



# Coweta County School System

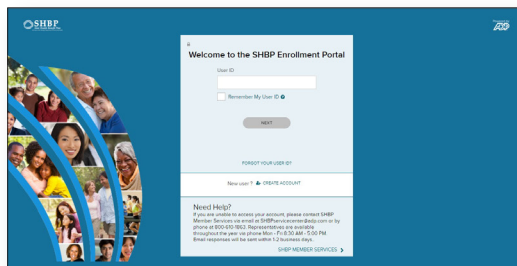
## Annual Enrollment October 17 – November 4, 2022

**YOU MUST ENROLL IN TWO PLACES TO RECEIVE YOUR BENEFITS!**

### MEDICAL SPECIFIC BENEFITS

There are **two ways** to elect or make changes to MEDICAL benefits

1. SHBP Enrollment Portal: [mySHBPga.adp.com/shbp](http://mySHBPga.adp.com/shbp)
2. SHBP Member Services: 1-800-610-1863



**First-time users:** CREATE AN ACCOUNT using registration code SHBP-GA

**Returning users:** Forgot User ID/Password to reset

- See the **SHBP Medical Provider Options** for contact, rates and other information.
- **PRINT your confirmation statement** for verification of Medical Election.
- **What happens if you take no action?** If SHBP does not receive an election from you through the website, or by contacting SHBP Member Services and you are enrolled, you will remain in your current Plan Option and Tier with your current Medical Claims Administrator. If you paid a Tobacco Surcharge, it will continue to apply.

### COWETA COUNTY SCHOOLS BENEFITS

There are **three ways** to enroll for COWETA COUNTY benefits

1. See a Benefits Counselor (Schedule enclosed)
2. Call Center 800-523-7135 Mon-Fri, 9AM – 4:30PM
3. Self service from [houze.org/coweta](http://houze.org/coweta)



**First-time users:** REGISTER first with Pin Code: CowetaCountySchools

**Returning users:** Forgot User ID/Password to reset

- **Employees should re-enroll and verify benefits every annual enrollment period** to verify the correct beneficiary and dependents, including elected coverage(s).
  - **What happens if you take no action?** Medical Flexible Spending and Dependent Daycare Accounts will not be re-enrolled. All other benefits will remain the same for the next Plan Year, including your Sick Leave Bank Option.
- It is encouraged that all employees review all benefits and plans each year so you are aware and acknowledge updates in rates, plan details and carriers.

### ENROLLMENT CHANGES/REMINDERS:

- **No Changes to medical rates, plans or carriers.**
- **Dental will change to MetLife** with increased annual maximum (\$1,250 High Plan and \$1,000 Low Plan).
- Flexible Spending Accounts (Medical and Dependent Daycare) must be re-enrolled EACH plan year. **Medical FSA maximum has increased to \$2,850 with \$550 rollover.**
- **NEW Hospital Indemnity Plan**, no pre-existing, no waiting periods and is guarantee issue.
- **Guarantee-issue:** Critical Illness, increases on Supplemental Group Life and Individual Whole Life Insurance.

ENROLLMENT AND ADMINISTRATION PROVIDED BY:  
800-523-7135



# Health and Wellness Plans



Employees may enroll in one of six plans. For details see the state health website: [myshbpga.adp.com](http://myshbpga.adp.com)

Employee Tier	HRA Anthem Gold	HRA Anthem Silver	HRA Anthem Bronze	HMO Anthem	HMO UHC	HMO Kaiser	HDHP UHC
Employee Only	\$175.68	\$114.32	\$76.58	\$143.03	\$174.49	\$154.13	\$61.83
Employee/Spouse	\$436.33	\$307.47	\$228.22	\$367.76	\$433.83	\$391.49	\$197.24
Employee/Children	\$320.11	\$215.80	\$151.64	\$264.61	\$318.09	\$283.60	\$126.57
Family	\$580.76	\$408.95	\$303.28	\$489.34	\$577.43	\$520.96	\$261.98

Anthem = Anthem/BlueCrossBlueShield | UHC = United HealthCare | HDHP = High Deductible Health Plan

Tobacco Surcharge: Additional \$80 monthly surcharge will be added to your monthly premium if you or any of your covered dependents have used tobacco products in the previous 60 days.

## PLAN DESCRIPTIONS [myshbpga.adp.com](http://myshbpga.adp.com)



**Reminder:** Changes to benefits during the year are only allowable if due to a *Qualifying Event*. The request must be made within 30 days of the event. Proper documentation must be provided within that time period. Qualifying Events include birth/adoption/death, marriage/divorce/legal separation, gaining/losing employment, gaining/losing eligibility for benefits, etc.

**Health Insurance Qualifying Events must be requested through the State Health/ADP Portal.**

## Dental

MetLife—Employees can elect to enroll in one of two plans. The High Option pays 100% preventative, 80% basic services, 50% major & 50% for child orthodontia (to age 19) with a \$1250 annual maximum. The Basic plan pays 100% for preventative & 60% for limited basic services with no coverage for major or orthodontia with a \$1000 annual maximum. Employees who did not enroll when first eligible are considered “late entrants” with a 12-month waiting period on orthodontic services, if electing the High Option. Dependents can be covered to age 26.

	HIGH	LOW
Employee only	\$34.25	\$16.44
Employee & 1	\$84.00	\$40.01
Employee & 2+	\$129.73	\$81.97

## Vision

EyeMed—Employees may enroll in a Vision Plan, which includes in-network and out-of-network benefits. The Plan uses the EyeMed Select Network. Coverage while using an in-network provider includes eye examination (\$10 copay), frames (\$130 allowance), lenses (\$25 copay) or contacts (\$130 allowance), and laser vision correction. Receive exams, lenses or contacts every 12 months and frames every 24 months. Please refer to brochure for an exact breakdown of benefits for in-network services and out-of-network reimbursements.

Employee	\$6.09
Family	\$14.48

## Flexible Spending Accounts

MedCom—Set aside dollars, on a “pre-tax” basis, into a Flexible Spending Account to pay for certain medical related expenses that are not covered by insurance.

**Medical FSA’s** limit is \$2,850 annually with the total amount elected being available to be used the first day of the plan year. Unused Medical FSA amounts up to \$550 can be “Rolled-Over” to the following Plan Year. Rollover only accounts have a \$50 minimum.

**Dependent Care FSA’s** annual limit is \$5,000 for a married couple filing jointly or single parent and \$2,500 for a married person filing separately, with contributions having to be made prior to filing claims. Dependent Care FSA is subject to the IRS ‘use it or lose it’ rule.

ENROLLMENT AND ADMINISTRATION PROVIDED BY:  
800-523-7135



# Life and Disability Plans



## Employee & Spouse Supplemental Life

Lincoln Financial—Employees may elect to increase from \$10,000 to \$300,000 and Spouse coverage from \$10,000 to \$150,000, not to exceed Employee Life. Both include accelerated death benefit option, and waiver of premium with coverage being continued until age 70 or retirement, whichever is earlier. The benefit reduces to 50% at age 70, and terminates upon retirement or termination of employment. Supplemental Life monthly rates per \$10,000:

Ages	Cost Per \$1,000	Ages	Cost Per \$1,000	Ages	Cost Per \$1,000
Under 35	\$0.50	45 – 49	\$2.00	60 – 64	\$5.13
35 – 39	\$0.75	50 – 54	\$2.75	65 – 69	\$8.63
40 – 44	\$1.25	55 – 59	\$4.13	70 and over	\$13.38

## Short-Term Disability Plan

Lincoln Financial—Employees can elect disability benefits of either 50% or 60% of their pre-disability earnings, up to a maximum of \$1,250 per week. No benefit will be paid for any disability caused by a pre-existing condition, unless the coverage has been in effect for at least 12 months. Benefits begin the eighth (8th) day of disability caused by an accident or caused by sickness. Benefits continue as long as disabled up to twenty-six (26) weeks. Maternity is covered as an illness and premiums are waived during period of disability. Coverage terminates at end of employment or retirement. Monthly costs are based on the option and amount of benefit selected:

50% Option - Monthly Rate per \$10 of Weekly Benefit	\$0.408
60% Option - Monthly Rate per \$10 of Weekly Benefit	\$0.424

## Long-Term Disability Plan

Lincoln Financial—Employees can elect disability benefits of either 50% or 60% of their pre-disability earnings, to a maximum benefit of \$6,000 per month. Benefits begin the 181st day of disability and continue to age 65. No benefit will be paid for any disability caused by a pre-existing condition, unless the coverage has been in effect for at least 12 months. Benefits coordinate with disability benefits from Social Security, Workers' Compensation,

Teachers Retirement System and Public School Employees Retirement System. Monthly rates are based on age and benefit selected per the following table:

Age	50% Option Monthly Rate per \$100 of Salary	60% Option Monthly Rate per \$100 of Salary
Under 30	\$0.068	\$0.102
30 thru 39	\$0.128	\$0.204
40 thru 44	\$0.213	\$0.332
45 thru 49	\$0.332	\$0.527
50 thru 54	\$0.442	\$0.697
55 & Over	\$0.536	\$0.850

## Basic Group Life

Lincoln Financial—Each full-time employee is provided Group Life insurance of one times annual salary up to \$50,000. Included is an equal amount of accidental death and dismemberment, an accelerated death benefit option and waiver of premium in case of total disability with coverage ending at 70 or retirement whichever is earlier. The benefit reduces to 50% at age 70, and terminates upon retirement or termination of employment.

## Dependent Group Life

Lincoln Financial—Coverage can be elected for \$5,000 or \$10,000 that covers all child(ren). If both parents are employees, only one parent can cover children. Employees cannot be covered as an employee and a dependent.

	Option 1	Option 2
<b>Birth to 26 (Full Time Student)</b>	\$5,000	\$10,000
<b>Rate</b>	\$2.00	\$4.00

## Individual Life Insurance

Unum—Employees may elect to cover themselves, their spouse and/or children with individual Whole Life insurance policies. Whole Life premiums and death benefit are guaranteed level for the life of the contract and include a Long Term Care benefit. Policies are completely portable (continued after employment ends or retirement) at the same rates based on the policy. Coverage and Guarantee Issue is based on age when applied for. Enrollment or changes must be made with a Counselor during Annual Enrollment.



## Critical Illness Insurance

Voya—Employees can elect a lump sum benefit of \$5,000, \$10,000 or \$20,000 that will pay direct to the employee for the diagnosis of a covered critical illness. The Plan will pay two (2) benefits for each covered illness. Spouse and Children levels are \$5,000 or \$10,000. A \$100 Wellness benefit is included (\$50 for children). Rates are based on age and benefit level selected. There is no pre-existing limitation and plans are Guarantee Issue. Coverage will reduce to 50% at age 70.



## Cancer Insurance

Aflac—Cancer coverage is available on a voluntary basis. There are two Cancer Assurance Indemnity Plans to choose from, Option 1 and Option 2. Both have the same benefits with varying levels of payments for Cancer related procedures and include an annual wellness benefit, building benefits and initial occurrence benefit. Only available during Annual Enrollment.

Benefit	Option 1	Option 2
Individual	\$22.54	\$39.45
One Parent Family	\$23.45	\$40.36
Insured/Spouse	\$40.40	\$71.69
Two Parent Family	\$41.31	\$72.60

## Accident Insurance

Voya—Compass Accident coverage is available for everyday accidents. The plan is a supplement to Medical Insurance and provides a variety of benefit payments related to an off the job accident. Benefits payable for many aspects, including emergency room, urgent care, hospital, follow-up treatments, organized sports accidents, for the entire family. Including Wellness Benefit for employee/spouse and child(ren) covered. Enrollment or changes must be made during Annual Enrollment

Employee	\$11.99
Employee + Spouse	\$15.84
Employee + Children	\$22.24
Family	\$26.09

## Leave Bank

Coweta County Full-time employees employed with Coweta County Schools may enroll in the Sick Leave Bank. To enroll, employees are electing to donate one day of accumulated sick leave on the start of the plan year. If at any time thereafter, the bank falls below 750 days, an additional day will be assessed during the next open enrollment in order to restore the bank to the established level. The purpose of the Coweta County School System Sick Leave Bank is to provide its members with sick leave for serious illness, serious injury, or non-elective surgery after their own accumulated sick leave has been exhausted. Enrollment is available only during annual Open Enrollment periods.

The information in this guide describes the employee benefit plans in general terms. This information is not intended to replace the legal plan documents, summary plan descriptions, group policies or certificates of coverage that describe specific benefits, limitations or exclusions.



## Hospital Indemnity Insurance

Voya—Employees can elect a plan that will pay a daily benefit of \$100, \$200 or \$300 if hospitalized. There is an initial confinement benefit of five (5) times the daily benefit. Also included is a rehabilitation benefit of 1/2 the daily benefit elected. Plans are available on employee, spouse and child(ren). There is no pre-existing limitation and plans are Guarantee Issue.

Benefit	\$100	\$200	\$300
Employee	\$8.77	\$16.36	\$23.94
Spouse	\$15.89	\$29.70	\$43.51
Child	\$15.19	\$27.36	\$39.56
Family	\$22.31	\$40.70	\$59.13

