

RETIREMENT BENEFIT OPTIONS / BILLING PROCESSES

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

Life Insurance

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

Dental

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

Vision

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

Steps to Elect



Review Options

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



Complete the Enrollment Form(s)

Complete the enclosed form(s) and submit them to Campus Benefits.

Email to:

mybenefits@campusbenefits.com



Have questions?

Need assistance with the plans, please contact Campus Benefits.

Phone: 866-433-7661, opt. 5

Email: mybenefits@campusbenefits.com

Dougherty County School System

Retiree Benefits Process and Billing

As a recent retiree of Dougherty County School System, you also have an option to elect Retiree Life, Dental and Vision insurance. Interactive Medical Systems/IMS is the billing administrator for elected retiree benefits (and COBRA benefits).

After termination, employees also have the option to utilize COBRA to continue coverage on several benefits for up to 18 months which include dental and vision insurance.

All terminated employees will receive COBRA paperwork directly from IMS; However, COBRA paperwork doesn't need to be completed if electing retiree benefits. Below outlines the process for electing retiree benefits.

Enrollment Steps

1. Go to doughertybenefits.com/retiree-benefits and choose the Retiree Benefits tab to review benefit options for Retiree Life, Dental and Vision.
2. Complete Retiree Enrollment Packet & return to Campus Benefits for processing (Email to mybenefits@campusbenefits.com).
3. After Retiree Coverage Effective Date, Interactive Medical Systems/IMS (Retiree Billing Administrator) will mail out Billing Options letter to the retiree. If a letter is not received within 7-14 days of Retiree Benefits Effective Date contact Campus Benefits at 1.866.433.7661, option 5.
4. Employees have within 30 days from Retiree Effective Date to set up billing option with IMS.
 - a. Payment Options:
 - i. Check By Mail: Mail check utilizing Coupon Book (Monthly, Quarterly, Semi-annually, or Annually).
 - ii. Bank Draft: Create an account with IMS and submit ACH Draft Form.
 - iii. Submit Payment Online.

Important Reminders

1. Payments cannot be made over the phone with IMS.
2. Benefits Provider is not notified of retiree coverage election until approximately five workdays from when IMS receives first premium payment.

Billing Contact Information

Interactive Medical Systems/IMS
P.O. Box 1349
Wake Forest, NC 27588
1.800.426.8739 or 919.877.9933, opt 5054
Web: IMS-tpa.com
Email: cobradept@ims-tpa.com
Online: [Contact Form \(bottom of webpage\)](#)
<https://www.ims-tpa.com/members/>

IMS/My RSC Login: myrsc.com
My RSC Login Q&As: myrsc.com/login.asp

Campus Benefits Contact Information

Campus Benefits
Phone: 1.866.433.7661, opt 5
Email: mybenefits@campusbenefits.com
Online: www.doughertybenefits.com/contact-campus



2026 Mutual of Omaha Retiree Life Plan and Rates:

Please visit <https://www.doughertybenefits.com/retiree-benefits> for full plan details. Below is high-level overview.

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

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

Beneficiaries

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

2026 Guardian Dental Plan and Rates (Network – DentalGuard Preferred):

Please visit <https://www.doughertybenefits.com/retiree-benefits> for full plan details. Below is high-level overview. *Note: The Middle Plan is not available under the retiree program.

Benefits	High Plan	Low Plan
Network	DentalGuard Preferred Go to any provider	DentalGuard Preferred Go to any provider
Preventive (Type 1)	100%	100%
Basic (Type 2)	80%	60%
Major (Type 3)	50%	0%
Deductible per Calendar Year (Max 3 per family)	\$50/person Waived for Type 1	\$50/person Waived for Type 1
Calendar Year Max	\$1,250/person (Rollover Included)	\$1,000/person
Allowance	90 th UCR	90 th UCR

Sample Covered Benefits*	High Plan	Low Plan
Routine Exam & Cleaning (2 per calendar year)	Type 1 - 100%	Type 1 - 100%
X-Rays	Type 1 - 100%	Type 1 - 100%
Space Maintainers	Type 2 – 80%	Type 1 - 100%
Fillings (include posterior composites)	Type 2 – 80%	Type 2 – 60%
General Anesthesia	Type 3 – 50%	Type 2 – 60%
Simple Extractions	Type 3 – 80%	Type 2 – 60%
Complex Extractions	Type 3 – 50%	Type 2 – 60%
Endodontics	Type 3 – 50%	Type 2 – 60%
Periodontics	Type 3 – 50%	Type 2 – 60%
Bridges & Dentures	Type 3 – 50%	Not Covered
Inlays/Onlays/Veneers	Type 3 – 50%	Not Covered
Implants	Type 3 – 50%	Not Covered
Single Crowns	Type 3 – 50%	Not Covered

**Please review the plan highlight sheets and certificates for full coverage details.*

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



2026 MetLife Vision Plan and Rates (Network – VSP Choice):

Please visit <https://www.doughertybenefits.com/retiree-benefits> for full plan details. Below is high-level overview.

Sample Covered Benefits*	High Plan	Low Plan
Exam	\$20 Copay	
Contact Lens Fit/Follow-Up	Max copay of \$60	
Retinal Imaging	Up to \$39 Copay	
Lasik or PRK	15% Discount off Retail and 5% off Promotional	
Frames	\$180 allowance + 20% off balance \$200 allowance on features frames \$100 allowance at Costco, Walmart, and Sam’s Club	\$150 allowance + 20% off balance \$170 allowance on features frames \$85 allowance at Costco, Walmart, and Sam’s Club
Single/Lines Bifocal & Trifocal/Lenticular	\$25 Copay	\$25 Copay
Standard Progressive Lens	Standard/Premium/Custom Covered in Full	Standard: Up to \$55 copay Premium: \$95 - \$175
Ultraviolet Coating	Covered in Full	Covered in Full
Polycarbonate	Children: Covered in Full Adults: Up to \$35 Copay	Children: Covered in Full Adults: Up to \$35 Copay
Tint (variable by type)	Covered in Full	Up to \$0 - \$17 Copay
Scratch-Resistant Coating	Covered in Full	Up to \$17 - \$33 Copay
Anti-Reflective Coating (variable by type)	Up to \$41 - \$85 Copay	Up to \$41 - \$85 Copay
Photochromic	Up to \$47 - \$87 Copay	
Elective Contacts	\$180 Allowance	\$150 allowance
Medically Necessary Contacts	Covered in Full after eyewear copay	
Frequencies		
Exams/Lenses or Contact Lenses/Frames	Every 12 Months	Every 12 Months
2 nd Pair Benefit (Must be invoiced as two separate purchases)	Each covered person can get one of the options below: 2 pairs of prescription eyeglasses, OR 1 pair of prescription eyeglasses and an allowance toward contacts, OR Double the contact lens allowance	Not Covered

*Please review the plan highlight sheets and certificates for full coverage details.

Tier	High Plan	Low Plan
EE Only	\$17.70	\$9.95
EE + One	\$33.53	\$18.83
EE + Family	\$49.28	\$27.60



Enrollment Forms: Next two pages

2026 Enrollment Form – Retiree Dental & Vision			
Printed Name			
Benefit Effective Date	*First of the month after benefits end as an active employee.		
Home Address			
Phone Number			
Personal Email Address			
SSN			
Date of Birth			
Dependents (must be listed for coverage)			
Relationship	Name	SSN	Date of Birth
Benefit			
Dental ☐ Low Plan ☐ High Plan		Vision ☐ Low Plan ☐ High Plan	
Coverage Tier			
Dental ☐ Employee Only ☐ Employee + Family		Vision ☐ Employee Only ☐ Employee + One ☐ Employee + Family	
Primary Insured Signature			
Date			

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

2026 Enrollment Form – Retiree Life Insurance			
Printed Name			
Benefit Effective Date	*First of the month after benefits end as an active employee.		
Home Address			
Phone Number			
Personal Email Address			
SSN			
Date of Birth			
Beneficiary (Must equal 100%)			
Relationship	Name	Date of Birth	Percentage
Contingent Beneficiary (Must equal 100%)			
Relationship	Name	Date of Birth	Percentage
Benefit			
\$20,000 of coverage (Maximum) Age reduction (based on age at effective date) Reduces by 35% at age 65 & Reduces by 50% at age 70		☐ Employee only coverage amount	
Rate Info – Monthly Premium			
Maximum \$20.00 (Rate per \$1,000 = \$1.00)			
Coverage Amount: _____ Monthly Premium: _____			
Primary Insured Signature			
Date			

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