calendar Year	
<b>DEDUCTIBLE</b>			
	Single	\$35	
	Family	No Limit	
When does it apply?		When receiving Basic or Major services (Does not apply for Preventive or Orthodontia services)	
<b>COVERED SERVICES</b>			
<b>CLASS I: Preventive Services</b>			
<i>Periodic oral evaluation (2 per calendar year); Prophylaxis (2 cleanings per calendar year), Bitewing X-rays – four films; Topical fluoride application; sealants</i>		Covered at 80%	Covered at 100%
<b>CLASS II: Basic Services</b>			
<i>Filling, amalgam, e.g., silver-colored, two surfaces; Extractions</i>		Covered at 50%	Covered at 80%
<b>CLASS III: Major Services</b>			
<i>Crowns, dentures, fixed bridges, Endodontics, Periodontics</i>		Covered at 40%	Covered at 50%
<b>ORTHODONTIA (Children only up to age 19)</b>		Not Covered	Covered at 50%; up to a lifetime maximum benefit of \$1,000
<b>ANNUAL MAXIMUM</b>			
Maximum Benefit <i>Allowed per Benefit Period</i>		\$1,200 per covered individual	\$1,200 per covered individual

MONTHLY DENTAL PLAN DEDUCTIONS	
Coverage Tier	Low Plan
Employee Only	\$19.50
Employee + 1	\$35.81
Employee + 2 or More	\$54.85

MONTHLY DENTAL PLAN DEDUCTIONS	
Coverage Tier	High Plan
Employee Only	\$38.60
Employee + Spouse	\$73.84
Employee + Child(ren)	\$79.97
Family	\$115.30

# VISION

## COVERAGE OVERVIEW

Good visual health can play an important role in our overall health. For those of us with eye care needs, having a Vision plan available from Jones County School System can ultimately help offset some of those associated costs in preserving our eye health and ongoing wellness. Becoming a member of the Vision plan available through the school system will enable you to take advantage of substantial savings on your eye care and eyewear needs.



### IN-NETWORK

### OUT-OF-NETWORK

PLAN FEATURES - EYEMED		
Vision Exam	\$10 copay	Up to \$40
COVERED SERVICES – LENSES / FRAMES		
Single Lenses	\$25 copay	Up to \$30
Bifocals	\$25 copay	Up to \$50
Trifocals	\$25 copay	Up to \$70
Frames	\$120 allowance	Up to \$84
COVERED SERVICES - CONTACTS		
Contact Lenses - Elective	\$120 allowance	Up to \$120
Contact Lens – Medically Necessary	Covered in full	Up to \$210
COVERED SERVICES - LASIK		
Lasik Surgery	15% off retail price or 5% off promotional price	N/A
BENEFIT FREQUENCY		
Exams	Once every 12 Months	Once every 12 Months
Lenses	Once every 12 Months	Once every 12 Months
Frames	Once every 24 Months	Once every 24 Months
Contacts	Once every 12 Months <i>(contacts in lieu of frames/lenses)</i>	Once every 12 Months

MONTHLY VISION PLAN DEDUCTIONS	
Coverage Tier	Deduction
Employee Only	\$5.38
Employee + Spouse	\$10.20
Employee + Child(ren)	\$10.72
Family	\$15.78

### Need to locate a participating In-Network provider?

To locate a provider, please visit [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com) and click on the **ACCESS Network**.

For Lasik providers, call 1-877-5LASER6 or visit [www.eyemedlasik.com](http://www.eyemedlasik.com).

# BASIC LIFE

## COVERAGE OVERVIEW



### BENEFICIARY(IES)

It's very important to designate beneficiaries. Taking a few minutes to designate your beneficiaries now will help ensure that your assets will be distributed according to your direction.

A **Beneficiary** is the person you designate to receive your life insurance benefits in the event of your death. It is important that your beneficiary designation is clear so there is no question as to your intentions.

It is also important that you name a **Primary** and **Contingent (Secondary) Beneficiary**. A contingent beneficiary will receive the benefits of your life insurance if the primary beneficiary cannot. You can change beneficiaries at any time.

You should review your beneficiary elections on a regular basis to ensure they are updated as life changes. Even if you are single, your beneficiary can use your Life Insurance to pay off your debts, such as: credit cards, mortgages, and other expenses.

*\*You designate your beneficiary(ies) when enrolling for your benefits.*

### BASIC LIFE INSURANCE

Basic Term Life and Accidental Death & Disability (AD&D) insurance provides valuable financial protection for your family. Jones County Schools System is pleased to provide **\$10,000** of Basic Life & AD&D insurance to all full-time employees **at no cost to you**.

#### BASIC LIFE COVERAGE - STANDARD

**Coverage Amount** Flat **\$10,000** Benefit

**Accidental Death and Dismemberment (AD&D)** Amount equal to your Life benefit

**Benefit Reduction Schedule** 50% of original amount at age 70

#### ADDITIONAL PLAN PROVISIONS

**Portability** If your employment ends or you retire, you may be eligible to continue your term insurance at group rates.

**Conversion** When coverage ends under the plan, you can convert to an individual permanent life policy without evidence of insurability.



### WHAT WILL MY BENEFICIARY RECEIVE?

#### In The Event That Death Occurs:

- Your Basic Life insurance is paid to your beneficiary.
- **If death occurs from an accident:** 100% of the AD&D benefit would be payable to your beneficiary(ies) in addition to your Basic Life insurance.



# VOLUNTARY LIFE

## COVERAGE OPTIONS FOR YOU & THE FAMILY



### VOLUNTARY LIFE INSURANCE


Employees have the opportunity to enroll in additional Life/AD&D insurance. If you choose to enroll in employee coverage, this will be in addition to your employer provided Basic Life/AD&D coverage. Coverage is also available for your spouse and/or child dependents (up to age 26).

#### PLAN OPTIONS - STANDARD

<b>Cost of Coverage</b>	Premiums are based on age-rated tables and paid by the employee every pay period through a payroll deduction. These premiums are post-tax and benefits payable are tax-free.		
<b>Coverage Options</b>	<b>Employee Coverage</b> Choose in \$10,000 increments up to \$300,000.	<b>Spouse Coverage</b> Choose in \$5,000 increments up to \$300,000. Cannot exceed 100% of employee amount.	<b>Dependent Coverage</b> Choose in \$2,000 increments up to \$10,000. Cannot exceed 100% of employee amount.
<b>Do I have to take a health exam to get coverage?</b>	If you and your dependents enroll in coverage at your initial eligibility date, you may apply for up to the Guaranteed Issue amounts without medical questions (EOI not required on dependent children).		
<b>Guaranteed Issue</b>	<b>Employee</b> \$150,000	<b>Spouse</b> \$25,000 (not to exceed 100% of employee amount)	<b>Dependent</b> \$10,000 (not to exceed 100% of employee amount)

#### PLAN PROVISIONS

<b>Cost Calculation</b>	Age Rated Benefit (Spouse Life based on employee's age)
<b>Benefit Reduction Schedule</b>	50% of original amount at age 70
<b>Portability</b>	If your employment ends or you retire, you may be eligible to continue your term insurance at group rates.
<b>Conversion</b>	When coverage ends under the plan, you can convert to an individual permanent life policy without evidence of insurability.



**\*Guaranteed Issue (GI) and Evidence of Insurability (EOI)**

When you are first eligible (at hire) for Voluntary Life and AD&D, you may purchase up to the Guaranteed Issue (GI) for yourself and your spouse without providing proof of good health (EOI).

Any amount elected over the GI will require EOI. If you elect voluntary life coverage, and are required to complete an EOI, it is your responsibility to complete the EOI and send to the provider (address will be listed on your form). In addition, your spouse will need to provide EOI to be eligible for coverage amounts over GI, or if coverage is requested at a later date.

# DISABILITY

## INCOME REPLACEMENT



### DISABILITY

Serious illnesses or accidents can come out of nowhere. They can interrupt your life, and your ability to work for months – even years. Disability provides financial protection for you by paying a portion of your income, so you have financial support to manage your disability and your household.

**Enrollment:** Employees have two opportunities to elect disability coverage; within 30 days of being newly hired, or during the annual open enrollment. Pre-Existing conditions will apply in both cases. No health questions will be asked for new hires but will apply for any late entrants.

#### Limitations

- Outpatient Mental/Nervous Illness Limitation based primarily on self-reported symptoms – 24 month lifetime combined pay out
- Pre-Existing Condition Limitation – Not Covered
- Intentional Self-inflicted Injuries – Not Covered
- Disability Due to War – Not Covered
- Substance Abuse Limitation – 24 months

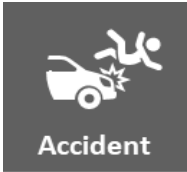
**Pre-Existing Condition:** In general, if you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the 6 months just prior to your effective date of coverage, the disability begins in the first 12 months after your effective date of coverage.

**Please Note:** In the event that you experience a disability, your disability benefit will not be offset by any accrued sick leave.

Benefits	Option A		Option B	
Percentage of Income	You may elect a monthly benefit amount in \$100 increments not to exceed 66.67% of your monthly earnings.		You may elect a monthly benefit amount in \$100 increments not to exceed 66.67% of your monthly earnings.	
Benefits Begin After (Elimination Period)	Accidental Injury	Other Disabilities	Accidental Injury	Other Disabilities
	0 Days 14 Days 30 Days 60 Days 90 Days 180 Days	3 Days 14 Days 30 Days 60 Days 90 Days 180 Days	0 Days 14 Days 30 Days 60 Days 90 Days 180 Days	3 Days 14 Days 30 Days 60 Days 90 Days 180 Days
Maximum Benefit Duration	SSNRA	SSNRA	5 YR ADEA	5 YR ADEA
Benefit Maximum	\$8,000			

# VOLUNTARY BENEFITS

## ACCIDENT | CRITICAL ILLNESS



### Accident - Aflac

A serious injury can cost you a lot of money – not only in medical bills but in things like income from lost work hours. Some injuries are minor, but others are debilitating and require significant medical care. If you get hurt, accident insurance pays you money that you can use to cover personal expenses, bills, and out-of-pocket medical costs.

#### Who Gets Paid?

You get paid. When you have a covered accident or injury, your health insurance company pays your doctor or hospital, but your accident insurance company pays you.

#### What's Covered?

Not all accidents are “qualifying injuries.” The kinds of accidents that are covered can vary by plan, but accident insurance plans typically cover things like:



Breaking a Limb



Loss of a Digit or Limb



Paralysis



Burns



Lacerations



Accidental Death

**If you have a covered injury, accident insurance can reimburse you for things like:**

- Emergency Room Treatment
- Ambulance Transportation
- Burns
- Hospital Admissions & Hospital Confinement
- Dislocations
- Diagnostic Exams
- Initial Doctor's Office Visit
- Dental Work

#### What is the Cost of Accident Insurance?

MONTHLY ACCIDENT DEDUCTIONS	
Coverage Tier	Deduction
Employee Only	\$11.72
Employee + Spouse	\$19.62
Employee + Child(ren)	\$26.75
Employee + Family	\$34.65

#### How do I submit a claim?

Log into [mylogin.aflac.com](https://mylogin.aflac.com), register for an account, and then initiate the claim, **OR** download the MyAflac Mobile App and initiate a claim from the app, **OR** submit a claim using the form online on the benefits resource center.



### WELLNESS BENEFIT

**Accident:** Employee & Covered Dependents - \$25 1<sup>st</sup> Year Benefit & \$50 Benefit Thereafter

**Critical Illness:** Employee & Spouse Only - \$50 Benefit



### Critical Illness - Aflac

How would you pay your bills if you were suddenly diagnosed with cancer and couldn't work? Critical illness insurance doesn't pay your medical bills. It pays you if you're diagnosed with a covered illness. The benefit is paid directly to you and is your choice how to spend it.

#### What's Covered?

Critical illness can vary widely from one another. This offering provides you with coverage for a range of possible diagnoses, such as:



#### EMPLOYEE COVERAGE OPTIONS

Choose up to \$30,000 in \$5,000 increments

#### SPOUSE COVERAGE OPTIONS

50% of Employee Coverage  
Amount up to \$15,000

#### DEPENDENT CHILD COVERAGE OPTIONS

50% of Employee Coverage  
Amount for no additional charge

#### What is the Cost of Critical Illness Insurance?

Depending on your age, and how much coverage you want, the cost of critical illness insurance can vary significantly. To view the cost of Critical Illness coverage, please log into bswift.



# VOLUNTARY BENEFITS

## CRITICAL ILLNESS RATES

### Premium Rates



#### Employee Non-Tobacco Monthly Premiums

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-25	\$2.73	\$3.95	\$5.16	\$6.37	\$7.59	\$8.80
26-30	\$3.25	\$4.98	\$6.71	\$8.45	\$10.18	\$11.91
31-35	\$3.59	\$5.65	\$7.72	\$9.79	\$11.86	\$13.92
36-40	\$4.33	\$7.14	\$9.94	\$12.75	\$15.56	\$18.37
41-45	\$5.00	\$8.47	\$11.95	\$15.42	\$18.90	\$22.37
46-50	\$5.75	\$9.98	\$14.21	\$18.44	\$22.67	\$26.90
51-55	\$8.28	\$15.05	\$21.81	\$28.58	\$35.34	\$42.11
56-60	\$8.28	\$15.05	\$21.81	\$28.58	\$35.34	\$42.11
61-65	\$15.53	\$29.54	\$43.55	\$57.55	\$71.56	\$85.57
66+	\$26.62	\$51.72	\$76.82	\$101.92	\$127.02	\$152.12

#### Spouse Non-Tobacco Monthly Premiums

Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000
18-25	\$2.73	\$3.34	\$3.95	\$4.55	\$5.16
26-30	\$3.25	\$4.12	\$4.98	\$5.85	\$6.71
31-35	\$3.59	\$4.62	\$5.65	\$6.69	\$7.72
36-40	\$4.33	\$5.73	\$7.14	\$8.54	\$9.94
41-45	\$5.00	\$6.73	\$8.47	\$10.21	\$11.95
46-50	\$5.75	\$7.86	\$9.98	\$12.09	\$14.21
51-55	\$8.28	\$11.67	\$15.05	\$18.43	\$21.81
56-60	\$8.10	\$11.39	\$14.68	\$17.97	\$21.26
61-65	\$15.53	\$22.53	\$29.54	\$36.54	\$43.55
66+	\$26.62	\$39.17	\$51.72	\$64.27	\$76.82

#### Employee Tobacco Monthly Premiums

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-25	\$3.28	\$5.04	\$6.80	\$8.56	\$10.32	\$12.08
26-30	\$3.99	\$6.46	\$8.93	\$11.40	\$13.87	\$16.34
31-35	\$4.71	\$7.90	\$11.09	\$14.27	\$17.46	\$20.65
36-40	\$5.99	\$10.45	\$14.92	\$19.38	\$23.85	\$28.32
41-45	\$6.99	\$12.46	\$17.92	\$23.39	\$28.86	\$34.33
46-50	\$8.14	\$14.77	\$21.39	\$28.02	\$34.64	\$41.26
51-55	\$12.21	\$22.90	\$33.59	\$44.28	\$54.97	\$65.66
56-60	\$12.33	\$23.13	\$33.94	\$44.75	\$55.56	\$66.36
61-65	\$23.58	\$45.64	\$67.70	\$89.76	\$111.82	\$133.88
66+	\$39.92	\$78.33	\$116.73	\$155.14	\$193.54	\$231.95

#### Spouse Tobacco Monthly Premiums

Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000
18-25	\$3.28	\$4.16	\$5.04	\$5.92	\$6.80
26-30	\$3.99	\$5.23	\$6.46	\$7.70	\$8.93
31-35	\$4.71	\$6.30	\$7.90	\$9.49	\$11.09
36-40	\$5.99	\$8.22	\$10.45	\$12.69	\$14.92
41-45	\$6.99	\$9.72	\$12.46	\$15.19	\$17.92
46-50	\$8.14	\$11.46	\$14.77	\$18.08	\$21.39
51-55	\$12.21	\$17.56	\$22.90	\$28.25	\$33.59
56-60	\$12.33	\$17.73	\$23.13	\$28.54	\$33.94
61-65	\$23.58	\$34.61	\$45.64	\$56.67	\$67.70
66+	\$39.92	\$59.13	\$78.33	\$97.53	\$116.73

# VOLUNTARY BENEFITS

## WHOLE LIFE

Whole Life Insurance offers protection, cash accumulation, and cash value loan privileges –all in one policy. Whole Life Insurance is also portable. If you ever leave employment, you can take your insurance coverage with you and your premium amounts and cash value are guaranteed as long as you meet the required premium payments.

### Benefits Amounts

- Up to \$300,000 for Employee
- Up to \$100,000 for Spouse
- Up to \$25,000 for Dependent Children

### Guaranteed Issue Amounts

Employee: Up to \$100,000  
 Spouse: Up to \$50,000  
 Child: \$10,000 Child Term Life Rider

**Children’s Term Insurance (CTR) Rider:** CTR provides insurance coverage to dependent children for \$10,000 up to the child’s 26<sup>th</sup> birthday. Coverage can be converted to a whole life policy at that age.

### Additional benefits to the whole life policy:

- Cash Value
- Loans and Repayment
- Accidental Death Benefit Rider



### Face amounts based on monthly premium \$13.00

Issue age	Non-Tobacco		Tobacco	
	Face Amount	Cash Value	Face Amount	Cash Value
25	\$17,910	\$7,049	\$10,277	\$4,598
35	\$11,650	\$4,124	\$7,072	\$2,835
45	\$6,949	\$1,985	\$4,101	\$1,311
55	\$3,640	\$599	\$2,182	\$388

### Face amounts based on monthly premium \$47.67

Issue age	Non-Tobacco		Tobacco	
	Face Amount	Cash Value	Face Amount	Cash Value
25	\$65,672	\$25,847	\$37,681	\$16,860
35	\$42,718	\$15,123	\$25,929	\$10,395
45	\$25,479	\$7,277	\$15,037	\$4,807
55	\$13,346	\$2,196	\$8,000	\$1,421

# FLEXIBLE SPENDING ACCOUNT

## FSA | TAX SAVING VEHICLE

### IMPORTANT FSA RULES

#### MONTHLY FSA PARTICIPATION FEE OF \$3.70

#### HEALTH CARE FSA GRACE PERIOD

Health Care FSAs will have a grace period which allows you to use up any remaining funds through 75 days from the end of the calendar year.

#### MULTIPLE METHODS FOR ACCOUNT MANAGEMENT

(800) 523-7542

[MedcomReceipts@medcombenefits.com](mailto:MedcomReceipts@medcombenefits.com)

[www.medcombenefits.com](http://www.medcombenefits.com)

#### \*ELIGIBLE DEPENDENT CARE EXPENSES INCLUDE:

1. 'Care' for your dependent child who is under the age of 13 that you can claim as a dependent on your federal tax return;
2. 'Care' for your dependent child who resides with you and who is physically or mentally incapable of caring for themselves; or
3. 'Care' for your spouse, parent or grandparent who is physically or mentally incapable of caring for themselves and spends at least eight hours a day in your home.

*'Care' is defined as: In-home baby-sitting services (not by an individual you claim as a dependent); care of a preschool child by a licensed nursery or day care provider; before and after-school care; summer day camp (provided it is not overnight); and in-home dependent day care.*

#### You are required to reenroll in the FSA plans each year to remain on coverage.

Flexible Spending Accounts (FSA) allow you to reduce your taxable income by setting aside pre-tax dollars from each paycheck to pay for eligible out-of-pocket health care and dependent care expenses\* for yourself, your spouse and your dependent children.

**In order to participate in the FSA, you must enroll each year.** Your annual contribution stays in effect during the entire year (**January 1st through December 31st**). The only time you can change your election is during the enrollment period or if you experience a change-in-status event. Also, you must elect this benefit within **30 days** of your hire date or first date of benefits eligibility.

#### ELIGIBLE EXPENSES

- A full list of qualified FSA expenses can be found in IRS Publication 502 at [www.irs.gov](http://www.irs.gov).
- You can learn more about FSA qualified expenses and also make purchases by visiting the FSA Store at [www.fsastore.com/medcom](http://www.fsastore.com/medcom).

### HEALTH CARE & LIMITED PURPOSE FSA

#### MAXIMUM ANNUAL CONTRIBUTION | \$2,400

All eligible health care expenses – such as deductibles, medical and prescription copays, dental expenses, and vision expenses – can be reimbursed from your general purpose FSA account.

With the Health Care FSA or Limited Purpose FSA, you can spend up to the full amount of your annual election as soon as your account has been set up.

### DEPENDENT CARE FSA

The Dependent Care FSA allows you to pay for eligible dependent care expenses with tax-free dollars so that you and your spouse can work or attend school FT.

Unlike the Health Care FSA, funds in a Dependent Care FSA are only available once they have been deposited into your account and you cannot use the funds ahead of time.

- You may set aside up to **\$5,000** annually in pre-tax dollars, or **\$2,500** if you are married and file taxes separately from your spouse.
- If you participate in a Dependent Care FSA, you cannot apply the same expenses for a dependent care tax credit when you file your income taxes.



# FLEXIBLE SPENDING ACCOUNT

## FSA | TAX SAVING VEHICLE

### HERE'S HOW IT WORKS

An employee earning \$30,000 elects to place \$2,650 into a Health Care FSA. The payroll deduction is \$110.42 based on a 24-pay period schedule. As a result, the insurance premiums and health care expenses are paid with tax-free dollars, giving the employee a tax savings of \$574.

	Without FSA	With FSA
<b>Gross Income</b>	\$30,000	\$30,000
<b>FSA Contributions</b>	\$0	-\$2,650
<b>TAXABLE INCOME</b>	<b>\$30,000</b>	<b>\$27,350</b>
<b>Estimated Taxes</b>		
Federal	\$3,090*	-\$2,817*
State	\$1,104**	\$1,106**
FICA	\$2,295	\$2,092
<b>AFTER TAX EARNINGS</b>	<b>\$23,511</b>	<b>\$21,435</b>
<b>Eligible Out-Of-Pocket Expenses</b>	\$2,650	\$0
<b>AVAILABLE/SPENDABLE INCOME</b>	<b>\$20,861</b>	<b>\$21,435</b>

***That's a savings of \$574 for the year!***

*This example is for illustrative purposes only. Every situation varies and it is recommended you consult a tax advisor for all tax advice.*

\*Varies, assumes 10.30%;

\*\*Varies, assumes 3.68%

### OVER-THE-COUNTER (OTC) MEDICATION REMINDER

Effective for purchases on or after January 1, 2020, thousands of items, including pain relievers, cold and flu medications, antacids, acne remedies, and allergy medicines are now reimbursable from an FSA, Section 213 HRA, or HSA without a prescription.

In addition to eliminating the prescription requirement on OTC drugs and medicine, the new CARES Act has added hundreds of menstrual products to the list of approved expenses, including tampons, pads, liners, cups, sponges and similar items. As was the case prior to the passage of the ACA, vitamins and supplements will continue to require a physician's "prescription" indicating that they are being taken to treat a diagnosed medical condition (e.g., anemia) rather than for general health and wellness.

### ELIGIBLE HEALTH FSA EXPENSES\*

- Acupuncture
- Alcoholism treatment
- Artificial teeth/dentures
- Blood pressure monitors
- Braces
- Braille-books & magazines
- Breast pumps & lactation supplies
- Chiropractors
- Co-insurance, co-pay & deductibles
- Cost of operations & related treatments
- Crutches
- Diabetic supplies
- Drug addiction treatment
- Eye exams, eyeglasses, contacts
- Hearing devices & batteries
- Hospital services
- Operations
- Pregnancy tests
- Radial keratotomy & lasik eye surgery
- Smoking cessation programs
- Speech therapy
- Surgical fees
- Vaccines
- Walkers & wheelchairs
- X-rays and more.

**\*A full list of qualified expenses can be found in IRS Publication 502 at [www.irs.gov](http://www.irs.gov).**

### IMPORTANT: PAYING FOR ELIGIBLE SERVICES & EXPENSES

Visit the Medcom FSA Store at [www.FSAstore.com/Medcom](http://www.FSAstore.com/Medcom), where you can purchase FSA eligible products.

Although you do not need to file for reimbursement when using your FSA debit card, you may be required to submit documentation, so be sure to save your receipts.

***If you use a personal form of payment to pay for eligible expenses out-of-pocket, you can submit an FSA claim form along with your original receipts for reimbursement.***

# FLEXIBLE SPENDING ACCOUNT

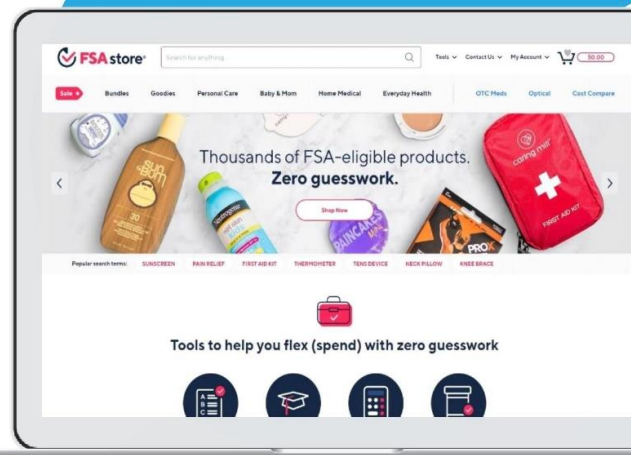
## FSA | MEDCOM OVERVIEW



### Check out our feature-packed Online Portal

Medcom Benefit Solutions' comprehensive online portal provides participants with convenient ways to manage their benefit accounts.

- Access your benefit accounts 24 hours a day, 7 days a week
- View current balances and transactions in your FSA, HSA, HRA, DCAP, and Commuter accounts
- View plan dates and claims filing deadlines
- Submit manual claims for reimbursement of expenses you've paid out of pocket
- HSA Bill Pay Options
- HSA Investment Options and Management
- Includes educational videos, calculators, and FAQs
- Opt-in for customized push alerts showing account activity, date reminders, claim status, balance alerts and confirmation of changes made to your account
- Upload receipts to substantiate debit card transactions. These receipts are available for future viewing on both the mobile app and the participant portal Report cards lost/stolen and request new cards
- Shop for eligible FSA products through FSAStore.com partnership
- And more!



Phone: (800) 523-7542  
Email: [MedcomReceipts@medcombenefits.com](mailto:MedcomReceipts@medcombenefits.com)  
Portal: <https://medcom.healthcareportal.com>  
Web: [www.medcombenefits.com](http://www.medcombenefits.com)



# NOTICES

Unless otherwise noted, a paper copy is available, free of charge, by calling NFP at 800-994-7429.

## **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 30 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 30 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 30 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: [jonescountyschoolsys.bswift.com](http://jonescountyschoolsys.bswift.com). A paper copy is also available, free of charge, by calling your Employer or NFP at 800-994-7429. 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: . A paper copy is also available, free of charge, by calling your Employer or NFP at 800-994-7429. Please note [jonescountyschoolsys.bswift.com](http://jonescountyschoolsys.bswift.com) 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 [jonescountyschoolsys.bswift.com](http://jonescountyschoolsys.bswift.com). A paper copy is also available, free of charge, by calling your Employer or NFP at 800-994-7429. 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 [jonescountyschoolsys.bswift.com](http://jonescountyschoolsys.bswift.com). A paper copy is also available, free of charge, by calling your Employer.

# IMPORTANT CONTACT INFORMATION

PROVIDER	CONTACT INFORMATION
Benefit Enrollment Questions	NFP (800) 994-7429 <a href="mailto:nfpSEcustomerservice@nfp.com">nfpSEcustomerservice@nfp.com</a>
Medical/State Health Benefit Plan	State Health (800) 610-1863 <a href="http://myshbpga.adp.com">myshbpga.adp.com</a>
Dental	Delta Dental (800) 521-2651 <a href="http://www.deltadental.com">www.deltadental.com</a>
Vision	EyeMed (866) 939-3633 <a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a>
Basic Life & AD&D Voluntary Life & AD&D	Standard (800) 368-1135 <a href="http://www.standard.com">www.standard.com</a>
Disability	Standard (800) 368-1135 <a href="http://www.standard.com">www.standard.com</a>
Flexible Spending Accounts (FSA) (Healthcare FSA & Dependent Care FSA)	Medcom (800) 523-7542 <a href="http://www.medcombenefits.com">www.medcombenefits.com</a>
Group Accident	Aflac (800) 433-3036 <a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a>
Group Critical Illness	Aflac (800) 433-3036 <a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a>
Whole Life	Aflac (800) 433-3036 <a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a>
Employee Assistance Program	Espyr (800) 869-0276 <a href="http://www.espyr.com">www.espyr.com</a>

## Why Would I Contact the NFP Service Center?

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

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

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

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

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

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

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

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

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

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



**(800) 994-7429**

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



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