



2025 Benefit Enrollment Guide



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Support for SHBP: 1-800-610-1863

**Support for District Benefits in bswift:
1-844-550-9717**

SCCPSS Benefits Office: 912-395-5899



Changes for 2025

- Dental is offering a third option
- Vision is moving to Ameritas with plans through EyeMed or VSP
- Flex Spending & Rollover Amount Increased

Welcome to the 2025 Savannah Chatham Public School System Benefits Open Enrollment which begins October 15, 2024, for State Health and District benefits. Open enrollment is your one annual opportunity to enroll, make changes, or waive coverages unless you or your eligible dependent(s) experience a qualified life event.

There are a few changes to the District's 2025 benefit plans. You are encouraged to thoroughly review the 2025 benefit plans that are being offered. State Health and District Open Enrollment begins **October 15th and ends November 8th at 11:59pm**. During this time, employees are required to review benefit information, elect, change or drop benefit coverage as appropriate for the 2025 plan year that will be effective January 1, 2025 – December 31, 2025. To review detailed information on the plans, you can visit the online websites:

<https://shbp.georgia.gov/enrollment/open-enrollment> and www.shawhankinsbenefits.net/scppss

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.

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.

Remember to be prepared to provide Names, Social Security Numbers and Birth Dates of your eligible dependents and/or beneficiaries. Documents have to be sent to State Health and NFP/bswift through the portal within 30 days of your enrollment or qualifying event or changes will not take effect.

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 2025.

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.

2025 State Health and District Benefits

State Health Benefit Plan

The Georgia State Health Benefit Plan (GA SHBP) provides your medical benefits. The medical plan options are remaining the same with Blue Cross Blue Shield and United Healthcare. There have been changes in rates for 2025. You **must** make an election for coverage during open enrollment.

Log on to: <https://myshbpga.adp.com/shbp/> or call 800-610-1863 to enroll or make changes to your health coverage.

If you have never logged into State Health/ADP, once you are on the site, click “Register Here” and enter Register Code: SHBP-GA. Follow the steps to create a Username and Password before making your elections.

For Employees who have logged into the site before but Do Not Know their User ID and/or Password to Log into the SHBP Enrollment Portal:

- Select the Forgot Your User ID? Or Forgot Your Password? Link from the Login Page and follow the prompts, as applicable

For complete plan documents and changes with GA SHBP health insurance please visit the website at: <http://dch.georgia.gov/state-health-benefit-plan-shbp>

SHBP Plan	You	You & Child(ren)	You & Spouse	You & Family
BCBS Gold	\$97.34	\$177.63	\$241.38	\$321.68
BCBS Silver	\$65.59	\$123.66	\$174.71	\$232.78
BCBS Bronze	\$41.34	\$82.43	\$123.78	\$164.88
BCBS HMO	\$78.77	\$146.06	\$202.39	\$269.68
UHC HMO	\$98.29	\$179.25	\$243.39	\$324.35
UHC HDHP	\$36.35	\$73.95	\$113.30	\$150.90

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.

District Benefit Options

Savannah-Chatham County Public School System provides a full range of benefits that address your needs now, and in the future, including:

- Dental Insurance
- Vision Insurance
- Long & Short-Term Disability Insurance
- Basic Life Insurance
- Voluntary Life Insurance
- Permanent Life Insurance
- Health Care Flexible Spending Account
- Dependent Care Flexible Spending Account
- Accident Insurance
- Critical Illness Insurance
- Hospital Indemnity Insurance
- Legal Plan
- Pet Insurance (info being mailed to your home)

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: <https://sccpps.bswift.com>.

ENROLLING FOR DISTRICT BENEFITS IS EASY.

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

1. **ONLINE.** You can link from the Employee Self Service (ESS) Portal OR from your direct link to bswift at: <https://sccpps.bswift.com>. Enter the following information
 - **Username:** Your employee ID (must be 10 digits; using 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.

Dental - MetLife

Dental – MetLife

This year Savannah-Chatham County Public School System is offering a third dental plan which offers more coverage per person per year for regular dental procedures as well as in increased orthodontics benefit.

To locate an in-network provider, please visit the MetLife website: www.metlife.com/dental. When on the Dental Insurance Center page, go to Find a participating dentist. The network is the PDP Plus Network.

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 tartar as well as detecting early signs of gum disease. In addition, regular dental visits may actually reveal other health issues.

Dental Benefits are paid for each covered person based on the option you select:

MetLife Bronze Dental Plan (Semi-monthly per paycheck)	
Employee Only	\$5.37
Employee + 1	\$18.26
Family	\$30.62
<ul style="list-style-type: none"> • Pays 100% of two oral exams per year • Pays 60% of basic services • Pays 50% of major services • \$500 annual maximum • Cosmetic procedures are not included • Orthodontics are not included 	
MetLife Silver Dental Plan (Semi-monthly per paycheck)	
Employee Only	\$18.07
Employee + 1	\$38.22
Family	\$60.44
<ul style="list-style-type: none"> • Pays 100% of two oral exams per year • Pays 80% of basic services • Pays 50% of major services • \$1,500 annual maximum • Cosmetic procedures are not included • \$1,500 Orthodontics for adults and children 	
MetLife Gold Dental Plan (Semi-monthly per paycheck)	
Employee Only	\$22.39
Employee + 1	\$47.35
Family	\$74.88
<ul style="list-style-type: none"> • Pays 100% of two oral exams per year • Pays 80% of basic services • Pays 50% of major services • \$2,000 annual maximum • Cosmetic procedures are not included • \$2,000 Orthodontics for adults and children 	

Vision – Ameritas – EyeMed or VSP

A good visual health can play an important role in our overall health. For those of us with eye care needs, having a Vision plan available from our Employer can ultimately help offset some of those associated costs in preserving our eye health and ongoing wellness. Becoming a member of the Vision plan available through SCCPSS will enable you to take advantage of substantial savings on your eye care and eyewear needs. **You have two plans to choose from – EyeMed and VSP.** They are both through Ameritas, but you should check with your provider to see which plan they are in-network with to get the best out of your plan.

EyeMed network is Insight. – www.eyemedvisioncare.com VSP Network is VSP Choice – www.vsp.com

EYEMED - INSIGHT NETWORK		
Benefit	2025 Plan Design (network benefits)	
	Low Plan	High Plan
Vision Exam	\$10 copay (\$0 with Preferred Plus Provider)	
Frames <ul style="list-style-type: none"> In-Network Provider Preferred Plus Provider Frequency 	<ul style="list-style-type: none"> Covered up to \$150 Covered up to \$200 <ul style="list-style-type: none"> 24 months 	<ul style="list-style-type: none"> Covered up to \$180 Covered up to \$230 <ul style="list-style-type: none"> 12 months
Lenses Single, Bifocal or Trifocal	\$20 copay for standard glass or plastic lenses	
Elective Contact Lenses	Up to \$150 retail allowance (15% discount on remaining balance)	Up to \$180 retail allowance (15% discount on remaining balance)

VSP CHOICE (GEORGIA EYE INSTITUTE IS IN NETWORK)		
Benefit	2025 Plan Design (network benefits)	
	Low Plan	High Plan
Vision Exam	\$10 copay	
Frames <ul style="list-style-type: none"> In-Network Provider Preferred Plus Provider Frequency 	<ul style="list-style-type: none"> Covered up to \$150 Covered up to \$150 <ul style="list-style-type: none"> 24 months 	<ul style="list-style-type: none"> Covered up to \$180 Covered up to \$180 <ul style="list-style-type: none"> 12 months
Lenses Single, Bifocal or Trifocal	\$20 copay for standard glass or plastic lenses	
Elective Contact Lenses	Up to \$150 retail allowance (15% discount on remaining balance)	Up to \$180 retail allowance (15% discount on remaining balance)

Vision Plan Rates for both EyeMed and VSP (Semi-monthly per paycheck)		
	Low Plan	High Plan
Employee	\$2.74	\$4.17
Employee + Spouse	\$5.09	\$7.74
Employee + Child(ren)	\$5.77	\$8.78
Employee + Family	\$7.44	\$11.30

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 14- day, 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 15, 2024. Email to: NFPSeCustomerService@nfp.com

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 15, 2024. Email to: NFPSeCustomerService@nfp.com

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/scpps/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 – TASC

Participating in the Flexible Spending Account (FSA) available through your Employer can increase your take-home pay by reducing your taxable income. It allows you to potentially save up to 30% on your eligible healthcare and/or dependent care expenses every year by using pre-tax dollars vs. post-tax dollars to pay for those expenses.

You may want to consider your estimated cost 2025 for prescription drugs, medical and dental office visit copays and/or deductibles, as well as vision related needs including exams and prescription glasses/lenses, etc. so you can make a realistic election.

Most FSAs require you to use the funds you contribute within the plan year, or you lose them. However, with this plan you will be able to roll-over up to \$660 of unused contributions in your Healthcare Reimbursement FSA only. Should you have more than \$660 that you have not spent by the end of the plan year you will lose that amount.

You MUST re-enroll each year. Your FSA election does NOT roll over from year to year.

Highlights

Healthcare Reimbursement FSA:

Maximum Employee Contribution: \$3,300 Annually

Dependent Day Care FSA:

Maximum Employee Contribution: \$5,000 if married filing jointly or filing head of household or \$2,500 if married filing separately.

Dependent care FSA is for childcare or adult day care that is necessary for you to go to work, look for work or attend school full time. It is not for medical expenses for dependents.

Pre-Tax Savings Example

	<i>Without FSA</i>	<i>With FSA</i>
Gross Monthly Pay:	\$3,500	\$3,500
Pre-Tax Contributions		
Medical/Dental Premiums	\$0	-\$125
Medical Expenses	\$0	-\$75
Dependent Care Expenses	\$0	-\$400
TOTAL:	\$0	-\$600
Taxable Monthly Income	\$3,500	\$2,900
Taxes (federal, state, FICA):	-\$968	-\$802
Out-of-pocket Expenses:	-\$600	\$0
Monthly Take-home Pay:	\$1,932	\$2,098

Net Increase in Take-Home Pay = \$166/mo!

For illustration only. Actual dollar amounts may vary.



Benefits on the Go!

TASC Mobile offers fast and easy account access from anywhere at any time! MyTASC Mobile App and MyTASC Text Messaging make it easy for FlexSystem Participants to access their accounts from their mobile device. Users appreciate these flexible wireless options to securely manage their accounts and request reimbursements while on the go. These mobile features (and much more) are all-inclusive when FlexSystem is part of an employee benefits program!

Additional Management Tools

In addition to TASC Mobile, we provide multiple methods for participant/employee account access and management:

- MyTASC Website www.tasconline.com/mytasc
- Text TASC BAL to number 41411 for your balance
- Toll-Free Customer Care Center (Monday-Friday)
- Fax, Mail or Text Requests for Reimbursement
- [Mobile Help](#)

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	Monthly Premium Rates Per \$1,000 of Coverage	Age Category	Monthly 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 Age	Monthly Premium Rates per \$1,000 of Coverage	Based on Employee’s Age	Monthly Premium Rates per \$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 Monthly Premium Rate Per Unit of Coverage	Voluntary Dependent AD&D Monthly 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. 1-844-550-9717

These forms must be turned in no later than November 15th.

METLIFE LEGAL – METLAW

The MetLife Legal Plan offers coverage with over 17,000 in-network providers.

There are two plans to choose from with different levels of coverage.

Low Plan includes:

- General In-Office services
- Simple Will
- Complex Will
- Financial Education and Counseling
- Minor Traffic Offenses
- Identity Theft
- Legal Advice for caregiving of parents and grandparents

High Plan Includes all of the benefits with the low plan plus:

- Simple, Uncontested Divorce
- Up to 20 hours of Contested Divorce
- Personal Bankruptcy (Chapter 7)
- Personal Bankruptcy (Chapter 13)
- Tax Audit Representation
- Purchase/sale of Secondary Home
- Real Estate Disputes
- Adoption



Legal Plan Semi-Monthly Rates	
Low Plan	\$4.13
High Plan	\$7.50

AUTO, HOME and PET

Beginning January 1, 2025, you will have access to auto, home and pet insurance from Farmers GroupSelect. This program will provide you with special savings, outstanding customer service, and a full suite of products.

You will be able to enroll in these benefits on a quarterly basis.

Please be on the lookout for more information that will be mailed to your home address.

These benefits will be billed to you at home and not payroll deducted.

PERMANENT TERM LIFE – AFLAC

Often times when employees are ready to retire, they realize they need life insurance they can keep after they leave the school system. This year you have the option to pick a permanent term life insurance policy that you can take with you at the same rate you are paying while you are employed.

The Aflac Group Life Term to 120 offers:

- Employees up to \$150,000
- Spouses 50% of employee up to \$50,000
- Children add-on of \$10,000
- Guaranteed-issue living benefits if you are diagnosed with a chronic condition

Guarantee issue this year only. If you wait to elect coverage next year, you will have to complete a medical questionnaire. You can be denied coverage.

This benefit includes a waiver of premium in the event you are disabled and cannot pay the premium as well as an accidental death benefit rider and an accelerated benefit rider. You can use the accelerated benefit for a terminal illness or chronic condition.

Please note that the child term add-on is not a permanent plan and will term when the child reaches 26 years of age.

Rates are based on your age and tobacco status and can be found on the bswift portal when you are enrolling in benefits.

Voluntary Benefits – AFLAC

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 per 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 <https://myshbpga.adp.com/shbp/>.

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	Administ rator	Website	Phone Number
Benefit/Enrollment Questions	NFP	nfpsecustomerservice@nfp.com	844-550-9717
Human Resources	Central Office	www.shawhankinsbenefits.net/sccpss	912-395-5899
State Health Benefit Plan	SHBP	http://dch.georgia.gov/state-health-benefit-plan-shbp	800-610-1863
Dental	MetLife	www.metlife.com/dental	800 438-6388
Vision	Ameritas	www.vsp.com www.eyemedvisioncare.com	VSP 800-877-7195 EyeMed 866-289-0614
Basic Life	MetLife	www.metlife.com	800-438-6388
Voluntary Life	MetLife	www.metlife.com	800-438-6388
Permanent Term Life	Aflac	www.aflacgroupinsurance.com	800-433-3036
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





800-994-7429