



# Appling County

## 2023-2024 Benefits Plan Year



## Benefits Guide

# TABLE OF CONTENTS

03	Introduction
04	Accessing Your Portal
05	Your OneSource Solution
06	Important Notes
08	Benefits Checklist
10	Disability
11	Life Insurance
12	Group Term Life
13	Trustmark
14	Dental
15	Vision
16	Critical Illness/Cancer
17	Traditional Cancer
18	Accident
19	Hospital Indemnity
20	Flexible Spending
21	Carrier Info
22	FAQ
23	General Notices
25	Notes

# Introduction

Benefits are an integral part of the overall compensation package provided by the **Appling County School District**. We understand that your benefits package is important to you and your family. Our package is designed to provide the best possible coverage, at the best possible price with the goal of securing your family's financial security. Please take time to review each item carefully and discuss questions you may have with a benefits counselor.

## Who is eligible?

All active full-time employees are eligible for coverage the first day of the month following one month of continuous full-time service.

## How do I enroll?

- Plan Year: **Core Benefits** July 1 - June 31
- Can enroll online through HR & Benefits Portal or ONE-ON-ONE with a benefits counselor
- New hire enrollment must take place within 30 days of first day of service

## Can I make changes?

Changes to Cafeteria Plan Deductions may only be made during the plan year due to a qualifying life event (such as marriage, child birth, etc.) and must be completed through the HR & Benefits portal within thirty (30) days of the event.

## Your benefits included in this guide:

- Disability
- Group Term Life
- Trustmark
- Dental
- Vision
- Critical Illness/Cancer
- Traditional Cancer
- Accident
- Hospital Indemnity
- Flexible Spending

Your OneSource Solution, nor its associates represent Teachers Retirement System of Georgia, Social Security, or State Health (SHBP).

To discuss your personal situation with a benefits counselor at Your OneSource Solution, please call (229) 896-3436 to set up an appointment or email [mybenefits@YourOneSourceSolution.com](mailto:mybenefits@YourOneSourceSolution.com)

# Accessing Your Portal

1. Go to [OneSource.EmployeeNavigator.com](https://OneSource.EmployeeNavigator.com)

2. Select “Register as a new user”

3. Enter the required credentials on screen:

First Name: (Legal First Name)

Last Name

Company Identifier: **ACBOE**

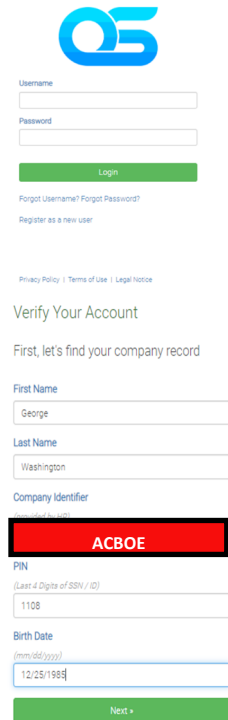
PIN: Last four of Social

4. Setting up your Username & Password

- Username can be anything. However our recommendation is that you use your school email
- Password must contain: Uppercase letter, lowercase letter, number, a special character and a minimum of 8 characters

5. After registering, you will be prompted to login using the credentials you setup!

6. Once logged in, you can review your benefits and make your elections!



OS

Username

Password

Login

Forgot Username? Forgot Password?

Register as a new user

Privacy Policy | Terms of Use | Legal Notice

Verify Your Account

First, let's find your company record

First Name

George

Last Name

Washington

Company Identifier

ACBOE

PIN

(Last 4 Digits of SSN / ID)

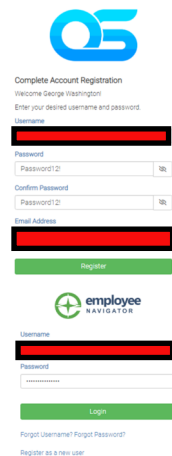
1108

Birth Date

(mm/dd/yyyy)

12/25/1988

Next »



OS

Complete Account Registration

Welcome George Washington

Enter your desired username and password.

Username

Password

Confirm Password

Email Address

Register

employee  
NAVIGATOR

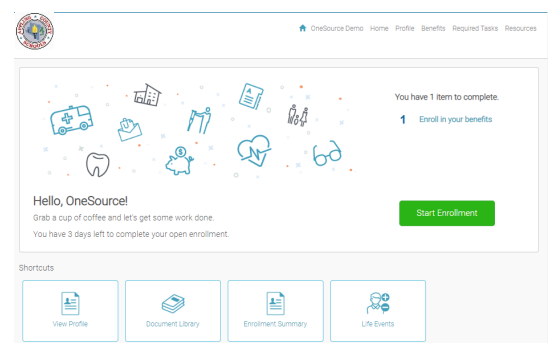
Username

Password

Login

Forgot Username? Forgot Password?

Register as a new user



OS

OneSource Demo Home Profile Benefits Required Tasks Resources

Hello, OneSource!

Grab a cup of coffee and let's get some work done.

You have 3 days left to complete your open enrollment.

You have 1 item to complete.

1 Enroll in your benefits

Start Enrollment

Shortcuts

View Profile

Document Library

Enrollment Summary

Life Events



# Your OneSource Solution

We have partnered with **Your OneSource Solution**, a local financial services firm, to serve as a resource for our employees. **Your OneSource Solution** has an experienced team of counselors available to discuss all areas of your financial needs!



Dental



Vision



Life Insurance



Disability



Much More!

**We are real people who offer real solutions to real problems.**

**We want to partner in your success!**



(229) 896-3436 | [www.YourOneSourceSolution.com](http://www.YourOneSourceSolution.com) 125 S. Burwell Ave | Adel, Georgia 31620

[MyBenefits@YourOneSourceSolution.com](mailto:MyBenefits@YourOneSourceSolution.com)

Your OneSource Solution, nor its associates represent Teachers Retirement System of Georgia, Social Security, or State Health (SHBP).

Securities and Advisory Services offered through **GWN Securities, Inc.** 11440 N. Jog Road, Palm Beach Gardens, FL 33418, 561-472-2700, Member FINRA, SIPC. Your OneSource Solution is not a subsidiary of nor controlled by **GWN Securities, Inc.**



# Important Notes

## Open Enrollment

1. Confirm your access to the enrollment portal in advance of the start of the Open Enrollment Dates.
2. If applicable attend educational sessions and then enroll either online or with a benefits counselor. You may make your elections online at **onesource.employeenavigator.com**.
3. After Open Enrollment check your payroll deductions to verify that the correct amount was withheld. Contact your Payroll department **immediately** if your deductions are not correct.

### During Open Enrollment you may:

- Enroll in the benefits coverage
- Change plan options
- Enroll eligible dependents
- Drop covered dependents
- Decrease/Increase coverage
- Discontinue enrolled coverage
- Make demographic changes
- And much more...

### IMPORTANT NOTE:

The elections made during Open Enrollment will be the coverage you will have for the entire plan year, unless you have a qualifying life event that allows a change to your coverage.



# Important Notes

## Confirming your choices:

It is important that you verify your elections prior to the end of your enrollment period. The benefits elected will be in effect for the entire plan year.

Review and print your “Benefits Summary” page within the portal. Report any discrepancies immediately to your Payroll department.

The Internal Revenue Service (IRS) prohibits you from changing coverage elections, enrolling in or cancelling coverage outside of Open Enrollment. However, the IRS does permit you to change coverage, enroll or cancel coverage in certain limited circumstances.

Those circumstances include but not exclusively : **marriage, divorce, birth, adoption, death of a dependent or gain/loss coverage under spouse’s employer.**

If you have a life event, the **IRS** generally only allows **30 days** to make changes to your available benefit plans!

## Additional Information:

This benefits guide summarizes the benefits you can elect for the plan year. A more detailed explanation of benefit provisions is provided in each benefit summary plan document. Every attempt has been made to ensure that the information in this booklet is accurate.

Your benefits offered through your employer in partnership with Your OneSource Solution is governed by legal documentation and insurance contracts. **In the event of conflict between this benefits guide and the official plan documents and/or contracts, the terms of the official plan documents and contracts shall prevail.**



# Benefits Checklist

☐

**Confirm your access to the benefits portal**

☐

**Update/Confirm your beneficiaries and dependents within the Benefits Portal**

☐

**Complete Enrollment within the Benefits Portal with a benefits counselor or online**

☐

**Compare your paystub to the benefits shown within the Benefits Portal**







# Benefits Package

# Disability

Disability insurance provides a source of income to people who are unable to work and who lose income due to a covered accident or illness. Since your employer does not pay into Social Security, there is a good chance you will not receive Social Security Disability. Therefore disability coverage is very important for you to consider.

## Short-Term Disability

Elimination Period (How long before benefits start?)	14 Days - Benefits begin on day 15
Benefit Duration (How long will it pay?)	Up until your Long-Term Disability starts; 11 weeks (90 days)
Benefit Amount (How much will it pay?)	60% of your gross weekly salary
Maximum Benefit Amount (What is the cap?)	\$1,000 (Weekly)
Pre-Existing Condition (What isn't covered?)	3 months / 6 months

## Long-Term Disability

Elimination Period (How long before benefits start?)	90 Days - Benefits begin on day 91
Benefit Duration (How long will it pay?)	Up until <b>normal</b> Social Security retirement age
Benefit Amount (How much will it pay?)	60% of your gross monthly salary
Maximum Benefit Amount (What is the cap?)	\$6,000 (Monthly)
Pre-Existing Condition (What isn't covered?)	3 months / 12 months

### Rate Calculator:

Short-Term Disability	Long-Term Disability
1. Divide Annual Salary by 52	1. Divide Annual Salary by 12
2. Multiply by Benefit Percentage (60%)	2. Divide by 100
3. Divide by 10 and Multiply by Rate (\$0.41)	3. Multiply by Rate (Based on Age)

### Short-Term Disability Monthly Rates

Age Category	Monthly Benefit Rate
All Ages	\$0.41

To receive disability benefits a person must generally:

- 1) Be Disabled as certified by a medical physician
- 2) Experience a loss of income
- 3) Not receive income from other sources (Verify with your HR department to see if applicable)

### Long-Term Disability Monthly Rates

Age Category	Monthly Payroll Rate
<20	\$0.22
20 - 24	\$0.23
25 - 29	\$0.32
30 - 34	\$0.50
35 - 39	\$0.58
40 - 44	\$0.67
45 - 49	\$0.88
50 - 54	\$1.22
55 - 59	\$1.40
60 - 64	\$1.46
65 - 69	\$1.54
70+	\$1.62



# Life Insurance

**Life insurance is a pillar of financial advising as an untimely death can be catastrophic to your family - not only emotionally but financially. Additionally, life insurance is the only asset not currently taxed when passed to your heirs - making it a strong planning tool.**

1

**\$5,000 Term Life Insurance Paid for by Appling BOE**  
(Benefit reduces at age 70 by 50%)

2

**Term Life Insurance**

3

**Universal Life Insurance**

**OneSource recommends combining the power of inexpensive group term life insurance with a universal life insurance policy to ensure coverage upon retirement/separation of service and in which premiums should not increase at retirement!**





# Group Term Life

**Group Term Life is an inexpensive way for you to protect you and your family from an untimely death during your working years. It is a good idea to partner your term insurance with a permanent solution. When considering how much coverage you need, consider your outstanding debts and at least two to three years of your salary.**

Life Insurance Amounts	
Employee (AD&D Included)	In increments of \$10,000 up to the lesser of \$150,000 or 5 x salary
Dependent Option (Life Only)	\$5,000 or \$10,000 - Covers All Dependents
Child less than 6 mo	\$1,000
Guarantee Issue - First Time Eligible	
Employee	Lesser of \$150,000 or up to 5 x Salary (As a new hire)
Dependent Life	\$5,000 or \$10,000 (No Health Questions Ever)
Annual Increase with No Health	\$10,000 (For employee who already have coverage)
Features	
Portability and Conversion Included to age 70 (See OneSource regarding permanent plan)	

Employee Life and AD&D Rates	
Age	Rates per \$10,000
All Ages	\$2.80

Dependent Rates (Life Only) (Spouse and Children)	
\$5,000	\$2.50
\$10,000	\$3.15

Age Reduction Schedule	
At Age	Benefits Reduce
70	50%

**If both You and Your Spouse are eligible for insurance under the Policy as Employees of the District, neither You nor Your Spouse may elect insurance as a Dependent of the other person.**

**If both You and Your Spouse are eligible for insurance under the Policy as Employees of the District, both You and Your Spouse may elect insurance for Your Dependent child(ren) under the Policy.**



# Trustmark

Life Insurance is a commonly misunderstood tool. Many think term life insurance is portable at comparable rates when they separate from service.

However, when you separate from your employer, your term life insurance coverage becomes cost prohibitive.

## What is the solution?

Trustmark Universal Life Insurance solves this problem! Trustmark Universal Life Insurance is permanent, flexible life insurance designed to last a lifetime.\*

Plus it solves the long-term care issue

At any point in your life, you may need long-term care services, which could cost hundreds of dollars per day. Universal Life includes a **long-term care (LTC)** benefit that can help pay for these services at any age.

2x

**PLUS:** if you collect a benefit for LTC, your **full death benefit** is still available for your beneficiaries, as much as **doubling** your benefit.

### Long Term Care, Benefit Restoration

Non-Smoker Rates - Defined Benefit					
Issue Age	\$25,000 Monthly Premium	\$50,000 Monthly Premium	\$75,000 Monthly Premium	\$100,000 Monthly Premium	\$150,000 Monthly Premium
35	25.83	48.16	70.49	92.83	137.49
45	41.48	79.36	117.23	155.11	230.86
55	68.03	132.44	196.86	261.28	390.11

### Long Term Care, Benefit Restoration

Smoker Rates - Defined Benefit					
Issue Age	\$25,000 Monthly Premium	\$50,000 Monthly Premium	\$75,000 Monthly Premium	\$100,000 Monthly Premium	\$150,000 Monthly Premium
35	32.63	61.67	90.71	119.75	177.84
45	53.89	104.08	154.27	204.46	304.83
55	91.71	179.71	267.71	355.71	531.71

**\*\*\*IMPORTANT: IF YOU AND YOUR SPOUSE ARE BOTH EMPLOYED BY THE SAME EMPLOYER PLEASE NOTE EACH INDIVIDUAL IS ONLY ELIGIBLE FOR ONE POLICY. THEREFORE IF YOU AND YOUR SPOUSE EACH WANT COVERAGE YOU MUST BE COVERED UNDER YOUR OWN INDIVIDUAL POLICY AND NOT COVERED UNDER YOUR SPOUSES POLICY. IN THE EVENT THERE ARE TWO POLICIES, ONLY ONE POLICY WOULD BE PAID.\*\*\***

**\*\*\*ADDITIONALLY, IF TWO EMPLOYEES OF THE SAME EMPLOYER HAVE A CHILD(REN) IN COMMON, SAID CHILD(REN) CANNOT BE COVERED UNDER TWO SEPARATE POLICIES. IF THE CHILD(REN) HAVE TWO POLICIES, ONLY ONE CLAIM WOULD BE PAID.\*\*\***

\*There is the possibility that you could potentially outlive this coverage\*

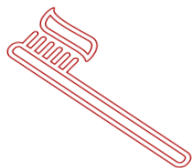


# Dental

Dental Plan Summary	High Plan	Low Plan
Coinsurance	100%	100%
Preventive - Type 1/A	80%	60%
Basic - Type 2/B	50%	40%
Major - Type 3/C		
Quarterly Deductible	\$35 per person Deductible Waived for Type 1 Preventative	\$35 per person Deductible Waived for Type 1 Preventative
Annual Maximum Per Person	\$1,200 per Calendar Year	\$750 per Calendar Year
Orthodontia	50% (Child Only through age 19) with \$1,000 Lifetime Maximum	N/A
Orthodontia Waiting Period	12 Month New Enrollees Only	N/A

## 12 month waiting period for Ortho Benefits

Want to review a full provider list?  
View in the Benefits Portal!



**Child-only Ortho to age 19:** This option does not require the child to be banded by their 17th birthday, however, ***all benefits still end on their 19th birthday***. The payout is different with this option in that 25% of the total eligible benefit is paid up front. The remaining 75% will be paid on the usual schedule until their 19th birthday at which time benefits cease.

DENTAL RATES			
HIGH PLAN		LOW PLAN	
Employee	\$35.08	Employee	\$28.12
Employee + Spouse	\$67.20	Employee + Spouse	\$53.80
Employee + Child(ren)	\$77.36	Employee + Children	\$57.72
Family	\$109.48	Family	\$83.44



# Vision

**Vision benefits are so much more than an eye exam.  
They help you save money, stay healthy, and see  
everything life has to offer!**

	VSP or EyeMed	VSP Out of Network	EyeMed Out of Network
Annual Eye Exam	Covered in full after copayment	Up to \$45 after copayment	Up to \$35
Single Vision Lenses	Covered in full after copayment	Up to \$30 after copayment	Up to \$25
Bifocal Lenses	Covered in full after copayment	Up to \$50 after copayment	Up to \$40
Trifocal Lenses	Covered in full after copayment	Up to \$65 after copayment	Up to \$55
Lenticular Lenses	Covered in full (VSP) 20% Discount (EyeMed)	Up to \$100 after copayment	No Benefit
Frames	\$100	\$70	\$65
Contacts—Elective	Up to \$115	Up to \$105	Up to \$100

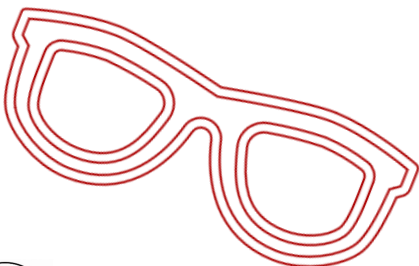
**\*If you choose contact lenses, no benefits will be available for covered eyeglass lenses during that period.**

**Co-Payments:**  
**\$10 for exams |**  
**\$25 for Materials**

**Exams/Lens/Frames:**  
**Every 12/12/24 months**

	VSP	EYEMED
Employee	\$8.56	\$8.56
Emp + Spouse	\$16.52	\$16.52
Emp + Child(ren)	\$14.24	\$14.24
Emp + Family	\$22.20	\$22.20

**Want to review a  
Network listings?  
View in the Benefits Portal!**



# Critical Illness/Cancer

## Fully Guaranteed Issue Benefit Amounts

Employee	In increments of \$5,000 up to \$20,000
Spouse	In increments of \$5,000 up to \$20,000
Child(ren)	Automatically covered at 50% of Employee for no cost if listed as a dependent in the portal

### Notes:

Critical Illness provides cash benefits when you're diagnosed with a covered critical illness. These benefits are paid directly to you and are intended to help cover your medical out of pocket costs and the living expenses that can accompany a covered critical illness. **This plan is guaranteed issue and has no pre-existing condition other than a 12 month look back for cancer claims.** Also, be sure to fill out your \$50 wellness benefit for getting your health screening! **Coverage is also portable!**

## Plan Benefits

(Benefit provisions may vary by situs state)

Base Benefits	
Heart Attack (Myocardial Infarction)	100%
Sudden Cardiac Arrest	100%
Coronary Artery Bypass Surgery	25%
Major Organ Transplant*	100%
Bone Marrow Transplant (Stem Cell Transplant)	100%
Kidney Failure (End-Stage Renal Failure)	100%
Stroke (Ischemic or Hemorrhagic)	100%

\*25% of this benefit is payable for Insureds placed on a transplant list for a major organ transplant

Cancer Benefits	
Cancer (Internal or Invasive)	100%
Non-Invasive Cancer	25%
Skin Cancer	\$250 per calendar year

Health Screening Benefit	
Health Screening (payable for employee and spouse only)	\$50 per calendar year

Additional Benefits	
Coma	100%
Severe Burns	100%
Paralysis	100%
Loss of Sight	100%
Loss of Speech	100%
Loss of Hearing	100%

Please request a sample policy for full benefit provisions and descriptions.

## Example Premium:

**45 year old female non-tobacco \$20k: \$33.66**

**50 year old Male tobacco \$10k: \$52.94**





# Traditional Cancer

We give you flexibility! By having 3 choices you can chose a price point best for you.  
Below are example benefits from each level during leukemia.

## Option 1 Monthly Premiums

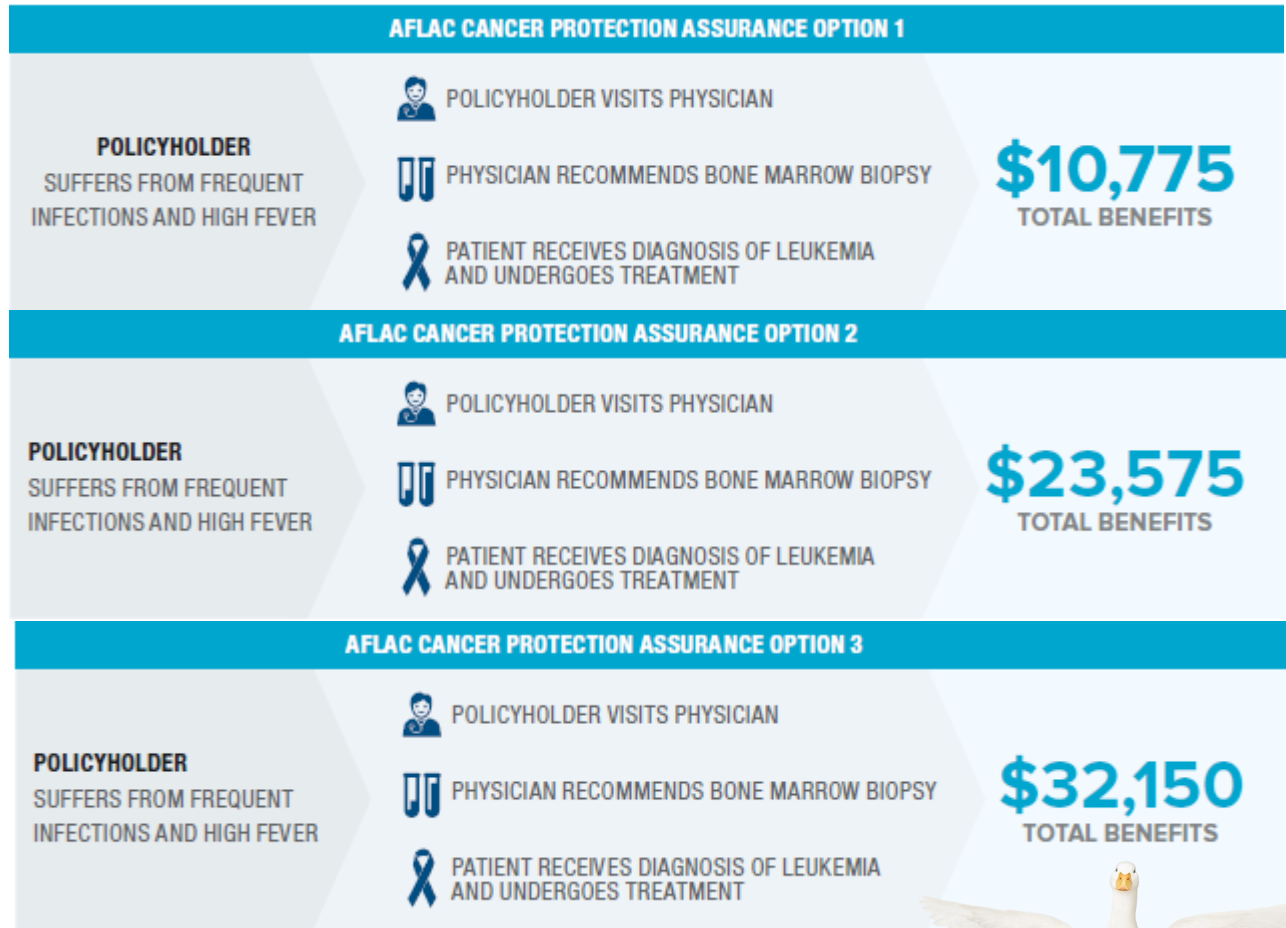
Employee	\$23.45
Employee + Spouse	\$41.31
Employee + Child	\$23.45
Family	\$41.31

## Option 2 Monthly Premiums

Employee	\$40.36
Employee + Spouse	\$72.60
Employee + Child	\$40.36
Family	\$72.60

## Option 3 Monthly Premiums

Employee	\$54.23
Employee + Spouse	\$95.82
Employee + Child	\$54.23
Family	\$95.82



# Accident

An accident insurance policy will pay you a tax-free benefit upon injury from an accident, which means a sudden, unexpected, and unforeseen event.

Benefit Description (24/7 coverage)	Benefit Amount
<b>INJURIES</b>	
Fractures	\$320 - \$8,000
Dislocations	\$320 - \$8,000
Second & Third Degree Burns	\$100 - \$20,000
Concussions	\$200
Cuts/Lacerations	\$25 - \$400
Eye Injuries	\$50
<b>MEDICAL SERVICES AND TREATMENT</b>	
Ambulance (Ground & Air)	\$400 - \$1,500
Emergency Room Admission	\$150
Accident Follow-up Treatment	\$30
Therapy Services	\$30
Major Diagnostic Testing	\$50
Medical Devices	\$25- \$100
<b>HOSPITAL COVERAGE (ACCIDENT)</b>	
Admission	\$1,000 per accident
Confinement	\$200 a day (non-ICU up to 365 days) - \$200 (ICU) up to 30 days
Inpatient Rehab	\$75 a day (Up to 31 days per confinement)

**\$50 WELLNESS  
BENEFIT**

<b>Monthly Premiums</b>	
Employee	\$12.64
Employee + Spouse	\$20.73
Employee + Child	\$26.34
Family	\$34.43

**Example:** Ashley's daughter, Brittany, plays soccer on the varsity high school team. During a recent game, she collided with an opposing player, was knocked unconscious and taken to the local emergency room by ambulance for treatment with a broken tooth and concussion.



Covered Event	Benefit Amount
Ambulance (Ground)	\$400
Emergency Room	\$150
Accident Follow-Up (2 x \$30)	\$60
Major Diagnostic Testing	\$50
Concussion	\$200
Broken Tooth (Repaired by Crown)	\$300
Total Benefits Paid by AFLAC	<b>\$1160</b>

**Guaranteed Issue!  
Portable!**

**Coverage Carrier:**



# Hospital Indemnity

Colonial Group Medical Bridge Plan is intended to supplement State Health and help pay for:

- Deductibles
- Co-Insurance
- Other every day expenses

Age	Employee	Employee & Spouse	Employee + Child(ren)	Family
17-49	\$27.30	\$49.47	\$41.98	\$64.16
50-59	\$36.31	\$69.92	\$50.99	\$84.60
60-64	\$44.16	\$88.27	\$58.84	\$102.95
65-99	\$53.10	\$107.64	\$67.78	\$122.33

**Hospital Confinement—\$1,000**

**Outpatient Surgical Procedures:**

**Tier 1 = \$500 Tier 2—\$1000**

**Diagnostic Procedure Benefit \$500**

**Emergency Room \$150**

**\*All benefits are once per calendar year per covered person**

## Outpatient Procedure Examples:

### Tier 1 Example(s)

Colonoscopy, Skin grafting

### Tier 2 Example(s)

Angioplasty, Cataract Surgery

## Diagnostic Procedure Examples:

Breast Biopsy, Thyroid Biopsy

**\$50**

**Wellness Benefit**

**Colonial Life**



# Flexible Spending

The medical, dental, vision, and dependent care expenses - what you pay out of your own pocket - doesn't have to take such a big bite out of your budget. Use a Flexible Spending Account (FSA) to cover these expenses using PRE-TAX dollars, while also reducing your taxable income.

## Medical Flexible Spending Account (FSA)

Minimum Contribution	\$300 annually
Maximum Contribution	\$3,050 annually

## Dependent Care Flexible Spending Account (FSA)

Minimum Contribution	\$300 annually
Maximum Contribution	\$5,000 annually

**Notes:** Plan Year is July 1—June 30 | \$610 Carry Over on Medical FSA | **Any leftover balance in your Dependent Care Account is forfeited** | Total Medical FSA Contribution is available at the beginning of the year | Dependent Care election is only available as deposited monthly | Medical FSA has a Visa Debit Card | Dependent Care Account requires reimbursement submission

The IRS rules and the rules of your employer designate eligible expenses.

### Information About Flexible Spending Accounts:

- Deductions for spending accounts are made on a pre-tax basis every pay period.
- Your spending account elections are binding for the plan year. You may be able to make limited changes if you have a qualified status change.
- When you enroll in a Medical Flexible Spending Account, you'll receive a VISA ® spending account card for purchases of eligible health care services.
- Remember, you may want to keep your receipts since some transactions may require validation by iSolved.

### Important Note:

**Please be aware that if you are currently contributing to a Flexible Spending Account, your annual election will not roll over into the new plan year. You must make a new election during Open Enrollment if you want to contribute to the Flexible Benefits Spending Accounts for the next plan year.**



# Carrier Info

Product	Carrier	Phone Number
Short-Term Disability	Mutual of Omaha	800-877-5176
Long-Term Disability	Mutual of Omaha	800-877-5176
Term Life Insurance	Mutual of Omaha	800-877-5176
Universal Life	Trustmark	877-201-9373
Dental	Ameritas	800-487-5553
Vision	Ameritas	800-487-5553
Critical Illness/Cancer	Aflac	800-433-3036
Traditional Cancer	Aflac	800-433-3036
Accident	Aflac	800-433-3036
Hospital Indemnity	Colonial	800-325-4368
Flexible Spending	iSolved	800-796-7910



# FAQ

- **What do I do if I need technical support?**

- Please contact a member from OneSource either at [mybenefits@youronesourcesolution.com](mailto:mybenefits@youronesourcesolution.com) or (229) 896-3436.

- **How do I request a duplicate dental or vision card?**

- Please contact a member from OneSource either at [mybenefits@youronesourcesolution.com](mailto:mybenefits@youronesourcesolution.com) or (229) 896-3436.
- If emailing, please indicate if the request is urgent (i.e. your appointment is the same day) and provide the best mailing address for physical cards to be sent to.

- **How do I locate an in-network provider?**

- You can find those listed in-network within the portal. Under the “Resources” tab you will find a PDF of dental and vision providers.

- **What is the process of filing a claim?**

- Your OneSource Solution is available to assist you in the filing of your claim(s). Each coverage and carrier’s process differs but generally speaking there will be a claim form to complete including information from your physician. The insurance carrier, and not OneSource, is responsible for the review, approval/denial, and if applicable payment of your claim. Our goal is to serve as a resource to you in this process.

- **How do I confirm my current benefits?**

- You may view your current benefit elections provided by Your OneSource Solution 24 hours a day, 7 days a week, 365 days a year in the online Benefits Portal. You may also contact our office at (229) 896-3436 or [mybenefits@youronesourcesolution.com](mailto:mybenefits@youronesourcesolution.com) to request a paper copy via email or mail.

- **What is a life event? How do I process a life event?**

- A life event, otherwise known as a qualifying event, occurs under certain events as defined by the IRS under code 125. A life event allows an employee to make changes to their coverages when they otherwise could not. A common example is the addition of a spouse to your coverage after a recent marriage. It is important to note that life events must be processed timely as the IRS restricts the amount of time you have from the event to process the new coverage.
- To process a life event, you can click on the “Life Events” tab within your OneSource benefits portal. You may also contact our office at (229) 896-3436 or [mybenefits@youronesourcesolution.com](mailto:mybenefits@youronesourcesolution.com) and a team member can assist.

- **How do I verify my current beneficiaries?**

- You can view your beneficiaries at any time within your OneSource benefits portal. After logging in, click on enrollment summary and then beneficiaries.





## General Notices





# General Notices

The Benefits Plan is offered by your employer. It is governed by the Internal Revenue Code, section 125, and rules issued by your employer. This section is intended to provide you with general notices and disclosures.

1. This benefits guide summarizes the benefits you can elect. A more detailed explanation of benefit provisions is provided in each benefit summary plan document. Every attempt has been made to ensure that the information in this booklet is accurate. Coverages are governed by legal documentation and insurance contracts. **In the event of conflict between this benefits guide and the official plan documents and/or contracts, the terms of the official plan documents and contracts shall prevail.**
2. This Notice describes how the Plan(s) may use and disclose your protected health information (PHI) and how you can get access to your information. The privacy of your protected health information that is created, received, used or disclosed by the Plan(s) is protected by the Health Insurance Portability and Accountability Act of 1996 (HIPPA). This Notice is available online within your employee benefits portal. A paper copy is also available, free of charge, by calling your employer or Your OneSource Solution at (229) 896-3436. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan.
3. Section 125 Pre-Tax Benefit Authorization Notice: Before-tax deductions will lower the amount of income reported to the federal government. This may result in slightly reduced Social Security benefits. If you do not enroll eligible dependents at this time, you may not enroll them until the next open enrollment period. You may not drop the coverage you elected until the next open enrollment period. You may only make a change or drop coverage elections before the next open enrollment period under a qualifying life event.
4. On April 7, 1986, a federal law was enacted (Public Law 99272, Title X) requiring that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end. If you or your eligible dependents enroll in the group health benefits available through your Employer you may have access to COBRA continuation coverage under certain circumstances. Therefore, your plan makes available to you and your dependents the General Notice of COBRA Continuation Coverage Rights. This notice contains important information about your right to COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. The full Notice is available online within your employee benefits portal. A paper copy is also available, free of charge, by calling your employer or Your OneSource Solution at (229) 896-3436.
5. For dependent and/or spousal coverage, it is your responsibility to notify Your OneSource Solution if the person is ineligible or ceases to be eligible to participate in the Plan. There will be no refund of premiums paid into the Plan, when a timely notice is not made.
6. This salary agreement will be terminated if you change the agreement during the next enrollment period. If you do not change the agreement, your benefit choices will rollover in the next Plan year or default to a specified coverage except for the Flexible Spending Accounts.
7. If you choose not to participate or choose not to continue coverages, your ability to enroll at a later date will be subject to contractual provisions, which may include medical proof of insurability or limited coverages.
8. If you failed to enroll in options requiring medical underwriting when first eligible and you choose new or increased levels of coverage, you must complete the medical underwriting process and be approved.
9. If on any policy a beneficiary is not named, the beneficiary will follow the order stated in the policy or the insurance carriers standard protocol.
10. If you have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices in your prescription drug plan.





## Notes

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For illustrative purposes only. Refer to full plan documents.

## Notes

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For illustrative purposes only. Refer to full plan documents.



We are real people who offer real solutions to real problems.

