

# RETIREMENT BENEFIT OPTIONS

Must enroll in options within 30 days of when benefits end as an active employee.

## Life Insurance

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As a retiree, you are eligible to elect a retiree life insurance benefit. Coverage must be elected within 30 days of your benefits end date as an active employee. Review enclosed material for life insurance options.

## Dental

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As a retiree, you are eligible to continue your dental coverage under the retiree program. Please review the enclosed material as the plans differ from active employee plans. Coverage must be elected within 30 days of your benefits end date as an active employee. Coverage can include dependent spouses and children up to age 26.

## Vision

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As a retiree, you are eligible to continue your vision coverage under the retiree program. Coverage must be elected within 30 days of your benefits end date as an active employee. Coverage can include dependent spouses and children up to age 26. Review enclosed material for vision plan options.

## Steps to Elect



### Review Options

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Review the benefit options. This will be your only opportunity to add the retiree life, dental and vision.



### Complete the Enrollment Form(s)

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Complete the enclosed form(s) and submit them to the Benefits Department at Dougherty County School System (Attention to Erika Chappell). Email to [erika.chappell@docoschools.org](mailto:erika.chappell@docoschools.org)



### Have questions?

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Need assistance with the plans, please contact Campus Benefits.  
Phone: 866-433-7661, opt. 5  
Email: [mybenefits@campusbenefits.com](mailto:mybenefits@campusbenefits.com)

## GET IN TOUCH

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866-433-7661, opt. 5 | [mybenefits@campusbenefits.com](mailto:mybenefits@campusbenefits.com) | [doughertybenefits.com](http://doughertybenefits.com)



## 2024 Mutual of Omaha Life Plan and Rates:

Please visit <https://www.doughertybenefits.com/retiree-benefits> for full plan details.

Benefits	
Life Benefit Amount	\$20,000
AD&D	Not Included
Age Reduction (Benefits reduce first of the monthly following when retiree turns 65 or 70)	Benefit reduces by 35% at age 65 Benefit reduces by 50% at age 70

Rates	
Life Rates	\$1.00 per \$1,000 of Benefit
\$20,000 Life Amount	\$20.00 per month
\$13,000 Life Amount (Reduction at age 65)	\$13.00 per month
\$10,000 Life Amount (Reduction at age 70)	\$10.00 per month

### Beneficiaries

- It is important to complete the life insurance form to include your updated beneficiaries. Should you need to make any changes to your beneficiaries after the form is submitted, please contact Campus Benefits.
- Campus Benefits
  - Email: [mybenefits@campusbenefits.com](mailto:mybenefits@campusbenefits.com)
  - Phone: 866-433-7661, opt. 5



## 2024 Ameritas Dental Plan and Rates:

Please visit <https://www.doughertybenefits.com/retiree-benefits> for full plan details.

\*Note: The MAC plan is not available under the retiree program.

Benefits	High Plan	Low Plan
Network	Classic PPO Can go to any provider	Classic PPO Can go to any provider
Preventative (Type 1)	100%	100%
Basic (Type 2)	80%	50%
Major (Type 3)	50%	0%
Deductible per Calendar Year (Max \$150 per family)	\$50/person Waived for Type 1	\$50/person Waived for Type 1
Calendar Year Max	\$1,500/person	\$1,000/person
Allowance	90 <sup>th</sup> UCR	90 <sup>th</sup> UCR

Covered Services	High Plan	Low Plan
(2 in 12 months) Routine Exam Cleaning	Type 1 - 100%	Type 1 - 100%
Bitewing X-Rays (1 in 12 months)	Type 1 - 100%	Type 1 - 100%
(1 in 5 years) Full mount/panoramic x-rays	Type 1 - 100%	Type 1 - 100%
Periapical X-rays	Type 2 – 80%	Type 1 - 100%
Space Maintainers	Type 2 – 80%	Type 1 - 100%
Fillings for Cavities	Type 2 – 80%	Type 2 – 60%
Restorative Composites	Type 2 – 80%	Type 2 – 60%
General Anesthesia	Type 3 – 50%	Type 2 – 60%
Simple & Complex Extractions	Type 3 – 50%	Type 2 – 60%
Endodontics – nonsurgical	Type 3 – 50%	Type 2 – 60%
Periodontics – nonsurgical	Type 3 – 50%	Type 2 – 60%
Denture Repair	Type 3 – 50%	Type 2 – 60%
Endodontics – surgical	Type 3 – 50%	Not Covered
Periodontics – surgical	Type 3 – 50%	Not Covered
Onlays/Crown Repair	Type 3 – 50%	Not Covered
Implants	Type 3 – 50%	Not Covered
Crowns (1 in 10 years/tooth)	Type 3 – 50%	Not Covered
Prosthodontics	Type 3 – 50%	Not Covered

Tier	High Plan	Low Plan
EE Only	\$48.52	\$28.12
EE + Family	\$123.92	\$68.00



## 2024 MetLife Vision Plan and Rates:

Please visit <https://www.doughertybenefits.com/retiree-benefits> for full plan details.

Covered Benefits	High Plan	Low Plan
Network	VSP Choice	
Exam	\$10 Copay	
Contact Lens Fit/Follow-Up	Max copay of \$60	
Retinal Imaging	Up to \$39 Copay	
Lasik or PRK	15% Discount off Retail and 5% off Promotional	
Frames	\$200 allowance + 20% off balance \$220 allowance on features frames \$110 allowance at Costco, Walmart, and Sam's Club	\$150 allowance + 20% off balance \$170 allowance on features frames \$85 allowance at Costco, Walmart, and Sam's Club
<b>Lenses and Lens Options</b>		
Single/Lines Bifocal & Trifocal/Lenticular	\$10 Copay	\$25 Copay
Standard Progressive Lens	Covered in Full	Up to \$55 copay
Ultraviolet Coating	Covered in Full	Covered in Full
Polycarbonate	Covered in Full	Children: Covered in Full Adults: Up to \$35 Copay
Tint (variable by type)	Covered in Full	Up to \$0 - \$17 Copay
Scratch-Resistant Coating	Covered in Full	Up to \$17 - \$33 Copay
Anti-Reflective Coating (variable by type)	Covered in Full	Up to \$41 - \$85 Copay
Photochromic	Up to \$47 - \$87 Copay	
<b>Contact Lenses</b>		
Elective Contacts	\$200 Allowance	\$150 allowance
Medically Necessary Contacts	Covered in Full after eyewear copay	
<b>Frequencies</b>		
Exams/Lenses or Contact Lenses/Frames	Every 12 Months	Every 24 Months
2 <sup>nd</sup> Pair Benefit	Each covered person can get one of the options below: 2 pairs of prescription eyeglasses 1 pair of prescription eyeglasses and an allowance toward contacts Double the contact lens allowance	Not Covered

Tier	High Plan	Low Plan
EE Only	\$9.44	\$5.30
EE + One	\$17.88	\$10.04
EE + Family	\$26.28	\$14.72



2024 Election - Dental and Vision			
<b>Printed Name</b>			
<b>Benefit Effective Date</b>	*First of the month after benefits end as an active employee.		
<b>Home Address</b>			
<b>Phone Number</b>			
<b>Personal Email Address</b>			
<b>SSN</b>			
<b>Date of Birth</b>			
Dependents			
Relationship	Name	SSN	Date of Birth
Benefit			
<b>Dental</b> <input type="checkbox"/> Low Plan <input type="checkbox"/> High Plan		<b>Vision</b> <input type="checkbox"/> Low Plan <input type="checkbox"/> High Plan	
Coverage Tier			
<b>Dental</b> <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + Family		<b>Vision</b> <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + One <input type="checkbox"/> Employee + Family	
<b>Primary Insured Signature</b>			
<b>Date</b>			
<b>Administrator Signature</b>			
<b>Date</b>			

*\*Note: Billing will be through Interactive Medical Systems (IMS). IMS will collect a monthly admin fee (\$4.50) which will be paid in addition to your premium amount. Only one monthly fee per retiree.*



<b>2024 Election – Life Insurance</b>			
<b>Printed Name</b>			
<b>Benefit Effective Date</b>	*First of the month after benefits end as an active employee.		
<b>Home Address</b>			
<b>Phone Number</b>			
<b>Personal Email Address</b>			
<b>SSN</b>			
<b>Date of Birth</b>			
<b>Beneficiary (Must equal 100%)</b>			
<b>Relationship</b>	<b>Name</b>	<b>Date of Birth</b>	<b>Percentage</b>
<b>Contingent Beneficiary (Must equal 100%)</b>			
<b>Relationship</b>	<b>Name</b>	<b>Date of Birth</b>	<b>Percentage</b>
<b>Benefit</b>			
<b>\$20,000 of coverage</b> Age reduction (Based on age at effective date) Reduces by 35% at age 65 & Reduces by 50% at age 70		<input type="checkbox"/> Employee only coverage amount	
<b>Rate Info – Monthly Premium</b>			
\$20.00 (Rate per \$1,000 = \$1.00)			
Coverage Amount: _____ Monthly Premium: _____			
<b>Primary Insured Signature</b>			
<b>Date</b>			
<b>Administrator Signature</b>			
<b>Date</b>			

*\*Note: Billing will be through Interactive Medical Systems (IMS). IMS will collect a monthly admin fee (\$4.50) which will be paid in addition to your premium amount. Only one monthly fee per retiree.*