



2019

Benefit Guide



Dougherty County
School System

Building a great community, one student at a time!

INTRODUCTION

The Dougherty County Board of Education 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.

Who's Eligible

- All full-time employees are eligible to enroll in the benefits described throughout this guide.

Enrollment

- Open Enrollment: October 15, 2018 - November 2, 2018
- New Hire: Benefits enrollment must take place within 30 days of hire date.
- Plan Year: January 1, 2019 – December 31, 2019

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.
- A qualifying life event allows eligible 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, 2019 at www.doughertybenefits.com.

TABLE OF CONTENTS

Eligibility.....	2
Benefits Portal.....	3
Short-Term Disability Insurance.....	4
Long-Term Disability Insurance.....	5
Basic Life Insurance (EMPLOYER PAID)..	6
Voluntary-Term Life Insurance.....	7
Permanent Life Insurance.....	8
Dental Insurance.....	9
Vision Insurance.....	10
Critical Illness Insurance.....	11
Accident Insurance.....	12
Hospital Indemnity Insurance.....	13
MedCareComplete Program.....	14
Legal Plan.....	15
Flexible Spending Accounts.....	16
SHBP & Legal Notices.....	17-20
Employee Assistance Program.....	21-22
SmartBen FAQ.....	23

NEED HELP? START HERE:

CAMPUS BENEFITS SERVICE HUB

Phone: 866-433-7661

Email: MyBenefits@CampusBenefits.com

Dougherty County Schools

Benefits Department:

Phone: 229-431-1260

NEW BENEFITS PORTAL!

www.doughertybenefits.com



Home Contact Campus Benefits Qualifying Life Events



Welcome to Dougherty County Schools' Benefit Portal

Dougherty County Schools strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you're getting the most out of your benefits!

THERE'S AN APP FOR THAT!



SmartBen
NOW

Don't forget to download SmartBen NOW today for things like:

- Accessing benefit information anywhere
- Current balances and contributions
- One-touch launch to benefit portals on-the-go
- A quick launch to telemedicine
- Current status of deductibles and out of pocket balances

The Benefits Guide is provided for illustrative purposes only. Actual benefits, 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).

SHORT-TERM DISABILITY

What is Short-Term Disability Insurance? A financial and family protection plan designed to assist with income replacement in the event an employee cannot work due to an accident or illness for a short period of time.

- **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 & Duration	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 11 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		
Step 1	Divide your Annual Salary by 52. This is your weekly salary.	
Step 2	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.	
Step 3	Divide weekly amount in Step 2 by \$10	
Step 4	Multiply Step 3 by the Monthly Rate in the table to the right. This is your monthly 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

LONG-TERM DISABILITY

What is Disability Insurance? A financial and family protection plan designed to assist with income replacement in the event an employee cannot work due to an accident or illness potentially for one's working lifetime.

- **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 & Duration	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)	\$6,000
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		
Step 1	Divide your Annual Salary by 12. This is your monthly salary.	
Step 2	Divide monthly amount in Step 1 by \$100	
Step 3	Multiply Step 2 by \$0.86. This is your monthly premium.	



The Benefits Guide is provided for illustrative purposes only. Actual benefits, 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).

BASIC LIFE



What is Basic Life Insurance? A financial and family protection plan offered to employees automatically when you become an employee of the Dougherty County Board of Education who covers the plan's premium costs.

- **Coverage through MetLife**
- No cost to employee! Premiums paid for by the Dougherty County Board of Education
- Upon termination or retirement, continuation of coverage may apply

Basic Life and Accidental Death & Dismemberment (AD&D)	
Benefit Amount	\$20,000
ADDITIONAL PLAN FEATURES	
Age Reduction	35% at Age 65 50% at Age 70
Conversion	Included
Accelerated Life Benefit	Included
Employee Assistance Program (EAP)	Included



VOLUNTARY TERM LIFE & AD&D



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.

- **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)	
LIFE AND AD&D AMOUNT	
Employee	Increments of \$10,000 up to the lesser of \$500,000 or 5 times annual salary
Spouse	Increments of \$5,000 up to \$250,000 (100% of Employee Election)
Child(ren) (up to Age 26)	Increments of \$5,000 up to \$15,000
GUARANTEE ISSUE (NO HEALTH QUESTIONS)	
Employee	\$250,000
Spouse	\$50,000
Child(ren)	\$15,000
GUARANTEED INCREASE IN BENEFIT	Option 1: Up to Guarantee Issue at Initial Open Enrollment or if previously enrolled. Option 2: \$10,000 if not elected at Initial Open Enrollment
Age Reduction	None
ADDITIONAL FEATURES	
Portability, Conversion, Accelerated Death Benefit, Waiver of Premium	

Age	EE NT	EE T	SP
<25	\$0.050	\$0.079	\$0.073
25-29	\$0.060	\$0.126	\$0.073
30-34	\$0.080	\$0.194	\$0.081
35-39	\$0.090	\$0.310	\$0.109
40-44	\$0.111	\$0.488	\$0.167
45-49	\$0.195	\$0.780	\$0.274
50-54	\$0.325	\$1.247	\$0.454
55-59	\$0.570	\$1.506	\$0.721
60-64	\$0.753	\$2.443	\$1.037
65-69	\$1.360	\$6.117	\$1.607
70+	\$4.203	\$6.117	\$4.575
AD&D	\$0.015		\$0.025

Rates are per \$1,000

Child(ren) Monthly Rates (per \$1,000)	
Life	\$0.207
AD&D	\$0.025

Multiply above rate factor by desired benefit amount to determine premium.

For Example: \$100,000 Benefit for Employee Only at Age 30

$$.08 \times 100 = \$8.00 \text{ premium}^*$$

The Benefits Guide is provided for illustrative purposes only. Actual benefits, 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).

PERMANENT LIFE

CHUBB®

What is Permanent Life Insurance? Provides lifelong protection, and the ability to accumulate cash value on a tax-deferred basis. Unlike term insurance, a permanent insurance policy will remain in force for as long as you continue to pay your premiums.

- **Coverage through CHUBB - No Health Questions - THIS YEAR ONLY**
- Underwriting may be required. Coverage is not guaranteed
- 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 life styles
- Keep your coverage even if you retire or change employers

Whole Life Benefits	
PLAN MAXIMUMS	
Employee (Ages 19 - 80)	Up to \$150,000 (Ages 19-70) Up to \$50,000 (Ages 71-80)
Spouse (Ages 19 - 70)	Up to \$75,000
Child (15 days - 26 years)	Up to \$25,000
GUARANTEED ISSUE (NO HEALTH QUESTIONS)	
Employee (Ages 19-70)	Up to \$100,000
Child (15 days- 26 years)	Up to \$25,000
INCLUDED RIDERS	
Accelerated Death Benefit: 50% of benefit amount up to \$100,000 Long-Term Care: Receive 4% of death benefit for 25 months for long term care assistance (including home health care, assisted living, adult day care, and nursing home care) Extension of Benefits for Long-Term Care: Extends length of long term care benefit from 25 months to 75 months Restoration for Long-Term Care: Restores death benefit to no less than 50% of the face value for which your LTC benefits were based	

Plan Rates

Cost of coverage is based on the level of benefit you choose and your age with two options for paying premiums. Please consult with a Campus Benefits Benefit Counselor for rate details.

DENTAL



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.

- **Coverage through MetLife** - Provider directory: www.metlife.com (Select PDP Plus Network)
- Claims must be submitted within 90 days of date of service
- Orthodontics available for BOTH Adults and Children
- *The chart below is a sample of covered services. Please see the Plan Certificate on your Employee Benefits Website after the effective date of January 1, 2019 for a detailed listing of services in their entirety.*

Coinsurance	High Plan	Low Plan
Preventive	100%	100%
Basic	80%	50%
Major	50%	50%
Orthodontics	50%	Not Covered

Dental Benefits Summary	High Plan	Low Plan
Calendar Year Deductible	\$50/person \$150/family	\$50/person \$150/family
Out of Network Coverage	80th percentile UCR	80th percentile UCR
Waiting period	None	None
Calendar Year Plan Maximum	\$2,000 per person	\$750 per person
Orthodontia (Lifetime)	\$2,000 per person	Not Covered

High Plan Monthly Rates	
Employee	\$35.00
Family	\$89.30

Services	High Plan	Low Plan
Preventative		
Routine Exam	100%	100%
Bitewing X-rays	100%	100%
Cleaning	100%	100%
Fluoride	100%	100%
Basic		
Full Mouth X-rays	80%	50%
Periodontal Maintenance	80%	50%
Amalgam Fillings	80%	50%
Pulp Capping/Therapy	80%	50%
Major		
Inlays/Onlays	50%	50%
Crowns & Repairs	50%	50%
Prosthodontics	50%	50%
Dental Implants	50%	50%
Dentures	50%	50%
Fixed Bridges	50%	50%
Extractions	50%	50%
Root Canal	50%	50%
Anesthesia	50%	50%

Low Plan Monthly Rates	
Employee	\$25.57
Family	\$62.78

The Benefits Guide is provided for illustrative purposes only. Actual benefits, 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).

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).

- **Coverage through MetLife** - Provider directory: www.metlife.com
- The chart below is a sample of covered in-network services. Please see the Plan Certificate on your Employee Benefits Website after the effective date of January 1, 2019 for a detailed listing of services, as well as out-of-network allowances in their entirety.

Vision Benefits Summary	High Plan	Low Plan	
Exam (with Dilation as Necessary)	\$10 Copay	\$15 Copay	High Plan Monthly Rates
Contact Lens Fit and Follow-Up (Standard)	\$60 Copay	\$60 Copay	Employee \$9.44
Lasik or PRK	15% Discount off Retail 5% off Promotional	15% Discount off Retail 5% off Promotional	Employee + Spouse \$17.95
Frames	\$150 Allowance + 20% off Balance	\$130 Allowance + 20% off Balance	Family \$26.36
Lenses			
Single Vision	\$15 Copay	\$25 Copay	Low Plan Monthly Rates
Bifocal	\$15 Copay	\$25 Copay	Employee \$5.23
Trifocal	\$15 Copay	\$25 Copay	Employee + Spouse \$9.95
Lenticular	\$15 Copay	\$25 Copay	Family \$14.61
Standard Progressive Lens	Covered in Full	\$55 Copay	
Additional Lens Options			
UV Coating	Covered in Full	Covered in Full	
Tint (Solid & Gradient)	Covered in Full	\$17 - \$34 Copay	
Standard Scratch Resistant	Covered in Full	\$17 - \$33 Copay	
Standard Polycarbonate	Covered in Full	\$31 Copay	
Standard Anti-Reflective Coating	\$10 Copay	\$41 - \$85 Copay	
Contact Lenses			
Disposable Contacts	\$150 allowance	\$130 allowance	
Medically Necessary Contacts	Covered in Full	Covered in Full	
Frequencies			
Exams, Lenses, Contact Lenses and Frames	Every 12 Months	Exams, Lenses, Contact Lenses: Every 12 Months Frames: Every 24 Months	



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.

- **Coverage through Cigna**
- Elect Critical Illness with or without Cancer coverage based on your individual needs
- Rates lock-in at the age you are and will never increase
- Benefits will never decrease due to age
- No pre-existing condition limitation
- Payments available for a second covered condition after 180 days
- Receive a second payout for the same condition after 12 months
- **No health questions - EVERY YEAR!!**
- *The chart below is a sample of covered critical illnesses. Please see the Plan Certificate on your Employee Benefits Website after the effective date of January 1, 2019 for a detailed listing of covered conditions in their entirety.*

Plan Rates

**Cost of coverage is based on the level of benefit you choose and your age.
Please consult with a Campus Benefits Benefit Counselor for rate details.**

Benefits	Critical Illness Only	Critical Illness w/Cancer
Employee	\$5,000 - \$30,000	\$5,000 - \$30,000
Spouse	50% of EE Amount	50% of EE Amount
Dependent Children	50% of EE Amount	50% of EE Amount
COVERED SPECIFIED CRITICAL ILLNESSES	Pays % of Face Amount	Pays % of Face Amount
Heart Attack (Myocardial Infarction)	100%	100%
Stroke	100%	100%
Major Organ Failure	100%	100%
End Stage Renal Failure (Kidney)	100%	100%
Permanent Paralysis	100%	100%
Advanced Alzheimer's Disease	25%	25%
Coronary Artery Disease	25%	25%
Coma	25%	25%
Benign Brain Tumor	100%	100%
Invasive Cancer	None	100%
Carcinoma in Situ	None	25%
Skin Cancer	None	\$250
Maximum Payout	Lesser of 5x Face Amount or \$150,000	
GUARANTEED ISSUE (No Health Questions)	Employee: \$30,000 / Spouse: \$15,000	
ANNUAL WELLNESS EXAM	\$75	

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.

- **Coverage through MetLife**
- Payments made directly to you and benefit does not offset with medical coverage
- No reduction in benefit due to age or pre-existing condition limitation
- *The chart below is a sample of covered services. Please see the Plan Certificate on your Employee Benefits Website after the effective date of January 1, 2019 for a detailed listing of services in their entirety.*

Benefit Description	Low Plan	High Plan
INJURIES		
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
MEDICAL SERVICES & TREATMENT		
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
ACCIDENTAL DEATH & DISMEMBERMENT		
Accidental Death	\$5,000 - \$75,000	\$10,000 - \$150,000
Dismemberment	\$250 - \$10,000	\$500 - \$50,000
HOSPITAL COVERAGE (ACCIDENT)		
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)

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.

- **Coverage through Cigna**
- Benefits renew every 90 days
- Benefits do not coincide with health insurance and payments are made directly to you
- Benefits do not decrease as you age
- No pre-existing condition limitation
- **No Health Questions - EVERY YEAR!**

Benefit Description	
Hospital and Related Benefits	
Admission	\$1,000 per admission
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	\$100 per 24 hour period (up to 72 hours)
Additional Benefits	Healthy Rewards, Identity Theft, Will Preparation, Health Advocacy and Portability

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



MEDCARECOMPLETE



THE SMART WAY TO REDUCE YOUR HEALTHCARE COSTS

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

- **Coverage through MedCareComplete**
- This is a supplemental benefit and does not replace health insurance.

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 utilize this feature.**

Acute Illnesses include but are not limited to the following:

Asthma
Fever
Headache
Infections
Migraines

Rashes
Bacterial Infections
Diarrhea
Heartburn
Sinus Conditions

Urinary Tract
Infections
Bronchitis
Ear Infection
Gout

Joint Aches
Pink Eye
Sore Throat
Cold & Flu
Nausea & Vomiting

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

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.

- **Coverage provided through MetLaw**
- Cost per month includes Spouse and Dependents
- Elder Care extends to parents and in-laws
- Find a provider at www.legalplans.com
 - Select **Thinking About Enrolling**, then **Not a Member**, and Enter Access Code **LEGAL**

	Low Plan	High Plan							
Money Matters	<ul style="list-style-type: none">• Identity Theft Defense• Negotiations with Creditors• Promissory Notes• Debt Collection Defense• Tax Collection Defense	<ul style="list-style-type: none">• Identity Theft Defense• Negotiations with Creditors• Promissory Notes• Debt Collection Defense• Tax Collection Defense	<ul style="list-style-type: none">• Personal Bankruptcy• LifeStages Identity Management• Tax Audit Representation• Financial Education Workshops						
Home & Real Estate	<ul style="list-style-type: none">• Deeds• Mortgages• Foreclosure• Tenant Negotiations• Eviction Defense• Security Deposit Assistance	<ul style="list-style-type: none">• Deeds• Mortgages• Foreclosure• Tenant Negotiations• Eviction Defense• Security Deposit Assistance	<ul style="list-style-type: none">• Sale or Purchase (Primary or Vacation Home)• Refinancing & Home Equity• Property Tax Assessments• Boundary & Title Disputes• Zoning Applications						
Estate Planning	<ul style="list-style-type: none">• Simple and Complex Wills• Healthcare Proxies• Living Wills• Codicils• Powers of Attorney (Healthcare, Financial, Childcare, Immigration)	<ul style="list-style-type: none">• Simple and Complex Wills• Healthcare Proxies• Living Wills• Codicils• Powers of Attorney (Healthcare, Financial, Childcare, Immigration)	<ul style="list-style-type: none">• Revocable & Irrevocable Trusts						
Family & Personal	<ul style="list-style-type: none">• Guardianship• Conservatorship• Name Change• Review of ANY Personal Legal Document• School Hearings• Demand Letters• Affidavits• Personal Property Issues• Garnishment Defense• Domestic Violence Protection	<ul style="list-style-type: none">• Guardianship• Conservatorship• Name Change• Review of ANY Personal Legal Document• School Hearings• Demand Letters• Affidavits• Personal Property Issues• Garnishment Defense• Domestic Violence Protection	<ul style="list-style-type: none">• Juvenile Court Defense (Including Criminal Matters)• Parental Responsibility Matters• Review of Immigration Documents• Prenuptial Agreement• Adoption						
Civil Lawsuits	<ul style="list-style-type: none">• Disputes over Consumer Goods & Services• Administrative Hearings• Incompetency Defense	<ul style="list-style-type: none">• Disputes over Consumer Goods & Services• Administrative Hearings• Incompetency Defense	<ul style="list-style-type: none">• Civil Litigation Defense & Mediation• Small Claims Assistance• Pet Liabilities						
Elder Care Issues	Consultation & Document review for issues related to your (or spouses) parents: <ul style="list-style-type: none">• Medicare• Medicaid• Prescription Plans• Nursing Home Agreements• Leases• Promissory Notes• Deeds• Wills• Power of Attorney	Consultation & Document review for issues related to your (or spouses) parents: <ul style="list-style-type: none">• Medicare• Medicaid• Prescription Plans• Nursing Home Agreements• Leases• Promissory Notes• Deeds• Wills• Power of Attorney	<table><tr><th>Low Plan Monthly Rate</th><th>High Plan Monthly Rate</th></tr><tr><td>\$8.00</td><td>\$16.50</td></tr><tr><td colspan="2">NO COPAY</td></tr></table>	Low Plan Monthly Rate	High Plan Monthly Rate	\$8.00	\$16.50	NO COPAY	
Low Plan Monthly Rate	High Plan Monthly Rate								
\$8.00	\$16.50								
NO COPAY									
Vehicle & Driving	<ul style="list-style-type: none">• Repossession• Defense of Traffic Tickets• Driving Privileges Restoration• License Suspension due to DUI	<ul style="list-style-type: none">• Repossession• Defense of Traffic Tickets• Driving Privileges Restoration• License Suspension due to DUI							

The Benefits Guide is provided for illustrative purposes only. Actual benefits, 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).

FLEXIBLE SPENDING ACCOUNTS



What are Flexible Spending Accounts? Special accounts you deposit money into to pay for certain out-of-pocket health care costs. You don't pay taxes on this money. This means you'll save an amount equal to the taxes you would have paid on the money you set aside.

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

Please visit your Employee Benefits Website for a complete and up-to date listing of eligible expenses and qualifying dependent care services for the 2019 plan year.

- **Plan year is from January 1, 2019 to December 31, 2019**
- Total medical contribution is available at the beginning of the plan year immediately after the first deduction is made.
- Participant must elect the FSA plan for the next year in order to access carryover funds.
- Any balance remaining in the Dependent Care Account at the end of the year will be forfeited.
- Transfer of funds between Dependent Care and Unreimbursed Medical are prohibited.
- Married and not filing jointly participants limited to \$2,600 deferral for DCSA.

Benefit Description	
MEDICAL FSA ACCOUNT	
Minimum Contribution	\$300 annually
Maximum Contribution	\$2,650 annually
DEPENDENT CARE ACCOUNT	
Minimum Contribution	\$300 annually
Maximum Contribution	\$5,000 annually

Plan Rules	
RUNOUT PERIOD	30 days after the plan ends (Admin fee will be double deducted your last month of payroll to cover the runout period.)
CARRY OVER MAXIMUM	\$500

Admin Fee	
Fee Per Participant Per Month (One fee even if electing both Medical FSA and Dependent Care)	Covered by Dougherty County Schools
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 of or disabled for self-care (i.e. day care, adult day care). Medical expenses for your dependent are not eligible for reimbursement under the Dependent Care.

STATE HEALTH BENEFIT PLAN



Notice: Dougherty County Schools 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 2019 Plan Year.

- **Coverage through BCBS of GA, 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 2019 Wellness Incentives Overview:

Plan Option	BCBS GA HMO MyIncentive Account	BCBC GA 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.

The Benefits Guide is provided for illustrative purposes only. Actual benefits, 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).

2019 SHBP PLANS & PRICING

Plan Designs for 2019												
*Tobacco Surcharge will be added at time of enrollment.												
	Anthem BCBS Gold Plan HRA		Anthem BCBS Silver Plan HRA		Anthem BCBS Bronze Plan HRA		Anthem BCBS HMO		UHC HMO		UHC HDHP	
	In	Out	In	Out	In	Out	In		In		In	Out
Deductible												
You	\$1,500	\$3,000	\$2,000	\$4,000	\$2,500	\$5,000	\$1,300		\$1,300		\$3,500	\$7,000
You + Spouse	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500	\$1,950		\$1,950		\$7,000	\$14,000
You + Child(ren)	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500	\$1,950		\$1,950		\$7,000	\$14,000
You + Family	\$3,000	\$6,000	\$4,000	\$8,000	\$5,000	\$10,000	\$2,600		\$2,600		\$7,000	\$14,000
Medical OOPM												
You	\$4,000	\$8,000	\$5,000	\$10,000	\$6,000	\$12,000	\$4,000		\$4,000		\$6,450	\$12,900
You + Spouse	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000	\$6,500		\$6,500		\$12,900	\$25,800
You + Child(ren)	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000	\$6,500		\$6,500		\$12,900	\$25,800
You + Family	\$8,000	\$16,000	\$10,000	\$20,000	\$12,000	\$24,000	\$9,000		\$9,000		\$12,900	\$25,800
Coinsurance (Plan Pays)												
HRA												
You	\$400		\$200		\$100		N/A		N/A		N/A	
You + Spouse	\$600		\$300		\$150		N/A		N/A		N/A	
You + Child(ren)	\$600		\$300		\$150		N/A		N/A		N/A	
You + Family	\$800		\$400		\$200		N/A		N/A		N/A	
Medical												
ER	Coins after ded		Coins after ded		Coins after ded		\$150 copay		\$150 copay		Coins after ded	
Urgent Care	Coins after ded		Coins after ded		Coins after ded		\$35 copay		\$35 copay		Coins after ded	
PCP Visit	Coins after ded		Coins after ded		Coins after ded		\$35 copay		\$35 copay		Coins after ded	
Specialist Visit	Coins after ded		Coins after ded		Coins after ded		\$45 copay		\$45 copay		Coins after ded	
Preventive Care	100%	No Coverage	100%	No coverage	100%	No coverage	100%		100%		100%	No coverage
Retail Rx												
Tier 1	15%, Min \$20, Max \$50		15%, Min \$20, Max \$50		15%, Min \$20, Max \$50		\$20 copay		\$20 copay		Coins after ded	
Tier 2	25%, Min \$50, Max \$80		25%, Min \$50, Max \$80		25%, Min \$50, Max \$80		\$50 copay		\$50 copay		Coins after ded	
Tier 3	25%, Min \$80, Max \$125		25%, Min \$80, Max \$125		25%, Min \$80, Max \$125		\$90 copay		\$90 copay		Coins after ded	
Mail Order Rx												
Tier 1	15%, Min \$50, Max \$125		15%, Min \$50, Max \$125		15%, Min \$50, Max \$125		\$50 copay		\$50 copay		Coins after ded	
Tier 2	25%, Min \$125, Max \$200		25%, Min \$125, Max \$200		25%, Min \$125, Max \$200		\$125 copay		\$125 copay		Coins after ded	
Tier 3	25%, Min \$200, Max \$313		25%, Min \$200, Max \$313		25%, Min \$200, Max \$313		\$225 copay		\$225 copay		Coins after ded	
Rx OOPM	Combined with Medical		Combined with Medical		Combined with Medical		Combined w/Medical		Combined w/Medical		Combined with Medical	
Monthly Premiums												
Employee	\$168.73		\$110.89		\$72.45		\$135.65		\$172.56		\$58.03	
Employee + CH	\$307.13		\$208.80		\$143.46		\$250.90		\$313.65		\$118.94	
Employee + SP	\$418.09		\$296.62		\$215.91		\$348.63		\$426.14		\$185.62	
Family	\$556.50		\$394.54		\$286.92		\$463.89		\$567.22		\$246.54	

¹ The Kaiser HMO plan is only available in the Atlanta Metro area.

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 (229) 431-1260.

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 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 Plan are "Plan Representatives," and therefore must protect your PHI. These Plan Repre-

The Benefits Guide is provided for illustrative purposes only. Actual benefits, 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).

SHBP LEGAL NOTICES



ter the 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 required 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. 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, 2019 and ending December 31, 2019. The election may be renewed for subsequent plan years.

› Basic Enhanced Employee Assistance Program



Your company can suffer when an employee is faced with a personal or professional issue that gets in the way of maintaining productivity at work. Offering a robust Employee Assistance Program (EAP) can be the answer for both your employee and their family. It can help your company's bottom line, too.

EXPERIENCED EAP STAFF

Licensed Master's level professionals provide assistance for a variety of personal and professional matters.

- Emotional Well-Being
- Family and Relationships
- Legal and Financial
- Healthy Life Styles
- Work and Life Transitions

NETWORK

Mutual of Omaha's robust network of licensed mental health professionals provides flexibility to meet individual member's needs. All face-to-face EAP sessions must be authorized by contacting Mutual of Omaha at (800) 316-2796.

EAP BENEFITS

- Unlimited telephonic access to EAP Professionals 24 hours a day, seven days a week
- Telephone assistance and referral
- Service for employees and eligible dependents
- Three face-to-face sessions* with a counselor (per household per calendar year)
- Legal assistance and financial services

- Legal library and on-line forms
- Telephonic financial consultation
- Connect employees with resources for:
 - *Dependent and Elder Care Assistance & Referral Services*
 - *Substance Abuse*
 - *Work/Life Balance*
- Access to a library of educational articles, handouts and resources at mutualofomaha.com/eap

ORGANIZATIONAL SERVICES

- Internet-based management support resources
- Connection to resources for on-site training and Critical Incident Stress Management Services (CISM)** available on a fee-for-service basis

* *Face-to-face visits can be used toward legal consultations. In California: Knox-Keene Statute limits no more than three face-to-face sessions in a six-month period.*

** *Utilization reports available upon request.*

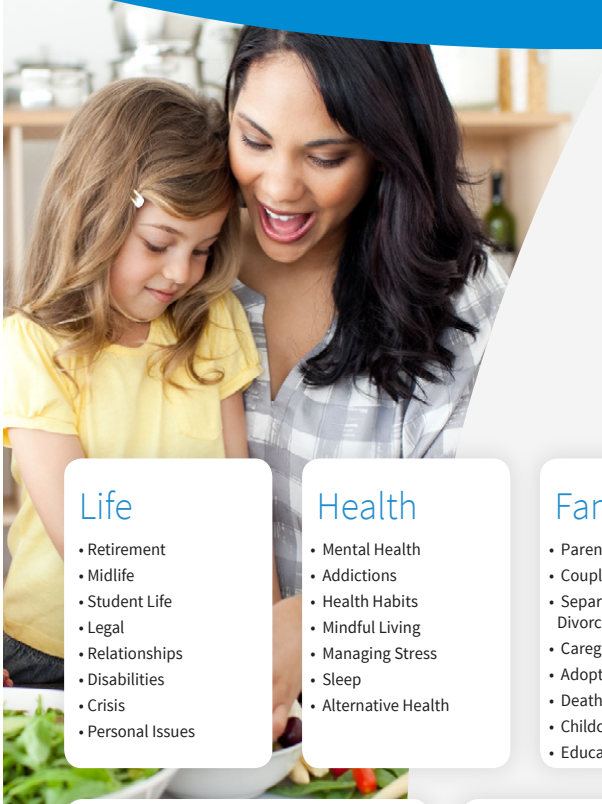
For more information or to utilize EAP benefits call (800) 316-2796.

Insurance products and services are offered by Mutual of Omaha Insurance Company or one of its affiliates. Mutual of Omaha Insurance Company is licensed nationwide. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Companion Life Insurance Company is licensed in New York. Each underwriting company is solely responsible for its own contractual and financial obligations. Some exclusions or limitations may apply.

MUGC9512

Lifeworks

Expert Help with Life, Work and
Everything in Between.



Lifeworks provides confidential counseling, consultations, community referrals, multimedia resources and online access to hundreds of articles, self-assessments, podcasts, calculators and more. Services are available 24 hours a day, seven days a week, and are provided at no additional cost to you and your dependents, as defined by your benefits plan.

Life

- Retirement
- Midlife
- Student Life
- Legal
- Relationships
- Disabilities
- Crisis
- Personal Issues

Health

- Mental Health
- Addictions
- Health Habits
- Mindful Living
- Managing Stress
- Sleep
- Alternative Health

Family

- Parenting
- Couples
- Separation/Divorce
- Caregiving
- Adoption
- Death/Loss
- Childcare
- Education

Work

- Time Management
- Career Development
- Work Relationships
- Work Stress
- Managing People
- Shift Work
- Coping with Change
- Communication

Money

- Saving
- Investing
- Budgeting
- Managing Debt
- Home Buying
- Renting
- Estate Planning
- Bankruptcy

Online Toolkits

- Parenting as a Team
- Sleep Health
- Special Needs
- Manager Toolkit
- Mindfulness Toolkit
- Divorce Toolkit

Services

- Confidential Phone Consultations
- In-person Counseling
- Financial and Legal Consultation
- Elder Care Consultation
- Referrals to Community Resources
- Grief and bereavement support where family members will have access to Master's level clinicians for care as well as access to funeral concierge services.

Podcasts

- Coping with Loss
- Workplace Manners
- Practicing Mindfulness to Reduce Stress
- Practicing Mindfulness to Reduce Stress
- Caregiving Tips for the Sandwich Generation
- Getting Help for Depression

Contact Lifeworks toll-free for 24/7 support:

1-888-319-7819

TTY:

1-800-999-3004

Visit us online:

metlifeep.lifeworks.com

User ID:

metlifeep

Password:

eap



FREQUENTLY ASKED QUESTIONS FOR EMPLOYEES



Q1: What is SmartBen NOW?

SmartBen NOW is a centralized dashboard and mobile application that gives you access to the benefits information you need, when and where you need it.

Q2: Why is my employer giving me access to SmartBen NOW?

Your employer knows it's important for you to have a convenient way to access your most frequently-needed benefits information. SmartBen NOW enables you to view all your employer-provided benefits information in one place. Through the online dashboard and the mobile app, you can view deductibles, out-of-pocket maximums, and account balances. SmartBen NOW can help you save money by providing quick access to telemedicine and other cost-saving programs offered by your employer.

Q3: Is this just SmartBen Essentials, in app form?

No. SmartBen NOW is an extension of the SmartBen Essentials platform. In addition to being able to enroll in and access your benefits, you can also view other employer-provided benefits information, including deductibles, out-of-pocket maximums, and other account balances. If you are enrolled in other employer-provided benefit programs, they can also be accessed by logging into SmartBen NOW.

Q4: If I can access the dashboard on my computer, why should I download the app?

A: While the information is the same whether you view your dashboard on your computer, tablet, or mobile device, there are additional advantages to downloading the app. Through the app, you can more easily access your information right when you need it. Plus, the mobile app provides reminders and important messaging on your device. It may be more convenient for you to have this information available to you when you are not at the computer.

Q5: Which devices will work with SmartBen NOW?

SmartBen NOW is available on iPad 2 and iPhone 5 and newer and on iOS 9+. It is also available to Android users with Ice Cream Sandwich and newer.

Q6: How do I download and install the app?

Visit the App Store or Google Play and search SmartBen NOW.

Q7: Is my data stored in SmartBen NOW?

No, user data is not stored within SmartBen NOW. All information is stored in the highly secure SmartBen platform, and the dashboard pulls user information through a secure programming interface upon login. You will be logged out after 20 minutes of inactivity in order to keep your data secure.

Q8: Does my HR team have access to my medical deductible and out-of-pocket maximum information?

No. Your privacy is important to your employer and to Hodges-Mace (the creator of SmartBen NOW). To comply with HIPAA standards, only an employee logged into their account can view these medical tiles.

Q9: I do not believe I enrolled in some of these options. Why are they showing up in my dashboard?

You will see a tile for each benefit you are eligible for, regardless of whether you are enrolled in that benefit. This helps you stay aware of the options available to you as you evaluate plans around annual enrollment or when you need to make changes due to a life event.

Q10: Does my spouse or partner have access to SmartBen NOW?

Yes! SmartBen NOW is available to you and your spouse or partner. Your spouse will simply download the app on their smartphone and use your username and password to log on for the first time.



Service **Hub**

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



The 2019 Benefits Enrollment Guide is provided for illustrative purposes only. Actual benefits, 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 connect.campusbenefits.com.
These should be reviewed fully prior to electing any benefits.