



2017 Benefits Enrollment Guide



Welcome to your new Employee Benefits Handbook. This guide is your summary of the benefit options that are available to eligible employees of the McIntosh County Board of Education. Each benefit is designed to protect your health and well-being as well as provide valuable financial protection.

Each section of the Employee Benefits Handbook is structured to provide you with plan highlights as well as detailed, descriptive instructions to assist you in navigating through the web-based enrollment portal.

While the Employee Benefits Handbook is an important component in the benefit communication process, your dedicated ShawHankins service team continues to provide annual enrollment meetings in addition to being available for questions and concerns regarding benefits throughout the plan year.

Please review the plans contained in the Employee Benefits Handbook and see how these plans can work for you and your eligible dependents. Your participation in the plans is voluntary. The benefit plans have been chosen to provide a continuation of protection that complements the McIntosh County leave policies and retirement plans. The plan year is in effect from January 1, 2017 to December 31, 2017.

This Employee Benefits Handbook is intended for orientation purposes only. It is an abbreviated overview of the plan documents. Please refer to the Certificate Booklet (the contract) available from the plan carriers for complete details. Your Certificate Booklet will provide detailed information regarding copayments, coinsurance, deductibles, exclusions and other benefits. The certificate booklet will govern should a conflict arise relating to the information contained in this summary. This summary does not establish eligibility to participate in or receive benefits from any benefit plan.

NOTICE: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage.

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This guide describes the benefit plans available to you as an eligible employee of McIntosh County Board of Education. The details of these plans are contained in the official plan documents, including some insurance contracts. This guide is meant only to cover the major points of each plan. It does not contain all of the details that are included in your Summary Plan Descriptions (SPD) as described by the Employee Retirement Income Security Act.

If there is ever a question about one of these plans, or if there is a conflict between the information in this guide and the formal language of the Plan Documents, the formal wording in the Plan Documents will govern.

Please note the benefits described in this guide may be changed at any time and do not represent a contractual obligation on the part of McIntosh County Board of Commissioners.

Open Enrollment Memo

McIntosh County Board of Education 2017 Benefits Open Enrollment will be held from Monday, November 7, 2016 through Tuesday, November 15, 2016 at 11:59 pm.

You have 3 ways to enroll: (each explained later in guide)

- In person with an enroller
- By phoning the call center
- Enrolling yourself through the ShawHankins enrollment portal.

All flexible benefits enrollment (i.e. medical, dental, vision) will be processed through bswift, our online enrollment system serviced by ShawHankins. It's as easy as logging into www.mcintoshschools.bswift.com. Employees will be able to review their current benefits and other important information.

Please carefully weigh the plans available and choose the option that is best for you. If you have questions or need help, please contact ShawHankins Service Center (1-800-994-7429) from 8:30 until 5:00 or your Human Resources office.

:

Enrollment Requirements

- Dependent SSN and DOB are required to meet ACA requirements.

.

The following benefit changes will take effect 01/01/2017:

Vision

- Changing from EyeMed through Ameritas to EyeMed Direct



Open Enrollment Memo

Eligibility

Full-time employees are eligible for health and flexible benefits.

Eligible dependents are classified as:

- Your legal spouse
- Biological children up to age 26
- Step-child(ren) as long as the biological parent remains in the employee's household to age 26
- Foster child(ren) or adopted child(ren) up to age 26

Making Changes to Your Benefits

To make benefit changes as a result of your Life Status Change or Family Status Change as allowed under Section 125 of the IRS Code, you must:

- 1) Notify Human Resources within 30 days of the date of the qualifying event
- 2) Provide proof of your status change event
- 3) Submit your enrollment change via BSWIFT

The Most Common Status Changes:

- Marriage, divorce, legal separation
- Birth or adoption
- Change in your or your spouse's work status that affects your benefits or an eligible dependent's benefits
- Change in health coverage due to your spouse's annual Open Enrollment period
- Change in dependent eligibility status
- Change in eligibility for you or a dependent for Medicaid or Medicare
- Receipt of a Qualified Medical Child Support Order, or other court order
- Death of your spouse or covered child



Before You Enroll – Things to Know

You are REQUIRED to **provide the below information/documentation** for all dependents/beneficiaries:

- Name
- Date of Birth
- Social Security Number

HOW TO ENROLL

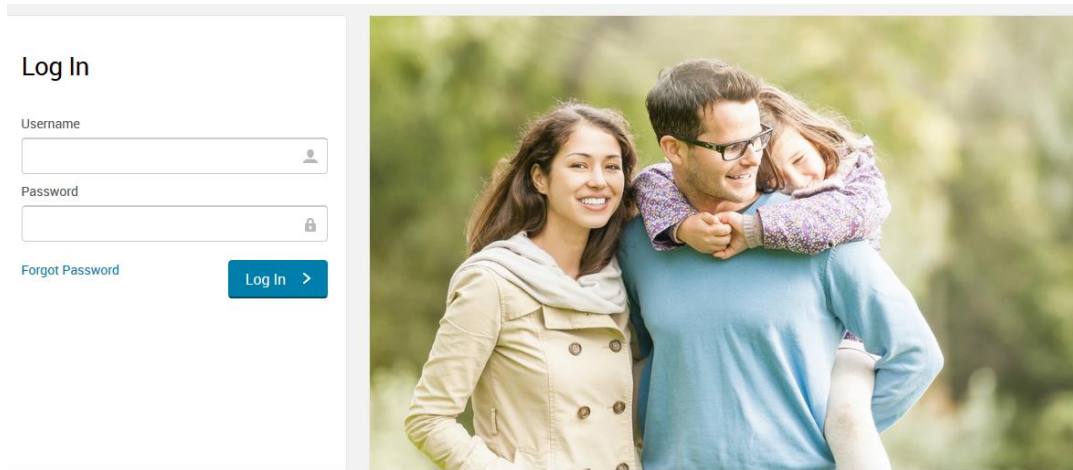
Go to www.mcintoshschools.bswift.com.

At this time, make sure to disable your pop up blocker.

At the enrollment website enter your Username and Password.

- Username is the first letter of your first name, your last name, and last 4 digits of your Social Security number (ex. jdoe4567).
- Password is the last 4 digits of your Social Security number (ex. 4567).

You will then be prompted to create a permanent password.



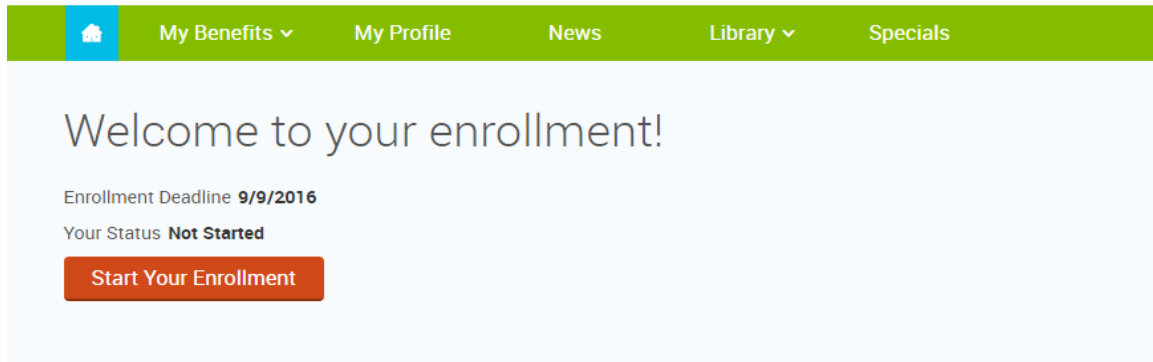
- Please go online and make your elections during the New Hire Orientation by the deadline provided
- Please contact ShawHankins at 800-994-7429 to speak with a Benefit Consultant if you need assistance with your enrollment.

Failure to enroll within the enrollment time period will result in the forfeiture of your eligibility for enrollment until the next annual enrollment period unless you experience an eligible qualifying event

How To Enroll

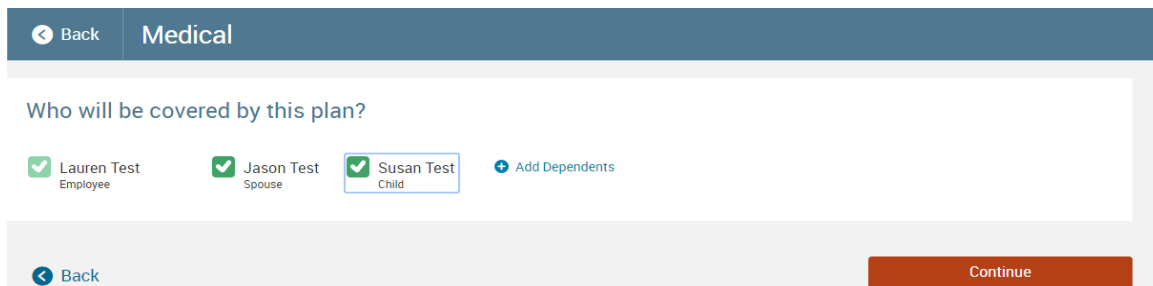
To Begin:

- 1) From the “Home Page” click on the “Enroll Now” link, to begin the election process.
- 2) On the “Personal & Family Page”, verify your information is accurate and “Add” all eligible dependents you wish to cover under any benefits.



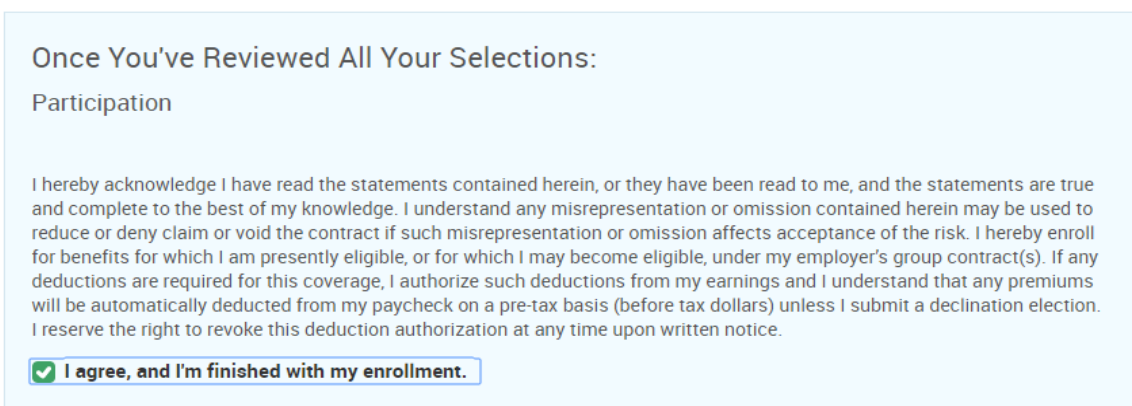
The screenshot shows a navigation bar with a home icon, 'My Benefits', 'My Profile', 'News', 'Library', and 'Specials'. Below the bar, the main content area has a large heading 'Welcome to your enrollment!' followed by 'Enrollment Deadline 9/9/2016' and 'Your Status Not Started'. A prominent orange button labeled 'Start Your Enrollment' is centered below this information.

- 3) To make a plan selection, select the button beside the newly elected plan. If you are covering dependents, make sure to “Select” them by checking off next to their name under “Select who to cover with this plan.” Then press “Next” at the bottom of the screen.



The screenshot shows a 'Medical' plan selection screen. At the top, there is a 'Back' button and the title 'Medical'. The main heading is 'Who will be covered by this plan?'. Below this, there are three checked boxes with names and roles: 'Lauren Test Employee', 'Jason Test Spouse', and 'Susan Test Child'. To the right of these is an 'Add Dependents' button. At the bottom of the screen, there is a 'Back' button on the left and a 'Continue' button on the right.

- 4) Once you have reviewed and completed your enrollment, click on “I Agree and I am finished with my enrollment”, then click on “Save My Enrollment”.



The screenshot shows a light blue box with the heading 'Once You've Reviewed All Your Selections: Participation'. Below the heading is a paragraph of text: 'I hereby acknowledge I have read the statements contained herein, or they have been read to me, and the statements are true and complete to the best of my knowledge. I understand any misrepresentation or omission contained herein may be used to reduce or deny claim or void the contract if such misrepresentation or omission affects acceptance of the risk. I hereby enroll for benefits for which I am presently eligible, or for which I may become eligible, under my employer's group contract(s). If any deductions are required for this coverage, I authorize such deductions from my earnings and I understand that any premiums will be automatically deducted from my paycheck on a pre-tax basis (before tax dollars) unless I submit a declination election. I reserve the right to revoke this deduction authorization at any time upon written notice.' Below the text is a checked checkbox with the label 'I agree, and I'm finished with my enrollment.'

- 5) You will now be taken to the final confirmation page to either print or email

Note: The enrollment images within this guide are for illustrative purposes only.

Dental - Ameritas

Dental coverage is provided through Ameritas for 2017. Keep in mind that you will pay less if you use an in-network dentist. To locate participating providers go to www.ameritas.com

Benefit	Low Plan	High Plan
Annual Deductible Single Family	\$25 Quarterly No Family Maximum	\$25 Quarterly No Family Maximum
Annual Benefit Max	\$1,200 calendar year	\$1,200 calendar year
Preventive Services (Type 1)	MCE (no deductible)	100% (no deductible)
Basic Treatment (Type 2)	MCE (subject to deductible)	80% (subject to deductible)
Major Treatment (Type 3)	MCE (subject to deductible)	50% (subject to deductible)
Orthodontia (Child Only)	Not Covered	50% to a Lifetime Maximum of \$1000

For a complete schedule of maximum covered expenses (MCE), please see the dental certificate booklet located on the bswift enrollment portal.

Type 1	Type 2	Type 3
Routine Exam (2 per benefit period)	Full Mouth/Panoramic X-rays (1 in 3 years); Periapical X-rays	Onlays
Bitewing X-Rays (1 per benefit period)	Sealants for age 16 & under	Crowns (1 in 5 years per tooth)
Cleaning (2 per benefit period)	Restorative Amalgams/Composites	Crown Repair
Fluoride for children 18 or younger (1 per benefit period)	Denture Repair	Surgical/Non-surgical Endodontics & Periodontics
Space Maintainers	Simple/Complex Extractions	Prosthetics (1 in 5 years)
	Anesthesia	

Low Plan Dental Monthly Rates

Employee	Employee + 1	Employee + 2 or more
\$17.76	\$32.68	\$50.04

High Plan Dental Monthly Rates

Employee	Employee + Spouse	Employee + Child(ren)	Family
\$34.72	\$66.44	\$76.88	\$108.60

Dental Rewards:

This dental plan includes a valuable feature that allows qualifying plan members to carryover part of their unused annual maximum. A member earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. In addition, a person earning dental rewards who submits a claim for services received through the dental PPO network earns an extra reward, called the PPO Bonus. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

Benefit Threshold

\$500 (Dental benefits received for the year cannot exceed this amount)

Annual Carryover Amount - \$250 (Dental Rewards amount is added to the following year's maximum)

Annual PPO Bonus

\$100 Additional bonus is earned if the member sees a PPO provider

Maximum Carryover – \$1,000 (Maximum possible accumulation for Dental Rewards and PPO Bonus Combined)

Pretreatment:

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

Locate a Provider:

To find a provider, visit ameritasgroup.com and select **FIND A PROVIDER**, then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice. When prompted to select your network, choose **PPO Dental Network**.

Explanation of Benefits (EOB), Claims access & much more are available when you register as a member at ameritasgroup.com

Late Entrant Provision:

If you are a not a new hire within your initial eligibility timeframe and you and/or your dependents are not currently covered under the Dental plan, there will be a late entrant penalty applied to your coverage. The Late Entrant Penalty states for the first 12 months of coverage you and/or your dependents will be eligible only for Preventive Services. Basic, Major, and Orthodontia will not be covered for the first 12 months.

Vision – EyeMed Direct

Your Vision coverage has been changed to EyeMed Direct.

Benefit	In-Network	Out-of-Network (Reimbursement)	Frequency
Vision Exam	\$10 Copay	Up to \$40	Once Every 12 Months
Contact Lenses* Conventional Medically Necessary	\$130 Allowance Covered in Full	Up to \$130 Up to \$210	Once Every 12 Months
Standard Plastic Lenses Single Bifocal Trifocal	\$25 Copay \$25 Copay \$25 Copay	Up to \$30 Up to \$50 Up to \$70	Once Every 12 Months
Frames	\$130 Allowance	Up to \$91	Once Every 24 Months

*Note: The plan covers either contact lenses or lenses for your glasses once every 12 months.

Lasik or PRK: EyeMed has partnered with US Laser Network to provide our members access to discounted laser vision correction providers.

Locate a Provider:

- You're on the ACCESS Network
- For a complete list of providers near you, use our Provider Locator on www.eyemed.com and choose the **ACCESS network** or call 1-866-723-0596.
- For Lasik providers, call 1-877-5LASER6 or visit eyemedlasik.com.

Tier of Coverage	Monthly Rates
Employee	\$6.67
Spouse	\$12.68
Child(ren)	\$13.35
Family	\$19.62



Voluntary Life - MetLife

Voluntary Term Life and AD&D Insurance is also available to provide additional financial protection for your family. You are eligible to enroll in the Voluntary Term Life Insurance program underwritten by MetLife.

Your premium will be based on the coverage amount you elect and your age. Premiums will be paid through the convenience of a payroll deduction.

Benefit	Coverage
Employee Voluntary Life & AD&D	<p>You can purchase coverage in increments of \$10,000 up to the lesser of \$500,000 or 5 Times Annual Salary.</p> <p>New Hires: You will have a guarantee issue amount of \$100,000.</p> <p>Current Employees: If you are currently enrolled with minimum coverage, you will be allowed to increase coverage by \$10,000 with no EOI, not to exceed \$100,000.</p>
Spouse Voluntary Life & AD&D	<p>You can purchase coverage in increments of \$5000 up to a maximum of \$100,000 not to exceed 50% of employee's coverage.</p> <p>New Hires: Spouse elections over \$25,000 will require Evidence of Insurability.</p> <p>Current Employees: If you are currently enrolled with minimum coverage, you will be allowed to increase coverage by \$5000 with no EOI, not to exceed \$25,000.</p>
Child(ren) Voluntary Life & AD&D	<p>You can purchase coverage of \$1000, \$2000, \$4000, \$5000, or \$10,000 not to exceed 100% of spouse's coverage.</p> <p>The benefit amount for child(ren) between age 15 days and age 6 months is \$100. Child(ren) age 6+ months are covered to age 26.</p>

You will be considered a **Late Entrant** if you do not elect minimum coverage when initially eligible or as part of this year's annual enrollment opportunity. If you later elect coverage, you will be required to complete an Evidence of Insurability (EOI) form that is satisfactory to the insurance carrier before the coverage can become effective.

- This plan does not have a reduction in benefit based on age.
- Your policy has an Accelerated Benefit Option which allows you to take up to 80% of your life insurance coverage if you are diagnosed with a terminal illness.
- Plan includes Waiver of Premium if the insured becomes disabled prior to age 60 , after a 9 month waiting period and the coverage will continue until age 70.

Voluntary Life & AD&D *Continued*

Monthly Rates per \$1000	
Employee	0.217
Spouse	0.217
Child(ren)	0.251 (all covered children)

*Rates shown in chart above are monthly cost

Voluntary Life & AD&D Insurance Premium Calculation Worksheet

Step 1: Amount of Voluntary Life Insurance	_____
	Desired Amount
Step 2: Divide amount of Voluntary Life Insurance in Step 1 by \$1,000	_____
Step 3: Rate from table based on age (spouse based on employee age)	_____
Step 4: Multiply Step 2 by Step 3	_____
	Monthly Premium
Step 5: Multiply monthly premium in Step 4 by 12	_____
	Annual Premium
Step 6: Divide annual premium in step 5 by 24	_____
	Premium Per Paycheck

IMPORTANT TO UNDERSTAND

Evidence of Insurability (EOI): Evidence of Insurability is a request to verify good health and is often in the form of a questionnaire. This is required when you are requesting insurance that is over the guarantee issue amount or if you are enrolling after your initial enrollment.

Guarantee Issue: Guarantee Issue is the amount of life insurance that you can elect without having to provide evidence of insurability. The guaranteed issue period is 31 days from the date you first become eligible for the plan from your date of hire. If you choose not to enroll when you are first eligible and enroll at a later date, the entire amount of insurance will be subject to evidence of insurability.

Whole Life - *Unum*

Whole Life coverage is provided through Unum. This coverage offers protection beyond an individual's working years, potentially for your lifetime. With a guaranteed death benefit that will never decrease, level premiums that will never increase, cash value accumulation, living benefits and other options, Whole Life goes beyond typical term life insurance. **Please meet with an Enrollment Assistant for policy rates, exclusions and limitations.**

Features that Add Value

- Cash value – accumulates at a rate of 4.5%. Over time you can borrow from the cash value or use it to buy a reduced policy with no more premiums due.
- No physical exam – During this enrollment, you can get this insurance up to a specified amount without a health exam. You may be asked a few health questions.
- You own the policy – The payment is deducted from your paycheck and coverage becomes effective the first day of the month. You can keep the policy even if you leave or retire; Unum will bill you directly for the same premium amount.

Benefit Overview	
Benefit Amount	Employee: \$5,000 to \$300,000 in increments of \$5,000 Spouse: \$5,000 to \$75,000 in increments of \$5,000 Child: \$5,000 to \$25,000 in increments of \$1,000
Issue Ages	Employee and Spouse: 15-50 Child: 14 days- 26 years
Long Term Care	Available Rider
Guaranteed Interest Rate	4.5%
Paid Up Options	Payable to Age 120, with option for Paid Up at Age 70



Group Critical Illness - Unum

Many people believe they will be covered by their medical policies should a critical condition arise. Unaware of the many hidden costs involved, they find out too late that their needs exceed the terms of their standard medical plan.

How can critical illness insurance help?

Critical illness insurance can pay a lump sum benefit at the diagnosis of a covered illness. You choose the level of coverage — from \$5,000 to \$50,000 — and you can use the money any way you see fit.

Three reasons to buy this coverage at work

- You get affordable rates when you buy this coverage through your employer and the premiums are conveniently deducted from your paycheck.
- Coverage is portable. You may take the coverage with you if you leave the company or retire without having to answer the new health questions. Unum will bill you directly for the same premium amount.
- Coverage becomes effective of the first day of the month in which payroll deductions

Covered Conditions		
Heart attack	Blindness	Occupational HIV
Major organ failure	End-Stage renal (kidney) failure	Coronary artery bypass surgery; pays 25% of lump sum benefit
Stroke	Coma	Permanent Paralysis

Cancer Options	
Cancer	Carcinoma in-situ pays 25% of lump sum benefit

Wellness benefit

This benefit can pay \$75 per calendar year per insured individual if a covered health screening test is performed, including:

- Blood tests
- Chest X-rays
- Stress tests
- Mammograms
- Colonoscopies

A full list of covered tests will be provided in your benefit summary.

To Claim your wellness benefit simply call UNUM at 800-635-5597.

Without Cancer Monthly Rates per \$1000		
Issue Ages	Non-Tobacco	Tobacco
< 25	0.32	0.46
25 - 29	0.32	0.51
30 - 34	0.40	0.72
35 - 39	0.53	1.03
40 - 44	0.75	1.52
45 - 49	0.98	2.03
50 - 54	1.27	2.57
55 - 59	1.66	3.20
60 - 64	2.14	3.98
65 - 69	2.52	4.21
70 +	4.86	7.35

With Cancer Monthly Rates per \$1000		
Issue Ages	Non-Tobacco	Tobacco
< 25	0.53	0.80
25 - 29	0.58	0.96
30 - 34	0.76	1.36
35 - 39	1.03	1.99
40 - 44	1.46	2.91
45 - 49	2.01	4.02
50 - 54	2.65	5.37
55 - 59	3.49	6.84
60 - 64	4.47	8.19
65 - 69	5.02	8.54
70 +	9.00	13.76

Wellness Benefit – Monthly Rate per \$25	
Employee and Children	0.80
Spouse (coverage ends at age 65)	0.80



Disclosure Notices

Please Note: All Legal Notices will be posted to the Bswift Enrollment Portal. Below is a summary of the legal notices that are posted.

SECTION 125 PRE-TAX BENEFIT AUTHORIZATION NOTICE: Before-tax deductions will lower the amount of income reported to the federal government. This may result in slightly reduced Social Security benefits. If you do not enroll eligible dependents at this time, you may not enroll them until the next open enrollment period. You may not drop the coverage you elected until the next open enrollment period. You may only make a change or drop coverage elections before the next open enrollment period under the following circumstances:

- A change in marital status, or
- A change in the number of dependents due to birth, adoption, placement for adoption or death of a dependent, or
- A change in employment status for myself or my spouse, or
- Open enrollment elections for my spouse, or
- A change in dependents eligibility, or
- A change in residence or worksite.

Any change being made must be appropriate and consistent with the event and must be made within 30 days of when the event occurred.

COBRA: On April 7, 1986, a federal law was enacted (Public Law 99272, Title X) requiring that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end. This notice is intended to inform you, in a summary fashion, of your rights and obligations under the continuation coverage provisions of the law. (Both you and your spouse should take the time to read this notice carefully.) If you are an employee covered by the Group Health Plan, you have a right to choose this continuation coverage if you lose your group health coverage because of a reduction in your hours of employment or the termination of your employment (for reasons other than gross misconduct on your part)

Notice of Privacy Practices: Bulloch County Board of Education is the plan sponsor of the plan(s) ("Plan(s)") identified in this Notice of Privacy Practices ("Notice"). This Notice describes how the Plan(s) may use and disclose your protected health information ("PHI"). The Plan(s) is/are required by law to provide you with a copy of this Notice setting forth the Plan's/Plans' legal duties and privacy practices with respect to your protected health information.

Why Would I Contact the Call Center?

Order ID Cards: We can contact the insurance carrier directly and have your replacement card in ten to fifteen business days.

Claim Resolution and Research: We can help you understand your Explanation of Benefits (EOB) as well as contact the insurance carriers on your behalf. We can assist in appealing a denied claim or help you request a Prior Authorization (PA) from your physician as may be required by your medical carrier. We can also help you file out-of-network claims and assist with reimbursement if you require medical assistance while traveling outside of the United States.

Locate In-Network Providers: Staying in network saves everyone money. Our Call Center can help you locate In-Network Providers for medical, dental and vision coverage whether you are at home or away.

Request Copies of Any Necessary Forms: Medical claim forms, out-of-network claim forms, evidence of insurability forms, short and long term disability claim forms and any other applicable forms are always available if the need should arise.

Understanding Your Benefits: We can assist you with questions regarding deductibles, copayments and coinsurance. We can explain waiting periods, elimination periods and eligibility rules.

Explain Section 125 Cafeteria Plans: We can explain qualifying events regulated by the IRS as described in your Summary Plan Description (SPD). We help clarify the time frames and qualifying events allowed by your Plan.

Annual Enrollment Information: We can provide details about when open enrollment begins and ends and if your plan designs or payroll deductions are changing.

Enrollment Assistance: The Call Center Representative can walk you through every step of the enrollment process. Whether it's an online enrollment or paper enrollment form, your Call Center Representative is available to help.

Confirmation Statements: We can provide copies of your online enrollment confirmation statement or a copy of your paper enrollment form at any time.

The Call Center is available from 8:30 a.m. to 5:00 p.m. Monday through Friday to assist you. We have an after-hours voice mailbox and your call will be returned the next business day.

800-994-7429

customerservice@shawhankins.com

Contact Information

Plan	Administrator	Website	Phone Number
Benefit / Enrollment Questions	ShawHankins	www.shawhankins.com	800-994-7429
Human Resources	Shyrl Washington	swashington@mcintosh.k12.ga.us	912-437-8832
Dental Benefits	Ameritas	www.ameritas.com	800-487-5553
Vision Benefits	EyeMed	www.eyemedvisioncare.com	866-939-3633
Life and AD&D	MetLife	www.metlife.com	800-275-4638
Whole Life	Unum	www.unum.com	800-635-5597
Critical Illness	Unum	www.unum.com	800-635-5597
bswift		www.mcintoshschools.bswift.com	

