



Please see reverse side for important information concerning this year's Benefits Enrollment.

Ameritas 	Dental – Ameritas	
	Low Plan	Middle Plan
Calendar Year Deductible		
• Single	\$50	\$0
• Family Max	\$150	\$0
Annual Benefit Maximum	\$1,750 Calendar Year	\$2,250 Calendar Year
Diagnostic/Preventive Services	100% Coverage (no deductible)	100% Coverage (no deductible)
Basic Treatment	80% Coverage (subject to deductible)	80% Coverage (subject to deductible)
Major Treatment	50% Coverage (subject to deductible)	80% Coverage (subject to deductible)
Orthodontia	50% Coverage to a Lifetime Maximum of \$1,000	50% Coverage to a Lifetime Maximum of \$1,000
Waiting Period	None	None

 Vision – NVA	In-Network	Non-Network
Vision Exam	\$10 copay	Up to \$40 reimbursement
Contacts Fitting		
• Standard	\$0 Copay	\$20 reimbursement
• Premium	No more than \$50	\$30 reimbursement
Contact Lenses		
• Elective	Up to \$120 allowance	Up to \$120 allowance
• Medically Necessary	Covered in full	Up to \$210 allowance
Standard Plastic Lenses		Reimbursement
• Single Vision	\$25 copay	Up to \$30
• Bifocal	\$25 copay	Up to \$50
• Trifocal	\$25 copay	Up to \$70
Frames	Up to \$120 allowance (retail); Up to \$47 allowance (Walmart/Sam's)	Up to \$84 reimbursement
Benefit Frequency		
• Exam	Once every 12 months	
• Lenses	Once every 12 months	
• Frames	Once every 12 months	

To locate a dental provider, visit <https://dentalnetwork.ameritas.com/>. You can locate a dentist by registering or searching by plan. If searching by plan, you will choose the "Classic (PPO)" network. You will always see the best savings by staying in the network.



To locate a vision provider, visit [www.e-nva.com](http://www.e-nva.com).

This benefits at a glance is meant only to cover the major points of each plan. It does not contain all of the details that are included in your Summary Plan Descriptions (SPD) (as described by the Employee Retirement Income Security Act). If there is ever a question about one of these plans, or if there is a conflict between the information on this page and the formal language of the Plan Documents, the formal wording in the Plan Documents will govern.

See Enrollment Guide for additional details on these coverages:

**Employee Basic Life & AD&D – Cigna**

Cartersville County Schools provides all eligible employees with Basic Life & AD&D Insurance in the amount of **\$50,000** for you at no cost.

**Employee Voluntary Life & AD&D – Cigna**

Eligible employees have the option to purchase additional term life insurance. Employees can elect up to a maximum of \$200,000 not to exceed 5 times their salary in increments of \$10,000. New hires will have a guaranteed issue amount up to \$200,000.

**Spouse Voluntary Life – Cigna**

Eligible employees can purchase term life insurance for their spouse. Employees must elect coverage on themselves in order to cover their spouse. Spousal coverage is available in \$5,000 increments to a maximum of \$25,000 not to exceed 100% of the employee’s election. New hires will have a guaranteed issue amount of \$25,000.

**Child Voluntary Life – Cigna**

The child life coverage can be purchased in increments of \$2,000 to a maximum of \$10,000. Employees must elect coverage on themselves in order to cover their dependent children. One election will cover all eligible children up to age 26.

**Short Term Disability – Cigna**

This coverage provides employees with 60% of your gross salary (to a maximum of \$2,000 per week) in the event of an illness or off job accident. The benefit will begin after the later of your accumulated sick leave or 14 days from the accident/illness. The benefit is payable for up to 11 weeks. If you have previously declined this coverage and are selecting this coverage for the first time, you will be directed to fill out an Evidence of Insurability form at the end of your enrollment.

**Long Term Disability – Cigna**

This coverage is in place to help supplement your income in the event of an illness or off job accident. You will receive 60% of your gross salary up to a maximum benefit of \$6,000 per month. The waiting period for this benefit is 90 days and will pay a benefit up to Social Security Normal Retirement Age. If you have previously declined this coverage and are selecting this coverage for the first time, you will be directed to fill out an Evidence of Insurability form at the end of your enrollment.

**Flexible Spending Accounts – Navia**

**You must re-enroll in this program each year; previous year’s election will not continue.**

Employees can set aside pre-tax dollars into a Healthcare Flexible Spending account to be used for eligible healthcare, dental, and/or vision expenses. The maximum contribution amount for 2025 is \$3,200. Employees will receive a debit card from Navia as a way of accessing funds. Up to \$640 of unused funds can be rolled over to the next plan year.

Employees also can set aside up to \$2,500 if filing separate or \$5,000 filing married of pre-tax dollars into a Dependent Care Flexible Spending account to be used for eligible dependent care expenses.

**Additional Coverage Offerings:**

- Aflac Critical Illness w/ Cancer Rider
- Aflac Accident
- Aflac Universal Life

Please visit the Cartersville Schools benefits resource center at <https://shawhankinsbenefits.net/css> or by scanning the QR code for additional details on these coverages.

**Benefit/Enrollment Questions**

NFP  
1-800-994-7429  
[nfpsecustomerservice@nfp.com](mailto:nfpsecustomerservice@nfp.com)

**Medical Benefits**

State Health  
1-800-610-1863  
[www.myshbpga.adp.com](http://www.myshbpga.adp.com)

**Dental Benefits**

Ameritas  
1-800-659-5556  
[www.ameritas.com](http://www.ameritas.com)

**Vision Benefits**

NVA  
1-800-672-7723  
[www.e-nva.com](http://www.e-nva.com)

**Life and Disability Benefits**

Cigna  
1-800-36-CIGNA  
[www.cigna.com](http://www.cigna.com)

**Flexible Spending Accounts**

Navia  
1-800-669-3539  
[www.naviabenefits.com](http://www.naviabenefits.com)

**Aflac**

1-800-433-3036  
[www.aflac.com](http://www.aflac.com)

**Special Note to Remember:** State Health and the NFP Benefit Enrollments are separate enrollments. To access the State Health enrollment site, go to [www.myshbpga.adp.com](http://www.myshbpga.adp.com).



**Cost Per Month:**

**Dental**

Coverage Tier	Low	High
Employee	\$47.08	\$70.66
Employee + Spouse	\$92.12	\$137.64
Employee + Child(ren)	\$108.78	\$144.42
Employee + Family	\$161.72	\$225.62

**Vision**

Coverage Tier	Monthly Rates
Employee	\$6.11
Employee + 1 Dependent	\$11.59
Employee + Family	\$17.03

*\*Voluntary Life, Disability, Critical Illness, and Universal Life Rates are based on age and amount of coverage and will be calculated online when you enroll.*