

# 2025 BENEFITS GUIDE





# BENEFITS OVERVIEW

Floyd County Schools is proud to offer a comprehensive benefits package to eligible, full-time employees who work **30 hours** per week. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

You share the costs of some benefits (medical) with Floyd County Schools. In addition, there are voluntary benefits with reasonable group rates that you can purchase through payroll deductions (dental, vision, life, disability, etc.).

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### BENEFITS OFFERED

- Medical—Offered through **STATE HEALTH BENEFITS**
- Dental
- Vision
- Flexible Spending Account (FSA)
- Voluntary Life and AD&D
- Short Term Disability
- Long Term Disability
- Accident Insurance
- Critical Illness Insurance
- Hospital Indemnity Insurance
- Lifetime Benefit Term

### ELIGIBILITY

You and your dependents are eligible for Floyd County Schools benefits on the first of the month following **30 days**.

Eligible dependents are your spouse, children under age 26, disabled dependents of any age, or Floyd County Schools eligible dependents.

Elections made now 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**.

This document is an outline of the coverage provided under your employer’s benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the “plan documents”). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer’s benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.



# DENTAL BENEFITS

Administered by MetLife

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Floyd County Schools dental benefit plan.

| 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<br>(cleanings, exams, x-rays)                                   | 100%                               |
| Basic Dental Services<br>(fillings, root canal therapy, oral surgery)                      | 80% after deductible               |
| Major Dental Services<br>(extractions, crowns, inlays, onlays, bridges, dentures, repairs) | 50% after deductible               |
| Orthodontia Services<br>(covered to adults & children up to age 26)                        | 65% to \$1,000<br>lifetime maximum |





# VISION BENEFITS

Administered by Superior Vision by MetLife

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

| SERVICE  | IN-NETWORK<br>(ANY SUPERIOR VISION PROVIDER) | OUT-OF-NETWORK<br>(ANY QUALIFIED NON-NETWORK PROVIDER OF YOUR CHOICE) |
|--|--|---|
| Eye Exam — once every 12 months  | \$10 copay                                   | Up to \$42  |
| <b>LENSES — ONCE EVERY 12 MONTHS</b>   |  |   |
| 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  | <b>\$120 allowance</b>                       | <b>Up to \$58</b>   |
| <b>CONTACT LENSES —ONCE EVERY 12 MONTHS IF YOU ELECT CONTACTS INSTEAD OF LENSES/FRAMES</b> |  |   |
| Fitting  | \$30 copay                                   | Not covered   |
| Contact Lenses   | \$120 allowance                              | Up to \$100   |





# SPENDING ACCOUNTS

## FLEXIBLE SPENDING ACCOUNT (FSA)

Administered by WEX

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

**Health Spending** allows you to pay for eligible out of pocket health care expenses. In order to make this plan easy to use, a debit card is provided which can be used for any eligible expense. You may contribute \$3,300 per year in this account.

**Dependent Care Account** allows you to pay for child and dependent day care expenses at a state certified daycare. You may contribute up to \$5,000 per year in this account.

You can save money on your healthcare and/or dependent day care expenses with an FSA. You set aside funds each pay period on a pretax basis and use them tax-free for qualified expenses. You pay no federal income or Social Security taxes on your contributions to a FSA. (That's where the savings comes in.) Your FSA contributions are deducted from your paycheck before taxes are withheld, so you save on income taxes and have more disposable income.

|                               |         |
|-------------------------------|---------|
| Healthcare Spending Limit     | \$3,300 |
| Dependent Care Spending Limit | \$5,000 |

**The FSA is a use it or lose it benefit.**

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

**Monthly Fee: \$3.25**

IRS regulations may require receipts be submitted as proof of expense. It is wise to keep ALL FSA receipts.







# LIFE INSURANCE BENEFITS

## VOLUNTARY LIFE AND AD&D INSURANCE

Administered by Mutual of Omaha

As an active employee of Floyd County Schools, you have access to a life insurance policy from Mutual of Omaha.

You may purchase life and AD&D insurance for you and for your dependents.

You are eligible for coverage (up to five times your annual salary).

**Employee—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.

**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.

**Children— 100% of employee's benefit in-** Increments of \$1,000, up to maximum amount \$10,000.





# DISABILITY INSURANCE

## DISABILITY INSURANCE

Administered by Mutual of Omaha

Floyd County Schools also provides disability insurance through Mutual of Omaha. This benefit replaces a portion of your income if you become disabled and are unable to work.

|   | HOW IT WORKS  | WHO PAYS FOR THE BENEFIT |
|---|---|--------------------------|
| <b>Short-term Disability 14/14 Plan</b> | You receive 60% of your income up to <b>\$1,000.00</b> per week. Benefits begin on the 15th calendar day of absence from work and continue for up to 24 weeks   | Employee                 |
| <b>Short-term Disability 30/30 Plan</b> | You receive 60% of your income up to <b>\$1,000.00</b> per week. Benefits begin on the 31st calendar day of absence from work and continue for up to 22 weeks   | Employee                 |
| <b>Long-term Disability 40% Plan</b>    | You receive 40% of your income up to <b>\$7,000.00</b> per month. Benefits begin after 180 calendar days of absence from work and continue until you reach the Social Security Normal Retirement Age. | Employee                 |
| <b>Long-term Disability 60% Plan</b>    | You receive 60% of your income up to <b>\$7,000.00</b> per month. Benefits begin after 180 calendar days of absence from work and continue until you reach the Social Security Normal Retirement Age. | Employee                 |



# VOLUNTARY BENEFITS

While you can't predict life's unexpected events, you can plan for them by choosing benefits that help protect what's important to you.

## ACCIDENT

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

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 pre-existing 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

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..







# EMPLOYEE CONTRIBUTIONS

**Note - Gallagher is not the Broker for the State Health Medical Benefit Plans**

## 2025 EMPLOYEE CONTRIBUTIONS FOR STATE HEALTH BENEFIT PLANS

FLOYD COUNTY SCHOOLS PARTICIPATES IN THE STATE HEALTH BENEFIT PLAN. THE BOARD WILL CONTRIBUTE \$1,760 FOR CERTIFIED EMPLOYEES AND \$1,580 FOR CLASSIFIED EMPLOYEES PER MONTH TO FUND HEALTH CARE COVERAGE.

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





# EMPLOYEE CONTRIBUTIONS

## EMPLOYEE CONTRIBUTIONS FOR DENTAL AND VISION PLANS

| BENEFIT PLAN          | MONTHLY  |
|-----------------------|----------|
| <b>Dental Rates</b>   |          |
| Employee              | \$37.12  |
| Employee + One        | \$89.82  |
| Employee + Child(ren) | \$96.25  |
| Family                | \$139.88 |
| <b>Vision Rates</b>   |          |
| Employee              | \$6.46   |
| Employee + One        | \$12.95  |
| Employee + Child(ren) | \$12.21  |
| Family                | \$16.33  |

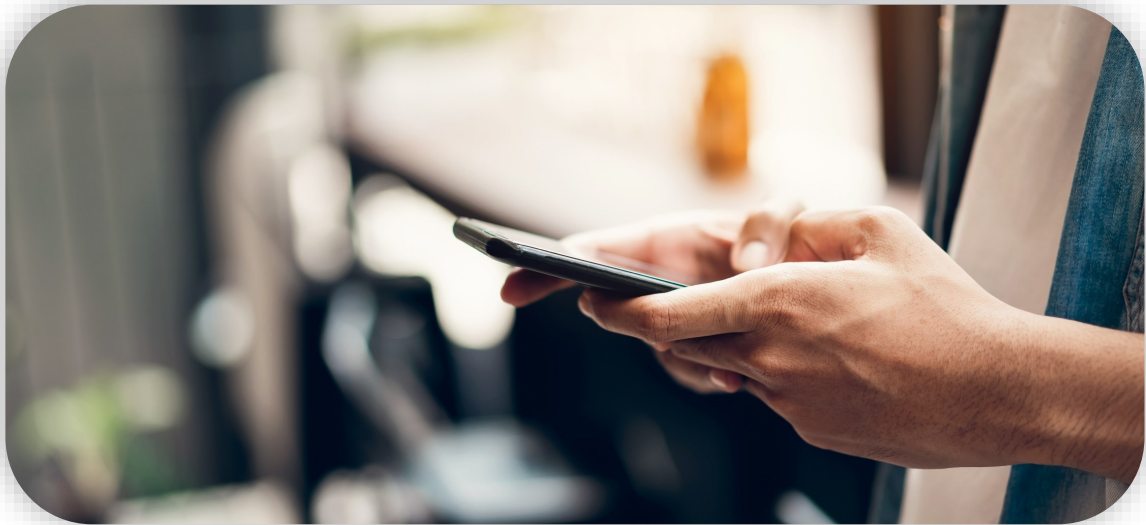




# CONTACT INFORMATION

If you have specific questions about a benefit plan, please contact the administrator listed below or your human resources department.

| BENEFIT                   | ADMINISTRATOR              | PHONE        | WEBSITE/EMAIL   |
|---------------------------|----------------------------|--------------|---|
| Medical                   | State Health               | 800-610-1863 | <a href="https://shbp.georgia.gov/plan-options-programs">https://shbp.georgia.gov/plan-options-programs</a> |
| Dental                    | MetLife                    | 800.942.0854 | <a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>                                  |
| Vision                    | Superior Vision by MetLife | 800.507.3800 | <a href="http://www.superiorvision.com">www.superiorvision.com</a>  |
| Flexible Spending Account | WEX                        | 866.451.3399 | <a href="http://www.WexHealth.com">www.WexHealth.com</a>  |
| Voluntary Life and AD&D   | Mutual of Omaha            | 800.877.5176 | <a href="mailto:AtlantaService@mutualofomaha.com">AtlantaService@mutualofomaha.com</a>                      |
| Short Term Disability     | Mutual of Omaha            | 800.877.5176 | <a href="mailto:AtlantaService@mutualofomaha.com">AtlantaService@mutualofomaha.com</a>                      |
| Long Term Disability      | Mutual of Omaha            | 800.877.5176 | <a href="mailto:AtlantaService@mutualofomaha.com">AtlantaService@mutualofomaha.com</a>                      |
| Accident                  | Chubb                      | 866.445.8874 | <a href="mailto:Chubb.workplace.benefits@Chubb.com">Chubb.workplace.benefits@Chubb.com</a>                  |
| Critical Illness          | Chubb                      | 866.445.8874 | <a href="mailto:Chubb.workplace.benefits@Chubb.com">Chubb.workplace.benefits@Chubb.com</a>                  |
| Hospital Indemnity        | Chubb                      | 866.445.8874 | <a href="mailto:Chubb.workplace.benefits@Chubb.com">Chubb.workplace.benefits@Chubb.com</a>                  |
| Lifetime Benefit Term     | Chubb                      | 855-241-9891 | <a href="mailto:csmail@gotoservice.chubb.com">csmail@gotoservice.chubb.com</a>                              |
| Human Resources           | Phyllis Allee              | 706.234.1031 | <a href="mailto:pallee@floydboe.net">pallee@floydboe.net</a>  |





# Floyd County Schools

FOCUS CONNECT SUCCEED



## 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





## Selerix Enrollment Website

We would like to invite you to enroll in your benefits by going to <https://www.benselect.com/FCS>. \* Please note this does NOT include the State Health Benefits medical plans.

**MEDICAL BENEFITS MUST BE ENROLLED ON THE STATE HEALTH BENEFITS WEBSITE.** If you fail to enroll on the State Health Benefits website, health coverage will not be issued.

### DIRECTIONS ON HOW TO ENROLL:

Log on to <https://chubb.benselect.com/FCS>

User Name: **Employee ID or SSN**

Password/Pin: **6 digits** - last 4 of SSN and last 2 digits of your birth year

### **BEGINNING THE ENROLLMENT PROCESS:**

Once you “log-on”, please review the steps on the welcome screen.

Select the “Next Button” at the bottom of the screen.

### **PERSONAL INFORMATION:**

Please review and update anything information that is not current.

Click the “NEXT” button on the bottom right-hand corner of the screen to continue.

### **DEPENDENT INFORMATION:**

To add a dependent, click the blue “+ Add Dependent” Button.

To edit a dependent click on the pencil icon.

To delete a dependent click on the X icon.

Click “NEXT” on the bottom right-hand corner of the screen to continue.

### **ENROLL:**

As you click “NEXT”, you will be presented with enrollment options available to you.

Click “REVIEW” to each benefit to begin.

If you wish you make changes to your election, you will need to click “UNLOCK”. This will allow you to re-elect or change your election.

### **SIGN AND SUBMIT:**

Please review your elections listed in this section to ensure they match the plans that you want to participate in.

If you determine that there are elections that need to be corrected, click on the benefit name which will take you back to the benefit enrollment for that specific benefit. Here you can update your election.

**If you have any questions, please contact Human Resources.**



# NOTES



# NOTES



*This benefit summary prepared by*



Insurance | Risk Management | Consulting