



# New Employee Benefits Guide

**BENEFITS FOR THE  
2022 PLAN YEAR**

Please contact the Benefits Service Center  
at (855) 481-1489 or  
access [www.wcsbenefits.com](http://www.wcsbenefits.com)  
to enroll in your voluntary benefits.



## Whitfield County Schools Commitment to Our Employees

Whitfield County Schools is committed to providing a comprehensive benefits package for our employees at the most competitive cost. Our extensive benefits package provides financial protection and peace of mind for you and your family.

Whitfield County Schools provides a significant financial contribution towards your State Health Benefit Plan (SHBP) premiums. Whitfield County Schools also provides basic life insurance coverage and an Employee Assistance Program at no cost to you.

This guide provides a summary of your 2022 Whitfield County Schools voluntary benefits, your benefits resources, and an overview of the enrollment process. We encourage you to review this booklet carefully prior to completing your 2022 elections.

Detailed medical plan information is available in the State Health Benefit Plan 2022 Active Member Decision Guide or on the website at <https://shbp.georgia.gov>.

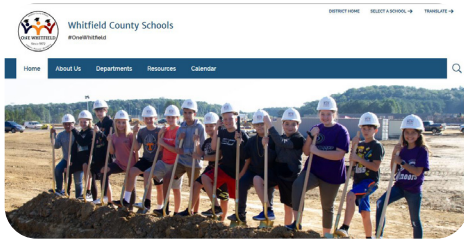
Thank you for your service as a Whitfield County Schools employee to our students, families, and the community.



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## Your Benefits Resources



### Benefits Website

Access plan documents, benefit summaries, forms, premium information, benefits presentations and guides, links to insurance company and vendor websites (including SHBP), and more.

- [www.wcsga.net](http://www.wcsga.net). Then,
  - Departments
  - Human Resources
  - Benefits



### State Health Benefit Plan (SHBP)

Access Decision Guides, premium information, wellness program information, links to enrollment portal, links to vendor websites, and more.

- <https://shbp.georgia.gov>
- Or call (800) 610-1863



### Benefits Service Center

Contact the Whitfield County Schools Benefits Service Center for benefits questions, claims inquiries, assistance with voluntary plan enrollment, and general SHBP inquiries. The Benefits Service Center can also assist you with your voluntary benefits enrollment.

**(855) 481-1489**

Monday - Thursday from 8am to 6pm EST  
Friday from 8am to 5pm EST

Several of your benefit plan premiums are pre-tax. This means the amount of your taxable income is reduced by your annual cost of these benefits, reducing the net out-of-pocket cost for your benefits. A summary of your benefits is below:

Pre-Tax Benefit Premiums	Post-Tax Benefit Premiums
<ul style="list-style-type: none"> <li>• Medical – State Health Benefit Plan</li> <li>• Dental</li> <li>• Vision</li> <li>• Flexible Spending Account (FSA)</li> </ul>	<ul style="list-style-type: none"> <li>• Voluntary Term Life Insurance</li> <li>• Disability</li> <li>• Cancer Plus Critical Illness</li> <li>• Accident</li> <li>• ID Theft Plan</li> <li>• Group Legal Plan</li> </ul>

## New Employee Eligibility

As a new Whitfield County Schools employee, you are eligible for benefits on the first of the month following 30 days of employment.

## SHBP Reminder

You are required to notify SHBP within 31 days of a Qualifying Event (QE) resulting in a change in covered dependents.



## Qualifying Life Events

No enrollment changes are allowed to your benefits during the plan year, except in the case of a qualifying life event.

**Qualifying life events that could result in changes to your benefit coverage include, but are not limited to, the following:**

- Marriage or divorce
- Birth or adoption of a child
- Loss of a dependent
- Medicare entitlement
- A change in your spouse's employment that affects benefits
- Loss of other group coverage

If you have a qualifying life event, please contact the Benefits Service Center to complete your new elections and update your life insurance beneficiary. You must also provide the necessary documentation to the Benefits Service Center via fax at (866) 597-2202 within 31 days of the change event. If you do not do so within 31 days, you must wait until the next open enrollment to make any benefit plan changes.

## State Health Benefit Plans (SHBP)



1. Review the 2022 Active Member Decision Guide.
2. Complete the SHBP enrollment or declination form in your new hire packet and return it to your Whitfield County Schools Benefits Coordinator, Ginger Stafford, via email at [ginger.stafford@wcs.ga.net](mailto:ginger.stafford@wcs.ga.net) or fax at (706) 260-2216.

**IMPORTANT:** You must complete your State Health Benefit Plan enrollment by the 31st day of your employment in order to have medical coverage for the current plan year. Dependent documentation is required in the format requested by the deadline in order to cover your dependents.

## Voluntary Benefits (Non-Medical)

For your 2022 new employee voluntary benefits, you may complete your elections by either calling the Benefits Service Center or enrolling on-line at [www.wcsbenefits.com](http://www.wcsbenefits.com).

## Telephonic Enrollment

Call the Benefits Service Center at (855) 481-1489 to complete your elections, and speak with a trained Benefits Specialist who can assist you based on your family income, personal situation, and other factors that may impact your choices. Call center hours are Monday-Thursday from 8am to 6pm EST and Friday from 8am to 5pm EST. English and Spanish Benefits Specialists are available to assist you.

## Online Enrollment

1. Access [www.wcsbenefits.com](http://www.wcsbenefits.com) and click on "Enroll Now!".
2. Click on "Get Started Now" to begin. Click "Login" in the top right hand corner of the screen, and then click "Sign in with Whitfield County Schools SSO ->." You will be directed to your WCS portal to login. Once signed in, you will automatically be redirected back to the enrollment system as logged in.
3. Complete your benefit elections by clicking "Begin Enrollment" and following the prompts.

**Note:** The Benefits Service Center is able to assist you with website navigation for online enrollment. Questions about the enrollment process? Call the Benefits Service Center.

After you have completed your benefit elections, a Confirmation Statement will be emailed to you if you provide an email address during your enrollment. Please review your Confirmation Statement carefully and contact the Benefits Service Center or Human Resources if you have any questions.



# Medical Coverage

## State Health Benefit Plan (SHBP)

Whitfield County Schools participates in the State Health Benefit Plan. Refer to the Active Employee Decision Guide for details.

## Employer Contribution

The district pays a significant portion of your health insurance premiums as noted below. This financial contribution reduces your premium for a quality health plan at a competitive cost.

### Certified and Classified Employees District Contribution

\$945 per month

## State Health Benefit Plan Overview

Anthem	
HRA Gold HRA Silver HRA Bronze	<ul style="list-style-type: none"> <li>In and out-of-network coverage</li> <li>Most services are subject to a deductible first, then you pay coinsurance up to the out-of-pocket maximum</li> <li>You pay a percentage of prescription drug costs</li> <li>Includes a Health Reimbursement Account (HRA): plan funded account that helps reduce out-of-pocket medical and pharmacy expenses. Unused HRA contributions carry forward each year.</li> </ul>
HMO	<ul style="list-style-type: none"> <li>In-network coverage only</li> <li>Lowest deductible with copays for office visits, ER, convenience care clinics, and prescription drugs</li> <li>Most other services are subject to deductible and coinsurance until you meet the out-of-pocket max</li> </ul>
United Healthcare	
HMO	<ul style="list-style-type: none"> <li>United Healthcare network: In-network only</li> <li>Same benefits as Anthem HMO plan</li> </ul>
High Deductible Health Plan (HDHP)	<ul style="list-style-type: none"> <li>Lowest premiums and highest deductible</li> <li>All services are subject to deductible, then you are responsible for coinsurance up to the out-of-pocket maximum</li> <li>Includes Health Savings Account (HSA) that allows you to put aside money for eligible medical expenses; can be used now or in retirement</li> </ul>

## Pharmacy Information

CVS Caremark administers the pharmacy benefits for HRA, HMO, and HDHP members. The CVS Caremark pharmacy network is extensive (not limited to CVS Pharmacies), and participating pharmacy information is available by accessing [info.caremark.com/shbp](https://info.caremark.com/shbp).

- For your convenience, you may purchase a 90-day supply via retail at participating in-network pharmacies.
- Certain drug costs are waived if SHBP is primary and you actively participate in one of the Disease Management programs for diabetes, asthma, and/or coronary artery disease.

## Online Resources

Access the plan websites to locate participating providers and to find health and wellness tools, plan details, and much more.

### Anthem

[www.anthem.com/shbp](https://www.anthem.com/shbp)

Select "Find Care" from the Main Menu and then follow instructions to find a doctor.

### United Healthcare

[www.whyuhc.com/shbp](https://www.whyuhc.com/shbp)

Select "Find a Doctor or Facility" under the Benefits drop down. Select "Choice HMO" or "HDHP with HSA" and follow search instructions.



## Live Health

The medical plans include a telemedicine benefit that allows you to speak to a participating doctor from home or work through your smartphone, tablet, or computer 24 hours a day / 7 days a week. You must use in-network providers for coverage to apply. HMO members pay a copay and HRA members pay coinsurance for telemedicine. High Deductible Health Plan members can access this benefit subject to the health plan deductible. Consider this convenient benefit for non-complex medical conditions. Download the LiveHealth mobile app today!

# Medical Plan Designs and Premiums



	Anthem HRA						Anthem OR UHC	UHC	
	Gold		Silver		Bronze		HMO	HDHP	
	In	Out	In	Out	In	Out	In	In	Out
<b>Deductible</b>									
You	\$1,500	\$3,000	\$2,000	\$4,000	\$2,500	\$5,000	\$1,300	\$3,500	\$7,000
You + Child(ren)/Spouse	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500	\$1,950	\$7,000	\$14,000
You + Family	\$3,000	\$6,000	\$4,000	\$8,000	\$5,000	\$10,000	\$2,600	\$7,000	\$14,000
<b>Medical OOPM</b>									
You	\$4,000	\$8,000	\$5,000	\$10,000	\$6,000	\$12,000	\$4,000	\$6,450	\$12,900
You + Child(ren)/Spouse	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000	\$6,500	\$12,900	\$25,800
You + Family	\$8,000	\$16,000	\$10,000	\$20,000	\$12,000	\$24,000	\$9,000	\$12,900	\$25,800
<b>Coinsurance (Plan Pays)</b>	85%	60%	80%	60%	75%	60%	80%	70%	50%
<b>HRA</b>									
You	\$400		\$200		\$100		N/A	N/A	
You + Child(ren)/Spouse	\$600		\$300		\$150		N/A	N/A	
You + Family	\$800		\$400		\$200		N/A	N/A	
<b>Medical</b>									
ER	Coinsurance after ded		Coinsurance after ded		Coinsurance after ded		\$150 copay	Coinsurance after ded	
Urgent Care	Coinsurance after ded		Coinsurance after ded		Coinsurance after ded		\$35 copay	Coinsurance after ded	
PCP Visit	Coinsurance after ded		Coinsurance after ded		Coinsurance after ded		\$35 copay	Coinsurance after ded	
Specialist Visit	Coinsurance after ded		Coinsurance after ded		Coinsurance after ded		\$45 copay	Coinsurance after ded	
Preventive Care	100%	None	100%	None	100%	None	100%	100%	None
<b>Retail Rx</b>									
Tier 1	15%, Min \$20, Max \$50		15%, Min \$20, Max \$50		15%, Min \$20, Max \$50		\$20 copay	Coinsurance after ded	
Tier 2	25%, Min \$50, Max \$80		25%, Min \$50, Max \$80		25%, Min \$50, Max \$80		\$50 copay	Coinsurance after ded	
Tier 3	25%, Min \$80, Max \$125		25%, Min \$80, Max \$125		25%, Min \$80, Max \$125		\$90 copay	Coinsurance after ded	
<b>Mail Order Rx</b>									
Tier 1	15%, Min \$50, Max \$125		15%, Min \$50, Max \$125		15%, Min \$50, Max \$125		\$50 copay	Coinsurance after ded	
Tier 2	25%, Min \$125, Max \$200		25%, Min \$125, Max \$200		25%, Min \$125, Max \$200		\$125 copay	Coinsurance after ded	
Tier 3	25%, Min \$200, Max \$313		25%, Min \$200, Max \$313		25%, Min \$200, Max \$313		\$225 copay	Coinsurance after ded	

Monthly Payroll Deductions	Anthem HRA			Anthem	UHC	UHC
	Gold	Silver	Bronze	HMO	HMO	HDHP
<b>You</b>	\$175.68	\$114.32	\$76.58	\$143.03	\$174.49	\$61.83
<b>You + Child(ren)</b>	\$320.11	\$215.80	\$151.64	\$264.61	\$318.09	\$126.57
<b>You + Spouse</b>	\$436.33	\$307.47	\$228.22	\$367.76	\$433.83	\$197.24
<b>You + Family</b>	\$580.76	\$408.95	\$303.28	\$489.34	\$577.43	\$261.98

## Wellness Program



Sharecare, your wellness program vendor, provides comprehensive well-being and incentive programs for SHBP members. As you complete wellness activities, you will earn points to help offset your medical expenses. HDHP members must meet a portion of the deductible before well-being points may be used.

You and your covered spouse are each eligible to receive well-being incentive points of up to 480 (960 family total) as long as you complete the activities between January 1, 2022 and November 30, 2022. Enrolled members can choose to redeem well-being incentive points for a \$150 Visa gift card or 480 well-being incentive points to be used for eligible medical / pharmacy expenses. Points are saved in the Redemption Center until you redeem them.

<b>Step 1</b>	Complete the RealAge Test	Earn up to 120 well-being incentive points
<b>Step 2</b>	Complete a biometric screening	Earn up to 120 well-being incentive points
<b>Step 3</b>	Complete one or a combination of: • Telephonic Coaching Pathway or Online Pathway	Earn up to 240 well-being incentive points

Please refer to the State Health Benefit Plan Decision Guide or access [www.bewellshbp.com](http://www.bewellshbp.com) for additional details.

## TRICARE

The TRICARE Supplement Plan is an alternative to the State Health Benefit Plan that is offered to members and dependents who are eligible for SHBP coverage and enrolled in TRICARE.



Who is eligible for the TRICARE Supplement Plan?

- Retired military receiving retired, retainer, or equivalent pay
- Retired Reservists between ages 60 and 65
- Retired Reservists under age 60 and enrolled in TRICARE Retired Reserve (TRR)
- Qualified National Guard and Reserve Members enrolled in TRICARE Reserve Select (TRS)
- Spouses/surviving spouses of any of the above

TRICARE Supplement Plan Monthly Premiums	
<b>You</b>	\$60.50
<b>You + Child(ren)</b>	\$119.50
<b>You + Spouse</b>	\$119.50
<b>You + Family</b>	\$160.50

For information about eligibility and benefits, contact (866) 637-9911 or visit [www.selmantricareresource.com/ga\\_shbp](http://www.selmantricareresource.com/ga_shbp) or [www.shbp.georgia.gov](http://www.shbp.georgia.gov).

### Important Information about Dependent Documentation

- If you wish to add dependent(s), spouse and/or child(ren) to your health plan at this time, ADP will contact you (by mail and email) to request appropriate verification documents.
- This communication from ADP will include a personalized fax cover sheet with a bar code that must be used when submitting documentation.
- Appropriate documentation must be attached to the fax cover page.
- If you do not receive the request, contact SHBP directly at (800) 610-1863 to have the request sent to you.

### Attention Families – PeachCare

- You may be eligible for PeachCare (instead of SHBP), offered through the state of Georgia
- Income and other qualifications must be met
- Visit [www.hcbe.net](http://www.hcbe.net) or [www.peachcare.org](http://www.peachcare.org) for more info
- Not available through payroll deduction



## Financial Incentive for Married Employees

- Husband and wife are Whitfield County Schools employees
- Both employees must be enrolled in State Health: You + Spouse or You + Family Medical coverage and at least one employee in the couple must be Classified
- Coverage must be on the Certified employee's record in State Health (if applicable)
- BOE will provide a monthly after-tax paycheck credit
- To receive the credit, provide a copy of your 2022 SHBP Confirmation Statement to Ginger Stafford, Benefits Specialist

Monthly Financial Incentive for SHBP Coverage						
	Anthem HRA Gold	Anthem HRA Silver	Anthem HRA Bronze	Anthem HMO	UHC HMO	UHC HDHP
<b>Monthly Incentive</b>	\$260.65	\$193.15	\$151.64	\$224.73	\$259.34	\$135.41

## Dental Coverage



There are two Delta Dental plan options: Standard and Premier. The Standard Plan has lower premiums and a lower annual maximum and does not include orthodontia coverage. The Premier Plan has a higher premium and annual maximum and includes orthodontia coverage. Both plans have the same coinsurance and deductibles.

### The Importance of Using In-Network Dentists

As long as you access participating Delta Dental providers, there is no balance billing and you are maximizing your benefit dollars. If you go out-of-network, you will likely be subject to balance billing because your dentist does not accept the Delta Dental contracted fee. For example, a filling may cost you \$250 when using an in-network Delta Dental provider. However, if you go out-of-network, that same service could exceed \$500.

	PPO	Premier	Out-of-Network
<b>Reduced Fees</b>	PPO dentists have agreed to reduced fees which are typically lower than Premier fees.	Premier dentists have agreed to reduced fees which are usually not as low as PPO fees.	Your dentist can charge any amount because there is no fee agreement.
<b>Balance Billing</b>	No balance billing for in-network dentists		There's no limit on how much your dentist can charge you. You are responsible for the amount above the plan allowance.

### Out-of-Network Reimbursements

The Standard Plan out-of-network reimbursement amount is lower than the Premier Plan. If you enroll in the Standard Plan and use out-of-network dentists, you will likely pay more in out-of-pocket expenses for your dental services.

We encourage employees to access in-network providers. This is even more important for Standard Plan members, because the amount of reimbursement is lower for this plan. Access [www.deltadental.com](http://www.deltadental.com) to locate participating dental providers.

Dental Benefit Highlights	Standard Plan	Premier Plan
<b>Deductible</b>	\$75 Individual / \$225 Family	\$75 Individual / \$225 Family
<b>Type A - Preventive Services:</b> Cleanings, exams, fluoride, bitewing x-rays, periodontal maintenance and more	100%	100%
<b>Type B - Basic Services:</b> Fillings, simple extractions, sealants, full mouth x-rays, general anesthesia and more	80%	80%
<b>Type C - Major Services:</b> Periodontal surgery, scaling/ root planing, crowns, bridges, dentures pulp therapy	50%	50%
<b>Type D – Orthodontia</b> (adults & children)	None	50%
<b>Orthodontia Lifetime Maximum</b>	None	\$1,500 Per Person
<b>Annual Maximum</b>	\$1,000 Per Person	\$5,000 Per Person

Dental Monthly Payroll Premiums	Standard Plan	Premier Plan
<b>Employee Only</b>	\$32.58	\$43.57
<b>Employee + Spouse</b>	\$65.15	\$87.13
<b>Employee + Child(ren)</b>	\$68.24	\$91.24
<b>Family</b>	\$104.91	\$140.30
<i>* Dependent children are eligible up to age 26.</i>		

Refer to the Delta Dental Benefits Summary for details regarding frequencies and coverage information.

## Vision Coverage MetLife

Whitfield County Schools offers a voluntary vision plan with MetLife. With the MetLife vision plan, you may visit any vision provider. However in order to maximize your vision benefit, it is recommended you access participating providers by visiting [www.metlife.com](http://www.metlife.com). Click "Find a Vision Provider" from the home page, and follow search instructions. Be sure to select the MetLife Vision PPO Network.

The vision benefit plan provides coverage for exams, frames, and lenses (either contact lenses or eyeglass lenses). If you see an in-network provider, you pay a copay for your standard eye exam/lenses, and the plan pays a benefit of up to \$130 for frames, and contact lenses. Additional copays apply for eyeglass lens options.

**Frequency Limitations:** The vision plan has frequency limitations. The exam benefit and the lens benefit are once per 12 months. The frame benefit is one pair per 24 months. Either eyeglass lenses or contact lenses are allowed per frequency.



### Vision Monthly Payroll Deductions

<b>Employee Only</b>	\$6.64
<b>Employee + Spouse</b>	\$13.30
<b>Employee + Child(ren)</b>	\$12.49
<b>Family</b>	\$19.12
<i>Dependent children are eligible up to age 26.</i>	

Vision Summary of Benefits	In-Network	Out-of-Network
<b>Maximum Benefit per Calendar Year</b>	N/A	N/A
<b>Frequency of Services</b>	Exam: Once per 12 months / Lenses: Once per 12 months / Frames: Once per 24 months	
<b>Eye Examination</b>		
Standard	\$20 copay	Plan pays up to \$45 allowance
Contact Lens Fit and Follow-Up	\$40 copay	Not Covered
<b>Lenses – Glasses</b>		
Single	Covered in full less \$20 copay	Plan pays up to \$30
Bifocal	Covered in full less \$20 copay	Plan pays up to \$50
Trifocal	Covered in full less \$20 copay	Plan pays up to \$65
Lenticular	Covered in full less \$20 copay	Plan pays up to \$100
Options:		
Standard Progressive	\$55 copay	Plan pays up to \$50
UV Treatment	\$0 copay	Applied to allowance
Tint	\$0 copay	Applied to allowance
Standard Scratch Resistant Coating	\$0 copay	Applied to allowance
Standard Polycarbonate - Adults	\$31 - \$35 copay	Not covered
Standard Polycarbonate - Kids under 19	\$0 copay (up to age 18)	Applied to allowance
Standard Anti-Reflective Coating	\$41 - \$85 copay	Applied to allowance
<b>Frames</b>	Plan pays \$130 plus 20% off remaining balance	Plan pays up to \$70
<b>Contact Lenses</b>		
Conventional	Up to \$130 allowance	Plan pays up to \$105
Disposable	Up to \$130 allowance	Plan pays up to \$105
Medically Necessary	Covered in full	Plan pays up to \$210

## Flexible Spending Account (FSA)



There are two types of Flexible Spending Accounts (FSA's) available to you: **Healthcare FSA** (medical, dental, vision, pharmacy, and other related expenses) and **Dependent Care** (primarily dependent day care expenses). Both accounts allow you to pay for out-of-pocket costs with pre-tax dollars, saving you money. Because you do not receive the amount of your FSA contributions in your paycheck, you do not pay income tax on this money. Plus, the reimbursements are tax-free. Medcom, is your FSA administrator.

### Healthcare Flexible Spending Account

You can contribute up to \$2,850 during 2022 into a Healthcare FSA. Eligible Healthcare FSA expenses include deductibles, copays, coinsurance, prescription drugs, over-the-counter drugs (no prescription required), dental, and vision expenses.

### Dependent Care Flexible Spending Account

The Dependent Care FSA enables you to pay for certain dependent care expenses using before-tax dollars. You may contribute up to \$5,000 in a Dependent Care FSA for 2022. Eligible dependent care expenses include day care / after-school / program fees for children up to age 13 and certain adult day care expenses.



### Other Account Features

Participants in the FSAs receive a debit card so that many expenses can be paid at the time of service, eliminating the reimbursement process. The funds are debited from the account and paid to the doctor's office, pharmacy, or day care facility directly at the time of purchase. When the debit card is not accepted, you are required to pay for the expense and submit a claim for reimbursement.



### Monthly FSA Administrative Fee

FSA plan participants pay a \$3.45 monthly post-tax administrative fee via payroll deduction. Only one fee applies if you are enrolled in both the Dependent Care and the Healthcare FSA.

### Use It or Lose It

Remember to carefully estimate your 2022 expenses when making an election. You must use all the funds in your account by the end of the plan year and claims must be incurred within 2½ months following the last day of the plan year (by March 15, 2023) to be eligible for reimbursement. The IRS requires that any unused money in your account at the end of the plan year is retained by your employer and forfeited by the employee.

IRS regulations require appropriate documentation to ensure your claims are valid expenses. You will be asked to provide receipts as documentation for most expenses. Retain receipts and provide them promptly upon request.

# Life Insurance



## Employer-Paid Basic Life Insurance

Whitfield County Schools provides basic life coverage in the amount of \$10,000 insured by The Hartford. This benefit is provided at no cost to you, and the benefit amount does not reduce due to age. You are required to provide your beneficiary(ies) during your enrollment for this benefit.

## Voluntary Life & AD&D Insurance

You may also elect voluntary life insurance for yourself and your dependents through convenient payroll deduction to supplement the basic life benefit. The voluntary life insurance plan does not include benefit reductions due to age.

The voluntary life plan includes Accidental Death and Dismemberment (AD&D). The AD&D benefit pays in the event of death or loss of limbs, speech, hearing and more caused by a covered accident. (Refer to the Certificate of Coverage for details.)

Voluntary Life and AD&D Insurance Options	
<b>Employee</b>	Up to the lesser of 5 times annual earnings or \$300,000 in \$10,000 increments
<b>Spouse</b> ( <i>common law and domestic spouses not eligible</i> )	Up to \$100,000, not to exceed 100% of the employee amount in \$10,000 increments
<b>Child(ren)</b>	
Age 15 days to 6 months	\$100
Age 6 months to 26 years	\$10,000

**Beneficiary Information:** Your beneficiary is the person(s) who will receive your life insurance benefits when you die. Your beneficiary can be a person or multiple people, charitable institutions, or your estate. Once named, your beneficiary remains on file until you make a change. If your family situation changes, you'll want to review the beneficiaries on file and make updates if needed. If you don't name a beneficiary, your life insurance benefits will automatically go to your estate. You are required to designate your beneficiary(ies) during your enrollment.

**New Employee Open Enrollment Opportunity – No Medical Questions:** You may elect coverage for yourself, your spouse, and your child(ren) at this time with no health questions. Future elections will require medical underwriting. The below Voluntary Life & AD&D elections do not require Evidence of Insurability (EOI):

- Employee coverage up to \$150,000
- Spouse coverage up to \$50,000
- Child(ren) coverage in the amount of \$10,000

Should you elect an amount that requires medical underwriting, an Evidence of Insurability (EOI) will be required. The EOI Form is available on the benefits website. You will not be deducted for the pending coverage amount unless / until you are approved by The Hartford.

Employee Voluntary Life & AD&D Monthly Payroll Deductions				
Benefit Amount	Age 30	Age 40	Age 50	Age 60
<b>\$50,000</b>	\$4.95	\$6.30	\$14.55	\$39.05
<b>\$100,000</b>	\$9.90	\$12.60	\$29.10	\$78.10
<b>\$150,000</b>	\$14.85	\$18.90	\$43.65	\$117.15

Spouse Voluntary Life & AD&D Monthly Payroll Deductions				
Benefit Amount	Age 30	Age 40	Age 50	Age 60
<b>\$30,000</b>	\$2.97	\$3.78	\$8.73	\$23.43
<b>\$50,000</b>	\$4.95	\$6.30	\$14.55	\$39.05
<b>\$100,000</b>	\$9.90	\$12.60	\$29.10	\$78.10

Child Voluntary Life & AD&D Monthly Payroll Deduction	
Benefit Amount	Up to age 26
<b>\$10,000</b>	\$1.50 per month (covers all children)



## Disability Insurance and Sick Leave

You accumulate “sick leave” days, for which you will receive full pay if you are injured or ill and cannot work. Disability coverage provides an income replacement benefit once your sick days are exhausted. You have the option to elect disability coverage at this time with no health questions.

You select the monthly amount of coverage in increments of \$100 from \$100 up to \$7,000, not to exceed 60% of your earnings. You also select when you would like your benefit to start, from 7 different waiting period options. The shortest waiting period is 7 days, and the longest waiting period is 180 days. The plan includes long term disability coverage, and the benefit continues until age 65 or normal retirement age if you remain disabled.

### Pre-Existing Condition Limitation

The plan pays no benefit or a limited benefit only for disabilities caused by pre-existing conditions during the first 12 months of disability coverage. A pre-existing condition is a sickness or injury for which you have been diagnosed or treated during the immediate 6 months prior to your coverage effective date.

### Enroll or Change Your Election with No Health Questions

You may elect up to the maximum benefit at this time with no health questions. Future increases in coverage will be subject to the pre-existing condition limitation.



Disability Monthly Payroll Premiums							
	Option 1 7 day wait	Option 2 14 day wait	Option 3 30 day wait	Option 4 45 day wait	Option 5 60 day wait	Option 6 90 day wait	Option 7 180 day wait
Salary: \$30,000   Benefit: \$500							
Monthly Cost	\$6.10	\$5.05	\$4.00	\$3.70	\$3.35	\$3.15	\$1.90
Salary: \$30,000   Benefit: \$1,000							
Monthly Cost	\$12.20	\$10.10	\$8.00	\$7.40	\$6.70	\$6.30	\$3.80
Salary: \$30,000   Benefit: \$1,500							
Monthly Cost	\$18.30	\$15.15	\$12.00	\$11.10	\$10.05	\$9.45	\$5.70

All benefit options and premiums are available on the enrollment portal or by calling the Benefits Service Center.

## Cancer Plus (Critical Illness)



Whitfield County Schools offers voluntary Cancer Plus (Critical Illness) coverage which provides a dollar benefit in the event of a diagnosis of a covered illness. This plan is insured by Voya Financial and is portable at time of employment termination.

### Covered Diagnoses

- Cancer (see certificate definition)
- Carcinoma in situ (limited benefit)
- Heart attack
- Stroke
- Major organ failure
- End state renal (kidney) failure
- Permanent Paralysis
- Coma (see certificate definition)
- Coronary artery bypass surgery (limited benefit)
- Skin cancer (limited benefit)

### Benefit Options

**Employees:** From \$5,000 to \$30,000 in increments of \$5,000

**Spouses:** From \$5,000 to \$15,000 in increments of \$5,000

- Spouses up to age 70 are eligible to elect this coverage.
- Employees must be enrolled to elect spouse coverage.
- Spouse coverage can exceed employee amount if desired.

**Children:** \$1,000, \$2,500, \$5,000, or \$10,000

- Covers all children
- Employees must be enrolled to elect child coverage.
- Child coverage can exceed employee coverage if desired.

Employees may elect up to the maximum amount of coverage for yourself, your spouse, and your child(ren) with no health questions.

The benefit amount reduces by 50% for employees and spouses at age 70. (Premium does not reduce.)

### How to File a Claim

- Go to [voya.com/claims](http://voya.com/claims).
- Scroll down to the "Have a Wellness Benefit Claim?" section and click the "Submit your claim" button.
- Select Critical Illness Insurance.
- Click "Continue" and follow the screen prompts. Once all questions are answered, click "Submit".
- Your Group Name and Number are: Whitfield County Board of Education | 62981-2

### Wellness Benefit Included

The Cancer Plus (Critical Illness) plan includes a wellness benefit for covered preventive screenings such as, but not limited to:

- Annual physical exam, biometric screening, or stress test on bicycle or treadmill
- Blood test for triglycerides, CEA, bone marrow, CA 15-3 (breast cancer), fasting glucose, Hemoglobin A1C
- Chest x-ray, mammograms, breast ultrasound, sonogram, MRI
- Serum testing for cholesterol levels (HDL & LDL) or protein electrophoresis (myeloma)
- Routine dental or vision exam
- Electrocardiogram or ultrasound screening for abdominal aortic aneurysms
- Colonoscopy, prostate-specific antigen testing, or pap smear

### Wellness Benefit Amount

- Employee & Spouse: \$50
- Child(ren): \$25 (maximum of \$100 for all covered children)

Monthly Payroll Deductions			
Employee Coverage			
Age	\$5,000	\$10,000	\$20,000
< 30	\$2.20	\$4.40	\$8.80
30-39	\$2.70	\$5.40	\$10.80
40-49	\$5.10	\$10.20	\$20.40
50-59	\$9.75	\$19.50	\$39.00
60-64	\$14.10	\$28.20	\$56.40
65-69	\$18.95	\$37.90	\$75.80
70+	\$25.95	\$51.90	\$103.80

Spouse Coverage			
Age	\$5,000	\$10,000	\$15,000
< 30	\$2.80	\$5.60	\$8.40
30-39	\$3.15	\$6.30	\$9.45
40-49	\$5.95	\$11.90	\$17.85
50-59	\$12.55	\$25.10	\$37.65
60-64	\$19.15	\$38.30	\$57.45
65-69	\$22.85	\$45.70	\$68.55
70+	\$29.85	\$59.70	\$89.55

Child Coverage				
Age	\$1,000	\$2,500	\$5,000	\$10,000
To age 26	\$0.26	\$0.65	\$1.30	\$2.60

All options are available online or by calling the Benefits Service Center.

# Accident



The Voya Financial accident plan provides financial protection in the event of an unexpected accident. A summary of the benefits schedule is below. Please refer to the Voya Summary of Benefits or certificate of coverage for complete details.

<b>Hospital Care</b>	
Surgery – Open abdominal, thoracic	\$1,000
Blood, plasma, platelets	\$500
Admission	\$1,125
Confinement	\$350/day up to 365 days
Transportation	\$650/trip up to 3 per accident
Lodging	\$150/day up to 30 days
<b>Accident Care</b>	
Initial doctor visit	\$75
Urgent care	\$200
Follow-up doctor treatment	\$75
Medical equipment	\$100
Speech & physical therapy	\$40 up to 6 per accident
X-Ray	\$40
<b>Common Injuries</b>	
2nd degree and 3rd degree burns	\$1,125 to \$12,500
Emergency dental work	\$75 to \$300
Eye injury	\$80 to \$275
Torn knee cartilage	\$175 to \$650
Lacerations	\$25 to \$400
Tendon, ligament, rotator cuff	\$350 to \$1,000
Concussion	\$175
Paralysis	\$13,500 to \$20,000
<b>Injuries - Dislocations</b>	
Hip Joint	Non-Surgical / Surgical \$3,200 / \$6,400
Knee	\$2,000 / \$4,000
Ankle or foot bones (other than toes)	\$1,200 / \$2,400
Shoulder	\$1,500 / \$3,000
Elbow, wrist	\$900 / \$1,800
Finger/Toe	\$250 / \$ 500
Hand bones, lower jaw, collarbone	\$900 / \$1,800
Partial Dislocations	25% of the non-surgical benefit
<b>Injuries - Fractures</b>	
Hip	Non-Surgical / Surgical \$2,500 / \$5,000
Leg	\$1,800 / \$3,600
Ankle, forearm, hand, wrist	\$1,500 / \$3,000
Collarbone	\$1,200 / \$2,400
Rib(s)	\$350 / \$700
Shoulder	\$1,500 / \$3,000
<b>Sports Accident Benefit</b>	
Covers accidents as a result of an organized sporting activity	Pays an additional 25% of the Hospital Care, Accident Care, or Common Injuries to a maximum benefit of \$1,000

Accident Monthly Payroll Deductions	
<b>Employee</b>	\$8.43
<b>Employee + Spouse</b>	\$13.98
<b>Employee + Child(ren)</b>	\$16.94
<b>Family</b>	\$22.49

Note: Spouses age 70 and older are not eligible to elect coverage. Employees are eligible regardless of age.

## Group Legal Plan



Studies show that seven out of ten employees experience one or more legal events in a year. We are pleased to offer a group legal plan that will help cover the costs of legal expenses associated with a variety of needs. The legal plan is administered by ARAG Legal, with an extensive local attorney network.

The ARAG legal plan helps cover the costs of expenses for many issues and includes face-to-face and telephonic advice with an attorney. The ARAG legal plan also includes coverage for divorce and allows members to go directly to a participating attorney for services. Emergency service with an attorney is available 24 hours a day / 7 days a week. The ARAG Legal Center, an online resource with information and education, is available for all Whitfield County Schools employees, regardless whether you enroll in the legal plan.

### Legal Plan Monthly Payroll Deduction

\$18.25

Telephonic and office consultations are available for a variety of matters, including:

- Family law and estate planning
- Real estate
- Financial issues
- Traffic offenses
- And more

### Legal Resources for All Employees

- How-To Resources: caregiving, debt collection, estate planning, hiring / working with a contractor, managing legal / financial responsibilities surrounding the death of a loved one, tenant's guidebook to renting property
- Law guide: collection of articles on legal topics
- LawExpresso Newsletter, Legal Glossary, Legal Links, and Personal Information Organizer

## Perks at Work

Whitfield County Schools Perks At Work is your exclusive employee discounts platform, designed to help save you money and time. With over 30,000 offers available, you can find the perks that matter to you, from everyday purchases to large special purchases.

The platform uses personalization to recommend offers that may be relevant to you in these categories:

- Travel – flights, hotels, car rentals
- Health and fitness
- Electronics, Tickets, and Restaurants
- Home and Garden, Flowers and Gifts
- Financial Wellbeing



### How to Register

- Visit [www.perksatwork.com](http://www.perksatwork.com) and click "Register for Free" at the bottom right hand corner of the page.
- Register by following the instructions to active your account.
- You can also invite up to five friends and family members to share in the savings.

## Identity Theft

Identity theft is a growing concern. Recent research estimates someone has their identity stolen every two seconds, and many people don't even know they are victimized until they're denied credit. The ID Watchdog plan has extensive protection for you and your family at a competitive cost. Benefits include but are not limited to:

- 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

**idwatchdog**  
TRUE IDENTITY PROTECTION™



Coverage Level	ID Theft Monthly Payroll Deductions
Employee Only	\$8.95
Family	\$17.95

## Retirement

Whitfield County Schools cares about the financial health of our employees. It's never too early to plan for retirement and you have several savings plan options available.

### There are 3 components to your retirement plans:

1. Social Security
2. Teacher's Retirement System (TRS) or Public School Employees Retirement System (PSERS)
3. Personal retirement savings in a 403(b), 457(b), or Roth plans

District employees are required to participate in either TRS or PSERS. In addition to the required retirement plans, you have the option to participate in the supplemental 403(b), 457(b), and Roth options. Your contributions to these plans are made through convenient payroll deduction.

### Teachers Retirement System (TRS)

The following personnel are required to participate in TRS, a state retirement plan, as a condition of employment: certified teacher, administrator, clerical staff, paraprofessional, lead custodian, supervisor, and school nutrition manager. Your TRS account is funded by you and Whitfield County Schools. Employees contribute 6% of earnings and Whitfield County Schools contributes 19.98% of earnings to the account. Employees are vested after 10 years of service. Your ultimate benefit is based on a formula that includes years of service, age at retirement, and monthly pay during your two highest paid, consecutive years.

### Public School Employees Retirement System (PSERS)

The following personnel are required to participate in PSERS, a state retirement plan, as a condition of employment: transportation, school nutrition, maintenance, and custodial staff. The employee contribution for employees hired before July 1, 2012 is \$4 per month for 9 months (\$36 per year). The employee contribution for employees hired on July 1, 2012 or later is \$10 per month for 9 months (\$90 per year). Effective July 1, 2022, your retirement benefit will be \$16.00 per month times the number of years of service. An employee age 65, with 20 years of service could receive a benefit of \$315 per month depending on the type of payout elected. Employees are vested after 10 years of service.

### Supplemental Retirement Plans

Employees may supplement their state retirement plan by participating in the 403(b) Plan, the 457(b) Plan, or Roth IRA's. These plans are available to all employees and you may save pre-tax dollars in funds managed by Modern Woodman, Horace Mann Investors, or AIG Retirement Services.

### College Savings Plan

Path 2 College offers a college savings fund available to all employees. Path 2 College helps you maximize savings for college for children and grandchildren. Federal and state tax advantages that help you maximize savings and compounded earnings potential works to help grow your balance over time.

## Employee Assistance Program



Life presents complex challenges. If the unexpected happens, you want to know that you and your family have simple solutions to help you cope with the stress and life changes that may result. That's why Whitfield County Schools is offering The Hartford's Ability Assist Counseling Services to all of their employees. Their straightforward approach takes the complexity out of managing stress when life throws you a curve.

From the everyday issues like job pressures, relationships, retirement planning, personal grief, loss, or a disability, Ability Assist can be your resource for professional support. You and your family, including spouse and dependents, can access Ability Assist at any time.

The service includes unlimited telephonic support, and up to 3 face-to-face emotional or work-life counseling sessions per occurrence per year, so each member of your family can get counseling help for their own unique needs. Legal and financial counseling are also available by telephone during regular business hours.

<b>Emotional or Work-Life Counseling</b>	<p>Helps address stress, relationship or other personal issues you or your family members may face. It's staffed by GuidanceExperts<sup>SM</sup> – highly trained master's and doctoral level clinicians – who listen to concerns and quickly make referrals to in-person counseling or other valuable resources. Situations may include:</p> <ul style="list-style-type: none"> <li>• Job pressures</li> <li>• Relationship/marital conflicts</li> <li>• Stress, anxiety and depression</li> <li>• Work/school disagreements</li> <li>• Substance abuse</li> <li>• Child and elder care referral services</li> </ul>
<b>Financial Information and Resources</b>	<p>Provides support for the complicated financial decisions you or your family members may face. Speak by phone with a Certified Public Accountant and Certified Financial Planner<sup>TM</sup> Professionals on a wide range of financial issues. Topics may include:</p> <ul style="list-style-type: none"> <li>• Managing a budget</li> <li>• Retirement</li> <li>• Getting out of debt</li> <li>• Tax questions</li> <li>• Saving for college</li> </ul>
<b>Legal Support and Resources</b>	<p>Offers assistance if legal uncertainties arise. Talk to an attorney by phone about the issues that are important to you or your family members. If you require representation, you'll be referred to a qualified attorney in your area with a 25% reduction in customary legal fees thereafter. Topics may include:</p> <ul style="list-style-type: none"> <li>• Debt and bankruptcy</li> <li>• Guardianship</li> <li>• Buying a home</li> <li>• Power of attorney</li> <li>• Divorce</li> </ul>
<b>Health Champion</b>	<p>A service that supports you through all aspects of your health care issues by helping to ensure that you're fully supported with employee assistance programs and/or work-life services. HealthChampion is staffed by both administrative and clinical experts who understand the nuances of any given health care concern. Situations may include:</p> <ul style="list-style-type: none"> <li>• One-on-one review of your health concerns</li> <li>• Preparation for upcoming doctor's visits/lab work/tests/surgeries</li> <li>• Answers regarding diagnosis and treatment options</li> <li>• Coordination with appropriate health care plan provider(s)</li> <li>• An easy-to-understand explanation of your benefits—what's covered and what's not</li> <li>• Cost estimation for covered/non-covered treatment</li> <li>• Guidance on claims and billing issues</li> <li>• Fee/payment plan negotiation</li> </ul>

**To access services, simply call (800) 96-HELPS (800-964-3577).**

## Important Contact Information

### Enrollment and Benefits Questions

#### Benefits Service Center

(855) 481-1489

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

[benefits@wcsbenefits.com](mailto:benefits@wcsbenefits.com)

### Medical

#### Anthem

(855) 641-4862

[www.anthem.com/shbp](http://www.anthem.com/shbp)

#### United Healthcare

(888) 364-6352

[www.whyuhc.com/shbp](http://www.whyuhc.com/shbp)

#### Sharecare

(888) 616-6411

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

#### CVS Caremark

(844) 345-3241

<http://info.caremark.com/shbp>

#### SHBP Eligibility

(800) 610-1863

[www.dch.georgia.gov/shbp](http://www.dch.georgia.gov/shbp)

[www.myshbpga.adp.com](http://www.myshbpga.adp.com)

#### TRICARE Supplement

(866) 637-9911

[https://info.selmanco.com/ga\\_shbp](https://info.selmanco.com/ga_shbp)

### Dental

#### Delta Dental

(800) 521-2651

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

### Vision

#### MetLife

(855) 638-3931

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

### Flexible Spending Account

#### Medcom

(800) 523-7542

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

### Life Insurance

#### The Hartford

(800) 331-7234

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

### Disability

#### The Hartford

(866) 547-9124

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

### Critical Illness

#### Voya Financial

(877) 236-7564

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

### Accident Insurance

#### Voya Financial

(877) 236-7564

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

### Group Legal

#### ARAG

(800) 247-4184

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

### Identity Theft

#### ID Watchdog

(800) 970-5182

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

### Retirement Plans

#### Teachers Retirement (TRS)

(800) 352-0650

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

#### PSERS

(800) 805-4609

[www.ers.ga.gov](http://www.ers.ga.gov)

#### AIG Retirement Services

Terry Akins

(706) 313-3850 / [terry.akers@aig.com](mailto:terry.akers@aig.com)

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

#### Modern Woodman

Lynn Henderson

(706) 226-0800

#### Horace Mann Investors, Inc.

Dr. Sara Clark

(888) 977-0150

[sara.clark2@horacemann.com](mailto:sara.clark2@horacemann.com)



# Commonly Used Healthcare Terms

**Carrier** – Insurance company providing you with your benefits.

**Coinsurance** – Percentage of medical bills that patient is responsible for; goes into effect after deductible has been met.

**Copay** – The per visit charge paid each time you see your doctor.

**Deductible** – The amount of medical costs you are financially responsible for before coinsurance applies.

**Employee Assistance Program (EAP)** – Program with services to assist with handling life's problems (stress, mental illness, addiction, workplace issues, etc.)

**Explanation of Benefits (EOB)** – Received from carrier summarizing charges for care received. It will spell out what was billed, how much your carrier paid, and how much you are responsible for.

**In-Network** – Providers that have contracted with your carrier. Going in-network will save you money.

**Out-of-Network** – Providers that have not contracted with your carrier. Going out-of-network will result in reduced coverage, or no coverage at all. Potential balance billing can occur when you go out-of-network.

**Out-of-Pocket Maximum** – The maximum amount you will pay for medical expenses before your plan will pay 100%.

**Primary Care Provider (PCP)** – Doctor that you go to first with health issues; they manage your care / keep you healthy.

**Participating Dental Provider (PDP) Fee** – Amount dentist has agreed to accept as payment for services from carrier.

**Premium** – Amount deducted from your paycheck to pay your portion of your insurance.

**Preventive care** – Care obtained to prevent major health issues: annual physicals, mammograms, colonoscopies, etc.

**Qualifying Life Event (QLE)** – Event (i.e. marriage, birth of child, gain/loss of coverage), that allows you to make changes to coverage during the year within a specific timeframe, typically 31 days from date of event.

**Summary Plan Description (SPD)** – Overview of provisions of plan, including coverage for specific procedures and applicable legal language.

## Plan types

- High Deductible Health Plan (HDHP) – Typically has individual deductible of at least \$1,400. Many qualified HDHP plans do not have copays, and all care is subject to the deductible and coinsurance.
- Health Maintenance Organization (HMO) – Network plans require a PCP to be responsible for care (referrals required for specialist). There is no out-of-network coverage, and HMOs usually have more plan restrictions.
- Health Reimbursement Arrangement (HRA): An employer funded health plan that reimburses employees for qualified medical expenses. Reimbursement dollars received by employees are generally tax free.

## Medical Savings Account Types

- Healthcare and Dependent Care Flexible Spending Accounts (FSA) – Accounts in which pre-tax income is put aside to pay for IRS-qualified medical / dependent care expenses. The FSA is “use it or lose it”: funds must be used by end of plan year or be forfeited.



## Definition of Dependent

- Legally married spouse
- Natural or legally adopted child(ren) or stepchild(ren), under age 26
- Child(ren) due to Legal Guardianship
- Natural or legally adopted child(ren) or stepchild(ren) 26 or older who are physically or mentally disabled prior to age 26, and who are primarily dependent on the enrolled member for support



This guide is a general summary of your benefit options. For specific details, you may refer to each plan's Summary Plan Description (SPD). SPDs for health insurance plans can be found on the State Health Benefit Plan (SHBP) website at [www.myshbpga.adp.com](http://www.myshbpga.adp.com). Every effort has been made to ensure that this document accurately represents the benefits being offered. However, if there are any discrepancies between the terms in this document and the terms in the SPD, the SPD will prevail.