2018 Open Enrollment for Employee Benefits
Open Enrollment 2018

October 16 - November 3
Complete your enrollment online by November 3 at 11:59 p.m.

Benefits

Resources

SHBP & Voluntary Guides
Benefits Website
Benefits Service Center

Review your current elections and make changes for 2018
2018 Voluntary Plan Updates

Flexible Spending Account (FSA)
• Total Administrative Services Corporation (TASC)
• $3.45 Monthly Fee (from $4.95)
• New Debit Card Features
• Election is required for 2018!

Dental Plan
• Exams and cleanings – covered once per 6 months
• 2% premium reduction

Vision Plan
• No changes to benefits, 5% premium reduction
2018 Voluntary Plan Updates

Disability
• The Hartford
• Reduced premiums
• New Employee Assistance Program called Ability Assist

Critical Illness & Accident
• Voya Financial
• Competitive plan and premiums
2018 State Health Benefit Plan Updates

**Blue Cross Blue Shield**
- HRAs and HMO

**United Healthcare**
- High Deductible Health Plan and HMO

**2018 Overall premium increase of 3.7%**
- Varies depending on plan and coverage level

**No changes to deductibles, coinsurance, and copays**

**Child hearing aid benefit allowance update**
2018 State Health Benefit Plan Updates

**New Pharmacy Vendor**
- ✓ No changes to Rx plan design
- ✓ 90 day supply through home delivery or participating retail pharmacy
- ✓ You do not have to go to a CVS Pharmacy to get prescriptions
  ▪ You can continue to use your local retail or chain pharmacy

**Sharecare Wellness Program**
- • Healthways is now a Sharecare company
- • Health actions must be completed with all documentation reviewed between 1/1/2018 and 11/30/2018
- • $960 Wellbeing Incentive Credits total per household
Voluntary Benefits
Payroll Deductions

**PRE-TAX BENEFITS**
- FLEXIBLE SPENDING ACCOUNT (FSA)
- MEDICAL
- DENTAL
- VISION

**POST-TAX BENEFITS**
- LIFE INSURANCE
- DISABILITY
- ACCIDENT
- CRITICAL ILLNESS
- LEGAL
- ID THEFT
Flexible Spending Account (FSA)

**HEALTH CARE FSA**
- Max amount is $2,600
- Eligible medical, dental, vision, and pharmacy out-of-pocket expenses
- Expenses for you and your dependents – regardless of participation in SHBP / other benefits

**DEPENDENT CARE FSA**
- Max amount is $5,000
- Eligible day care, after-school care, day camps, nanny care for children, and certain adult care expenses
Flexible Spending Account (FSA)

- New Administrator
- Total Administrative Services Corporation (TASC)
- Unique Debit Card features and services
- Lower administrative fee
TASC FSA Debit Card

Payment Convenience

- Two accounts on one card
- MyBenefits for your FSA funds
  - For eligible healthcare and dependent care expenses
- MyCash
  - For your reimbursement funds
  - For non-FSA-eligible retail purchases
- Healthcare and retail purchases in a single transaction
- Reminder – keep your receipts!
FSA Administration Fee

- Monthly Administration Fee for FSA participants
- Payroll deducted post-tax
- $3.45 total fee for one or both FSA plans
- **Active Election Required!** If you do not complete an enrollment election, you will waive the FSA for 2018
✓ Plan activity and balance
✓ Claims details
✓ Eligible expense information
✓ Manual claim submission
✓ Submit receipts
Submit claims for reimbursement
Access account balances and claims status
Take a picture of your receipts for claim submission
View important messages
The FSA is regulated by the IRS

Estimate expenses carefully

Use all funds by March 15 following the end of the plan year to avoid forfeiture

Check your balance if currently enrolled
Two Dental Plan Options:
• Standard Plan
• Premium Plan

• Remain in-network to reduce out-of-pocket costs
• [www.metlife.com/dental](http://www.metlife.com/dental)
• Find a Dentist, select PDP Plus Network
# Dental Benefit Summary

## Benefit Highlights

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Standard Plan</th>
<th>Premium Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type A - Cleanings, exams, fluoride, bitewing x-rays, periodontal maintenance</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Type B – Fillings, simple extractions, sealants, full mouth x-rays, anesthesia</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Type C – Periodontal surgery, scaling, crowns, bridges, dentures, pulp therapy</td>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>

## Plan Deductible & Maximums

<table>
<thead>
<tr>
<th></th>
<th>Low Plan (In-network)</th>
<th>High Plan (In-network)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>Ind $75 / Fam $225</td>
<td>Ind $75 / Fam $225</td>
</tr>
<tr>
<td>Annual Maximum</td>
<td>$1,000 per person</td>
<td>$5,000 per person</td>
</tr>
<tr>
<td>Ortho Maximum</td>
<td>Not Covered</td>
<td>50% to $1,500 per person</td>
</tr>
</tbody>
</table>
## Dental Benefit Update - Preventive

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleanings and Exams</td>
<td>2 per year</td>
<td>Once per 6 months</td>
</tr>
</tbody>
</table>
## 2018 Dental Premiums

<table>
<thead>
<tr>
<th>Dental Coverage</th>
<th>Standard Plan</th>
<th>Premium Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$34.36</td>
<td>$45.95</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$68.71</td>
<td>$91.89</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$71.96</td>
<td>$96.23</td>
</tr>
<tr>
<td>Family</td>
<td>$110.64</td>
<td>$147.97</td>
</tr>
</tbody>
</table>
# Vision

<table>
<thead>
<tr>
<th>Coverage Item</th>
<th>Coverage Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam</td>
<td>Once every 12 months</td>
</tr>
<tr>
<td>Frames</td>
<td>Once every 24 months</td>
</tr>
<tr>
<td>Contact Lenses or Eyeglass Lenses</td>
<td>Once every 12 months</td>
</tr>
</tbody>
</table>

**In-Network Services**

- Receive the benefit at the time of service
- No filing of claims for reimbursement
- Higher benefit amount
Participating Vision Providers

- [www.metlife.com/dental](http://www.metlife.com/dental)
- Choose “Find a Vision Provider”
- Select **MetLife Vision PPO** as the Plan Name

- ID Cards will not be reissued
- ID Cards are not needed at the time of service
# Vision In-Network Benefits

<table>
<thead>
<tr>
<th>In-Network Benefit Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eye Examination</strong></td>
</tr>
<tr>
<td>Standard</td>
</tr>
<tr>
<td>Frames</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Lenses</strong></td>
</tr>
<tr>
<td>Single, Bifocal, Trifocal</td>
</tr>
<tr>
<td><strong>Contact Lenses</strong></td>
</tr>
<tr>
<td>Conventional or Disposable</td>
</tr>
<tr>
<td>Medically Necessary</td>
</tr>
</tbody>
</table>
# 2018 Vision Premiums

## Premium Reduction for 2018

<table>
<thead>
<tr>
<th>Vision Coverage</th>
<th>Monthly Deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$ 7.08</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$ 14.17</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$ 13.30</td>
</tr>
<tr>
<td>Family</td>
<td>$ 20.37</td>
</tr>
</tbody>
</table>
Optional Life & AD&D Insurance

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$10,000 increments up to 5x earnings or $300,000</td>
</tr>
<tr>
<td>Spouse</td>
<td>$10,000 increments up to $100,000 or 100% of employee amount</td>
</tr>
<tr>
<td>Child(ren)</td>
<td>$10,000</td>
</tr>
</tbody>
</table>

All life insurance enrollment options and premiums available at the Benefits Service Center & on the enrollment portal.
Enrolled employees may increase coverage by $10,000 to a $150,000 maximum with no health questions. All other new / additional life elections require health questions.

When is Evidence of Insurability (EOI) Required?

- You will receive an EOI Form in the mail to your home address from Voya.
- Please complete the form and submit to Voya for review.
Optional Life & AD&D Insurance

Accidental Death & Dismemberment

- Included with your life insurance
- A benefit for accidental loss of life, loss of limbs / speech / hearing and more
- The AD&D benefit is the amount of your life insurance election, or per the schedule in the certificate

Important! Review / update your life insurance beneficiary at this time even if not changing your elections.
**Employee Monthly Payroll Deductions**

<table>
<thead>
<tr>
<th>Benefit Amount</th>
<th>Age 30</th>
<th>Age 40</th>
<th>Age 50</th>
<th>Age 60</th>
</tr>
</thead>
<tbody>
<tr>
<td>$50,000</td>
<td>$3.35</td>
<td>$4.15</td>
<td>$9.00</td>
<td>$23.50</td>
</tr>
<tr>
<td>$100,000</td>
<td>$6.70</td>
<td>$8.30</td>
<td>$18.00</td>
<td>$47.00</td>
</tr>
<tr>
<td>$150,000</td>
<td>$10.05</td>
<td>$12.45</td>
<td>$27.00</td>
<td>$70.50</td>
</tr>
</tbody>
</table>

**Spouse Monthly Payroll Deductions**

<table>
<thead>
<tr>
<th>Benefit Amount</th>
<th>Age 30</th>
<th>Age 40</th>
<th>Age 50</th>
<th>Age 60</th>
</tr>
</thead>
<tbody>
<tr>
<td>$30,000</td>
<td>$2.01</td>
<td>$2.49</td>
<td>$5.40</td>
<td>$14.10</td>
</tr>
<tr>
<td>$50,000</td>
<td>$3.35</td>
<td>$4.15</td>
<td>$9.00</td>
<td>$23.50</td>
</tr>
</tbody>
</table>

**Child Monthly Payroll Deduction**

| Benefit Amount | $10,000 Benefit | $1.50 |

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**Great news!**

- No change in life insurance rates for 2018
- Premium could increase based on your age

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Sick Leave and Disability

Choose the benefit start date & amount that’s right for you
Consider your sick leave bank

You accumulate sick leave which pays your salary if you are sick or injured and unable to work

The disability plan pays an income replacement benefit when your accumulated sick days are exhausted

The disability plan pays a benefit up to age 65 if you remain disabled
Disability Coverage

• Hartford Disability Plan Effective January 1, 2018
• Same plan design and benefit options
• Reduced premiums
The plan does not pay a benefit if your disability is due to a pre-existing condition and you become disabled during the first 12 months your coverage is in effect.

A pre-existing condition is a sickness or injury for which during the immediate 6 months before the effective date you received diagnosis or treatment, including prescriptions, or experienced symptoms (see certificate for details).
Benefit payable the later of:
Exhaustion of waiting period or
exhaustion of sick leave

Search in $100 benefit increments
to a maximum of 60% of earnings
to $7,000 / month

No Health Questions!

<table>
<thead>
<tr>
<th>Waiting Period</th>
<th>Rate per $100 Monthly Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 days</td>
<td>$1.28</td>
</tr>
<tr>
<td>14 days</td>
<td>$1.06</td>
</tr>
<tr>
<td>30 days</td>
<td>$.84</td>
</tr>
<tr>
<td>45 days</td>
<td>$.78</td>
</tr>
<tr>
<td>60 days</td>
<td>$.70</td>
</tr>
<tr>
<td>90 days</td>
<td>$.66</td>
</tr>
<tr>
<td>180 days</td>
<td>$.40</td>
</tr>
</tbody>
</table>
Critical Illness

- Voya Financial plan
- Lump sum benefit
- Payable upon diagnosis of cancer, heart attack, stroke, major organ failure, and kidney failure
- Coma and paralysis covered – new!
- Limited benefit for coronary artery bypass surgery and carcinoma in situ
- Financial peace of mind for unexpected illnesses
Health Screening Benefit

• $50 for employees and covered spouses
• $25 for children to a maximum of $100/all children
## Critical Illness

### COVERAGE OPTIONS

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>From $ 5,000 to $ 30,000 in $ 5,000 increments</td>
</tr>
<tr>
<td>Spouse</td>
<td>From $ 5,000 to $ 15,000</td>
</tr>
<tr>
<td>Up to age 70</td>
<td>Employee coverage required</td>
</tr>
<tr>
<td>Employee coverage required</td>
<td></td>
</tr>
<tr>
<td>Children (to age 26)</td>
<td>$ 1,000, $ 2,500, $ 5,000, or $ 10,000</td>
</tr>
<tr>
<td>New - Separate election</td>
<td>Employee coverage required</td>
</tr>
</tbody>
</table>

**No Health Questions**
## Critical Illness – Monthly Premiums

### Employee Coverage

<table>
<thead>
<tr>
<th>Age</th>
<th>$5,000</th>
<th>$10,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>35</td>
<td>$2.70</td>
<td>$5.40</td>
</tr>
<tr>
<td>45</td>
<td>$5.10</td>
<td>$10.20</td>
</tr>
<tr>
<td>55</td>
<td>$9.75</td>
<td>$19.50</td>
</tr>
</tbody>
</table>

### Spouse Coverage

<table>
<thead>
<tr>
<th>Age</th>
<th>$5,000</th>
<th>$10,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>35</td>
<td>$3.15</td>
<td>$6.30</td>
</tr>
<tr>
<td>45</td>
<td>$5.95</td>
<td>$11.90</td>
</tr>
<tr>
<td>55</td>
<td>$12.55</td>
<td>$25.10</td>
</tr>
</tbody>
</table>

### Child(ren) Coverage

<table>
<thead>
<tr>
<th>Amount</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,000</td>
<td>$.26</td>
</tr>
<tr>
<td>$2,500</td>
<td>$.65</td>
</tr>
<tr>
<td>$5,000</td>
<td>$1.30</td>
</tr>
<tr>
<td>$10,000</td>
<td>$2.60</td>
</tr>
</tbody>
</table>
Accident Insurance

• Provides a benefit for unexpected non-occupational accidental injuries
• Funds may be used for any purpose, including to help pay for deductibles, copays, and coinsurance
## Benefits Schedule

<table>
<thead>
<tr>
<th>Benefit Type</th>
<th>Benefit Amount</th>
</tr>
</thead>
</table>
| Hospital Care      | Admission: $1,125  
                     Confinement: $350 / day up to 365 days  
                     Surgery (open abdominal, thoracic): $1,000  
                     Blood: $500 |
| Accident Care      | Initial Doctor Visit: $75  
                     Follow-Up Doctor Treatment: $75  
                     Physical or Occupational Therapy: $40 to 6 / accident  
                     ER or Urgent Care: $200 |
| Common Injuries    | Lacerations: From $25 to $400  
                     Dislocations: From $250 to $6,400  
                     Fractures: From $200 to $5,600 |
Pays an additional 25% of the Hospital Care, Accident Care, and Common Injuries benefits to a maximum of $1,000 if the covered accident is as a result of an organized sporting activity.

NEW!
## Accident Premiums

<table>
<thead>
<tr>
<th>Accident Coverage</th>
<th>Monthly Payroll Deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$ 8.43</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$ 13.98</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$ 16.94</td>
</tr>
<tr>
<td>Family</td>
<td>$ 22.49</td>
</tr>
</tbody>
</table>

Spouses below age 70 are eligible for accident coverage.
Identity Theft Coverage

• No plan or benefit changes
• Identity Theft continues to be a growing concern
• In 2016, $16 billion was stolen from 15.4 million U. S. consumers
Identity Theft Plan

Benefit Overview

- Tri-Bureau Credit Monitoring
- Rapid Credit Alerts
- Monthly Credit Score Tracking
- Non-Credit Monitoring
- Social Network Alerts
- Registered Sex Offender Reporting
- 100% Fully-Managed Resolution up to $1M
- And more
# ID Theft Premiums

<table>
<thead>
<tr>
<th>ID Theft Coverage</th>
<th>Monthly Payroll Deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$ 8.95</td>
</tr>
<tr>
<td>Family</td>
<td>$ 17.95</td>
</tr>
</tbody>
</table>
Group Legal

MetLaw Legal Plan includes access to a variety of legal resources including:

- Telephonic legal advice
- Defense of lawsuits
- Document preparation/review
- Juvenile matters
- Personal injury
- Traffic offenses
- Real estate issues
- And more

Monthly Payroll Deduction is $18
The Hartford offers an Employee Assistance Program called Ability Assist.

- You and your family can access the program at any time, for everyday issues such as:
  - Job pressures, relationships, retirement planning, grief counseling, and loss
- The plan includes unlimited telephonic support, up to 3 face-to-face visits per occurrence per year, and online access to GuidanceResources.

1-800-96-HELPS (1-800-964-3577)

The Hartford also provides a Travel Assistance benefit which gives you access to resources while traveling.
New Savings Plans Available

Retirement Savings

Modern Woodman – Voluntary Roth IRA
• Contributions are not subject to income taxes when they are withdrawn
• Potential for beneficiaries to receive income tax-free withdrawals after your death
• Representative: Lynn Henderson
  • 706-226-0800 / lynn.f.Henderson@mwarep.org

Valic – Voluntary Roth IRA
• Option to set aside after-tax money, and make tax-free withdrawals if conditions are met
• Representative: Terry Akins
  • 706-313-3850 / terry.akins@valic.com

College Savings Fund

Path 2 College
• Optional 529 Plan college savings fund available for all employees
• Federal and state tax advantages that help you maximize savings
• Available for children and grandchildren
• Compounded earnings potential works to help grow your balance over time
• Additional details:
  • 877-424-4377
  • www.path2college529.com

Additional information on all plans are available on the Benefits website at: www.wcsbenefits.com
State Health Benefit Plan (SHBP)
SHBP Plan Options – 2018

HRA
- Gold, Silver, and Bronze
- No Copays

HMO
- Lower deductible
- Copays
- In-Network coverage only

High Deductible Health Plan (HDHP)
- Lowest premiums
- Highest deductible and out-of-pocket expense

HMO
- Lower deductible
- Copays
- In-Network coverage only
## 2018 Medical Monthly Premiums

<table>
<thead>
<tr>
<th>PLAN OPTIONS</th>
<th>YOU</th>
<th>YOU + CHILD(REN)</th>
<th>YOU + SPOUSE</th>
<th>YOU + FAMILY</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCBS HRA GOLD</td>
<td>$168.73</td>
<td>$307.13</td>
<td>$418.09</td>
<td>$556.50</td>
</tr>
<tr>
<td>BCBS HRA SILVER</td>
<td>$110.89</td>
<td>$208.80</td>
<td>$296.62</td>
<td>$394.54</td>
</tr>
<tr>
<td>BCBS HRA BRONZE</td>
<td>$72.45</td>
<td>$143.46</td>
<td>$215.91</td>
<td>$286.92</td>
</tr>
<tr>
<td>BCBS HMO</td>
<td>$135.65</td>
<td>$250.90</td>
<td>$348.63</td>
<td>$463.89</td>
</tr>
<tr>
<td>UHC HMO</td>
<td>$172.56</td>
<td>$313.65</td>
<td>$426.14</td>
<td>$567.22</td>
</tr>
<tr>
<td>UHC HDHP</td>
<td>$58.03</td>
<td>$118.94</td>
<td>$185.62</td>
<td>$246.54</td>
</tr>
</tbody>
</table>

The board contributes **$945 per employee per month**, or **$11,340 per employee per year** towards medical coverage.
Financial Incentive: Married Employees

- Husband and wife must be Whitfield County Schools employees
- At least one employee in the couple must be Classified
- Both employees must be enrolled in State Health - You + Spouse or You + Family coverage
- Coverage must be on the Certified employee’s record (if applicable) in State Health
- BOE will provide a monthly after-tax contribution, which is a paycheck credit
- To receive the credit, provide a copy of your 2018 SHBP Confirmation Statement to Ginger Stafford, Benefits Specialist

<table>
<thead>
<tr>
<th>Health Plan</th>
<th>BCBS HRA Gold</th>
<th>BCBS HRA Silver</th>
<th>BCBS HRA Bronze</th>
<th>BCBS HMO</th>
<th>UHC HMO</th>
<th>UHC HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Incentive</td>
<td>$249.36</td>
<td>$185.73</td>
<td>$143.46</td>
<td>$212.98</td>
<td>$253.58</td>
<td>$127.59</td>
</tr>
</tbody>
</table>
BCBS HRA – Things to Know

- HRA Gold, Silver and Bronze options
- No copays, varying deductibles and coinsurance
- Most services are subject to the deductible
- After you meet your in-network deductible, you pay coinsurance
- Health Reimbursement Account (HRA)
  - Board-funded contributions
  - Reduces your out-of-pocket costs for deductible and pharmacy expenses
- Unused HRA balances carry forward to all 2018 plan options
- Certain drug costs are waived if you actively participate in one of the Disease Management Programs for the treatment of diabetes, asthma, and coronary artery disease
HMO Plan – Things to Know

• Lowest deductible

• Copays for PCP and specialist Doctor visits

• Many services are subject to a deductible and coinsurance

• Deductible, copays and coinsurance apply toward the out-of-pocket maximum

• In-Network coverage **only**

• As with the HRA plans, the HMOs include a pharmacy benefit for participation in Disease Management
• Lowest premiums

• Highest out-of-pocket costs for medical services

• All services including pharmacy are subject to the medical deductible

• No copays

• Once you meet your deductible, you pay coinsurance until you meet the out-of-pocket maximum

• Wellness incentive credits are available
Telemedicine Benefit

- 24/7 access to physicians through smartphone, tablet, or computer with a webcam
- See and talk to a participating doctor while at home, work or on the go

- In-network coverage only
- Copay for HMO
- Coinsurance for HRA
- Deductible for HDHP
## Benefit Summary

<table>
<thead>
<tr>
<th></th>
<th>BCBS GOLD HRA</th>
<th>BCBS SILVER HRA</th>
<th>BCBS BRONZE HRA</th>
<th>UHC &amp; BCBS HMO</th>
<th>UHC HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You</td>
<td>$1,500</td>
<td>$2,000</td>
<td>$2,500</td>
<td>$1,300</td>
<td>$3,500</td>
</tr>
<tr>
<td>You + Child(ren)/Spouse</td>
<td>$2,250</td>
<td>$3,000</td>
<td>$3,750</td>
<td>$1,950</td>
<td>$7,000</td>
</tr>
<tr>
<td>You + Family</td>
<td>$3,000</td>
<td>$4,000</td>
<td>$5,000</td>
<td>$2,600</td>
<td>$7,000</td>
</tr>
<tr>
<td><strong>Medical Out-Of-Pocket Max</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You</td>
<td>$4,000</td>
<td>$5,000</td>
<td>$6,000</td>
<td>$4,000</td>
<td>$6,450</td>
</tr>
<tr>
<td>You + Child(ren)/Spouse</td>
<td>$6,000</td>
<td>$7,500</td>
<td>$9,000</td>
<td>$6,500</td>
<td>$12,900</td>
</tr>
<tr>
<td>You + Family</td>
<td>$8,000</td>
<td>$10,000</td>
<td>$12,000</td>
<td>$9,000</td>
<td>$12,900</td>
</tr>
<tr>
<td><strong>Coinsurance (Plan Pays)</strong></td>
<td>85 %</td>
<td>80 %</td>
<td>75 %</td>
<td>80 %</td>
<td>70 %</td>
</tr>
<tr>
<td><strong>PCP/Specialist Visit</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Coins After Ded</td>
<td>Coins After Ded</td>
<td>Coins After Ded</td>
<td>$35/$45 Copay</td>
<td>Coins After Ded</td>
</tr>
<tr>
<td>You</td>
<td>$400</td>
<td>$200</td>
<td>$100</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>You + Spouse or + Child(ren)</td>
<td>$600</td>
<td>$300</td>
<td>$150</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>You + Family</td>
<td>$800</td>
<td>$400</td>
<td>$200</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
SHBP Pharmacy Benefits

• CVS Caremark is the new pharmacy vendor

• Retail, mail order, home delivery, and specialty pharmacy services

• The pharmacy plan benefits (coinsurance and copays) remain the same for 2018

• Extensive retail network
  • Local retail and chain pharmacies including, not limited to CVS
## SHBP Pharmacy Benefits

<table>
<thead>
<tr>
<th>Pharmacy Tier</th>
<th>BCBSGA Gold, Silver, &amp; Bronze HRA Plans</th>
<th>BCBSGA &amp; UHC HMO Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>15% ($20 Min/$50 Max)</td>
<td>$20 copay</td>
</tr>
<tr>
<td>Tier 2</td>
<td>25% ($50 Min/$80 Max)</td>
<td>$50 copay</td>
</tr>
<tr>
<td>Tier 3</td>
<td>25% ($80 Min/$125 Max)</td>
<td>$90 copay</td>
</tr>
</tbody>
</table>
All SHBP Options Offer Well-Being Incentive Credits

• Sharecare (formerly known as Healthways)

• Personalized health recommendations based on your unique health behaviors and interests

• 2018 wellness incentive program includes the same activities and incentive credits as today’s program

• www.bewellshbp.com
2018 Wellness Program

All SHBP Options Offer Well-Being Incentive Credits for Employees and Spouses

1. Well-Being Assessment (Real Age Test): a confidential, online questionnaire about your health PLUS

2. Biometric Screening to assess your health

3. Take action with coaching or online Pathway

   Phone Coaching: Earn $60 in Well-Being Incentive Credits for one call in a calendar month up to 4 times / year

   Online Pathway: Earn 120 credits for 60 Green Days within a 90 day period. You can earn up to 2 times, for a maximum of 240 credits.

Earn $240 in Well-Being Incentive Credits for each pathway completed ($480 for you and spouse)

Employees and spouses may complete tasks between January 1, 2018 and November 30, 2018
Before you can use your well-being incentive credits, you must meet this portion of your deductible:

- You: $1,300
- You + Child(ren): $2,600
- You + Spouse: $2,600
- Family: $2,600

Note: UHC matches the first $240 employee well-being incentive credits in 2018
What’s the Best Plan for You?

Review physician networks before making your health plan decision

www.bcbsga.com/shbp

www.welcometouhc.com/shbp
Tricare Supplement Plan

• For retired military
• A supplement to your current TriCare benefits
• Current election continues if no 2018 enrollment
• Contact https://selmantricareresource.com/ga_shbp for benefits information

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>TriCare Supplement Premiums</th>
</tr>
</thead>
<tbody>
<tr>
<td>You</td>
<td>$60.50</td>
</tr>
<tr>
<td>You + Child(ren) or Spouse</td>
<td>$119.50</td>
</tr>
<tr>
<td>You + Family</td>
<td>$160.50</td>
</tr>
</tbody>
</table>
PeachCare for Kids

• Your children may be eligible for PeachCare

• Low cost health insurance

• Access www.peachcare.org
  • Eligibility information
  • Benefits and cost information
Ready to Enroll: State Health

**STEP 1**

- Reset your SHBP password
- All enrollment instructions in Decision Guide
- Print your Confirmation Statement for your records
- New? Registration code is SHBP-GA

www.mySHBPga.adp.com

Technical Assistance?

SHBP Member Services: 1-800-610-1863
- New Saturday support
- Expanded weekly hours during OE
Ready to Enroll: Voluntary Benefits

STEP 2

2 Ways to Enroll in Non-Medical Benefits: Online or By Phone

Online Enrollment

- [www.totemtools.com](http://www.totemtools.com)
- First Time User Link
  - User ID: Last Name + DOB (mmddyyyy)
  - Follow instructions and create your case sensitive Password
- Scroll down and click Begin Event
- Confirm or update your email address
- Confirmation Statement will be provided after you enroll
Ready to Enroll: Voluntary Benefits

STEP 2

2 Ways to Enroll in Non-Medical Benefits: Online or By Phone

Telephonic Enrollment

- Call the Benefits Service Center at 1-855-481-1489
- Review your current local benefits and complete your 2018 elections
- The Benefits Service Center is also available during the year for benefits questions
- Monday – Thursday 8am to 6pm and Friday from 8am to 5pm

Please confirm your email address!
You will receive a Confirmation Statement via email after you enroll.
If you don’t complete an active enrollment election, your current medical plan and coverage level will continue.

*Tobacco surcharge continues*

**Enrollment is Not Required**

(except for FSA)

If you don’t complete an active enrollment election, your local elections will continue.

FSA requires an active election!

Review your life insurance beneficiary(ies)!

*We encourage you to review your current benefits even if you are not making changes*
Thank You!