









2025 Open Enrollment

Floyd County Schools | January 01, 2025



Agenda

- Welcome to Enrollment
- II. Eligibility
- III. 2025 Benefits Overview
- IV. Plans Offered
- V. Premiums
- VI. Summary/Next Steps



Open Enrollment is your annual opportunity to make changes to your benefits for the new plan year, effective January 01, 2025. During Open Enrollment, you may opt to do the following:

- Change or opt out of coverage
- Choose new benefit options
- Enroll eligible family members in your plans
- Enroll in coverage, if eligible, but not currently covered
- Update address and beneficiaries

NOTE: Enrollment is passive. Your current coverages will roll over if you do not make changes.



Annual Benefits Open Enrollment Period for the 2025 plan year:

October 15, 2024, to November 3, 2024, for an Effective Date of January 01, 2025

Deadline:

Open Enrollment must be completed by November 3, 2024



Special Enrollment Periods

Elections made at Open Enrollment will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within **30** days.

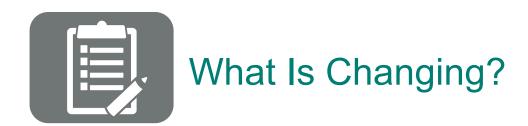
Qualifying events include:

- Gaining a new dependent by Marriage, Birth, Adoption, or Placement for Adoption
- Loss of Other Coverage
- Loss of Coverage for Medicaid or a State Children's Health Insurance Program
- Gaining eligibility for Medicaid or a State Children's Health Insurance Program



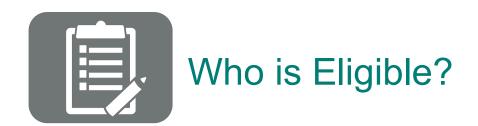
No change to:

- Dental benefits
- Vision benefits
- Life or Disability plans
- Voluntary Benefits
 - Accident
 - Critical Illness
 - Hospital Indemnity
 - LifeTime Benefit Term



The following changes will be effective with the new plan year beginning January 01, 2025:

- Flexible Spending account limits (FSA)
 - Healthcare Spending limit is increasing to \$3,300
 - Dependent Care Spending Limit is remaining the same at \$5,000
- Dental plan contribution increase
- Medical plans contribution increase



You can enroll in benefits if you...

- Work at least 30 hours per week
- Are classified as full-time

You can cover the following dependents...

- Legal spouse
- Children up to age 26
- Unmarried children of any age who are mentally or physically disabled

Plans Offered



Dental Plan Offered

Dental coverage is provided by MetLife

Services	In-Network and Out-of-Network PPO
Calendar Year Deductible	\$25 per person; \$75 family limit
Calendar Year Benefit Maximum	\$2,500
Preventive Dental Services (cleanings, exams, x-rays)	100%
Basic Dental Services (fillings, root canal therapy, oral surgery)	80% after deductible
Major Dental Services (extractions, crowns, inlays, onlays, bridges, dentures, repairs)	50% after deductible
Orthodontia Services (covered to adults & children up to age 26)	65% to \$1,000 lifetime maximum

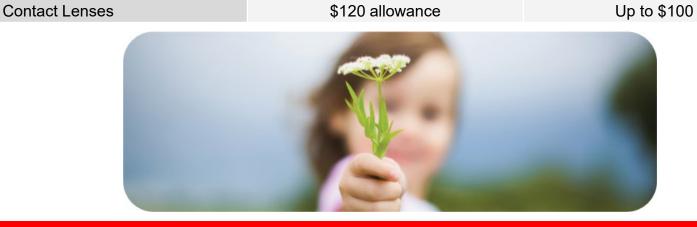




Vision Plan Offered

Vision coverage is provided by Superior Vision by MetLife

Services	In-Network (any Superior Vision provider)	Out-of-Network (any qualified non-network provider of your choice)			
Eye Exam — once every 12 months	\$10 copay	Up to \$42			
Lenses — once every 12 months					
Single Vision Lenses	\$10 copay	Up to \$29			
Lined Bifocal Lenses	\$10 copay	Up to \$42			
Lined Trifocal Lenses	\$10 copay	Up to \$57			
Frames — once every 24 months	\$120 allowance	Up to \$58			
Contact Lenses — once every 12 months if you elect contacts instead of lenses/frames					
Fitting	\$30 copay	Not covered			





FCS is happy to provide you an opportunity to participate in an FSA. There are two types of FSA available to you:

Healthcare Spending Limit \$3,300

Dependent Care Spending Limit \$5,000

The FSA is <u>a use it or lose it benefit</u>

Funds not used by the end of the calendar year will be forfeited

Monthly Fee: \$3.25





Voluntary Life and AD&D insurance

- This coverage is through Mutual of Omaha
- You are eligible for coverage (up to five times your annual salary).
- **For yourself:** Guarantee Issue, up to \$150,000, if you enroll when first eligible; Increments of \$10,000 up to maximum amount \$500,000, but no more than 5 times annual salary.
- For your spouse: Guarantee Issue, 100% of employee's benefit up to \$50,000, if you enroll when first eligible; Increments of \$5,000 up to maximum amount \$150,000
- For your child(ren): 100% of employee's benefit in Increments of \$1,000; up to maximum amount \$10,000



Short Term Disability insurance:

- Mutual of Omaha
- Employee Paid

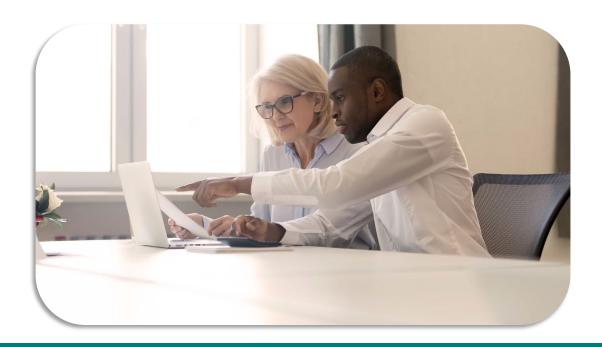
Long Term Disability insurance:

- Mutual of Omaha
- Employee Paid

Mutual of Omaha	Short-term Disability	Long-term Disability	
Benefit Amount	60% weekly earnings	40% or 60% monthly earnings	
Maximum Benefit	\$1,000 per week	\$7,000 per month	
Benefit Duration	14/14 Plan: 24 weeks 30/30 Plan: 22 weeks	40% & 60%: Social Security retirement age	

Voluntary/Additional Coverage Options Offered

- Accident
- Critical Illness
- Hospital Indemnity
- Life Time Benefit Term



Accident Plan Offered

Administered by Chubb

The Accident plan provides cash payments directly to you to help cover out-of-pocket costs, such as deductibles or coinsurance. The full schedule of benefits payable for accidental injuries include initial/follow-up treatment, ambulance trips, medical imaging, surgeries, concussion, dislocations and fractures, hospital stays, AD&D, and health screening benefits. It is important to note this benefit is for off-the-job accidents only. Some benefits are payable once per covered accident, while others are once per plan year. See Benefit Summary for detailed information and schedule of benefits and exclusions.

Critical Illness Plan Offered

Administered by Chubb

Critical illness insurance provides a lump-sum payment for an insured person diagnosed with any of the following critical illnesses while insurance is in effect for the insured person, after any applicable waiting period and subject to any preexisting condition limitation: Cancer, Heart Attack, Stroke, Organ Transplant, Kidney Failure, and more. See Benefit Summary for detailed information and schedule of benefits and exclusions.

Hospital Indemnity Plan Offered

Administered by Chubb

Hospital indemnity coverage eases the financial impact of an employee's hospitalization by providing a lump sum payment to help cover the costs associated with a hospital stay. Hospital indemnity coverage can be used to supplement medical insurance to help handle additional out-of-pocket costs that add up after a hospital stay. This can include copayments, coinsurance, deductibles, and incidental hospital expenses or other expenses such as transportation and lodging needs. See Benefit Summary for detailed information and schedule of benefits and exclusions.

Lifetime Benefit Term

Administered by Chubb

Employees may elect: Ages 19-70 up to \$100,000. Ages 71-80 up to \$50,000. Employees may cover their spouse up to \$75,000. Children up to \$25,000, 15 days through age 25. This benefit can also be used for long term care.

Premiums



Medical Premiums

Note: Gallagher is not the Broker for the State Health Benefits

2025 EMPLOYEE CONTRIBUTIONS

FLOYD COUNTY SCHOOLS PARTICIPATES IN THE STATE HEALTH BENEFITS PLAN. THE BOARD WILL CONTRIBUTE \$1,760 FOR CERTIFIED EMPLOYEES AND \$1,580.00 FOR CLASSIFIED EMPLOYEES PER MONTH TO FUND HEALTH CARE COVERAGE.

WWW.MYSHBPGA.ADP.COM

BENEFIT PLAN	YOU	YOU + CHILD(REN)	YOU + SPOUSE	FAMILY
Anthem Gold	\$194.67	\$355.26	\$482.76	\$643.35
Anthem Silver	\$131.17	\$247.31	\$349.41	\$465.55
Anthem Bronze	\$82.67	\$164.86	\$247.56	\$329.75
Anthem HMO	\$157.53	\$292.12	\$404.77	\$539.36
UHC HMO	\$196.58	\$358.50	\$486.77	\$648.69
UHC HDHP	\$72.69	\$147.89	\$226.60	\$301.80
Kaiser HMO	\$157.53	\$292.12	\$404.77	\$539.36



Monthly Period

Benefit Plan	Dental Plan	Vision
Employee	\$37.12	\$6.46
Employee + Spouse	\$89.82	\$12.95
Employee + Child(ren)	\$96.25	\$12.21
Family	\$139.88	\$16.33



Floyd County Schools





The Floyd County Schools Pocketpal

Delivering benefits information when and where it's needed.

The Pocketpal contains benefit plan details, personal documents and important resources like carrier websites and phone numbers.

It stores your benefit ID cards and plan-specific information about doctors, facilities, pharmacies and prescription drugs.

The Pocketpal Set Up instructions:

- Click Create Account and Company ID: FCS then, click Next.
- Read and accept the disclaimer by scrolling down and clicking the box next to I agree to the terms and conditions.
 Click Next.
- Select your current employment status. If you are currently employed by Floyd County Schools or you are the dependent of an employee, click Yes.
- Then Enter your Name and Email address and Click Save.

- Identify Your Class by selecting Full Time, then click Next.
- Select the benefits you would like to be able to view on The Pocketpal and click Next.
- Load your ID cards into The Pocketpal. Follow the directions in the app and click Continue Setup when finished (or to skip this step). ID Cards can be added at any time.
- When you are ready, click Finalize Account and read the welcome message. Click Pocketpal Home Screen and you are in the app!

Download and Set Up The Pocketpal today.

Apple App Store



Google Play Store





Summary & Next Steps

Summary

- Open Enrollment Dates October 15, 2024, through November 3, 2024
- Make your elections during open enrollment if you:
 - Are adding a Dependent
 - Need to make 2025 contributions to the Health FSA
 - Want to add or increase Supplemental Life Insurance
 - Want to enroll in a voluntary plan
- Verify your elections are ones you want:
 - Update your beneficiaries and emergency contacts
 - Make sure your spouse is in the correct tier
 - Did you choose the most cost-effective medical plan?

Next Steps

Review

- Review current elections and consider your benefit needs
- Review the 2025 Open Enrollment Benefit Information in Selerix
- Review plans details

Elect

- Make elections in the Selerix System https://www.benselect.com/FCS.
- Select beneficiaries for life and retirement plans and update address and contact information

Confirm

- Print a copy of your confirmation statement
- · Confirm elections and deduction amounts match selections

Important Notes from your FCS Administrators:

- ✓ Your *Medical Coverage* is through State Health Benefits. Gallagher cannot answer questions about these plans, and you MUST make any changes through your login at www.mySHBPga.adp.com
- ✓ If you plan to retire in May 2025, be sure you have the medical coverage you want to take to TRS.
- ✓ Remember that you must re-enroll annually for Flex Care (FSA) accounts.
- ✓ Flex Care Dependent Care (FSA) After-school care or extended day care
 programs are eligible for reimbursement with a DCFSA, as long as these
 expenses allow caregivers to work, look for work, or go to school full-time.
 If an employee has a spouse that is a stay-at-home mother or father, the
 expenses for the child will not qualify (FSA Feds).
- ✓ Review your December paycheck for deductions.
- ✓ Check and update, if necessary, ALL beneficiaries (even on personal policies outside of FCS).
- ✓ Check and update address in Munis.

Questions



Thank you!

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