

2024

First District RESA Benefits Guide



WELCOME TO FIRST DISTRICT RESA!

First District RESA offers a comprehensive and valuable benefits program to all eligible employees. Our benefits package is designed to provide security and assistance during a time of need. Please become familiar with the various options and select the best coverage for the upcoming plan year.



IMPORTANT TAKE ACTION REMINDERS!

- If you do not actively enroll in benefits within 30 days of your date of hire, you will not have benefits coverage for the 2024 plan year.
- Remember to provide/update beneficiaries annually for Life and AD&D policies.
- Review and understand guaranteed issue amounts (new hires)
- Submit any qualifying life event changes for you and eligible dependents within 30 days.

There are two separate benefit enrollments:

- 1. Campus Benefits Voluntary Benefits**
- 2. State Health Benefit Plan Medical Insurance**

Benefits enrollment must take place within 30 days of hire date

1

How to Enroll in Campus Benefits Voluntary Benefits

1. Visit <https://www.fdrbenefits.com/>
2. Select the "Enroll" tab or the "Campus Connect" tab
3. Follow the on screen instructions **OR**
4. **Contact Campus Benefits at 866.433.7661 opt 5**

2

How to Enroll in your State Health Benefit Medical Plan

1. Visit <https://www.fdrbenefits.com/>
Select the "State Health" tab
2. Select "SHBP Enrollment Link" (Refer to the SHBP section of this guide for additional details) **OR**
3. **Contact SHBP at 800.610.1863**

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Need Help? Start Here:

MyBenefits@CampusBenefits.com

866.433.7661 Opt 5

Eligibility

- **All full-time employees working 20+ hours/week** are eligible to enroll in the benefits described in this guide
- **49% Employees are eligible to enroll in specific benefits** (Dental, Voluntary Life and AD&D, Vision, MedCareComplete and MetLife Legal Plan)
- General plan eligibility is listed on the top of each page. Specific employee and dependent eligibility rules are governed by each plan's policy document/certificate, which is available on your employee benefits website, or by contacting Campus Benefits.

When to Enroll

- New Hire: Enroll within 30 days of your date of hire
- The annual enrollment period is held in the fall (October)

When do Benefits Begin

- The effective date of coverage for benefits depends on your hire date. Typically, benefits will begin the first of the month following 30 days of employment.

How to Make Changes

- Once your benefit elections as a new hire or during Open Enrollment are finalized, you cannot make changes to those elections until the next Open Enrollment period.
- The only exception is a qualifying life event which allows you to make eligible changes to your benefit elections during the plan year.
- Visit the web portal for current plan offerings, enrollment information and access to the enrollment system. www.fdrbenefits.com

Disclaimer: 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 BENEFITS PORTAL!

<https://www.fdrbenefits.com/>



FIRST DISTRICT RESA



[Home](#) [Benefits](#) [Enroll](#) [Contact Campus](#) [Qualifying Life Events](#)

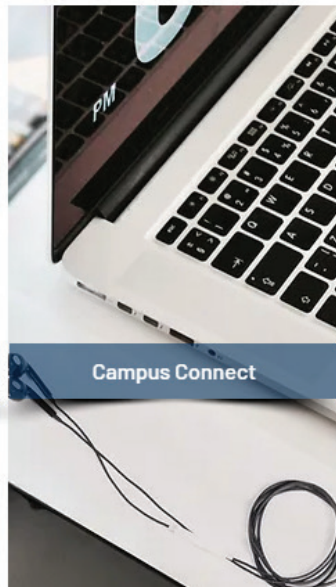


Welcome to the First District RESA Benefit Portal

BENEFITS PORTAL



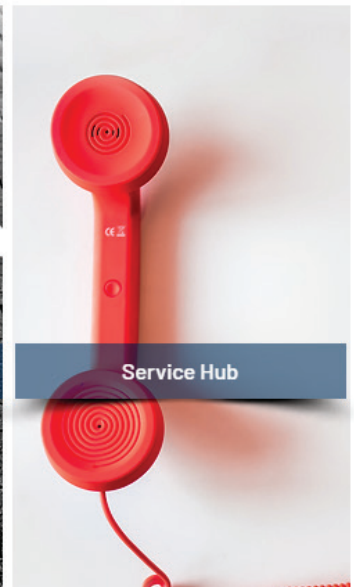
State Health



Campus Connect



2023 Benefits Guide



Service Hub

What can you find on the Benefits Portal?

- Plan Highlight Sheets
- Policy Documents and Certificates
- Claim Forms
- Links to Carrier Websites

What can the Service Hub assist you with?

- Claims
- Card Requests
- Benefit Questions
- Qualifying Life Events

CAMPUS BENEFITS ENROLLMENT

Employee Benefits Website: www.fdrbenefits.com

1 Visit www.fdrbenefits.com

2 Select the “Enroll” tab or the “Campus Connect” tab

3 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

Frequently Asked Questions

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

What can I find on the portal?

- Plan highlight sheets
- Policy Documents and Certificates
- Claim forms
- Links to Carrier Websites

Company Identifier: FDR14

New User Registration

1. On Login page click on “Register as a new user” and enter information below

- First Name
- Last Name
- **Company Identifier: FDR14**
- 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

What can the Service Hub assist you with?

- Claims
- Card requests
- Benefits Questions
- Qualifying Life Events

Need Help? Start Here:

mybenefits@campusbenefits.com

866.433.7661 opt 5

Login Information

Username: _____

Password: _____



SERVICE HUB/ SUPPORT CENTER

Campus Benefits is your dedicated advocate for all your voluntary benefits.

When to contact the Campus Benefits Service Hub?

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

How to File a Claim:

1. Contact Campus Benefits via Phone or Email
2. Work with Campus Benefits' claims specialist to complete the necessary paperwork
 - Employee Portion
 - Physician Portion
 - Employer Portion
3. Submit the Necessary Paperwork to Campus Benefits via the secure upload
 - Secure upload located at <https://www.fdrbenefits.com/contact-campus>

The Campus Benefits team understands the claims process and leverages the necessary carrier relationships to expedite the paperwork efficiently to ensure claims are not delayed due to improper paperwork completion.

Frequently Asked Questions (FAQs):

Q: When must a qualifying life event change be made?

A: Please notify Campus Benefits within 30 days of the life event date. All SHBP life events must be made directly through the SHBP website.

Q: Am I required to contact Campus Benefits to file a claim?

A: No. However, in our experience the number one reason for claim denial or delay is due to incomplete or inaccurate paperwork. By working with Campus Benefits' claim specialist, we can advocate on your behalf.

Q: How can I access the group dental card or vision card quickly?

A: Your group dental and vision plan information is available at: www.fdrbenefits.com



Phone: 866.433.7661, Opt 5
Email: mybenefits@campusbenefits.com
Website: FDRBenefits.com

GLOSSARY OF TERMS

Definitions Disclaimer: The definitions below are for illustrative purposes only. Actual plan definitions are governed exclusively by the provider contract and associated Summary Plan Description (SPD).

Please visit www.FDRBenefits.com for each plans policy document/certificates and actual benefit definitions.

Age Reduction – A reduction of the face amount of your group insurance policy when you reach a certain age. Please review the age reductions on the Critical Illness insurance.

Beneficiary - A life insurance beneficiary is the person or entity that will receive the money from your policy's death benefit when you pass away. When you purchase a life insurance policy, you choose the beneficiary of the policy. Please update your beneficiaries as needed for your Voluntary Term Life Insurance and/or Permanent Life Insurance.

Conversion - The option on your term life policies to convert your term life insurance policy into a permanent life insurance policy. Please refer to the plan certificate for detail on converting your term life coverage. Note: converting your term life policy will change the rate.

Dependents – The definition of eligible dependents vary by insurance carrier. Eligible dependents may include your spouse and taxable dependent children who are under the age of 26. Child marital status will impact benefit eligibility. Please refer to each plans policy document for verification of dependent eligibility.

Elimination Period - Elimination period is a term used to refer to the time period between an injury and the receipt of benefit payments. In other words, it is the length of time between the beginning of an injury or illness and receiving benefit payments from an insurer.

Flexible Spending Accounts - An employee benefit which allows you to set aside money from your paycheck, pre-tax, to pay for healthcare and dependent care expenses. There are two types of flexible spending accounts: A Health Care FSA can cover medical, dental or vision expenses that you would otherwise pay for out of pocket. A Dependent Care FSA, also known as a Dependent Care Assistance Program (DCAP), covers employment-related expenses for child care. Please review the Flexible Spending Accounts section for additional details.

Guaranteed Issue - A plan's guaranteed issue (GI) is the amount of life insurance available to an employee without having to provide Evidence of Insurability, or EOI/ no health questions. This is particularly helpful if you have health issues which may make you otherwise uninsurable. Many of the benefits offered have GI amounts for new hires. Please review these within your new hire window.

Portability – The portability provision allows you to take coverage with you when you leave your place of employment. The portability rate will differ from current plan rates and are determined by the plan carrier at the time of portability. Portability must be completed with a specific time frame. Please refer to the plans policy certificate for details on portability.

Pre-existing Condition - An illness or injury experienced before enrollment in a insurance plan may be considered a pre-existing condition. Pre-existing conditions can include health issues such as cancer, diabetes, lupus, depression, acne, pregnancy, or just about any other health condition you can imagine. Refer to each plans document for pre-existing condition limitations.

Qualifying Life Event Change - A change in your situation — like getting married, having a baby, or losing benefit coverage — that can make you eligible for a Special Enrollment Period, allowing you to enroll in insurance outside the yearly Open Enrollment Period.

SHBP - The State Health Benefit Plan (SHBP) is a division of the Georgia Department of Community Health (DCH). It serves as the state's administrator of health insurance coverage for state employees, teachers, public school employees, retirees, and former employees, and covered dependents.

Term Insurance VS. Permanent Life Insurance -There are two basic life insurance options offer through your employer: term and permanent. The term life offered is a group policy which allows you to get more benefit for less premium. Permanent lasts your entire lifetime. Term Life and Permanent Life work best when used in conjunction with one another. Term Life can protect your family in your younger working years and Permanent Life can protect your family in your retirement years. Please review the Life Insurance 101 page for more details.

Voluntary Benefits - Products offered by your employer but paid by employees via payroll deductions. The voluntary benefits within this guide are life insurance, disability insurance, vision insurance, dental insurance, critical illness insurance, accident insurance, telemedicine insurance, and legal insurance.

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EMPLOYEE ASSISTANCE PROGRAMS

What is an EAP? A program offered to First District RESA employees to provide guidance with personal issues, planning for life events or simply managing daily life which can affect your work, health and family. The two EAPs below can be used in conjunction with one another.

Georgia Public Education/Ga DOE EAP

Eligibility: All employees working 29 + hours per week, their eligible household members and children up to age 26

- Provides support when you're facing issues that interfere with your health, well-being and productivity at home or at work.
- **Receive up to six counseling sessions**
- CALL 1.866.279.5177 or visit www.EAPHelplink.com, Company Code: GADOE

OneAmerica EAP

Eligibility: All First District RESA employees, their household members and unmarried children (up to age 26)

- Coverage through OneAmerica
- Provides support, resources, and information for personal and work-life challenges
- **Receive up to three sessions per issue per year**
- CALL 1.855.387.9727 or visit Guidanceresources.com, Web ID: ONEAMERICA3

Confidential Counseling (OneAmerica & Ga DOE EAP)

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

Work-Life Solutions (OneAmerica & Ga DOE EAP)

Work-Life Specialists do the research for you, providing qualified referrals and customized resources:

- Child and elder care
- Moving and relocation
- Making major purchases
- College planning
- Pet care
- Home repair

Financial Information and Resources (OneAmerica & Ga DOE EAP)

Speak by phone with a 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

Online Resources (OneAmerica & Ga DOE EAP)

- Timely articles, HelpSheets, tutorials, streaming videos and self-assessments
- Child care, elder care, attorney and financial planner searches

Free Online Will Preparation (OneAmerica EAP)

- EstateGuidance lets you quickly and easily write a will on your computer
- Go to GuidanceResources.com and click on EstateGuidance link
- Follow the prompts to create and download your will at no COST
 - Name an executor to manage your estate
 - Choose a guardian for your children
 - Specify your wishes for your property
 - Provide funeral and burial instructions

Plan Rates
Coverage provided at no cost to you.

DISABILITY INSURANCE



What is Disability Insurance? A type of coverage that replaces a portion of your income if injury or illness prevents you from working. It provides financial security for you and any loved ones who may depend on your most valuable asset — your ability to earn a paycheck. You may also hear disability insurance referred to as disability income insurance or income protection.

Eligibility: Full-time employees working 20+ hours/week

- Coverage through OneAmerica
- Employee must be actively at work on the effective date
- **No Health Questions - EVERY YEAR!** (Pre-existing condition will apply for new participants)
- Employees DO NOT have to exhaust sick leave. Employees can stop sick leave (if available) at the end of the elimination period. The decision must be made at the beginning of leave.

Short Term Disability	Option 1	Option 2
Elimination Period Accident	14 Day	30 Day
Benefit Duration	11 weeks	9 weeks
Benefit Percentage (weekly)	60% of earnings	
Maximum Benefit Amount (weekly)	\$1,500 a week	
Pre-existing condition	3/6 Illness or injury for which you received treatment the 3 months prior to your effective date will not be covered for the first 6 months (applies to new enrollees only)	

STD Rates/\$10 Weekly Benefit

Option 1 Rate	\$0.466
Option 2 Rate	\$0.348
Rate Calculator: Annual Salary / 52 x 0.60 / 10 x STD Rate Factor *Enrollment system based will calculate based on payroll information provided by employer	

Long Term Disability

Elimination Period	90 Days
Benefit Duration	SSNRA
Benefit Percentage (monthly)	60% of Earnings
Maximum Benefit Amount (monthly)	\$6,000
Pre-existing condition	3/3/12 Illness or injury for which you received treatment the 3 months prior to your effective date will not be covered for the first 12 months, unless you are treatment free for 3 consecutive months (applies to new enrollees only)

LTD Rates Based on \$100 of Covered Pay

Age	0-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rate	\$0.156	\$0.240	\$0.324	\$0.444	\$0.780	\$0.888	\$1.152	\$1.332	\$1.176	\$0.240

Rate Calculator: Monthly Salary / 100 x LTD Rate Factor
*Enrollment system based will calculate based on payroll information provided by employer

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LIFE INSURANCE 101

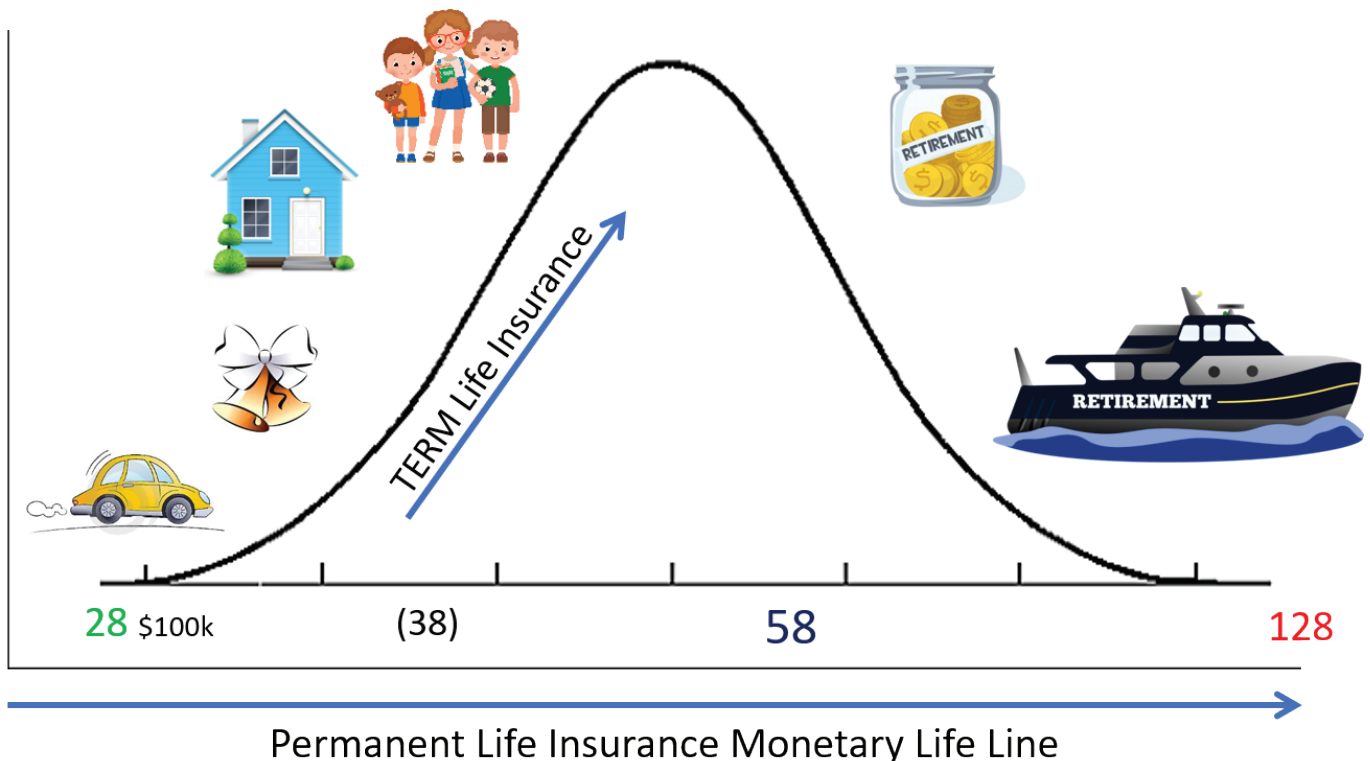
The need for life insurance depends on each individual life situation. If loved ones are financially dependent on you, then buying life insurance coverage can absolutely be worth it. Even if you don't have financial dependents yet, life insurance can be a valuable solution for making death easier on a family (at least financially.) There are two voluntary life insurance options offered through your employer: Term Life Insurance and Permanent Life Insurance. Below is an overview of differences.

Term Life and Permanent Life work best used in conjunction with one another. Term Life can protect your family in your younger working years and Permanent Life can protect your family in your retirement years.

TERM LIFE INSURANCE

Term Life insurance is illustrated on the bell curve below. The term life offered is a group policy which allows you to get more benefit for less premium.

- Term life insurance is for the unexpected death
- Includes an Accidental Death & Dismemberment Benefit
- Term life insurance is flexible and allows changes to your benefit amount each year depending on life changes. For example, as you get married and have children the need for term insurance often increases. As you near retirement, the need for term life insurance often decreases.
- Coverage is portable at retirement or if you leave the employer (premium will increase when ported)
- Premiums are based on age and increase as you get older



PERMANENT LIFE INSURANCE

Permanent Life Insurance is illustrated above along the bottom of the graph with a straight blue arrow.

- Permanent life insurance offers a stable premium along the lifetime of the policy
- Permanent life offers a level premium and is meant to take into retirement
- Permanent life is an issue age policy is based on the age when the policy is issued
- This is an individual plan you can take with you regardless of where you work (premium does not change)

VOLUNTARY TERM LIFE AND AD&D INSURANCE



What is Voluntary-Term Life and Accidental Death & Dismemberment Insurance? A financial protection plan which provides a cash benefit to a beneficiary upon the 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 still be met. AD&D coverage is included as a part of life insurance benefits, and will pay out a lump-sum death benefit in the event you or a covered loved one die accidentally or pass away later as the direct result of an accident. This plan also has a dismemberment benefit which provides an additional lump sum payment if an insured becomes dismembered in an accident.

Eligibility: All employees as described on page 2 of this guide, spouse & unmarried children 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 enrollment period, health questions will be required
- Employee must elect coverage on themselves in order to cover spouse and/or children

Life and AD&D	
LIFE AND AD&D AMOUNT	
Employee	5-times salary up to \$500,000 in increments of \$10,000
Spouse	Up to \$500,000 Increments of \$5,000 (Not to exceed Employee Election)
Child(ren) (>6 months - age 26)	Up to \$10,000 Increments of \$2,500
Child(ren) (<6 months)	\$1,000
GUARANTEED ISSUE (NO HEALTH QUESTIONS; INITIAL/NEW HIRE)	
Employee	\$200,000
Spouse	\$50,000
Child(ren)	\$10,000
GUARANTEED INCREASE IN BENEFIT	Employees & Spouses: If currently enrolled, can increase coverage up to Guaranteed Issue Amount with no health questions at open enrollment
Age Reduction	None
ADDITIONAL FEATURES	
Portability, Conversion, Accelerated Death Benefit, Waiver of Premium	
*AD&D amount matches life amount	

Plan Rates

Cost of coverage is based on the level of benefit you choose and your age. Please enroll online or speak with a Campus Benefits counselor for plan rates and premiums.

**Spouse rates based on Employee's age.*

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PERMANENT LIFE INSURANCE



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

- **Eligibility:** Full-time employees working 20+ hours/week, spouse & children up to age 26
- Coverage through Colonial Life
- Must be actively at work on the effective date
- Underwriting may be required. Coverage is not guaranteed
- Permanent life 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 lifestyle
- Keep your coverage, at the same cost, even if you retire or change employers

Permanent Life Benefits	
PLAN MAXIMUMS	
Employee (Ages 15 - 79)	Up to \$500,000
Spouse (Ages 15 - 79)	Up to \$50,000
Child (0 - 17) Juvenile Policy Child (18-26 if a full-time student) Adult Policy	Up to \$25,000
GUARANTEED ISSUE (FIRST TIME ELIGIBLE/NEW HIRE)	
Employee	Ages 18-50: Up to \$30,000 Ages 51-79: Up to \$15,000
Spouse & Child Simplified Issue Amounts (One Health Question) may be available. Contact Campus Benefits for Additional Questions.	
ADDITIONAL FEATURES	
<i>Options for Paid up to age 70 or age 100 Terminal Illness accelerated death benefit for up to 75% (Up to \$150,000)</i>	

Plan Rates
Cost of coverage is based on the level of benefit you choose and your age.
Please enroll online or speak with a Campus Benefits counselor for plan rates and premiums.

DENTAL INSURANCE



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

Eligibility: All employees as described on page 2 of this guide, spouse & dependent children to age 26; Orthodontia for children only (up to age 19)

- Coverage through MetLife
- Provider Directory: <https://providers.online.metlife.com/findDentist> (Network: PDP Plus)
- Claims must be submitted within 90 days of date of service
- No Waiting Periods
- Exam & Cleaning Frequencies: 2 in a calendar year
- *The chart below is a sample of covered services. Please see the Plan Certificate for a detailed listing of services in their entirety, available on your Employee Benefits Website.*

Coinsurance	High Plan	Low Plan
Preventive (Type 1)	100%	100%
Basic (Type 2)	80%	60%
Major (Type 3)	50%	N/A
Orthodontia (Child only <19yrs)	50%	N/A
Calendar Year Plan Maximum	\$1,450	\$1,450
Services	High Plan	Low Plan
Routine Exam	100%	100%
Bitewing X-rays	100%	100%
Cleaning	100%	100%
Fluoride (Children under age 19)	100%	100%
Simple & Complex Extractions	80%	60%
Anesthesia	80%	60%
Periapical X-Rays	80%	60%
Oral Surgery	80%	60%
Restorative Amalgams	80%	60%
Composites	80%	60%
Full Mouth Panoramic X-rays	50%	60%
Endodontics/Periodontics	50%	Not Covered
Inlays / Onlays	50%	Not Covered
Crowns & Denture Repairs	50%	Not Covered
Prosthodontics	50%	Not Covered
Reimbursement Allowances	90th U&C	90th U&C
Dental Benefits Summary		
Calendar Year Deductible (Excludes Preventive)	\$25 per person per year	
New Enrollee Waiting Period	None	
Orthodontia (Lifetime per child)	\$1,000 (high plan only)	

High Plan Rates	
Employee	\$42.40
Employee + Spouse	\$124.71
Employee + Child(ren)	\$124.71
Employee + Family	\$124.71

Low Plan Rates	
Employee	\$29.54
Employee + Spouse	\$55.48
Employee + Child(ren)	\$71.16
Employee + Family	\$97.09

Employee Name	Employee ID
First District RESA	05947159
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 employees as described on page 2 of this guide, spouse & dependent children up to age 26

- Coverage through MetLife
- Claims must be submitted within 90 days of the date of service
- Provider Network: <https://www.metlife.com/insurance/vision-insurance/#find-a-provider>
- (Network: **VSP Choice**)
- *The chart below is a sample of covered services. After 1/1/2024, please view the Plan Certificate for a detailed listing of services in their entirety, available on your Employee Benefits Website*

In-Network Vision Benefits Summary	High Plan	Low Plan	
Exam (with dilation as necessary)	\$10 Copay	\$10 Copay	High Plan Rates
Materials Copay	Included in Lens Copay		
Contact Lens Fit and Follow-Up (Standard)	Covered in Full		
Lasik or PRK	15% off retail or 5% off promotional		
Frames (See plan certificate for featured frames allowance)	\$200 allowance plus 20% off balance \$220 allowance on featured frames (\$110 allowance at Costco, Walmart, Sams)	\$150 allowance plus 20% off balance \$170 allowance on featured frames (\$85 allowance at Costco, Walmart, Sams)	Employee \$13.91
Lenses			Employee+Spouse \$26.45
Single Vision, Bifocal, Trifocal, Lenticular	\$10 Copay		Employee + Children \$27.83
Progressive Lenses	Covered in Full (Standard, Premium, Custom)		Family \$40.93
Additional Lens Options			Low Plan Rates
Standard UV Treatment	Cover in Full		
Standard Scratch Resistant	Up to \$17 - \$33 Copay		
Standard Polycarbonate	Children: Covered in Full Adults: Up to \$35 Copay		
Standard Anti-Reflective Coating	Up to \$41 - \$85 Copay		
Transition Lenses	Up to \$47 - \$82 Copay		
Contact Lenses			Employee + Spouse \$20.83
Elective Contacts	\$200 Allowance	\$150 Allowance	Employee + Children \$21.93
Medically Necessary	Covered in Full after eyewear Copay		Family \$32.24
Frequencies			
Exams, Lenses, Contact Lenses and Frames	Every 12 months		
2nd Pair Benefit (Allowance must be purchased on two separate invoices)	Each covered person can get: <ul style="list-style-type: none"> • 2 pairs of prescription eyeglasses OR • 1 pair of prescription eyeglasses & an allowance toward contacts OR • Double the contact lens allowance 	2nd Pair Benefit - N/A	

CRITICAL ILLNESS INSURANCE

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: Full-time employees working 20+ hours/week, spouse & dependent children* up to age 26

- Coverage through MetLife
- 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**
- **No health questions - EVERY YEAR!!**
- *The chart below is a sample of covered services. After 1/1/2024, please view the Plan Certificate for a detailed listing of services in their entirety, available on your Employee Benefits Website.*

*Child marital status may impact benefit eligibility

Critical Illness Benefits Summary	
Employee	\$5,000, \$10,000 or \$20,000
Spouse	50% of EE Amount
Dependent Children	50% of EE Amount
COVERED SPECIFIED CRITICAL ILLNESSES	Pays % of Face Amount
Invasive Cancer	100%
Non-Invasive Cancer	25%
Skin Cancer	5% (not less than \$250)
Benign Brain Tumor	100%
Coronary Artery Bypass Graft (CABG)	50%
Childhood Diseases (Cerebral Palsy, Cleft Lip or Cleft Palate, Cystic Fibrosis, Diabetes (Type 1), Down Syndrome, Sickle Cell Anemia, Spina Bifida)	100%
Functional Loss (Coma, Loss of: Ability to Speak; Hearing; or Sight, Paralysis of 2 or more limbs)	100%
Heart Attack	100%
Infectious Diseases (Bacterial Cerebrospinal Meningitis, COVID-19, Diphtheria, Encephalitis, Legionnaire's Disease, Malaria, Necrotizing Fasciitis, Osteomyelitis, Rabies, Tetanus, Tuberculosis)	25%
Stroke	100%
Major Organ Transplant (Bone marrow, Heart, Lung, Pancreas, and Liver)	100%
End Stage Renal Failure (Kidney)	100%
Progressive Diseases (ALS, Alzheimer's Disease, Multiple Sclerosis, Muscular Dystrophy, Parkinson's Disease (Advanced), Systemic Lupus Erythematosus (SLE))	100%
Severe Burn	100%
Stroke	100%, 25% for TIA
ANNUAL WELLNESS INCENTIVE	\$50 - View the Wellness Incentives page for more details
Age Reduction	None
Pre-Existing Condition	None

**For a benefit to be payable, the covered person must have been treated for the disease in a hospital for 3 consecutive days.*

Plan Rates

Cost of coverage is based on the level of benefit you choose and your age. Please log into the enrollment system for rate details or speak with a Campus Benefits Counselor.

Disclaimer: 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).

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: Full-time employees working 20+ hours/week, spouse, & dependent children* up to age 26

- Coverage through MetLife
- **No health questions - Every Year!!**
- Payments made directly to you and benefits do not offset with medical coverage
- *The chart below is a sample of covered services. After 1/1/2024, please see the Plan Certificate for a detailed listing of services in their entirety, available on your Employee Benefits Website.*

*Child marital status may impact benefit eligibility

Low Plan Rates
Employee \$6.96
Employee + Spouse \$10.41
Employee + Child(ren) \$12.72
Employee + Family \$16.15

High Plan Rates
Employee \$12.68
Employee + Spouse \$19.08
Employee + Child(ren) \$23.49
Employee + Family \$29.88

Benefit Description	Low Plan	High Plan
INJURIES		
Fractures	\$100 - \$8,000	\$200 - \$10,000
Dislocations	\$100 - \$8,000	\$200 - \$10,000
Second and Third Degree Burns	\$75 - \$10,000	\$100 - \$15,000
Concussions	\$250	\$500
Cuts/Lacerations	\$50 - \$400	\$75 - \$700
Eye injuries	\$300	\$400
MEDICAL SERVICES & TREATMENT		
Ambulance (Ground)	\$300	\$400
Emergency Room Treatment	\$150	\$200
Abdominal or Thoracic Surgery	\$1,500	\$2,000
Physician Office Visit	\$75	\$100
ACCIDENTAL DEATH & DISMEMBERMENT (50% reduction at age 70)		
Accidental Death	\$25,000 - \$75,000*	\$50,000 - \$150,000*
Dismemberment	\$10,000 - \$20,000*	\$15,000 - \$40,000*
* Actual benefit amount paid depends on the type of Covered Loss. The spouse benefit is 50% and the child benefit is 25% respective of the benefit shown.		
Hospital Coverage (Accident)		
Hospital Admission	\$1,000	\$1,500
Hospital Stay (per day)	\$200 (Max 365 Days)	\$300 (Max 365 Days)
Intensive Care Unit Stay (per day)	\$200 (Max 365 Days)	\$300 (Max 365 Days)
Age Reduction	None	
Pre-existing Condition	None	
ANNUAL WELLNESS INCENTIVE	\$50 - View the Wellness Incentives page for more details	

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HOSPITAL INDEMNITY INSURANCE



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:** Full-time employees working 20+ hours/week, spouse, & dependent children* up to age 26
- Coverage through MetLife
 - **No health questions - Every Year!!**
 - No waiting period and no age reduction of benefits
 - Routine delivery of a child or by non-emergency Cesarean section are covered. Complications of pregnancy and emergency Cesarean section are covered.
 - No pre-existing condition limitation
 - *The chart below is a sample of covered services. After 1/1/2024, please see the Plan Certificate for a detailed listing of services in their entirety, available on your Employee Benefits Website.*
- *Child marital status may impact benefit eligibility

Benefit Description	High Plan	Low Plan
Hospital Admission	\$1,000	\$500
ICU Supplemental Admission	\$1,000	\$500
Admission Benefit (4 times per calendar year - separated by 90 days)		
Confinement	\$200	\$100
ICU Supplemental Confinement	\$200	\$100
Confinement Benefit (365 days per calendar year)		
Confinement Benefit for Newborn Nursery Care (2 days per confinement)	\$50	\$25
Wellness Incentive	\$50 - View the Wellness Incentives page for more details	

High Plan Rates	
Employee	\$33.10
Employee + Spouse	\$62.48
Employee + Child(ren)	\$47.49
Employee + Family	\$76.87

Low Plan Rates	
Employee	\$17.73
Employee + Spouse	\$33.61
Employee + Child(ren)	\$25.77
Employee + Family	\$41.65

CANCER INSURANCE



What is Cancer Insurance? Cancer insurance is a form of supplemental insurance meant to offset cancer-related expenses so you can focus on recovery.

Eligibility: All full-time employees as designated by the Board (page 2), spouse and children up to age 26

- Coverage through Colonial Life
- Keep your coverage, at the same cost, even if you retire or change employers
- Payments made directly to you and do not offset with medical insurance
- *The chart below is a sample of covered in-network services. Please see the Plan Certificate on your Employee Benefits website for a detailed listing of services.*

Cancer Benefit Description	Level 2	Level 3
HOSPITAL AND RELATED BENEFITS		
Initial Cancer Diagnosis	\$1,000 - \$10,000 in \$1,000 Increments	
Hospital Confinement (30 days or less)	\$150	\$250
Hospital Confinement (31 days or more)	\$300	\$500
Air Ambulance (2 per confinement)	\$2,000	\$2,000
Hospice, Initial	\$1,000	\$1,000
RADIATION, CHEMOTHERAPY & RELATED BENEFITS		
Radiation/Chemotherapy for Cancer	\$100 - \$500	\$150 - \$750
Blood, Plasma, Platelets per day (max \$10,000 per year)	\$150	\$175
Medical Imaging (max per year)	\$250	\$350
SURGERY AND RELATED BENEFITS		
Surgical Procedures - per unit	\$50	\$60
Surgical Procedures max per procedure	\$3,000	\$5,000
Anesthesia (% of surgery)	25% of Surgical Procedures Benefit	
Surgery (outpatient) per day	\$200	\$300
Surgery (outpatient) annual max	\$600	\$900
Bone Marrow or Stem Cell Transplant (2 transplant max)	\$4,000	\$7,000
MISCELLANEOUS BENEFITS		
Bone Marrow Donor Screening	\$50	\$50
Experimental Treatment - Max Lifetime	\$12,500	\$15,000
Second Medical Opinion (1)	\$200	\$300
Prosthetic Limb - Max Lifetime	\$3,000	\$4,000
ANNUAL WELLNESS INCENTIVE	\$50 - View the Wellness Incentives page for more details	
PRE-EXISTING CONDITION	None (5 Years treatment free from cancer)	
WAITING PERIOD	30 Days	

Plan Rates

Cost of coverage is based on the level of benefit you choose and your age. Please consult with a Campus Benefits Counselor or log into the enrollment system for rate details.

WELLNESS INCENTIVES

GET REWARDED FOR PREVENTIVE CARE

What are Wellness Incentives? An annual reimbursement for covered members who complete one of the eligible screening procedures on your critical illness, cancer, accident, and hospital indemnity insurance plans.

Eligibility: You, spouse and dependents who are covered on the critical illness, accident, or hospital indemnity plans

How it works:

- If you or a covered dependent get one of the eligible screenings, you can file a wellness claim
- Once approved, you will receive a check for the wellness benefit amount
- The wellness incentive can be filed annually as long as your critical illness, accident, and hospital indemnity plans are in force

Available Wellness Incentives	
MetLife - Accident, Critical Illness, and Hospital Indemnity Plans Colonial Life - Cancer Plan	\$50/per covered person/ per year

What Qualifies as Wellness?		
MetLife Critical Illness, Accident & Hospital Indemnity Plans		Colonial Life Cancer Plan
<ul style="list-style-type: none"> • Annual physical exam • Biopsies for cancer • Blood chemistry panel • Blood test to determine total cholesterol, triglycerides • Breast MRI, ultrasound, sonogram • Cancer antigen 15-3 and 125 blood test for breast cancer (CA 15-3)/ ovarian cancer (CA 125) • Carcinoembryonic antigen blood test for colon cancer (CEA) • Carotid doppler • Chest x-rays • Clinical testicular exam • Colonoscopy; Digital rectal exam (DRE) • Doppler screening for cancer • Doppler screening for peripheral vascular disease • Echo cardiogram; Electrocardiogram (EKG) • Electroencephalogram (EEG) • Eye exams • Endoscopy • Fasting blood glucose/plasma test • Flexible sigmoidoscopy 	<ul style="list-style-type: none"> • Hearing test • Hemocult stool specimen • Hemoglobin A1C • Human papillomavirus (HPV) vaccination • Lipid panel • Mammogram • Oral cancer screening • Pap smears or thin prep pap test • Prostate-specific antigen (PSA) test • Serum cholesterol test to determine LDL or HDL • Skin Exam; Skin cancer biopsy; screening • Stress test on bicycle or treadmill • Successful completion of smoking cessation program • Tests for sexually transmitted infections (STIs) • Thermography • Two hour post load plasma glucose test • Ultrasounds for cancer detection • Ultrasounds screening for abdominal aortic aneurysms • Virtual colonoscopy 	<ul style="list-style-type: none"> • Blood test for triglycerides • Bone marrow testing • Breast ultrasound • CA 15-3 (blood test for breast cancer) • CA 125 (blood test for ovarian cancer) • Carotid doppler • Carcinoembryonic antigen blood test for colon cancer (CEA) • Chest x-rays • Colonoscopy • Doppler screening for cancer • Doppler screening for peripheral vascular disease • Echo cardiogram (ECHO); Electrocardiogram (EKG, ECG) • Fasting blood glucose/plasma test • Flexible sigmoidoscopy • Hemocult stool analysis • Mammography • Pap smears or thin prep pap test • Prostate-specific antigen (PSA) test • Serum cholesterol test to determine LDL or HDL • Serum protein electrophoresis (blood test for myeloma) • Skin cancer biopsy • Stress test on a bicycle or treadmill • Thermography • Virtual colonoscopy
How to File a Wellness Claim?		
<ul style="list-style-type: none"> • Call 1-800-GET-MET8. (800-438-6388) • File your Health Screening Benefit online through the MyBenefits portal at www.metlife.com/mybenefits or by mail with a paper claim form. 		<ol style="list-style-type: none"> 1. Complete your wellness 2. File your claim online at Coloniallife.com and click on "File a Claim" button OR 3. Fax your claim form to 1.800.880.9325 OR 4. Mail your claim form to Colonial Life Wellness P.O. Box 100195 Columbia, SC 29202 <ul style="list-style-type: none"> • Wellness forms are located on your benefits portal, www.fdrbenefits.com

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FLEXIBLE SPENDING ACCOUNTS

What are Medical Flexible Spending (FSAs) Accounts? A pre-tax benefit account used to pay for out-of-pocket healthcare costs such as deductibles, co-pays, prescribed medication, and other medical costs.

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: Employees as described on page 2 of this guide, spouse and tax dependent children (up to age 26; Dependent Care children up to age 13 and adults for adult daycare

- Coverage through Consolidated Admin Services
- **Plan year is January 1 - December 31 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

Flexible Spending Account Benefit Description	
MEDICAL FSA ACCOUNT	
Minimum Contribution	\$300 annually
Maximum Contribution	\$3,200 annually
CARRYOVER MAX- Amount of funds carried over to the next year	\$640 (2024 to 2025) <i>*Carryover funds are only available if re-electing the plan for the next year</i>
Funds are available at the beginning of the plan year.	
DEPENDENT CARE FSA ACCOUNT	
Minimum Contribution	\$300 annually
Maximum Contribution	\$5,000 annually
CARRYOVER MAX	\$0 (Any unused amounts over \$0 will be forfeited)
Funds are available as they are payroll deducted.	
Plan Rules	
RUNOUT PERIOD- The amount of time to turn in receipts for services rendered during the plan year.	30 days after end date to turn in receipts
All receipts should be kept to submit if verification is requested	

Admin Fee	
Fee Per Participant Per Month (One fee even if electing both Medical FSA and Dependent Care)	\$3.50
Replacement Card Fee	\$10.00

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 account.

HELPFUL FSA RESOURCES

What is covered under a Medical FSA Account?

- Medical coinsurance and deductible
- Doctor's office visit co-pays
- Emergency Room costs
- Dental co-pays and out-of-pocket costs
- Vision co-pays and out-of-pocket costs
- Contacts and Glasses
- Prescriptions
- *Please see the full eligibility list for other covered expenses*

FSA Eligibility List

<https://www.consolidatedadmin.com/fsa-hsa-eligible-expenses>

(estimates how much you can save with an FSA)

<https://fsastore.com/fsa-calculator>

Who is covered under a Dependent Care Account?

- Children up to age 13 (including stepchildren, grandchildren, adopted or foster children, and children related to you who are eligible for a tax exemption on your federal tax return).
- Tax dependents residing with you and incapable of self-care (this could include your spouse, a child age 13 and over, and elderly parents).

The CARES Act permanently reinstates over-the-counter products, and adds menstrual care products for the first time, as eligible expenses for your FSA funds WITHOUT A PRESCRIPTION!







Eligible items for purchase without a prescription now include, but are not limited to:

- Pain relief medications, e.g., acetaminophen, ibuprofen, naproxen sodium
- Cold & flu medications
- Allergy medications
- Acne treatments
- Eye drops
- Stomach & digestive aids
- Pads, Tampons and Menstrual sponges
- Sleep aids
- Children's pain relievers, allergy medicines, and digestive aids

Imagine what you could do with CAS' mobile app



In the App Store go to: Consolidated Admin Services
Online Portal and Access to information:
<https://www.consolidatedadmin.com/>

-  View account activity and check balance
-  Update your information
-  Enter and track expenses
-  Make a payment from your account
-  File claims with receipt images
-  Scan or view eligible expenses, and more!

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 account.

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THE SMART WAY TO REDUCE YOUR HEALTHCARE COSTS

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

Eligibility: All employees as described on page 2 of this guide, spouse & unmarried children to age 26

- 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



Identity Loss Expense Reimbursement



Telemedicine



Social Media Tracking



Medical & ID Theft Monitoring



Sex Offender Alerts

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.

Telemedicine

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

Individual Rate	Family Rate
\$10.50 Per Month	\$12.50 Per Month
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

Medical & ID Theft Protection

Service monitors the internet for instances 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 a Legal Plan? A plan which provides valuable legal and financial educational resources for a variety of life events and needs.

Eligibility: All employees as described on page 2 of this guide, spouse & dependent children to age 26

- Coverage through MetLife
- **Elder Care extends to parents and in-laws**
- Visit <https://www.legalplans.com/why-enroll> or call 800.821.6400 for additional information
- Non-Members & Members create an account and select Employer for plan information (creating an account doesn't enroll you in plans)

	Low Plan	High Plan						
Money Matters	<ul style="list-style-type: none"> • Identity Theft Defense • Negotiations with Creditors • Promissory Notes • Debt Collection Defense • Tax Collection Defense 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Deeds • Mortgages • Foreclosure • Tenant Negotiations • Eviction Defense • Security Deposit Assistance 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Simple and Complex Wills • Healthcare Proxies • Living Wills • Codicils • Powers of Attorney (Healthcare, Financial, Childcare, Immigration) 	<ul style="list-style-type: none"> • Simple and Complex Wills • Healthcare Proxies • Living Wills • Codicils • Powers of Attorney (Healthcare, Financial, Childcare, Immigration) • Revocable & Irrevocable Trusts 						
Family & Personal	<ul style="list-style-type: none"> • Guardianship • Conservatorship • Name Change • Review of ANY Personal Legal Document • Demand Letters • Affidavits • Personal Property Issues • Garnishment Defense • Domestic Violence Protection 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Disputes over Consumer Goods & Services • Administrative Hearings • Incompetency Defense 	<ul style="list-style-type: none"> • Disputes over Consumer Goods & Services • Administrative 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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Medicare • Medicaid • Prescription Plans • Nursing Home Agreements • Leases • Promissory Notes • Deeds • Wills • Power of Attorney <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Low Plan</th> <th>High Plan</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$8.00 Per Month</td> <td style="text-align: center;">\$16.50 Per Month</td> </tr> <tr> <td colspan="2" style="text-align: center;">NO COPAY for In-Network</td> </tr> </tbody> </table>	Low Plan	High Plan	\$8.00 Per Month	\$16.50 Per Month	NO COPAY for In-Network	
Low Plan	High Plan							
\$8.00 Per Month	\$16.50 Per Month							
NO COPAY for In-Network								
Vehicle & Driving	<ul style="list-style-type: none"> • Repossession • Defense of Traffic Tickets • Driving Privileges Restoration • License Suspension due to DUI 	<ul style="list-style-type: none"> • Repossession • Defense of Traffic Tickets • Driving Privileges Restoration • License Suspension due to DUI 						

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SHBP DISCLOSURE NOTICES

The following important legal notices are posted on the State Health Benefit Plan (SHBP) website at www.shbp.georgia.gov under Plan Documents. Please review these notices in their entirety.

Penalties for Misrepresentation: If an SHBP participant misrepresents eligibility information when applying for coverage during change of coverage or when enrolling in benefits, the SHBP may take adverse action against the participants, including, but not limited to terminating coverage (for the participant and his or her dependents) or imposing liability to the SHBP for fraud indemnify (requiring payment for benefits to which the participant or his or her beneficiaries were not entitled). Penalties may include a lawsuit, which may result in payment of charges to the Plan or criminal prosecution in a court of law. To avoid enforcement of the penalties, the participant must notify the SHBP immediately if a dependent is no longer eligible for coverage or if the participant has questions or reservations about the eligibility of a dependent. This policy may be enforced to the fullest extent of the law.

Federal Patient Protection and Affordable Care Act (Choice of Primary Care Physician): The Plan generally allows the designation of a Primary Care Physician/Provider (PCP). You have the right to designate any PCP who participates in the Claims Administrator's network, and who is available to accept you or your family members. For children, you may also designate a pediatrician as the PCP. For information on how to select a PCP, and for a list of participating PCP's, call the telephone number on the back of your Identification Card.

Access to Obstetrical and Gynecological (OB/GYN) Care: You do not need prior authorization from the Plan or from any other person (including a PCP) in order to obtain access to obstetrical or gynecological care from a health care professional in the Claims Administrator's network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, call the telephone number on the back of your Identification Card.

HIPAA Special Enrollment Notice: If you decline 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 if you or your Dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your Dependents' other coverage). However, you must request enrollment within 31 days after your or your Dependents' other coverage ends (or after the employer stops contributing 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 and your new Dependents. However, you must request enrollment within thirty-one (31) days after the marriage or adoption, or placement for adoption (or within 90 days for a newly eligible dependent child).

Eligible Covered Persons and Dependents may also enroll under two additional circumstances:

- The Covered Person's or Dependent's Medicaid or Children's Health Insurance Program (CHIP) coverage is terminated as a result of loss of eligibility; or
- The Covered Person or Dependent becomes eligible for a subsidy (State Premium Assistance Program).

NOTE: The Covered Person or Dependent must request Special Enrollment within sixty (60) days of the loss of Medicaid/CHIP or of the eligibility determination. To request Special Enrollment or obtain more information, call SHBP Member Services at 1-800-610-1863 or visit the SHBP Enrollment Portal: mySHBPga.adp.com.

Women's Health and Cancer Rights Act of 1998: The Plan complies with the Women's Health and Cancer Rights Act of 1998. Mastectomy, including reconstructive surgery, is covered the same as other medical and surgical benefits under your Plan Option. Following cancer surgery, the SHBP covers:

- All stages of reconstruction of the breast on which the mastectomy has been performed
- Reconstruction of the other breast to achieve a symmetrical appearance
- Prostheses and mastectomy bras
- Treatment of physical complications of mastectomy, including lymphedema

NOTE: Reconstructive surgery requires prior approval, and all Inpatient admissions require prior notification. For more detailed information on the mastectomy-related benefits available under your Plan option, call the telephone number on the back of your Identification Card.

Newborns' and Mothers' Health Protection Act of 1996: This The Plan complies with the Newborns' and Mothers' Health Protection Act of 1996.

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 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, as applicable).

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT NOTICE OF INFORMATION PRIVACY PRACTICES Georgia Department of Community Health State Health Benefit Plan Notice of Information Privacy Practices

The purpose of this notice is to describe how medical information about you, which includes your personal information, may be used and disclosed and how you can get access to this information. Please review it carefully.

The Georgia Department of Community Health (DCH) and the State Health Benefit Plan Are Committed to Your Privacy.

DCH understands that your information is personal and private. Certain DCH employees and companies hired by DCH to help administer the Plan (Plan Representatives) use and share your personal and private information in order to administer the Plan. This information is called "Protected Health Information" (PHI), and includes any information that identifies you or information in which there is a reasonable basis to believe can be used to identify you and that relates to your past, present, or future physical or mental health or condition, the provision of health care to you, and payment for those services. This notice tells how your PHI is used and shared by DCH and Plan Representatives. DCH follows the information privacy rules of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

Only Summary Information is Used When Developing and/or Modifying the Plan. The Board of Community Health, which is the governing Board of DCH, the Commissioner of DCH and the Executive Director of the Plan administer the Plan and make certain decisions about the Plan. During those processes, they may review certain reports that explain costs, problems, and needs of the Plan. These reports never include information that identifies any individual person. If your employer is allowed to leave the Plan entirely, or stop offering the Plan to a portion of its workforce, DCH may provide Summary Health Information (as defined by federal law) for the applicable portion of the workforce. This Summary Health Information may only be used by your employer to obtain health insurance quotes from other sources and make decisions about whether to continue to offer the Plan. Please note that DCH, Plan Representatives, and your employer are prohibited by law from using any PHI that includes genetic information for underwriting purposes.ack of your Identification Card.

Plan "Enrollment Information" and "Claims Information" are Used in Order to Administer the Plan. PHI includes two kinds of information, "Enrollment Information" and "Claims Information". "Enrollment Information" includes, but is not limited to, the following types of information regarding your plan enrollment: (1) your name, address, email address, Social Security number and all information that validates you (and/or your Spouse and Dependents) are eligible or enrolled in the Plan; (2) your Plan enrollment choice; (3) how much you pay for premiums; and (4) other health insurance you may have in effect. There are certain types of "Enrollment Information" which may be supplied to the Plan by you or your personal representative, your employer, other Plan vendors or other governmental agencies that may provide other benefits to you.

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SHBP DISCLOSURE NOTICES

This “Enrollment Information” is the only kind of PHI your employer is allowed to obtain. Your employer is prohibited by law from using this information for any purpose other than assisting with Plan enrollment. “Claims Information” includes information your health care providers submit to the Plan. For example, claims information may include medical bills, diagnoses, statements, x-rays or lab test results. It also includes information you may submit or communicate directly to the Plan, such as health questionnaires, biometric screening results, enrollment forms, leave forms, letters and/or telephone calls. Lastly, it includes information about you that may be created by the Plan. For example, it may include payment statements and/or other financial transactions related to your health care providers.

Your PHI is Protected by HIPAA. Under HIPAA, employees of DCH and employees of outside companies and other vendors hired or contracted either directly or indirectly by DCH to administer the Plan are “Plan Representatives,” and therefore must protect your PHI. These Plan Representatives may only use PHI and share it as allowed by HIPAA, and pursuant to their “Business Associate” agreements with DCH to ensure compliance with HIPAA and DCH requirements.

DCH Must Ensure the Plan Complies with HIPAA. DCH must make sure the Plan complies with all applicable laws, including HIPAA. DCH and/or the Plan must provide this notice, follow its terms and update it as needed. Under HIPAA, Plan Representatives may only use and share PHI as allowed by law. If there is a breach of your PHI, DCH must notify you of the breach.

Plan Representatives Regularly Use and Share your PHI in Order to Administer the Plan. Plan Representatives may verify your eligibility in order to make payments to your health care providers for services rendered. Certain Plan Representatives may work for contracted companies assisting with the administration of the Plan. By law, these Plan Representative companies also must protect your PHI. HIPAA allows the Plan to use or disclose PHI for treatment, payment, or health care operations. Below are examples of uses and disclosures for treatment, payment and health care operations by Plan Representative Companies and PHI data sharing.

Claims Administrator Companies: Plan Representatives process all medical and drug claims; communicate with the Plan Members and/or their health care providers.

Wellness Program Administrator Companies: Plan Representatives administer Well-Being programs offered under the Plan; and communicate with the Plan Members and/or their health care providers.

Actuarial, Health Care and /or Benefit Consultant Companies: Plan Representatives may have access to PHI in order to conduct financial projections, premium and reserve calculations, and financial impact studies on legislative policy changes affecting the Plan.

State of Georgia Attorney General’s Office, Auditing Companies and Outside Law Firms: Plan Representatives may provide legal, accounting and/or auditing assistance to the Plan.

Information Technology Companies: Plan Representatives maintain and manage information systems that contain PHI. Enrollment Services Companies: Plan Representatives may provide the enrollment website and/or provide customer service to help Plan Members with enrollment matters.

NOTE: Treatment is not provided by the Plan but we may use or disclose PHI in arranging or approving treatment with providers. Under HIPAA, all employees of DCH must protect PHI and all employees must receive and comply with DCH HIPAA privacy training. Only those DCH employees designated by DCH as Plan Representatives for the SHBP health care component are allowed to use and share your PHI.

DCH and Plan Representatives May Make Uses or Disclosures Permitted by Law in Special Situations. HIPAA includes a list of special situations when the Plan may use or disclose your PHI without your authorization as permitted by law. The Plan must track these uses or disclosures. Below are some examples of special situations where uses or disclosures for PHI data sharing are permitted by law. These include, but are not limited to, the following:

Compliance with a Law or to Prevent Serious Threats to Health or Safety: The Plan may use or share your PHI in order to comply with a law or to prevent a serious threat to health and safety.

Public Health Activities: The Plan may give PHI to other government agencies that perform public health activities.

Information about Eligibility for the Plan and to Improve Plan Administration: The Plan may give PHI to other government agencies, as applicable, that may provide you or your dependents benefits (such as state retirement systems or other state or federal programs) in order to get information about your or your dependent’s eligibility for the Plan, to improve administration of the Plan, or to facilitate your receipt of other benefits.

Research Purposes: Your PHI may be given to researchers for a research project, when the research has been approved by an institutional review board. The institutional review board must review the research project and its rules to ensure the privacy of your information.

Plan Representatives Share Some Payment Information with the Employee. Except as described in this notice, Plan Representatives are allowed to share your PHI only with you and/or with your legal personal representative. However, the Plan may provide limited information to the employee about whether the Plan paid or denied a claim for another family member.

You May Authorize Other Uses of Your PHI. Plan Representatives may not use or share your PHI for any reason that is not described in this notice without a written authorization by you or your legal representative. For example, use of your PHI for marketing purposes or uses or disclosures that would constitute a sale of PHI are illegal without this written authorization. If you give a written authorization, you may revoke it later.

You Have Privacy Rights Related to Plan Enrollment Information and Claims Information that Identifies You.

Right to Inspect and Obtain a Copy of your Information, Right to Ask for a Correction: You have the right to obtain a copy of your PHI that is used to make decisions about you. If you think it is incorrect or incomplete, you may contact the Plan to request a correction.

Right to Ask for a List of Special Uses and Disclosures: You have the right to ask for a list of all special uses and disclosures.

Right to Ask for a Restriction of Uses and Disclosures or for Special Communications: You have the right to ask for added restrictions on uses and disclosures, but the Plan is not required to agree to a requested restriction, except if the disclosure is for the purpose of carrying out payment or health care operations, is not otherwise required by law, and pertains solely to a health care item or service that you or someone else on your behalf has paid in full. You also may ask the Plan to communicate with you at a different address or by an alternative means of communication in order to protect your safety.

Right to a Paper Copy of this Notice and Right to File a Complaint: You have the right to a paper copy of this notice. Please contact the SHBP Member Services at 1-800-610-1863 or you may download a copy at shbp.georgia.gov. If you think your HIPAA privacy rights may have been violated, you may file a complaint. You may file the complaint with the Plan and/or the U.S. Department of Health & Human Services, Office of Civil Rights, Region IV. You will never be penalized by the Plan or your employer for filing a complaint.

Summaries of Benefits and Coverage Summaries of benefits and coverage describe each Plan Option in the standard format required by the Affordable Care Act. These documents are posted here: shbp.georgia.gov. To request a paper copy, please contact SHBP Member Services at 800-610-1863.

Georgia Law Section 33-30-13 Notice: SHBP actuaries have determined that the total cost of coverage (which includes the cost paid by the State and the cost paid by members) under all options is 0% higher than it would be if the Affordable Care Act provisions did not apply.

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STATE HEALTH BENEFIT PLAN



Eligibility: Please review the SHBP Decision Guide for plan eligibility rules.

- **Coverage through Anthem, United Healthcare, or Kaiser Permanente**
- All qualifying life events must be submitted via the SHBP Portal.
- **Notice:** Your employer offers all eligible employees health insurance through the Georgia State Health Benefit Plan. During the annual open enrollment, you have the opportunity to review all available options and make elections for the 2024 Plan Year.
- **Attention to participants approaching age 65 and/or retirement:** Please review: <https://shbp.georgia.gov/retirees-0/turning-age-65>

SHBP Enrollment Portal:

<https://myshbpga.adp.com>



SHBP Wellness Portal:

<https://bewellshbp.com>

SHBP Decision Guide:

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 Decision Guide:

In this Guide, is 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://dch.georgia.gov/shbp>

SHBP Phone Number: 800.610.1863

SHBP 2024 Wellness Incentives Overview:

Wellness Credits	Anthem HMO MyIncentive Account (MIA)	Anthem Health Reimbursement Arrangement (HRA)	Kaiser Permanente (KP) Regional HMO	UHC HMO & HDHP Health Incentive Account (HIA)
	Up to	Up to		Up to
Member	480 credits	480 credits	\$500*	480 credits
Spouse	480 credits	480 credits	\$500*	480 credits
Reward Card credits for member/spouse	N/A	N/A	N/A	\$250 Reward Card (covered member & spouse)
Potential Total credits/dollars	960 credits	960 credits	\$1,000*	1,460 credits

Anthem HRA: 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 the member's elected coverage tier. If a member enrolls 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. In addition, members and their covered spouses can earn points for participating in the Be Well SHBP® well-being program.

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 a UnitedHealthcare Commercial (active non-MA) Plan Option will each receive a \$250 UnitedHealthcare Reward Card after satisfying all Be Well SHBP® well-being program requirements and redeeming their points for either well-being incentive credits or a \$150 Sharecare Visa Prepaid Card through the Sharecare Redemption Center.

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2024 SHBP PLANS & PRICING



The table below is a high level overview, for official details and plan information please review the SHBP Decision Guide.

Plan Designs for 2024											
	Anthem Gold Plan HRA		Anthem Silver Plan HRA		Anthem Bronze Plan HRA		Anthem HMO In	UHC HMO In	UHC HDHP		Kaiser HMO* In
	In	Out	In	Out	In	Out			In	Out	
Deductible											
You	\$1,500	\$3,000	\$2,000	\$4,000	\$2,500	\$5,000	\$1,300	\$1,300	\$3,500	\$7,000	N/A
You + Spouse	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500	\$1,950	\$1,950	\$7,000	\$14,000	N/A
You + Child(ren)	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500	\$1,950	\$1,950	\$7,000	\$14,000	N/A
You + Family	\$3,000	\$6,000	\$4,000	\$8,000	\$5,000	\$10,000	\$2,600	\$2,600	\$7,000	\$14,000	N/A
Medical OOPM (Out of Pocket Maximum)											
You	\$4,000	\$8,000	\$5,000	\$10,000	\$6,000	\$12,000	\$4,000	\$4,000	\$6,450	\$12,900	\$6,350
You + Spouse	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000	\$6,500	\$6,500	\$12,900	\$25,800	\$12,700
You + Child(ren)	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000	\$6,500	\$6,500	\$12,900	\$25,800	\$12,700
You + Family	\$8,000	\$16,000	\$10,000	\$20,000	\$12,000	\$24,000	\$9,000	\$9,000	\$12,900	\$25,800	\$12,700
Coinsurance (Plan Pays)											
	85%	60%	80%	60%	75%	60%	80%	80%	70%	50%	100%
HRA (Health Reimbursement Arrangement) Credits											
You	\$400		\$200		\$100		N/A	N/A	N/A		N/A
You + Spouse	\$600		\$300		\$150		N/A	N/A	N/A		N/A
You + Child(ren)	\$600		\$300		\$150		N/A	N/A	N/A		N/A
You + Family	\$800		\$400		\$200		N/A	N/A	N/A		N/A
Medical											
ER	Coins after ded		Coins after ded		Coins after ded		\$150 copay	\$150 copay	Coins after ded		\$150 copay
Urgent Care	Coins after ded		Coins after ded		Coins after ded		\$35 copay	\$35 copay	Coins after ded		\$35 copay
PCP Visit	Coins after ded		Coins after ded		Coins after ded		\$35 copay	\$35 copay	Coins after ded		\$35 copay
Specialist Visit	Coins after ded		Coins after ded		Coins after ded		\$45 copay	\$45 copay	Coins after ded		\$45 copay
Preventative	100%	N/A	100%	N/A	100%	N/A	100%	100%	100%	N/A	100%
Retail Rx											
Tier 1	15%, Min \$20, Max \$50		15%, Min \$20, Max \$50		15%, Min \$20, Max \$50		\$20 copay	\$20 copay	Coins after ded		\$20 copay
Tier 2	25%, Min \$50, Max \$80		25%, Min \$50, Max \$80		25%, Min \$50, Max \$80		\$50 copay	\$50 copay	Coins after ded		\$50 copay
Tier 3	25%, Min \$80, Max \$125		25%, Min \$80, Max \$125		25%, Min \$80, Max \$125		\$90 copay	\$90 copay	Coins after ded		\$80 copay
Mail Order Rx											
Tier 1	15%, Min \$50 Max \$125		15%, Min \$50, Max \$125		15%, Min \$50, Max \$125		\$50 copay	\$50 copay	Coins after ded		\$50 copay
Tier 2	25%, Min \$125, Max \$200		25%, Min \$125, Max \$200		25%, Min \$125, Max \$200		\$125 copay	\$125 copay	Coins after ded		\$125 copay
Tier 3	25%, Min \$200, Max \$313		25%, Min \$200, Max \$313		25%, Min \$200, Max \$313		\$225 copay	\$225 copay	Coins after ded		\$200 copay
Rx OOPM	All Plans Combined with Medical										
Monthly Premiums	Anthem Gold Plan HRA		Anthem Silver Plan HRA		Anthem Bronze Plan		Anthem HMO	UHC HMO	UHC HDHP		Kaiser HMO*
Employee	\$188.56		\$125.19		\$77.69		\$148.53	\$177.91	\$63.36		\$169.54
Employee + CH	\$343.04		\$235.32		\$154.57		\$274.99	\$324.94	\$130.20		\$311.96
Employee + SP	\$464.72		\$331.65		\$231.90		\$380.66	\$442.36	\$201.80		\$430.64
Family	\$619.20		\$441.78		\$308.78		\$507.12	\$589.39	\$268.64		\$573.06
An \$80 tobacco surcharge will be added to all rates for tobacco users.											

*The Kaiser HMO plan is only available in the Atlanta Metro area.

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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

Benefits website address: FDRBenefits.com

The 2024 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 FDRBenefits.com.

These should be reviewed fully prior to electing any benefits.