

Savannah-Chatham County Public School System 2023 Benefit Enrollment Guide

Changes for 2023

• Dental rate increase

This Enrollment Guide is meant to only cover the major points of each plan. It does not contain all the details that are included in the Summary Plan Documents. If there is ever a discrepancy, the Summary Plan Document will govern.

#### How to Enroll Online or By Telephone

Employees are required to elect, change, or waive benefit coverage as appropriate, as well as update any personal, dependent and beneficiary information on the bSwift website at: **www.sccpss.bswift.com.** 

# ENROLLING FOR DISTRICT BENEFITS IS EASY.

There are three ways to elect, change or waive coverage:

- 1. **ONLINE.** You can link from *ACORN* OR from your home at: <u>www.sccpss.bswift.com</u> Enter the following information
  - Username: Your employee ID (must be 10 digits; using five (5) leading zeros)
  - **Password:** The last four digits of your Social Security Number
- **2. BY TELEPHONE.** Call the NFP Service Center at 844-550-9717 to receive assistance from a knowledgeable staff member.
- 3. VIRTUAL ENROLLMENT SESSIONS. Set up an appointment with a benefits counselor to either video chat or to talk to on the telephone. To schedule: https://kbgewwxnxs.timetap.com
- 4. Remember to be prepared with the **Names**, **Social Security Numbers** and **Birth Dates** of your eligible dependents and/or beneficiaries.



#### Employee & Dependent Eligibility

Full-time employees working a minimum of 20 hours per week are eligible for benefits. Benefits become effective on the first day of the month following 30 days of continuous employment.

Your eligible dependents may include:

- Your legal spouse
- Your children under age 26

• Your unmarried children 26 or over who are not able to support themselves due to a physical or mental disability.

Only those dependents meeting the eligibility requirements can enroll for coverage. Check the online enrollment website or speak with a benefits counselor for more information regarding dependent eligibility.

Affordable Care Act requires all employees to have health coverage: Effective January 1, 2015, the Affordable Care Act expanded benefit eligibility for health coverage to include all temporary and part time employees who work an average of 30 or more hours per week for a 90-day consecutive period. Employees meeting this definition are considered full time equivalent employees for the purpose of healthcare, and they are eligible for the Employee Only tier coverage for the minimum value plan in the Georgia State Health Benefit Plan (SHBP). Please call State Health at 1-800-610-1863 for more information.

NOTE: All employees who do not elect health coverage with State Health Benefit Plan are required to sign a waiver of coverage statement declining coverage for 2023.

Legal Benefits	High Plan	Low Plan
General In-Office Services	Included	Included
Simple Will and Complex Will	Included	Included
Uncontested Divorce	Included	
Contested Divorce	Included up to 20 hours	
Financial Counseling	Included	Included
Bankruptcy	Included	
Minor Traffic Offenses	Included	Included
Rates per pay for one or all family members	\$7.50	\$4.13

#### 2023 Benefits Guide and Online Elections

Savannah-Chatham County Public School System's open enrollment period starts October 17th for District Benefits. There are a few changes to the District's 2023 benefit plans. You are encouraged to make a thorough review of the 2023 benefit plans that are being offered. District Open Enrollment begins October 17th with on-line enrollment at: www.sccpss.bswift.com and ends November 4th at 11:59 p.m. During this time, all employees are required to review beneficiary information, elect, change, or drop benefit coverage as appropriate for the 2023 plan year that will be effective January 1, 2023, through December 31, 2023. Additional information and plan details are available by email at: nfpsecustomerservice@nfp.com or by calling our partner, NFP (formerly ShawHankins), at 1-844-550-9717. Also, please Benefit Resource Center view videos visit the to about the benefit plans at: www.shawhankinsbenefits.net/sccpss/.

This enrollment guide presents highlights of each of the benefit plans available this coming year. We hope you will use this information to make informed decisions that make the most sense for you and your family.

Your Benefit Options Savannah-Chatham County Public School System	2023 Open enrollment begins on October 17, 2022 and ends on November 4, 2022 at 11:59 p.m. for the State
provides a full range of benefits that address your	Health Benefit Plan.
needs now, and in the future, including:	
Dental Insurance	The Georgia State Health Benefit Plan (GA SHBP) provides
Vision Insurance	your medical benefits. The medical plan options are remaining
Long & Short-Term Disability Insurance	the same with Blue Cross Blue Shield and United Healthcare.
Basic & Voluntary Life Insurance	You <u>must</u> make an election for coverage during open
Health Care Flexible Spending Account	enrollment.
Dependent Care Flexible Spending Account	Log on to: https://myshbpga.adp.com/shbp/
Accident Insurance	to re-enroll in your health coverage. For complete plan
Critical Illness Insurance	documents and changes with GA SHBP health insurance
Hospital Indemnity Insurance	please visit the website at:

• Legal Plan

http://dch.georgia.gov/state-health-benefit-plan-shbp

SHBP Plan	You	You & Child(ren)	You & Spouse	You & Family
BCBS Gold	\$87.84	\$160.06	\$218.17	\$290.38
BCBS Silver	\$57.16	\$107.90	\$153.74	\$204.48
BCBS Bronze	\$38.29	\$75.82	\$114.11	\$151.64
BCBS HMO	\$71.52	\$132.31	\$183.88	\$244.67
UHC HMO	\$87.25	\$159.05	\$216.92	\$288.72
UHC HDHP	\$30.92	\$63.29	\$98.62	\$130.99

The above rates are semi-monthly. Rates do not include a tobacco surcharge. If you are assessed the tobacco surcharge, an additional \$40 per pay period will be added to the above rates.

ADDITIONAL CONTENT	
How to Enroll	2
Employee & Dependent Eligibility	2
Dental Insurance	4
Vision Benefits	4
Short and Long-Term Disability	5
Flexible Spending Accounts (FSAs)	6
Life Insurance Options	7
Voluntary Benefits	8

## BENEFIT CONTACTS

SHBP: 1-800-610-1863 Benefits Office: 912-395-5899 Open Enrollment Support for District Benefits: 1-844-550-9717

#### Dental – Ameritas

Savannah-Chatham County Public School System has changed the dental plans this year. They are no longer using the reimbursement plans. You have the option to choose from two traditional dental plans.

Maintaining our dental health is a large component in our overall health. While brushing and flossing daily is important, routine dental exams and cleanings are necessary to remove bacteria, plaque, and tarter as well as detecting early signs of gum disease. In addition, regular dental visits may actually reveal other health issues.

To locate an in-network provider, please visit the Ameritas website: www.ameritas.com

- 1) Find a provider (upper right-hand side of your screen)
- 2) Dental Benefits are paid for each covered person based on the option you select:

Ameritas Dental High Pl (Semi-monthly per payche			ritas Dental Low Plan monthly per paycheck)
mployee Only	\$14.25	Employee Only	\$5.48
Employee + 1	\$30.14	Employee + 1	\$18.63
Family	\$47.67	Family	\$31.24
<ul> <li>Pays 100% of two oral exams per yell</li> <li>Pays 80% of basic services</li> <li>Pays 50% of major services</li> <li>\$1,000 annual maximum</li> <li>Cosmetic procedures are not include</li> <li>Orthodontics for adults and children</li> </ul>	ed	<ul> <li>Pays 50% of ba</li> <li>Pays 50% of ma</li> <li>\$500 annual ma</li> </ul>	ajor services aximum edures are not included

#### Vision Benefits – EyeMed Insight Network

Savannah-Chatham County Public School System offers comprehensive vision coverage for eligible employees. Our vision benefits are administered by EyeMed. To locate an in-network provider, please visit <u>www.eyemed.com</u>.

EYEMED VISION PLAN			Vision	Plan Rate	28		
Benefit	Frequency	2023 Plan Design (network benefits)			(Semi-monthly per paycheck)		
		Low Plan	High Plan				
Vision Exam	12 months	\$10 copay	\$10 copay		Low	High	
	12 months	Covered up to \$135 retail			Plan	Plan	
Frames	(high)	allowance (20% discount off remaining balance over \$130	Covered up to \$155 retail allowance (20% discount off	Employee	\$2.74	\$4.17	
	(low)	allowance)	remaining balance over \$130 allowance)	Employee + Spouse	\$5.09	\$7.74	
Lenses Single Vision Bifocal	12 months	\$20 copay for standard glass or plastic lenses	\$20 copay for standard glass or plastic lenses	Employee + Child(ren)	\$5.77	\$8.78	
Trifocal Elective Contact Lenses	12 months	Up to \$130 retail allowance (15% discount on remaining balance)	Up to \$150 retail allowance (15% discount on remaining balance)	Employee + Family	\$7.44	\$11.30	
Medically Necessary Contact Lenses	12 months	Covered 100%	Covered 100%	$\sim$	7	フ	

### Disability – MetLife

#### SHORT TERM DISABILITY\*

The Short-Term Disability Insurance replaces a portion of your income if an injury or illness forces you out of work for an extended period of time. The Savannah-Chatham County School System offers a flexible Short-Term Disability plan that allows you to now choose between low, mid, and high plan options including three salary replacement percentage levels and several waiting period options to better fit your specific needs.

You will continue to have the option of covering either 40, 50 or 60% of your salary with either a 14day, 30-day or 60-day waiting period. The waiting period is the number of days you must be out on disability before your benefits begin paying. Any sick days you use while out will offset the amount of disability you receive.

The maximum weekly benefit for all options is \$1,500. The short-term disability policy will pay for up to 24 weeks of a qualified disability for plans with the 14-day elimination period, 22 weeks for the 30-day waiting period and up to 18 weeks for plans with the 60-day waiting period.

If you are not a new hire you will be required to complete an Evidence of Insurability (EOI) form if enrolling in STD for the first time. You can be declined based on medical underwriting. Please contact NFP for assistance with this process at 1-844-550-9717. This form has to be turned in no later than November 30, 2022.

ST	STD Monthly Cost Per \$10 of Weekly Benefit Amount				
Age	Low Plan 1 40%/14	Low Plan 2 40%/60	Mid Plan 3 50%/30	High Plan 4 60%/14	High Plan 5 60%/60
<30	\$0.72	\$0.25	\$0.49	\$0.72	\$0.25
30-34	\$0.68	\$0.25	\$0.49	\$0.68	\$0.25
35-39	\$0.66	\$0.23	\$0.39	\$0.66	\$0.23
40-44	\$0.38	\$0.18	\$0.25	\$0.38	\$0.18
45-49	\$0.42	\$0.19	\$0.29	\$0.42	\$0.19
50-54	\$0.64	\$0.22	\$0.43	\$0.64	\$0.22
55-59	\$0.64	\$0.28	\$0.50	\$0.64	\$0.28
60-64	\$0.85	\$0.34	\$0.66	\$0.85	\$0.34
65-69	\$0.85	\$0.36	\$0.66	\$0.85	\$0.36
70+	\$0.85	\$0.44	\$0.66	\$0.85	\$0.44

#### LONG TERM DISABILITY\*

Long Term Disability insurance helps protect your finances when your disability continues beyond the period covered by the short-term disability plan.

The LTD plan provides an opportunity to receive up to 60% of your pre-disability earnings up to a monthly maximum of \$6,000. LTD benefits begin 180 days after the date of disability and continue until you return to work or when you reach Social Security Normal Retirement Age.

Note: If you are not a new hire you will be required to complete an Evidence of Insurability (EOI) form if enrolling in LTD for the first time. You can be declined based on medical underwriting. Please contact NFP for assistance with this process at 1-844-550-9717. This has to be turned in no later than November 30, 2022.

#### LTD MONTHLY COVERAGE FACTOR

Age	Cost per \$100 of monthly	
	earnings	
< 20	\$0.043	
20-24	\$0.051	
25-29	\$0.094	
30-34	\$0.128	
35-39	\$0.187	
40-44	\$0.332	
45-49	\$0.493	
50-54	\$0.646	
55-59	\$0.731	
60-64	\$0.731	
65-69	\$0.731	
70+	\$0.731	

#### STD and LTD Benefit and Premium Worksheets are available online at: www.shawhankinsbenefits.net/sccpss/disability.

\*Benefits for medical conditions for which you incurred expenses, took prescription drugs, received medical treatment, care, or services (including diagnostic measures) during the 3 months just prior to the most recent effective date of insurance are not payable for 12 months.

#### Flexible Spending Account – *TASC*

TASC is the administrator of the Flexible Spending Accounts (FSAs). FSAs enable you to put aside money for important expenses and help you reduce your income taxes at the same time. Savannah-Chatham County Public School System offers two types of Flexible Spending Accounts — a Health Care Flexible Spending Account and a Dependent Care Flexible Spending Account. These accounts allow you to set aside pre-tax dollars to pay for certain outof-pocket health care or dependent care expenses.

#### HOW FSAs WORK

- Each year during the open enrollment period, you decide how much to set aside for health care and/or dependent care expenses.
- Your contributions are deducted from your paycheck on a before-tax basis in equal installments throughout the calendar year. Elected funds are available as of January 1, 2023, for the Health Care FSA. Elected funds for the Dependent Care FSA are available as they are deposited from your paycheck.
- As you incur health care or dependent care expenses throughout the year, submit a claim form for reimbursement. Your claim will be processed, and you will be reimbursed from your account. Or use your FSA card to pay for eligible expenses at the point of sale. You will not be paying out of pocket, so there's no need to fill out a claim form and wait for reimbursement.

Please note that the Health Care and Dependent Care accounts are separate — you may choose to participate in one, both, or neither. You cannot use money from the Health Care FSA to cover expenses eligible under the Dependent Care FSA or vice versa.

For more information on FSAs, you can call TASC at 1-800-422-4661

https://www.tasconline.com However, to elect the benefit you have to do so through the bswift portal.

## FSA PLAN DETAILS

FSA Plan Type	Annual Maximum Contribution	Examples of Covered Expenses
Health Care Flexible Spending Account	\$2,850 (for you and your family)	Employee and dependent copays, deductibles, orthodontia, prescription medications, etc.*
Dependent Care Flexible Spending Account	\$5,000 (\$2,500 if married and filing separate tax returns)	Day care, nursery school, elder care expenses, etc.*

\* See IRS Publications 502 and 503 for a complete list of covered expenses.

Remember to calculate your expenses conservatively when making your FSA elections. You may roll over up to \$550 of unused funds at the end of the plan year. You must actively elect to re-enroll in the FSAs each year.



#### **BASIC LIFE INSURANCE**

MetLife is the vendor for Basic Life and Voluntary Life Insurance options! Your family depends on your income for a comfortable lifestyle and for the resources necessary to make their dreams - such as a college education - a reality. Like anyone, you don't like to think of the scenario where you're no longer there for your family. However, you do need to ensure their lives and dreams can continue if the worst does happen.

#### **BASIC TERM LIFE INSURANCE**

Savannah-Chatham County Public School System provides all eligible employees with Basic Life & AD&D Insurance in the amount of **\$20,000** at no cost as well as \$5,000 for your spouse and each eligible child. Enrollment is automatic; however, you must provide beneficiary information.

## SUPPLEMENTAL LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Premiums Vary by Age

You may also choose to purchase supplemental life insurance for yourself in addition to the District-paid Basic Life benefit. You pay the total cost of this benefit through convenient payroll deductions. Coverage is available in \$10,000 increments up to a maximum of \$500,000 or 10 times your basic annual salary (whichever is less), with an initial Guaranteed Issue amount of up to the lesser of 10 times your basic annual earnings (rounded down to the next lower \$10,000 increment) up to \$350,000 without medical questions. Amounts over \$350,000 require evidence of insurability (EOI).

Each year at open enrollment, you are able to increase your life insurance election up to one times (1X) your annual salary up to the guarantee-issue amount of \$350,000. Note: Salary amount is rounded down to the nearest \$10,000 increment.

For example, if your basic earnings are \$36,000, you can purchase an additional \$30,000 each year in coverage with guaranteed issue.

Age Category	<u>Monthly</u> Premium Rates Per \$1,000 of Coverage	Age Category	<u>Monthly</u> Premium Rates Per \$1,000 of Coverage
0-29	\$0.049	55-59	\$0.430
30-34	\$0.049	60-64	\$0.601
35-39	\$0.075	65-69	\$0.639
40-44	\$0.100	70-74	\$1.045
45-49	\$0.150	75+	\$1.439
50-54	\$0.230		
Voluntary AD&D for	all ages		\$0.019

**To Calculate Payroll Deductions**:

Take monthly rate and divide it by 2 to determine payroll deduction amount.

#### DEPENDENT LIFE INSURANCE

If you purchase supplemental life insurance for yourself, you may also purchase coverage for your spouse and eligible dependent children under the age of 26. Dependent children are **NOT** required to be a full-time student to be deemed an

eligible dependent. Dependent spouses and children who are also employees cannot be covered under your plan as a dependent and as the employee.

- Spouse coverage is offered in \$5,000 increments up to a maximum of \$50,000
  - Guarantee Issue Amount of \$25,000
  - Coverage amount may not exceed 50% of the employee's elected coverage amount

Based on Employee's	Monthly Premium Rates	Based on Employee's	Monthly Premium Rates per
Age	per \$1,000 of Coverage	Age	\$1,000 of Coverage
0-29	\$0.200	50-54	\$0.200
30-34	\$0.200	55-59	\$0.200
35-39	\$0.200	60-64	\$0.200
40-44	\$0.200	65-69	\$0.200
45-49	\$0.200		
Voluntary AD&D for all ages			\$0.023

Child(ren) coverage is available for a flat benefit amount of \$5,000 or \$10,000.

Child(ren) Rate	Voluntary Dependent Life <u>Monthly</u> Premium Rate Per Unit of Coverage	Voluntary Dependent AD&D <u>Monthly</u> Premium Rate Per Unit of Coverage
Option 1 - \$5,000	\$0.570	\$0.125
Option 2 - \$10,000	\$1.140	\$0.250

Note: An Evidence of Insurability (EOI) form will be required if you are increasing coverage more than your annual salary or more than \$350,000. Your spouse is also required to complete an EOI if enrolling for the first time or electing to increase coverage. Please feel free to contact NFP if you did not complete the **Evidence of Insurability** when making your selection. 1-800-994-7429

These forms must be turned in no later than November 30<sup>th</sup>.

#### ACCIDENT INSURANCE

Accidents happen. You can't always prevent them, but you can take steps to reduce the financial impact. Aflac Accident Insurance can help cover the out-of-pocket medical expenses and extra bills that can follow an accident. The plan covers a wide variety of injuries and accident-related expenses such as:

- hospitalization and intensive care
- lodging for family and physical therapy
- emergency room treatment
- ambulance services
- follow up testing and rehabilitation services

#### **Plan Features**

- Benefits are paid for accidents on or off the job.
- You can also elect to cover your spouse and children.
- No health questions or physical exams required.
- Coverage is individually owned, which means you can take your policy with you if you change jobs or retire.
- Employees are also provided with \$50,000 accidental death life insurance policy, spouses \$25,000 and children \$10,000.

#### HOSPITAL INDEMNITY INSURANCE

Aflac Hospital Indemnity Insurance provides hospital confinement and indemnity hospital admission benefits to help alleviate the costs of a hospital stay. Your medical plan requires you to pay the deductible and coinsurance if you are admitted to the hospital. Hospital Indemnity Insurance can help pay for these additional out-of-pocket medical expenses. This coverage pays a benefit directly to you regardless of any other coverage you have or the actual cost of treatment.

**Eligibility:** Employee: Ages 18-64; Spouse: Ages 18-64; Children: Under age 26

#### **Plan Features**

- Hospital admission \$500 payment <u>per</u> calendar year; (Some exclusions may apply)
- Diagnostic Procedure \$250 per calendar year.
- Outpatient Surgical Procedure (calendar year max of \$2,500)
  - Tier 1 \$500
  - Tier 2 \$500
- Daily Hospital Confinement \$100/day up to 15 days.
- Pregnancy Covered

NOTE: Virtual New Hire Benefits Orientation Sessions are scheduled semi-monthly. Newly hired employees are expected to attend prior to 21 days from the date of employment.

#### CRITICAL ILLNESS INSURANCE

Critical Illness coverage is offered again this year for both you and your spouse. Aflac administers the Critical Illness Insurance benefit. The out-of-pocket costs of a serious illness can be catastrophic, even with medical insurance. Aflac Critical Illness pays a lump sum benefit directly to you if you are diagnosed with a covered condition. You use this money however you choose - deductibles and coinsurance, family expenses, or simply to replace your lost earnings from being out of work.

#### **Covered Illnesses Include:**

- Cancer
- Heart Attack/Stroke/Coma
- End Stage Renal (Kidney) Failure
- Major Organ Transplant
- Bone Marrow/Stem Cell Transplant
- Benign Brain Tumor
- Loss of Hearing, Speech or Blindness
- Severe Burns or Paralysis
- Coronary Artery Bypass Surgery (25%)
- Skin Cancer (\$250 per year)
- Non-Invasive Cancer (25%)
- Advanced Alzheimer's or Parkinson's (25%)

#### **Plan Features**

- New hires have guarantee issue up to \$30,000 for the employee and \$15,000 for the spouse.
- Coverage options are available for your spouse and children are automatically covered if employee elects coverage at 25% benefit amount
- Policies are fully portable

Visit the online enrollment website or speak with a benefits counselor for help calculating the cost of these benefits, which will vary depending upon factors such as your age, whether you use tobacco, and the amount of coverage you elect.

#### Wellness Benefit

Every year when you and/or your spouse have your annual exams go online to the Benefit Resource Center and download a Wellness Claim form or call Aflac at 800-433-3036 to obtain the form. There is a \$50 benefit for one exam per year for each insured.

## Have questions or need help?

For assistance with your benefits, please contact NFP at 1-844-550-9717 or State Health at <u>https://myshbpga.adp.com/shbp/.</u>

### Why Would I Contact the Call Center?

**Order ID Cards**: We can contact the insurance carrier directly and have your replacement card in ten to fifteen business days.

**Claim Resolution and Research:** We can help you understand your Explanation of Benefits (EOB) as well as contact the insurance carriers on your behalf. We can assist in appealing a denied claim or help you request a Prior Authorization (PA) from your physician as may be required by your medical carrier. We can also help you file out-of-network claims and assist with reimbursement if you require medical assistance while traveling outside of the United States.

**Locate In-Network Providers:** Staying in network saves everyone money. Our Call Center can help you locate In-Network Providers for medical, dental and vision coverage whether you are at home or away.

**Request Copies of Any Necessary Forms:** Medical claim forms, out-of-network claim forms, evidence of insurability forms, short-term and long-term disability claim forms and any other applicable forms are always available if the need should arise.

Understanding Your Benefits: We can assist you with questions regarding deductibles, copayments and coinsurance. We can explain waiting periods, elimination periods and eligibility rules.

**Explain Section 125 Cafeteria Plans:** We can explain qualifying events regulated by the IRS as described in your Summary Plan Description (SPD). We help clarify the time frames and qualifying events allowed by your Plan.

**Annual Enrollment Information:** We can provide details about when open enrollment begins and ends and if your plan designs or payroll deductions are changing.

**Enrollment Assistance:** The Call Center Representative can walk you through every step of the enrollment process. Whether it's an online enrollment or paper enrollment form, your Call Center Representative is available to help.

**Confirmation Statements:** We can provide copies of your online enrollment confirmation statement or a copy of your paper enrollment form at any time.

The Call Center is available from 8:30 a.m. to 5:00 p.m. Monday through Friday to assist you. We have an after-hours voice mail-box and your call will be returned the next business day.

### 844-550-9717 customerservice@NFP.com

**Contact Information** 

Plan	Administrator	Website	Phone Number
Benefit/Enrollment Questions	NFP	nfpsecustomerservice@nfp.com	844-550-9717
Human Resources	Central Office	www.shawhankinsbenefits.net/sccpss	912-395-5899
Dental	Ameritas	www.ameritas.com	800-487-5553
Vision	Eyemed	www.eyemedvisioncare.com	866-939-3633
Basic Life	MetLife	www.metlife.com	800-438-6388
Voluntary Life	MetLife	www.metlife.com	800-438-6388
Disability	MetLife	www.metlife.com	800-438-6388
Legal	MetLife	members.legalplans.com	800-821-6400
Group Critical Illness	Aflac	www.aflacgroupinsurance.com	800-433-3036
Group Accident	Aflac	www.aflacgroupinsurance.com	800-433-3036
Hospital Indemnity	Aflac	www.aflacgroupinsurance.com	800-433-3036
Flexible Spending	TASC	https://www.tasconline.com	800-422-4661





NFP.com 1-800-994-7429