

# BENEFITS GUIDE

PLAN YEAR 2023

HEALTH



LIFE AND FINANCIAL BENEFITS

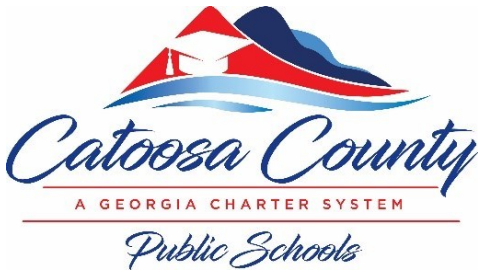


RETIREMENT

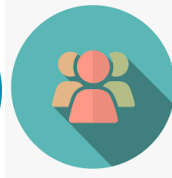


MAKING YOUR DECISIONS





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The Catoosa County Board of Education provides a comprehensive benefits package for all eligible employees.

This Benefits Guide is designed to give you the information and details you need to better understand your benefit choices. It is also designed to be used in conjunction with the State Health Benefit Plan Active Employee Decision Guide. It's easy to navigate the benefits Guide if your viewing it online—use the icons along the top to jump to the section you want, and when you're in a section, click or touch the subtopics.

We encourage you to carefully review this Benefits Guide to understand the options available to you and to enroll in the plans that best fit the needs of you and your family. Also, throughout the year, the Guide can help you make informed health care decisions as you experience certain life events.

#### Minor Rate Change for 2023 Plan Year

This year, you'll see a slight changes to the premium rates for employee and spouse term life insurance.

**\*\*The information and materials presented in this booklet do not offer complete details of all plan provisions and requirements, nor is this booklet intended to be a legally binding document.**

#### **Are you going to experience a Qualifying Event (QE) during the Plan Year?**

You only have 31 days after your QE to enroll in insurance coverages or add/remove dependents.

QEs include, but not limited to:

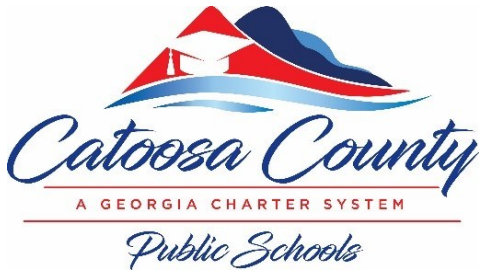
- Birth, adoption of a child, or child due to legal guardianship
- Death of a currently enrolled spouse or enrolled child
- Your spouse's or eligible dependent's loss of eligibility for other group health coverage
- Marriage or divorce
- Medicare eligibility
- Loss of Medicaid eligibility (excluding voluntary discontinuation of coverage/non-compliance/failure to make payment)

Contact Amy Perry,  
Benefits Coordinator for  
instructions as soon as  
you are aware of a QE.

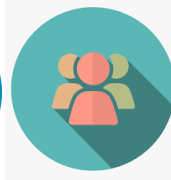
**OPEN ENROLLMENT—  
OCTOBER 17—NOVEMBER 4,  
2022  
FOR THE 2023 PLAN YEAR**

Instructions for enrolling are covered in the [Enrollment](#) or [Making Your Decisions](#) section. If you want to make benefit changes, be sure to complete all enrollment online and/or paperwork by November 4, 2022. All election changes will go into effect on January 1, 2023.

During the Open Enrollment period, we encourage you to review your benefit elections, your covered dependents, and make sure your decisions continue to meet your needs.



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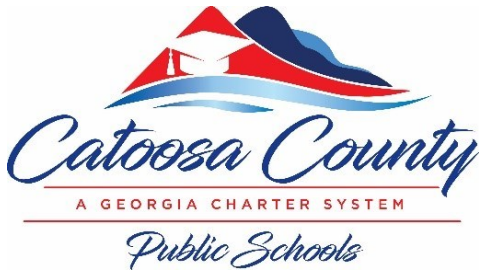
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<b>Medical</b>	Premium Rates	Enrollment	Well-Being	Dental	Vision	Cancer	Flexible Spending	Medical in Retirement
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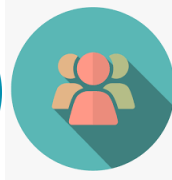
Medical Plans at a Glance

The chart below offers an overview of some of the medical plans' features. The official plan documents offer a detailed explanation of covered services, limitations, and exclusions. It can be found at [shbp.georgia.gov](http://shbp.georgia.gov)

	Anthem BCBS Gold HRA		Anthem BCBS Silver HRA		Anthem BCBS Bronze HRA	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Covered Services	You Pay		You Pay		You Pay	
Deductible						
You	\$1,500	\$3,000	\$2,000	\$4,000	\$2,500	\$5,000
You + Spouse	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500
You + Child(ren)	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500
You + Family	\$3,000	\$6,000	\$4,000	\$8,000	\$5,000	\$10,000
HRA credits will reduce "You Pay" amounts						
Out-of-Pocket Maximum						
You	\$4,000	\$8,000	\$5,000	\$10,000	\$6,000	\$12,000
You + Spouse	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000
You + Child(ren)	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000
You + Family	\$8,000	\$16,000	\$10,000	\$20,000	\$12,000	\$24,000
HRA credits will reduce "You Pay" amounts						
HRA	The Plan Pays		The Plan Pays		The Plan Pays	
You	\$400		\$200		\$100	
You + Spouse	\$600		\$300		\$150	
You + Child(ren)	\$600		\$300		\$150	
You + Family	\$800		\$400		\$200	
Physicians' Services	The Plan Pays		The Plan Pays		The Plan Pays	
Primary Care Physician or Specialist Office or Clinic Visits (illness or injury)	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Primary Care Physician or Specialist Office or Clinic Visits (wellness/preventive)	100% coverage; not subject to deductible	Not covered	100% coverage; not subject to deductible	Not covered	100% coverage; not subject to deductible	Not covered
HRA Pharmacy						
	Tier 1	Tier 2	Tier 3	90-day orders		Participating Voluntary Mail Order or Retail network
	15% (\$20 min/\$50 max); not subject to deductible	25% (\$50 min/\$80 max); not subject to deductible	25% (\$80 min/\$125 max); not subject to deductible	Tier 1 - 15% (\$50 min/\$125 max) Tier 2-25% (\$125 min/\$200 max) Tier 3-25% (\$200 min/\$312.50 max)		



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Medical Plans at a Glance (continued)

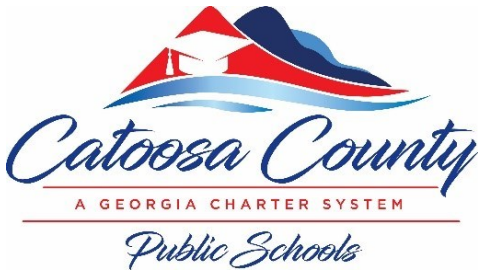
	Anthem BCBS/ UnitedHealthcare HMO	UnitedHealthcare HDHP	
	In-Network You Pay	In-Network	Out-of-Network You Pay
<b>Covered Services</b>			
<b>Deductible</b>			
You	\$1,300	\$3,500	\$7,000
You + Spouse	\$1,950	\$7,000	\$14,000
You + Child(ren)	\$1,950	\$7,000	\$14,000
You + Family	\$2,600	\$7,000	\$14,000
<b>Out-of-Pocket Maximum</b>			
You	\$4,000	\$6,450	\$12,900
You + Spouse	\$6,500	\$12,900	\$25,800
You + Child(ren)	\$6,500	\$12,900	\$25,800
You + Family	\$9,000	\$12,900	\$25,800
<b>Physicians' Services</b>	<b>The Plan Pays</b>	<b>The Plan Pays</b>	
Primary Care Physician or Specialist Office or Clinic Visits (illness or injury)	100% coverage after \$35 PCP co-pay \$45 SPC co-pay	70% coverage; subject to deductible	50% coverage; subject to deductible
Primary Care Physician or Specialist Office or Clinic Visits (wellness/ preventive)	100% coverage; not subject to deductible, in-network only	100% coverage; not subject to de- ductible	Not covered
<b>Pharmacy</b>	<b>You Pay</b>		
Tier 1	\$20	70% coverage; after deductible is met*	
Tier 2	\$50		
Tier 3	\$90		
Participating 90-day Voluntary Mail Order or Retail 90-day network	Tier 1 - \$50 Tier 2 - \$125 Tier 3 - \$225	70% coverage; after deductible is met*	

NOTE: Amounts you pay go toward the out-of-pocket maximum.

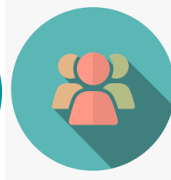
**Do you have diabetes, asthma, coronary artery disease and/or medications for addiction treatment?**



Certain drug costs are waived if SHBP is primary and you actively participate in one of the Disease Management (DM) Programs. Contact Anthem BCBS or UnitedHealthcare for more information and to get started in the program.



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State Health Benefit Plan -- Monthly Premiums for Active Employees  
January 1 - December 31, 2023

	Employee	Emp + Child(ren)	Emp + Spouse	Family
Anthem BCBS Gold	\$145.68	\$290.11	\$406.33	\$550.76
Anthem BCBS Silver	\$84.32	\$185.80	\$277.47	\$378.95
Anthem BCBS Bronze	\$46.58	\$121.64	\$198.22	\$273.28
Anthem BCBS HMO	\$113.03	\$234.61	\$337.76	\$459.34
UHC HMO	\$144.49	\$288.09	\$403.83	\$547.43
UHC HDHP	\$31.83	\$96.57	\$167.24	\$231.98

NOTE: The premiums listed above are \$30 less than the amounts shown on the SHBP website. The CCPS Board pays \$30 on each employee's premium. First deduction will be December 2022 for the January 2023 premium.

**TOBACCO SURCHARGE IS \$80 MONTHLY FEE THAT IS ADDED TO THE AMOUNT ABOVE.**

**\*\*Special note about calling Anthem or UnitedHealthcare:**

If you contact your insurance carrier about a coverage or eligibility questions and they ask you to contact "your employer", they are intending for you to contact SHBP directly. The Benefit Coordinator does not have access to the information necessary to answer these questions. SHBP's telephone number is 800-610-1863.

**IMPORTANT NOTE**

- NEW IDENTIFICATION CARDS—members will receive new identification cards before January 1st or as soon as possible for New Hires or Qualifying Events. Due to mailing restrictions, members may receive cards at different times. Please verify your mailing address on the SHBP website. If it is incorrect, please log into your ESS account to edit your address. Once the address change is submitted, it will be sent for correction with SHBP.
- SOCIAL SECURITY NUMBERS—ALL members must provide SHBP with SSN's for themselves and all enrolled dependents. Failure to submit a SSN will result in a loss of coverage and no refund will be issued. This is a separate requirement from the Dependent Verification process. For more information, please visit [shbp.georgia.gov](http://shbp.georgia.gov).
- DEPENDENT VERIFICATION—Certain Qualifying Event (QE) are opportunities to add eligible dependents to your coverage. SHBP requires documentation confirming eligibility of newly added dependents. Please see the Eligibility & Enrollment Provisions at [shbp.georgia.gov](http://shbp.georgia.gov) for the acceptable documentation. If you elect to cover dependents, generally, they will be placed in a pending status until: 1) the required documentation is submitted within 45 days of the QE proving they are eligible for coverage, or 2) until the deadline to provide the documentation has passed, whichever occurs first.

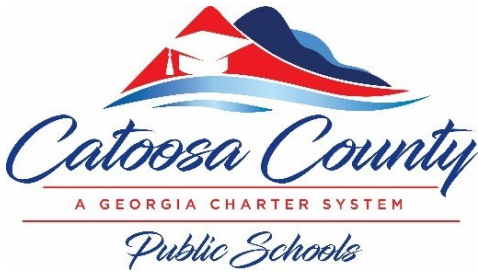
**TELEMEDICINE/VIRTUAL VISITS**

Need access to a doctor 24/7 without leaving your home or office? Telemedicine allows healthcare professionals to evaluate, diagnose & treat patients using technology. Through the Anthem BCBS or UHC, you will be able to see and/or talk to a provider from your mobile device, tablet or computer with a webcam while at home, work or on the go.

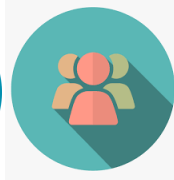
Log into your Anthem BCBS or UHC online account to access the Virtual Visit link.

**Need to Find a Doctor??**

Anthem BCBS — [anthem.com/shbp/find-care/](http://anthem.com/shbp/find-care/)  
United HealthCare—[whyuhc.com/shbp/search-for-a-provider](http://whyuhc.com/shbp/search-for-a-provider)



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**\*\*INSTRUCTIONS TO ENROLL IN STATE HEALTH INSURANCE\*\***

1. Log into the Enrollment Portal at [myshbpga.adp.com](http://myshbpga.adp.com)
  2. If you are a first time user, you must first register using the registration code SHBP-GA. If you are a returning user but have not accessed the website in 45 days, you must reset your password before making your election. If you experience any technical difficulties, please contact SHBP Member Services at 800-610-1863. The Home page displays a OE message indicating the event date for you on the top of the screen for elections for the 2023 Plan Year.
  3. Under the OE or New Hire window, click on **Enroll Now** to proceed with your 2023 Plan Year enrollment.
  4. If you have not provided a Tobacco Survey in the past, you must first answer the questions before going to **Review Your Benefits**.
  5. Click on **Review Your Info (if applicable)**. Verify that each dependent has a valid SSN.
  6. To start your Election Process, click on **Enroll in Benefits** tab.
  7. Select **Change**. After you select Change, the Decision Support box will display.
  8. Click on **Health Coverage or Dependent Health Coverage** to choose your medical insurance plan and coverage tier.
  9. **Make Your Elections.**  
 Make sure that all dependents requiring benefits have a check in the "Include in Coverage" box.  
 IF you choose **NOT** to enroll you must click the button **No Coverage**. Choose the **Reason for Waive**.
  10. Click on **Save & Return to All Benefits**. "Your Elections" will display on the screen and show the elections you made. You should carefully review your elections before confirming.
  11. Click **I Agree and Confirm Elections**. If I Agree & Confirm Elections is NOT clicked, your enrollment process has not been completed, which means you have decided to make no changes for 2023.
- If adding new dependent, please watch for Dependent Verification request paperwork from SHBP/ADP. If you do not complete this step, your spouse/child(ren) will NOT be covered under your health insurance.

**SHBP Enrollment Portal**  
[www.mySHBPga.adp.com](http://www.mySHBPga.adp.com)

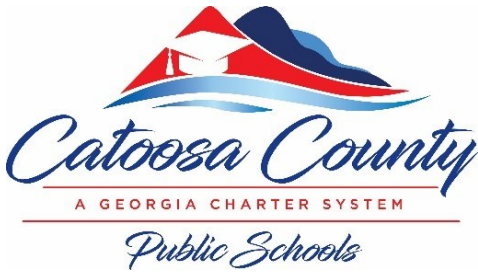
**24 Hours per Day 7 Days per Week**

**SHBP Member Services**

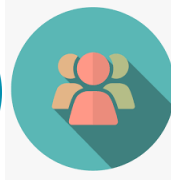
**800-610-1863**

**Mon—Fri 8:30 am—7:30 pm**





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## **SHBP DEPENDENT VERIFICATION PROCESS**

The SHBP Dependent Verification Process requires members submit documentation to verify their dependents' eligibility.

### **Upon Enrolling a Dependent:**

- Members will receive an email and/or letter from ADP Dependent Verification Services (DVS) within 2-3 business days requesting supporting documentation.
- Members must provide this documentation with 45 days of the initial enrollment of their dependent due to a New Hire Event, a Qualifying Event, or the annual Open Enrollment period by following the instructions on the DVS Letter. Always refer to the deadline dates on the letter.

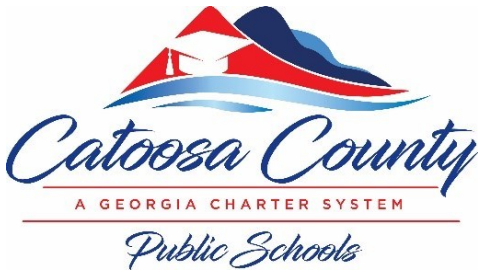
### **After a Member's Dependent Passes the DVS:**

- The updated coverage record for the dependent is transmitted to Anthem BCBS or UnitedHealthcare
- The member will receive an Approval letter.

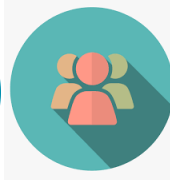
### **If a Member's Dependent Fails the DVS:**

- The dependent is no longer eligible for coverage. The next opportunity would be the next Open Enrollment.
- If the request was to discontinue their dependent coverage, the coverage will be reinstated back to the termination date requested so no break in coverage occurs.

<b>Eligible Dependents Added to SHBP</b>	<b>Dependent Verification Documentation Required</b>	<b>Documentation Due Within This Timeframe</b>
Spouse	<ul style="list-style-type: none"> <li>• Certified copy of marriage license or most recent jointly filed Federal Tax return with both signatures which includes legible signatures for both member and spouse</li> </ul>	Within 45 days of notifying SHBP of the marriage
Natural Child	<ul style="list-style-type: none"> <li>• Certified copy of birth certificate or birth card issued by the hospital listing parents by name</li> </ul>	Within 45 days of notifying SHBP of the birth
Adopted Child	<ul style="list-style-type: none"> <li>• Certified copy of court documents establishing adoption with the date of adoption, or, if adoption is not finalized, a certified court document establishing the date of placement for adoption.</li> <li>• Certified copy of birth certificate or birth card issued by the hospital</li> </ul>	Within 45 days of notifying SHBP of the adoption or placement for adoption
Stepchild	<ul style="list-style-type: none"> <li>• Certified copy of marriage license or most recent jointly filed Federal Tax return which includes legible signatures for both member and spouse</li> <li>• Certified copy of birth certificate or birth card issued by the hospital listing Member's spouse by name.</li> </ul>	Within 45 days of notifying SHBP of the marriage (between member and stepchild's parent)
Child due to Legal Guardianship	<ul style="list-style-type: none"> <li>• Certified copy of court documents establishing guardianship with the date of placement, or, if guardianship is not finalized, a certified court document establishing the date of placement for guardianship.</li> <li>• Certified copy of birth certificate or birth card issued by the hospital listing parents by name.</li> </ul>	Within 45 days of notifying SHBP of the guardianship or placement for guardianship.



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OPEN ENROLLMENT

Open Enrollment is the annual window of time when employees can (or, in some cases, must) select or confirm benefits for the coming plan year. For CCPS, the benefit “plan year” is the calendar year. Once you’ve selected your benefits for a year, you cannot make any changes to those selections unless you have a qualifying event.

**Open Enrollment (OE) begins October 17, 2022 at 12:00 am EST and ends November 4, 2022 11:59 pm EST.**

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??—Call SHBP 800-610-1863 prior to 11/4/22.**

Log into SHBP Enrollment Portal: [myshbpga.adp.com](http://myshbpga.adp.com)

- How to reset your password
  - ◇ Enter your User ID
  - ◇ Click **Forgot Your Password**
  - ◇ Follow the instructions to answer a series of security questions (case sensitivity does apply)
  - ◇ Create a new Password
  - ◇ Click **Continue**

Registration Code: SHBP-GA
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**Changes made during Open Enrollment will become effective January 1, 2023 with the first payroll deduction in December 2022.**

**ALL HEALTH INSURANCE ENROLLMENT AND/OR CHANGES MUST BE COMPLETED ONLINE [www.myshbpga.adp.com](http://www.myshbpga.adp.com).**

**OPEN ENROLLMENT NON-HEALTH INSURANCE BENEFITS**

Dental/Vision—Renew, enroll or make changes online through Employee Self Serve

Disability/Term Life/Accident/Critical Illness-Enroll or make changes online through Employee Self Serve

GAP (Hospital)—Enroll or make changes online through Employee Self Serve and by emailing Amy Perry completed forms.

Cancer—Renew, enroll or make changes online through Employee Self Serve and by emailing Amy Perry completed forms.

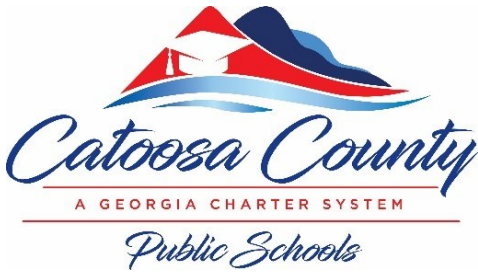
To cancel any non-health benefits.....Decline through Employee Self Serve

If you submitted your enrollment, changes or declines correctly, you will see a “Congratulations” at the top of your screen

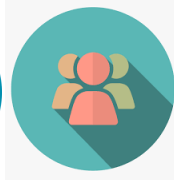
Note: If you are having problems with ESS Open Enrollment, you can find all enrollment forms at [www.catoosa.k12.ga.us](http://www.catoosa.k12.ga.us) under Department > Human Resources> Forms > Open Enrollment folder. All completed forms must be sent to Amy Perry, Benefits Coordinator, and needs to be received by November 4, 2022.

**YOU MUST RE-ENROLL IN THE FSA TO PARTICIPATE FOR THE 2023 YEAR**





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## ANNUAL OPEN ENROLLMENT AND YOUR RESPONSIBILITIES

### Your Responsibilities:

- Make your elections online at [myshbpga.adp.com](http://myshbpga.adp.com) or Employee Self Serve no later than November 4, 2022 by 11:59 p.m. EST.
- Read and understand the plan materials posted at [shbp.georgia.gov](http://shbp.georgia.gov) and other information provided by your employer and take the required actions.
- Check your payroll deduction to verify that the correct deduction amount has been made. If you are not charged the correct amount, immediately contact the Benefit Coordinator in Human Resources.
- Notify SHBP or the Benefits Coordinator in HR whenever you have a change in covered dependents within 31 days of a qualifying event (QE)
- Notify SHBP or the Benefits Coordinator in HR when you, a covered spouse, or dependent gain Medicare coverage within 31 days
- Update any changes in contact information (address, phone number) by updating through Employee Self Serve.
- Make sure you receive a confirmation number documenting enrollment or changes from SHBP or see the confirmation page in ESS.
- Make sure you enroll in Flexible Spending Account annually, if it is a needed benefit. FSA ends on December 31st if you do not re-enroll.

### During OE, you may:

- Elect SHBP coverage or other insurance plans
- Change to any plan option and/or vendor
- Enroll eligible dependents
- Drop covered dependents
- Decrease/increase coverage tier

\*\*Also, if dependents are still pending by December 7th, the premium deducted from your paycheck could be for single coverage only. The premium difference will be collected in the January 2023 paycheck.

### SHBP Enrollment Portal

[mySHBPga.adp.com](http://mySHBPga.adp.com)

24 Hours per Day 7 Days per Week

### SHBP Member Services

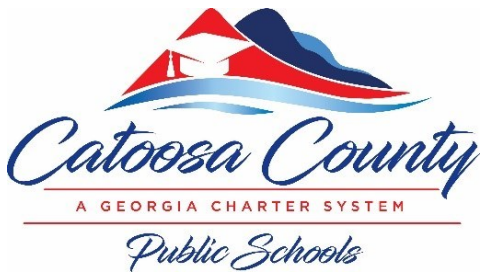
800-610-1863

Mon—Fri 8:30 am—7:30 pm

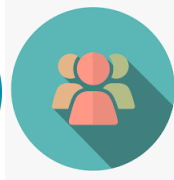
Need assistance determining which plan works for you and your family. You can call Employee Benefits Assistance at 888-254-7203. They are available to answer questions Monday—Friday from 8:30 am—6:00 pm.

### What if you do not want to make any changes to your benefits?

**Do Nothing!** With the exception of FSA which must be re-enrolled annually, you do not have to do anything and your coverages will be the exact same in 2023.



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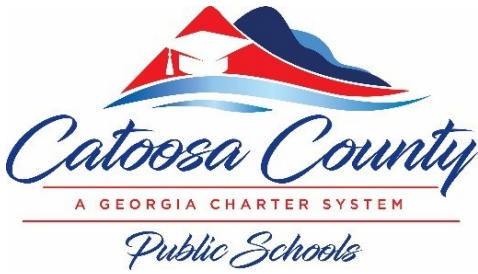
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Medical Premium Rates **Enrollment** Well-Being Dental Vision Cancer Flexible Spending Medical in Retirement

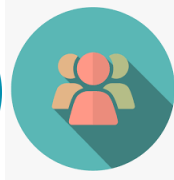
## OPEN ENROLLMENT THROUGH EMPLOYEE SELF SERVICE (ESS)

How to enroll:

1. Log into your ESS account found under the county website in the Employee section
2. Select Benefits on the left side of the screen
  - \*Please note that some existing benefits are duplicated on this screen. You are not being double deducted for premiums in your paycheck. It is a glitch that we are getting corrected.
3. Select Open Enrollment either on the left side or at the top.
4. Please read the instructions regarding Open Enrollment at the top of the screen.
5. You will need to click on either "decline", "no changes" or "select" on every benefit that is available on the Open Enrollment section.
6. You can use the drop-down arrow on the right of section that you are currently enrolled in the benefit to see your existing coverage.
  - \*\*If you choose "no changes" on either term life pre-tax, term life post-tax or spouse life, please note that the premium in the OE selection will reflect the 2022 premiums and not the new 2023 premium. Your deduction in the December 2022 paycheck will reflect the 2023 premium.
7. Once you have completed every benefit and do not see the red wording "Election not made", then you can select "Continue" at the bottom of the page.
8. You will see a review page of all of your OE selections. You can modify, if needed.
9. If you are satisfied with your elections, please "Submit Choices".
10. You will get a confirmation page one you have completed enrollment. If you do not select "Submit Choices" and get a confirmation page, your OE is not finalized.



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Medical	Premium Rates	Enrollment	Well-Being	Dental	Vision	Cancer	Flexible Spending	Medical in Retirement
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**WELL-BEING INCENTIVE CREDITS**

The State Health Benefit Plan (SHBP) is excited to continue working with our Wellness partner, Sharecare. If you enrolled in medical coverage, you and your covered spouse have access to SHBP’s well-being program (administered by Sharecare) called Be Well SHBP. This program offers comprehensive well-being resources and incentives to support your goals for health and well-being. If you want to take big steps toward improved well-being or just a small step in the right direction, Sharecare can help. The program is confidential, voluntary and offered at no additional cost to you.

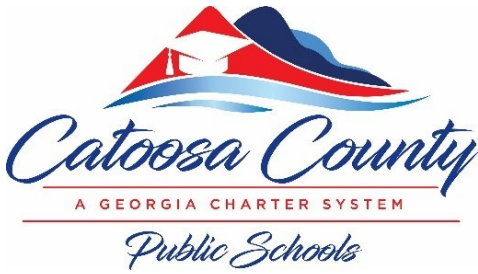
The Sharecare team will provide you with the support, tools, and lifestyle management information you need to improve your health and well-being. The types of support you receive includes: the Sharecare RealAge Test that determines your body’s true age, a highly personalized profile, personalized content to help improve your health habits; access to a personal well-being coach; a biometric screening, healthy living webinars, monthly rotating challenges that encourage daily tracking of healthy behaviors, and access to a library of health/wellness content. As a value-added benefit, members have access to guided programs designed to foster and encourage relaxation, manage stress and anxiety, tobacco cessation, and encourage healthy eating habits. To learn more about the many features of the current program, visit the program site at [BeWellSHBP.com](http://BeWellSHBP.com).

Plan Option	Anthem HMO MyIncentive Account (MIA)	Anthem Health Reimbursement Arrangement (HRA)	United Healthcare HMO Health Incentive Account (HIA)	United Healthcare HDHP Health Incentive Account (HIA)
Who’s Eligible	Up to	Up to	Up to	Up to
Member	480 credits	480 credits	480 credits	480 credits
Spouse	480 credits	480 credits	480 credits	480 credits
UHC Reward Card for enrolled member & covered spouse	N/A	N/A	\$250 Reward Card (member) \$250 Reward Card (covered spouse)	\$250 Reward Card (member) \$250 Reward Card (covered spouse)
Potential Total credits/dollars	960 credits	960 credits	1,460 credits	1,460 credits

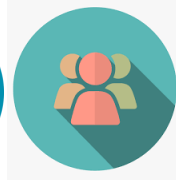
**Anthem:** Members enrolled in an Anthem HRA Plan Option will receive SHBP-funded base credits at the beginning of the Plan Year. The amount funded will be based on your elected coverage tier. If you enroll in a HRA during the Plan Year, these credits will be prorated based on the elected coverage tier and the months remaining in the current Plan Year.

**UnitedHealthcare:** Members and their covered spouses enrolled in an UnitedHealthcare Plan Option will each receive a \$250 UnitedHealthcare Reward Card after satisfying all Be Well SHBP well-being program requirements and redeeming their points for either well-being incentive credits or a \$150 Sharecare Visa Prepaid Card through the Sharecare Redemption Center.

Important Reminder: Remember to redeem points before retiring and transferring into a Medicare Advantage Plan. Also, if you experience a QE during the Plan Year that results in change in Plan Option and/or insurance company, your well-being incentive will be forfeited.



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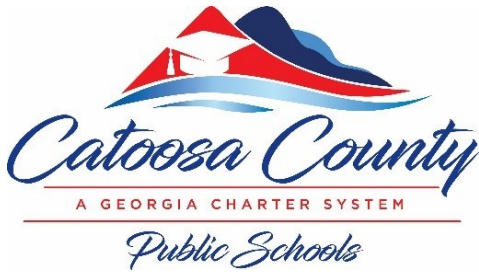
### 2023 Well-Being Incentives

If You Complete...	You Will Earn...
<p><b>The RealAge Test</b></p> <p>Online questionnaire that will take about 10 mins to complete. It is best to complete this early in the year.</p>	<p><b>120 points****</b></p>
<p><b>A Biometric Screening</b></p>	<p><b>120 points****</b></p>
<p><b>Well-being Coaching, Online Challenges, Preventive Screening Exams, or a Combination of all three</b></p>	<p><b>Up to 240 points in the following increments****:</b></p>
<p><b>Well-being Coaching</b></p>	<p><b>Well-being Coaching</b></p> <ul style="list-style-type: none"> <li>• Earn 40 points for each completed call per calendar month, up to 6 times.</li> <li>• Maximum of one call in calendar month qualifies you for the 40 points.</li> <li>• Maximum of 240 points.</li> </ul>
<p><b>Online Challenges</b></p> <p>Join &amp; complete a monthly challenge through the Sharecare app or the online platform.</p>	<p><b>Online Pathway or Challenges</b></p> <p>Earn 40 points up to 6 time, for a max of 240 points by completing a challenge with the challenge period. Track &amp; complete 21 days of the month toward the challenge goal:</p> <ul style="list-style-type: none"> <li>• Step Challenge (January, April, July &amp; October)</li> <li>• Mindfulness—Stress or Sleep (February, May, August or November)</li> <li>• Healthy Diet (March, June &amp; September)</li> </ul>
<p><b>Preventive Screening Exams</b></p> <p>Complete an exam (colonoscopy, mammogram, pap smear or prostate screening)</p>	<p><b>Preventive Screening Exams</b></p> <p>Earn 60 points for each completed exam, up to two times.</p> <ul style="list-style-type: none"> <li>• Screening should be completed by 09/30/2023</li> <li>• For screenings completed in October or November 2023, members can self-attest by November 30.</li> </ul>

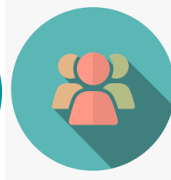
\*Points are saved in the Sharecare Redemption Center until you choose to redeem them, meaning points will not be sent automatically to Anthem or UnitedHealthcare. Therefore, members must make their selection on how they choose to redeem their points through the Sharecare Redemption Center, by visiting [BeWellSHBP.com](http://BeWellSHBP.com).

\*\*If you elect to redeem your points for incentive credits to apply toward eligible medical/pharmacy expenses, you may do so in increments of 120 (up to a max of 480). Credits will be available within 30 days of redemption & will be deposited into your HRA, MIA or HIA account. You will not be able to elect the Visa Card option if you begin redeeming points for incentive credits.

\*\*\*\*Points cannot be awarded until completion of the RealAge Test. Biometrics, Well-being Coaching, Challenges & Preventive Exams can only be applied to points upon RealAge Test completion.



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AMERITAS DENTAL INSURANCE

Group Number: 010-17415-1

[www.ameritas.com](http://www.ameritas.com)

The dental insurance covers **all** 'Type' areas listed below.

OE—First deduction will be December 2022 for the January 2023 premium.

Type 1 Preventive	100%
	<ul style="list-style-type: none"> <li>• Routine Exam (2 per Benefit Period)</li> <li>• Bitewing X-rays (2 per Benefit Period)</li> <li>• Cleaning (2 per Benefit Period)</li> </ul>
Type 2 Basic	80%
<ul style="list-style-type: none"> <li>• Surgical Extractions</li> <li>• Restorative Amalgams</li> <li>• Restorative Composites</li> <li>• Endodontics (nonsurgical)</li> </ul>	<ul style="list-style-type: none"> <li>• Periodontics (nonsurgical)</li> <li>• Endodontics (surgical)</li> <li>• Periodontics (surgical)</li> <li>• Simple Extractions</li> </ul>
Type 3 Major	50%
	<ul style="list-style-type: none"> <li>• Crowns (1 in 5 years per tooth)</li> <li>• Prosthodontics (Bridges, Dentures) (1 in 5 years)</li> </ul>
<b>Deductible</b>	
Type 1	\$0
Type 2 and 3	\$50 per person, per calendar year
<b>Benefit Year Maximum</b>	
Type 1, 2, and 3 (per person, per calendar year)	\$1,000
<b>Orthodontia Benefits (adult ortho included)</b>	
Plan Benefit	50%
Lifetime Deductible	\$0
Lifetime Maximum (per person)	\$1,500
<b>Claims Allowance</b>	
Type 1, 2 and 3	90th U&C <i>In network allowance is discounted fee</i>

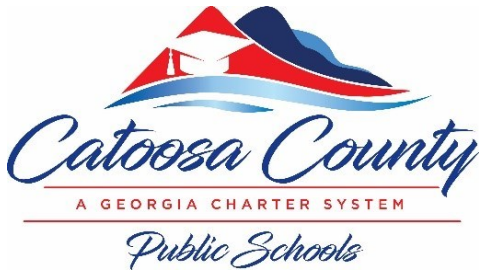
**Late Entrant**

If you chose to decline when you were initially eligible upon hiring, you and/or your eligible dependents will be considered a Late Entrant. Covered expenses will not include and benefits will not be payable in the first 12 months that a person is insured if the person is a Late Entrant; except for evaluations, prophylaxis (cleanings), and fluoride application. After 12 months, you will have access to all of the plan's benefits.

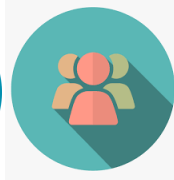
**Premiums**

Single coverage	\$18.76 per month	Two Spouse discount is only available when both spouses work for CCPS and both are benefits eligible.
Family coverage	\$83.84 per month	

Social security number and date of birth are needed for covered dependents to enroll. Unmarried dependent children are eligible for coverage until age 19 or less than 25 years old if a full-time student.



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STANDARD EYEMED VISION INSURANCE

Group Number: 160-753306-1

[www.eyemedvisioncare.com](http://www.eyemedvisioncare.com)

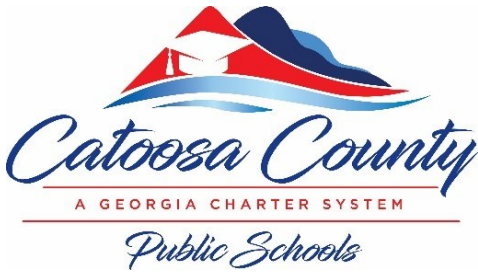
Plan 1: Balanced Care Vision II Plan Summary		
	EyeMed Access Network	Out of Network
Deductibles	\$10 Exam \$25 Eye Glass Lenses	No deductible
Annual Eye Exam	Covered in full	Up to \$35
Single Vision	Covered in full	Up to \$25
Bifocal	Covered in full	Up to \$40
Trifocal	Covered in full	Up to \$55
Lenticular	20% discount	No benefit
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams		
Standard	Standard: Participant cost up to \$55	No benefit
Premium (Allowance)	Premium: 10% off of retail	No benefit
Elective	Up to \$120	Up to \$104
Medically Necessary	Covered in full	Up to \$200
Frames	\$120	Up to \$65
Frequencies (months)		
Exam/Lens/Frame	12/12/24 Based on date of service	12/12/24 Based on date of service
Lens Options (participant cost)		
Progressive Lenses		No benefit
Standard	Standard: \$65 + lens deductible	
Premium	Premium: lens cost	
	-20% discount	
	-\$120 allowance	
	+ Standard Progressive cost	
Std. Polycarbonate	\$40	No benefit
Tint (solid and gradient)	\$15	No benefit
Scratch Resistant Coating	\$15	No benefit
Anti-Reflective Coating	\$45	No benefit
Ultraviolet Coating	\$15	No benefit
Lasik or PRK	Avg discount of 15% off retail price or 5% off promo price at US Laser Network participating providers.	No benefit

Employee Only	\$7.28
Employee + Child(ren)	\$13.68
Employee + Spouse	\$14.40
Employee + Spouse + Child(ren)	\$20.80

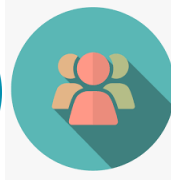
OE—First deduction will be December 2022 for the January 2023 premium.

Social security number and date of birth are needed for covered dependents to enroll. Unmarried dependent children are eligible for coverage until age 19 or less than 25 years old if a full-time student.





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**CANCER INSURANCE**

Group # GP00411923 [www.licoa.com](http://www.licoa.com)

Voluntary cancer insurance is offered through Life Insurance Company of Alabama (LICOA). This coverage is portable at the end of your employment at the same group rate.

Dependent coverage for spouse and children under the age of 25 are eligible.

OE—First deduction will be December 2022 for the January 2023 premium.

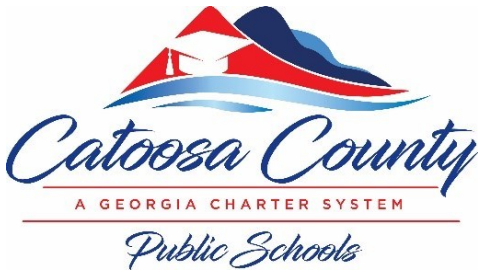
<b>Basic Policy (includes 30 dreaded diseases)</b>	Individual	\$29.62/monthly
	Single Parent	\$34.70/monthly
	Emp/Spouse	\$57.42/monthly
<b>Basic Policy w/ \$300 a day ICU</b>	Individual	\$33.30/monthly
	Single Parent	\$38.66/monthly
	Emp/Spouse	\$63.08/monthly
<b>Basic Policy w/ \$600 a day ICU</b>	Individual	\$36.98/monthly
	Single Parent	\$42.62/monthly
	Emp/Spouse	\$68.74/monthly

\*\*If you are interested in completing a cancer application, please email

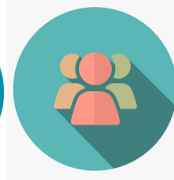
[aperry@catoosa.k12.ga.us](mailto:aperry@catoosa.k12.ga.us)

If you enroll and/or make changes through Employee Self Serve, a paper cancer application form will be required before plan is finalized for the 2023 plan year.

OPTIONAL RIDERS AVAILABLE FOR AN ADDITIONAL MONTHLY PREMIUM AMOUNT	
<b>FIRST OCCURRENCE BUILDING BENEFIT</b>	Pays primary insured & spouse \$2,500 + \$50 each month benefit or \$3,500 for a covered child first diagnosed with Internal Cancer 30 days or more after the effective date of this benefit.
INDIVIDUAL	\$6.56
1 PARENT FAMILY	\$7.64
EMPLOYEE/SPOUSE	\$12.42
FAMILY	\$13.32
<b>SPECIFIED DISEASE RIDER</b>	Pays \$200 per day for confinement in a hospital due to a Specified Disease. Pays \$500 per day starting on the 31 <sup>st</sup> day on continuous hospital confinement. Please see the Cancer Information Packet for diseased that are covered.
INDIVIDUAL	\$1.16
1 PARENT FAMILY	\$1.26
INSURED/SPOUSE	\$2.24
FAMILY	\$2.24



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## FLEX SPENDING ACCOUNTS

First contribution for FSA will be in your January 2023 paycheck.

**\*\*\*OPEN ENROLLMENT IS OCTOBER 17, 2022—NOVEMBER 4, 2022\*\*\***

### **YOU MUST RE-ENROLL IN THE FSA TO PARTICIPATE FOR THE 2023 YEAR**

This is only available for enrollment during Open Enrollment.

The FSA consists of two separate accounts: a Health Care Spending Account and Dependent Care Spending Account.

#### **HEALTH CARE SPENDING ACCOUNT**

This allows you to pay for health-related treatments and expenses for you and your dependents not paid for by your insurance plan. The maximum contributions to the Health Care Spending Account cannot exceed \$2,850 during the plan year (as of January 1, 2023). Expenses that are eligible for reimbursement from the Health Care Spending Account include, but are not limited to, the following:

- Deductibles and co-payments not paid by the health insurance plan or dental insurance plan in which you or any family members participate
- Vision examinations, glasses, contact lenses and supplies
- Hearing exams and hearing aids
- Prescription drugs and medical supplies

\*\*Any unused funds in your health care spending account up to \$570 at the end of the plan year (December 31), will rollover to use in 2024. The funds will be available for use after the 3 month run-out period (January 1—March 31), which allows time for you to file any outstanding claims dated prior to 12/31/2023.

#### **DEPENDENT CARE SPENDING ACCOUNT**

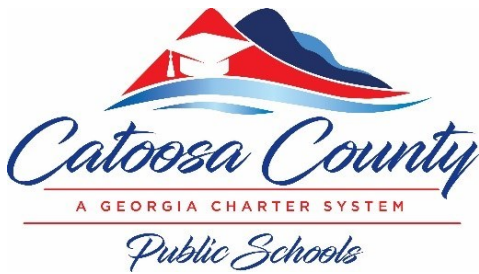
This allows you to use the expenses incurred to care for your children, disabled spouse, elderly parents or other dependent who is physically or mentally incapable of self-care while you or your spouse work or go to school full-time. It cannot exceed \$5,000 during the plan year (as of January 1, 2023). Expenses can be for the care of a child up 13 years old. Your expenses can be for a sitter, nursery school, before/after school care programs, day care, etc.

**Please note:** You will receive a debit card that can be used at any time. You must request reimbursement and provide a receipt to have the set monthly deduction funded to your card. For example, you chose to have \$4,800 dependent care deducted from your paycheck in 12 monthly deductions of \$400. If your receipts for one month of daycare are \$500, you will only get the monthly deduction amount of \$400 funded to your card.

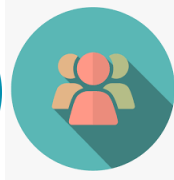
**YOU MUST RE-ENROLL IN THE FSA TO PARTICIPATE FOR THE 2023 YEAR**

**\*\*Planning to retire or resign during 2023: Please contact Amy Perry to determine if enrolling will benefit you\*\***

**TO ENROLL:** Submit online enrollment through Employee Self Serve OR complete, sign & date an Employee Enrollment Form and send to Human Resources OR log into the [TASC website](#) or app. Please only enroll either on ESS or by



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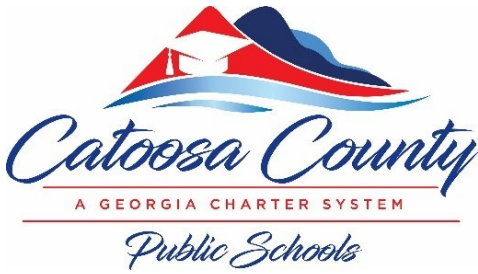
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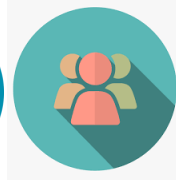
## Planning to Retire Soon? Here's What You Need to Know

- Before you transition to retirement, review the SHBP Retirement Coverage Presentation at [shbp.georgia.gov](http://shbp.georgia.gov)
- In order to continue your State Health Benefit Plan (SHBP) coverage as a retiree, you and any dependents you want covered must be enrolled in the Plan while you are an active member immediately prior to your retirement. If you are not enrolled in SHBP and wish to carry coverage as a retiree, you will need to enroll during Open Enrollment the year prior to your retirement. This also applies to any dependent(s) you would like to cover as a retiree, which means you will need to enroll your dependent(s) during Open Enrollment the year prior to your retirement while you are still an active member if you would like them to be covered when you retire.
- If you make a change during Open Enrollment but retire before the change can become effective on January 1, your elections prior to Open Enrollment, including your Plan Option, Tier and covered dependents, will remain the same.
- If you are retiring and under age 65, and 1) fall under the Annuitant Basic Subsidy Policy, your Plan Options and rates are the same as for active members and the Tobacco Surcharge question will apply or 2) fall under the Annuitant Years of Service Subsidy Policy, your Plan Options are the same as for active members but your rates are based on your Years of Service in a State retirement system (e.g., TRS or PSERS) and the Tobacco Surcharge question will apply.
- If you are retiring and you or your covered dependents are age 65 or older (or will be turning age 65 at your retirement), you have the option of: 1) enrolling in a SHBP Medicare Advantage with Prescription Drugs (MAPD) Plan Option if you submit your Medicare Part B enrollment information directly to SHBP, or 2) remaining in a Commercial (Non-Medicare Advantage) Plan Option, and you will pay 100% of the unsubsidized premium, which is substantially higher than the SHBP Medicare Advantage Plan Options. Medicare Advantage Plan Options are the only Plan Options subsidized by SHBP for Retirees age 65 and older.
- When you retire, check your annuity deductions to verify that the correct deduction amount has been submitted to SHBP. If SHBP determines that you have not submitted your premium payment or your premium payment was a partial payment, or your premium exceeds the maximum amount SHBP will deduct from your annuity, SHBP/WageWorks will bill you directly and you should submit payment according to your invoice. If you are not being charged the correct amount, immediately contact SHBP Member Services at 800-610-1863.
- Once retired, you will have a Retiree Option Change Period (ROCP) that will allow you to only change your Plan Option.
- You may add dependents only if you have a qualifying event (QE) because Retirees do not have an Open Enrollment period.
- If you are planning to retire, you must update your email address in the SHBP Enrollment Portal from your work email address to a personal or other email address so you can receive SHBP email notifications after your retirement date.

Please refer to the Retiree Decision Guide for additional information regarding your SHBP coverage and Plan Options as a Retiree



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<b>Disability</b>	Term Life	Accident	Critical Illness	GAP-Hospital	Additional Benefits
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DISABILITY INSURANCE

OE—First deduction will be January 2023

Short Term Disability (STD) and Long Term Disability (LTD) replaces a portion of your lost earnings if you are unable to work due to a covered disability. You can purchase up to 66.67% of your salary in disability benefits. This is offered through SunLife Financial.

Imagine you hurt your back and your doctor recommends you stay home from work for four weeks. Or imagine you just delivered a baby. Or imagine if your disability keeps you out of work for a year or longer. You can't work, but you have bills to pay. You can use the weekly and/or monthly check to help pay everyday expenses.

**SHORT-TERM DISABILITY**

You will not be paid STD disability income and your sick leave pay at the same time. You may choose to use your available sick leave to satisfy your elimination period. If you choose to continue to receive your sick leave while receiving your SunLife disability benefit your disability would be offset by the sick leave amount. You can receive STD income up to 52 weeks, as long as you are still unable to work due to a covered disability.

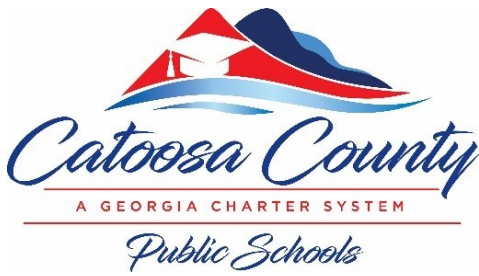
You have two choices for your elimination period with STD:

- Choice 1—7 day elimination period: Your benefits begin as soon as 8 days from the date you are unable to work due to an injury and 8 days due to an illness. These are calendar days not working days.
- Choice 2—30 day elimination period: Your benefits begin as soon as 31 days from the date you are unable to work due to an injury and 31 days due to an illness. These are calendar days not working days.

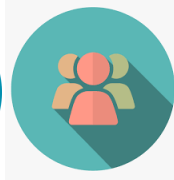
**LONG-TERM DISABILITY**

If you are unable to work because of a covered disability, LTD replaces a portion of your income. After your claim is approved, you will receive a monthly check for your benefits that help you pay everyday expenses. No medical questions are asked up to the Guaranteed Issue amount of \$5,000. Disability benefits begin as soon as 365 days from the date of your disability up to your Social Security Normal Retirement Age or longer, depending on your age at disability.

What if you have a pre-existing condition? If you submit a claim within 12 months of your insurance taking effect, or 12 months following any increase in your amount of insurance, disability will not pay any benefit for any pre-existing condition. A pre-existing condition includes anything you sought treatment for in the 12 months prior to your insurance becoming effective. Treatment can include consultation, advice, care, services or a prescription for drugs or medicine.



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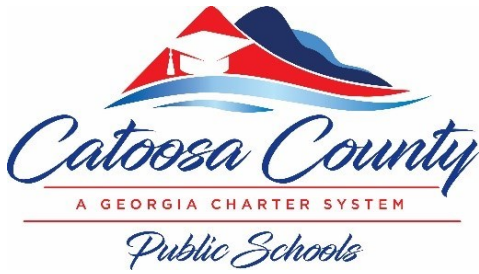
Disability	Term Life	Accident	Critical Illness	GAP-Hospital	Additional Benefits
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**SHORT-TERM DISABILITY**

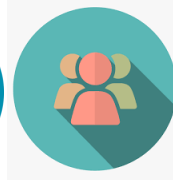
Maximum Annual Earnings	Weekly Benefit Amount	Monthly Premium	
		Choice 1	Choice 2
\$ 3,890.00	\$ 50.00	\$ 5.00	\$ 3.23
\$ 5,840.00	\$ 75.00	\$ 7.50	\$ 4.84
\$ 7,790.00	\$ 100.00	\$ 10.00	\$ 6.45
\$ 9,740.00	\$ 125.00	\$ 12.50	\$ 8.06
\$ 11,690.00	\$ 150.00	\$ 15.00	\$ 9.68
\$ 13,640.00	\$ 175.00	\$ 17.50	\$ 11.29
\$ 15,590.00	\$ 200.00	\$ 20.00	\$ 12.90
\$ 17,540.00	\$ 225.00	\$ 22.50	\$ 14.51
\$ 19,490.00	\$ 250.00	\$ 25.00	\$ 16.13
\$ 21,440.00	\$ 275.00	\$ 27.50	\$ 17.74
\$ 23,390.00	\$ 300.00	\$ 30.00	\$ 19.35
\$ 25,340.00	\$ 325.00	\$ 32.50	\$ 20.96
\$ 27,290.00	\$ 350.00	\$ 35.00	\$ 22.58
\$ 29,240.00	\$ 375.00	\$ 37.50	\$ 24.19
\$ 31,190.00	\$ 400.00	\$ 40.00	\$ 25.80
\$ 33,140.00	\$ 425.00	\$ 42.50	\$ 27.41
\$ 35,090.00	\$ 450.00	\$ 45.00	\$ 29.03
\$ 37,040.00	\$ 475.00	\$ 47.50	\$ 30.64
\$ 38,990.00	\$ 500.00	\$ 50.00	\$ 32.25
\$ 40,940.00	\$ 525.00	\$ 52.50	\$ 33.86
\$ 42,890.00	\$ 550.00	\$ 55.00	\$ 35.48
\$ 44,840.00	\$ 575.00	\$ 57.50	\$ 37.09
\$ 46,790.00	\$ 600.00	\$ 60.00	\$ 38.70
\$ 48,740.00	\$ 625.00	\$ 62.50	\$ 40.31
\$ 50,690.00	\$ 650.00	\$ 65.00	\$ 41.93
\$ 52,640.00	\$ 675.00	\$ 67.50	\$ 43.54
\$ 54,590.00	\$ 700.00	\$ 70.00	\$ 45.15
\$ 56,540.00	\$ 725.00	\$ 72.50	\$ 46.76
\$ 58,490.00	\$ 750.00	\$ 75.00	\$ 48.38
\$ 60,440.00	\$ 775.00	\$ 77.50	\$ 49.99
\$ 62,390.00	\$ 800.00	\$ 80.00	\$ 51.60
\$ 64,340.00	\$ 825.00	\$ 82.50	\$ 53.21
\$ 66,290.00	\$ 850.00	\$ 85.00	\$ 54.83
\$ 68,240.00	\$ 875.00	\$ 87.50	\$ 56.44

Maximum Annual Earnings	Weekly Benefit Amount	Monthly Premium	
		Choice 1	Choice 2
\$ 70,190.00	\$ 900.00	\$ 90.00	\$ 58.05
\$ 72,140.00	\$ 925.00	\$ 92.50	\$ 59.66
\$ 74,090.00	\$ 950.00	\$ 95.00	\$ 61.28
\$ 76,040.00	\$ 975.00	\$ 97.50	\$ 62.89
\$ 77,990.00	\$ 1,000.00	\$ 100.00	\$ 64.50
\$ 79,940.00	\$ 1,025.00	\$ 102.50	\$ 66.11
\$ 81,890.00	\$ 1,050.00	\$ 105.00	\$ 67.73
\$ 83,840.00	\$ 1,075.00	\$ 107.50	\$ 69.34
\$ 85,790.00	\$ 1,100.00	\$ 110.00	\$ 70.95
\$ 87,740.00	\$ 1,125.00	\$ 112.50	\$ 72.56
\$ 89,690.00	\$ 1,150.00	\$ 115.00	\$ 74.18
\$ 91,644.00	\$ 1,175.00	\$ 117.50	\$ 75.79
\$ 93,590.00	\$ 1,200.00	\$ 120.00	\$ 77.40
\$ 95,540.00	\$ 1,225.00	\$ 122.50	\$ 79.01
\$ 97,490.00	\$ 1,250.00	\$ 125.00	\$ 80.63
\$ 99,440.00	\$ 1,275.00	\$ 127.50	\$ 82.24
\$ 101,390.00	\$ 1,300.00	\$ 130.00	\$ 83.85
\$ 103,340.00	\$ 1,325.00	\$ 132.50	\$ 85.46
\$ 105,290.00	\$ 1,350.00	\$ 135.00	\$ 87.08
\$ 107,240.00	\$ 1,375.00	\$ 137.50	\$ 88.69
\$ 109,190.00	\$ 1,400.00	\$ 140.00	\$ 90.30
\$ 111,140.00	\$ 1,425.00	\$ 142.50	\$ 91.91
\$ 113,090.00	\$ 1,450.00	\$ 145.00	\$ 93.53
\$ 115,040.00	\$ 1,475.00	\$ 147.50	\$ 95.14
\$ 116,990.00	\$ 1,500.00	\$ 150.00	\$ 96.75
\$ 118,940.00	\$ 1,525.00	\$ 152.50	\$ 98.36
\$ 120,890.00	\$ 1,550.00	\$ 155.00	\$ 99.98
\$ 122,840.00	\$ 1,575.00	\$ 157.50	\$ 101.59
\$ 124,790.00	\$ 1,600.00	\$ 160.00	\$ 103.20
\$ 126,740.00	\$ 1,625.00	\$ 162.50	\$ 104.81
\$ 128,690.00	\$ 1,650.00	\$ 165.00	\$ 106.43
\$ 130,640.00	\$ 1,675.00	\$ 167.50	\$ 108.04
\$ 132,590.00	\$ 1,700.00	\$ 170.00	\$ 109.65
\$ 134,540.00	\$ 1,725.00	\$ 172.50	\$ 111.26
\$ 136,490.00	\$ 1,750.00	\$ 175.00	\$ 112.88





INSURANCE



LIFE AND  
FINANCIAL  
BENEFITS



RETIREMENT



MAKING YOUR  
DECISIONS



CONTACTS

LIFE AND FINANCIAL BENEFITS

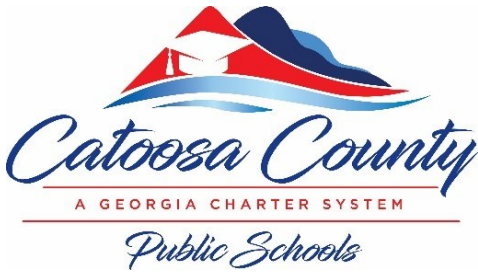
Disability	Term Life	Accident	Critical Illness	GAP-Hospital	Additional Benefits
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**LONG-TERM DISABILITY**

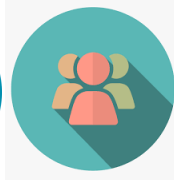
Maximum Annual Earnings	Monthly Benefit Amount	Monthly Premium
\$ 5,390.00	\$ 300.00	\$ 3.18
\$ 7,190.00	\$ 400.00	\$ 4.24
\$ 8,990.00	\$ 500.00	\$ 5.30
\$ 10,790.00	\$ 600.00	\$ 6.36
\$ 12,590.00	\$ 700.00	\$ 7.42
\$ 14,390.00	\$ 800.00	\$ 8.48
\$ 16,190.00	\$ 900.00	\$ 9.54
\$ 17,990.00	\$ 1,000.00	\$ 10.60
\$ 19,790.00	\$ 1,100.00	\$ 11.66
\$ 21,590.00	\$ 1,200.00	\$ 12.72
\$ 23,390.00	\$ 1,300.00	\$ 13.78
\$ 25,190.00	\$ 1,400.00	\$ 14.84
\$ 26,990.00	\$ 1,500.00	\$ 15.90
\$ 28,790.00	\$ 1,600.00	\$ 16.96
\$ 30,590.00	\$ 1,700.00	\$ 18.02
\$ 32,390.00	\$ 1,800.00	\$ 19.08
\$ 34,190.00	\$ 1,900.00	\$ 20.14
\$ 35,990.00	\$ 2,000.00	\$ 21.20
\$ 37,790.00	\$ 2,100.00	\$ 22.26
\$ 39,590.00	\$ 2,200.00	\$ 23.32
\$ 41,390.00	\$ 2,300.00	\$ 24.38
\$ 43,190.00	\$ 2,400.00	\$ 25.44
\$ 44,990.00	\$ 2,500.00	\$ 26.50
\$ 46,790.00	\$ 2,600.00	\$ 27.56
\$ 48,590.00	\$ 2,700.00	\$ 28.62
\$ 50,390.00	\$ 2,800.00	\$ 29.68
\$ 52,190.00	\$ 2,900.00	\$ 30.74
\$ 53,990.00	\$ 3,000.00	\$ 31.80
\$ 55,790.00	\$ 3,100.00	\$ 32.86
\$ 57,590.00	\$ 3,200.00	\$ 33.92
\$ 59,390.00	\$ 3,300.00	\$ 34.98

Maximum Annual Earnings	Monthly Benefit Amount	Monthly Premium
\$ 61,190.00	\$ 3,400.00	\$ 36.04
\$ 62,990.00	\$ 3,500.00	\$ 37.10
\$ 64,790.00	\$ 3,600.00	\$ 38.16
\$ 66,590.00	\$ 3,700.00	\$ 39.22
\$ 68,390.00	\$ 3,800.00	\$ 40.28
\$ 70,190.00	\$ 3,900.00	\$ 41.34
\$ 71,990.00	\$ 4,000.00	\$ 42.40
\$ 73,790.00	\$ 4,100.00	\$ 43.46
\$ 75,590.00	\$ 4,200.00	\$ 44.52
\$ 77,390.00	\$ 4,300.00	\$ 45.58
\$ 79,190.00	\$ 4,400.00	\$ 46.64
\$ 80,990.00	\$ 4,500.00	\$ 47.70
\$ 82,790.00	\$ 4,600.00	\$ 48.76
\$ 84,590.00	\$ 4,700.00	\$ 49.82
\$ 86,390.00	\$ 4,800.00	\$ 50.88
\$ 88,190.00	\$ 4,900.00	\$ 51.94
\$ 89,990.00	\$ 5,000.00	\$ 53.00
\$ 91,790.00	\$ 5,100.00	\$ 54.06
\$ 93,590.00	\$ 5,200.00	\$ 55.12
\$ 95,390.00	\$ 5,300.00	\$ 56.18
\$ 97,190.00	\$ 5,400.00	\$ 57.24
\$ 98,990.00	\$ 5,500.00	\$ 58.30
\$ 100,790.00	\$ 5,600.00	\$ 59.34
\$ 102,590.00	\$ 5,700.00	\$ 60.42
\$ 104,390.00	\$ 5,800.00	\$ 61.48
\$ 106,190.00	\$ 5,900.00	\$ 62.54
\$ 107,990.00	\$ 6,000.00	\$ 63.60
\$ 109,790.00	\$ 6,100.00	\$ 64.66
\$ 111,590.00	\$ 6,200.00	\$ 65.72
\$ 113,390.00	\$ 6,300.00	\$ 66.78
\$ 115,190.00	\$ 6,400.00	\$ 67.84
\$ 116,990.00	\$ 6,500.00	\$ 68.90





INSURANCE



LIFE AND FINANCIAL BENEFITS



RETIREMENT



MAKING YOUR DECISIONS



CONTACTS

LIFE AND FINANCIAL BENEFITS

Disability	<b>Term Life</b>	Accident	Critical Illness	GAP-Hospital	Additional Benefits
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LIFE AND AD&D INSURANCE

The life insurance policy offers coverage starting at \$10,000. The coverage amount can increase in \$10,000 increments up to \$200,000. This year, you'll see a slight changes to the premium rates for employee term life insurance. All employee & spouse term life premiums, as seen below, have increased \$0.02 per \$10,000 of coverage. If you elect over \$200,000 employee term life coverage or over \$50,000 spouse term life coverage, you will be required to answer health questions. Benefits are reduced at age 70 by 33% and another 33% reduction at age 75.

Note: Only \$50,000 of term life insurance coverage can be pre-taxed. So any amount you select above \$50,000 you will see as a second deduction "Life Taxable".

Life Insurance Amount	Monthly Premium		Life Insurance Amount	Monthly Premium
\$10,000	\$2.20		\$110,000	\$24.20
\$20,000	\$4.40		\$120,000	\$26.40
\$30,000	\$6.60		\$130,000	\$28.60
\$40,000	\$8.80		\$140,000	\$30.80
\$50,000	\$11.00		\$150,000	\$33.00
\$60,000	\$13.20		\$160,000	\$35.20
\$70,000	\$15.40		\$170,000	\$37.40
\$80,000	\$17.60		\$180,000	\$39.60
\$90,000	\$19.80		\$190,000	\$41.80
\$100,000	\$22.00		\$200,000	\$44.00

OE—First deduction will be December 2022 for the January 2023 premium.

Supplemental Life for Dependents \*\*Dependent coverage may not exceed the employee coverage amount.

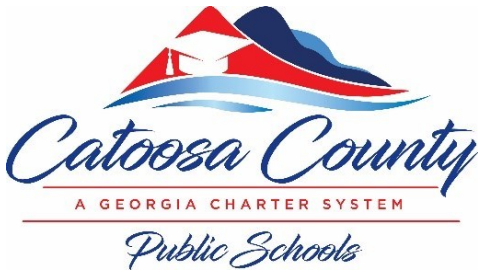
Spouse— \$50,000 coverage for \$11.50 monthly premium (\$2.30 monthly premium per \$10,000 coverage)

If you select spouse coverage over \$50,000, you will be required to answer health questions.

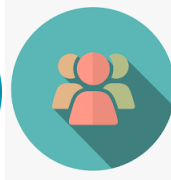
Children—\$5,000 coverage for \$0.60 monthly premium OR \$10,000 coverage for \$1.20 monthly premium.

\*\*Unmarried children can be covered until age 19 or 25 years old if a full-time student.

An employee must be enrolled in life insurance to be able to have dependent life insurance.



INSURANCE



LIFE AND FINANCIAL BENEFITS



RETIREMENT



MAKING YOUR DECISIONS



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LIFE AND FINANCIAL BENEFITS

- Disability
- Term Life
- Accident**
- Critical Illness
- GAP-Hospital
- Additional Benefits

**ACCIDENT INSURANCE**

Accident insurance helps your finances after a mishap, like a fall from a bicycle that requires medical attention. You can receive cash benefits to help cover the unexpected costs and related expenses. While health plans may cover direct costs associated with an accident, you can use accident benefits to help cover related expenses like lost income, child care, deductibles and co-pays. It pays in addition to any other coverage you may already have. Benefits are payable directly to you. Coverage can be purchased for you and your family. This is offered through SunLife Financial.

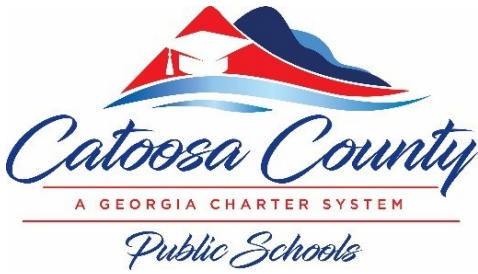
OE—First deduction will be January 2023

Examples of covered accidents:

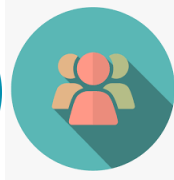
Accident	Open (Surgery)	Closed (No Surgery)
Hip dislocation	\$4,000	\$1,000
Elbow/Wrist dislocation	\$800	\$400
Leg/Vertebrae/Sternum/Pelvis Fracture	\$1,600	\$800
Single laceration under 5cm with sutures		\$65
Physical Therapy (per visit up to 10 per covered accident)		\$25
Emergency Room admission		\$150
Concussion		\$100
Open Surgery	\$1,250	
Laparoscopic Surgery	\$300	
Ruptured/Herniated Disc	\$625	

Coverage	Monthly Premium
Employee	\$16.79
Employee/Spouse	\$21.99
Employee/Child(ren)	\$25.98
Family	\$31.18

More detailed information can be found at [www.catoosa.k12.ga.us](http://www.catoosa.k12.ga.us) under Department > Human Resources> Forms > Open Enrollment folder.



INSURANCE



LIFE AND FINANCIAL BENEFITS



RETIREMENT



MAKING YOUR DECISIONS



CONTACTS

LIFE AND FINANCIAL BENEFITS

Disability	Term Life	Accident	Critical Illness	GAP-Hospital	Additional Benefits
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CRITICAL ILLNESS INSURANCE

This insurance can help with unexpected costs not covered by your health plan. Deductibles and copays, or other costs like travel and child care can reduce your savings. Critical Illness insurance provides a cash benefit when you or a person on your plan is diagnosed with a covered condition, like a heart attack or stroke. The benefit is paid directly to you, to use however you want. This is offered through SunLife Financial.

Covered Conditions

OE—First deduction will be January 2023

- Core Conditions: Heart Attack, Stroke, Coronary Artery Bypass Graft
- Other Conditions: Blindness, Paralysis, Major organ failure, End stage kidney failure

Coverage Amounts	Employee Non-tobacco Monthly Premiums					
	Age					
	<30	30-39	40-49	50-59	60-69	70+
\$ 5,000.00	\$ 2.80	\$ 4.25	\$ 6.35	\$ 11.40	\$ 16.40	\$ 19.80
\$ 10,000.00	\$ 5.60	\$ 8.50	\$ 12.70	\$ 22.80	\$ 32.80	\$ 39.60
\$ 15,000.00	\$ 8.40	\$ 12.75	\$ 19.05	\$ 34.20	\$ 49.20	\$ 59.40
\$ 20,000.00	\$ 11.20	\$ 17.00	\$ 25.40	\$ 45.60	\$ 65.60	\$ 79.20
\$ 25,000.00	\$ 14.00	\$ 21.25	\$ 31.75	\$ 57.00	\$ 82.00	\$ 99.00
\$ 30,000.00	\$ 16.80	\$ 25.50	\$ 38.10	\$ 68.40	\$ 98.40	\$ 118.80
\$ 35,000.00	\$ 19.60	\$ 29.75	\$ 44.45	\$ 79.80	\$ 114.80	\$ 138.60
\$ 40,000.00	\$ 22.40	\$ 34.00	\$ 50.80	\$ 91.20	\$ 131.20	\$ 158.40
\$ 45,000.00	\$ 25.20	\$ 38.25	\$ 57.15	\$ 102.60	\$ 147.60	\$ 178.20
\$ 50,000.00	\$ 28.00	\$ 42.50	\$ 63.50	\$ 114.00	\$ 164.00	\$ 198.00

Coverage Amounts	Employee Tobacco Monthly Premiums					
	Age					
	<30	30-39	40-49	50-59	60-69	70+
\$ 3.75	\$ 6.60	\$ 10.45	\$ 20.45	\$ 27.75	\$ 30.25	
\$ 7.50	\$ 13.20	\$ 20.90	\$ 40.90	\$ 55.50	\$ 60.50	
\$ 11.25	\$ 19.80	\$ 31.35	\$ 61.35	\$ 83.25	\$ 90.75	
\$ 15.00	\$ 26.40	\$ 41.80	\$ 81.80	\$ 111.00	\$ 121.00	
\$ 18.75	\$ 33.00	\$ 52.25	\$ 102.25	\$ 138.75	\$ 151.25	
\$ 22.50	\$ 39.60	\$ 62.70	\$ 122.70	\$ 166.50	\$ 181.50	
\$ 26.25	\$ 46.20	\$ 73.15	\$ 143.15	\$ 194.25	\$ 211.75	
\$ 30.00	\$ 52.80	\$ 83.60	\$ 163.60	\$ 222.00	\$ 242.00	
\$ 33.75	\$ 59.40	\$ 94.05	\$ 184.05	\$ 249.75	\$ 272.25	
\$ 37.50	\$ 66.00	\$ 104.50	\$ 204.50	\$ 277.50	\$ 302.50	

Coverage Amounts	Spouse Non-tobacco Monthly Premiums					
	Age					
	<30	30-39	40-49	50-59	60-69	70+
\$2,500	\$ 1.58	\$ 2.28	\$ 3.25	\$ 5.68	\$ 8.03	\$ 9.65
\$5,000	\$ 3.15	\$ 4.55	\$ 6.50	\$ 11.35	\$ 16.05	\$ 19.30
\$7,500	\$ 4.73	\$ 6.83	\$ 9.75	\$ 17.03	\$ 24.08	\$ 28.95
\$10,000	\$ 6.30	\$ 9.10	\$ 13.00	\$ 22.70	\$ 32.10	\$ 38.60
\$12,500	\$ 7.88	\$ 11.38	\$ 16.25	\$ 28.38	\$ 40.13	\$ 48.25
\$15,000	\$ 9.45	\$ 13.65	\$ 19.50	\$ 34.05	\$ 48.15	\$ 57.90
\$17,500	\$ 11.03	\$ 15.93	\$ 22.75	\$ 39.73	\$ 56.18	\$ 67.55
\$20,000	\$ 12.60	\$ 18.20	\$ 26.00	\$ 45.40	\$ 64.20	\$ 77.20
\$22,500	\$ 14.18	\$ 20.48	\$ 29.25	\$ 51.08	\$ 72.23	\$ 86.85
\$25,000	\$ 15.75	\$ 22.75	\$ 32.50	\$ 56.75	\$ 80.25	\$ 96.50

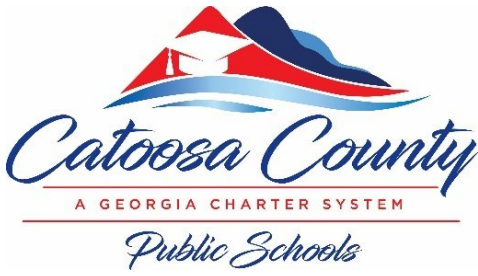
Coverage Amounts	Spouse Tobacco Monthly Premiums					
	Age					
	<30	30-39	40-49	50-59	60-69	70+
\$ 2.03	\$ 3.38	\$ 5.25	\$ 10.05	\$ 13.55	\$ 14.78	
\$ 4.05	\$ 6.75	\$ 10.50	\$ 20.10	\$ 27.10	\$ 29.55	
\$ 6.08	\$ 10.13	\$ 15.75	\$ 30.15	\$ 40.65	\$ 44.33	
\$ 8.10	\$ 13.50	\$ 21.00	\$ 40.20	\$ 54.20	\$ 59.10	
\$ 10.13	\$ 16.88	\$ 26.25	\$ 50.25	\$ 67.75	\$ 73.88	
\$ 12.15	\$ 20.25	\$ 31.50	\$ 60.30	\$ 81.30	\$ 88.65	
\$ 14.18	\$ 23.63	\$ 36.75	\$ 70.35	\$ 94.85	\$ 103.43	
\$ 16.20	\$ 27.00	\$ 42.00	\$ 80.40	\$ 108.40	\$ 118.20	
\$ 18.23	\$ 30.38	\$ 47.25	\$ 90.45	\$ 121.95	\$ 132.98	
\$ 20.25	\$ 33.75	\$ 52.50	\$ 100.50	\$ 135.50	\$ 147.75	

Child(ren)

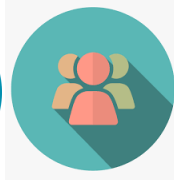
Coverage Amounts	Age 0-26
\$2,500	\$ 0.15
\$5,000	\$ 0.30

If you are already enrolled in Critical Illness, your premium will remain in the age bracket of when you applied. If you elect to increase your coverage, you will select your current age bracket.

More detailed information can be found at [www.catoosa.k12.ga.us](http://www.catoosa.k12.ga.us) under Department > Human Resources> Forms > Open Enrollment folder



INSURANCE



LIFE AND FINANCIAL BENEFITS



RETIREMENT



MAKING YOUR DECISIONS



CONTACTS

LIFE AND FINANCIAL BENEFITS

- Disability
- Term Life
- Accident
- Critical Illness
- GAP-Hospital**
- Additional Benefits

GAP-Hospital

Managing routine health care costs is difficult enough, but when you have a covered sickness or injury that requires a hospital stay or expensive outpatient procedures, you could find yourself trying to manage insurance deductibles, co-pays or other expenses not fully paid by your health insurance.

GAP insurance is designed to provide benefits that supplement existing major medical or comprehensive health insurance plans. The additional benefits help to cover out-of-pocket expenses related to coinsurance, co-pays and deductibles for inpatient or outpatient services.

Inpatient Benefits—\$1,500 per covered person per calendar year

- Inpatient hospital stays
- Inpatient surgeries
- Physician’s in-hospital charges
- Emergency room treatment for sickness (requires hospital confinement within 24 hrs.) or injury

Outpatient Benefits—\$750 per covered person per calendar year

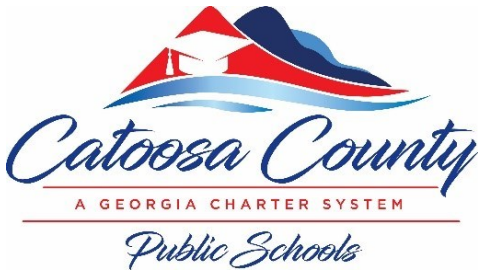
- Outpatient treatment of injury and sickness including surgery, diagnostic imaging and lab work
- Covers outpatient radiation and chemotherapy

Treatment may be performed in a hospital, physician’s office , outpatient surgical or emergency facility, a diagnostic testing facility or similar facility that is licensed to provide outpatient treatment. Does not cover physician’s office visits.

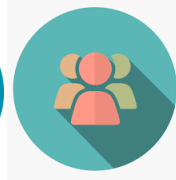
OE—First deduction will be January 2023

Monthly Premiums			
AGE	<40	40-49	50+
Employee	\$23.29	\$31.46	\$53.63
Employee + Spouse	\$41.89	\$56.54	\$96.47
Employee + Child(ren)	\$51.40	\$57.82	\$86.80
Employee + Family	\$69.94	\$82.89	\$129.58

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- Disability
- Term Life
- Accident
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- Additional Benefits

EMPLOYEE ASSISTANCE PROGRAM

Balancing the challenges of your job and the demands of an active personal lifestyle can at times be overwhelming. Your EAP is here for you when you're facing issues that interfere with your health, well-being and productivity at home or work. Your EAP offers 24/7 confidential access to experienced mental health professionals, providing comprehensive consultation, real-time crisis support, and timely connections to counselors, attorneys, financial specialists, work-life experts, dependent care specialist, daily living services and much more. These services are available at no cost to you and are designed to offer solutions to everyday life challenges.

All public school employees who work at least 29 hours a week, along with their spouse and children up to age 26.

Counseling Services

- Provide up to six sessions of free counseling per year at no charge to the employee and each covered family member.

Legal & Financial Consultation and Referral Services

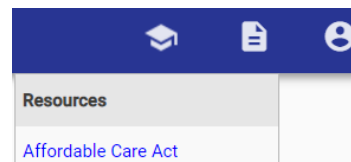
Civil/Consumer issues, personal/family legal services, business legal services, IRS matters, real estate, credit/debit services, estate planning, financial planning (one 30-min telephonic consultation)

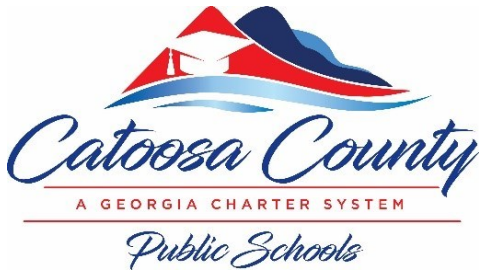
- Face-to-face or telephonic consultation with an attorney
- Access to up to four consultations and/or referral services in a year
- Discounted rates up to 25% if the attorney is retained after the free legal consultation

Work/Life Consultation and Referral Services

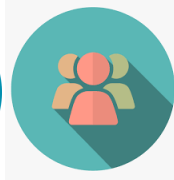
- Childcare and parenting
- Adoption
- Daily living
- Adult care
- Education
- Event and travel planning
- Moving or relocation services
- Home repairs

Log into your Employee Self Serve account to access the website, code and phone number for the Employee Assistance Program. Click on the paper icon in the top right corner for the drop down list of resources. Find Employee Assistance Program to download the flyer.





INSURANCE



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LIFE AND FINANCIAL BENEFITS

Disability   Term Life   Accident   Critical Illness   GAP-Hospital   **Additional Benefits**

## Shared Savings

Classified employees may be eligible to receive up to an extra \$3,000 per year!

Our Shared Savings Program allows you to receive a cash incentive to explore other healthcare options available to you. If you are a Classified employee currently enrolled in medical coverage through SHBP—and you decline coverage during Open Enrollment—you may be eligible for the Shared Savings Program. Consider your options:

- If you are under age 26, you may be eligible to be covered under your parent’s benefit plan.
- If you are age 65 or older, you are eligible for Medicare. Medicare experts are available to help you navigate your options.
- If your spouse has coverage available, you may be eligible to enroll in their employer’s plan.
- If you are covered both with SHBP AND under your spouse’s plan, you may not be receiving the full benefit for the money you are spending.
- If you and you spouse both work for CCPS, you can reduce your costs by enrolling under one plan.

Please note: This program is not available to Certified employees because CCPS receives state allocated funding for Certified employees who elect coverage under SHBP.

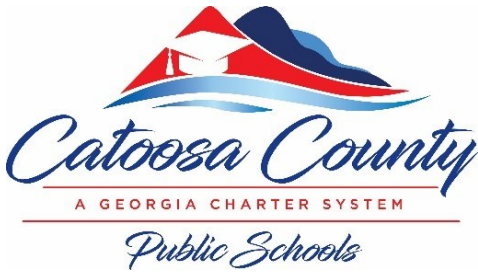
Eligible employees must enroll annually during Open Enrollment and meet the criteria to receive the incentive bonus in two installments. You will receive \$1,500 in December 2022 and \$1,500 in May 2023.

You can find the enrollment form at [www.catoosa.k12.ga.us](http://www.catoosa.k12.ga.us) under Department > HR > Forms > Open Enrollment folder.

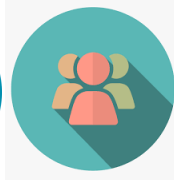
Have questions? Please call 888-254-7203 or email [sharesavings@aristacg.com](mailto:sharesavings@aristacg.com)

Monday—Friday, 8:30 am—4:30 pm





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RETIREMENT



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- TRS
- PSERS
- Lincoln 403b

## Teachers Retirement System of Georgia (TRS)

All employees who are scheduled to work 20 hours or more per week and at least half or more of the working days of a month in a covered position are required to be members of TRS. Covered positions include teachers, administrators, supervisors, clerical workers, paraprofessionals, nurses, child nutrition managers and child nutrition bookkeepers. Members will contribute 6% of regular earnings to the plan. An employee will be vested after 10 years of TRS eligible service.

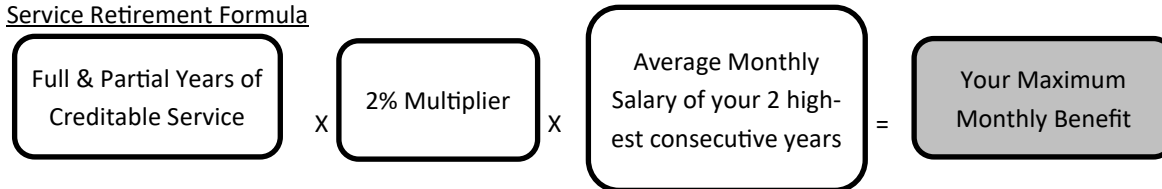
You will receive information from TRS instructing you to register your account online and name your beneficiaries when you are hired into a TRS position.

### Eligibility for Retirement Benefits

You are eligible for monthly retirement benefits by one of the following:

- Completion of 30 years of creditable service regardless of age;
- Completion of at least 10 years of creditable service and attainment of age 60; or
- Completion of at least 25 years of creditable service. If you retire under this provision, your benefit will be permanently reduced by the lesser of 1/12th of 7% for each month you are below age 60, OR 7% for each year or fraction of a year by which you have less than 30 years of creditable service.

### Service Retirement Formula



### Unused Sick Leave

At retirement, TRS members can establish credit for unused sick leave earned with current and previous TRS employers. You must have a minimum of 60 days of unused sick leave to establish sick leave credit.

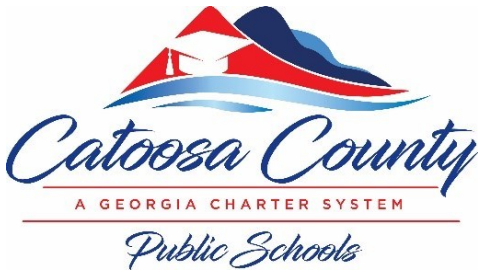
### Applying for Retirement

You must apply for service retirement online via your TRS personal account. It is recommended that you begin the process 3-6 months prior to the date you wish to retire.

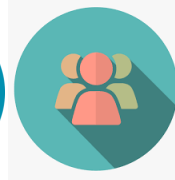
### Medical Insurance

If you have active SHBP medical insurance the day before your retirement becomes effective, you can take the insurance into retirement to be deducted from your retirement check. Your premium will depend on a variety of criteria.

For more details, please refer to the TRS website at [www.trsga.com](http://www.trsga.com)



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## Public School Employees Retirement System (PSERS)

Employees who are benefits eligible and are not eligible for TRS must establish membership in PSERS. The employees include bus drivers, child nutrition workers, maintenance, mechanics, and bus monitors. No employee can be a member of both PSERS and TRS at the same time. An employee will be vested after 10 years of PSERS eligible service.

Participants hired on or after 7/1/2012 will contribute \$10.00 per month to the plan. Participants hired before that date continue to contribute \$4.00 per month to the plan.

You will receive information from PSERS instructing you to register your account online and name your beneficiaries.

### Eligibility for Service Retirement

- Normal Retirement—at least 65 years old and 10 years of creditable service
- Early Retirement — at least 60 years old and 10 years of creditable service

### Formula for Normal Retirement

$$\text{Creditable Years of Service} \times \$16.50 = \text{Maximum Plan Benefit}$$

The Maximum Plan Benefit is the highest monthly benefit available and does not provide a monthly benefit to a beneficiary. If you need information on a benefit plan that allows for a monthly benefit to a beneficiary, please contact PSERS for assistance.

### Formula for Early Retirement

$$\text{Maximum Plan Benefit (as calculated above)} \times \text{Early Reduction Factor}$$

The Early Reduction Factor is a 6% reduction for each year the Member is commencing benefits before age 65.

### Applying for Retirement

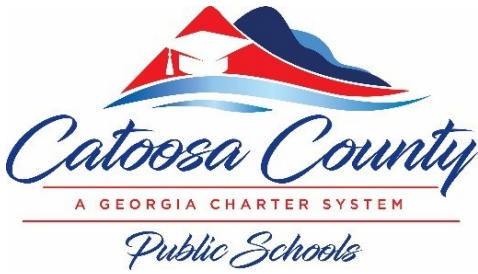
You must apply for service retirement with a paper application provided by the Benefits Coordinator. It is recommended that you begin the process 3 months prior to the date you wish to retire.

### Medical Insurance

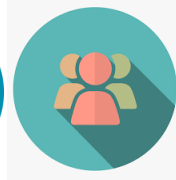
If you have active SHBP medical insurance the day before your retirement becomes effective, you can take the insurance into retirement to be deducted from your retirement check. Your premium will depend on a variety of criteria

For more details, please refer to the PSERS website at [www.ers.ga.gov](http://www.ers.ga.gov)

PSERS 800-805-4609



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- Lincoln 403b**

**Supplemental Retirement Benefit 403 (b) Plan for PSERS Employees**

Employees who are in the PSERS system are enrolled in the 403(b) plan. CCPS will contribute 3% of your base salary into an account with Lincoln Financial on your behalf. Also, employees have the option to contribute to the plan with a voluntary deduction. An employee is vested in the 403b plan after 5 years of service.

TAX DEFERRED SAVINGS PLAN

**Lincoln Financial 403(b)**

What is a 403b plan? A 403b plan is a tax-deferred retirement plan designed to help you invest regularly for your retirement. Your contributions are taken directly from your salary before it's taxed and can be invested among a selection of investment options.

When should you start contributing to the plan? Today! The earlier you start saving, the longer your money can grow. Beginning to save even one year earlier can make a difference.

The Lincoln 403b plan is open all year for employees to start contributing, increase contributions, decrease contributions or discontinue contributions. Please contact the Benefits Coordinator to enroll.

There are a variety of investment options available. Please contact our representative, listed below, to find out which plan will suit your future needs.

If you have questions regarding how the plan works or any other details, please contact our Lincoln consultant, Carey Beaven, at 844-573-9262 or [Carey.Beaven@LFG.com](mailto:Carey.Beaven@LFG.com).

You can always reach out to the call center at 800-234-3500. [www.lfg.com](http://www.lfg.com)

**403b Contribution Limits for 2023:**

Employees under age 50—\$22,500

Employees age 50+ —\$30,000

**ROTH Contribution Limit for 2023:**

Employees under age 50—\$6,500

Employees age 50+ —\$7,500

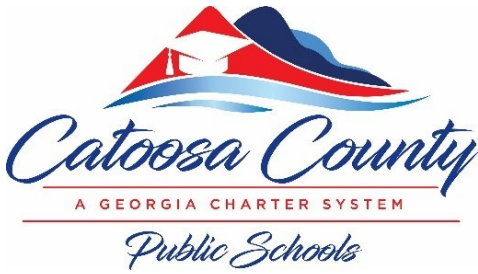
Carey Beaven, CFP®, CRPS®  
Retirement Consultant  
Retirement Plan Services

**Lincoln Financial Group**  
P.O. Box 767425  
Roswell, GA 30076

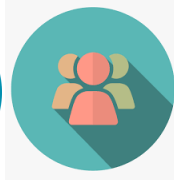
404-625-8402 Mobile  
484-583-2093 Fax

[Carey.Beaven@LFG.com](mailto:Carey.Beaven@LFG.com)

**LincolnFinancial.com**



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If you work 20 or more hours per week in a permanent position, you may enroll in retirement and any insurances.

## ELIGIBLE DEPENDENTS

An eligible dependent that may be covered on your benefit plan includes any one of the following:

### Spouse

Your legal spouse as defined by Georgia Law. You will be required to provide a copy of a certified marriage license or copy of your most recent jointly filed federal tax return which includes legible signatures for both member and spouse.

- Eligibility begins on the first of the month following the date of marriage
- Ends at the end of the month the divorce is final

### Natural Child

You will be required to provide a copy of the certified birth certificate showing parents' names (birth card issued by hospital for newborn is also accepted).

- Eligibility begins at birth
- Ends at the end of the month when the child turns age twenty-six.

### Stepchild

You will be required to provide a copy of the birth certificate showing your spouse as parent, a copy of the certified marriage license or most recent jointly filed federal tax return which includes legible signatures for both member and spouse.

- Eligibility begins on the first of the month following the date of marriage.
- Ends at the end of the month in which: the child turns age twenty-six or when the parents divorce, whichever occurs first.

### Disabled Dependent Children

Children with a mental or physical disability who have attained the limiting age of 26 may continue coverage beyond age 26 if proof of disability is provided with 31 days of attaining age 26. Age could vary depending on insurance plan.

- SHBP has a new Disabled Dependent Eligibility process that is electronic. Please see link below.

<https://shbp.georgia.gov/disabled-dependent-initial-review-and-recertification-form>

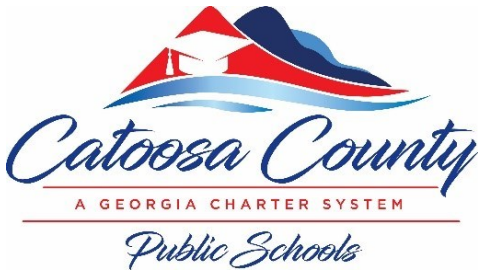
### Adopted Children/Child due to Guardianship

Other children refers to those adopted and for whom you have temporary or permanent guardianship. You will be required to provide a copy of the court decree showing your financial responsibility for the dependent with the date of adoption or placement.

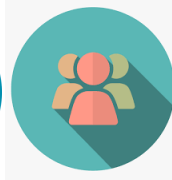
- Eligibility begins on the date of the legal placement for adoption, date of adoption or legal guardianship is established.
- Ends at the end of the month in which the child turns age twenty-six or when the legal guardianship terminates, whichever occurs first.

**\*\*Please see individual benefit plans to determine the age and/or rules to continue coverage for children.**

**NOTE: It is the employee's responsibility for removing dependents from coverage due to age limitations or divorce. If the dependent is not longer a full-time student, please verify eligibility for coverage to reduce the possibility of unnecessary premiums.**



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### Enrolling as a New Hire

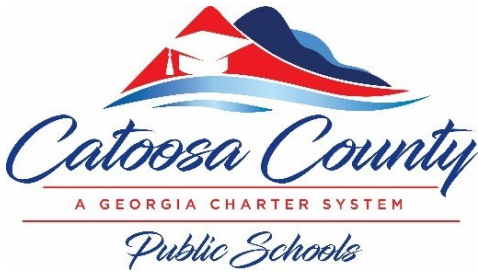
As an eligible employee, you have 30 days from your start date to enroll yourself and your eligible dependents in benefits. Once you start your New Hire process with Human Resources, you will get an email from the Benefits Coordinator with benefit information and how to schedule an appointment to complete your enrollment. Depending on the time of the year, it could take up to two weeks for you to receive the benefits email.

If you wait longer than 30 days, from your start date to enroll or if you waive enrollment of your benefits, you must wait to enroll until the next annual Open Enrollment period that begins in mid-October. Any benefits elected during OE, will become effective January 1st of the following year.

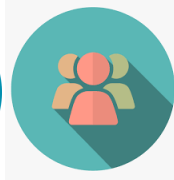
### Open Enrollment

Open Enrollment is your once-a-year opportunity to review your insurance and financial benefit elections and make changes for the coming plan year. Open Enrollment typically starts in mid-October and lasts for 3 weeks. During Open Enrollment you may choose to:

- Enroll in, waive, or change medical, dental, vision, term life or supplemental plans.
- Enroll or reenroll in the 401(k) Savings Program (Classified employees only)—current participants must reenroll
- Enroll in Flexible Spending—current participants must reenroll
- Enroll or remove eligible dependents for medical, dental, vision, term life or supplemental plans.



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## Qualifying Events

### **Are you going to experience a Qualifying Event (QE) during the Plan Year?**

You only have 31 days after your QE to enroll in insurance coverages or add/remove dependents.

QEs include, but not limited to:

- Birth, adoption of a child, or child due to legal guardianship
- Death of a currently enrolled spouse or enrolled child
- Your spouse's or eligible dependent's loss of eligibility for other group health coverage
- Marriage or divorce
- Medicare eligibility
- Loss of Medicaid eligibility (excluding voluntary discontinuation of coverage/non-compliance/failure to make payment)

It is very important for you to know either the last date of the old coverage for the QE or the first date of the new coverage for the QE.

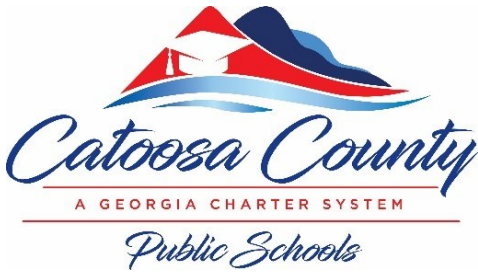
**Within 31 calendar days of your Qualifying Event you must contact State Health Benefit Plan at [myshbpga.adp.com](http://myshbpga.adp.com) and the Benefits Coordinator, Amy Perry, in Human Resources if you want to make any changes to your benefits elections. You can declare a QE on the day of, but no earlier than, the date on which the event actually occurs. If you miss the 31 day deadline, you can only make changes during the next Open Enrollment period for the following year.**

Note: If you elect to cover dependents, generally, they will be placed in a pending status until: 1) the required documentation is submitted with 45 days of the QE proving they are eligible for coverage, or 2) until the deadline to provide the documentation has passed, whichever occurs first.

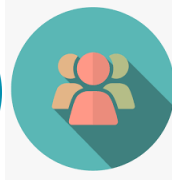
Please contact Amy Perry, Benefits Coordinator, as soon as you are aware of a Qualifying Event to receive instructions on the process. Email :[aperry@catoosa.k12.ga.us](mailto:aperry@catoosa.k12.ga.us) Phone: 706-935-0654

**Special Summer Note:** Due to early cutoff dates to process summer payrolls, we do not allow changes in the July or August paychecks. The cutoff to let the Benefits Coordinator know of a birth, marriage or another qualifying event during the summer paychecks is June 15th. If you experience a last minute change (for example: hacked checking account that must be closed), please contact Amy Perry, Benefits Coordinator, or Karri Harper, Payroll Coordinator, to discuss if any options are available.





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## SECTION 125 PLAN

Section 125 of the Internal Revenue Code permits an eligible employee to elect and purchase designated insurance benefit with premiums that are deducted from his/her paycheck before taxes are taken out. This results in the employee paying lower taxes and having more take home pay. This section of the Code also allows employees to set aside additional pre-tax money into spending accounts with those funds available for unreimbursed medical expenses and also for dependent care expenses. You will not pay income taxes or Social Security (FICA) taxes on any amount included in the Flexible Benefits Plan. In order to waive the Flexible Benefits Plan, you will be required to contact the Benefits Coordinator.

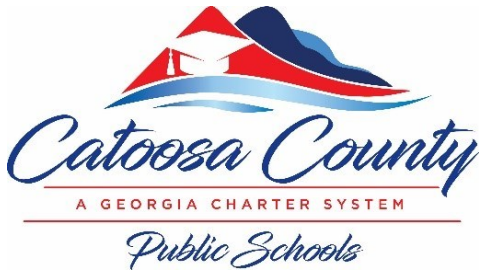
## DIRECT DEPOSIT

Direct deposit is available to all employees. Please complete the direct deposit form located on the CCPS website under Human Resources and attach a personal blank “voided” check. If you do not have checks, please contact your financial institution to request a direct deposit authorization form allowing CCPS to make the direct deposit. Either form must have the employee’s signature.

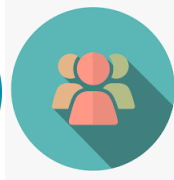
## IMPORTANT INFORMATION

When you elect to participate in benefits as a new hire or during open enrollment, the Benefits/Human Resources office makes every effort to ensure that your coverage and deductions are set up correctly and on time. However, it is your responsibility to monitor your payroll records to ensure that the deductions you expect start when you expect them and are the correct amount. If they do not or are not the correct amount, you must notify the Benefits Coordinator immediately. We can correct most errors if caught quickly, but we cannot correct those that are not brought to our attention for several months.

**Thank you for your cooperation in this important matter!**



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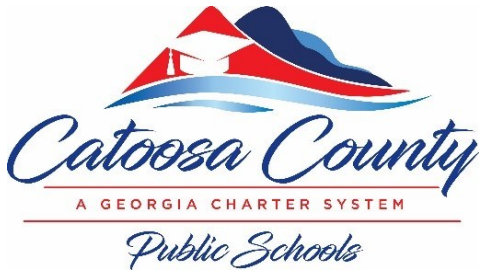


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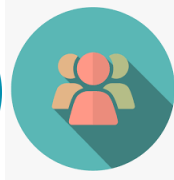
MAKING YOUR DECISIONS

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Paystub Deduction Code	Explanation	
ACCIDENT	ACCIDENTAL INSURANCE	
CC 403B	LINCOLN 403B FOR NONCERTIFIED EMPLOYEES NOT ON TRS	
CEA DUES	CEA PROFESSIONAL DUES	
CERT GHI	BOARD COST FOR HEALTH INSURANCE	\$975 PAID BY CCPS AND/OR BOARD PER MONTH
CERT HEALTH	CERTIFIED HEALTH INSURANCE	TEACHERS, ADMINISTRATORS
CHILD FUND	CHILDREN'S FUND	
CHILD TERM L	CHILD TERM LIFE INSURANCE	
CREDIT UNION	SET AMOUNT TO CREDIT UNION SET UP AT CU-THIS IS SEPARATE FROM DIRECT DEPOSIT	
CRITICAL CAR	CRITICAL ILLNESS	
DENTAL INS OR DENTAL AFTX	DENTAL INSURANCE PRE-TAX OR POST-TAX	
FLEX DEP	FSA DEPENDENT CARE PRE-TAX \$\$\$ SET ASIDE FOR DEP CARE UP TO \$5,000 PER YEAR	
FSA MED ONLY	FSA MEDICAL PRE-TAX \$\$\$ SET ASIDE FOR MEDICAL EXPENSES UP TO \$2,850 PER YEAR	
FLEX ADM CHG	FLEXIBLE SPENDING FEE PAID BY CCPS	
HOSPITAL-GAP	HOSPITALIZATION INSURANCE	
LICOA CANCER OR LICOA CANC	CANCER INSURANCE PRE-TAX OR POST-TAX	
LIFE PRETAX	TERM LIFE INSURANCE PRETAX	\$2.20 PER \$10,000 COVERAGE UP TO \$50,000
LIFE TAXABLE	TERM LIFE INSURANCE TAXABLE	\$2.20 PER \$10,000 COVERAGE OVER \$50,000
LINCOLN	VOLUNTARY LINCOLN DEDUCTION	POST-TAX CONTRIBUTION
LINCOLN ROTH	VOLUNTARY LINCOLN ROTH DEDUCTION	POST-TAX ROTH CONTRIBUTION
L/T DISABILI	LONG TERM DISABILITY	BEGINS DAY 366
NCERT HEALTH	NONCERTIFIED HEALTH INSURANCE	
NC GHI	BOARD COST FOR HEALTH INSURANCE	\$975 PAID BY CCPS AND/OR BOARD PER MONTH
PAGE DUES	PAGE PROFESSIONAL DUES	
PHILA CANCER OR PHILA CANC	PHILADELPHIA CANCER PRE-TAX OR POST-TAX	
PSERS/PXRS	PUBLIC SCHOOL EMP RETIRE SYSTEM	
SPOUSE LIFE	SPOUSE TERM LIFE INSURANCE	
S/T DISABILI	SHORT TERM DISABILITY	UP TO 12 MONTH COVERAGE
TRS	TEACHERS RETIREMENT SYSTEM	
UNI LIFE OR WHOLE LIFE	UNIVERSAL OR WHOLE LIFE INSURANCE	
UNITED WAY	UNITED WAY	
VISION INS OR VISI TAXABLE	VISION INSURANCE PRE-TAX OR POST-TAX	



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Need Help With....	Contact...	Phone or Website
Medical Plans	State Health Benefit Plan	800-610-1863 <a href="http://mySHBPga.adp.com">mySHBPga.adp.com</a> or <a href="http://shbp.georgia.gov">shbp.georgia.gov</a>
	Anthem BCBS	855-641-4862 <a href="http://anthem.com/shbp">anthem.com/shbp</a>
	United HealthCare	888-364-6352 <a href="http://whyuhc.com/shbp">whyuhc.com/shbp</a>
Wellness Program for SHBP	BeWell-Sharecare	888-616-6411 <a href="http://bewellshbp.com">bewellshbp.com</a>
SHBP, Medicare or Shared Savings Program—Additional help	ARISTA-Employee Benefit Assistance	888-254-7203
Dental	Ameritas	800-487-5553 <a href="http://ameritas.com">ameritas.com</a>
Vision	EyeMed/Standard	866-289-0614 <a href="http://Eyemedvisioncare.com">Eyemedvisioncare.com</a>
Flexible Spending Account Healthcare or Dependent Care	TASC	800-422-4661 <a href="http://Tasconline.com">Tasconline.com</a>
Short or Long Term Disability	SunLife	800-247-6875 <a href="http://www.sunlife.com/us">www.sunlife.com/us</a> Email: <a href="mailto:myclaimsdocuments@sunlife.com">myclaimsdocuments@sunlife.com</a>
Term Life Insurance	SunLife	800-247-6875
Critical Illness Accident	SunLife	877-820-5306 Email: <a href="mailto:slfworksiteclaims@disabilityrms.com">slfworksiteclaims@disabilityrms.com</a>
GAP-Hospital	SunLife	800-648-8624 Email: <a href="mailto:claimsmail@ftj.com">claimsmail@ftj.com</a>
Retirement	TRS-Teachers Retirement System	800-352-0650 <a href="http://www.trsga.com">www.trsga.com</a>
	PSERS-Public School Employees Retirement System	800-805-4609 <a href="http://www.ers.ga.gov">www.ers.ga.gov</a>
	Lincoln Financial	Carey Beaven, Consultant 844-573-9262 Email: <a href="mailto:Carey.Beaven@LFG.com">Carey.Beaven@LFG.com</a> Call Center 800-234-3500
Cancer Insurance	Life Insurance Company of Alabama	800-226-2371
Whole or Universal Life	UNUM	866-679-3054