



Dear New Team GCPS Members,

Welcome to Gwinnett County Public Schools (GCPS), and congratulations on your selection to join our remarkable team! We are delighted to have you on board and look forward to the contributions you will make to the lives of our students and the growth of our community.

As a new employee, you play a pivotal role in our collective mission to ensure the success of our students and the progress of our district. We hope you take immense pride in being a part of this outstanding school district, one that not only holds the title of the largest school district in Georgia but also ranks as the 11th largest in the nation. GCPS is the heart of a vibrant and diverse community, making significant contributions to the economic, cultural, and social vitality of Gwinnett County.

Our school district serves approximately 182,000 students and employs more than 23,000 dedicated individuals, and we are still growing. However, we want you to know that your role at GCPS is far more than just a job. It is your work home, a place where we are all united in the pursuit of creating a culture that fosters a strong sense of belonging. We want every member of our team to feel valued, acknowledged, accepted, and to be treated with fairness and respect within GCPS.

This sense of belonging is integral to our success, as we recognize that the strength of our district is intrinsically tied to our employees' unwavering commitment to improving our schools and our community. GCPS believes in you, and we are dedicated to investing in your professional and personal growth and success. As such, we strongly encourage you to explore the myriad professional learning and leadership opportunities that we offer, which we believe sets GCPS apart from other districts.

In GCPS, we aspire to become a system of world-class schools, and this ambition is woven into the fabric of our identity. Being world-class means having high expectations for our students and ourselves, embracing equity in all aspects of our work, committing to lifelong learning and continuous quality improvement, and approaching each day with the care, compassion, and dedication that defines us as professionals. We thank you for embracing these high standards and for choosing GCPS as your place of employment.

We welcome you to your new home at Gwinnett County Public Schools, and we are honored that you've joined Team GCPS. Together, we will continue to make a difference in the lives of our students and our community.

In partnership and service,

Dr. Calvin J. Watts,

Superintendent

FROM BENEFITS AND LEAVE ADMINISTRATION



To: Benefit Eligible Employees
From: Kellie Beaver, Director
Benefits and Leave Administration
Subject: 2024 New Hire

Gwinnett County Public Schools (GCPS) is here to provide you with the support that you need, as you make important decisions for your future.

Insurance benefits become effective on the first day of the calendar month after you have completed one full calendar month of service. (Example: Employees beginning employment for the new school year by July 29 will have premiums deducted from the August 31 paycheck with benefits effective on September 1).

Make your selections carefully. New hires have 31 days from their hire date to elect/change benefits. The Plan Year for all GCPS benefits is January 1 through December 31 of each year.

Benefits Eligibility

All active employees regularly scheduled to work at least 20 hours per week in a board approved position are eligible for benefits. Any employee working less than 20 hours per week is not eligible. An employee on an approved Leave of Absence shall be classified as eligible.

If an employee also qualifies as a dependent, such person may be covered as either an employee or a dependent, but not both. If both spouses are employed by GCPS, their children will be covered as dependents of one parent, but not both.

Review this New Hire Guide for further information on all benefit plan options available to you during your 31 day New Hire Enrollment Period. You may also e-mail your questions to the Benefits and Leave Administration team at benefits@gcpsk12.org.

Changes to Benefits Coverage Due to a Qualifying Event

Outside of New Hire, changes to your coverage (except Supplemental Life Insurance, Spousal Life Insurance, Child Life, and Dependent Life) may only occur when you experience a Qualifying Event. Any changes made to coverage due to a Qualifying Event must be made within 31 calendar days of the event, must be consistent with the event, and must be documented. A Qualifying Event includes the following:

- Marriage or divorce;
- Birth, adoption, or placement for adoption (*changes due to this qualifying event must be made within 90 days*);
- Loss of coverage due to spouse's employment status change, such as termination of employment or reduction of hours;
- Acquisition of coverage due to a spouse's employment status change;
- Dependent child no longer meets eligibility requirements of the plan; and/or
- Death of a dependent (*changes due to this qualifying event must be made within 90 days*).

Dependent Eligibility

Eligible dependents for health insurance include:

- Your legally married spouse, and
- A dependent child, regardless of marital or student status, through the last day of the month of the dependent's 26th birthday.
- SHBP requires documentation verifying the eligibility of dependents covered under the health plan options. You must submit documentation, such as a marriage certificate and/or birth certificate(s) in order to cover any dependent. You will receive a letter from SHBP requesting the information and the instructions on how to submit the required information.

Eligible dependents for all GCPS Plan coverages include:

- Your legally married spouse
- Child(ren) under age 19 or up to age 26 if a full time student*
- A child who is incapacitated (physically or mentally disabled) prior to the limiting ages above can continue to be covered if proof of incapacitation is sent to the appropriate vendor no later than 31 days from the date that child(ren) reaches age limit.

*At an accredited school, college, or university that is licensed in the jurisdiction where it is located. A full-time student includes a child who is enrolled for at least five months in each calendar year, or a child who, as a result of being injured or ill, is prevented from being so enrolled, but would otherwise be enrolled.

The term "dependent child" includes the following:

- Natural/biological child(ren);
- Adopted child(ren);
- Step child(ren); and
- Child(ren) that you have legal guardianship.

An enrolled employee shall be entitled to retain coverage of a dependent child after age 26 if the child is physically or mentally disabled, and depends primarily on the enrolled employee for support and maintenance.

FROM BENEFITS AND LEAVE ADMINISTRATION

Below are highlights of the benefit plans available to all eligible employees.

Health Plans (pages 5-13)

All health benefit plan options highlighted in this New Hire Guide are discussed in detail in the **State Health Benefit Plan (SHBP)** Decision Guide. Benefit eligible employees seeking to enroll in health insurance should complete the election process via the SHBP website at myshbpga.adp.com. Note, if you are logging in for the first time **the registration code is SHBP-GA**. The guide is available in a printable, electronic format on the GCPS Employee Portal. Vendors include Anthem Blue Cross Blue Shield, UnitedHealthcare (UHC), and Kaiser Permanente (KP). Employees have the option of the following plan designs:

- Anthem Blue Cross Blue Shield offers Health Reimbursement Account (HRA) options as well as a Health Maintenance Organization (HMO) plan.
- UnitedHealthcare offers an HMO and a High Deductible Health Plan (HDHP).
- Kaiser Permanente offers an HMO for employees who live or work in the 27-county metro Atlanta service area.
- For technical assistance please call SHBP support at 1-800-610-1863.

GCPS Plans

The GCPS Employee Portal is available to you – 24 hours a day, seven days a week – with benefit plan information. **Be sure to print and retain the confirmation page after you have completed your online New Hire Enrollment transactions. Note: A copy of the confirmation page will be sent to your GCPS email address.**

Legal (page 14)

The Legal plan offers two levels of coverage. The UltimateAdvisor Plan is a comprehensive plan that provides a wide range of legal services and protection. Benefits include legal representation — over the phone or face-to-face — telephone legal advice and consultation, reduced fee services, online Legal tools and resources, identity theft services, immigration assistance, and financial education and counseling services. The LawPhone Plan offers basic legal coverage, including toll-free telephone access to an attorney for legal questions. ARAG can help if you need to file a restraining order or need assistance with Elder Law. **Coverage also includes reproductive assistance, contested divorce, real estate assistance, driving privilege and minor traffic violation assistance, estate protection, and tax collection and audit assistance.**

Flexible Spending Accounts (pages 15-16)

Flexible Spending Accounts (FSA) must be elected each year to continue the benefit. Special care must be taken in predicting your out-of-pocket expenses for the 2024 plan year. Any unused portion of your FSA at the end of the plan year will be forfeited.

The Health Care Flexible Spending Account (HCFSA) can be used for your qualifying out-of-pocket medical, dental, and vision care expenses. In general, expenses for procedures cosmetic in nature, such as teeth whitening and cosmetic surgery, are excluded from FSA eligibility, as are therapeutic massages and gym memberships. You can elect up to the IRS allowable limit published in the Employee Portal per plan year.

A Dependent Care Flexible Spending Account (DCFSA) allows you to pay for child-care expenses for dependents under age 13, or for the care of dependents of any age if they are mentally or physically disabled, live with you, and are claimed as dependents on your federal income tax return. The maximum DCFSA election is \$5,000 if you are single or married and file taxes jointly or \$2,500 if you are married and file individually.

Dental (page 17)

Two Dental Plan options are offered through MetLife, the Basic Plan and the Premium Plan. Orthodontia is covered under the Premium Plan without a Lifetime maximum.

Short-Term Disability (page 18)

Short-Term Disability provides a weekly benefit if you experience an illness or injury that prevents you from performing the essential functions of your job. Benefits begin paying on the 15th calendar day of disability, and you must have paid six deductions into the plan to be eligible for benefits.

Long-Term Disability (page 18)

All benefit-eligible employees contribute 1% of their salary to the Gwinnett Retirement System (GRS) Long-Term Disability fund, which is a mandatory benefit.

GCPS Plans

Vision (page 19)

The Vision plan offers in-network services through the EyeMed network of providers, including LensCrafters, most Pearle Vision, among others, as well as a large number of private practitioners. The plan also offers an out-of-network option as well. See chart on page 19 for additional information. Please note that the SHBP health insurance plans may provide an eye exam every other year with no co-payment as part of wellness and preventative care. However, the health plans do not cover glasses, contact lenses, or other materials.

Accident Insurance (page 20-21)

The Accident plan is designed to provide financial protection to employees and covered dependents in the event of an accident. A lump sum benefit will be paid to the employee by MetLife. Funds may be used to off-set medical deductibles, out-of-pocket maximums, and/or living expenses.

Hospital Indemnity Insurance (page 22)

The Hospital Indemnity plan is designed to provide a daily benefit for each day an employee and/or covered dependent is hospitalized. A lump sum benefit will be paid to the employee by MetLife. Funds may be used to off-set medical deductibles, out-of-pocket maximums, and/or living expenses.

Critical Illness (pages 23-24)

The Critical Illness plan provides guaranteed issuance for employees up to \$50,000. A spouse can be covered at 50% of the employee's election. Eligible children are covered at no additional cost. The plan is designed to protect the employee in the event of a Critical Illness.

Supplemental Life Insurance (page 25)

Supplemental Life Insurance is offered to give you an opportunity to provide additional financial security to your loved ones in the event of your death. You may apply for coverage or increase your current coverage up to the maximum allowable amount. Coverage is offered in increments of one to six times your salary, to a maximum of \$500,000.*

Will Preparation (page 25)

If you are enrolled in Supplemental Life Insurance, you have access to a Will Preparation Service offered by MetLife. This free service provides employees and their spouse with access to participating plan attorneys for preparing or updating a will.

Spousal Life Insurance (page 25)

If you are enrolled in Supplemental Life Insurance, your spouse may also apply for Spousal Life Insurance coverage. Coverage is provided in increments of \$10,000, not to exceed 50% of the employee's Supplemental Life benefit up to \$250,000.*

Child Life Insurance (page 25)

Child Life Insurance provides you the opportunity to purchase \$15,000 of life insurance coverage for your children. You may purchase this coverage in addition to any Dependent Life Insurance coverage you may already have with GCPS.

Behavioral Health and Counseling (page 26)

MetLife, Gwinnett County Public Schools' provider of Life Insurance, offers Behavioral Health and Counseling services to all benefit-eligible employees, at no charge to the employee. Services extend to your dependents and beneficiaries. Five sessions per event are available. No enrollment is necessary for this service, and all services are confidential. For more information call 1-888-319-7819, then press 1.

Auto/Home Insurance (page 27)

Employees of GCPS are eligible for automobile, homeowner's, and other personal property insurance through the Auto/Home program.

**Subject to underwriting approval by MetLife.*

MOBILE RESOURCES

PUT YOUR SMARTPHONE TO WORK FOR YOU



Flexible Spending Account

Search “Medcom” at iTunes App Store or Google Play.

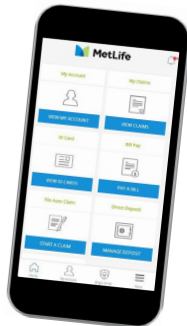
- View current balances and transactions in your HCFSAs and DCFSAs accounts.
- Submit new claims and view alerts. Opt in for customized push alerts showing account activity, date reminders, claim status, balance alerts and confirmation of changes made to your account. Data is sent to your phone via secure, encrypted transmissions to protect your privacy.
- Text messaging service is available for participants who use standard cell phones rather than smart phones.
- Participants can upload receipts to substantiate debit card transactions. These receipts are available for future viewing on both the mobile app and the participant portal.
- Participants may also submit manual claims for reimbursement of expenses they've paid out-of-pocket.



Dental

Search “MetLife” at iTunes App Store or Google Play.

- Find a dentist
- Book an appointment
- View benefits
- View your claims
- View and save your ID card
- Provider reviews and ratings
- Track your brushing and flossing



Vision

Search “EyeMed Members” at iTunes App Store or Google Play. Some features are available when you download the app and others are unlocked when you register with your member ID.

- Find a Vision provider (including directions and maps)
- Appointment scheduling
- Eye exam and contact lens reminders
- Electronic ID card
- Store a picture of prescription(s) in your app
- View benefits
- Answers to common questions
- Special offers and discounts

Legal

Search “ARAG Legal” at iTunes App Store or Google Play.

- Find a Network Attorney
 - See ratings and reviews for ARAG network attorneys
 - Sort and filter attorney finder search results by a variety of different options
 - View what an attorney's reduced fee is
- Get Legal Help on-the-go. Instantly confirm coverage and receive a list of network attorneys for:
 - Wills
 - Traffic tickets
- Other features
 - Mobile ID Card
 - Contact ARAG



Accident, Hospital Indemnity & Critical Illness

Search “MetLife” at iTunes App Store or Google Play.

- View your current coverage
- View coverage details
- File a claim and upload documents
- View claims status



Home & Auto

Search “Farmers” at iTunes App Store or Google Play.

- View policy details
- See list of insured vehicles and drivers
- Access payment history
- Pay bills
- File a claim and upload accident details

Health Coverage



Benefit-eligible employees seeking to enroll in health insurance should complete the election process via the State Health Benefit Plan (SHBP) website at myshbpga.adp.com. Note: If you are logging in for the first time, **the registration code is SHBP-GA**. For technical assistance, please call SHBP support at 1-800-610-1863.



Anthem Blue Cross Blue Shield will offer HRA options as well as an HMO.



UnitedHealthcare will offer an HMO and HDHP.



Kaiser Permanente will offer an HMO.



Scan the code above for the ADP App

Monthly Premiums

Health Insurance	You	You + Child(ren)	You + Spouse	You + Family
Anthem Blue Cross Blue Shield – HRA Gold	\$188.56	\$343.04	\$464.72	\$619.20
Anthem Blue Cross Blue Shield – HRA Silver	\$125.19	\$235.32	\$331.65	\$441.78
Anthem Blue Cross Blue Shield – HRA Bronze	\$77.69	\$154.57	\$231.90	\$308.78
Anthem Blue Cross Blue Shield – HMO	\$148.53	\$274.99	\$380.66	\$507.12
Kaiser Permanente – HMO	\$169.54	\$311.96	\$430.64	\$573.06
UnitedHealthcare – HMO	\$177.91	\$324.94	\$442.36	\$589.39
UnitedHealthcare – HDHP	\$63.36	\$130.20	\$201.80	\$268.64

*Excludes \$80 tobacco surcharge, if applicable.

TRICARE Supplement	You	You + Child(ren)	You + Spouse	You + Family
Must be enrolled in TRICARE to be eligible for TRICARE Supplement.	\$60.50	\$119.50	\$119.50	\$160.50

*Please visit the SHBP website at <https://shbp.georgia.gov/annuitant-years-service-subsidy-new-policy-rates> for information about the Annuitant Years of Service Subsidy Policy, including Retiree Rate Calculators. This change could have a substantial impact on the cost of healthcare in retirement.

HEALTH COVERAGE

Anthem Blue Cross Blue Shield

HRA Plan Options

Anthem BCBS	Gold HRA Option		Silver HRA Option		Bronze HRA Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Covered Services	You Pay		You Pay		You Pay	
Deductible						
You	\$1,500	\$3,000	\$2,000	\$4,000	\$2,500	\$5,000
You + Spouse	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500
You + Child(ren)	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500
You + Family	\$3,000	\$6,000	\$4,000	\$8,000	\$5,000	\$10,000
	HRA credits will reduce 'You Pay' amounts					
Out-of-Pocket Maximum						
You	\$4,000	\$8,000	\$5,000	\$10,000	\$6,000	\$12,000
You + Spouse	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000
You + Child(ren)	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000
You + Family	\$8,000	\$16,000	\$10,000	\$20,000	\$12,000	\$24,000
	HRA credits will reduce 'You Pay' amounts					
HRA Credits	The Plan Pays		The Plan Pays		The Plan Pays	
You	\$400		\$200		\$100	
You + Spouse	\$600		\$300		\$150	
You + Child(ren)	\$600		\$300		\$150	
You + Family	\$800		\$400		\$200	
Physicians' Services	The Plan Pays		The Plan Pays		The Plan Pays	
Primary Care Physician or Specialist Office or Clinic Visits • Treatment of illness or injury	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Maternity Care (non-routine, prenatal, delivery, and postpartum)	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Primary Care Physician or Specialist Office or Clinic Visits for the following: • Wellness care/preventive health care • Prenatal care coded as preventive	100% coverage; not subject to deductible	Not covered	100% coverage; not subject to deductible	Not covered	100% coverage; not subject to deductible	Not covered
Physician Services Furnished in a Hospital • Inpatient Visits, including charges by surgeon, anesthesiologist, pathologist and radiologist	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Telemedicine/Virtual visit	85% coverage; subject to deductible	Not covered	80% coverage; subject to deductible	Not covered	75% coverage; subject to deductible	Not covered

HRA Plan Features

- If you choose an HRA plan option, there will not be co-payments for medical and pharmacy expenses. Instead, you pay the applicable deductible and/or coinsurance.
- HRA credits must be used for medical and pharmacy benefits and will reduce the deductible and out-of-pocket maximum.
- The HRA option pays 100% of covered services provided by in-network providers that are properly coded as "preventive care" within the meaning of the Affordable Care Act (ACA).
- You must meet separate in and out-of-network deductibles.
- You must meet separate in and out-of-network out-of-pocket maximums.
- After you meet your annual deductible, you pay a percentage of the cost of your covered expenses, called coinsurance.

HEALTH COVERAGE

Anthem Blue Cross Blue Shield

HRA Plan Pharmacy Benefits

Anthem BCBS	Gold HRA Option		Silver HRA Option		Bronze HRA Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Pharmacy Benefits	You Pay		You Pay		You Pay	
Tier 1 <i>NOTE: Per 31-day maximum supply.</i>	15% (\$20 min/\$50 max); not subject to deductible		15% (\$20 min/\$50 max); not subject to deductible		15% (\$20 min/\$50 max); not subject to deductible	
Tier 2 <i>NOTE: Per 31-day maximum supply.</i>	25% (\$50 min/\$80 max); not subject to deductible		25% (\$50 min/\$80 max); not subject to deductible		25% (\$50 min/\$80 max); not subject to deductible	
Tier 3 <i>NOTE: Per 31-day maximum supply.</i>	25% (\$80 min/\$125 max); not subject to deductible		25% (\$80 min/\$125 max); not subject to deductible		25% (\$80 min/\$125 max); not subject to deductible	
Participating 90-day Voluntary Mail Order OR Retail 90-day Network <i>NOTE: Per 90-day maximum supply.</i>	Tier 1–15% (\$50 min/\$125 max) Tier 2–25% (\$125 min/\$200 max) Tier 3–25% (\$200 min/\$312.50 max)		Tier 1–15% (\$50 min/\$125 max) Tier 2–25% (\$125 min/\$200 max) Tier 3–25% (\$200 min/\$312.50 max)		Tier 1–15% (\$50 min/\$125 max) Tier 2–25% (\$125 min/\$200 max) Tier 3–25% (\$200 min/\$312.50 max)	

*NOTE: For HRA Out-of-Network, please refer to the Health Reimbursement Arrangement (HRA) plan option Summary Plan Description (SPD).



Anthem Blue Cross Blue Shield

HMO Plan Option

Anthem BCBS	HMO
	In-Network Only
Covered Services	You Pay
Deductible	
You	\$1,300
You + Spouse	\$1,950
You + Child(ren)	\$1,950
You + Family	\$2,600
Out-of-Pocket Maximum	
You	\$4,000
You + Spouse	\$6,500
You + Child(ren)	\$6,500
You + Family	\$9,000
HRA Credits	The Plan Pays
You	
You + Spouse	
You + Child(ren)	N/A
You + Family	
Physicians' Services	The Plan Pays
Primary Care Physician or Specialist Office or Clinic Visits • Treatment of illness or injury	100% coverage after \$35 PCP co-pay \$45 SPC co-pay
Maternity Care (non-routine, prenatal, delivery, and postpartum)	100% coverage after \$35 PCP co-pay \$45 SPC co-pay
Primary Care Physician or Specialist Office or Clinic Visits for the following: • Wellness care/preventive health care • Prenatal care coded as preventive	100% coverage; not subject to deductible, in-network only
Physician Services Furnished in a Hospital • Inpatient Visits, including charges by surgeon, anesthesiologist, pathologist and radiologist	100% coverage; subject to deductible
Telemedicine/Virtual visit	100% coverage after \$35 PCP co-pay \$45 SPC co-pay
Pharmacy Benefits	You Pay
Tier 1 <i>NOTE: Per 31-day maximum supply. KP per 30-day max.</i>	\$20 co-pay
Tier 2 <i>NOTE: Per 31-day maximum supply. KP per 30-day max.</i>	\$50 co-pay
Tier 3 <i>NOTE: Per 31-day maximum supply. KP per 30-day max.</i>	\$90 co-pay
Participating 90-day Voluntary Mail Order OR Retail 90-day Network <i>NOTE: Per 90-day maximum supply.</i>	Tier 1-\$50 Tier 2-\$125 Tier 3-\$225 co-pays

Anthem BCBS HMO Plan Features

- There are co-payments with this plan for certain services, such as an office visit.
- The HMO option pays 100% of covered services provided by in-network providers that are properly coded as “preventive care” within the meaning of the Affordable Care Act (ACA).
- Certain services are subject to a deductible and coinsurance, such as diagnostic services.
- You do not have to obtain a referral to see a Specialist (SPC); however, we encourage you to select a Primary Care Physician (PCP) to help coordinate your care.



United Healthcare

United Healthcare	HDHP		HMO
	In Network	Out-of-Network	In-Network Only
Covered Services	You Pay		You Pay
Deductible			
You	\$3,500	\$7,000	\$1,300
You + Spouse	\$7,000	\$14,000	\$1,950
You + Child(ren)	\$7,000	\$14,000	\$1,950
You + Family	\$7,000	\$14,000	\$2,600
Out-of-Pocket Maximum			
You	\$6,450	\$12,900	\$4,000
You + Spouse	\$12,900	\$25,800	\$6,500
You + Child(ren)	\$12,900	\$25,800	\$6,500
You + Family	\$12,900	\$25,800	\$9,000
HRA Credits	The Plan Pays		The Plan Pays
You	N/A		N/A
You + Spouse	N/A		N/A
You + Child(ren)	N/A		N/A
You + Family	N/A		N/A
Physicians' Services	The Plan Pays		The Plan Pays
Primary Care Physician or Specialist Office or Clinic Visits • Treatment of illness or injury	70% coverage; subject to deductible	50% coverage; subject to deductible	100% coverage after \$35 PCP co-pay \$45 SPC co-pay
Maternity Care (non-routine, prenatal, delivery, and postpartum)	70% coverage; subject to deductible	50% coverage; subject to deductible	100% coverage after \$35 PCP co-pay \$45 SPC co-pay
Primary Care Physician or Specialist Office or Clinic Visits for the following: • Wellness care/preventive health care • Prenatal care coded as preventive	100% coverage; not subject to deductible	Not covered	100% coverage; not subject to deductible, in-network only
Physician Services Furnished in a Hospital • Inpatient Visits, including charges by surgeon, anesthesiologist, pathologist and radiologist	70% coverage; subject to deductible	50% coverage; subject to deductible	100% coverage; subject to deductible
Telemedicine/Virtual visit	70% coverage; subject to deductible	Not covered	100% coverage after \$35 PCP co-pay \$45 SPC co-pay
Pharmacy Benefits	You Pay		You Pay
Tier 1 <i>NOTE: Per 31-day maximum supply. KP per 30-day max.</i>	70% coverage; after deductible is met		\$20 co-pay
Tier 2 <i>NOTE: Per 31-day maximum supply. KP per 30-day max.</i>	70% coverage; after deductible is met		\$50 co-pay
Tier 3 <i>NOTE: Per 31-day maximum supply. KP per 30-day max.</i>	70% coverage; after deductible is met		\$90 co-pay
Participating 90-day Voluntary Mail Order OR Retail 90-day Network <i>NOTE: Per 90-day maximum supply.</i>	70% coverage; after deductible is met		Tier 1-\$50 Tier 2-\$125 Tier 3-\$225 co-pays

HDHP Features

- You must meet separate in-network and out-of-network deductibles and out-of-pocket maximums.
- The HDHP option pays 100% of covered services provided by in-network providers that are properly coded as “preventive care” within the meaning of the Affordable Care Act (ACA).
- After you meet your annual deductible, you pay a percentage of the cost of your covered expenses, called coinsurance.

This plan is Health Savings Account (HSA) eligible. HSAs are tax advantaged savings accounts that accompany HDHPs. Contact your local bank or financial institution for more information about opening an HSA. Individuals who are covered by a general purpose health FSA are not eligible for HSA contributions.

UHC HMO Plan Features

- There are co-payments with this plan.
- The HMO option pays 100% of covered services provided by in-network providers that are properly coded as “preventive care” within the meaning of the Affordable Care Act (ACA).
- Certain services are subject to a deductible and coinsurance, such as diagnostic services.
- You do not have to obtain a referral to see a Specialist (SPC); however we encourage you to select a Primary Care Physician (PCP) to help coordinate your care.

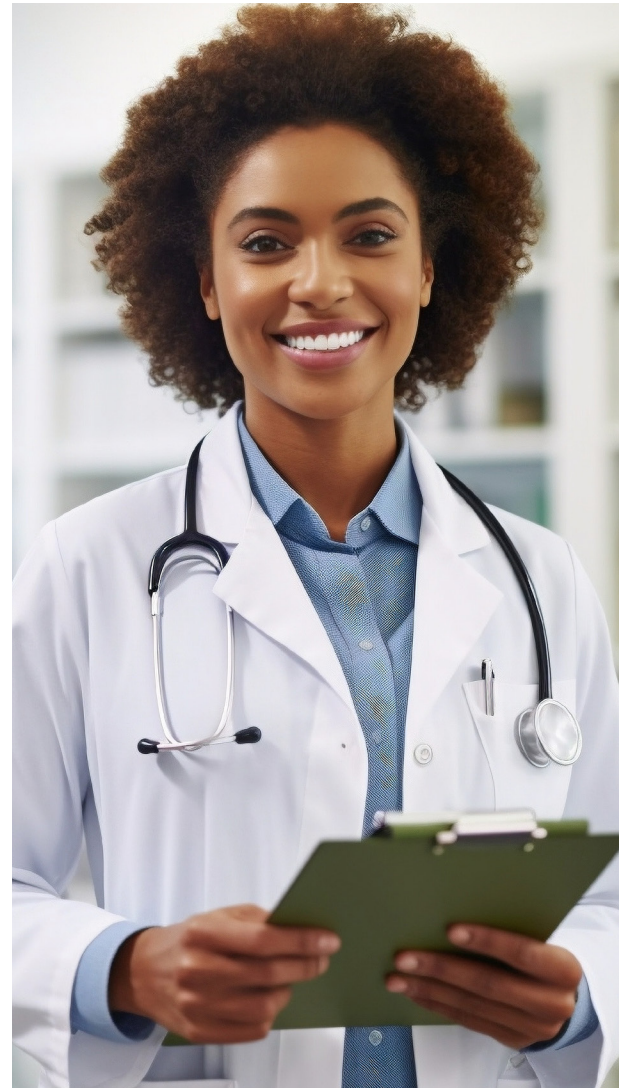
HEALTH COVERAGE

Kaiser Permanente

Kaiser Permanente	HMO
	In-Network Only
Covered Services	You Pay
Deductible	
You	\$0
You + Spouse	\$0
You + Child(ren)	\$0
You + Family	\$0
Out-of-Pocket Maximum	
You	\$6,350
You + Spouse	\$12,700
You + Child(ren)	\$12,700
You + Family	\$12,700
HRA Credits	The Plan Pays
You	
You + Spouse	
You + Child(ren)	N/A
You + Family	
Physicians' Services	The Plan Pays
Primary Care Physician or Specialist Office or Clinic Visits	100% coverage after \$35 PCP co-pay \$45 SPC co-pay
• Treatment of illness or injury	
Maternity Care (non-routine, prenatal, delivery, and postpartum)	100% coverage after \$35 PCP co-pay \$45 SPC co-pay
Primary Care Physician or Specialist Office or Clinic Visits for the following:	100% coverage
• Wellness care/preventive health care	
• Prenatal care coded as preventive	
Physician Services Furnished in a Hospital	100% coverage
• Inpatient Visits, including charges by surgeon, anesthesiologist, pathologist and radiologist	
Telemedicine/Virtual visit	100% coverage
Pharmacy Benefits	You Pay
Tier 1	\$20 co-pay
<i>NOTE: Per 31-day maximum supply. KP per 30-day max.</i>	
Tier 2	\$50 co-pay
<i>NOTE: Per 31-day maximum supply. KP per 30-day max.</i>	
Tier 3	\$80 co-pay
<i>NOTE: Per 31-day maximum supply. KP per 30-day max.</i>	
Participating 90-day Voluntary Mail Order OR Retail 90-day Network	Tier 1-\$50 Tier 2-\$125 Tier 3-\$200
<i>NOTE: Per 90-day maximum supply.</i>	co-pays

Kaiser Plan Features

- This is a co-payment only option.
- The HMO option pays 100% of covered services provided by in-network providers that are properly coded as "preventive care" within the meaning of the Affordable Care Act (ACA).
- There are no deductibles or coinsurance.
- The medical and pharmacy out-of-pocket maximums are combined.



2024 Well-Being Incentives for Anthem and UnitedHealthcare Commercial (Active Non-MA) Plan Options*	
<p>Members and their covered spouses can each earn 480 points and choose to redeem them in the Sharecare Redemption Center** for either: 1) a \$150 Sharecare Rewards Visa® Prepaid Card (when redeeming all 480 points earned in 2024) OR 2) 480 well-being incentive credits (to apply toward eligible medical and pharmacy expenses)</p>	
If You Complete...	You Will Earn...
<p>The RealAge Test Take a confidential, online questionnaire that will take about 10 minutes to complete. It is recommended that you complete the RealAge Test early in 2024 to allow for completion of action items below.</p>	<p>120 points****</p>
<p>A Biometric Screening You have three options to complete your Biometric Screening: through your physician, or at an SHBP-sponsored screening event, or at a Quest Diagnostics Patient Service Center (PSC).</p>	<p>120 points****</p>
<p>Preventive Screening Exams</p> <ul style="list-style-type: none"> Complete a preventive screening exam (colonoscopy, mammogram, pap smear or prostate screening). 	<p>Preventive Screening Exams Earn 60 points for each completed screening exam, up to two times.</p> <ul style="list-style-type: none"> Screenings should be completed by August 31, 2024. For screenings completed in September, October, November, and December 1 & 2, members can self-attest by December 2, 2024.
<p>Well-being Coaching, Online Challenges, Mini-programs, or a Combination of all Three</p>	<p>Up to 240 points in the following increments****</p>
<p>Well-being Coaching Actively engage with a Sharecare well-being coach.</p>	<p>Well-being Coaching</p> <ul style="list-style-type: none"> Earn 40 points for each completed coaching call per calendar month, up to 6 times. Maximum of one call in a calendar month qualifies you for the 40 points. Maximum of 240 points.
<p>Online Challenges & Mini-programs Within the Sharecare app or on the online platform, join and complete a monthly challenge or watch the videos in a mini-program. These activities cover four different wellness areas: physical health, diet & nutrition, stress management, and sleep.</p>	<p>Online Challenges & Mini-programs Earn 40 points up to 6 times, for a maximum of 240 points by completing the following challenges and/or mini-programs in the month they're offered.</p> <ul style="list-style-type: none"> Physical: January, April, June Diet & Nutrition: February, July, October Stress Management: May, September, November Sleep: March, August
<p>*All actions must be completed and appropriate documentation submitted and received by Sharecare between January 1, 2024 and December 2, 2024. This includes the Biometric Screening through your physician by completing the 2024 Physician Screening Form, or at an SHBP-sponsored screening event, or at a Quest Diagnostics Patient Service Center (PSC). It is your responsibility to ensure your information is complete and all documentation is received by Sharecare by December 2, 2024.</p>	
<p>**Points are saved in the Sharecare Redemption Center until you choose to redeem them, meaning points will not be sent automatically to Anthem or UnitedHealthcare. Therefore, members must make their selection on how they choose to redeem their points through the Sharecare Redemption Center, by visiting BeWellSHBP.com.</p>	
<p>***If you elect to redeem your points for well-being incentive credits to apply toward eligible medical and pharmacy expenses, you may do so in increments of 120 (up to a maximum of 480). Credits will be available within 30 days of redemption and will be deposited into your HRA, MIA or HIA account. You will not be able to select the Visa Prepaid Card option if you begin redeeming points for incentive credits. If you elect to redeem all 480 points earned in 2024 for the Visa Prepaid Card, it can be used anywhere Visa is accepted and will be physically mailed within 8 weeks of redemption. The Visa Prepaid Card will expire 12 months after the issuance date.</p>	
<p>****Note: Points cannot be awarded until completion of the RealAge Test. Biometrics, Well-being Coaching, Online Challenges, Mini-programs and Preventive Screening Exams can only be applied to points upon RealAge Test completion.</p>	
<p>Important Reminder: Remember to redeem points before transferring into a Medicare Advantage Plan as points are not automatically redeemed and transferred for Medicare Advantage members.</p>	

To learn more about how well-being incentives work with your Plan Option, please see the chart on the next page: "How Your Well-being Incentive Credits Work with Your Plan Option"

How Your Well-Being Incentive Credits Work with Your Plan Option

After you choose to redeem your points in the Sharecare Redemption Center for well-being incentive credits to apply toward eligible medical and pharmacy expenses (which you may do so in increments of 120, up to a maximum of 480), credits will be available within 30 days of redemption. Credits will be deposited into your MIA, HRA or HIA account. See *2024 Well-Being Incentives for Anthem and UnitedHealthcare Commercial (active non-MA) Plan Options chart* for details below.

Plan Option	Account Type	When You Must Redeem Your Points for Credits	How Your Credits Work
Anthem HMO	MyIncentive Account (MIA)	All points earned in 2024 must be redeemed through Sharecare’s Redemption Center (points will not be sent automatically to your Medical Claims Administrator).	When you use your benefits, you pay the member responsibility, including provider/ pharmacy co-pay, co-insurance or deductible as you normally would. Once the claim has been paid, information is sent to the MIA program. If you have MIA credits to cover all, or a portion of the member responsibility that you’ve paid, Anthem will reimburse you (up to the amount of MIA credits available) by mailed check or you can set-up direct deposit along with a MIA Summary.
Anthem HRA	Health Reimbursement Account (HRA)	Members enrolled in an HRA plan option receive account-based credits funded by SHBP, which are available immediately and do not require redemption in the Sharecare Redemption Center. All points earned in 2024 must be redeemed through Sharecare’s Redemption Center (points will not be sent automatically to your Medical Claims Administrator).	When you use your benefits, any funds that are owed to providers/pharmacies will be automatically paid by Anthem out of your HRA first. You will not pay anything until all of your available HRA credits have been used.
UnitedHealthcare HMO	Health Incentive Account (HIA)	Members and their covered spouses enrolled in a UnitedHealthcare HMO Plan Option are each eligible to receive a \$250 UnitedHealthcare Reward Card after satisfying all Be Well SHBP® well-being program requirements and redeeming their points for either well-being incentive credits or \$150 Sharecare Visa Reward Card through the Sharecare Redemption Center. All points earned in 2024 must be redeemed through Sharecare’s Redemption Center (points will not be sent automatically to your Medical Claims Administrator).	When you use your benefits, you pay the member responsibility, including provider/ pharmacy co-pay, co-insurance or deductible as you normally would. Once the claim has been paid, information is sent to the HIA program. If you have HIA credits to cover all, or a portion of the member responsibility that you’ve paid, UnitedHealthcare will mail you a reimbursement check (up to the amount of HIA credits available) along with an HIA summary.
UnitedHealthcare HDHP	Health Incentive Account (HIA)	Members and their covered spouses enrolled in a UnitedHealthcare HDHP Plan Option are each eligible to receive a \$250 UnitedHealthcare Reward Card after satisfying all Be Well SHBP® well-being program requirements and redeeming their points for either well-being incentive credits or \$150 Sharecare Visa Reward Card through the Sharecare Redemption Center. All points earned in 2024 must be redeemed through Sharecare’s Redemption Center (points will not be sent automatically to your Medical Claims Administrator).	You first pay a portion* of your deductible to activate your ability to use your HIA credits. Once that portion of your deductible has been met, when you use your benefits, any funds owed to providers will be automatically paid by UnitedHealthcare out of your HIA (up to the amount of HIA credits available). For pharmacy, you will pay upfront. If you have enough credits in your HIA to cover all, or a portion of the expense, UnitedHealthcare will automatically mail you a reimbursement check (up to the amount of HIA credits available). *Portion of Your Deductible: You: \$1,500 You + Child(ren): \$3,000 You + Spouse: \$3,000 You + Family: \$3,000 The above amounts reflect a portion of the total required Deductible.

Note: If you terminate your coverage with SHBP, any unused MIA, HRA or HIA credits will be forfeited.

2024 Wellness Incentives for Kaiser Permanente

Earn up to \$1,000 and feel the benefits of taking care of your health!

Simply sign-up for the KP Wellness Program at my.kp.org/shbp and make sure you are up-to-date on all five of the activities listed below. Each member and covered spouse who satisfies the KP Wellness Program requirements will receive a \$500 reward card (up to \$1,000 per household). Use your wellness incentive to further embrace your Total Health.

Getting your reward is easy. To get started, visit kp.org/engage to sign on and accept your wellness program agreement (required for reward eligibility). From there you can check the status of your activities which do not have to be completed in any specific order. For details or questions, visit my.kp.org/shbp or call 866-300-9867.

NOTE: All actions must be completed between January 1, 2024 and November 30, 2024.

What to Do	What You Will Earn
<p>1. Accept your Wellness Program Agreement: Sign on to kp.org/engage to accept your Wellness Program Agreement – check “yes,” then click submit. If you check “no” or if you don’t complete this step, you will not earn credit for your Kaiser Permanente Wellness Program activities.</p>	<p><i>How will YOU use your \$500 wellness incentive reward? Complete all five activities and earn a reward card worth \$500 to spend on anything you choose!</i></p> <ul style="list-style-type: none"> • Pay for co-pays and prescription medications for the entire year • Relieve stress with quarterly massages • Take a nice weekend hiking trip in the mountains • Splurge on new work-out clothes or walking shoes • Stock up on healthy foods at the grocery store <p><i>Both members and their covered spouses are eligible to earn the incentive for a total of \$1,000 per household.</i></p>
<p>2. Take Your Total Health Assessment: Complete your KP Total Health Assessment (THA) online. The questionnaire is confidential and takes about 10 minutes.</p>	
<p>3. Know Your Numbers: Complete a Biometric Screening at a Kaiser Permanente Medical Office, or by a KP clinician at an SHBP-sponsored biometric screening event.</p> <p>NOTE: ONLY those screenings performed by KP are eligible for the reward.</p>	
<p>4. Get Yourself Screened: Complete all age and gender appropriate preventive screenings for breast, cervical or colorectal cancer.</p>	
<p>5. Make A Lifestyle Change: Your choice—participate in either Wellness Coaching by Phone or a mission through the healthy lifestyle programs.</p>	

Note: If you terminate your coverage with SHBP, any unused KPRA credits will be forfeited.

Legal Insurance

Benefit-eligible employees have the opportunity to enroll in the Legal Insurance plan. Legal Insurance connects employees and their family members with attorneys who will help them resolve legal issues. You can choose between two levels of legal protection:

The UltimateAdvisor® Plan is a comprehensive plan that provides a wide range of legal services and protection. In 2024 the UltimateAdvisor Plan will be enhanced to include several additional benefits. Benefits include legal representation — over the phone or face-to-face — telephone legal advice and consultation, reduced fee services, online legal tools and resources, identity theft services, immigration assistance, and financial education and counseling services. Attorney fees for most covered matters are 100% paid-in-full when you work with a Network Attorney. Please refer to the UltimateAdvisor Plan Document for a complete list of covered services. You will have coverage for legal services such as standard and complex wills, divorce, contested and uncontested guardianship, consumer protection, property transfers, property protection, name changes, and much more. Please note that pre-existing condition exclusions may apply. See legal plan for limitations and exclusions.

The **LawPhone Plan** provides affordable basic legal coverage. Members receive toll-free telephone access to an attorney within the ARAG attorney network for their legal questions. Attorneys help members understand how the law relates to their personal legal questions, which actions may be taken, and how to proceed. Coverage also includes simple will preparation, review of short legal documents, and assistance with small claims and debt collection — all via toll-free telephone access to an attorney.

New enrollees in either legal plan will receive a welcome kit with ID cards and a member guide.

For more information about the plans, please contact ARAG at 1-800-247-4184 between 8 a.m. and 8 p.m. EST, Monday through Friday, or visit ARAGLegal.com/myinfo (use code 11307gps).

Legal Monthly Payroll Deductions		
	LawPhone Plan	UltimateAdvisor
Single Premium	\$6.90	\$17.20
Family Premium		\$22.12



DIY Docs: Access legally valid documents reviewed by attorneys for accuracy and state-specific compliance in all 50 states. Service available online.

The ARAG attorney network can help if you...

- Need reproductive assistance.
- Need assistance with a contested divorce.
- Need real estate assistance.
- Need driving privilege and minor traffic violation assistance.
- Need assistance with estate protections.
- Need tax collection and audit assistance.
- Need assistance with debt related matters.
- Need to file a Name Change.
- Need to file a restraining order.
- Need assistance with Elder Law.
- Are named an executor and need to administer an estate.
- Want to correct your credit record or need credit monitoring.
- Have a dispute with a landlord.
- Want to prepare a prenuptial or postnuptial agreement.
- Want to have a will prepared.
- Need help with economic or debt troubles, such as filing for bankruptcy.
- Get a divorce.
- Need help with child support or custody matters.
- And more.

Health Care Flexible Spending Accounts (HCFSAs)

You should consider using an HCFSAs if you have predictable out-of-pocket health care expenses, such as insurance co-pays and orthodontia expenses. The money you have set aside from your paycheck in an HCFSAs is not subject to federal, state, or Medicare taxes, allowing you to use tax-free money to pay for qualifying expenses.

How the HCFSAs Works

- \$3,050 is the maximum contribution amount for 2023 or IRS allowable amount.
- Estimate what you think you will spend for predictable health care expenses in the upcoming Plan Year (January 1, 2024 - December 31, 2024).
- Enroll in the GCPS Online Benefits System by entering the amount you expect to spend this year on the HCFSAs page. The annual IRS allowable amount per plan year is outlined in the Employee Portal.
- Beginning with the first paycheck after your effective date, you will see a deduction for your HCFSAs.

HCFSAs are pre-funded, allowing you access to the entire election amount at any time during the Plan Year, beginning on your coverage effective date if late. You can use your pre-funded Flex Convenience MasterCard or pay out-of-pocket and submit receipts and completed claim forms. If you submit a claim, you can elect to be reimbursed by a check mailed to the address on file, or elect to have your reimbursements posted directly to your bank account through a direct deposit option.

Use It or Lose It Rule

HCFSAs are strictly governed by the IRS. Under current regulations, amounts set aside in HCFSAs must be spent for qualified expenses incurred during the plan year, which runs January 1 through December 31. Funds remaining in your HCFSAs for which you did not incur an allowable expense on or before December 31 are forfeited. You have 90 days after the end of the plan year. HCFSAs funds do not roll over year to year.



Flex Convenience MasterCard

The Flex Convenience MasterCard works just like a debit card, and allows you to directly pay for your eligible HCFSAs expenses at the point of services. This allows you to avoid having to pay out-of-pocket and file a claim for reimbursement. Your card can be used at any authorized provider who accepts MasterCard. The payment that you make to the provider will be deducted directly from your HCFSAs account. Your Flex Convenience MasterCard can only be used to pay for eligible expenses, such as:

- Eligible medical, dental, and/or vision expenses not covered under your group plans;
- Prescription co-pays, coinsurance, and deductibles;
- Over-the-counter medicine such as cough drops, heartburn relief and cold medicine;
- Contact lenses, eyeglasses, and other vision expenses not covered by your Vision Plan;
- Chiropractic services; and/or
- Corrective laser eye surgery

For a comprehensive list of eligible expenses visit <https://fsastore.com/fsa-eligibility-list>.

You must retain all receipts for goods and services that are purchased with your Flex Convenience MasterCard. Medcom will request receipts and/or supporting documentation for charges which cannot be determined to be an exact co-payment match or previously substantiated recurring expense. If you cannot provide appropriate documentation, you will be asked to reimburse your HCFSAs for the amount of the purchase. If your card is lost or stolen, please notify Medcom immediately at 1-800-523-7542.

Dependent Care Flexible Spending Accounts (DCFSA)



A DCFSA is used to reimburse expenses you have for dependent daycare. **Do not use the DCFSA for anticipated medical expenses for your dependents, as those expenses are reimbursed through the Health Care FSA.** To be eligible to use a DCFSA, the Internal Revenue Service (IRS) requires the following conditions be met:

- The dependent care expenses must be necessary because you (and your spouse, if married) work or attend school on a full-time basis;
- The expenses must be for children under the age of 13, or for other dependents you report for federal income tax purposes who are incapable of self-care;
- Your dependent care provider must be an organization or an individual not claimed as a dependent by you on your federal income taxes, who provides the care either in your home or outside your home; and
- Expenses are for dependent care, and not for educational programs (i.e., Georgia Pre-K).

How the DCFSA Works

- Estimate what you think you will spend for predictable dependent care expenses in the upcoming Plan Year (January 1, 2024 - December 31, 2024 or your coverage effective date if mid-year).
- Enroll in the 2024 GCPS Online Benefits System by entering the amount you expect to spend this year on the DCFSA page. The annual maximum contribution is \$5,000 if you are single or married and file taxes jointly, or \$2,500 if you are married and file taxes separately, or IRS allowable amount.
- Beginning with the first paycheck after your effective date, you will see a deduction for your DCFSA. That amount will be credited to your DCFSA each pay period.
- DCFSA's are NOT pre-funded, meaning you can be reimbursed only to the level of contributions that you have made through payroll deduction. When you submit a claim, you can elect to be reimbursed by a check mailed to your home address, elect to have your reimbursements posted directly to your bank account through a direct deposit option or use the Flex Convenience MasterCard.

Some services, such as nursing home expenses and overnight camps, do not qualify for DCFSA reimbursement. Consult IRS Publication 503 for more information, or contact Medcom at 1-800-523-7542, or www.medcombenefits.com.

Use It or Lose It Rule

DCFSA's are strictly governed by the IRS. Under current regulations amounts set aside in DCFSA's must be spent for qualified expenses incurred during the plan year, which runs January 1 through December 31. Funds remaining in your DCFSA for which you did not incur an allowable expense on or before December 31 are forfeited. You have 90 days after the end of the plan year. DCFSA funds do not roll over year to year.

Flex Convenience MasterCard

The Flex Convenience MasterCard works just like a debit card, and allows you to directly pay for your eligible DCFSA expenses at the point of services. This allows you to avoid having to pay out-of-pocket and file a claim for reimbursement. Your card can be used at any authorized provider who accepts MasterCard. The payment that you make to the provider will be deducted directly from your DCFSA account. Your Flex Convenience MasterCard can only be used to pay for eligible expenses.

It is a good practice to retain all receipts for services you submit under the DCFSA plan.

Dental Coverage

Benefit-eligible employees may enroll in the Direct Reimbursement Dental Plan administered by MetLife. Dental benefits are available to you and your eligible dependents to cover routine care, such as: exams, x-rays, cleanings, fillings, dentures, bridge work, and periodontal care.

MetLife offers a Preferred Dentist Program (PDP) network to help maximize your dental benefits. **By selecting a participating network dentist or specialist, you increase your savings, allowing your dental benefit dollars to go further.** You may obtain a list of PDP dentists online at www.MetLife.com/mybenefits (enter "Gwinnett County Public Schools" for Company Name) or by calling 1-800-942-0854.

If your current dentist is not in the network, you still may continue to use the dentist of your choice. There is no penalty for not using a PDP, however, you may have a better benefit if you go in-network.

Orthodontia is included in the Premium Plan only, with no lifetime maximum. Be sure to contact MetLife before beginning orthodontic treatment, as reimbursement rules on orthodontia differ from other expenses.

Newly enrolled employees will receive identification cards which include the group number, the toll-free phone number for customer service, and the mailing address for claims.

For more information, contact MetLife at 1-800-942-0854 or visit the website at www.MetLife.com/mybenefits (enter "Gwinnett County Public Schools" for Company Name).

Late Entrant: If you do not enroll in the dental plan when you are first hired and elect to enroll during Open Enrollment, or if you discontinue dental coverage and re-enroll during Open Enrollment, you will be considered a late entrant. Benefits will be reduced by 50% for the first year unless proof of prior coverage can be provided.



Dental Plan Benefits		
	Basic	Premium
Eligible Dental Expenses	Plan pays 100% of the first \$175, then 50% after \$75 deductible	Plan pays 100% of the first \$200, then 50% after \$75 deductible
Annual Maximum	\$750 per person per plan year	\$1,500 per person per plan year
Orthodontia	Not included	Covered for adults and children

Dental Monthly Payroll Deductions		
	Basic	Premium
Single	\$10.81	\$17.51
Family	\$42.64	\$69.22

The MetLife Direct Reimbursement Dental Plan takes a simple approach:

- Choose any dentist but receive discounts if in-network, making your maximum benefit go further.
- No complex claim forms.
- No lifetime maximums.
- No limits on the number of cleanings you receive per year.
- No waiting periods.
- No limits on pre-existing conditions.

If you have a dentist you would like to become a network provider, the dentist may apply online at www.metDental.com or call 1-877-MET-DDS9. (This website and phone number are designated for dental professionals only.)

DISABILITY

Short-Term Disability



Short-Term Disability coverage provides a weekly benefit to replace a portion of your income while you are unable to work due to an accident or illness. Benefits are paid up to a maximum of 180 calendar days, and can be used in conjunction with accrued leave.

Benefit-eligible employees may elect coverage that provides up to two-thirds of their salary up to plan maximum when you are absent from work due to a certified disability. Participants must have paid six deductions into the plan in order to be eligible for benefits. Short-Term Disability is guaranteed issuance if elected as a new hire.

Short-Term Disability Benefits			
	Basic	Plan A	Plan B
Benefit Amount	Up to 2/3 salary	Up to 2/3 salary	Up to 2/3 salary
Maximum Weekly Benefit	\$225	\$300	\$500
Maximum Benefit Period	180 calendar days	180 calendar days	180 calendar days
Minimum Salary for Maximum Benefit	\$17,550	\$23,400	\$39,000
Benefits Begin	15th day of disability	15th day of disability	15th day of disability

Short-Term Disability Monthly Payroll Deductions		
Basic	Plan A	Plan B
\$8.00	\$14.00	\$20.00

Long-Term Disability

All benefit-eligible employees contribute 1% of their salary to the Gwinnett Retirement System (GRS) fund for this mandatory benefit. It is a pre-tax deduction. The benefit is 60% of the employee's salary at the time of disability. If eligible, benefits may begin six months from the actual date of disability. Additional requirements may apply. Please contact GRS at 678-301-6268 for further information.

Vision Coverage

The Vision Plan offers a vision-care network that includes major vision care providers, such as LensCrafters, most Pearle Vision sites, Target Optical, America's Best and a network of private practitioners. The plan covers the cost of eye exams, lenses, and frames. Using an in-network provider allows you to receive care at no cost or minimal out-of-pocket expense. The plan includes an out-of-network benefit that allows you to use any eye care professional. If you see an out-of-network provider, you will be reimbursed 50% of retail cost up to the \$300 annual maximum per covered person per plan year.

For more information, or to find a provider, contact EyeMed at 1-866-723-0514 or visit the EyeMed website at www.eyemed.com. Click the drop-down menu under "Find a Provider," choose "Select," enter your zip code, and click the "Submit" button.



In addition to vision benefits, the Vision Plan also provides access to affordable hearing care discounts through Amplifon, the nation's largest independent hearing discount network. For more information, call 1-877-203-0675.

Vision Monthly Payroll Deductions	
Single	\$6.94
Family	\$19.43

Vision Care Services – EyeMed "Select" Network		
Service	In-Network Member Cost	Out-of-Network
Exam (with Dilation as Necessary)	\$0 Copay	50% up to \$300 Allowance
Exam Options		
Standard Contact Lens Fit and Follow-Up	Up to \$40	
Premium Contact Lens Fit and Follow-Up	10% off Retail Price	
Frames (Any available frame at provider location)	\$0 Copay; \$130 Allowance, 20% off Balance over \$130	
Standard Plastic Lenses		
Single Vision / Bifocal / Trifocal / Lenticular	\$0 Copay	
Standard Progressive	\$65	
Premium Progressive	\$65, 80% of Charge less \$120 Allowance	
Lens Options		
UV Coating	\$0	
Tint (Solid and Gradient)	\$0	
Standard Scratch-Resistance	\$0	
Standard Polycarbonate	\$40 (under 19 years old there is no charge)	
Standard Anti-Reflective Coating	\$45	
Other Add-Ons and Services	20% off Retail Price	
Contact Lenses (Contact lens allowance includes materials only)		
Conventional	\$0 Copay; \$130 Allowance, 15% off Balance over \$130	
Disposable	\$0 Copay; \$130 Allowance, plus Balance over \$130	
Medically Necessary	\$0 Copay, Paid-in-Full	
Frequency		
Examination	Once every Calendar Year	
Frame	Once every Calendar Year	
Lenses or Contact Lenses	Once every Calendar Year	

ACCIDENT

Accident Insurance

While Accident Insurance does not replace your health coverage, it supplements the plan to assist with out-of-pocket expenses. Accident Insurance provides you with a payment to use as you see fit. You can apply the payment to help cover expenses related to an accident, or other everyday expenses. With MetLife, you'll have a choice of two comprehensive plan options which provide payments in addition to any other benefits you may receive. Here are some of the covered events/services:

Accident Insurance Summary of Benefits		
Benefit Type	Low Plan MetLife Accident Insurance Pays YOU	High Plan MetLife Accident Insurance Pays YOU
Injuries		
Fractures / 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	\$200 - \$750	\$300 - \$1,000
Emergency Care	\$25 - \$50	\$50 - \$100
Non-Emergency Care	\$25	\$50
Physician Follow-Up	\$50	\$75
Therapy Services <i>(including physical therapy)</i>	\$15	\$25
Medical Testing Benefit	\$100	\$200
Medical Appliances	\$50 - \$500	\$100 - \$1,000
Inpatient Surgery	\$100 - \$1,000	\$200 - \$2,000
Hospital Coverage (Accident)		
Admission	\$500 - \$1,000 per Accident	\$1,000 - \$2,000 per Accident
Confinement <i>(non-ICU confinement paid for up to 365 days. ICU confinement paid for 30 days.)</i>	\$100 (non-ICU) - \$200 (ICU) a day	\$200 (non-ICU) - \$400 (ICU) a day
Inpatient Rehab (paid per Accident)	\$100 a day, up to 15 days	\$200 a day, up to 15 days
Accidental Death	Employee: \$25,000 or \$75,000 Common Carrier Spouse: \$12,500 or \$37,500 Common Carrier Child: \$5,000 or \$15,000 Common Carrier	Employee: \$50,000 or \$150,000 Common Carrier Spouse: \$25,000 or \$75,000 Common Carrier Child: \$10,000 or \$30,000 Common Carrier
Dismemberment, Loss & Paralysis	\$250 - \$10,000 per injury	\$500 - \$50,000 per injury
Other Benefits		
Lodging – Pays for lodging for companion up to 30 nights per calendar year.	\$100 per night, up to 30 nights; up to \$3,000 in total lodging benefits available per calendar year	\$200 per night, up to 30 nights; up to \$6,000 in total lodging benefits available per calendar year

Benefits reduce by 25% at ages 65-69 and by 50% age 70+.

See Plan Certificate for additional information.

Accident Insurance

Accident Insurance Monthly Payroll Deductions		
Type	Low Plan	High Plan
	Monthly	Monthly
Employee Only	\$7.24	\$13.65
Employee + Spouse	\$10.92	\$20.56
Employee + Child(ren)	\$13.98	\$26.29
Family	\$17.81	\$33.20

Benefit Payment Example (High Plan)

Monica’s daughter, Mia, is a Goalie for her high school soccer team. During a recent game, she collided with another player as she attempted to block a shot. Mia was knocked unconscious and taken to the local emergency room (ER) by ambulance for treatment. The ER doctor diagnosed a concussion and a broken tooth. He ordered a CT scan to check for facial fractures too since Mia’s face was very swollen. Mia was released to her primary care physician for follow-up treatment, and her dentist repaired her broken tooth with a crown. Depending on her health insurance, Monica’s out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance co-payments and deductibles. MetLife Group Accident Insurance payments can be used to help cover these unexpected costs.



Covered Event	Benefit Amount
Ambulance (ground)	\$300
Emergency Care	\$100
Physician Follow-Up (\$75 x 2)	\$150
Medical Testing	\$200
Concussion	\$400
Broken Tooth (repaired by crown)	\$200
Benefits paid by MetLife – Group Accident Insurance	\$1,350

HOSPITAL INDEMNITY

Hospital Indemnity

While Hospital Indemnity Insurance does not replace your health coverage, it supplements the plan to assist with out-of-pocket expenses by providing a lump sum payment that can help pay expenses not typically covered by other insurance. With MetLife, you'll have a choice of two comprehensive plan options which provide payments in addition to any other insurance payments you may receive. Here are just some of the covered benefits/services, when an accident or illness puts you in the hospital:

Hospital Indemnity Summary of Benefits	Low Plan MetLife Hospital Indemnity Insurance Pays YOU	High Plan MetLife Hospital Indemnity Insurance Pays YOU
Hospital Coverage (Accident)		
Admission (must occur within 180 days after the Accident)		
Non-ICU	\$500 per Accident	\$750 per Accident
ICU	\$1,000 per Accident	\$1,500 per Accident
Confinement (must occur within 180 days after the Accident and must be for a period of no less than 20 continuous hours)		
Non-ICU	\$100 a day, up to 365 days	\$150 a day, up to 365 days
ICU	\$200 a day up 30 days	\$300 a day up to 30 days
Inpatient Rehab (stay must occur immediately following hospital confinement and occur within 365 days of Accident)	\$100 a day, up to 15 days per Accident and 30 days per calendar year	\$150 a day, up to 15 days per Accident and 30 days per calendar year
Hospital Coverage (Illness)		
Admission (payable 1x per calendar year)		
Non-ICU	\$500	\$750
ICU	\$1,000	\$1,500
Confinement (paid per illness)		
Non-ICU	\$100 a day, up to 365 days	\$150 a day, up to 365 days
ICU	\$200 a day up 30 days	\$300 a day up to 30 days

Benefits reduce by 25% at ages 65-69 and by 50% age 70+. Pre-existing condition exclusions may apply.

See Plan Certificate for additional information.

Hospital Indemnity Monthly Payroll Deductions	Low Plan	High Plan
Employee Only	\$11.64	\$17.45
Employee + Spouse	\$17.94	\$26.40
Employee + Child(ren)	\$23.51	\$34.56
Family	\$29.49	\$44.23

Benefit Payment Example (High Plan)

Maria has been diagnosed with pneumonia. At night she begins having trouble breathing and her husband calls an ambulance who takes her to the emergency room (ER) at a local hospital. Upon arrival, the ER doctor examines Maria and advises that she requires immediate admission to the Intensive Care Unit (ICU) for further evaluation and treatment. After 2 days in ICU, Maria moves to a standard room and spends 3 additional days recovering in the hospital. Maria was released to her primary care physician for follow-up treatment and observation. Her primary doctor is now keeping a close watch over Maria's overall health. Depending on her health insurance, Maria's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance co-payments and deductibles. MetLife Group Hospital Indemnity Insurance payments can be used to help cover these unexpected costs or to cover other expenses.

Covered Benefit	Benefit Amount
Admission – Intensive Care Unit Coverage (Illness)	\$1,500
Confinement for 1 day – Intensive Care Unit Coverage (Illness)	\$300
Confinement for 2 days – Hospital Coverage (Illness)	\$300
Benefits paid by MetLife – Hospital Indemnity Insurance	\$2,100

Critical Illness Insurance

Critical Illness Insurance is an innovative product that is designed to compliment your traditional health insurance. While not a replacement, Critical Illness Insurance supplements your coverage by helping pay expenses not covered by other insurance.

Critical Illness Insurance – Coverage Options	
Eligible Individual	Initial Benefit
Employee	\$15,000, \$30,000 or \$50,000
Spouse	50% of the employee’s Initial Benefit
Dependent Child(ren) – no cost	50% of the employee’s Initial Benefit

Your Initial Benefit provides a lump-sum payment upon the first diagnosis of a Covered Condition. Your plan pays a Recurrence Benefit equal to the Initial Benefit for the following Covered Conditions: Heart Attack, Stroke, Coronary Artery Bypass Graft, Full Benefit Cancer and Partial Benefit Cancer. A Recurrence Benefit is only available if an Initial Benefit has been paid for the Covered Condition. Refer to the Disclosure Statement on the GCPS Employee Portal or Certificate of Insurance for additional information.

Rates for new enrollees are based on the employee’s age as of the effective date. Tobacco rate status is determined by the employee’s previous 12 months tobacco status.

How it works

This illustration is based on a \$30,000 Initial Benefit Amount plan.

Illness - Covered Condition	Payment
Heart Attack - 1st diagnosis	Initial Benefit payment of \$30,000 or 100%
Heart Attack - 2nd diagnosis (2 years later)	Recurrence Benefit payment of \$30,000 or 100%
Kidney Failure - 1st diagnosis (3 years later)	Initial Benefit payment of \$30,000 or 100%

**MetLife Critical Illness Insurance:
\$30,000
Initial Benefit Amount**

In this example, the covered person would get several lump-sum payments totaling

\$90,000

Covered Conditions	Initial Benefit	Recurrence Benefit
Full Benefit Cancer	100% of Initial Benefit	100% of Initial Benefit
Heart Attack	100% of Initial Benefit	100% of Initial Benefit
Stroke	100% of Initial Benefit	100% of Initial Benefit
Coronary Artery Bypass Graft	100% of Initial Benefit	100% of Initial Benefit
Kidney Failure	100% of Initial Benefit	Not applicable
Alzheimer’s Disease	100% of Initial Benefit	Not applicable
Major Organ Transplant Benefit	100% of Initial Benefit	Not applicable
Partial Benefit Cancer	25% of Initial Benefit	25% of Initial Benefit
Additional 22 Listed Conditions	25% of Initial Benefit	Not applicable

Benefits reduce by 25% at ages 65-69 and by 50% age 70+. Pre-existing condition exclusions may apply. See Plan Certificate for additional information.

Plans include annual wellness benefit per covered member per year of \$50 payout for those enrolled in the \$15,000 or \$30,000 plans or \$100 payout for those enrolled in the \$50,000 plan. Payouts are one per member per calendar year for taking one of the eligible screening/prevention measures, such as blood test to determine total cholesterol and/or triglycerides or mammogram.

Critical Illness Insurance

Critical Illness Monthly Payroll Deductions

Non-Tobacco Monthly Premium for \$15,000 of Coverage		
Issue Age	Employee Only	Employee+Spouse
<29	\$6.05	\$11.96
30-39	\$10.61	\$18.51
40-49	\$19.73	\$32.01
50-59	\$34.35	\$51.77
60-64	\$53.73	\$67.38
65+	\$53.73	\$78.26

Tobacco Monthly Premium for \$15,000 of Coverage		
Issue Age	Employee Only	Employee+Spouse
<29	\$8.51	\$17.10
30-39	\$15.59	\$27.56
40-49	\$30.02	\$49.29
50-59	\$53.57	\$81.90
60-64	\$85.77	\$109.13
65+	\$86.91	\$129.18

Non-Tobacco Monthly Premium for \$30,000 of Coverage		
Issue Age	Employee Only	Employee+Spouse
<29	\$12.09	\$23.91
30-39	\$21.21	\$37.02
40-49	\$39.45	\$64.02
50-59	\$68.70	\$103.53
60-64	\$107.46	\$134.76
65+	\$107.46	\$156.51

Tobacco Monthly Premium for \$30,000 of Coverage		
Issue Age	Employee Only	Employee+Spouse
<29	\$17.01	\$34.20
30-39	\$31.17	\$55.11
40-49	\$60.03	\$98.58
50-59	\$107.13	\$163.80
60-64	\$171.54	\$218.25
65+	\$173.82	\$258.36

Non-Tobacco Monthly Premium for \$50,000 of Coverage		
Issue Age	Employee Only	Employee+Spouse
<29	\$20.15	\$39.85
30-39	\$35.35	\$61.70
40-49	\$65.75	\$106.70
50-59	\$114.50	\$172.55
60-64	\$179.10	\$224.60
65+	\$179.10	\$260.85

Tobacco Monthly Premium for \$50,000 of Coverage		
Issue Age	Employee Only	Employee+Spouse
<29	\$28.35	\$57.00
30-39	\$51.95	\$91.85
40-49	\$100.05	\$164.30
50-59	\$178.55	\$273.00
60-64	\$285.90	\$363.75
65+	\$289.70	\$430.60

*Children included at no cost. Prices include annual wellness benefit of \$50/\$100 per member per year.

ANYTIME BENEFITS

Life Insurance

Basic Life Insurance

Gwinnett County Public Schools provides Basic Term Life and Accidental Death & Dismemberment (AD&D) Insurance coverage for benefit-eligible employees. All benefit-eligible employees are covered at \$15,000. This coverage is provided by the Board of Education at no cost to employees.

Supplemental Life Insurance

As a benefit-eligible employee, you may apply for coverage or increase your current Supplemental Life Insurance coverage by completing the Statement of Health Form. Based on your application, MetLife may require additional information. Once MetLife completes the underwriting process, you will be notified of MetLife's approval or denial of your application. Coverage is provided in increments of one to six times your salary, to a maximum of \$500,000. Medical Evidence of Insurability (MEOI) is required for any amount that exceeds the guarantee issue amount of 4 times your annual salary up to the maximum benefit of \$500,000. Your premium is calculated, based on your age, per \$1,000 of coverage.

Will Preparation

If you are enrolled in Supplemental Life Insurance, you have access to a Will Preparation Service offered by MetLife.

This free service provides employees and their spouse with access to participating plan attorneys for preparing or updating a will. This service covers these legal fees when using a participating attorney at no cost. Contact MetLife Plans at 1-800-821-6400 and reference the GCPS Group Number (109945).

Virtually everyone needs a will. Without a will, a person's assets are generally distributed according to state law, regardless of his/her actual intentions. Having a will can help you document those important instructions - such as who inherits your property, who handles your affairs, and who will care for your children.

Spousal Life Insurance

If you are enrolled in the Supplemental Life Insurance benefit through Gwinnett County Public Schools, your spouse may apply for Spousal Life Insurance coverage. Coverage is provided in increments of \$10,000, not to exceed 50% of employee Supplemental Life Benefit up to \$250,000. MEIOI is required for any amount. Note that you must already be enrolled in Supplemental Life Insurance in order to enroll your spouse.

If you and your spouse are both employed with Gwinnett County Public Schools, you may each elect Spousal Life and/or Child Life Insurance.

Employee and Spouse Rates	
Ages	Cost per \$1,000
<25	\$0.075
25-29	\$0.080
30-34	\$0.100
35-39	\$0.110
40-44	\$0.120
45-49	\$0.155
50-54	\$0.215
55-59	\$0.370
60-64	\$0.545
65-69	\$1.045
70+	\$1.674

Examples:

- An employee, age 46, earning \$31,000 elects coverage at three times salary (\$93,000 in life insurance). The rate per \$1,000 is \$0.155 multiplied by 93 (93,000 divided by 1,000) = \$14.41 premium per month.
- An employee has \$93,000 of Supplemental Life Insurance coverage. Their spouse, age 42, may elect coverage up to \$40,000. The rate per \$1,000 is \$0.120 multiplied by 40 (\$40,000 divided by \$1,000) = \$4.80 premium per month.

Medical Evidence of Insurability (MEIOI)

Medical Evidence of Insurability (MEIOI) is required for:

- Any amount over the Guarantee Issue (GI) amount for Supplemental and/or Spousal Life Insurance.
- Any Supplemental and/or Spousal Life Insurance applied for after your initial eligibility has expired.
- Any increase in Spousal Life Insurance.
- If you make a request to increase the amount of your Supplemental Life Insurance by more than one level.

When MEIOI is required you will be asked to complete an electronic Statement of Health form. Based on your application, MetLife may require additional information. Once MetLife completes the underwriting process, you will be notified of MetLife's approval or denial of your application.

Child Life Insurance

Child Life Insurance provides you the opportunity to purchase \$15,000 of life insurance coverage for your children. You may purchase this coverage in addition to any Dependent Life Insurance coverage you may already have with GCPS.

Child Rates Cost Per Month
\$2.10

You may have the right to continue Life Insurance coverage for yourself or a covered spouse/child beyond the coverage termination date due to the policy conversion provision and Life and Accidental Death & Dismemberment under the portability provision. This may also include waiver of premium depending upon whether or not you are disabled. You may access additional information and forms by emailing benefits@gcpsk12.org. Note: Conversion/Portability completed forms must be received by the carrier within 31 days of your coverage terminating.

Behavioral Health and Counseling

MetLife, Gwinnett County Public Schools' provider of life insurance, offers Behavioral Health and Counseling services to all benefit-eligible employees (including retirees), at no charge to the employee. Services extend to your dependents and beneficiaries.

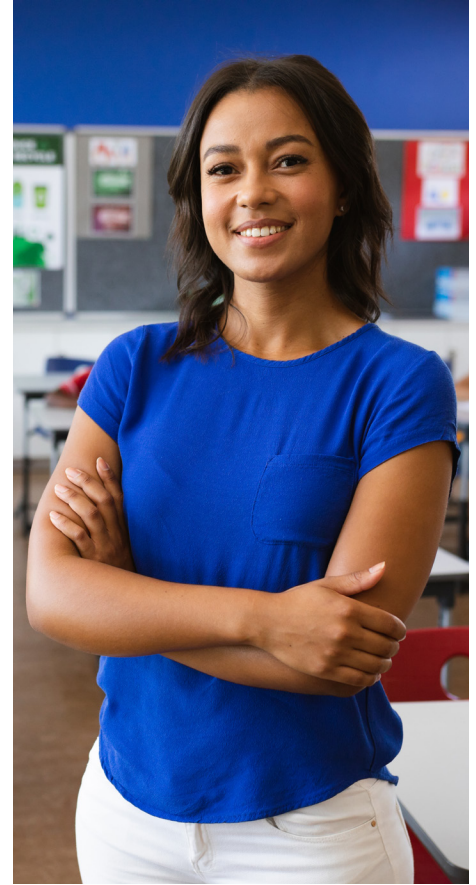
The service – provided by LifeWorks, a nationwide company that employs over 30,000 licensed counselors – provides support for those who need assistance in dealing with the loss of a loved one, divorce, serious/terminal medical diagnosis, financial hardship, and major life changes.

Lifeworks is here to support you with some valuable resources to help navigate these difficult times.

What's available?

- Five sessions, per event, available face-to-face, or via telephone or video chat.
- Additional sessions are available for a fee – at this point, insurance coverage is considered and paid based on in-network/out-of-network rates.
- This free behavioral health benefit does not cover addiction counseling.
- Confidential 30 minute legal and 1 hour financial consultation.
- Online, self-help resources for end-of-life issues, what to do after the death of a loved one and dealing with grief.
- Funeral assistance services.

Questions? Contact MetLife at 1-888-319-7819, then press 1; or email Benefits and Leave Administration at benefits@gcpsk12.org.



Example

Ramon and his spouse are undergoing divorce proceedings. He is struggling with the stress of finding new living arrangements and a new shared custody arrangement for his kids. In January, he reached out to Lifeworks and began monthly counseling sessions to help him deal with the stress he is experiencing as a result of the divorce. He received 5 Lifeworks telephone consultations between January and May.

In August, Ramon's father was unexpectedly killed in an automobile accident. Since he is eligible for 5 LifeWorks counseling sessions per event, he called LifeWorks and has scheduled 5 face-to-face sessions with a counselor to help him deal with his grief. He plans to see his counselor once per month.

Ramon plans to contact his SHBP medical plan to see if he has other counseling options through his medical insurance in case additional counseling is needed.

Additional Behavioral Health and Counseling Options

For additional counseling sessions or for services not covered by the free benefit, employees may have other options if they are enrolled in the State Health Benefit Plan (SHBP). Learn more about support for behavioral health concerns through these SHBP plans:

- **Anthem Blue Cross Blue Shield:** Dial 1-855-679-5722, select option 2, and follow prompts.
- **UnitedHealthcare:** Dial 1-800-888-2998, and follow prompts.
- **Kaiser Permanente:** Dial 1-855-512-5997, select option 1, and follow prompts.

ANYTIME BENEFITS

Auto/Home Insurance

Employees of GCPS are eligible for discounted automobile, homeowners and other personal property insurance through MetLife's Auto/Home Insurance program, offered through Farmers GroupSelect.

Reasons to enroll:

- Automated payment savings.
- Good driving rewards.
- 24/7 claim service.
- Group discount for Georgia Education.
- Payroll Deduction.
- Tenure discounts.
- Welcome discount for new customers.
- Extra savings with multi-policy discounts.

To discuss coverage for this payroll-deducted benefit, call 1-855-212-4277 and mention your discount code of BSO or visit www.farmers.com.



CONTACT INFORMATION



Carrier Contact Information

Medical

SHBP Eligibility

1-800-610-1863

www.dch.georgia.gov/shbp

myshbpga.adp.com

Registration Code: SHBP-GA

SHBP Support: 1-800-610-1863

Anthem Blue Cross Blue Shield

1-855-641-4862

www.anthem.com/shbp

UnitedHealthcare

1-888-364-6352

www.whyuhc.com/shbp

Kaiser Permanente

1-855-512-5997

my.kp.org/shbp

Sharecare

1-888-616-6411

www.bewellshbp.com

CVS Caremark

1-844-345-3241

<http://info.caremark.com/shbp>

Flexible Spending Account

Medcom

1-800-523-7542, Option 1

www.medcombenefits.com

Dental

MetLife

1-800-942-0854

www.MetLife.com/mybenefits

(enter "Gwinnett County Public Schools"
for Company Name)

Vision

EyeMed "Select" Network

1-866-723-0514

www.eyemed.com

Amplifon

1-877-203-0675

Accident

MetLife

1-800-GET-MET8 (1-800-438-6388)

www.MetLife.com/mybenefits

(enter "Gwinnett County Public Schools"
for Company Name)

Legal

ARAG

1-800-247-4184

ARAGLegal.com/myinfo

(use code: 11307gps)

Hospital Indemnity

MetLife

1-800-GET-MET8 (1-800-438-6388)

www.MetLife.com/mybenefits

(enter "Gwinnett County Public Schools"
for Company Name)

Critical Illness

MetLife

1-800-GET-MET8 (1-800-438-6388)

www.MetLife.com/mybenefits

(enter "Gwinnett County Public Schools"
for Company Name)

Life Insurance

MetLife

1-800-638-6420

Behavioral Health and Counseling Resources

MetLife

1-888-319-7819 (Option 1)

Home & Auto Insurance

Farmers GroupSelect

1-855-212-4277

Many of the phone numbers on this page provide access to a translation line for help with benefit questions in many languages.

Employee Benefit Plans and Privacy

Important Note: The GCPS HIPAA Notice of Privacy Practices is located on www.gcpsk12.org/benefits. This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

This communication represents a brief summary of the various benefits available to you and is provided for reference only. The actual policies issued by the Insurance Carriers determine coverage and contain exclusions, limitations, full coverage terms, conditions and requirements. Any notices included in this document do not replace an Employer's requirement for communication.

