



JEFF DAVIS COUNTY SCHOOLS

BENEFITS GUIDE

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INTRODUCTION

The Jeff Davis County School System 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.

Who's Eligible

- All full-time employees working 20+ hours/week are eligible to enroll in the various benefits described throughout the guide.

Enrollment

- Plan Year: January 1, 2021 – December 31, 2021
- Annual Open Enrollment: **September 14, 2020 - September 25, 2020**
- New hire: Benefits enrollment must take place within 30 days of hire date
- For information regarding plans, facility meeting schedule and onsite/online enrollment dates visit: **JeffDavisBenefits.com**.

Changes

- Employee benefit elections are allowed as a new hire and during the annual open enrollment period. The selected benefits will remain in effect throughout the plan year.
- A qualifying life event allows eligible changes to benefit elections throughout the plan year. **All qualifying life events must be submitted within 30 days of the event date.** A qualifying life event is a change in your situation such as getting married, having a baby, or losing health coverage.

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Need Help? Start Here:
866-433-7661 Opt 5
mybenefits@campusbenefits.com

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BENEFIT PORTAL

CAMPUS BENEFITS ENROLLMENT INSTRUCTIONS

Website: JeffDavisBenefits.com

Steps To Log In:

1

JeffDavisBenefits.com

2

Select "Campus Connect" to login

New Enrollment System: Anyone enrolling or logging in after July 1, 2020 must first register as a New User. This includes all employees hired prior to July 1, 2020.

3

New User Registration

1. On Login page click on "Register as a new user and enter information below"
 - First Name
 - Last Name
 - **Company Identifier: JDCS2020**
 - PIN: Last 4 Digits of SSN
 - Birthdate
2. Click "Next"
3. Username: Work email address or one you have provided to HR when you were hired
4. Password: Must be at least 6 characters and contain a symbol and a number
5. Click on "Register"
6. On the next page, it will show your selected Username. Click on "Login"
7. Enter Username and Password
8. Click "Start Benefits" to begin the enrollment

Company Identifier: JDCS2020

Existing User Login

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

FAQ'S

What is my username?

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

What is my password?

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

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

STILL NEED HELP?

Contact Campus Benefits

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

Login Information

Username: _____

Password: _____

DISABILITY

Mutual of Omaha



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: All full-time employees working 20+ hours/week

- Coverage through Mutual of Omaha
- Employee must be actively at work on the effective date
- Employees can start/stop sick leave to get through the elimination period
- Employees do not have to exhaust sick-leave prior to receiving a benefit

Short-term Disability:

- Pays in addition to sick leave
- No health questions - Every Year! (Pre-existing condition will apply for new participants)

Long Term Disability:

- Plan does not pay in addition to sick leave
- If electing outside of the initial open enrollment period, health questions will be required. (Pre-existing condition will apply for new participants)

Short Term Disability (STD)

Elimination Period	Benefits begin on the 15th day
Benefit Duration	Covers accidents and sicknesses up to 11 weeks
Benefit (weekly)	60% of your gross weekly salary up to \$1,750 per 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)

Long Term Disability (LTD)

Elimination Period	Benefits begin on the 91st day or after expiration of short-term disability (if applicable)
Benefit Duration	Covers accidents and sicknesses up to Social Security Normal Retirement Age
Benefit (monthly)	60% of your gross monthly salary up to \$7,500
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)

Monthly Rates

Age Category	STD Rate Factor	LTD Rate Factor
<20	\$0.25	\$0.15
20-24	\$0.25	\$0.16
25-29	\$0.25	\$0.22
30-34	\$0.26	\$0.34
35-39	\$0.26	\$0.41
40-44	\$0.27	\$0.48
45-49	\$0.27	\$0.64
50-54	\$0.34	\$0.90
55-59	\$0.41	\$1.04
60-64	\$0.48	\$1.09
65-69	\$0.54	\$1.15
70-99	\$0.61	\$1.21

Calculate Your Monthly Payment

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

STD Monthly Payment =
 $\text{Annual Salary} / 52 \times 0.60 / 10 \times \text{STD Rate Factor}$

LTD Monthly Payment =
 $\text{Monthly Salary} / 100 \times \text{LTD Rate Factor}$

BASIC LIFE & AD&D INSURANCE



What is Basic Life Insurance and AD&D? A financial and family protection plan paid for by Jeff Davis County Schools which provides a lump-sum payment, known as a death benefit, to a beneficiary upon the death of the insured. AD&D coverage is included as a part of life insurance benefits, and will pay out a lump-sum death benefit in the event you or a covered loved one dies 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 full-time employees working 20+ hours/week

- Coverage through OneAmerica
- No cost to employee - Premiums paid by Jeff Davis County Schools
- Must be actively at work on the effective date

Basic Life & AD&D Insurance Benefits

Basic Life & AD&D Insurance Benefits	
All Eligible Employees	\$10,000 (AD&D amount matches the life amount)
Age Reduction	None
Additional Plan Features: Waiver of Premium at age 60, Conversion Option, Seat Belt/Air Bag Benefits	

Plan Rates

Coverage paid for by Jeff Davis County Schools at no cost to you!

As an employee of Jeff Davis County Schools you have access to discounted auto and home programs through MetLife! This offer is not available as a payroll deduction but rather a discount offer.



Get a MetLife Auto & Home Quote Today

Go to:

myautohome.metlife.com OR

Call: 844.877.1795

Employer:

Jeff Davis County School District



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VOLUNTARY TERM LIFE & 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 dies 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 full-time employees, spouse, and children up to age 26

- Coverage through OneAmerica
- Must be actively at work on the effective date
- Employee must elect coverage for themselves to elect coverage for dependents
- Benefit amount doubles in the event of an accident which results in a dismemberment or death
- If enrolling for the first time outside of the initial enrollment period or increasing above the Guaranteed Issue amounts, health questions will be required

Voluntary Term Life & AD&D Benefits	
LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) AMOUNT	
Employee	In increments of \$10,000 up to the lesser of \$500,000, or 5 times annual salary
Spouse	Increments of \$5,000 up to \$500,000, not to exceed employee amount
Child(ren)	Increments of \$2,500 up to \$10,000
Child > 6 months	\$1,000
AD&D	Doubles life amount if death or dismemberment occurs due to an accident
GUARANTEE ISSUE (GI) (NO HEALTH QUESTIONS REQUIRED WHEN FIRST ELIGIBLE)	
Employee	\$200,000
Spouse	\$50,000
Child(ren)	\$10,000
OTHER FEATURES	
GUARANTEED INCREASE IN BENEFIT	Employees who are currently enrolled can increase coverage up to the GI amount with no health questions during annual open enrollment
Age Reduction	None
Portability & Conversion	Included

Employee & Spouse Monthly Rates Per \$10,000 Per Participant	
Age	Rate
0-34	\$1.00
35-39	\$1.20
40-44	\$1.30
45-49	\$2.00
50-54	\$2.80
55-59	\$5.30
60-64	\$6.80
65-69	\$9.60
70+	\$21.80
*Spouse rate based on employee's age	

Child(ren) Monthly Rates	
Benefit	Premium
\$2,500	\$0.69
\$5,000	\$1.37
\$7,500	\$2.06
\$10,000	\$2.75

PERMANENT LIFE INSURANCE



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

Eligibility: All full-time employees, spouse, children and grandchildren up to age 26

- Coverage through UNUM
- 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
- Underwriting may be required. Coverage is not guaranteed
- Keep your coverage at the same cost even if you retire or change employers

*Note to current Chubb Life Participants: Although not reflected in the benefits guide, your plan will remain on payroll deduction with no changes.

Permanent Life Benefits	
PLAN MAXIMUMS	
Employee (Age 15- 80)	Up to \$150,000
Spouse (Age 15-80)	Up to \$35,000
Child	Up to \$50,000
GUARANTEED ISSUE	
Employee (Ages 15 - 50)	Up to \$35,000
Employee (Ages 51-80)	Up to \$25,000
Spouse	Up to \$10,000
Child	Up to \$25,000
ADDITIONAL PLAN FEATURES	
Paid Up at age 70 option	

Plan Rates

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

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 full-time employees, spouse, and children up to age 26

- **Coverage through MetLife** - Provider directory: www.metlife.com (Select PDP Plus Network)
- Claims must be submitted within 90 days of date of service
- Orthodontics available for children only (up to age 19 and subject to takeover provision)
- No waiting period on coverage when first enrolling or moving from one plan to another
- *The chart below is a sample of covered services. Please see the Plan Certificate on your Employee Benefits Website for a detailed listing of services in their entirety*

Dental Benefits	High	Low
Coinurance		
Preventive (Type 1)	100%	100%
Basic (Type 2)	80%	50%
Major (Type 3)	50%	25%
Deductible	\$50 per Individual \$150 per Family (Basic & Major)	\$50 per Individual \$150 per Family (Basic & Major)
Max (per person)	\$3,000 per Calendar Year	\$1,000 per Calendar Year
	Visit Any Provider	Visit Any Provider
Out of Network Allowance		
Preventive (Type 1)	90th Usual, Customary and Reasonable	90th Usual, Customary and Reasonable
Basic (Type 2)	90th Usual, Customary and Reasonable	90th Usual, Customary and Reasonable
Major (Type 3)	90th Usual, Customary and Reasonable	90th Usual, Customary and Reasonable
Orthodontia		
Ortho Max (Lifetime)	\$1,000 (per individual)	N/A
Coinurance	50% (Child Only- Up to 19 years of age)	No Orthodontia

High Plan Monthly Rates	
Employee	\$49.96
Employee + Spouse	\$95.55
Employee + Child(ren)	\$109.68
Employee + Family	\$155.00

Low Plan Monthly Rates	
Employee	\$32.08
Employee + Spouse	\$61.04
Employee + Child(ren)	\$72.05
Employee + Family	\$100.99

MetLife PDP Plus Network

Employee Name _____ Employee ID _____
 Jeff Davis County Schools 5917784
 Group Name _____ Group Number _____

This card is not a guarantee of coverage or eligibility. See reverse side for important plan information.

1-800-942-0854 metlife.com/mybenefits

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

Eligibility: All full-time employees, spouse, and children up to age 26

- Coverage through Ameritas
- Claims must be submitted within 90 days of service
- In-Network Provider Directory: www.ameritas.com (Network: **VSP**)
- The chart below is a sample of covered services. Please see Plan Certificate for a detailed listing of services in their entirety, which is available on your Employee Benefits Website

Vision Benefits	In-Network	Out-of-Network
Eye Exam	\$20 Copay	Up to \$45 Reimbursement
Contact Lens Fit & Follow Up Exam	Member Pays: Up to \$60	No Benefit
Frames	\$150 Allowance + 20% Off	Up to \$75 Reimbursement
Single/Bifocal/Trifocal/Lenticular Lenses	\$20 Copay	Up to \$30 - \$100 Reimbursement
UV Coating, Tint, Scratch Resistance, Polycarbonate, and Progressive Lenses	Member Pays: \$17 - \$85	No Benefit
Elective Contacts	Up to \$150 Allowance	Up to \$120 Reimbursement
Medically Necessary Contacts	Covered in Full	Up to \$210 Reimbursement
Lasik or PRK	15% discount off retail 5% discount off promo	No Benefit
Frequencies	Exams, lenses or contacts are covered every 12 months Frames are covered every 24 months	

Monthly Rates	
Employee	\$5.81
Employee + Spouse	\$11.04
Employee + Child(ren)	\$11.62
Employee + Family	\$17.08

EYECARE COVERAGE ID CARD



Choice+Affiliates



JEFF DAVIS COUNTY SCHOOLS

JOHN DOE

GROUP ID #52451

Call 800-877-7195 or visit vsp.com for benefits information or to find a VSP doctor.

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: All full-time employees, spouse, and children up to age 26

- Coverage through MetLife
- Elect Critical Illness with or without Cancer Coverage based on your individual needs
- Attained Age - Rates will increase as you age (Rates based on age as of January 1, 2021)
- **No health questions- Every Year!** (Pre-existing condition will apply for new participants)
- The chart below is a sample of covered services. Please see Plan Certificate for a detailed listing of services in their entirety, which is available on your Employee Benefits Website

Critical Illness Benefits	Critical Illness Only	Critical Illness w/Cancer
Employee	\$10,000 or \$20,000	\$10,000 or \$20,000
Spouse	100% of EE Amount	100% of EE Amount
Dependent Children	50% of EE Amount	50% of EE Amount
Guaranteed Issue	All Amounts	All Amounts
100% Benefit	Heart Attack Stroke Major Organ Failure End Stage Kidney Failure Coronary Artery Bypass Alzheimer's Disease	Heart Attack Stroke Major Organ Failure End Stage Kidney Failure Coronary Artery Bypass Alzheimer's Disease Cancer
25% Benefit	22 Additional Conditions	Partial Cancer 22 Additional Conditions
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.	
ANNUAL WELLNESS EXAM	\$50	\$50

Monthly Rates per \$10,000 of Coverage								
	CI Only	CI w/ Cancer	CI Only	CI w/ Cancer	CI Only	CI w/ Cancer	CI Only	CI w/ Cancer
Attained Age	Employee		Employee + Spouse		Employee + Child(ren)		FAMILY	
<25	\$3.00	\$3.90	\$6.10	\$7.80	\$6.40	\$7.20	\$9.50	\$11.11
25-29	\$3.10	\$4.10	\$6.50	\$8.50	\$6.40	\$7.50	\$9.90	\$11.90
30-34	\$3.70	\$5.40	\$8.30	\$11.50	\$7.10	\$8.80	\$11.70	\$14.90
35-39	\$4.70	\$7.73	\$11.30	\$16.10	\$8.10	\$10.70	\$14.60	\$19.40
40-44	\$6.60	\$10.90	\$16.10	\$24.10	\$9.90	\$14.20	\$19.40	\$27.40
45-49	\$9.10	\$16.10	\$22.60	\$35.90	\$12.50	\$19.30	\$26.00	\$39.30
50-54	\$12.50	\$22.40	\$31.10	\$51.70	\$15.90	\$25.80	\$34.40	\$55.10
55-59	\$16.80	\$30.60	\$42.00	\$73.30	\$20.20	\$33.90	\$45.40	\$76.40
60-64	\$24.20	\$43.90	\$59.90	\$106.90	\$27.60	\$47.20	\$63.30	\$110.03
65-69	\$36.30	\$65.40	\$90.06	\$160.05	\$39.60	\$68.80	\$94.00	\$163.80
70+	\$65.10	\$102.00	\$153.32	\$242.22	\$68.509	\$105.30	\$156.60	\$245.60

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, spouse, and children up to age 26

- Coverage through Guardian
- Payments made directly to you and do not offset with medical insurance
- **No health questions - Every Year!** (Pre-existing condition will apply for new participants)
- Keep your coverage, at the same cost, even if you retire or change employers
- The chart below is a sample of covered services. Please see Plan Certificate for a detailed listing of services in their entirety, which is available on your Employee Benefits Website

Benefit Description	High Plan	Low Plan
HOSPITAL AND RELATED BENEFITS - DAILY BENEFIT		
Initial Cancer Diagnosis	\$5,000	\$2,500
Continuous Hospital Confinement	\$400	\$300
Private Duty Nursing Expenses (daily)	\$150	\$100
Extended Care Facility (daily)	\$150	\$100
At Home Nursing, Hospice Care	\$100	\$50
RADIATION,CHEMOTHERAPY & RELATED BENEFITS		
Radiation, Chemo for Cancer (every 12 months)	\$15,000	\$10,000
Blood, Plasma, Platelets (every 12 months)	Up to \$10,000	Up to \$5,000
Medical Imaging (2 per year)	\$200	\$100
SURGERY AND RELATED BENEFITS		
Surgery (inpatient or outpatient)	up to \$5,500	up to \$4,125
Anesthesia (% of surgery)	25%	25%
Ambulatory Surgical Center	\$350	\$250
Second Opinion	\$300	\$200
Bone Marrow or Stem Cell Transplant		
1. Bone Marrow	\$10,000	\$7,500
2. Stem Cell	\$2,500	\$1,500
3. Donor Benefit	\$1,500	\$1,000
MISCELLANEOUS BENEFITS		
Ambulance (per confinement)	\$250	\$200
Transportation (local or non-local)	\$0.50 per mile (\$1,500 round trip)	\$0.50 per mile (\$1,000 round trip)
Outpatient or Family Lodging (daily)	\$100	\$75
Physical or Speech Therapy (daily)	\$50	\$50
New or Experimental Treatment	\$250 per day / \$2,400 per month	\$100 per day / \$1,000 per month
Prosthesis	\$300 - \$6,000	\$200 - \$4,000
Wellness Exams (annually)	\$75	\$50
Waiting Period (Initial Diagnosis)	30 Days	
Pre-existing Condition	12/12= Any illness or injury for which you received treatment the 12 months prior to your effective date will not be covered for first 12 months. (If previously diagnosed with cancer, must be 5 years cancer free)	
Age Reduction	None	
Riders Included: Specified Illness Rider		

High Plan Monthly Rates

Employee	\$30.46
Employee + Spouse	\$56.80
Employee + Child(ren)	\$34.59
Employee + Family	\$60.93

Low Plan Monthly Rates

Employee	\$18.67
Employee + Spouse	\$34.77
Employee + Child(ren)	\$21.28
Employee + Family	\$37.37

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WELLNESS INCENTIVES

GET REWARDED FOR PREVENTIVE CARE

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

Eligibility: You, your spouse and dependents who are covered on the critical illness or cancer plans

How it works:

- If you or a covered dependent perform 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 benefit can be filed annually as long as your critical illness and cancer plans are in force

Available Wellness Benefits	Low Plan	High Plan
Critical Illness Plans with or without Cancer - MetLife	\$50	\$50
Cancer Plan - Guardian	\$50	\$75
State Health Benefit Plan	See page 19 of the benefits guide for details	

What Qualifies as Wellness ?	
Critical Illness - MetLife	Cancer- Guardian
<p>Including but not limited to:</p> <ul style="list-style-type: none"> • Annual physical exam • Biopsies for cancer • Blood test to determine total cholesterol & triglycerides • Breast MRI; breast ultrasound; breast sonogram • Chest x-rays • Colonoscopy; Digital rectal exam (DRE) • Echocardiogram; Electrocardiogram (EKG) • Endoscopy • Fasting blood/plasma glucose test • Flexible sigmoidoscopy • Hemocult stool specimen • Hemoglobin A1C • Human papillomavirus (HPV) vaccination • Lipid panel • Mammogram • Oral cancer screening • Pap smears or thin prep pap test • Serum cholesterol test to determine LDL or HDL levels • Skin cancer biopsy; screening; skin exam • Stress test on bicycle or treadmill • Thermography 	<ul style="list-style-type: none"> • Bone marrow testing • BRCA testing • Breast ultrasound • Breast MRI • CA 15-3 (blood test for breast cancer) • CA125 (blood test for ovarian cancer) • CEA (blood test for colon cancer) • Chest x-ray • Colonoscopy/Virtual • Colonoscopy • CT scans /MRI scans • Flexible sigmoidoscopy • Hemocult stool analysis • Mammography • Pap smear /ThinPrep pap test • PSA (blood test for prostate cancer) • Serum protein electrophoresis (blood test for myeloma) • Testicular ultrasound • Thermograph

How to submit a 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. • <i>Important Note: Must use Jeff Davis County Board of Education when registering for a MetLife MyBenefits Account.</i> 	<ul style="list-style-type: none"> • Log on to guardianlife.com and select "My Account/Login" to register or access your account
<p>Additional wellness information and claim forms can be found on your employee benefits website, jeffdavisbenefits.com.</p>	



ACCIDENT INSURANCE MetLife

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

Eligibility: All full-time employees, spouse, and children up to age 26

- Coverage through MetLife
- **No health questions - Every Year!!**
- Keep your coverage, at the same cost, even if you retire or change employers
- *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*

Accident Benefits	Low Plan	High Plan	Low Plan Monthly Rates
INJURIES			
Fractures	\$50-\$3,000	\$100-\$6,000	Employee \$4.28
Dislocations	\$50-\$3,000	\$100-\$6,000	Employee + Spouse \$8.73
Second and Third Degree Burns	\$50-\$5,000	\$100-\$10,000	Employee + Child(ren) \$8.81
Concussions	\$200	\$400	Employee + Family \$11.03
Cuts/Lacerations	\$25-\$200	\$50-\$400	
Eye Injuries	\$200	\$300	
MEDICAL SERVICES & TREATMENT			
Ambulance (Ground / Air)	\$200 / \$750	\$300 / \$1,000	High Plan Monthly Rates
Emergency Care <i>Office Visit, Urgent Care, Emergency Room</i>	\$25-\$50	\$50-\$100	Employee \$8.20
Coma	\$5,000	\$10,000	Employee + Spouse \$16.79
Physician Follow-Up	\$50	\$75	Employee + Child(ren) \$16.84
Therapy Services (including physical therapy)	\$15	\$25	Employee + Family \$21.09
Medical Testing Benefit	\$100	\$200	
Medical Appliances/Prosthetics	\$50-\$1,000	\$100-\$1,500	
Inpatient Surgery	\$100-\$1,000	\$200-\$2,000	
HOSPITAL COVERAGE (resulting from an Accident)			
Admission	\$500 \$1,000 (ICU) per accident	\$1,000 \$2,000 (ICU) per accident	
Confinement	\$100 a day \$200 (ICU) Up to 31 days	\$200 a day \$400 (ICU) Up to 31 days	
Inpatient Rehab	\$100 a day Up to 15 days	\$200 a day Up to 15 days	



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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: All full-time employees, spouse, and children up to age 26

- Coverage through MetLife
- **No health questions - Every Year!!**
- Routine childbirth and complications from pregnancy are covered
- If adding a child during the plan year, the child must be added within 30 days of the date of birth
- *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*

Hospital Indemnity Benefits	Low Plan	High Plan
HOSPITAL COVERAGE		
Admission (Must be admitted into the hospital for this benefit - ER admission/Outpatient treatment does not qualify)	\$500 \$1,000 (ICU) per year	\$1,000 \$2,000 (ICU) per year
Confinement	\$100 a day \$200 (ICU) Up to 15 days per year	\$200 a day \$400 (ICU) Up to 15 days per year
Inpatient Rehab	\$100 a day Up to 15 days	\$200 a day Up to 15 days
Emergency Room Treatment	\$50 per year	\$100 per year
Outpatient Therapy	\$25 5 per year	\$50 5 per year
Ambulance Benefit	\$25 per year	\$50 per year
Pre-existing Condition	None	

Low Plan Monthly Rates
Employee \$15.11
Employee + Spouse \$29.28
Employee + Child(ren) \$24.96
Employee + Family \$39.12

High Plan Monthly Rates
Employee \$27.59
Employee + Spouse \$53.46
Employee + Child(ren) \$45.57
Employee + Family \$71.44

FLEXIBLE SPENDING ACCOUNTS



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

Eligibility: All full-time employees, spouse, and children up to age 26. For dependent daycare children ages 12 and under and adults for adult daycare

- Coverage through Medcom
- Plan year is from January 1- December 31 and employees must re-elect 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 prohibited
- For a full list of eligible Flexible Spending Account expenses, please go to www.medcom.net

Benefit Description	
MEDICAL FSA ACCOUNT	
Minimum Contribution	\$300 annually
Maximum Contribution	\$2,750 annually
Carryover Maximum*- Maximum participants can carry over if re-electing the plan	\$550
Total elected amount is available at the beginning of the plan year All receipts should be kept to submit if verification is requested *Carryover funds are only available if re-electing the plan for the next year	
DEPENDENT CARE FSA ACCOUNT	
Minimum Contribution	\$300 annually
Maximum Contribution	\$5,000 annually
Carryover Maximum	None
Plan Rules	
RUNOUT PERIOD - <i>Time to turn in receipts for services rendered during the plan year.</i>	30 days from plan end date

Admin Fee	
Fee Per Participant Per Month (One fee even if electing both Medical FSA and Dependent Care)	\$3.75
Replacement Card Fee	N/A

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.

FLEXIBLE SPENDING ACCTS

HELPFUL RESOURCES



What is covered under Medical FSA Account?

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

FSA Eligibility List

<https://fsastore.com/FSA-Eligibility-List.aspx>

FSA Calculator

(estimates how much you can save with an FSA)
<https://fsastore.com/services/FSAcalculator.aspx>

What is covered under Dependent Care Account?

- Children ages 12 and under (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



Your Benefits Are Going MOBILE

In the App Store go to: MedCom Mobile

Online Portal and Access to information:
<https://medcom.wealthcareportal.com>



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.

MEDCARECOMPLETE

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 full-time employees, spouse, and children up to age 26

- This is a supplemental benefit and does not replace health insurance
- Register @ MCC: [Medcarecomplete.com/members](https://medcarecomplete.com/members) to access the full range of benefits
- Register @ 1800MD: 1800md.com or (800)388-8785 to access telemedicine benefits
- Information needed to register - Group Name, Group #, Member ID (all located on MCC Card)

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

1. Medical Bill Negotiator

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

Individual Rate	Family Rate
\$10.50 Per Month	\$12.50 Per Month
NO COPAY	

2. Telemedicine

Get 24/7/365 on-demand telephone access to Board-certified physicians for diagnosis, and prescriptions for common and acute illnesses. **There are no copays and no limit to how many times you can utilize this feature.**

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	Gout	Cold & Flu
Infections	Diarrhea	Infections	Joint Aches	Nausea & Vomiting

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

Eligibility: All full-time employees, spouse, and children up to age 26

- Coverage through MetLaw
- **Elder Care extends to parents and in-laws**
- Website: info.legalplans.com, enter “high or low plan code” under “not a member” to find in-network attorneys
- If already enrolled click on “member login”. Call 800-821-6400 for more information
- High Plan Code: 053/1040, Low Plan Code: 0530040

	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	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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)	<ul style="list-style-type: none">• Revocable & Irrevocable Trusts				
Family & Personal	<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	<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	<ul style="list-style-type: none">• 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• Adminstrative Hearings• Incompetency Defense	<ul style="list-style-type: none">• Disputes over Consumer Goods & Services• Adminstrative Hearings• Incompetency Defense	<ul style="list-style-type: none">• Civil Litigation Defense & Mediation• Small Claims Assistance• Pet Liabilities				
Elder Care Issues	Consultation & Document review for issues related to your (or spouse's) 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 spouse's) parents: <ul style="list-style-type: none">• Medicare• Medicaid• Prescription Plans• Nursing Home Agreements• Leases• Promissory Notes• Deeds• Wills• Power of Attorney	<table><tr><th>Low Plan</th><th>High Plan</th></tr><tr><td>\$8.00 Per Month</td><td>\$16.50 Per Month</td></tr></table>	Low Plan	High Plan	\$8.00 Per Month	\$16.50 Per Month
Low Plan	High Plan						
\$8.00 Per Month	\$16.50 Per Month						
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	NO COPAY				

EMPLOYEE ASSISTANCE PROGRAM



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

Eligibility: All full-time employees, spouse, and children up to age 26

- Coverage through One America
- Provides support, resources, and information for personal and work-life challenges
- CALL 1.855.387.9727 or visit [Guidanceresources.com](https://www.guidanceresources.com), Web ID: ONEAMERICA3

Confidential Counseling

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

Financial Information and Resources

- Speak by phone with 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

Work-Life Solutions

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

GuidanceResources Online

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

Free Online Will Preparation

- EstateGuidance lets you quickly and easily write a will on your computer
- Go to [GuidanceResources.com](https://www.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!

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).

STATE HEALTH BENEFIT PLAN



Please review the SHBP Decision Guide for plan eligibility rules.

Coverage through Anthem BCBS of GA, United Healthcare, or Kaiser Permanente

- All qualifying life events must be submitted via the SHBP Portal
- **Notice:** Jeff Davis County Schools offers all eligible employees health insurance through the Georgia State Health Benefit Plan. During the annual open enrollment, employees have the opportunity to review all available options and make elections for the 2021 Plan Year
- Kaiser Permanente is only available in the Atlanta Metro area

SHBP Enrollment Portal:

<https://myshbpga.adp.com>



How to Enroll:

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

SHBP Wellness Portal:

<https://bewellshbp.com>

SHBP Decision Guide:

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

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

SHBP Phone Number:

800-610-1863

SHBP 2021 Wellness Incentives Overview:

Plan Option	BCBS GA HMO MyIncentive Account	BCBC GA HRA	Kaiser Permanente	UHC HMO & HDHP Health Incentive Account
Who's Eligible	Up to	Up to		Up to
Member	480 credits	480 credits	\$500*	480 credits
Spouse	480 credits	480 credits	\$500*	480 credits
Bonus credits for member	N/A	N/A	N/A	240 credits**
Potential Total credits/dollars	960 credits	960 credits	\$1,000*	1,200 credits

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

*Kaiser members will receive a \$500 gift card after satisfying KP's Wellness Program requirements.

**UHC matches the first 240 well-being incentive credits earned by the member only (spouses are not eligible) and credits will be added to your HIA.

2021 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 2021													
*Tobacco Surcharge will be added at time of enrollment.													
	Anthem Gold Plan HRA		Anthem Silver Plan HRA		Anthem Bronze Plan HRA		Anthem HMO	UHC HMO		UHC HDHP		Kaiser HMO ¹	
	In	Out	In	Out	In	Out	In	In	In	Out	In	Out	In
Deductible													
You	\$1,500	\$3,000	\$2,000	\$4,000	\$2,500	\$5,000	\$1,300	\$1,300	\$3,500	\$7,000	N/A		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		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		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		N/A
Medical OOPM													
You	\$4,000	\$8,000	\$5,000	\$10,000	\$6,000	\$12,000	\$4,000	\$4,000	\$6,450	\$12,900	\$6,350		\$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		\$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		\$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		\$12,700
Coinsurance (Plan Pays)													
	85%	60%	80%	60%	75%	60%	80%	80%	70%	50%	100%		100%
HRA													
You	\$400		\$200		\$100		N/A	N/A	N/A	N/A	N/A		N/A
You + Spouse	\$600		\$300		\$150		N/A	N/A	N/A	N/A	N/A		N/A
You + Child(ren)	\$600		\$300		\$150		N/A	N/A	N/A	N/A	N/A		N/A
You + Family	\$800		\$400		\$200		N/A	N/A	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	Coins after ded	\$150 copay		\$150 copay
Urgent Care	Coins after ded		Coins after ded		Coins after ded		\$35 copay	\$35 copay	Coins after ded	Coins after ded	\$35 copay		\$35 copay
PCP Visit	Coins after ded		Coins after ded		Coins after ded		\$35 copay	\$35 copay	Coins after ded	Coins after ded	\$35 copay		\$35 copay
Specialist Visit	Coins after ded		Coins after ded		Coins after ded		\$45 copay	\$45 copay	Coins after ded	Coins after ded	\$45 copay		\$45 copay
Preventive Care	100%	No Coverage	100%	No coverage	100%	No coverage	100%	100%	100%	No coverage	100%		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	Coins after ded	\$20 copay		\$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	Coins after ded	\$50 copay		\$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	Coins after ded	\$80 copay		\$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	Coins after ded	\$50 copay		\$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	Coins after ded	\$125 copay		\$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	Coins after ded	\$200 copay		\$200 copay
Rx OOPM	Combined with Medical		Combined with Medical		Combined with Medical		Combined w/Medical	Combined w/Medical	Combined with Medical	Combined with Medical	Combined w/Medical		Combined w/Medical
Monthly Premiums													
Employee	\$175.68		\$114.32		\$76.58		\$143.03	\$174.49	\$61.83		\$154.13		\$154.13
Employee + CH	\$320.11		\$215.80		\$151.64		\$264.61	\$318.09	\$126.57		\$283.60		\$283.60
Employee + Sp	\$436.33		\$307.47		\$228.22		\$367.76	\$433.83	\$197.24		\$391.49		\$391.49
Family	\$580.76		\$408.95		\$303.28		\$489.34	\$577.43	\$261.98		\$520.96		\$520.96

¹ The Kaiser HMO plan is only available in the Atlanta Metro area.

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).

SHBP LEGAL NOTICES



Availability of Summary Health Information Summary of Benefits & Coverage (SBC)

As an employee, the SHBP health 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.

SHBP offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, SHBP 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: <https://prod.dch.georgia.gov/shbp-plan-documents>. A paper copy is also available, free of charge, by calling 912-699-7006.

About the Following Notices:

The following important legal notices are also posted on the State Health Benefit Plan (SHBP) website at www.dch.georgia.gov/shbp-plan-documents under Plan Documents.

Penalties for Misrepresentation

If a SHBP participant misrepresents eligibility information when applying for coverage during change of coverage or when filing for 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 for indemnification (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 Notices

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 PCPs, 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 healthcare 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) your other health insurance coverage ends. 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 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 the SHBP Member Services Center at 800-610-1863 or contact your Benefit Coordinator/Payroll Location.

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 surgery 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 asymmetrical appearance
 - Prostheses and mastectomy bras
 - Treatment of physical complications of mastectomy, including lymph edema
- NOTE:** Reconstructive surgery requires prior approval, and all Inpatient admissions require prior notification. For more detailed information on the mastectomy related benefits available under the Plan, call the telephone number on the back of your Identification Card.

Newborns' and Mothers' Health Protection Act of 1996

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
Revised August 4, 2015

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 DC Hand the Chief 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.

Plan "Enrollment Information" and "Claims Information" are Used in Order to Administer the Plan. PHI includes two kinds of information, Legal Notices (cont.) "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. 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 adminis-

SHBP LEGAL NOTICES



ter 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 Associates” 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. Bylaw, 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. Legal Notices (cont.) 43 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 healthcare 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 that may provide you benefits (such as state retirement systems) in order to get information about your eligibility for the Plan and to improve administration of the Plan.

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 Center at 1-800-610-1863 or you may download a copy at www.dch.georgia.gov/shbp. 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.

Address to File HIPAA Complaints:

Georgia Department of Community Health

SHBP HIPAA Privacy Unit

P.O. Box 1990

Atlanta, GA 30301

1-800-610-1863

**U.S. Department of Health & Human Services Office for Civil Rights
Region IV**

Atlanta Federal Center

61 Forsyth Street SW Suite 3B70

Atlanta, GA 30303-8909

1-877-696-6775

For more information about this Notice, contact:

Georgia Department of Community Health

State Health Benefit Plan

P.O. Box 1990

Atlanta, GA 30301

1-800-610-1863

MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT OPT-OUT NOTICE

Election to be Exempt from Certain Federal law requirements in title XXVII of the Public Health Service Act Date:

August 4, 2015

TO: All Members of the State Health Benefit Plan who are not Enrolled in a Medicare Advantage Option

Group health plans sponsored by state and local governmental employers must generally comply with Federal law requirements in title XXVII of the Public Health Service Act. However, these employers are permitted to elect to exempt a plan from the requirements listed below for any part of the plan that is “self-funded” by the employer, rather than provided through a health insurance policy. Your plan option is self-funded because the Department of Community Health (DCH) pays all claims directly instead of buying a health insurance policy.

The Department of Community Health has elected to exempt your State Health Benefit Plan from the Mental Health Parity and Addiction Equity Act, that includes protections against having benefits for mental health and substance use disorders be subject to more restrictions than apply to medical and surgical benefits covered by the Plan.

The exemption from these federal requirements will be in effect for the plan year starting January 1, 2016 and ending December 31, 2016. The election may be renewed for subsequent plan years.



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

Benefit website address: JeffDavisBenefits.com



The 2021 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 jeffdavisbenefits.com.
These should be reviewed fully prior to electing any benefits.