

**2023  
Plan Year**



# **Dougherty County School System**

## **Benefits Guide**



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*The Dougherty County School System offers a comprehensive and valuable benefits program to all eligible employees. Our benefits package is designed to provide security and assistance during a time of need. Please become familiar with the various options and select the best coverage for the upcoming plan year.*

### NEED HELP? START HERE:

**CAMPUS BENEFITS SERVICE HUB**  
Phone: 866.433.7661, opt 5  
[MyBenefits@CampusBenefits.com](mailto:MyBenefits@CampusBenefits.com)

**Dougherty County School System**  
Benefits Department:  
Phone: 229.431.1260

## Who's Eligible

- All full-time employees are eligible to enroll in the benefits described throughout this guide
- General plan eligibility is listed on the top of each page. Specific employee and dependent eligibility rules are governed by each plan's policy document/certificate, which is available on your employee benefits website, or by contacting Campus Benefits.

## Enrollment

- Campus Benefits Open Enrollment: October 13th - November 4th, 2022
- State Health Benefit Plan Open Enrollment: October 17th - November 4th, 2022
- **New Hire: Benefits enrollment must take place within 30 days of hire date**
- Plan Year: January 1, 2023 – December 31, 2023

## When Do Benefits Begin

- The effective date of coverage for benefits depends on your hire date. Typically, benefits will begin the first of the month following 30 days of employment. For all benefits, you must be actively at work on the effective date of coverage.

## When Do Benefits End

- Campus Benefits: Coverage as an active employee end the month of your last payroll deduction month. For example, if your last payroll deductions are in March, benefits will end on March 31st. Please consult with a Campus Benefits advisor as to which benefits are portable.
- State Health Benefit Plan: Coverage as an active employee end on the last day of the month after your last payroll deduction month. For example, if your last payroll deductions are in March, benefits will end April 30th.

**Disclaimer:** The Benefits Guide is provided for illustrative purposes only. Actual benefits, eligibility, services, premiums, claims processes and all other features and plan designs for coverage offered are governed exclusively by the provider contract and associated Summary Plan Description (SPD).

# WELCOME TO YOUR BENEFITS ENROLLMENT

## Carefully review this guide to:

- Understand your 2023 Benefit Options
- Carefully review the plan options and consider which ones best meet the needs of you and your family
- Update and provide beneficiaries for Life and AD&D policies

## IMPORTANT, TAKE ACTION REMINDER!

If you do not actively enroll in benefits within 30 days of your date of hire, you will not have benefits coverage.



## Changes

- Employee benefit elections are allowed as a new hire and during the annual open enrollment period. The selected benefits will remain in effect throughout the plan year.
- Only an eligible qualifying life event will allow changes to benefit elections throughout the plan year. All qualifying life events must be submitted within 30 days of the event date.

## Plan Information

- Benefit summaries, policies, as well as certificates will be available for review after the effective date of January 1, 2023 at [www.doughertybenefits.com](http://www.doughertybenefits.com).



# BENEFITS OVERVIEW

## Employer PAID Benefits

- Life Insurance coverage of \$25,000 for employee & \$5,000 of coverage for spouse and eligible children
- MetLife Employee Assistance Program: 10 counseling sessions per year per employee/dependent provided by Dougherty County Schools
- Mutual of Omaha Employee Assistance Program: 6 counseling sessions per year per employee/dependent provided by Dougherty County School System
- Monthly Admin fee for Flexible Spending Account Participants

## Campus Benefits Voluntary Employee PAID Benefit Options

- Short-Term and Long-Term Disability
- Voluntary Term Life
- Permanent Life Insurance
- Dental Insurance
- Vision Insurance
- Critical Illness Insurance
- Accident Insurance
- Hospital Indemnity Insurance
- Cancer Insurance
- Telemedicine \$0 co-pay MedCareComplete
- Legal Plan
- Medical and Dependent Care Flexible Spending Accounts
- Long-Term Care Insurance

## State Health Benefit Plan

- State Health Medical Insurance

**There are two separate benefit enrollments:**

**1. Campus Benefits Voluntary Benefits**

**2. State Health Benefit Plan Medical Insurance**

*\*Benefits enrollment must take place within 30 days of hire date*



### How to Enroll in Campus Benefits Voluntary Benefits

1. Visit [www.doughertybenefits.com](http://www.doughertybenefits.com)
2. Select the "Enroll" tab or the "Campus Connect" tab
3. Follow the on screen instructions

**OR**

**Call Campus Benefits at 866.433.7661 opt 5**

### How to Enroll in State Health Benefit Plan

1. Visit [www.doughertybenefits.com](http://www.doughertybenefits.com)
2. Select the "State Health" tab
3. Select "SHBP Enrollment Link"
  - Refer to page 28 of this guide for additional details

**OR**

**Call SHBP at 800.610.1863**



# SERVICE HUB/ SUPPORT CENTER

Campus Benefits is your dedicated advocate for all your voluntary benefits.

## When to contact the Campus Benefits Service Hub?

- Portability/Conversion
- Benefits Education
- Evidence of Insurability
- Qualified Life Event Changes
- Claims
- Card Requests
- Benefit Questions
- COBRA Information

## How to File a Claim:

1. Contact Campus Benefits via Phone or Email
2. Work with Campus Benefits' claims specialist to complete the necessary paperwork
  - Employee Portion
  - Physician Portion
  - Employer Portion
3. Submit the Necessary Paperwork to Campus Benefits via the secure upload
  - Secure upload located at:

<https://www.doughertybenefits.com/contact-campus>

The Campus Benefits team understands claims processes and leverages the necessary carrier relationships to expedite the paperwork efficiently and ensures claims are not delayed due to improper paperwork completion.

## Frequently Asked Questions (FAQs):

### Q: When must a qualifying life event change be made?

A: Please notify Campus Benefits within 30 days of the life event date. All SHBP life events must be made directly through the SHBP website.

### Q: Am I required to contact Campus Benefits to file a claim?

A: No. However, in our experience the number one reason for claim denial or delay is due to incomplete or inaccurate paperwork. By working with Campus Benefits' claim specialist, we can advocate on your behalf.

### Q: How can I access my dental card or vision card quickly?

A: Your group dental and vision plan information is available at: <https://www.doughertybenefits.com/>



**Phone:** 866.433.7661, Opt 5

**Email:** [mybenefits@campusbenefits.com](mailto:mybenefits@campusbenefits.com)

**Website:** <https://www.doughertybenefits.com/>

# CAMPUS BENEFITS ENROLLMENT

Dougherty County School System



**1** Visit <https://www.doughertybenefits.com/>

**2** Select "Campus Connect" to login

**3** Existing User Login

1. Enter your username
2. Enter your password
3. Click "LOGIN"
4. Click on the "Start Benefits" button and begin the enrollment process

## FAQ'S

### What is my username?

- Work email address OR
- Email address you provided to HR when hired OR
- Email address you used to previously change your username

### What is my password?

To create or reset a forgotten password follow the steps on the login page using tips below.

- Password must be at least 6 characters
- It must contain a symbol and a number
- Using uppercase, numbers and symbols greatly improves security

**\* Benefits enrollment must take place within 30 days of hire date**

**Company Identifier: DCSS2020**

## New User Registration

1. On Login page click on "Register as a new user" and enter information below
  - First Name
  - Last Name
  - **Company Identifier: DCSS2020**
  - PIN: Last 4 Digits of SSN
  - Birthdate
2. Click "Next"
3. Username: Work email address or one you have provided to HR when you were hired
4. Password: Must be at least 6 characters and contain a symbol and a number
5. Click on "Register"
6. On the next page, it will show your selected Username. Click on "Login"
7. Enter Username and Password
8. Click "Start Benefits" to begin the enrollment

## STILL NEED HELP?

### Contact Campus Benefits

Email [mybenefits@campusbenefits.com](mailto:mybenefits@campusbenefits.com)

Call 1-866-433-7661, opt 5

## Login Information

Username: \_\_\_\_\_

Password: \_\_\_\_\_

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# EMPLOYEE ASSISTANCE

**What is an EAP?** A program offered to Dougherty County School System employees & household members to provide guidance with personal issues, planning for life events or simply managing daily life which can affect your work, health and family. The three EAP's can be used in conjunction with one another.



## MetLife Lifeworks EAP

**Eligibility:** All employees, their eligible household members and unmarried children up to age 26

- Coverage through MetLife
- Provides support, resources, and information for personal and work-life challenges
- Receive up to **ten phone or video consultations** for you and your eligible household members, per issue, per year
- CALL 1.888.319.7819 24/7/365 or visit [metlifeeap.lifeworks.com](http://metlifeeap.lifeworks.com) **User name:** metlifeeap **Password:** eap
- Mobile App available: Search "LifeWorks" on iTunes App Store or Google Play.
- Log in with the user name: **metlifeeap** and password: **eap**



## Georgia Public Education/Ga DOE EAP

**Eligibility:** All employees working 29 + hours per week, their eligible household members and children up to age 26

- Provides support when you're facing issues that interfere with your health, well-being and productivity at home or at work.
- **Receive up to six counseling sessions**
- CALL 1.866.279.5177 or visit [www.EAPHelplink.com](http://www.EAPHelplink.com), **Company Code:** GADOE

## Expert advice for work, life, and your well-being

- **Family:** Going through a divorce, caring for an elderly family member, returning to work after having a baby
- **Work:** Job relocation, building relationships with co-workers and managers, navigating through reorganization
- **Money:** Budgeting, financial guidance, retirement planning, buying or selling a home, tax issues
- **Legal Services:** Issues relating to civil, personal and family law, financial matters, real estate and estate planning
- **Identity Theft Recovery:** ID theft prevention tips and help from a financial counselor if you are victimized
- **Health:** Coping with anxiety or depression, getting the proper amount of sleep, how to kick a bad habit like smoking
- **Everyday Life:** Moving and adjusting to a new community, grieving over the loss of a loved one, military family matters, training a new pet

### Plan Rates

Coverage provided at no cost to you by Dougherty County School System!



# ANCE PROGRAMS



## Mutual of Omaha EAP

**Eligibility:** All employees, their eligible household members and unmarried children up to age 26

- Coverage through Mutual of Omaha
- Provides support, resources, and information for personal and work-life challenges
- **Receive up to six face-to-face sessions with a counselor per household per calendar year**
- CALL 1.800.316.2796 or visit 888.319.7819 24/7/365 or visit [mutualofomaha.com/eap](https://mutualofomaha.com/eap)

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

*Your Employee Assistance Program (EAP) can be the answer for you and your family.*

### We're Here to Help

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

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

### EAP Benefits

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

- Access to a library of educational articles, handouts, and resources via [mutualofomaha.com/eap](https://mutualofomaha.com/eap)

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

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

### What to Expect

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

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

#### Plan Rates

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# SHORT-TERM DISABILITY



**What is Short-Term Disability Insurance?** A type of coverage that replaces a portion of your income, for a short period of time, if injury or illness prevents you from working. It provides financial security for you and any loved ones who may depend on your ability to earn a paycheck. You may also hear disability insurance referred to as disability income insurance or income protection.

- Eligibility:** All full-time employees working 20+ hours per week
- Coverage through Mutual of Omaha
  - Employee must be actively at work on the effective date
  - Employee can start and stop using sick leave to get through the elimination period
  - **No health questions EVERY YEAR!**

Short-Term Disability	
Elimination Period	Benefits begin after you have been out of work due to an injury or illness for 14 calendar days
Benefit Duration	Covers accidents and sicknesses up to 13 weeks
Benefit Percentage (weekly)	40%, 50% or 60% of your gross weekly salary
Maximum Benefit Amount (weekly)	\$1,615
Pre-existing condition	3/6 - Any sickness or injury for which you received medical treatment, consultation, care, or services during the specified months (3 months) prior to your coverage effective date. A disability arising from any such sickness or injury will be covered only if it begins after you have performed your regular occupation on a full-time basis for the specified months (6 months) following the coverage effective date. (Applies to new enrollees only)

Monthly Rate Calculation		
<b>Step 1</b>	Divide your Annual Salary by 52. This is your weekly salary.	
<b>Step 2</b>	Multiply weekly salary in Step 1 by 40%, 50%, or 60%. If 60% of weekly salary exceeds \$1,615, then enter \$1,615. This is your maximum weekly benefit amount.	
<b>Step 3</b>	Divide weekly amount in Step 2 by \$10	
<b>Step 4</b>	Multiply Step 3 by the Monthly Rate in the table to the right. This is your <b>monthly</b> premium.	

Short-Term Disability Monthly Rates	
<19-39	\$0.49
40-44	\$0.32
45-49	\$0.34
50-54	\$0.38
55-59	\$0.44
60-64	\$0.50
65+	\$0.59

**\* Enrollment system will calculate based on payroll information provided by employer**

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# LONG-TERM DISABILITY



**What is Long-Term Disability Insurance?** A type of coverage that replaces a portion of your income, for a longer period of time, if injury or illness prevents you from working. It provides financial security for you and any loved ones who may depend on your ability to earn a paycheck. You may also hear disability insurance referred to as disability income insurance or income protection.

- Eligibility:** All full-time employees working 20+ hours per week
- Coverage through Mutual of Omaha
  - Employee must be actively at work on the effective date
  - Employee can start and stop using sick leave to get through the elimination period
  - Employee Assistance Program (EAP) included (Enrollment in the LTD plan is not required to utilize EAP)
  - **No health questions EVERY YEAR!**

Long-Term Disability	
Elimination Period	Benefits begin after you have been out of work due to an injury or illness for 90 calendar days
Benefit Duration	Covers accidents and sicknesses up to social security normal age of retirement
Benefit Percentage (monthly)	60% of your gross monthly salary
Maximum Benefit Amount (monthly)	\$7,000
Pre-existing condition	3/3/12 - Any sickness or injury for which you received medical treatment, consultation, care, or services during the specified months (3 months) prior to your coverage effective date. A disability arising from any such sickness or injury will be covered only if it begins after you have performed your regular occupation on a full-time basis for the specified months (12 months) following the coverage effective date. Unless you can perform your duties for 3 consecutive months without treatment or care, at which point your injury or illness will be covered at the end of the third month. (Applies to new enrollees only)

Monthly Rate Calculation	
<b>Step 1</b>	Divide your Annual Salary by 12. This is your monthly salary.
<b>Step 2</b>	Divide monthly amount in Step 1 by \$100
<b>Step 3</b>	Multiply Step 2 by \$0.86. This is your <b>monthly</b> premium.



**\* Enrollment system will calculate based on payroll information provided by employer**

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# LIFE INSU

The need for life insurance depends on each individual life situation. If loved ones are financially dependent on you, then buying life insurance coverage can absolutely be worth it. Even if you don't have financial dependents yet, life insurance can be a valuable solution for making death easier on a family (at least financially.) There are two voluntary life insurance options offered through your employer: Term Life Insurance and Permanent Life Insurance. To follow is an overview of differences.

**Term Life and Permanent Life work best when used in conjunction with one another. Term Life can protect your family in your younger working years and Permanent Life can protect your family in your retirement years.**



Basic Life and AD&D Insurance  
(Employer Paid)

Voluntary Term Life Insurance

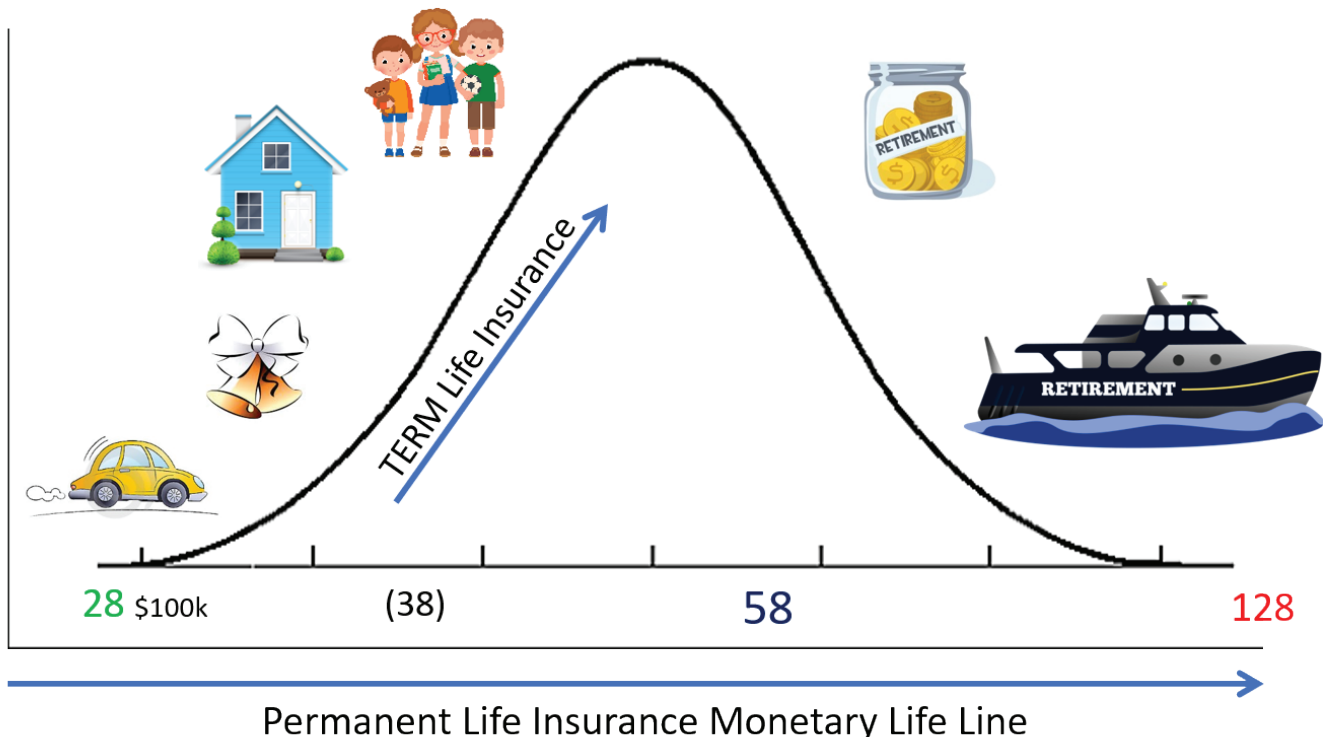
Permanent Life Insurance  
"The Real Deal"

# RANCE 101

## TERM LIFE INSURANCE

Term Life insurance is illustrated on the bell curve below. The term life offered is a group policy which allows you to get more benefit for less premium.

- Term life insurance is for the unexpected death
- Includes an Accidental Death & Dismemberment Benefit
- Term life insurance is flexible and allows changes to your benefit amount each year depending on life changes. For example, as you get married and have children the need for term insurance often increases. As you near retirement, the need for term life insurance often decreases.
- Coverage is portable at retirement or if you leave the employer (**premium will increase when ported or converted**)
- Premiums are based on age and increase as you get older



## PERMANENT LIFE INSURANCE

Permanent Life Insurance is illustrated above along the bottom of the graph with a straight blue arrow.

- **Permanent life insurance offers a stable premium along the lifetime of the policy**
- Permanent life offers a level premium and is meant to take into retirement
- Permanent life is an issue age policy is based on your age when the policy is issued
- This is an individual plan you can take with you regardless of where you work

# BASIC LIFE AND AD&D INSURANCE



**What is Basic Life Insurance?** A financial and family protection plan offered to employees automatically when you become an employee of the Dougherty County School System.

**Eligibility:** All full-time employees working 20+ hours per week

- Coverage through MetLife
- **Basic Life & AD&D premium is paid by the Dougherty County School System**
- Upon termination or retirement, continuation of coverage may apply
- Important to update and review your beneficiaries every year

Basic Life and Accidental Death & Dismemberment (AD&D)	
Employee Benefit Amount	\$25,000
Spouse/Child(ren) Benefit Amount	\$5,000 (New for 2023 Plan Year)
ADDITIONAL PLAN FEATURES	
Age Reduction	35% at Age 65 50% at Age 70
Conversion	Included
Accelerated Life Benefit	Included
Employee Assistance Program (EAP)	Included
Plan Rates	
Provided at no cost to you by the Dougherty County School System.	

**Retiree Life:** A retiree life option is available to employees who retire from the Dougherty County School System. This premium would be paid by the employee, as arranged by Dougherty County School System.

**Eligibility:** Available to those who retire from the Dougherty County School System

- Coverage through MetLife
- Retiree life premium is the responsibility of the employee

Retiree Option (Available to those who retire from Dougherty County School System)	
Benefit Amount	\$20,000
Age Reduction	65% at Age 65 50% at Age 70
RATE INFO	
Coverage Amount: \$20,000	\$10.04
*Premium cost is the responsibility of the employee and must be paid on a semi-annual (\$60.24/every 6 months) or annual basis (\$120.48/year)	

# VOLUNTARY TERM LIFE & AD&D INSURANCE



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

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

- Coverage through MetLife
- Only covered employees may elect dependent coverage
- Dependent coverage may not exceed employee coverage amounts
- Dependents may not be double covered
- **No Health Questions - EVERY YEAR!**

Life and Accidental Death & Dismemberment (AD&D)	
<b>LIFE AND AD&amp;D AMOUNT</b>	
<b>Employee</b>	Increments of \$10,000 up to the lesser of \$500,000 or 5 times annual salary
<b>Spouse</b>	Increments of \$5,000 up to \$250,000 (100% of Employee Election)
<b>Child(ren)</b> (up to Age 26)	Increments of \$5,000 up to \$15,000
<b>GUARANTEED ISSUE /NO HEALTH QUESTIONS (NEW HIRE/INITIAL ENROLLMENT)</b>	
<b>Employee</b>	\$250,000
<b>Spouse</b>	\$50,000
<b>Child(ren)</b>	\$15,000
<b>GUARANTEED INCREASE IN BENEFIT</b>	<p><b>If not enrolled during initial period:</b> Employee can elect \$10,000, with no health questions, at open enrollment</p> <p><b>If currently enrolled:</b> Employee &amp; Spouse can increase up to the guaranteed issue amount at open enrollment, with no health questions</p>
<b>Age Reduction</b>	None
<b>ADDITIONAL FEATURES</b>	
Portability & Conversion (Rates will increase at time of separation of service)	
Accelerated Death Benefit, Waiver of Premium	

Employee & Spouse Monthly Rates (per \$1,000)			
Age	EE NT	EE T	SP
<25	\$0.065	\$0.094	\$0.098
25-29	\$0.075	\$0.141	\$0.098
30-34	\$0.095	\$0.209	\$0.106
35-39	\$0.105	\$0.325	\$0.134
40-44	\$0.126	\$0.503	\$0.192
45-49	\$0.210	\$0.795	\$0.299
50-54	\$0.340	\$1.262	\$0.479
55-59	\$0.585	\$1.521	\$0.746
60-64	\$0.768	\$2.458	\$1.062
65-69	\$1.375	\$6.132	\$1.632
70+	\$4.218	\$6.132	\$4.600
<i>Spouse rate is based on the employee's age</i>			
<i>Multiply above rate factor by desired benefit amount to determine premium. For Example: \$100,000 Benefit for a non-tobacco (NT) user employee at Age 30 .095 x 100 = \$9.50 premium*</i>			

Child(ren) Monthly Rates (per \$1,000)	
<b>Life and AD&amp;D</b>	\$0.232

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# PERMANENT LIFE INSURANCE



**What is Permanent Life Insurance?** Coverage that provides lifelong protection, and the ability to maintain a level premium.

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

- Coverage through Colonial Life
- Whole Life offers the flexibility to meet a variety of personal needs while allowing employees the choice of benefit and premium amounts which fit their paychecks and lifestyles
- Underwriting may be required. Coverage is not guaranteed

Permanent Life Benefits	
<b>PLAN MAXIMUMS</b>	
Employee, Spouse & Children (Children issue age up to age 17 or ages 18 - 26 if a full-time student)	Up to \$500,000
<b>GUARANTEED ISSUE (NO HEALTH QUESTIONS AT INITIAL ENROLLMENT)</b>	
Employee	Up to \$150,000 (Ages 18 - 50) Up to \$75,000 (Ages 51 - 60) Up to \$25,000 (Ages 61 - 79)
Spouse	Up to \$25,000
Child	Up to \$10,000
<b>ADDITIONAL PLAN INFORMATION/OPTIONS</b>	
<p>Chronic Illness Benefit*: 1 time lump sum payment</p> <p>Accelerated Death Benefit: Receive 75% of benefit up to \$150,000</p> <p>Paid Up Option: Age 70 or Age 100</p> <p><i>*Death benefit is reduced by the amount paid out for the chronic illness benefit</i></p>	

**Plan Rates**

Cost of coverage is based on the level of benefit you choose and your age. Please contact a Campus Benefits counselor or log into the enrollment system for rate details.



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

- Eligibility:** All full-time employees working 20+ hours/week, spouse and children (up to age 26)
- **Coverage through Ameritas**
  - Provider directory: <https://dentalnetwork.ameritas.com/> (Network: Classic PPO)
  - Claims must be submitted within 90 days of date of service
  - Orthodontics available for Adults (Employee & Spouse) and Children (Up to age 19)
  - *The chart below is a sample of covered services. Plan Certificate available on your Employee Benefits Website ([doughertybenefits.com](http://doughertybenefits.com)).*

Coinsurance	High Plan	MAC Plan (In-Network ONLY Plan)	Low Plan
Preventive - Type 1	100%	100%	100%
Basic - Type 2	80%	80%	50%
Major - Type 3	50%	50%	50%
Orthodontics	50%	50%	Not Covered


Dental Benefits Summary	High Plan	Mac Plan In-Network Only	Low Plan
Calendar Year Deductible	\$50/person \$150/family		
Out of Network Coverage	90th percentile UCR	Contracted Fee	90th percentile UCR
Waiting period	None		
Calendar Year Plan Maximum	\$2,000 per person	<b>\$3,000 per person</b>	\$750 per person
Orthodontia (Lifetime) *Coverage for Adult Employee & Spouse and Children up to age 19	\$2,000 per person	\$2,000 per person	Not Covered



Monthly Rates			
	High Plan	MAC Plan	Low Plan
Employee	\$40.92	\$33.64	\$29.92
Family	\$104.44	\$87.92	\$73.40

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Services	High Plan	MAC Plan (In-Network Only)	Low Plan
<b>Type 1 - Preventive</b>			
Routine Exam	100%	100%	100%
Bitewing X-rays	100%	100%	100%
Cleaning	100%	100%	100%
Fluoride (Children < 13)	100%	100%	100%
<b>Type 2 - Basic</b>			
Full Mouth X-rays	80%	<b>100%</b>	50%
Restorative Amalgams	80%	80%	50%
Space Maintainers	80%	<b>100%</b>	50%
Restorative Composites	80%	80%	50%
Pre-Diagnostic Test (adults >35)	80%	80%	50%
Sealants (Children <13)	80%	<b>100%</b>	50%
<b>Type 3 - Major</b>			
Onlays	50%	50%	50%
Crowns & Repairs	50%	50%	50%
Endodontics (Surgical & Nonsurgical)	50%	<b>80%</b>	50%
Periodontics (Surgical & Nonsurgical)	50%	<b>80%</b>	50%
Denture Repair	50%	50%	50%
Implants	50%	50%	50%
Prosthodontics	50%	50%	50%
Simple Extractions	50%	<b>80%</b>	50%
Complex Extractions	50%	50%	50%
Anesthesia	50%	50%	50%
<i>Please see the plan certificate on your employee benefits website for a more detailed listing of coverages as well as plan frequencies.</i>			



Employee Name	Employee ID
Dougherty County BOE	351013
Group Name	Group Number

*This card is not a guarantee of coverage or eligibility.  
800.776.9446*

### Register for your secure member account at [ameritas.com](https://ameritas.com).

The one-time set up is quick and easy:

- Go to [ameritas.com](https://ameritas.com)
- Sign in to your Customer (Member) Account under the Dental/Vision/Hearing drop down
- On the Login page select "Register Now"
- Complete the New User Registration form

## Your Plan Includes Dental Rewards

Allows qualifying plan members to carryover part of their unused annual maximum. Visit your employee benefits for additional details. [doughertybenefits.com](https://doughertybenefits.com)

Dental Rewards	Low Plan	Mac/High Plan
Benefit Threshold	\$250	\$750
Annual Carryover Amount	\$125	\$400
Annual PPO Bonus	\$50	\$200
Maximum Carryover	\$500	\$1,200

## Your Plan Includes A LASIK Advantage Benefit

When enrolled in the dental plan, you are automatically enrolled in LASIK coverage. The LASIK benefits increase each year you are on the plan. This is a lifetime benefit and the payment is available only once per person. You must be 18 years of age or older and you can seek services at any facility.

A 12 month late entrant period may apply.

Benefit per Eye	
Year 1 & 2	\$350
Year 3	\$700

## Your Plan Includes A Hearing Care Benefit

Hearing Care Summary	% Coverage	Maximum per benefit period/Benefit Amount
Annual Hearing Exam	100%	Up to \$75 allowance
Hearing Aid	50%	Per ear: Year 1 up to \$100, Year 2 up to \$300, Year 3 up to \$400 allowance
Hearing Aid Maintenance	100%	Up to \$40 allowance
Deductible	None	N/A

*Additional Information: Use any provider or facility.  
Contact Ameritas for questions: 877.359.8346 or visit [ameritas.com/listen](https://ameritas.com/listen)*

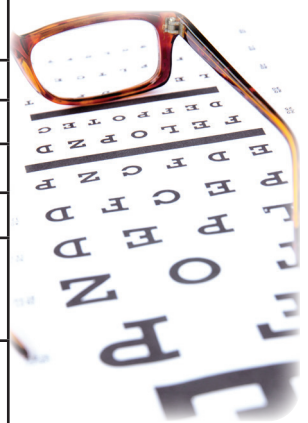
# VISION

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

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

- **Coverage through MetLife**
- Provider Network: <https://www.metlife.com/insurance/vision-insurance/#find-a-provider>
- **(Network: Vision PPO / VSP)**
- Provides additional benefits to members who are not legally blind, but whose eyesight cannot be corrected to 20/70 with the use of optical lenses. See plan certificate for details.
- *The chart below is a sample of covered services. After 1/1/2023 effective date, the Plan Certificate is available on your Employee Benefits Website ([doughertybenefits.com](http://doughertybenefits.com)).*

In-Network Vision Benefits Summary	High Plan	Low Plan	
Exam (with dilation as necessary)	\$10 Copay	\$10 Copay	<b>High Plan Rates</b> Employee \$9.44 Employee +1 \$17.88 Family \$26.28
Contact Lens Fit and Follow-Up (Standard)	Up to \$60 Copay	Up to \$60 Copay	
Lasik or PRK	15% off retail price or 5% off promo price at US Laser Network participating providers		
Frames	\$200 Allowance + 20% off the balance \$220 Allowance for featured frames <small>(\$110 Allowance for Costco &amp; Walmart allowance will be the wholesale equivalent)</small>	\$150 Allowance + 20% off the balance \$170 Allowance for featured frames <small>(\$85 Allowance for Costco &amp; Walmart allowance will be the wholesale equivalent)</small>	
<b>Lenses</b>			
Single Vision, Bifocal, Trifocal, Lenticular	\$10 Copay	\$25 Copay	<b>Low Plan Rates</b> Employee \$5.30 Employee +1 \$10.04 Family \$14.72
Standard Progressive Lenses	Standard & Premium Covered in full	Standard up to \$55 Premium: \$95 - \$175	
<b>Additional Lens Options</b>			
Standard UV Coating	Covered in full	Covered In Full	
Standard Scratch Resistant	Covered in full	\$17 - \$33 Copay	
Standard Polycarbonate	Covered in full for children & adults	Covered in full for dependent children; \$31 - \$35 Copay for adults	
Standard Anti-Reflective Coating	Covered in full	\$41 - \$85 Copay	
<b>Contact Lenses</b>			
Disposable Contacts	\$200 Allowance	\$150 Allowance	
Medically Necessary	Covered in full	Covered in full	
<b>Frequencies</b>			
Exams, Lenses, Contact Lenses and Frames	Every 12 Months	Exams, Lenses, Contact Lenses: Every 12 Months Frames: Every 24 months	
2nd Pair Benefit	Each covered person can get: <ul style="list-style-type: none"> <li>• 2 pairs of prescription eyeglasses <b>OR</b></li> <li>• 1 pair of prescription eyeglasses &amp; an allowance toward contacts <b>OR</b></li> <li>• Double the contact lens allowance</li> </ul>	2nd Pair Benefit - N/A	



# CRITICAL ILLNESS



**What is Critical Illness Insurance?** A health and wellness plan in which you receive a lump sum cash payment if diagnosed with one of the specific illnesses on the predetermined list of critical illnesses.

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

- Coverage through Cigna
- Elect Critical Illness with or without Cancer coverage based on your individual needs
- **Issue Age - Rates are locked in and will not increase with age**
- No health questions – Every Year!
- *The chart below is a sample of covered services. Plan Certificate available on your Employee Benefits Website ([doughertybenefits.com](http://doughertybenefits.com)).*

Critical Illness Benefits Summary	Select Critical Illness with or without cancer
Employee	\$5,000 - \$30,000
Spouse	50% of EE Amount
Dependent Children	50% of EE Amount
<b>COVERED SPECIFIED CRITICAL ILLNESSES</b>	<b>Pays % of Face Amount</b>
Heart Attack (Myocardial Infarction)	100%
Stroke	100%
Major Organ Failure	100%
End Stage Renal Failure (Kidney)	100%
Permanent Paralysis	100%
Advanced Alzheimer's Disease	25%
Coronary Artery Disease	25%
Coma	25%
Benign Brain Tumor	100%
Invasive Cancer	100% if selected with cancer option
Carcinoma in Situ	25% if selected with cancer option
Skin Cancer	\$250 if selected with cancer option
Maximum Payout	New for 2023: Maximum of 5x has been waived
<b>GUARANTEED ISSUE (No Health Questions)</b>	Employee: \$30,000 / Spouse: \$15,000
<b>ANNUAL WELLNESS EXAM</b>	\$75
<b>Re-occurrence Benefit</b>	Payment available for a second covered condition after 180 days. Receive a second payout for the same condition after 12 months
<b>Age Reduction</b>	None
<b>Pre-existing Condition</b>	None

### Plan Rates

Cost of coverage is based on the level of benefit you choose and your age. Please contact a Campus Benefits counselor or log into the enrollment system for rate details.

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# CANCER INSURANCE



**What is Cancer Insurance?** Cancer insurance is a form of supplemental insurance meant to offset cancer-related expenses so you can focus on recovery.

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

- Coverage through Guardian
- Payments made directly to you and do not offset with medical insurance
- **No health questions - Every Year!** (Pre-existing condition will apply for new participants)
- Keep your coverage, at the same cost, even if you retire or change employers
- *The chart below is a sample of covered services. Plan Certificate available on your Employee Benefits Website ([doughertybenefits.com](http://doughertybenefits.com)).*

High Plan Monthly Rates	
EE	\$31.02
EE+SP	\$65.06
EE+CH	\$35.58
EE+F	\$69.62

Low Plan Monthly Rates	
EE	\$18.98
EE+SP	\$39.76
EE+CH	\$21.84
EE+F	\$42.62

Cancer Benefit Description	High Plan	Low Plan
<b>HOSPITAL AND RELATED BENEFITS - DAILY BENEFIT</b>		
Initial Cancer Diagnosis	\$5,000	\$2,500
Continuous Hospital Confinement	Up to \$800/day	Up to \$600/day
Skilled Nursing Care (daily) Extended Care Facility (daily)	\$150 up to 90 days	\$100 up to 90 days
At Home Nursing, Hospice Care (Lifetime)	\$100/day up to 100 days	\$50/day up to 100 days
<b>RADIATION, CHEMOTHERAPY &amp; RELATED BENEFITS</b>		
Radiation, Chemo for Cancer (every 12 months)	Up to \$15,000	Up to \$10,000
Blood, Plasma, Platelets (every 12 months)	\$200/day up to \$10,000	\$100/day up to \$5,000
Medical Imaging (2 per year)	\$200/image	\$100/image
<b>SURGERY AND RELATED BENEFITS</b>		
Surgery (Schedule Amount)	Up to \$5,500	Up to \$4,125
Anesthesia (% of surgery)	25%	25%
Second Surgical Opinion	\$300/procedure	\$200/procedure
Bone Marrow or Stem Cell Transplant		
1. Bone Marrow	\$10,000	\$7,500
2. Stem Cell	\$2,500	\$1,500
3. Donor Benefit	\$1,500	\$1,000
<b>MISCELLANEOUS BENEFITS</b>		
Ambulance (per confinement/2 trip limit)	\$250	\$200
Transportation (local or non-local)	\$.50/mile up to \$1,500 per round trip	\$.50/mile up to \$1,000 per round trip
Outpatient or Family Lodging (Up to 90 days/year)	\$100/day	\$75/day
Physical or Speech Therapy (Up to 4/month)	\$50/visit	\$25/visit
New or Experimental Treatment	\$200/day up to \$2,400	\$100/day up to \$1,000
Prosthesis	Up to \$3,000/device	Up to \$2,000/device
Wellness Exams (annually)	\$75 annually	\$50 annually
Waiting Period (Initial Diagnosis)	30 Days	
Pre-existing Condition	3/12 Any illness or injury for which you received treatment the 3 months prior to your effective date will not be covered for first 12 months. (If previously diagnosed with cancer, must be 5 years cancer free)	
Age Reduction	None	
Includes portability (up to age 70)		

# WELLNESS INCENTIVES

## GET REWARDED FOR PREVENTIVE CARE

**What are Wellness Benefits?** An annual reimbursement for covered members who complete one of the eligible screening procedures on your critical illness and cancer insurance plans.

**Eligibility:** You, your spouse and dependents who are covered on the critical illness or cancer plans

**How it works:**

- If you or a covered dependent perform one of the eligible screenings, you can file a wellness claim
- Once approved, you will receive a check for the wellness benefit amount
- The wellness benefit can be filed annually as long as your critical illness and cancer plans are in force

Available Wellness Benefits	High Plan	Low Plan
Critical Illness Plans - Cigna	\$75	
Cancer Plan - Guardian	\$75	\$50
State Health Benefit Plan	Review page 29 of the benefits guide for details	

What Qualifies as Wellness?	
Critical Illness - Cigna	Cancer- Guardian
<p><b>Including but not limited to:</b></p> <p><b>WELLNESS TREATMENT</b></p> <ul style="list-style-type: none"> <li>• Well Child Care - Visits, Labs and Immunizations</li> <li>• Osteoporosis screenings</li> <li>• Routine gynecological exams</li> <li>• Routine prostate exams</li> <li>• General health exams</li> <li>• Colorectal cancer screenings</li> <li>• Cancer screenings</li> <li>• Adult immunizations</li> </ul> <p><b>HEALTH SCREENING TEST</b></p> <ul style="list-style-type: none"> <li>• Mammography</li> <li>• Pap Smear for women over Age 18</li> <li>• Flexible Sigmoidoscopy Hemocult Stool Specimen</li> <li>• Colonoscopy</li> <li>• Prostate Specific Antigen (for prostate cancer)</li> <li>• Stress test on a bicycle or treadmill</li> <li>• Fasting blood glucose test</li> <li>• Blood test for triglycerides</li> <li>• Serum cholesterol test to determine levels of HDL and LDL</li> <li>• Bone marrow testing</li> <li>• Breast ultrasound</li> <li>• CA 15-3 (blood test for breast cancer)</li> <li>• CA125 (blood test for ovarian cancer)</li> <li>• CEA (blood test for colon cancer)</li> <li>• Chest X-ray</li> <li>• Serum Protein Electrophoresis (blood test for myeloma)</li> <li>• Thermography</li> </ul>	<ul style="list-style-type: none"> <li>• Bone marrow testing</li> <li>• BRCA testing</li> <li>• Breast ultrasound</li> <li>• Breast MRI</li> <li>• CA 15-3 (blood test for breast cancer)</li> <li>• CA125 (blood test for ovarian cancer)</li> <li>• CEA (blood test for colon cancer)</li> <li>• Chest x-ray</li> <li>• Colonoscopy/Virtual</li> <li>• Colonoscopy</li> <li>• CT scans /MRI scans</li> <li>• Flexible sigmoidoscopy</li> <li>• Hemocult stool analysis</li> <li>• Mammography</li> <li>• Pap smear /ThinPrep pap test</li> <li>• PSA (blood test for prostate cancer)</li> <li>• Serum protein electrophoresis (blood test for myeloma)</li> <li>• Testicular ultrasound</li> <li>• Thermograph</li> </ul>
How to submit a claim	
<ul style="list-style-type: none"> <li>• Call 800.754.3207</li> <li>• Fax completed documents to 860.730.6460</li> <li>• Email completed documents to <a href="mailto:supphealthclaims@cigna.com">supphealthclaims@cigna.com</a></li> <li>• Mail completed documents to: Cigna Phoenix Claim Services P.O. Box 55290 Phoenix, AZ 85078</li> <li>• Visit <a href="http://supphealthclaims.com">supphealthclaims.com</a></li> </ul>	<ul style="list-style-type: none"> <li>• Log on to <a href="http://guardianlife.com">guardianlife.com</a> and select "My Account/Login" to register or access your account</li> </ul>
Additional wellness information and claim forms can be found on your employee benefits website, <a href="http://doughertybenefits.com">doughertybenefits.com</a> .	

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# ACCIDENT



**What is Accident Insurance?** A financial and family protection plan designed to help pay for the medical and out-of-pocket costs a covered individual may incur after an accidental injury either on or off the job.

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

- Coverage through MetLife
- **No health questions - Every Year!!**
- *The chart below is a sample of covered services. Please see Plan Certificate for a detailed listing of services in their entirety. Plan Certificate available on your Employee Benefits Website ([doughertybenefits.com](http://doughertybenefits.com)).*

Accident Benefit Description	Low Plan	High Plan
<b>INJURIES</b>		
Fractures	\$50 - \$3,000	\$100 - \$6,000
Dislocations	\$50 - \$3,000	\$100 - \$6,000
Second and Third Degree Burns	\$50 - \$5,000	\$100 - \$10,000
Concussions	\$200	\$400
Cuts/Lacerations	\$25 - \$200	\$50 - \$400
Eye injuries	\$200	\$300
<b>MEDICAL SERVICES &amp; TREATMENT</b>		
Ambulance (Ground)	\$300	\$400
Emergency Room Visit	\$100	\$200
Inpatient Surgery	\$100 - \$1,000	\$200 - \$2,000
Physician Office Visit	\$50	\$100
Medical Testing Benefit	\$100	\$200
<b>ACCIDENTAL DEATH &amp; DISMEMBERMENT</b>		
Accidental Death	\$5,000 - \$75,000*	\$10,000 - \$150,000*
<small>*Covered employee receives 100% of the amount shown, spouse receives 50% and children receive 20% of amount shown. Please refer to plan certificate for additional details.</small>		
Dismemberment	\$250 - \$10,000	\$500 - \$50,000
<b>HOSPITAL COVERAGE (ACCIDENT)</b>		
Admission	\$500 (non-ICU) \$1,000 (ICU) per accident	\$1,000 (non-ICU) \$2,000 (ICU) per accident
Confinement	\$100 / day (non-ICU) \$200 / day (ICU) up to 31 days	\$200 / day (non-ICU) \$400 / day (ICU) up to 31 days
Inpatient Rehab	\$100 / day up to 15 days (not to exceed 30 days / year)	\$200 / day up to 15 days (not to exceed 30 days / year)
Age Reduction	None	
Pre-existing Condition	None	

### Low Plan Monthly Rates

Employee  
\$4.15

Employee + Spouse  
\$8.38

Employee + Child(ren)  
\$8.42

Employee + Family  
\$10.56

### High Plan Monthly Rates

Employee  
\$7.77

Employee + Spouse  
\$15.90

Employee + Child(ren)  
\$15.87

Employee + Family  
\$19.89



# HOSPITAL INDEMNITY



**What is Hospital Indemnity Insurance?** A plan which pays you benefits when you are confined to a hospital, whether for planned or unplanned reasons.

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

- Coverage through Cigna
- **No health questions - Every Year!**
- Benefits do not coincide with health insurance payments and are made directly to you
- *The chart below is a sample of covered services. Please see Plan Certificate for a detailed listing of services in their entirety. Plan Certificate available on your Employee Benefits Website ([doughertybenefits.com](http://doughertybenefits.com)).*

Hospital Indemnity Benefit Description	
Hospital and Related Benefits	
Admission	\$1,000 per admission <i>(Must be admitted as an Inpatient due to a covered injury or illness. Excludes: emergency room treatment, outpatient treatment or re-admission for the same covered injury or illness)</i>
Continuous Hospital Confinement	\$100 per day (up to 30 days)
Hospital Chronic Admission	\$50 per admission
ICU	\$200 per day (up to 30 days)
Observation Stay (Minimum 24 hour stay)	\$100 per 24 hour period (up to 72 hours)
Additional Benefits	Healthy Rewards, Identity Theft, Will Preparation, Health Advocacy and Portability
Age Reduction	None
Pre-existing Condition	None
Benefits Waiting Period	30 Days from the effective date of coverage
Benefits renew every 90 days	
<i>Please see plan certificate for additional plan rules, exclusions and details.</i>	

Monthly Rates
Employee \$13.55
Employee + Spouse \$26.15
Employee + Child(ren) \$23.39
Employee + Family \$35.99



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# MEDCARECOMPLETE



## THE SMART WAY TO REDUCE YOUR HEALTHCARE COSTS

**What is MedCare Complete?** A bundle of services constructed to save you time and money while simplifying your life.

- Eligibility:** All full-time employees working 20+ hours/week, spouse, and unmarried children (up to age 26)
- Coverage through MedCareComplete
  - This is a supplemental benefit and does not replace health insurance.
  - Register @ MCC: [medcarecomplete.com/members](https://medcarecomplete.com/members) to access the full range of benefits
  - Register @ 1800MD: [1800md.com](https://1800md.com) or 800.388.8785 to access telemedicine benefits

### Included with the MedCareComplete Membership:



Medical Bill Negotiator



Restoration Expert



Medication Management



Identity Loss Expense Reimbursement



Telemedicine



Social Media Tracking



Medical & ID Theft Monitoring



Sex Offender Alerts

### 1. Medical Bill Negotiator

A medical bill advocate will identify and appeal common billing errors and overcharges on your behalf. Advocates provide continuous support throughout the appeal that typically results in an average savings of 40% on 80% of the bills reviewed.

### 2. Telemedicine

Get 24/7/365 on-demand telephone access to Board-certified physicians for diagnosis, and prescriptions for common and acute illnesses. **There are no copays and no limit to how many times you can utilize this feature.**

Individual Monthly Rate	Family Monthly Rate
\$10.50 Per Month	\$12.50 Per Month
NO COPAY	

**Acute Illnesses include but are not limited to the following:**

- |            |                      |               |                   |
|------------|----------------------|---------------|-------------------|
| Asthma     | Rashes               | Urinary Tract | Joint Aches       |
| Fever      | Bacterial Infections | Infections    | Pink Eye          |
| Headache   | Diarrhea             | Bronchitis    | Sore Throat       |
| Infections | Heartburn            | Ear Infection | Cold & Flu        |
| Migraines  | Sinus Conditions     | Gout          | Nausea & Vomiting |

### 3. Medical & ID Theft Protection

Service monitors the internet for instances of your personal health and financial information to protect you from becoming a victim of identity theft. The security of your personal health information (PHI) can have a large impact on the medical care you receive.

# LEGAL PLAN



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

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

- Coverage through MetLife
- Elder Care extends to parents and in-laws
- Additional information for non-plan members - [info.legalplans.com](http://info.legalplans.com) or call 800.821.6400
- Under "Not a member?", enter plan access code "Legal" to learn more about plan providers in your area
- Plan members, select member login for plan specific information.
- *Plan Certificate available on your Employee Benefits Website ([doughertybenefits.com](http://doughertybenefits.com)).*
- **\$0 Copay on services if using an In-Network attorney**

	Low Plan (0530010)	High Plan (0531010)
<b>Money Matters</b>	<ul style="list-style-type: none"> <li>• Identity Theft Defense</li> <li>• Negotiations with Creditors</li> <li>• Promissory Notes</li> <li>• Debt Collection Defense</li> <li>• Tax Collection Defense</li> </ul>	<ul style="list-style-type: none"> <li>• Identity Theft Defense</li> <li>• Negotiations with Creditors</li> <li>• Promissory Notes</li> <li>• Debt Collection Defense</li> <li>• Tax Collection Defense</li> <li>• Personal Bankruptcy</li> <li>• LifeStages Identity Management</li> <li>• Tax Audit Representation</li> <li>• Financial Education Workshops</li> </ul>
<b>Home &amp; Real Estate</b>	<ul style="list-style-type: none"> <li>• Deeds</li> <li>• Mortgages</li> <li>• Foreclosure</li> <li>• Tenant Negotiations</li> <li>• Eviction Defense</li> <li>• Security Deposit Assistance</li> </ul>	<ul style="list-style-type: none"> <li>• Deeds</li> <li>• Mortgages</li> <li>• Foreclosure</li> <li>• Tenant Negotiations</li> <li>• Eviction Defense</li> <li>• Security Deposit Assistance</li> <li>• Sale or Purchase (Primary or Vacation Home)</li> <li>• Refinancing &amp; Home Equity</li> <li>• Property Tax Assessments</li> <li>• Boundary &amp; Title Disputes</li> <li>• Zoning Applications</li> </ul>
<b>Estate Planning</b>	<ul style="list-style-type: none"> <li>• Simple and Complex Wills</li> <li>• Healthcare Proxies</li> <li>• Living Wills</li> <li>• Codicils</li> <li>• Powers of Attorney (Healthcare, Financial, Childcare, Immigration)</li> </ul>	<ul style="list-style-type: none"> <li>• Simple and Complex Wills</li> <li>• Healthcare Proxies</li> <li>• Living Wills</li> <li>• Codicils</li> <li>• Powers of Attorney (Healthcare, Financial, Childcare, Immigration)</li> <li>• Revocable &amp; Irrevocable Trusts</li> </ul>
<b>Family &amp; Personal</b>	<ul style="list-style-type: none"> <li>• Guardianship</li> <li>• Conservatorship</li> <li>• Name Change</li> <li>• Review of ANY Personal Legal Document</li> <li>• School Hearings</li> <li>• Demand Letters</li> <li>• Affidavits</li> <li>• Personal Property Issues</li> <li>• Garnishment Defense</li> <li>• Domestic Violence Protection</li> </ul>	<ul style="list-style-type: none"> <li>• Guardianship</li> <li>• Conservatorship</li> <li>• Name Change</li> <li>• Review of ANY Personal Legal Document</li> <li>• School Hearings</li> <li>• Demand Letters</li> <li>• Affidavits</li> <li>• Personal Property Issues</li> <li>• Garnishment Defense</li> <li>• Domestic Violence Protection</li> <li>• Juvenile Court Defense (Including Criminal Matters)</li> <li>• Parental Responsibility Matters</li> <li>• Review of Immigration Documents</li> <li>• Prenuptial Agreement</li> <li>• Adoption</li> </ul>
<b>Civil Lawsuits</b>	<ul style="list-style-type: none"> <li>• Disputes over Consumer Goods &amp; Services</li> <li>• Administrative Hearings</li> <li>• Incompetency Defense</li> </ul>	<ul style="list-style-type: none"> <li>• Disputes over Consumer Goods &amp; Services</li> <li>• Administrative Hearings</li> <li>• Incompetency Defense</li> <li>• Civil Litigation Defense &amp; Mediation</li> <li>• Small Claims Assistance</li> <li>• Pet Liabilities</li> </ul>
<b>Elder Care Issues</b>	Consultation & Document review for issues related to your (or spouses) parents: <ul style="list-style-type: none"> <li>• Medicare</li> <li>• Medicaid</li> <li>• Prescription Plans</li> <li>• Nursing Home Agreements</li> <li>• Leases</li> <li>• Promissory Notes</li> <li>• Deeds</li> <li>• Wills</li> <li>• Power of Attorney</li> </ul>	Consultation & Document review for issues related to your (or spouses) parents: <ul style="list-style-type: none"> <li>• Medicare</li> <li>• Medicaid</li> <li>• Prescription Plans</li> <li>• Nursing Home Agreements</li> <li>• Leases</li> <li>• Promissory Notes</li> <li>• Deeds</li> <li>• Wills</li> <li>• Power of Attorney</li> </ul>
<b>Vehicle &amp; Driving</b>	<ul style="list-style-type: none"> <li>• Repossession</li> <li>• Defense of Traffic Tickets</li> <li>• Driving Privileges Restoration</li> <li>• License Suspension due to DUI</li> </ul>	<ul style="list-style-type: none"> <li>• Repossession</li> <li>• Defense of Traffic Tickets</li> <li>• Driving Privileges Restoration</li> <li>• License Suspension due to DUI</li> </ul>

Low Plan Monthly Rate	High Plan Monthly Rate
\$8.00	\$16.50
NO COPAY	

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# FLEXIBLE SPENDING ACCOUNTS



**What are Medical Flexible Spending (FSAs) Accounts?** A pre-tax benefit account used to pay for out-of-pocket healthcare costs such as deductibles, co-pays, prescribed medication, and other medical costs.

**What are Dependent Care Accounts?** A pre-tax benefit account used to pay for dependent care services such as preschool, summer day camp, before or after school programs, and child or elder day care.

- Coverage through Consolidated Admin Services
- **Plan year is from January 1 - December 31 and employees must re-enroll each year**
- Only family status changes will allow you to change your annual election. The altered election must be consistent with the status change
- Married and not filing jointly participants limited to \$2,500 deferral for Dependent Care
- Transfer of funds between the Dependent Care and Medical Care accounts are not allowed
- *Please visit your Employee Benefits Website for a complete listing of eligible expenses and qualifying*

FSA Benefit Description	
<b>MEDICAL FSA ACCOUNT</b>	
Minimum Contribution	\$300 annually
Maximum Contribution	\$2,850 annually
CARRYOVER MAX- Amount of funds carried over to the next year	\$570 (Any unused amounts over \$570 will be forfeited)
Funds are available at the beginning of the plan year.	
<b>DEPENDENT CARE FSA ACCOUNT</b>	
Minimum Contribution	\$300 annually
Maximum Contribution	\$5,000 annually
CARRYOVER MAX	None (Unused funds are forfeited)
Funds are available as they are payroll deducted.	
<b>PLAN RULES</b>	
RUN OUT PERIOD- The amount of time to turn in receipts for services rendered during the plan year.	90 days after plan end date to turn in receipts
<b>All receipts should be kept to submit if verification is requested</b>	
<i>If terminating employment with Dougherty County School System, remaining FSA funds will be available until the end of the month of your last payroll deduction month. For example, if your last payroll deductions are in March, benefits will end on March 31st. No new charges will be allowed on your FSA card. There is a 90 day run out period on remaining funds.</i>	

Admin Fee	
Fee Per Participant Per Month (One fee even if electing both Medical FSA and Dependent Care)	<b>Covered by Dougherty County School System</b>
Replacement Card Fee	No Charge

## IMPORTANT NOTE:

*Dependent Care FSA is for eligible expenses related to the care of your child, disabled spouse, elderly parent, or other dependent who is physically or mentally unable for self-care (i.e. day care, adult day care) or is disabled. **Medical expenses for your dependent are not eligible for reimbursement under the Dependent Care account.***

# HELPFUL FSA RESOURCES

## What is covered under a Medical FSA Account?

- Medical coinsurance and deductible
- Doctor's office visit co-pays
- Emergency Room costs
- Dental co-pays and out-of-pocket costs
- Vision co-pays and out-of-pocket costs
- Contacts and Glasses
- Prescriptions
- *Please see the full eligibility list for other covered expenses*

### FSA Eligibility List

<https://www.consolidatedadmin.com/fsa-eligible-expenses.html>

### FSA Calculator

(estimates how much you can save with an FSA)  
<https://fsastore.com/services/FSACalculator.aspx>

## Who is covered under a Dependent Care Account?

- Children ages 12 and under (including stepchildren, grandchildren, adopted or foster children, and children related to you who are eligible for a tax exemption on your federal tax return).
- Tax dependents residing with you and incapable of self-care (this could include your spouse, a child age 13 and over, and elderly parents).

## The CARES Act permanently reinstates over-the-counter products, and adds menstrual care products for the first time, as eligible expenses for your FSA funds WITHOUT A PRESCRIPTION!

Eligible items for purchase without a prescription now include, but are not limited to:

- Pain relief medications, e.g., acetaminophen, ibuprofen, naproxen sodium
- Cold & flu medications
- Allergy medications
- Acne treatments
- Eye drops
- Stomach & digestive aids
- Pads, Tampons and Menstrual sponges
- Sleep aids
- Children's pain relievers, allergy medicines, and digestive aids

## Imagine what you could do with CAS' mobile app



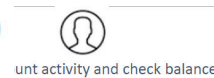
**Get Reimbursed  
Quickly**



**Track Receipts**



**Check Balances**



Account activity and check balance



Update your information



Enter and track expenses



Payment from your account



Claims with receipt images



View eligible expenses, and more!

### IMPORTANT NOTE:

Dependent Care FSA is for eligible expenses related to the care of your child, disabled spouse, elderly parent, or other dependent who is physically or mentally unable for self-care (i.e. day care, adult day care) or is disabled. Medical expenses for your dependent are not eligible for reimbursement under the Dependent Care account.

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# STATE HEALTH BENEFIT PLAN



**Notice:** Dougherty County School System offers all eligible employees health insurance through the Georgia State Health Benefit Plan. During the annual open enrollment, employees have the opportunity to review all available options and make elections for the 2023 Plan Year.

- **Coverage through Anthem, United Healthcare or Kaiser Permanente**
- All qualifying life events must be submitted via the SHBP Portal.
- Kaiser Permanente is only available in the Atlanta Metro area.

## SHBP Enrollment Portal:

<https://myshbpga.adp.com>



## How to Enroll:

1. Go to <https://myshbpga.adp.com>
2. Enter your Username and Password and click Login.  
If you need assistance, click on "Forgot User ID?" or "Forgot Your Password?".
3. If you have not registered, click "Register Here".
4. Your registration code is **SHBP-GA**.

## SHBP Wellness Portal:

<https://bewellshbp.com>

## SHBP Decision Guide:

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

Access the decision guide at <https://shbp.georgia.gov/>

## SHBP Phone Number: 800.610.1863

## SHBP 2023 Wellness Incentives Overview:

Plan Option	Anthem HMO MyIncentive Account	Anthem HRA	Kaiser Permanente	UHC HMO & HDHP Health Incentive Account
Who's Eligible	Up to	Up to		Up to
Member	480 credits	480 credits	\$500*	480 credits
Spouse	480 credits	480 credits	\$500*	480 credits
Bonus credits for member	N/A	N/A	N/A	240 credits**
Potential Total credits/dollars	960 credits	960 credits	\$1,000*	1,200 credits

Please review the Active Decision Guide for full incentive program details and requirements.

\*Kaiser members will receive a \$500 gift card after satisfying KP's Wellness Program requirements.

\*\*UHC matches the first 240 well-being incentive credits earned by the member only (spouses are not eligible) and credits will be added to your HIA.

# 2023 SHBP PLANS & PRICING

The table below is a high-level overview, for official details and plan information please review the SHBP Decision Guide.

Plan Designs for 2023														
	Anthem Gold Plan HRA		Anthem Silver Plan HRA		Anthem Bronze Plan HRA		Anthem HMO		UHC HMO		UHC HDHP		Kaiser HMO*	
	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out
<b>Deductible</b>														
You	\$1,500	\$3,000	\$2,000	\$4,000	\$2,500	\$5,000	\$1,300	\$1,300	\$1,300	\$3,500	\$7,000	\$7,000	N/A	N/A
You + Spouse	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500	\$1,950	\$1,950	\$1,950	\$7,000	\$14,000	\$14,000	N/A	N/A
You + Child(ren)	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500	\$1,950	\$1,950	\$1,950	\$7,000	\$14,000	\$14,000	N/A	N/A
You + Family	\$3,000	\$6,000	\$4,000	\$8,000	\$5,000	\$10,000	\$2,600	\$2,600	\$2,600	\$7,000	\$14,000	\$14,000	N/A	N/A
<b>Medical OOPM</b>														
You	\$4,000	\$8,000	\$5,000	\$10,000	\$6,000	\$12,000	\$4,000	\$4,000	\$4,000	\$6,450	\$12,900	\$12,900	\$6,350	\$6,350
You + Spouse	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000	\$6,500	\$6,500	\$6,500	\$12,900	\$25,800	\$25,800	\$12,700	\$12,700
You + Child(ren)	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000	\$6,500	\$6,500	\$6,500	\$12,900	\$25,800	\$25,800	\$12,700	\$12,700
You + Family	\$8,000	\$16,000	\$10,000	\$20,000	\$12,000	\$24,000	\$9,000	\$9,000	\$9,000	\$12,900	\$25,800	\$25,800	\$12,700	\$12,700
<b>Coinsurance (Plan Pays)</b>	85%	60%	80%	60%	75%	60%	80%	80%	80%	70%	50%	50%	100%	
<b>HRA</b>														
You	\$400	\$200	\$200	\$100	\$100	\$100	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
You + Spouse	\$600	\$300	\$300	\$150	\$150	\$150	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
You + Child(ren)	\$600	\$300	\$300	\$150	\$150	\$150	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
You + Family	\$800	\$400	\$400	\$200	\$200	\$200	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Medical</b>														
ER	Coins after ded	Coins after ded	Coins after ded	Coins after ded	Coins after ded	Coins after ded	\$150 copay	\$150 copay	\$150 copay	Coins after ded	Coins after ded	Coins after ded	\$150 copay	
Urgent Care	Coins after ded	Coins after ded	Coins after ded	Coins after ded	Coins after ded	Coins after ded	\$35 copay	\$35 copay	\$35 copay	Coins after ded	Coins after ded	Coins after ded	\$35 copay	
PCP Visit	Coins after ded	Coins after ded	Coins after ded	Coins after ded	Coins after ded	Coins after ded	\$35 copay	\$35 copay	\$35 copay	Coins after ded	Coins after ded	Coins after ded	\$35 copay	
Specialist Visit	Coins after ded	Coins after ded	Coins after ded	Coins after ded	Coins after ded	Coins after ded	\$45 copay	\$45 copay	\$45 copay	Coins after ded	Coins after ded	Coins after ded	\$45 copay	
Preventative	100%	No Coverage	100%	No Coverage	100%	No Coverage	100%	100%	100%	100%	No Coverage	No Coverage	100%	
<b>Retail Rx</b>														
Tier 1	15%, Min \$20, Max \$50	15%, Min \$20, Max \$50	15%, Min \$20, Max \$50	15%, Min \$20, Max \$50	15%, Min \$20, Max \$50	15%, Min \$20, Max \$50	\$20 copay	\$20 copay	\$20 copay	Coins after ded	Coins after ded	Coins after ded	\$20 copay	
Tier 2	25%, Min \$50, Max \$80	25%, Min \$50, Max \$80	25%, Min \$50, Max \$80	25%, Min \$50, Max \$80	25%, Min \$50, Max \$80	25%, Min \$50, Max \$80	\$50 copay	\$50 copay	\$50 copay	Coins after ded	Coins after ded	Coins after ded	\$50 copay	
Tier 3	25%, Min \$80, Max \$125	25%, Min \$80, Max \$125	25%, Min \$80, Max \$125	25%, Min \$80, Max \$125	25%, Min \$80, Max \$125	25%, Min \$80, Max \$125	\$90 copay	\$90 copay	\$90 copay	Coins after ded	Coins after ded	Coins after ded	\$80 copay	
<b>Mail Order Rx</b>														
Tier 1	15%, Min \$50, Max \$125	15%, Min \$50, Max \$125	15%, Min \$50, Max \$125	15%, Min \$50, Max \$125	15%, Min \$50, Max \$125	15%, Min \$50, Max \$125	\$50 copay	\$50 copay	\$50 copay	Coins after ded	Coins after ded	Coins after ded	\$50 copay	
Tier 2	25%, Min \$125, Max \$200	25%, Min \$125, Max \$200	25%, Min \$125, Max \$200	25%, Min \$125, Max \$200	25%, Min \$125, Max \$200	25%, Min \$125, Max \$200	\$125 copay	\$125 copay	\$125 copay	Coins after ded	Coins after ded	Coins after ded	\$125 copay	
Tier 3	25%, Min \$200, Max \$313	25%, Min \$200, Max \$313	25%, Min \$200, Max \$313	25%, Min \$200, Max \$313	25%, Min \$200, Max \$313	25%, Min \$200, Max \$313	\$225 copay	\$225 copay	\$225 copay	Coins after ded	Coins after ded	Coins after ded	\$200 copay	
Rx OOPM	Combined with Medical	Combined with Medical	Combined with Medical	Combined with Medical	Combined with Medical	Combined with Medical	Combined w/ Medical	Combined w/ Medical	Combined w/ Medical	Combined w/ Medical	Combined w/ Medical	Combined w/ Medical	Combined w/ Medical	
<b>Monthly Premiums</b>														
Employee	\$175.68	\$114.32	\$114.32	\$76.58	\$151.64	\$264.61	\$143.03	\$174.49	\$174.49	\$61.83	\$154.13	\$283.60	\$391.49	\$520.96
Employee + CH	\$320.11	\$307.47	\$307.47	\$303.28	\$436.33	\$580.76	\$264.61	\$318.09	\$318.09	\$126.57	\$283.60	\$391.49	\$520.96	\$520.96
Employee + SP	\$436.33	\$307.47	\$307.47	\$303.28	\$436.33	\$580.76	\$367.76	\$433.83	\$433.83	\$197.24	\$391.49	\$520.96	\$520.96	\$520.96
Family	\$580.76	\$408.95	\$408.95	\$303.28	\$489.34	\$577.43	\$489.34	\$577.43	\$577.43	\$261.98	\$520.96	\$520.96	\$520.96	\$520.96

\*The Kaiser HMO plan is only available in the Atlanta Metro area.

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# SHBP LEGAL NOTICES



## Availability of Summary Health Information Summary of Benefits & Coverage (SBC)

As an employee, the SHBP health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

SHBP offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, SHBP makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBC is available on the web at: <https://prod.dch.georgia.gov/shbp-plan-documents>. A paper copy is also available, free of charge, by calling 912-739-3544.

## About the Following Notices:

The following important legal notices are also posted on the State Health Benefit Plan (SHBP) website at [www.dch.georgia.gov/shbp-plan-documents](http://www.dch.georgia.gov/shbp-plan-documents) under Plan Documents.

### Penalties for Misrepresentation

If a SHBP participant misrepresents eligibility information when applying for coverage during change of coverage or when filing for benefits, the SHBP may take adverse action against the participants, including but not limited to terminating coverage (for the participant and his or her dependents) or imposing liability to the SHBP for fraud for indemnification (requiring payment for benefits to which the participant or his or her beneficiaries were not entitled). Penalties may include a lawsuit, which may result in payment of charges to the Plan or criminal prosecution in a court of law. To avoid enforcement of the penalties, the participant must notify the SHBP immediately if a dependent is no longer eligible for coverage or if the participant has questions or reservations about the eligibility of a dependent. This policy may be enforced to the fullest extent of the law.

### Federal Patient Protection and Affordable Care Act Notices

#### Choice of Primary Care Physician

The Plan generally allows the designation of a Primary Care Physician/Provider (PCP). You have the right to designate any PCP who participates in the Claims Administrator's network, and who is available to accept you or your family members. For children, you may also designate a pediatrician as the PCP. For information on how to select a PCP, and for a list of participating PCPs, call the telephone number on the back of your Identification Card.

#### Access to Obstetrical and Gynecological (OB/ GYN) Care

You do not need prior authorization from the Plan or from any other person (including a PCP) in order to obtain access to obstetrical or gynecological care from a health care professional in the Claims Administrator's network who specializes in obstetrics or gynecology. The healthcare professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, call the telephone number on the back of your Identification Card.

#### HIPAA Special Enrollment Notice

If you decline enrollment for yourself or your Dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your Dependents if you or your Dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your Dependents' other coverage) your other health insurance coverage ends. However, you must request enrollment within 31 days after your or your Dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new Dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your new Dependents. However, you must request enrollment within 31 days after the marriage or adoption, or placement for adoption (or within 90 days for a newly eligible dependent child).

Eligible Covered Persons and Dependents may also enroll under two additional circumstances: The Covered Person's or Dependent's Medicaid or Children's Health Insurance Program (CHIP) coverage is terminated as a result of loss of eligibility; or The Covered Person or Dependent becomes eligible for a subsidy (State Premium Assistance Program).

**NOTE:** The Covered Person or Dependent must request Special Enrollment within sixty (60) days of the loss of Medicaid/CHIP or of the eligibility determination. To request Special Enrollment or obtain more information, call the SHBP Member Services Center at 800-610-1863 or contact your Benefit Coordinator/Payroll Location.

#### Women's Health and Cancer Rights Act of 1998

The Plan complies with the Women's Health and Cancer Rights Act of 1998. Mastectomy,

including reconstructive surgery, is covered the same as other surgery under your Plan option.

Following cancer surgery, the SHBP covers:

- All stages of reconstruction of the breast on which the mastectomy has been performed
- Reconstruction of the other breast to achieve asymmetrical appearance
- Prostheses and mastectomy bras
- Treatment of physical complications of mastectomy, including lymph edema

**NOTE:** Reconstructive surgery requires prior approval, and all Inpatient admissions require prior notification. For more detailed information on the mastectomy related benefits available under the Plan, call the telephone number on the back of your Identification Card.

#### Newborns' and Mothers' Health Protection Act of 1996

The Plan complies with the Newborns' and Mothers' Health Protection Act of 1996. Group health plans and health insurance issuers generally may not, under Federal law, restrict Benefits for any Hospital length of stay in connection with childbirth for the mother or newborn to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending Provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). In any case, plans and issuers may not, under Federal law, require that a Provider obtain authorization from the Plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours, as applicable).

#### HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT NOTICE OF INFORMATION PRIVACY PRACTICES

Georgia Department of Community Health  
State Health Benefit Plan Notice of Information Privacy Practices  
Revised August 4, 2015

The purpose of this notice is to describe how medical information about you, which includes your personal information, may be used and disclosed and how you can get access to this information. Please review it carefully.

#### The Georgia Department of Community Health (DCH) and the State Health Benefit Plan Are Committed to Your Privacy.

DCH understands that your information is personal and private. Certain DCH employees and companies hired by DCH to help administer the Plan (Plan Representatives) use and share your personal and private information in order to administer the Plan. This information is called "Protected Health Information" (PHI), and includes any information that identifies you or information in which there is a reasonable basis to believe can be used to identify you and that relates to your past, present, or future physical or mental health or condition, the provision of health care to you, and payment for those services. This notice tells how your PHI is used and shared by DCH and Plan Representatives. DCH follows the information privacy rules of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

Only Summary Information is Used When Developing and/or Modifying the Plan. The Board of Community Health, which is the governing Board of DCH, the Commissioner of DC Hand the Chief of the Plan administer the Plan and make certain decisions about the Plan. During those processes, they may review certain reports that explain costs, problems, and needs of the Plan. These reports never include information that identifies any individual person. If your employer is allowed to leave the Plan entirely, or stop offering the Plan to a portion of its workforce, DCH may provide Summary Health Information (as defined by federal law) for the applicable portion of the workforce. This Summary Health Information may only be used by your employer to obtain health insurance quotes from other sources and make decisions about whether to continue to offer the Plan. Please note that DCH, Plan Representatives, and your employer are prohibited by law from using any PHI that includes genetic information for underwriting purposes.

Plan "Enrollment Information" and "Claims Information" are Used in Order to Administer the Plan. PHI includes two kinds of information, Legal Notices (cont.) "Enrollment Information" and "Claims Information." "Enrollment Information" includes, but is not limited to, the following types of information regarding your plan enrollment: (1) your name, address, email address, social security number and all information that validates you (and/or your Spouse and Dependents) are eligible or enrolled in the Plan; (2) your Plan enrollment choice; (3) how much you pay for premiums; and (4) other health insurance you may have in effect. There are certain types of "Enrollment Information" which may be supplied to the Plan by you or your personal representative, your employer, other Plan vendors or other governmental agencies that may provide other benefits to you. This "Enrollment Information" is the only kind of PHI your employer is allowed to obtain. Your employer is prohibited by law from using this information for any purpose other than assisting with Plan enrollment. "Claims Information" includes information your health care providers submit to the Plan. For example, claims information may include medical bills, diagnoses, statements, x-rays or lab test results. It also includes information you may submit or communicate directly to the Plan, such as health questionnaires, biometric screening results, enrollment forms, leave forms, letters and/or telephone calls. Lastly, it includes information about you that may be created by the Plan. For example, it may include payment statements and/or other financial transactions related to your health care providers.

Your PHI is Protected by HIPAA. Under HIPAA, employees of DCH and employees of outside companies and other vendors hired or contracted either directly or indirectly by DCH to administer the



# SHBP LEGAL NOTICES



Plan are “Plan Representatives,” and therefore must protect your PHI. These Plan Representatives may only use PHI and share it as allowed by HIPAA, and pursuant to their “Business Associates” agreements with DCH to ensure compliance with HIPAA and DCH requirements. DCH Must Ensure the Plan Complies with HIPAA. DCH must make sure the Plan complies with all applicable laws, including HIPAA. DCH and/or the Plan must provide this notice, follow its terms and update it as needed. Under HIPAA, Plan Representatives may only use and share PHI as allowed by law. If there is a breach of your PHI, DCH must notify you of the breach.

Plan Representatives Regularly Use and Share your PHI in Order to Administer the Plan. Plan Representatives may verify your eligibility in order to make payments to your health care providers for services rendered. Certain Plan Representatives may work for contracted companies assisting with the administration of the Plan. Bylaw, these Plan Representative companies also must protect your PHI. HIPAA allows the Plan to use or disclose PHI for treatment, payment, or health care operations.

Below are examples of uses and disclosures for treatment, payment and health care operations by Plan Representative Companies and PHI data sharing.

**Claims Administrator Companies:** Plan Representatives process all medical and drug claims; communicate with the Plan Members and/or their health care providers.

**Wellness Program Administrator Companies:** Plan Representatives administer Well-Being programs offered under the Plan; and communicate with the Plan Members and/or their health care providers.

**Actuarial, Health Care and/or Benefit Consultant Companies:** Plan Representatives may have access to PHI in order to conduct financial projections, premium and reserve calculations, and financial impact studies on legislative policy changes affecting the Plan.

**State of Georgia Attorney General’s Office, Auditing Companies and Outside Law Firms:** Plan Representatives may provide legal, accounting and/ or auditing assistance to the Plan.

**Information Technology Companies:** Plan Representatives maintain and manage information systems that contain PHI.

**Enrollment Services Companies:** Plan Representatives may provide the enrollment website and/or provide customer service to help Plan Members with enrollment matters.

**Note:** Treatment is not provided by the Plan but we may use or disclose PHI in arranging or approving treatment with providers. Legal Notices (cont.) 43 Under HIPAA, all employees of

DCH must protect PHI and all employees must receive and comply with DCH HIPAA privacy training. Only those DCH employees designated by DCH as Plan Representatives for the SHBP healthcare component are allowed to use and share your PHI.

DCH and Plan Representatives May Make Uses or Disclosures Permitted by Law in Special Situations. HIPAA includes a list of special situations when the Plan may use or disclose your PHI without your authorization as permitted by law. The Plan must track these uses or disclosures. Below are some examples of special situations where uses or disclosures for PHI data sharing are permitted by law. These include, but are not limited to, the following:

**Compliance with a Law or to Prevent Serious Threats to Health or Safety:** The Plan may use or share your PHI in order to comply with a law or to prevent a serious threat to health and safety.

**Public Health Activities:** The Plan may give PHI to other government agencies that perform public health activities.

**Information about Eligibility for the Plan and to Improve Plan Administration:** The Plan may give PHI to other government agencies that may provide you benefits (such as state retirement systems) in order to get information about your eligibility for the Plan and to improve administration of the Plan.

**Research Purposes:** Your PHI may be given to researchers for a research project, when the research has been approved by an institutional review board. The institutional review board must review the research project and its rules to ensure the privacy of your information.

Plan Representatives Share Some Payment Information with the Employee. Except as described in this notice, Plan Representatives are allowed to share your PHI only with you and/or with your legal personal representative. However, the Plan may provide limited information to the employee about whether the Plan paid or denied a claim for another family member.

You May Authorize Other Uses of Your PHI. Plan Representatives may not use or share your PHI for any reason that is not described in this notice without a written authorization by you or your legal representative. For example, use of your PHI for marketing purposes or uses or disclosures that would constitute a sale of PHI are illegal without this written authorization. If you give a written authorization, you may revoke it later.

You Have Privacy Rights Related to Plan Enrollment Information and Claims Information that Identifies You.

**Right to Inspect and Obtain a Copy of your Information, Right to Ask for a Correction:** You have the right to obtain a copy of your PHI that is used to make decisions about you. If you think it is incorrect or incomplete, you may contact the Plan to request a correction.

**Right to Ask for a List of Special Uses and Disclosures:** You have the right to ask for a list of all special uses and disclosures.

**Right to Ask for a Restriction of Uses and Disclosures or for Special Communications:** You have the right to ask for added restrictions on uses and disclosures, but the Plan is not re-

quired to agree to a requested restriction, except if the disclosure is for the purpose of carrying out payment or health care operations, is not otherwise required by law, and pertains solely to a health care item or service that you or someone else on your behalf has paid in full. You also may ask the Plan to communicate with you at a different address or by an alternative means of communication in order to protect your safety.

**Right to a Paper Copy of this notice and Right to File a Complaint:** You have the right to a paper copy of this notice. Please contact the SHBP Member Services Center at 1-800-610-1863 or you may download a copy at [www.dch.georgia.gov/shbp](http://www.dch.georgia.gov/shbp). If you think your HIPAA privacy rights may have been violated, you may file a complaint. You may file the complaint with the Plan and/or the U.S. Department of Health & Human Services, Office of Civil Rights, Region IV. You will never be penalized by the Plan or your employer for filing a complaint.

Address to File HIPAA Complaints:  
**Georgia Department of Community Health**  
SHBP HIPAA Privacy Unit  
P.O. Box 1990  
Atlanta, GA 30301  
1-800-610-1863

**U.S. Department of Health & Human Services Office for Civil Rights**  
**Region IV**  
Atlanta Federal Center  
61 Forsyth Street SW Suite 3B70  
Atlanta, GA 30303-8909  
1-877-696-6775

**For more information about this Notice, contact:**  
Georgia Department of Community Health  
State Health Benefit Plan  
P.O. Box 1990  
Atlanta, GA 30301  
1-800-610-1863

**MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT OPT-OUT NOTICE**  
Election to be Exempt from Certain Federal law requirements in title XXVII of the Public Health Service Act Date:  
August 4, 2015

**TO:** All Members of the State Health Benefit Plan who are not Enrolled in a Medicare Advantage Option  
Group health plans sponsored by state and local governmental employers must generally comply with Federal law requirements in title XXVII of the Public Health Service Act. However, these employers are permitted to elect to exempt a plan from the requirements listed below for any part of the plan that is “self-funded” by the employer, rather than provided through a health insurance policy. Your plan option is self-funded because the Department of Community Health (DCH) pays all claims directly instead of buying a health insurance policy.

The Department of Community Health has elected to exempt your State Health Benefit Plan from the Mental Health Parity and Addiction Equity Act, that includes protections against having benefits for mental health and substance use disorders be subject to more restrictions than apply to medical and surgical benefits covered by the Plan.

The exemption from these federal requirements will be in effect for the plan year starting January 1, 2016 and ending December 31, 2016. The election may be renewed for subsequent plan years.

**Disclaimer:** The Benefits Guide is provided for illustrative purposes only. Actual benefits, eligibility, services, premiums, claims processes and all other features and plan designs for coverage offered are governed exclusively by the provider contract and associated Summary Plan Description (SPD).

# LONG-TERM CARE INSURANCE

## What is Long-Term Care?

Long-term care is a range of services and support for your personal care needs. Most long-term care isn't medical care. Instead, most long-term care provides help with six basic personal tasks of everyday life like bathing, dressing, eating, toileting, transferring and continence. A diagnosis of a cognitive impairment will qualify for long-term care services.

## What Kind of Care does Long-Term Care Insurance Cover?

Long-term care insurance typically covers a comprehensive array of care in either your home or at a specialized facility. The exact type of covered varies by policy, but it often includes:

- Home health care such as skilled in-home nursing care; occupational, speech, physical and rehabilitation therapy; and help with activities of daily living like bathing and eating. Some policies may also include homemaker services like meal preparation and house cleaning services.
- Respite care that provides temporary care at a home, adult day care or nursing home. It's meant to relieve a primary caregiver of responsibilities for a span of a few weeks per year.
- Adult day care centers
- Assisted living facilities
- Nursing homes
- Alzheimer's special care facilities

A few long-term care insurance policies also cover short-term hospice care. Hospice care helps manage the physical pain and emotional and spiritual needs of people facing a terminal illness. Hospice care, however, is one form of care that Medicare usually covers for people with a life expectancy of six months or less, so it's often not covered by long-term care insurance.

Long-term care insurance typically doesn't cover care provided by family members. It also usually doesn't cover medical care costs—those are typically covered by private health insurance and/or Medicare.



**INTERESTED IN DISCUSSING LONG-TERM CARE**

**INSURANCE?**

**START HERE:**

**CAMPUS BENEFITS SERVICE HUB**  
Phone: 866.433.7661, opt 5  
[MyBenefits@CampusBenefits.com](mailto:MyBenefits@CampusBenefits.com)

# GLOSSARY OF TERMS

*Definitions Disclaimer: The definitions below are for illustrative purposes only. Actual plan definitions are governed exclusively by the provider contract and associated Summary Plan Description (SPD). Please visit <https://www.dougherty-benefits.com/> for each plans policy document/certificates and actual benefit definitions.*

**Accelerated Life Benefit** - An accelerated life benefit, also known as a terminal illness rider, is a life insurance policy add-on that allows you to access your policy's death benefit before you die if you're diagnosed with a qualifying serious illness — typically a terminal one.

**Age Reduction** - A reduction of the face amount of your group insurance policy when you reach a certain age. Please review the age reductions on the Basic Life insurance.

**Beneficiary** - A life insurance beneficiary is the person or entity that will receive the money from your policy's death benefit when you pass away. When you purchase a life insurance policy, you choose the beneficiary of the policy. Please update your beneficiaries as needed for your Basic Life Insurance, Voluntary Term Life Insurance and/or Permanent Life Insurance.

**Conversion** - Conversion is when you convert your term life insurance policy into a permanent life insurance policy. Please refer to the plan certificate for details on converting your term life coverage.

**Dependents** - The definition of eligible dependents vary by insurance carrier. Eligible dependents may include your spouse and taxable dependent children who are under the age of 26. Child marital status will impact benefit eligibility. Please refer to each plans policy document for verification of dependent eligibility.

**Elimination Period** - Elimination period is a term used to refer to the time period between an injury and the receipt of benefit payments. In other words, it is the length of time between the beginning of an injury or illness and receiving benefit payments from an insurer.

**Guaranteed Issue** - A plan's guaranteed issue (GI) is the amount of life insurance available to an employee without having to provide Evidence of Insurability, or EOI/ no health questions. This is particularly helpful if you have health issues which may make you otherwise uninsurable.

**Indemnity** - Security or protection against a loss or other financial burden.

**Portability** - The portability provision allows you to take coverage with you when you leave your place of employment. The portability rate will differ from current plan rates and are determined by the plan carrier at the time of portability. Portability must be completed within a specific time frame. Please refer to the plans policy certificate for details on portability.

**Pre-existing Condition** - An illness or injury experienced before enrollment in a insurance plan may be considered a pre-existing condition. Pre-existing conditions can include health issues such as cancer, diabetes, lupus, depression, acne, pregnancy, or just about any other health condition you can imagine. Refer to each plans document for pre-existing condition limitations.

**Qualifying Life Event Change** - A change in your situation — like getting married, having a baby, or losing benefit coverage — that can make you eligible for a Special Enrollment Period, allowing you to enroll in insurance outside the yearly Open Enrollment Period.

**Waiver of Premium** - A waiver of premium rider is an insurance policy clause that waives premium payments if the policyholder becomes critically ill, seriously injured, or physically impaired. Other stipulations may apply, such as meeting specific health and age requirements.

**U&C (Usual & Customary)** - The amount paid for dental services in a geographic area based on what providers in the area usually charge for the same or similar service.

**Waiting Period** - A waiting period is the amount of time an insured must wait before some or all of their coverage goes into effect. The insured may not receive benefits for claims filed during the waiting period. Waiting periods may also be known as elimination periods and qualifying periods.



## The Service Hub Helps With:

- Portability/Conversion
- Benefits Education
- Evidence of Insurability
- Qualified Life Event Changes
- Claims
- Card Requests
- Benefit Questions
- COBRA Information



**Phone:** 866.433.7661, opt 5

**Email:** [mybenefits@campusbenefits.com](mailto:mybenefits@campusbenefits.com)

**Benefit website address:** [doughertybenefits.com](http://doughertybenefits.com)

The 2023 Benefits Enrollment Guide is provided for illustrative purposes only. Actual benefits, eligibility, services, premiums, claims processes and all other features and plan designs for coverage offered is governed exclusively by the insurance contract and associated Summary Plan Description (SPD). In case of discrepancies between this document and the insurance contract and SPD, the contract and SPD will prevail.

We reserve the right to change, modify, revise, amend or terminate these plan offerings at any time.

Updates, changes and notices are all located at [doughertybenefits.com](http://doughertybenefits.com).

These should be reviewed fully prior to electing any benefits.