

2024

Social Circle City Schools

Benefits Guide





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 upcoming plan year.
- Remember to provide/update beneficiaries as necessary for Voluntary Term Life and AD&D policies and for Board Paid Basic Life.
- New hire employees may be eligible for certain benefits without health questions (guaranteed issue). Please review and understand these guaranteed issue amounts and limitations.
- Submit any qualifying life event changes for you and eligible dependents within 30 days of the event date.

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.socialcirclebenefits.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**
 - Plan year is 1/1-12/31
 - **Annual open enrollment occurs in the Fall (October/November)**

2

How to Enroll in your State Health Benefit Medical Plan

1. Visit <https://www.socialcirclebenefits.com>
2. Select the "State Health" tab
3. Select "SHBP Enrollment Link" (Refer to the SHBP section of this guide for additional details) OR
4. **Contact SHBP at 800.610.1863**
 - Plan year is 1/1 - 12/31
 - **Annual open enrollment occurs in the Fall (October/November)**



SOCIAL CIRCLE CITY SCHOOLS CONTACTS

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Need Help? Start Here:

mybenefits@campusbenefits.com

866.433.7661 opt 5

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Who's Eligible?

- Full-Time employees working 20 or more hours a week.
- Bus drivers working 15 or more hours a week.
- 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 SHBP enrollment period is held in the fall (October 16th - November 3rd)
- The annual Campus enrollment period is held in the fall (October 16 - November 3rd)

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.
- Employees must be actively at work on the effective date of coverage

When do Benefits End?

- Coverages as an active employee end the month after your last payroll deduction month. For example, if your last payroll deductions are in March, benefits will end on April 30th. FSA ends at the end of your last month of payroll deduction.
- Please note: Your benefits end date will vary for employees leaving at the end of a contract year. Contact Campus Benefits for benefit portability questions.

How to Make Changes?

- Once you make your benefit elections as a new hire or during Open Enrollment, 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.
- To submit a qualifying life event, please email mybenefits@campusbenefits.com or call 866.433.7661.

Disclaimer: The Benefits Guide is provided for illustrative purposes only. Actual benefits, eligibility, 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).

BENEFITS PORTAL!

<https://www.socialcirclebenefits.com>



SCAN ME

Social Circle City Schools

Home

Benefits

Enroll

Contact Campus

Qualifying Life Events



Welcome to the Social Circle City Schools

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
- Qualified Life Events

CAMPUS BENEFITS ENROLLMENT INSTRUCTIONS

Company Identifier: **SCCS22**

[Website: SocialCircleBenefits.com](https://www.SocialCircleBenefits.com)

1 Visit [SocialCircleBenefits.com](https://www.SocialCircleBenefits.com)

2 Select "Campus Connect" to log in

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

New User Registration

1. On Login page click on "Register as a new user" and enter information below
 - First Name
 - Last Name
 - Company Identifier: **SCCS22**
 - 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

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
- Qualified 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.socialcirclebenefits.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: [socialcirclebenefits.com](https://www.socialcirclebenefits.com)



Phone: 866.433.7661, Opt 5
 Email: mybenefits@campusbenefits.com
 Website: [SocialCircleBenefits.com](https://www.SocialCircleBenefits.com)

RETIREMENT RESOURCES



All eligible employees will become members in a State of Georgia retirement plan.

Teacher Retirement System (TRS)

All employees who are employed one-half time or more in covered positions of the State's public school systems are required to be members of the TRS of Georgia as a condition of employment. Covered positions include teachers, supervisors, paraprofessionals, administrators, nurses, and clerical staff. Refer to the TRS guidelines for more details by visiting www.trsga.com.

Public School Employees Retirement System of Georgia (PSERS)

Regular, non-temporary employees of public school systems who are not eligible for membership in TRS must establish membership in the PSERS as a condition of employment. Covered positions include maintenance and custodial employees, bus drivers, bus monitors, and food service. Refer to the PSERS guidelines for more details by visiting www.ers.ga.gov

403(b) Deferred Compensation Plans

Social Circle City Schools works with Mack Poss and Associates to provide comprehensive retirement planning services to include: 403(b), 457 and Roth 403B deferred compensation plans, information/consultation regarding TRS, Social Security and Long-Term Care.

Lincoln and Voya / TransAmerica (Life/Long-Term Care)

Mack Poss Associates
Mack Poss & Byron Young
706.779.7079
mackposs@gmail.com
byron.young@me.com

SHBP Retiree Options

Before you transition into retirement, review the SHBP Retirement Coverage Presentation at: <https://shbp.georgia.gov/>.

In order to continue your SHBP coverage as a retiree, you and any dependents you want covered must be enrolled in the plan while you are an active member.

If you are retiring and you or your covered dependents are age 65 or older (or will be turning age 65 at your retirement), you have the option of:

1. Enrolling in a SHBP Medicare Advantage with Prescription Drugs (MAPD) Plan Option if you submit your Medicare Part B enrollment information directly to SHBP, or
2. Remaining in a Commercial (Non-Medicare Advantage) Plan Option, and you will pay 100% of the unsubsidized premium, which is substantially higher than the SHBP Medicare Advantage Plan Options. **Medicare Advantage Plan Options are the only Plan Options subsidized by SHBP for Retirees age 65 and older.**

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EMPLOYEE ASSIST

What is an EAP? Programs offered to Social Circle City School's employees, at no cost, to provide guidance with personal issues, planning for life events or simply managing daily life which can affect your work, health and family. For 2024, there are two programs available (Mutual of Omaha and Ga DOE EAP. The two programs can be used in conjunction with one another.

Mutual of Omaha EAP

Eligibility: All Social Circle City Schools employees, their household members and unmarried children up to age 26

- Coverage through Mutual of Omaha
- Provides support, resources, and information for personal and work-life challenges
- **Receive up to three sessions per issue per year**
- CALL 1.800.316.2796 or visit mutualofomaha.com/eap



Life's not always easy. Sometimes a personal or professional issue can get in the way of maintaining a healthy, productive life.

We're Here to Help

Mutual of Omaha's EAP assists employees and their eligible dependents with personal or job-related concerns, including:

- Emotional well-being
- Family and relationships
- Legal and financial matters
- Healthy lifestyles
- Work and life transitions

EAP Benefits

- Access to EAP professionals 24 hours a day, seven days a week.
- Information and referral services
- Service for employees and eligible dependents
- Robust network of licensed mental health professionals
- **Three face-to-face sessions* with a counselor (per household per calendar year)**
- Legal assistance and financial resources
 - Online will preparation
 - Legal library and online forms
 - Financial tools & resources
- Resources for :
 - **Substance use and other addictions**
 - Dependent and Elder Care resources

- Access to a library of educational articles, handouts, and resources via mutualofomaha.com/eap

*Face-to-face visits can also be used toward legal consultations

*California Residents: Knox-Keene Statute limits no more than three face-to-face sessions per six-month period.

What to Expect

You can trust your EAP professional to assess your needs and handle your concerns in a confidential, respectful manner. Our goal is to collaborate with you and find solutions that are responsive to your needs.

Your EAP benefits are provided through your employer. There is **no cost** to you for utilizing EAP services. If additional resources are needed, your EAP professional will help locate appropriate resources in your area.

Don't delay if you need help

Visit mutualofomaha.com/eap or call **800.316.2796** for **confidential consultation** and resource services.

Provided at NO CHARGE to you and your dependents by Social Circle City Schools.

FINANCE PROGRAMS



Georgia Public Education/Ga DOE EAP

Eligibility: All full-time employees working 29+ hours/week, their household members and children up to age 26

- Coverage through Kepro
- 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.EAPHelpink.com, Company Code: GADOE

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
 - Stress anxiety and depression
 - Relationship/marital conflicts
 - Problems with children
 - Job pressures
 - Grief and loss
 - Substance abuse

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

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

Online Resources

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

Plan Rates

Coverage provided at no cost to you.

SHORT - TERM DISABILITY (INCOME PROTECTION PLAN)



What is Short-Term Disability Insurance? A type of coverage that replaces a portion of your income if injury or illness prevents you from working for a short period of time. It provides financial security for you and any loved ones who may depend on 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, spouse and children (up to age 26)

- Coverage provided by Mutual of Omaha
- Must be actively at work on the effective date
- **No Health Questions - EVERY YEAR!** (Pre-existing condition will apply for new participants)
- Employees can choose to start/stop their sick leave
- Pays in addition to sick leave (Above 100% of pre-disability earnings)
- Employee does not have to exhaust sick leave prior to receiving a benefit

See important claims on the Service Hub page

Short Term Disability (STD)	
Elimination Period	Benefits begin after you have been out of work due to an injury or illness for either 7 or 30 days
Benefit Duration	25 weeks (7 day) or 22 weeks (30 day)
Benefit Percentage (weekly)	60% of earnings
Minimum Benefit Amount (weekly)	\$25
Maximum Benefit Amount (weekly)	\$1,500 per week
Pre-existing condition	3,6 Any condition you receive medical attention for in the 3 months prior to your effective date of coverage that results in a disability during the first 6 months of coverage, would not be covered



Plan Rates
The enrollment system will calculate your premiums based on the level of benefit you choose, your age, and annual salary.

LONG - TERM DISABILITY (INCOME PROTECTION PLAN)



What is Long-Term Disability Insurance? A type of coverage that replaces a portion of your income if injury or illness prevents you from working for a longer period of time. It provides financial security for you and any loved ones who may depend on 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, spouse and children (up to age 26)
- Coverage provided by Mutual of Omaha
 - Must be actively at work on the effective date
 - If electing outside of the initial open enrollment period, health questions will be required
 - Employees can choose to start/stop their sick leave
 - Does not pay in addition to sick leave

See important claims on the Service Hub page

Long-Term Disability (LTD)	
Elimination Period	Benefits begin after you have been out of work due to an injury or illness for 180 days
Benefit Duration	Social Security Normal Retirement Age
Benefit Percentage (monthly)	60% of earnings
Minimum Benefit Amount (monthly)	\$100
Maximum Benefit Amount (monthly)	\$5,000 per month
Pre-existing condition	3, 3, 12 You may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under this policy until you have been covered under the policy for 12 months, or you remain treatment free for a period of 3 consecutive months.



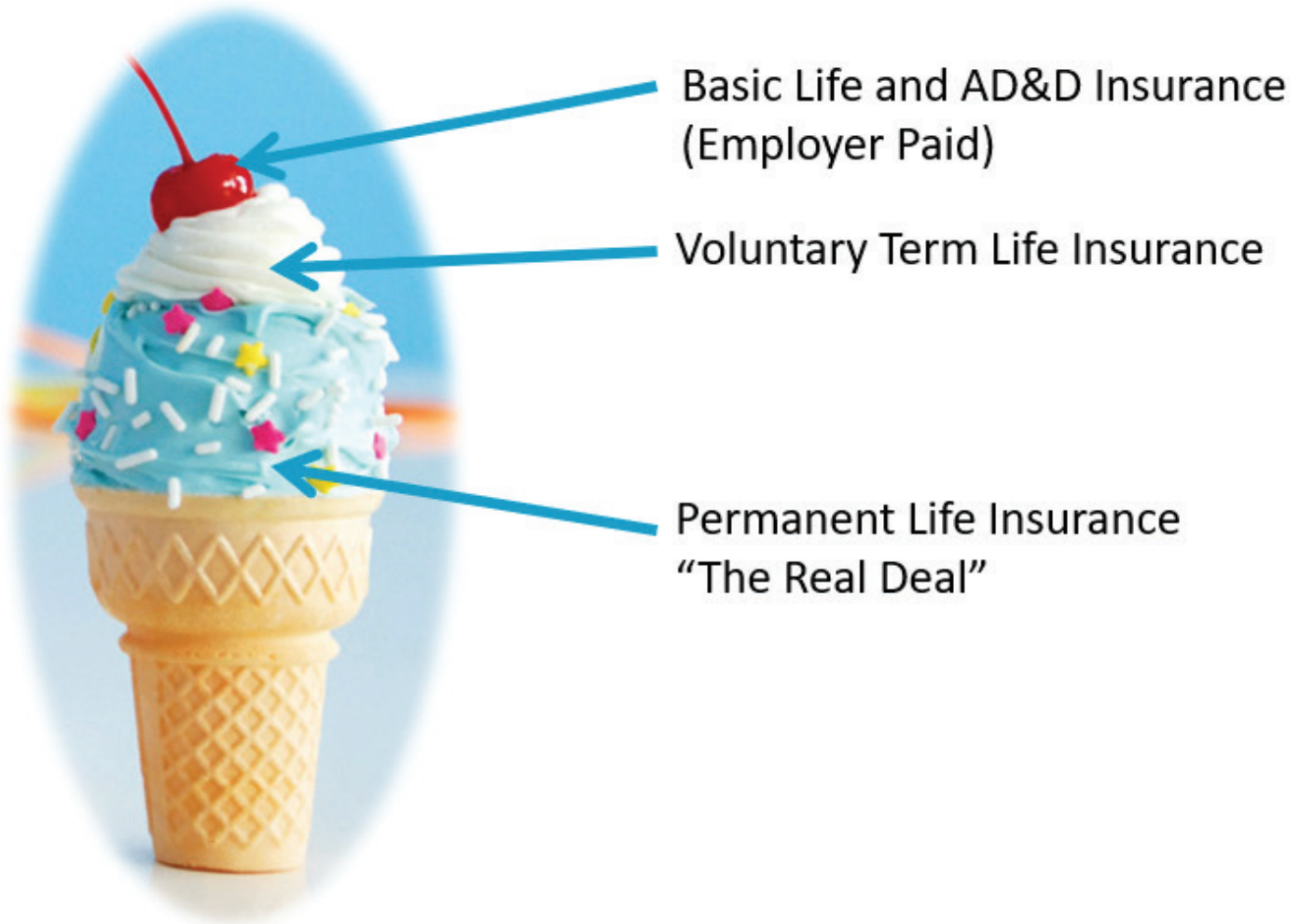
Plan Rates
The enrollment system will calculate your premiums based on the level of benefit you choose, your age, and annual salary.

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LIFE INSU

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.

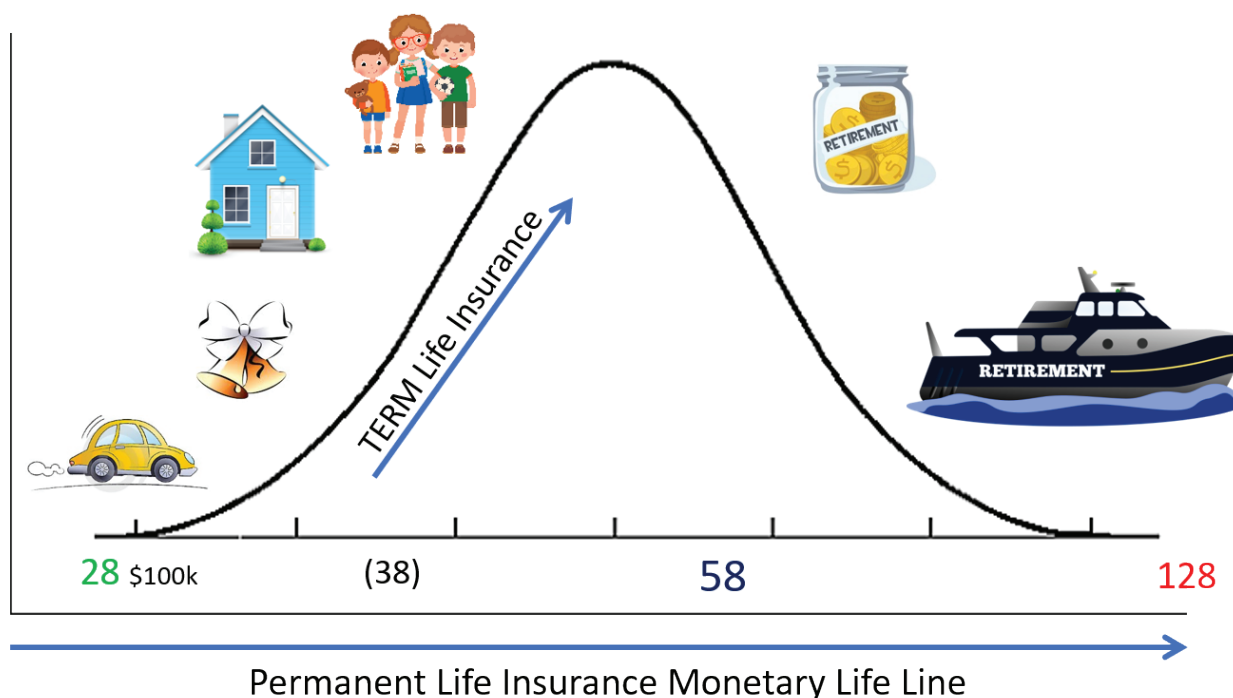


RANCE 101

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

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BASIC LIFE INSURANCE



What is Basic Life Insurance? A financial and family protection plan paid for by Social Circle City 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 part of life insurance benefits and will pay out a lump-sum death benefit in the event you die as the result of an accident or die later as the direct result of an accident. This plan also includes a dismemberment benefit which provides an additional lump sum payment if an insured becomes dismembered in an accident.

Eligibility: All full-time employees working 20+ hours/week, and Bus Drivers working 15+ hours/week

- Coverage provided by Mutual of Omaha
- No Health Questions- Guaranteed Issue
- Employee must be actively at work on the effective date
- **Attention: This benefit requires a beneficiary! Please remember to assign and update beneficiaries as necessary**

Basic Life and AD&D	
LIFE AMOUNT	
Coverage Amount	\$12,000
ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) AMOUNT	
Coverage Amount	Equal to Life Amount
BENEFITS	
Guaranteed Issue	\$12,000
Age Reduction	65% at age 70. Reduced to 50% at age 75+
Conversion	Included
Living Care Benefit	Included
Waiver of Premium - waives the policyholder's obligation to pay premiums should they become seriously ill or disabled	Prior to Age 65 after 9 month Elimination period

Paid for by Social Circle City Schools and provided at NO COST TO YOU.



VOLUNTARY TERM LIFE & AD&D INSURANCE



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

Eligibility: All full-time employees working 20+ hours/week, Bus Drivers working 15+ hours/week, spouse and children* (up to age 26)

- Coverage provided by Mutual of Omaha
- Must be actively at work on the effective date
- Guaranteed Issue amounts are available during the new hire open enrollment period
- If electing for the first time outside of the initial or new hire enrollment period, health questions will be required
- Employee must elect coverage on yourself in order to cover spouse and/or children
- **Attention: This benefit requires a beneficiary! Assign and update beneficiaries as necessary**
- *Child marital status does not impact benefit eligibility*

Voluntary Term Life & Accidental Death and Dismemberment	
COVERAGE DETAILS	
Employee	\$750,000 (10x Salary) Increments of \$10,000
Spouse (Coverage terminates when the employee reaches age 80)	\$250,000 (up to 100% of Employee Amount) Increments of \$5,000
Child(ren)	Up to \$20,000 Increments of \$5,000
Accidental Death and Dismemberment (AD&D) Amount	Matches Life Election
INITIAL NEW HIRE ENROLLMENT - GUARANTEED ISSUE AMOUNTS	
Employee	\$200,000
Spouse	\$50,000
Child(ren)	\$20,000
Additional Plan Features	
GUARANTEED INCREASE IN BENEFIT	Employee and Spouse: If currently enrolled, employee and spouse can increase coverage up to two increments (\$20,000 for employee and \$10,000 for spouse), but not over the Guaranteed Issue maximum at open enrollment with no health questions.
Age Reduction	Employee: 50% at age 80+ Spouse: Coverage terms when employee reaches age 80
Portability Provision	Included
Conversion	Included
Living Care Benefit	80% up to \$500,000
Waiver of Premium	Prior to Age 65 after 9 month elimination period
Plan Rates	
Cost of coverage is based on the level of benefit you choose and your age. Spouse rate is based on employee's age. Please consult with a Benefits Counselor or log into the enrollment system for rate details.	

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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: All full-time employees working 20+ hours/week, Bus Drivers working 15+ hours/week, spouse and children (up to age 23)

- Coverage provided by Trustmark
- Must be actively at work on the effective date
- If electing for the first time outside of the initial new hire enrollment period, health questions will be required
- 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 life style
- Keep your coverage at the same cost even if you retire or change employers

Permanent Life Benefits	
PLAN MAXIMUMS	
Employee (Based on age)	Up to \$300,000
Spouse (Based on age)	Up to \$300,000
Child (Based on age)	Based on weekly purchase amount and issue age
NEW HIRE - GUARANTEED ISSUE AMOUNTS	
Employee	Up to \$75,000 to age 64
Spouse	Amount purchased by \$3 a week or \$5,000 benefit, whichever is greater (to age 64) Modified Guaranteed Issue (2 Health Questions) up to \$125,000
Child (Juvenile Policy: Ages 0-17) (Full-time Student/Dependent on parent: Ages 18-22) (Grandchildren: Ages 0-18)	Modified Guaranteed Issue (2 Health Questions) Amount purchased by \$2.98 - \$4.73 per week (\$10,000 - \$34,000)
Grandchild(ren)	Simplified Issue (5 Health Questions)
OTHER FEATURES	
Terminal Illness Benefit - Accelerates 75% of Death Benefit Amount when life expectancy is 24 months or less	

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.

VISION INSURANCE




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

Eligibility: All full-time employees working 20+ hours/week, Bus Drivers working 15+ hours/week, spouse and children (up to age 26)

- Coverage provided by Eyemed
- Claims must be submitted within 90 days of service
- No waiting periods or late entrant penalties
- In-Network Provider Directory: www.eyedoclocator.eyemedvisioncare.com; (Insight Network)
- *The chart below is a sample of covered services. Please see plan certificate for a detailed listing of services in their entirety which can be found on your benefits website: <https://www.socialcirclebenefits.com>*
- *Child marital status does not impact benefit eligibility*

Vision Benefits Summary	Low Plan	High Plan
Exam Copay	\$15 Copay	\$10 Copay
Material Copay	\$15 Copay for Lenses	\$10 Copay for Lenses
Frames	\$0 copay; 20% off balance over \$130 allowance	\$0 copay; 20% off balance over \$160 allowance
Fit and Follow-up	Standard: up to \$40 copay	
Conventional Elective Contacts	\$0 copay; 15% off balance over \$130 allowance	\$0 copay; 15% off balance over \$160 allowance
Disposable Elective Contacts	\$0 copay; \$130 allowance	\$0 copay; \$160 allowance
Medically Necessary Contacts	\$0 copay; paid-in-full	
Single/Bifocal/Trifocal/Lenticular Lenses	\$15 copay	\$10 copay
Standard Progressive Lenses	\$70 copay	\$10 copay
Premium Progressive Lenses	\$100 - \$190 Copay	\$40 - \$185 Copay
Tint/Scratch Coating	\$0 Copay	\$0 copay
UV Treatment/Blue Light	\$15 Copay	
Transition Lenses	\$75 Copay	
Standard Polycarbonate Lenses (<19 years of age)	\$0 (<19 years of age) \$40 Copay (adults)	
Anti-Reflective	\$45 - \$85 copay	\$0 copay (standard) \$12 - \$85 copay (premium)
Additional Benefits	40% off additional pairs of glasses 20% off any item not covered by the plan including non-prescription sunglasses	
Frequencies	Exam/Lenses/Contact Lenses/Frames every 12 months per calendar year	

Monthly Vision Plan Rates	Low Plan	High Plan
Employee	\$7.62	\$14.22
Employee + Spouse	\$14.48	\$27.02
Employee + Child(ren)	\$15.24	\$28.44
Employee + Family	\$22.40	\$41.81



www.eyemed.com
 Member/Patient Services: 866.800.5457
Social Circle City Schools
 Insight Network
 Group #: 1039701

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

Eligibility: All full-time employees working 20+ hours/week, Bus Drivers working 15+ hours/week, spouse and children (up to age 26)

- Coverage through Ameritas
- Orthodontia for adults and children (up to age 26)
- No waiting periods or late entrant penalties on dental services**
- Claims must be submitted within 90 days of date of service
- Two cleanings per benefit year period (Based on calendar year)
- In-Network Provider Directory: dentalnetwork.ameritas.com (Network: Classic PPO)
- *The chart below is a sample of covered services. Please see plan certificate for a detailed listing of services in their entirety which can be found on your benefits website: <https://www.socialcirclebenefits.com>*

* Child marital status does not impact benefit eligibility

Coinsurance	High Plan	Low Plan
Preventive (Type 1)	100%	100%
Basic (Type 2)	90%	80%
Major (Type 3)	60%	50%
Calendar Year Max	\$2,000	\$500
Orthodontia	50%	N/A
Orthodontia (Lifetime Max)	\$2,000	None
Allowance	80th U&C	80th U&C
LASIK Advantage	Included	Included
Hearing Care Benefit	Included	Included
Calendar Year Deductible (All Plans)		
\$50 per person /\$150 max per family (Excludes Preventive)		

LASIK Advantage Benefit

When enrolled in a dental plan, you are automatically enrolled in LASIK coverage. The LASIK benefits increase each year you are on the plan. This is a lifetime benefit and the payment is available only once per person. You must be 18 years of age or older and you can seek services at any facility. A 12 month late entrant period may apply. *Please see plan certificate for additional details.*

Benefit per Eye	
Year One & Two	\$175
Year Three	\$350

Hearing Care Benefit

Hearing Care Summary	% Coverage	Maximum per benefit period/benefit amount
Annual Hearing Exam	100%	Up to \$75 allowance
Hearing Aid	50%	Year One: up to \$100 Year Two: up to \$300 Year Three: Up to \$400 (Allowance both ears)
Hearing Aid Maintenance	100%	Up to \$40 allowance
Deductible	None	N/A
<i>Use any provider or facility. Contact Ameritas for questions: 877.359.8346 or visit ameritas.com/listen</i>		

Preventive Plus Feature

With this plan option, benefits for Type 1/ Preventive procedures are not deducted from the plan member's annual maximum benefit. This saves the entire annual maximum for the Type 2/Basic and Type 3/ Major procedures covered by your dental plan.

DENTAL INSURANCE



Dental Services	High Plan	Low Plan
Routine Exam (2 per benefit period)	100%	100%
Bitewing X-rays (2 per benefit period)	100%	100%
Full Mouth/Panoramic X-rays (1 in 3 years)	100%	100%
Periapical X-rays	100%	100%
Cleaning (2 per benefit period)	100%	100%
Fluoride for children 18 & under (1 per benefit period)	100%	100%
Space Maintainers	100%	100%
Sealants (age 18 & under)	90%	80%
Restorative Amalgams	90%	80%
Restorative Composites (anterior & posterior teeth)	90%	80%
Simple & Complex Extractions	90%	80%
Anesthesia	90%	80%
Endodontics (Nonsurgical & Surgical)	90%	80%
Denture Repair	90%	80%
Periodontics (nonsurgical)	90%	80%
Onlays	60%	50%
Crowns (1 in 5 years per tooth)	60%	50%
Crown Repair	60%	50%
Periodontics (surgical)	60%	50%
Prosthodontics (Fixed bridge, removable complete/partial dentures) (1 in 5 years)	60%	50%

Monthly Plan Rates		
	High Plan	Low Plan
Employee	\$44.48	\$27.73
Employee + Spouse	\$87.10	\$54.04
Employee + Children	\$91.36	\$56.65
Employee + Family	\$128.22	\$79.40

Mock Dental Card

Group Name: **Social Circle City Schools**
 Group Number: #60303
 Set up an Ameritas account by visiting:
<https://www.ameritas.com/service/registrer.asp>

- Print your Dental ID Card
- Dental Health Score Card
- Rx Savings Card and more!

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CANCER INSURANCE



What is Cancer Insurance? Cancer insurance is a form of supplemental insurance meant to offset cancer related expenses.

Eligibility: All full-time employees working 20+ hours/week, Bus Drivers working 15+ hours/week, spouse and children (up to age 26)

- Coverage provided by Guardian
- **No Health Questions Every Year!**
- Keep your coverage 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 can be found on your benefits website: <https://www.socialcirclebenefits.com>*

*Child marital status does not impact eligibility

Cancer Benefit Summary	
HOSPITAL AND RELATED BENEFITS - DAILY BENEFIT	
Continuous Hospital Confinement	\$300/day for first 30 days; \$600/day for 31st day thereafter per confinement
Extended Care Facility / Skilled Nursing Care	\$100/day up to 90 days per year
Hospice	\$50/day up to 100 days/lifetime
RADIATION, CHEMOTHERAPY & RELATED BENEFITS	
Radiation, Chemo for Cancer (Every 12 months)	Schedule amounts up to a \$10,000 benefit year maximum
Blood, Plasma, Platelets (Every 12 months)	\$100/day up to \$5,000 per year
Medical Imaging (Annually)	\$100/image up to 2 per year
Experimental Treatment	\$100/day up to \$1,000/month
Bone Marrow/Stem Cell	Bone Marrow: \$7,500, Stem Cell: \$1,500 50% benefit for 2nd transplant, \$1,000 benefit if a donor
SURGERY AND RELATED BENEFITS	
Surgery	Schedule amount up to \$4,125
Anesthesia (% of Surgery)	25% of surgery benefit
Outpatient or Ambulatory Surgical Center	\$250/day, 3 days per procedure
RECONSTRUCTION SURGERY BENEFIT	
Breast TRAM Flap	\$2,000
Breast Reconstruction	\$500
Breast Symmetry	\$250
Facial Reconstruction	\$500
ADDITIONAL BENEFITS	
Cancer Initial Diagnosis - One Time Benefit	\$2,500
ANNUAL WELLNESS INCENTIVE	\$50 - <i>View the Wellness Incentives page for more details</i>
Pre-existing Condition	12/12
Age Reduction	None

Monthly Rates	
Employee	\$20.90
Employee + Spouse	\$38.93
Employee + Children	\$23.66
Employee + Family	\$41.69

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CRITICAL ILLNESS INSURANCE



What is Critical Illness Insurance? Supplemental coverage that protects families from additional costs associated with unforeseen catastrophic illnesses. It does not coincide with health insurance – payments are made directly to you.

Eligibility: All full-time employees working 20+ hours/week, Bus Drivers working 15+ hours/week, spouse and children (up to age 26)
Coverage through MetLife

- **Issue Age - Rates are locked in and will not increase with age**
- **No health questions – Every Year!**
- Keep your coverage 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 can be found on your benefits website: <https://www.socialcirclebenefits.com>*

*Child marital status impacts benefit eligibility

Critical Illness Benefits Summary	
Employee	Elect coverage up to \$30,000 (increments of \$5,000)
Spouse	100% 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 (Myocardial Infarction)	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	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%
ANNUAL WELLNESS INCENTIVE	\$50 - <i>View the Wellness Incentives page for more details</i>
Age Reduction	50% at age 70
Pre-Existing Condition	None

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.

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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 and cancer insurance plans.

Eligibility: You, spouse and dependents who are covered on the critical illness or cancer 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 benefit can be filed annually as long as your critical illness and cancer plans are in force

Available Wellness Incentives	
Guardian - Cancer Plan	\$50/person/year
MetLife - Critical Illness	\$50/person/year

What Qualifies as Wellness?	
Guardian Cancer	MetLife Critical Illness
<p>Included but not limited to:</p> <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 	<p>Included but not limited to:</p> <ul style="list-style-type: none"> • Annual physical exam • Biopsies for cancer • Blood test to determine total cholesterol/triglycerides • Bone marrow testing • 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) • Endoscopy • Fasting blood glucose/plasma 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 • Prostate-specific antigen (PSA) test • Serum cholesterol test to determine LDL or HDL • Serum protein electrophoresis • 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 • Ultrasound screening of the abdominal aorta for abdominal aortic aneurysms • Virtual colonoscopy
How to submit a claim?	
<ul style="list-style-type: none"> • Log onto guardianlife.com and select "My Account/Login" to register or access your account 	<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.
<p>Visit https://socialcirclebenefits.com for claim forms and additional information.</p>	

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 working 20+ hours/week, Bus Drivers working 15+ hours/week, spouse and children (up to age 26)

Coverage through MetLife

- Employee must be actively at work on the effective date
- Routine childbirth and complications from pregnancy are covered
- **No Health Questions Every Year!**
- *The chart below is a sample of covered services. Please see plan certificate for a detailed listing of services in their entirety which can be found on your benefits website: <https://www.socialcirclebenefits.com>*

*Child marital status impacts benefit eligibility

Hospital Indemnity Benefits Summary	Low Plan	High Plan	Low Plan Monthly Rates
Hospital Admission* (4 times per calendar year max per person) <i>(Must be admitted into the hospital for this benefit - ER admission/Outpatient treatment does not qualify)</i>	\$500	\$1,000	Employee \$12.51
<i>*If a covered person is readmitted within 90 days for the same or related sickness/injury for which we paid an Admission Benefit, an additional Admission Benefit is not payable.</i>			Employee + Spouse \$22.20
ICU Admission (4 times per calendar year max per person) <i>(Benefit pays concurrently with the Hospital Admission Benefit if admitted into the ICU)</i>	\$500	\$1,000	Employee + Child(ren) \$18.96
Confinement* (15 days per calendar year) <i>(ICU Confinement Benefit pays concurrently with the confinement benefit if admitted into the ICU)</i>	\$100	\$200	Employee + Family \$28.65
<i>*If the Admission Benefit is payable for a Confinement, the Confinement Benefit will begin to be payable the day after Admission.</i>			High Plan Monthly Rates
ICU Supplemental Confinement <i>(pays concurrently with confinement benefit if admitted into the ICU)</i>	\$100	\$200	Employee \$23.01
Confinement Benefit for Newborn Nursery Care* (no more than 2 days per newborn baby)	\$25	\$50	Employee + Spouse \$40.85
<i>*Payable for the period of newborn confinement for a newborn child who is not sick or injured.</i>			Employee + Child(ren) \$34.89
Pre-existing Condition	None		Employee + Family \$52.72
Waiting Periods	None		
Age Reduction	25% at age 65-69; 50% at age 70+		
<i>Please note the above is a sample of covered services. Please visit socialcirclebenefits.com to view the plan certificate for actual payment for services.</i>			

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ACCIDENT INSURANCE



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

Eligibility: All full-time employees working 20+ hours/week, Bus Drivers working 15+ hours/week, spouse and children (up to age 26)

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 plan certificate for a detailed listing of services in their entirety which can be found on your benefits website: <https://www.socialcirclebenefits.com>*

*Child marital status impacts benefit eligibility

Accident Benefits	Low Plan	High Plan	Low Plan Monthly Rates
INJURIES			
Fractures	\$200 - \$8,000	\$400 - \$10,000	Employee \$7.61
Dislocations	\$200 - \$8,000	\$400 - \$10,000	Employee + Spouse \$15.02
Burns (Based on burn severity)	\$75 - \$10,000	\$100 - \$15,000	Employee + Child(ren) \$18.11
Concussions	\$250	\$500	Employee + Family \$21.35
Cuts/Lacerations (Based on length & sutures)	\$50 - \$400	\$75 - \$700	
Eye Injuries	\$300	\$400	
MEDICAL SERVICES & TREATMENT			
Ambulance (Ground / Air)	\$300/\$1,000	\$400/\$1,250	
Emergency Care <i>Office Visit, Urgent Care, Emergency Room</i>	\$150	\$200	High Plan Monthly Rates
Coma	\$7,500	\$10,000	Employee \$11.16
Physician Follow-Up	\$75	\$100	Employee + Spouse \$21.92
Therapy Services (including physical therapy)	\$35	\$50	Employee + Child(ren) \$26.32
Medical Testing Benefit	\$150	\$200	Employee + Family \$31.06
Medical Appliances	\$75 - \$750	\$150 - \$1,000	
Surgical Repair Benefit	\$150 - \$1,500	\$200 - \$2,000	
HOSPITAL COVERAGE (resulting from an Accident)			
Admission (Double for ICU admission)	\$1,000	\$1,500	
Confinement (Up to 15 days per accident)	\$200/day	\$300/day	
Inpatient Rehab (Up to 15 days per accident)	\$150/day	\$200/day	
ADDITIONAL BENEFITS			
Accidental Death and Dismemberment Benefits Included (see policy for details)			

LEGAL PLAN



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

Eligibility: All full-time employees working 20+ hours/week, Bus Drivers working 15+ hours/week, spouse and children (up 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)

**Child marital status impacts benefit eligibility*

	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 • 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 • 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 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 border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Low Plan</th> <th>High Plan</th> </tr> </thead> <tbody> <tr> <td>\$8.00 Per Month</td> <td>\$16.50 Per Month</td> </tr> </tbody> </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 <table border="1" style="margin-left: auto; margin-right: auto;"> <tbody> <tr> <td style="text-align: center;">NO COPAY</td> </tr> </tbody> </table>	NO COPAY			
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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: All full-time employees working 20+ hours/week, Bus Drivers working 15+ hours/week, spouse and 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	2024 to 2025 - \$640 2023 to 2024 - \$610 <i>*Carryover funds are only available if re-electing the plan for the next year. Remaining balance over the carryover amount will be forfeited</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.

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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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STATE HEALTH BENEFIT PLAN



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

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



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 Phone Number: 800.610.1863

SHBP Wellness Portal:

<https://bewellshbp.com>

SHBP Decision Guide:

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

Access the decision guide at:

<https://shbp.georgia.gov/>

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

Please review the Active Decision Guide for full incentive program details and requirements.
 Anthem: Members enrolled in an Anthem HRA Plan Option will receive SHBP-funded base credits at the beginning of the Plan Year. The amount funded will be based on your elected coverage tier. If you enroll in a HRA during the Plan Year, these credits will be prorated based on the elected coverage tier and the months remaining in the current Plan Year.
 *KP: Members enrolled in the KP Regional HMO Plan Option and their covered spouses will each receive a \$500 reward card after they each satisfy KP's Wellness Program requirements.
 **UnitedHealthcare: Members and their covered spouses enrolled in an UnitedHealthcare Plan Option can each earn a 240 well-being incentive credit match with a maximum combined up to 480 well-being incentive credits matched by UnitedHealthcare for completing wellness requirements under the plan. After credits are added to your HIA, any remaining credits will rollover to the next plan year.

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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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 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 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.

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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TOGETHER WE'RE US

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- Claims
- Card Requests
- Benefit Questions
- COBRA Information

Phone: 866.433.7661, Opt 5

Email: mybenefits@campusbenefits.com

Benefits website address: SocialCircleBenefits.com

The 2024 Benefits Guide is provided for illustrative purposes only. Actual benefits, eligibility, 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.