GWINNETT COUNTY PUBLIC SCHOOLS



Employee Benefits

Your Guide to GCPS Benefits and Enrollment

January 1, 2027 - December 31, 2027

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Employee Benefit Plans and Privacy

Important Note: The GCPS HIPAA Notice of Privacy Practices is located on www.gcpsk12.org/benefits. This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

This communication represents a brief summary of the various benefits available to you and is provided for reference only. The actual policies issued by the Insurance Carriers determine coverage and contain exclusions, limitations, full coverage terms, conditions and requirements. Any notices included in this document do not replace an Employer's requirement for communication.

GWINNETT COUNTY PUBLIC SCHOOLS

Welcome



FROM BENEFITS AND LEAVE ADMINISTRATION

At Gwinnett County Public Schools (GCPS), we are committed to providing you and your family with comprehensive benefits and resources to support your health, well-being, and financial security.

This guide explains the benefits available to you for the 2027 plan year and how to enroll.

OUR COMMITMENT TO YOU

We are here to provide you with the support you need as you make important decisions for your future. This guide is designed to help you understand your benefit options and make informed choices for you and your family.

IMPORTANT THINGS TO KNOW

Eligible Employees

Work 20+ hours per week in a board approved position

Make Your Elections Carefully

Changes are limited to Qualifying Life Events

Have Questions?

Email the Benefits and Leave Administration team at benefits@gcpsk12.org

Benefits Eligibility

Active employees scheduled to work at least 20 hours per week in a board-approved position are eligible for benefits. Employees working fewer than 20 hours are not eligible. Employees on an approved Leave of Absence may be considered eligible.

Dependents can be covered as either an employee or a dependent, but not both. If both spouses are employed by GCPS, their children are covered as dependents of one parent only, except for Dependent Life and Child Life. For more details, contact the Benefits and Leave Administration team at benefits@gcpsk12.org.

How & When to Enroll

Your enrollment timeline depends on whether you are a New Hire or a Current Employee.



New Hire Enrollment

- ✓ You have **31 days** from your hire date to make your benefit elections.
- ✓ **Coverage is effective the first day of the calendar month after you complete one full calendar month of service.**
- ✓ Make your selections carefully.
- ✓ **Be sure to print and retain the confirmation page after you have completed your online transactions.**

Annual Open Enrollment

- ✓ **Open Enrollment Period:** October 19 - November 6, 2026
- ✓ **All changes must be completed and confirmed by 11:59 p.m. EST on November 6, 2026.**
- ✓ **Payroll deductions begin:** December 22, 2026 (except Flexible Spending Accounts, which will be deducted on the January paycheck).
- ✓ **Coverage effective date:** January 1, 2027 for all Open Enrollment elections.

State Health Benefit Plan (SHBP)

- Go to State Health Benefit Plan (SHBP) at www.myshbpga.adp.com.
- If you are logging in for the first time, use registration code: **SHBP-GA**

GCPS Benefits

- Click on Open Enrollment in the GCPS Employee Portal at www.gcpsk12.org.

Dependent Eligibility

Eligible dependents for health insurance include:

- Legally married spouse.
- A dependent child, regardless of marital or student status, through the last day of the month of the dependent's 26th birthday.
- Children incapacitated before reaching age limits, with proof submitted within 31 days of reaching age limit.

Documentation such as marriage or birth certificates is required for coverage. SHBP will send instructions for submission.

Eligible dependents for all GCPS Plan coverages include:

- Legally married spouse.
- Child(ren) under age 19 or up to age 26 if full-time students*.
- Incapacitated children, with proof of disability submitted timely.

**Full-time student status requires enrollment for at least five months per year, or inability to enroll due to injury or illness.*

Dependent children include biological, adopted, stepchildren, and those under legal guardianship. Coverage for dependents over age 26 is available if they are disabled and primarily supported by the employee.

Important Points



Take a few minutes to review these important reminders before making your benefit elections.

Understanding key deadlines, enrollment requirements, and available resources will help ensure a smooth enrollment experience.

- ✓ Your plan year runs from January 1, 2027 to December 31, 2027. This means your benefit elections will take effect January 1, 2027 unless otherwise noted.
- ✓ Active eligible employees can make health insurance enrollment changes on the **SHBP website at myshbpga.adp.com**. Enrollment changes for GCPS plans are made online through the **GCPS Employee Portal at www.gcpsk12.org.**
- ✓ Once the enrollment period is over, you will not be able to make changes unless you experience a qualifying life event outlined by the IRS.
- ✓ **REMINDER!** Employees must re-enroll in their Flexible Spending Accounts each year! They will not automatically renew.
- ✓ At GCPS, we are committed to attracting, retaining, and supporting the exceptional educators and staff who make a difference in the lives of our students every day. **For 2027, GCPS is making significant investments in benefits and employee wellness.**
- ✓ **Log In & Review Your Benefits!** GCPS has added a new dental plan as well as additional coverage tiers for dental and vision. It's important to log into the Portal and carefully review your options before making your elections.

Qualifying Life Events



Open Enrollment selections are generally locked for the plan year, but certain exceptions called Qualifying Life Events (QLEs) can grant you a special enrollment period in which to make midyear changes.

You are permitted to change benefit elections if you have a "**change in status**" and you make an election change that is consistent with the "change in status."

Examples of QLEs

The following events will open a special **31-day** enrollment period from the date of the event, allowing you to make changes to your coverage. **Documentation is required.**

- Marriage
- Divorce
- Childbirth/Adoption (90 days)
- Death of a Family Member (90 days)
- Loss of Coverage
- Spouse Gains or Loses Coverage

Filing a Claim & Wellness Benefits



If you experience a covered accident, illness, or other eligible event, you may need to file a claim to receive your benefits. Filing promptly and submitting any required documentation can help ensure your claim is processed quickly. Below you'll find claim information for each carrier.

Additionally, certain plans have a wellness feature built into your benefit options. This benefit gives **money back to you** for having a qualified screening test and then filing a claim for the screening test performed.

MetLife Plans

Dental

- In-network providers typically submit claims directly to MetLife.
- If needed, submit a claim through MetLife MyBenefits and provide any requested documentation.

Term Life

- The beneficiary should contact the employee's employer/benefits department to initiate a life insurance claim.
- Complete the required claim forms and provide a certified death certificate and any additional documentation requested by MetLife.

Accident, Hospital Indemnity & Critical Illness

- Log in to MetLife MyBenefits.
- Select the appropriate benefit and start a new claim.
- Enter the requested claim information and upload supporting documentation.
- Submit and track your claim online.

EyeMed Vision

- In-network providers typically submit claims directly to EyeMed.
- If needed, submit an out-of-network claim through EyeMed Member Web and provide an itemized paid receipt and any requested documentation.

MedCom Flexible Spending Accounts

Visit https://medcom.wealthcareportal.com/Page/HowDoIFileAClaim to learn how to file online.

- Log in to the Medcom Participant Portal or mobile app.
- Select Claims → Submit Claims.
- Enter the requested expense and claim information.
- Submit your claim for review and reimbursement.
- If you used your FSA debit card, you may be asked to upload documentation to verify the expense.

Short-Term Disability

- Notify Human Resources and initiate your disability claim.
- Provide the requested medical and any supporting documentation.

Download the Mobile Apps!



Take your benefits with you! Download your benefit carriers' mobile apps for convenient access to your coverage and plan information anytime, anywhere.

Depending on the carrier, you can view ID cards, review benefits, find providers, check claims, access helpful resources, and more - all from your mobile device.

ADP

Search "**ADP Mobile Solutions**" at iTunes App Store or Google Play. ADP Mobile Solutions allows you to complete the SHBP medical election process via the app. Note that the registration code is SHBP-GA.

Empathy

Search "**Empathy**" at iTunes App Store or Google Play and use access code MET23.

- On-demand assistance from Care Managers.
- Guidance for probate and estate settlement processes.
- Automated tools that take care of tasks on your behalf.
- Emotional support and help for dealing with grief.
- Empathy is brought to you by MetLife as a value add to your life insurance.

Dental

Search "**MetLife**" at iTunes App Store or Google Play.

- Find a dentist.
- Book an appointment.
- View benefits.
- View your claims.
- View and save your ID card.
- Provider reviews and ratings.
- Track your brushing and flossing.

Vision

Search "**EyeMed Members**" at iTunes App Store or Google Play. Some features are available when you download the app and others are unlocked when you register with your member ID.

- Find a Vision provider (including directions and maps).
- Appointment scheduling.
- Eye exam and contact lens reminders.
- Electronic ID card.
- Store a picture of prescription(s) in your app.
- View benefits & track your claims.
- Answers to common questions.
- Special offers and discounts.

EAP

The SupportLinc mobile app is called eConnect Mobile. Search "**eConnect Mobile**" at iTunes App Store or Google Play.

- 24/7/365 Support
- Mental health navigator
- Text therapy & coaching
- Digital resources
- Anonymous support groups

Legal

Search "**ARAG Legal**" at iTunes App Store or Google Play.

- Find a Network Attorney.
  - See ratings and reviews for ARAG network attorneys.
  - Sort and filter attorney finder search results by a variety of different options.
  - View what an attorney's reduced fee is.
- Get Legal Help on-the-go. Instantly confirm coverage and receive a list of network attorneys for:
  - Wills.
  - Traffic tickets.
- Other features
  - Mobile ID Card.
  - Contact ARAG.

Flexible Spending Account

Search "**Medcom**" at iTunes App Store or Google Play.

- View current balances and transactions in your HCFSA and DCFSA accounts.
- Submit new claims and view alerts. Opt in for customized push alerts showing account activity, date reminders, claim status, balance alerts and confirmation of changes made to your account. Data is sent to your phone via secure, encrypted transmissions to protect your privacy.
- Text messaging service is available for participants who use standard cell phones rather than smart phones.
- Participants can upload receipts to substantiate debit card transactions. These receipts are available for future viewing on both the mobile app and the participant portal.
- Participants may also submit manual claims for reimbursement of expenses they've paid out-of-pocket.

Accident, Hospital Indemnity & Critical Illness

Search "**MetLife**" at iTunes App Store or Google Play.

- View your current coverage.
- View coverage details.
- File a claim and upload documents.
- View claims status.



HEALTHY LIVING

Core Benefit options to keep you and your family healthy.

State Health Benefit Plan (SHBP)

Plan Year 2027 – Active Members

Before making your selection, we urge you to review the Plan Options in the SHBP Active Decision Guide, discuss them with your family, and choose a Plan Option that is best for you and your covered dependents, if applicable.

Due to expected heavy call volume and online traffic, we strongly encourage all members to: 1) confirm your access to the enrollment portal in advance of the Open Enrollment (OE) election start date, and 2) make your election early.

Unable to Make Elections Online or Need Technical Assistance?

If you are unable to make your election(s) online or need technical assistance, please call **SHBP Member Services at 800-610-1863** prior to the last day of OE. Also, confirm that your email address is correct in the enrollment portal.

What if I Do Not Take Any Action?

If SHBP does not receive an election from you through the website, or by contacting SHBP Member Services, you have made a decision to take the default coverage below:

- **Currently Enrolled in a SHBP Plan in 2026:** If you are enrolled in 2026, you will remain in your current Plan Option and tier with your current Medical Claims Administrator for the 2027 Plan Year.

NOTE: *If you paid a Tobacco Surcharge in 2026, it will continue to apply. If you did not pay a Tobacco Surcharge in 2026, you will not pay one if you take the default coverage. Remember, it is your responsibility to notify SHBP immediately if you and/or your covered dependent(s) no longer qualify for the Tobacco Surcharge. Also, it is your responsibility to contact SHBP if you and/or your covered dependent(s) resumes his/her tobacco use. You must notify SHBP if your answer to the Tobacco Surcharge question changes.*

Skip the Phones

This year's Open Enrollment is a "**Passive Enrollment**" period for Active Members, which means the vendors and plan options offered by SHBP will remain the same as last year, so Active Members currently enrolled in coverage are not required to make an election unless they want to make changes. Active Members currently enrolled in coverage who take no action will simply roll over to the same plan option they are currently enrolled in. So, if you're happy with your current plan option and have no changes, you don't have to take any action for this year's Open Enrollment.

How to Reset Your Password

Go to the Enrollment Portal: **mySHBPga.adp.com**

Step 1: Click Need help signing in?
Step 2: Click Forgot password?
Step 3: Provide your User ID along with your phone number or email address associated with your account.
Step 4: You will receive either an email or a text message to allow you to reset your password.

Enrollment Checklist

- ✓ Verify all desired dependents are listed on the Confirmation Page and have a valid Social Security Number or other Taxpayer Identification Number;
- ✓ Verify your coverage tier (you only, you + spouse, you + child(ren) or you + family);
- ✓ Confirm that the Plan Option selected shown on the confirmation page is correct;
- ✓ Confirm you have answered the Tobacco Surcharge question appropriately (applicable to active non-MA plan options only);
- ✓ Confirm that you have clicked Finish;
- ✓ and Print the confirmation page and save for your records.

NOTE*: You may go online multiple times; however, the last option confirmed at the close of enrollment will be your option for 2027 unless you experience a Qualifying Life Event (QLE) that allows you to make a change.*

Take Advantage of Decision Support Tools to Help You Select the Healthcare Option that Best Meets Your Personal and Financial Needs!

To help you with your enrollment choices, the State Health Benefit Plan (SHBP) has included Decision Support Tools as part of the Enrollment Portal; using them, you will be provided with personalized, easy-to-understand information to assist you in making educated healthcare decisions. Decision Support Tools will help you choose the Plan Option that best meets your personal needs and circumstances.

***NOTE**: The TRICARE Supplement is not supported by Decision Support Tools.*

Qualifying Life Events (QLEs)

The election made during 2027 Open Enrollment (OE) will be the coverage you have for the entire 2027 Plan Year, unless you have a Qualifying Event (QE) that allows a change in your coverage. For a complete description of QEs, see the Eligibility & Enrollment Provisions document available online at shbp.georgia.gov. You may also contact SHBP Member Services for assistance at 800-610-1863.

To declare a Qualifying Event, you must log on to the SHBP Enrollment Portal at mySHBPga.adp.com or contact SHBP Member Services at 800-610-1863.

***Note:** You can declare a Qualifying Event (QE) in the SHBP Enrollment Portal on the day of, but no earlier than, the date on which the event actually occurs. For example, if your spouse loses his/ her coverage with his/her current employer on November 30, 2026, you cannot declare the QE in the Enrollment Portal until November 30, 2026 (i.e., date of the event). If you do not declare the QE in the Enrollment Portal within 31 days of November 30, 2026 (i.e., date of the event), you will not be able to make your QE in the Enrollment Portal on a later date. When entering the QE in the portal, you must ensure that you enter the correct date of the event as this calculates the effective date of the change resulting from the QE. You may also call SHBP Member Services within the 31 days of the QE and the representatives will make the necessary changes for you.*

New Hire Information

SHBP requires that new hires make their elections directly in the SHBP Enrollment Portal at mySHBPga.adp.com or by contacting SHBP Member Services at 800-610-1863 within **31 days** of their hire date. Making your election with your employer or through any other process does not satisfy this requirement. If you fail to enroll in SHBP coverage as a new hire, your next opportunity to enroll in SHBP coverage will be during the next Enrollment period, unless you have a Qualifying Event that allows a change to your coverage.

Before making your selection, we urge you to review the Plan Options in the SHBP Active Decision Guide, discuss them with your family, and choose a Plan Option that is best for you and your covered dependents, if applicable.

Effective Date of Coverage for New Hires

The effective date of coverage for new hires is the first of the month following one full calendar month of employment with an SHBP Employing Entity (e.g., State Agencies and Public School Systems), unless the hire date is concurrent with the first day of the month.

If the hire date is concurrent with the first day of the month, then coverage is effective the first day of the month following the hire date.*

Examples:

- If hired October 26, 2026, one full calendar month following October is November 1, 2026 – November 30, 2026, and coverage would begin the first day of the month following November, which would be December 1, 2026.
- If hired November 1, 2026, since the hire date is concurrent with the first day of the month, coverage would begin the first day of the following month, which would be December 1, 2026.
- If hired January 11, 2027, one full calendar month following January is February 1, 2027 - February 28, 2027, and coverage would begin the first day of the month following February, which would be March 1, 2027.

***Note:** If the first day of the month falls on a weekend or holiday, the next business day is considered the first day of the month for SHBP purposes.*

Rehires and Transfers

Rehires and Transfers with a break in SHBP coverage of 30 days or less are not considered new hires. Therefore, they will retain the same coverage or waiver of coverage status prior to the rehire or transfer occurring

State Health Benefit Plan Medical Insurance

Plan Options	You	You & Child(ren)	You & Spouse	You & Family
Anthem Gold	$227.19	$415.51	$565.89	$754.21
Anthem Silver	$153.17	$289.67	$410.44	$546.94
Anthem Bronze	$94.16	$189.35	$286.52	$381.71
Anthem HMO	$189.29	$351.08	$486.30	$648.09
United Healthcare HMO	$232.70	$424.87	$577.46	$769.63
United Healthcare HDHP	$83.76	$171.67	$264.68	$352.59
Kaiser HMO	$189.29	$351.08	$486.30	$648.09
TRICARE Supplement*	$60.50	$119.50	$119.50	$160.50

***NOTE**: Tricare Members must provide a Defense Enrollment Eligibility Reporting System (DEERS) number. All family members enrolled must have Tricare coverage. Coverage ends at age 65.*

Excludes $80 tobacco surcharge, if applicable.

The **State Health Benefit Plan (SHBP) website** is where you will manage your Medical Benefit selections. You can find the active decision guide and manage your health care information throughout the year on the SHBP website at **https://myshbpga.adp.com/shbp/.**



SHBP
State Health Benefit Plan

The material in this booklet is for information purposes only and is not a contract. It is intended only to highlight principal benefits of the State Health Benefit Plan (SHBP) Plan Options. Every effort has been made to be as accurate as possible; however, should there be a difference between this information and the Plan Documents, the Plan Documents govern. For all Plan Options other than the Medicare Advantage (MA) options, the Plan Documents include the SHBP regulations, the Summary Plan Descriptions, Evidence of Coverage documents and reimbursement guidelines of the vendors. The Plan Documents for MA are the Evidence of Coverage (EOC) and the RX Certificate of Coverage. It is the responsibility of each member, active and retired, to read the Plan Documents to fully understand how that option pays benefits. Availability of SHBP options may change based on federal or state law changes or as approved by the Board of Community Health.



Flexible Spending Account

Health Care FSA Account

With this account, you can pay for your out-of-pocket health care expenses for yourself, your spouse and all of your tax dependents for healthcare services that are incurred during your plan year and while an active participant. Health Care Flexible Spending Accounts (HCFSA) are pre-funded, allowing you access to the entire election amount at any time during the Plan Year, beginning January 1, 2027.

The maximum you may place in this account for the Plan Year is the IRS maximum contribution limit. In 2026, the maximum contribution limit was $3,400.

Dependent Care FSA Account

The Dependent Care FSA (DCFSA) allows you to pay for daycare expenses for your qualified dependent/child with pre-tax dollars. Eligible Dependent Care expenses are those you must pay for the care of an eligible dependent so that you and your spouse can work. Eligible dependents are defined as either dependent children or dependent relatives that you claim as dependents on your taxes. Dependent Care FSAs are NOT pre-funded, meaning you can be reimbursed only to the level of contributions that you have made through payroll deduction.

The maximum contribution may not exceed: $7,500 ($3,750 if married filing separately), or up to the IRS maximum contribution limit.

Eligibility

Participation in the plan begins on January 1, 2027 and ends on December 31, 2027. You will be eligible to join the plan if you are a full-time employee. Those employees having a qualifying event are eligible to enroll within 31 days of the qualifying event.

Deductions begin on the first pay period following your plan start date. You must complete an enrollment to participate in the Flexible Spending Accounts each year during the enrollment period. If an enrollment is not completed during open enrollment, you will not be enrolled in the plan and you will not be able to join until the next plan year or if you have a qualifying event.

Election Changes

Election changes are only allowed if you experience one of the following qualifying events:

- Marriage or divorce
- Birth or adoption
- Involuntary loss of spouse's medical or dental coverage
- Death of dependent (child or spouse)
- Change in dependent care providers

Grace Period

Starting with the 2027 plan year, GCPS is adding a 2½-month grace period to the Healthcare Flexible Spending Account and the Dependent Care Flexible Spending Account. You'll have extra time after the plan year ends to use unspent money in your account(s).

- Eligible expenses you incur from January 1, 2028 through March 15, 2028 can be reimbursed from any money left in your 2027 account.
- Healthcare FSA funds cover eligible medical, dental, and vision expenses. Dependent FSA funds cover eligible dependent care expenses. Funds can't be moved between the two accounts.
- Submit claims for all 2027 expenses, including those incurred during the grace period, by March 31, 2028.
- **Any 2027 funds not used for expenses incurred by March 15, 2028, and claimed by March 31, 2028, will be forfeited.**

Online Access

Medcom provides on-line account access for all FSA participants. Please visit their website at https://medcom.wealthcareportal.com/ to view the following features:

- **FSA Login** – view balances, check status and view claims history, download participation forms
- **FSA Educational Tools** – FSA calculator: estimate how much you can save by utilizing an FSA.

Flex Convenience MasterCard

The Flex Convenience MasterCard works just like a debit card, and allows you to directly pay for your eligible HCFSA and DCFSA expenses at the point of services. This allows you to avoid having to pay out-of-pocket and file a claim for reimbursement. Your card can be used at any authorized provider who accepts MasterCard. The payment that you make to the provider will be deducted directly from your HCFSA account. Your Flex Convenience MasterCard can only be used to pay for eligible expenses, such as:

- Eligible medical, dental, and/or vision expenses not covered under your group plans
- Prescription co-pays, coinsurance, and deductibles
- Over-the-counter medicine such as cough drops, heartburn relief and cold medicine
- Contact lenses, eyeglasses, and other vision expenses not covered by your Vision Plan
- Chiropractic services; and/or
- Corrective laser eye surgery



Dental Plan

MetLife

MetLife Dental

Regular dental care is one of the best ways to maintain a healthy smile and support your overall health. **GCPS offers two Direct Reimbursement Dental Plan options and one Dental Ortho Plan option administered by MetLife.**

Dental benefits are available to you and your eligible dependents to cover routine care, such as: exams, x-rays, cleanings, fillings, dentures, bridge work, and periodontal care.

There are thousands of general dentists and specialists to choose from. You can receive a list of these participating dentists online at www.metlife.com/mybenefits or call 1-800-942-0854.

Dental Plan Benefits			
Information	**Basic Plan**	**Premium Plan**	**Dental Ortho Plan**
Dental Expenses	Plan pays 100% of the first $225, then 50% after $75 deductible	Plan pays 100% of the first $250, then 50% after $75 deductible	Preventive: 100% *Basic: 80% *Major: 50%
Annual Maximum	$750 per person per plan year	$1,500 per person per plan year	$1,000 per person per plan year
Orthodontia	Not included	Covered for adults and children	50% for adults and children; $1,000 lifetime maximum per person
Deductible	$75	$75	$50 individual | $150 family

**For the Dental Ortho Plan, the deductible applies only to Type B (Basic) and Type C (Major) services.*

Dental Monthly Cost	Basic Plan	Premium Plan	Dental Ortho Plan
Employee Only	$10.81	$17.51	$24.80
Employee + Child(ren)	$39.86	$64.35	$68.30
Employee + Spouse	$36.68	$57.38	$62.24
Employee + Family	$42.64	$76.14	$97.55

Orthodontia is included in the Premium and Dental Ortho Plan only. **Be sure to contact MetLife before beginning orthodontic treatment, as reimbursement rules on orthodontia differ from other expenses.**

Newly enrolled employees will receive identification cards which include the group number, the toll-free phone number for customer service, and the mailing address for claims.

Late Entrant (Open Enrollment Only): If you did not enroll in the Dental Plan when you were first hired and elect to enroll during Open Enrollment, or if you discontinued Dental coverage and re-enroll during Open Enrollment, you will be considered a Late Entrant.

Benefits will be reduced by 50% for the first year unless proof of prior coverage can be provided to the Benefits and Leave Administration Office by November 30, 2026. Please fax or email documentation to 678-301-6054 or benefits@gcpsk12.org.



Vision Plan

EyeMed Vision Plan

The Vision Plan offers a vision-care network that includes major vision care providers, such as LensCrafters, most Pearle Vision sites, Target Optical, America's Best and a network of private practitioners. The plan covers the cost of eye exams, lenses, and frames. Using an in-network provider allows you to receive care at no cost or minimal out-of-pocket expense.

The plan includes an out-of-network benefit that allows you to use any eye care professional. If you see an out-of-network provider, you will be reimbursed 50% of retail cost up to the $300 annual maximum per covered person per plan year.

For more information, or to find a provider, contact EyeMed at 1-866-723-0514 or visit the EyeMed website at www.eyemed.com. Click the drop-down menu under "Member & Consumers," choose "Find an Eye Doctor."

Vision Care Services	In-Network Member Cost	Out-of-Network*
Exam Services Exam Retinal Imaging	 $0 Copay Up to $39	50% up to $300 Allowance
Contact Lens Fit & Follow-Up Standard Premium	 $0 Copay $0 copay; 10% off retail price, then apply $40 allowance	
Materials Package	$300 Allowance	
Standard Frame, Lenses & Lens Options	$0 Copay; 20% off balance over allowance	
Contact Lenses Conventional Disposable Medically Necessary	 $0 Copay; 15% off balance over allowance $0 Copay; 100% of balance over allowance $0 Copay, Paid-in-Full	
Frequency Exams Materials Package	 Once every Calendar Year Once every Calendar Year	

***Out-of-Network:** If you use a provider outside the network, the plan will reimburse **50% of the cost** for eligible exams, frames, lenses, lens options, and contact lens services, up to a **combined $300 maximum allowance**. Each reimbursement reduces the amount remaining from the $300 allowance. Contact lenses are covered separately from eyeglass lenses, and contact lens fitting and follow-up services also count toward the $300 allowance.

$300 Flexible Materials Allowance

You receive one combined $300 allowance each calendar year that can be used toward frames, lenses, lens options and/or contact lenses. You can use the allowance for glasses, contacts, or split it between both. Any remaining balance may be used within the same benefit frequency.

Vision Monthly Cost	Premiums
Employee Only	$6.94
Employee + Child(ren)	$13.81
Employee + Spouse	$12.57
Employee + Family	$19.43



STAY WELL

Voluntary Benefit options that enhance you and your family's well being.



Accident Plan

MetLife

While Accident Insurance does not replace your health coverage, it supplements the plan to assist with out-of-pocket expenses. Accident Insurance provides you with a payment to use as you see fit. You can apply the payment to help cover expenses related to an accident, or other everyday expenses. With MetLife, you'll have a choice of two comprehensive plan options which provide payments in addition to any other benefits you may receive.

Benefit Type	Low Plan	High Plan
Injuries • Fractures / Dislocations • Second and Third Degree Burns • Concussions • Cuts / Lacerations • Eye Injuries	 $50 - $3,000 $50 - $5,000 $200 $25 - $200 $200	 $100 - $6,000 $100 - $10,000 $400 $50 - $400 $300
Medical Services & Treatment • Ambulance • Emergency Care • Non-Emergency Care • Physician Follow-Up • Therapy Services (including physical therapy) • Medical Testing Benefit • Medical Appliances • Inpatient Surgery	 $200 - $750 $25 - $50 $25 $50 $15 $100 $50 – $500 $100 – $1,000	 $300 - $1,000 $50 - $100 $50 $75 $25 $200 $100 – $1,000 $200 – $2,000
Hospital Coverage (Accident) • Admission • Confinement (non-ICU confinement paid for up to 365 days. ICU confinement paid for 30 days.) • Inpatient Rehab (paid per Accident)	 $500 - $1,000 per Accident $100 (non-ICU) - $200 (ICU) a day $100 a day, up to 15 days	 $1,000 - $2,000 per Accident $200 (non-ICU) - $400 (ICU) a day $200 a day, up to 15 days
Accidental Death	Employee: $25,000 or $75,000 Common Carrier Spouse: $12,500 or $37,500 Common Carrier Child: $5,000 or $15,000 Common Carrier	Employee: $50,000 or $150,000 Common Carrier Spouse: $25,000 or $75,000 Common Carrier Child: $10,000 or $30,000 Common Carrier
Dismemberment, Loss & Paralysis	$250 - $10,000 per injury	$500 - $50,000 per injury
Health Screening Benefit	$50 – 1 time per calendar year	$75 – 1 time per calendar year
Other Benefits • Lodging Benefit • Organized Sports Activity Injury Rider	$100 per night, up to 30 nights; up to $3,000 in total lodging benefits available per calendar year 25% for injuries	$200 per night, up to 30 nights; up to $6,000 in total lodging benefits available per calendar year 25% for injuries

Benefits reduce by 25% at ages 65-69 and by 50% age 70+.
See Plan Certificate for additional information.

Accident Monthly Cost	Low Plan	High Plan
Employee	$4.09	$7.71
Employee & Spouse	$6.17	$11.62
Employee & Dependent Child(ren)	$7.90	$14.85
Employee & Family	$10.06	$18.76



Hospital Indemnity Plan

MetLife

While Hospital Indemnity Insurance does not replace your health coverage, it supplements the plan to assist with out-of-pocket expenses by providing a lump sum payment that can help pay expenses not typically covered by other insurance.

With MetLife, you'll have a choice of two comprehensive plan options which provide payments in addition to any other insurance payments you may receive.

Below are some of the covered benefits/services, when an accident or illness puts you in the hospital.

Hospital Indemnity Benefits	Low Plan	High Plan
Hospital Coverage (Accident)		
Admission *(must occur within 180 days after the Accident)* • Non-ICU • ICU	 $500 per Accident $1,000 per Accident	 $750 per Accident $1,500 per Accident
Confinement *(must occur within 180 days after the Accident and must be for a period of no less than 20 continuous hours)* • Non-ICU • ICU	 $100 a day, up to 365 days $200 a day up 30 days	 $150 a day, up to 365 days $300 a day up to 30 days
Inpatient Rehab *(stay must occur immediately following hospital confinement and occur within 365 days of Accident)*	$100 a day, up to 15 days per Accident & 30 days per calendar year	$150 a day, up to 15 days per Accident & 30 days per calendar year
Hospital Coverage (Illness)		
Admission *(payable 4x per calendar year)* • Non-ICU • ICU	 $500 $1,000	 $750 $1,500
Confinement *(paid per illness)* • Non-ICU • ICU	 $100 a day, up to 365 days $200 a day up 30 days	 $150 a day, up to 365 days $300 a day up to 30 days
Wellness Benefit		
Wellness Screening Benefit	$50	$50

Benefits reduce by 25% at ages 65-69 and by 50% age 70+. Pre-existing condition exclusions may apply. See Plan Certificate for additional information.

Hospital Indemnity Monthly Cost	Low Plan	High Plan
Employee	$7.22	$10.82
Employee & Spouse	$11.12	$16.37
Employee & Dependent Child(ren)	$14.58	$21.43
Employee & Family	$18.28	$27.42

Critical Illness Plan
with Cancer

MetLife

Critical illness insurance is a type of coverage that provides a lump-sum cash benefit upon the diagnosis of a serious illness specified in the policy, such as cancer, heart attack, or stroke.

This benefit can be used at the policyholder's discretion, helping to cover medical expenses, treatment costs, and other financial burdens like mortgage payments, utility bills, and everyday living expenses.

Critical Illness Coverage Options	*Initial Benefit*
Employee	$15,000, $30,000 or $50,000
Spouse	100% of the employee's Initial Benefit
Dependent Child(ren) – no cost	50% of the employee's Initial Benefit

Covered Conditions	*Initial Benefit*	*Recurrence Benefit*
Invasive Cancer	100%	100% of Initial Benefit
Heart Attack	100%	100% of Initial Benefit
Stroke	100%	100% of Initial Benefit
Kidney Failure	100%	100% of Initial Benefit
Alzheimer's Disease	100%	Not applicable
Major Organ Transplant Benefit	100%	100% of Initial Benefit
Benign Brain Tumor	100%	100% of Initial Benefit
Additional Covered Conditions	Varies by Condition	Varies by Condition
Health Screening Benefit: The plan provides an annual benefit of **$50** per calendar year for completing an eligible screening or prevention measure. The Health Screening Benefit may not be available in all states.		

Total Benefit Amount: You may receive multiple benefit payments up to a maximum of 5 times your elected Benefit Amount—$15,000, $30,000 or $50,000, depending on your election.

See Plan Certificate for additional information.

Your Initial Benefit provides a lump-sum payment upon the first verified diagnosis of a covered condition. Certain covered conditions may also qualify for a Recurrence Benefit following a subsequent verified diagnosis.

A Recurrence Benefit is available only after an Initial Benefit has been paid for the same covered condition, and a Benefit Suspension Period may apply.

Refer to the Disclosure Statement on the GCPS Employee Portal or Certificate of Insurance for additional information located on the MetLife website.

Rates for new enrollees are based on the employee's age as of the effective date. Tobacco rate status is determined by the employee's previous 12 months tobacco status.

Critical Illness Monthly Payroll Deductions

Non-Tobacco Monthly Premium for $15,000 of Coverage		
Issue Age	**Employee Only**	**Employee+Spouse**
<29	$6.05	$11.96
30–39	$10.61	$18.51
40–49	$19.73	$32.01
50–59	$34.35	$51.77
60–64	$53.73	$67.38
65+	$53.73	$78.26

Tobacco Monthly Premium for $15,000 of Coverage		
Issue Age	**Employee Only**	**Employee+Spouse**
<29	$8.51	$17.10
30–39	$15.59	$27.56
40–49	$30.02	$49.29
50–59	$53.57	$81.90
60–64	$85.77	$109.13
65+	$86.91	$129.18

Non-Tobacco Monthly Premium for $30,000 of Coverage		
Issue Age	**Employee Only**	**Employee+Spouse**
<29	$12.09	$23.91
30–39	$21.21	$37.02
40–49	$39.45	$64.02
50–59	$68.70	$103.53
60–64	$107.46	$134.76
65+	$107.46	$156.51

Tobacco Monthly Premium for $30,000 of Coverage		
Issue Age	**Employee Only**	**Employee+Spouse**
<29	$17.01	$34.20
30–39	$31.17	$55.11
40–49	$60.03	$98.58
50–59	$107.13	$163.80
60–64	$171.54	$218.25
65+	$173.82	$258.36

Non-Tobacco Monthly Premium for $50,000 of Coverage		
Issue Age	**Employee Only**	**Employee+Spouse**
<29	$20.15	$39.85
30–39	$35.35	$61.70
40–49	$65.75	$106.70
50–59	$114.50	$172.55
60–64	$179.10	$224.60
65+	$179.10	$260.85

Tobacco Monthly Premium for $50,000 of Coverage		
Issue Age	**Employee Only**	**Employee+Spouse**
<29	$28.35	$57.00
30–39	$51.95	$91.85
40–49	$100.05	$164.30
50–59	$178.55	$273.00
60–64	$285.90	$363.75
65+	$289.70	$430.60

**Children included at no cost. Prices include annual wellness benefit of $50 per member per calendar year.*

MetLife



Short & Long-Term Disability Plan

Short-Term Disability

Short-Term Disability coverage provides a weekly benefit to replace a portion of your income while you are unable to work due to an accident or illness. Benefits are paid up to a maximum of 180 calendar days, and can be used in conjunction with accrued leave. Coverage is guaranteed issue for eligible new hires who elect coverage during their initial enrollment period.

Benefits-eligible employees may elect coverage that provides up to two-thirds of their salary up to plan maximum when you are absent from work due to a certified disability. Participants must have paid six deductions into the plan in order to be eligible for benefits. To decrease or cancel coverage, simply choose the appropriate option on the GCPS portal.

Open Enrollment Only: To enroll or increase the plan level, you must complete an online application for Short-Term Disability, which will be reviewed for Proof of Insurability (POI).

If POI is required, it is your responsibility to ensure the POI is received by Benefits and Leave Administration no later than **November 20, 2026.** Applications to enroll in coverage, or increase your coverage are not guaranteed and can be denied.

Short-Term Disability Benefits			
Benefit	**Basic**	**Plan A**	**Plan B**
Benefit Amount	Up to 2/3 salary	Up to 2/3 salary	Up to 2/3 salary
Maximum Weekly Benefit	$225	$300	$500
Maximum Benefit Period	180 calendar days	180 calendar days	180 calendar days
Minimum Salary for Maximum Benefit	$17,550	$23,400	$39,000
Benefits Begin	15th day of disability	15th day of disability	15th day of disability

Short-Term Disability Monthly Cost	Basic	Plan A	Plan B
Employee	$8.00	$14.00	$20.00

Sick Leave Bank

The Sick Leave Bank (SLB) provides up to 60 days of additional sick leave to participants in the plan who have a catastrophic or life threatening personal illness and who have exhausted their accrued leave.

To participate, employees must have 96 hours of accumulated sick leave as of October 1, 2026, and make a one-time contribution of one month's sick leave accrual (usually 10 hours) to the SLB. Employees enrolled in the SLB may be assessed additional hours as needed. Eligible employees may enroll in the bank by clicking on the Enroll button.

Long-Term Disability

All Benefits-eligible employees contribute 1% of their salary to the Gwinnett Retirement System (GRS) fund for this mandatory benefit. It is a pre-tax deduction, up to age 65.

The benefit is 60% of the employee's salary at the time of disability. If eligible, benefits may begin six months from the actual date of disability. Additional requirements may apply. Please contact GRS at 678-301-6268 for further information.



Life Insurance & AD&D Plan

Basic Term Life Insurance*

GCPS provides Basic Term Life Insurance coverage for benefits-eligible employees. All benefits-eligible employees are covered at **$25,000**. This coverage is provided by the Board of Education at no cost to employees.

Supplemental Term Life Insurance*

As a benefits-eligible employee, you may apply for coverage or increase your current Supplemental Life Insurance coverage. Coverage is provided in increments of one to 6x your salary, to a maximum of **$500,000**. Your premium is calculated, based on your age, per $1,000 of coverage. Guaranteed Issue amounts up to 4x your annual salary, as a new hire.

Spousal Term Life Insurance*

If you are enrolled in the Supplemental Life Insurance benefit through GCPS, your spouse may apply for Spousal Life Insurance coverage. Coverage is provided in increments of $10,000, not to exceed 50% of employee Supplemental Life Benefit up to $250,000. Guaranteed Issue amounts to $50,000, for a QLE.

If you and your spouse are both employed with GCPS, you may each elect Spousal Life and/or Child Life Insurance.

Child Term Life Insurance*

Child Life Insurance provides you the opportunity to purchase $15,000 of life insurance coverage for your children. You may purchase this coverage in addition to any Dependent Life Insurance coverage you may already have with GCPS.

**These benefits include Accidental Death & Dismemberment benefits.*

Medical Evidence of Insurability (MEOI)

Medical Evidence of Insurability (MEOI) is still required for:

- Any Supplemental and/or Spousal Life Insurance applied for after your initial eligibility.
- Any increase in Spousal Life Insurance.

When MEOI is required you will be asked to complete an electronic Statement of Health form. Based on your application, MetLife may require additional information. Once MetLife completes the underwriting process, you will be notified of MetLife's approval or denial of your application.

Life Insurance Rates	
Employee & Spouse Ages	**Cost per $1,000**
<25	$0.066
25-29	$0.070
30-34	$0.086
35-39	$0.095
40-44	$0.102
45-49	$0.132
50-54	$0.181
55-59	$0.307
60-64	$0.450
65-69	$0.858
70+	$1.373
Child(ren) Amount	**Monthly Amount**
$15,000	$2.04

Will Preparation, Digital Estate Planning and Empathy



All employees have access to these services offered by MetLife.

Will Preparation

The free service provides employees and their spouse with access to participating plan attorneys for preparing or updating a will and other documents including Complex Will(s) and Codicils, Living Will(s), Power(s) of Attorney for Medical Directives and Healthcare Proxies. This service covers these legal fees when using a participating attorney at no cost.

Access your benefits with your Eligibility ID. Getting your Eligibility ID is easy. This ID lets you work with network attorneys without needing case numbers. First, you'll need to create your account by following these steps:

1. Visit members.legalplans.com (or call the Client Service Center at 1-800-821-6400).
2. Select either Basic Term Life or Supplemental Life coverage.
3. Next, select I obtained my policy/benefit through my employer, an association or a court ordered settlement. Type in GCPS in the employer name field.
4. Once you create your account, you'll be assigned your Eligibility ID.

Next time you contact a network attorney, simply provide your Eligibility ID. It'll be located in the drop-down menu under your online profile. Your ID stays the same for the duration of your coverage - even if you work with different attorneys or have multiple covered issues.

You may also access Will Prep services at members.legalplans.com. If you have not created an account yet, you can do so with your first and last name, home address, phone number, employer name (Gwinnett County Public Schools), and email address. After creating an account, you will receive your Eligibility ID number. A MetLife customer service representative can also setup an online account with this same information and provide you the Eligibility ID number.

Digital Estate Planning

This digital only option provides a do-it-yourself only tool to create a Last Will and Testament, Advance Healthcare Directive (Living Will) and/or Durable Financial Power of Attorney at: www.metlife.com/estateplanning.

Empathy

Is there any support for my life insurance beneficiary?

Yes, beneficiaries have access to MetLife's Empathy service which gives beneficiaries complimentary access to 24/7 support for challenges that the loss of a loved one brings, helping them save time, money, and stress. Empathy helps ease the burden, so loved ones can pay attention to the things that matter most.

On-demand care manager for guidance for probate and estate settlement, and emotional support and help dealing with grief. Contact Empathy at 201-720-1584 or join.empathy.com/metlife.

MetLife



Employee Assistance Program (EAP)

SupportLinc is a confidential Employee Assistance Program (EAP) and Member Assistance Program (MAP) provided by CuraLinc Healthcare that helps individuals and their household members manage personal and work-related challenges through professional counseling and expert referrals.



At GCPS, we believe your health and wellbeing are essential. SupportLinc offers expert guidance for you and your family.

Connect to Care Your Way

- Reach a licensed clinician by phone 24/7/365 for immediate support.
- Access no-cost, short-term counseling in person, by video or text for concerns like stress, anxiety, depression, burnout, or substance use. Up to eight sessions per household member per event.
- Message a Coach to boost your emotional fitness, develop healthy habits, and increase resilience.

Simplify Your Everyday Life with Work-Life Benefits

- Get expert consultations for financial and legal concerns.
- Receive referrals for child or elder care, pet care, home improvement, auto repair, and more.

Access Guided Paths for Your Mental Health Journey

- Follow step-by-step programs on topics such as easing anxiety and building resilience, with support at every stage.

Take the Next Step in Your Wellbeing Journey

Call 1-888-881-5462 or visit mysupportlinc.com.
Use Group Code: GCPS

Confidential and Convenient

Your privacy is our priority. Strict confidentiality standards ensure no one will know you have accessed the program without your written permission, except as required by law.



Legal Protection



Benefits-eligible employees have the opportunity to enroll in the Legal Insurance plan.

Legal Insurance connects employees and their family members with attorneys who will help them resolve legal issues.

You can choose between two levels of legal protection.

UltimateAdvisor® Plan

The **UltimateAdvisor Plan** is a comprehensive plan that provides a wide range of legal services and protection.

Benefits include legal representation — over the phone or face-to-face — telephone legal advice and consultation, reduced fee services, online legal tools and resources, identity theft services, immigration assistance, and financial education and counseling services.

Attorney fees for most covered matters are 100% paid-in-full when you work with a Network Attorney. Please refer to the UltimateAdvisor Plan Document for a complete list of covered services. You will have coverage for legal services such as standard and complex wills, divorce, contested and uncontested guardianship, consumer protection, property transfers, property protection, name changes, and much more.

Please note that pre-existing condition exclusions may apply. See legal plan for limitations and exclusions.

LawPhone Plan

The **LawPhone Plan** provides affordable basic legal coverage. Members receive toll-free telephone access to an attorney within the ARAG attorney network for their legal questions. Attorneys help members understand how the law relates to their personal legal questions, which actions may be taken, and how to proceed. Coverage also includes simple will preparation, review of short legal documents, and assistance with small claims and debt collection — all via toll-free telephone access to an attorney.

New enrollees in either legal plan will receive a Welcome Kit with ID cards and a Member Guide.

For more information about the plans, please contact ARAG at 1-800-247-4184 between 8 a.m. and 8 p.m. EST, Monday through Friday, or visit ARAGLegal.com/myinfo (use code 11307gps).

DIY Docs: Access legally valid documents reviewed by attorneys for accuracy and state-specific compliance in all 50 states. Service available online.

Coverage Level	LawPhone Plan	UltimateAdvisor Plan
Employee Only	$6.90	$17.20
Employee + Family		$22.12

Contact Information

State Health Benefit Plan (SHBP)
Phone: 800-610-1863
myshbpga.adp.com

Medcom FSAs
Phone: 1-800-523-7542, Option 1
medcom.wealthcareportal.com

MetLife Dental
Phone: 1-800-942-0854
metlife.com/mybenefits

EyeMed Vision
Phone: 1-866-723-0514
eyemed.com

MetLife Accident, Hospital Indemnity, & Critical Illness
Phone: 1-800-438-6388
metlife.com/mybenefits
Company Code: Gwinnett County Public Schools

MetLife Life Insurance
Phone: 1-800-638-6420

MetLife Will Preparation
Phone: 1-800-821-6400
members.legalplans.com

MetLife Digital Estate Planning
metlife.com/estateplanning

MetLife Empathy
Phone: 201-720-1584
join.empathy.com/metlife

SupportLinc EAP
Phone: 1-888-881-5462
mysupportlinc.com

ARAG
Phone: 1-800-247-4184
ARAGlegal.com/myinfo
Access Code: 17307gps



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