

# BENEFITS GUIDE

PLAN YEAR 2024

HEALTH



LIFE AND FINANCIAL BENEFITS

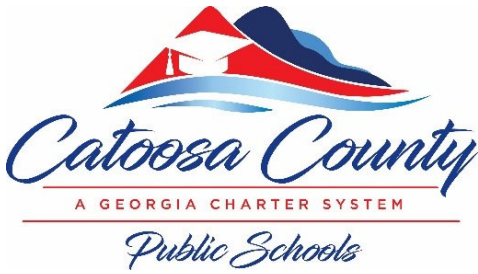


RETIREMENT



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 Benefits Guide can help you make informed health care decisions as you experience certain life events.

**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 2024.**  
**Just remember that some premiums are changing so it is best to review all of your benefits.**

**\*\*The informa. on 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.**

**OPEN ENROLLMENT—  
OCTOBER 16—NOVEMBER 3,  
2023  
FOR THE 2024 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 3, 2023. All election changes will go into effect on January 1, 2024.

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.

**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.

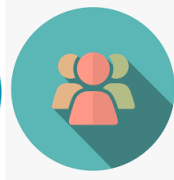
QEs include, but not limited to:

- 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.



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Yes, you did read that right. The dependent age covered will rise, some premiums will vary, the benefit provider may have changed, and/or certain benefit specifics will change.

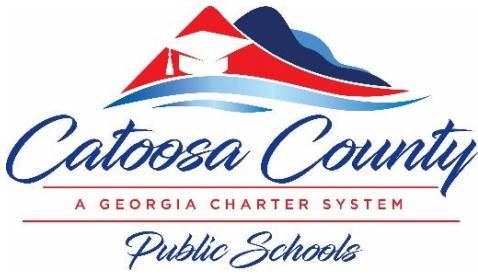
Every year, we assess our additional benefits, excluding the State Health medical insurance, to ensure that we are providing the most value for the employees' money. After reviewing for the 2024 plan year, it was decided that in order to provide the best benefits for our employees, we would need to make some changes to some of the packages.

Here are some of the changes you will see in the following pages:

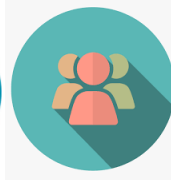
- ◆ All dependent coverage will extend to the end of the month of their 26th birthday regardless of student status.
- ◆ **State Health Benefit Plan-Medical insurance:** Premiums increased between 2% to 7% depending on the plan.
- ◆ The following plans are all changing to a new company called Guardian.
  - ◆ **Dental Insurance:** Premiums will remain the same. Covered employees plus their covered dependent could have rollover money to use for dental work in the following year.
  - ◆ **Vision Insurance:** It will use the VSP network along with Retail Chain Providers. Premiums will decrease by 4%.
  - ◆ **Term Life Insurance:** Premiums will remain the same. Employees term life increments will be \$5,000 rather than \$10,000.
  - ◆ **Short-Term Disability:** Premiums will decrease by 15%. Employees can take the coverage with them if employment ends. The weekly benefit increments will be in \$50 instead of \$25. Also, you can receive sick pay and disability pay at the same time.
  - ◆ **Long-Term Disability:** Premiums will decrease by 24%. Employees will not have to choose on the monthly benefit amount. Employees will elect the maximum amount of 66.67% of their salary.
  - ◆ **Critical Illness:** Premiums will remain the same. The premiums will be set for the Issue Age and will not increase due to the insured aging. Disorders that will be covered will increase from 5 to approximately 30.
  - ◆ **Accident:** Premiums will decrease.
  - ◆ **Hospital Indemnity:** Premiums will no longer be based on age. Premiums will increase 5% more than the youngest age bracket (<40).



\*\* If you realize that your Dentist or Eyecare provider are not covered, please email [aperry@catoosa.k12.ga.us](mailto:aperry@catoosa.k12.ga.us). The information will be sent to Guardian so they will reach out to see if the provider will accept the new insurance. There is NO guarantee that your provider will agree to accept the new insurance.



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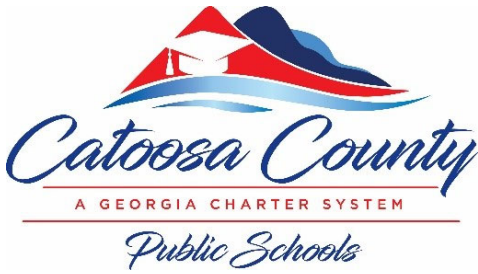
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<b>Medical</b>	Premium Rates	Enrollment	Wellness	Dental	Vision	Cancer	Flexible Spending	Medical in Retirement
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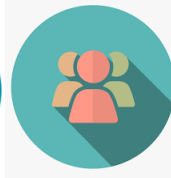
Medical Plans at a Glance

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	
Covered Services	In-Network You Pay	In-Network	Out-of-Network You Pay
<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 deductible	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*	

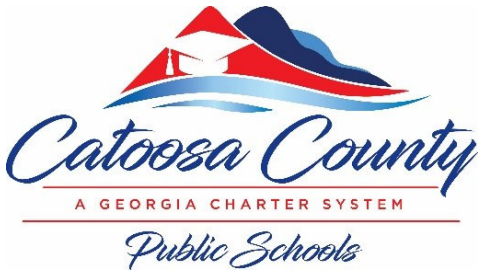
NOTE: Amounts you pay go toward the out-of-pocket maximum.

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

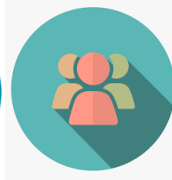


Certain drug costs are waived if SHBP is primary and you actively participate in one of the Disease Management (DM) Programs. Contact Anthem BCBS or UnitedHealthcare for more information and to get started in the program.





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State Health Benefit Plan -- Monthly Premiums for Active Employees  
January 1 - December 31, 2024

	Employee	Emp + Child(ren)	Emp + Spouse	Family
Anthem BCBS Gold	\$158.56	\$313.04	\$434.72	\$589.20
Anthem BCBS Silver	\$95.19	\$205.32	\$301.65	\$411.78
Anthem BCBS Bronze	\$47.69	\$124.57	\$201.90	\$278.78
Anthem BCBS HMO	\$118.53	\$244.99	\$350.66	\$477.12
UHC HMO	\$147.91	\$294.94	\$412.36	\$559.39
UHC HDHP	\$33.36	\$100.20	\$171.80	\$238.64

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 2023 for the January 2024 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 to confirm 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.

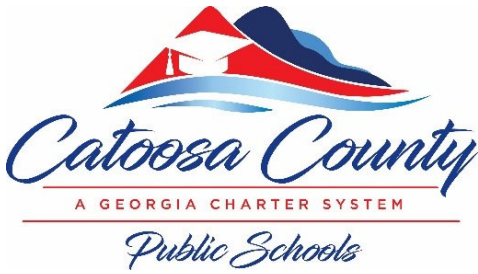
**TELEMEDICINE/VIRTUAL VISITS**

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.

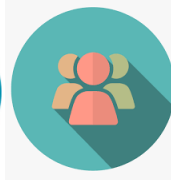
Log into your Anthem BCBS or UHC online account to access the Virtual Visit link.

**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.
3. Under the OE or New Hire window, click on **Enroll Now** to proceed with your 2024 Plan Year enrollment.
4. If you have not provided a Tobacco Surcharge response in the past, you must first answer the question 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 2024.

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.

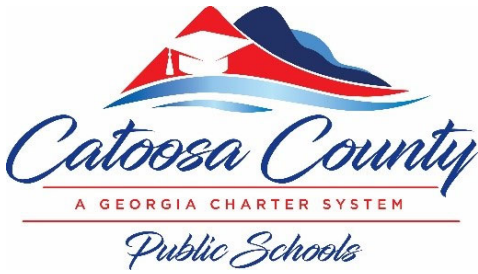
**SHBP Enrollment Portal**  
[www.mySHBPga.adp.com](http://www.mySHBPga.adp.com)

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

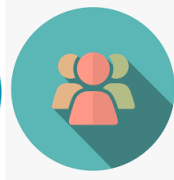
**SHBP Member Services**

**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:**

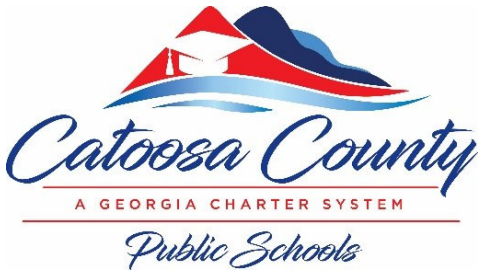
- The updated coverage record for the dependent is transmitted to Anthem BCBS or UnitedHealthcare
- The member will receive an Approval letter.

**If a Member’s Dependent Fails the DVS:**

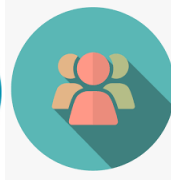
- The dependent is no longer eligible for coverage. The next opportunity would be the next Open Enrollment.
- If the request was to discontinue their dependent coverage, the coverage will be reinstated back to the termination date requested so no break in coverage occurs.

Eligible Dependents Added to SHBP	Dependent Verification Documentation Required	Documentation Due Within This Timeframe
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 16, 2023 at 12:00 am EST and ends November 3, 2023 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 11/3/23.**

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, 2024 with the first payroll deduction in December 2023.**

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

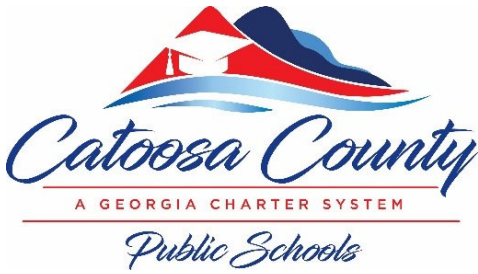
**OPEN ENROLLMENT NON-HEALTH INSURANCE BENEFITS**

There are some changes this year. Most of our benefit products will be transitioning to a new company called Guardian Insurance Co. Since there are changes to a few of the products and premiums, it would be best for you to review all of your benefits to determine if you need or want to make any changes.

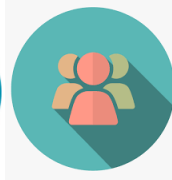
You will be able to enroll through ESS, with enrollment forms or through the Cason Group who will send all changes, declines, and enrollments to CCPS.

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

**YOU MUST RE-ENROLL IN THE FSA TO PARTICIPATE FOR THE 2024 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 3, 2023 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 and the Benefits Coordinator in HR whenever you have a change in covered dependents within 31 days of a qualifying event (QE)
- Notify SHBP and 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 2024 paycheck.

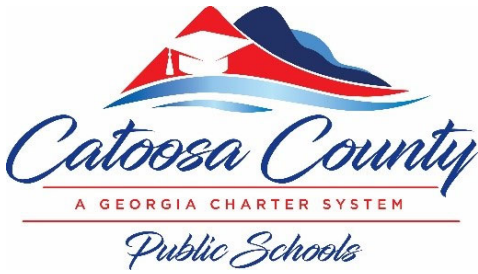
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[mySHBPga.adp.com](http://mySHBPga.adp.com)  
**24 Hours per Day 7 Days per Week**  
**SHBP Member Services**  
**800-610-1863**  
**Mon—Fri 8:30 am—7:30 pm**

Need assistance determining which Medical/Health insurance 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.

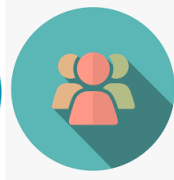
**What if you do not want to make any changes to your benefits?**

**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 2024.**

**Just remember that some premiums are changing so it is best to review all of your benefits.**



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Medical Premium Rates **Enrollment** Wellness Dental Vision Cancer Flexible Spending Medical in Retirement

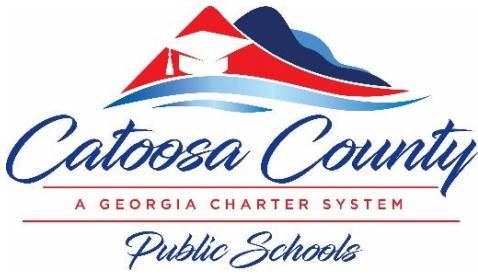
## OPEN ENROLLMENT THROUGH EMPLOYEE SELF SERVICE (ESS)

How to enroll:

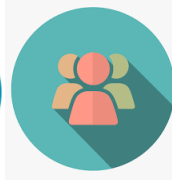
1. Log into your ESS account found under the county website in the Employee section
2. Select Benefits on the left side of the screen

\*Please note that some existing benefits are duplicated on this screen or all deductions may not be listed. You are not being double deducted for premiums in your paycheck. It is best to review the deductions on your most recent paycheck for the correct benefit deductions

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" or "select" on every benefit that is available on the Open Enrollment section.
6. 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.
7. You will see a review page of all of your OE selections. You can modify, if needed.
8. If you are satisfied with your elections, please "Submit Choices".
9. 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. Also, you will receive a Benefits Enrollment Summary email from [munis@catoosa.k12.ga.us](mailto:munis@catoosa.k12.ga.us) when your OE choices have been submitted.



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**WELLNESS 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.

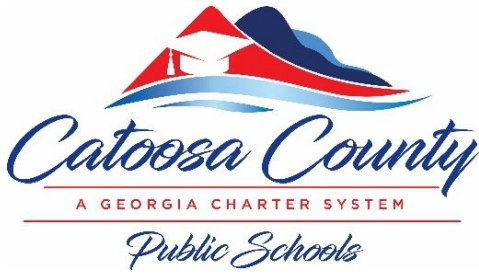
The Sharecare team will provide you with the support, tools, and lifestyle management information you need to improve your health and well-being. The types of support you receive includes: the Sharecare RealAge Test that determines your body’s true age, a highly personalized profile, personalized content 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	480	480	480
Spouse	480	480	480	480
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	960	1,460	1,460

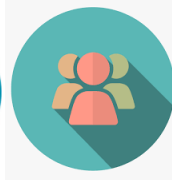
**Anthem:** Members enrolled in an Anthem HRA Plan Option will receive SHBP-funded base credits at the beginning of the Plan Year. The amount funded will be based on your elected coverage tier. If you enroll in a HRA during the Plan Year, these credits will be prorated based on the elected coverage tier 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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### 2024 Wellness Incentives

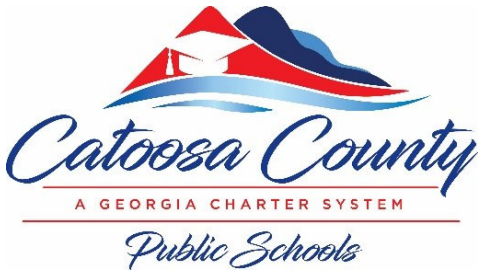
If You Complete...	You Will Earn...
<p><b>The RealAge Test</b></p> <p>Online questionnaire that will take about 10 mins to complete. It is best to complete this early in the year.</p>	<p><b>120 points****</b></p>
<p><b>A Biometric Screening</b></p>	<p><b>120 points****</b></p>
<p><b>Well-being Coaching, 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).

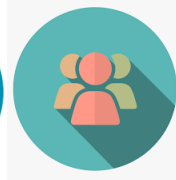
\*\*If you elect to redeem your points for incentive credits to apply toward eligible medical/pharmacy expenses, you may do so in increments of 120 (up to a max of 480). Credits will be available within 30 days of redemption & will be deposited into your HRA, MIA or HIA account. You will not be able 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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Do you need assistance reviewing your current benefits to ensure that you will be making the necessary changes to your 2024 benefits? Do you have questions about the benefits that are offered?

### Open Enrollment is Soon!

Catoosa County Schools is thrilled to provide a new enrollment assistance opportunity where employees can meet 1:1 telephonically with a licensed benefit counselor as they elect their coverage. During this meeting, you will be able to receive assistance in making your elections in our enrollment platform, Employee Navigator, gain a better understanding of the new benefits being offered and receive guidance as you make insurance decisions for you and your loved ones.

### Next Steps

All employees are strongly encouraged to schedule time with a counselor by scanning the QR code, visiting [calendly.com/catoosacounty](https://calendly.com/catoosacounty) or calling (855) 520-6769.

Don't forget to have your dependent and spouse information ready for your meeting. This includes Date of Birth and Social Security Number!

If you schedule an appointment through the information on this page, your questions regarding medical/health insurance will not be able to be answered. They will only be able to answer questions referring to dental, vision, term life, disability, critical illness, accident, hospital and cancer insurance.

You will need to contact SHBP directly or refer to the 2024 SHBP Members Benefit Guide for medical/health insurance questions.

### Important Enrollment Dates



#### Open Enrollment Window:

October 16 – November 3

#### Telephonic Appointment Availability:

**October 16 – November 3**

**8:00 AM – 5:00 PM EST**

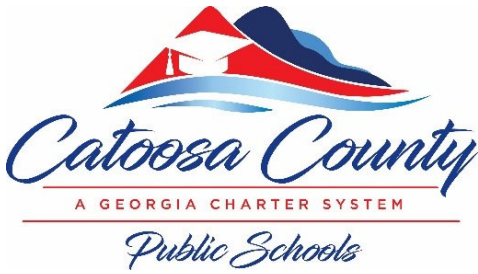


#### Schedule Your Meeting

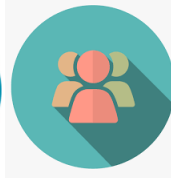
Scan the QR Code or visit the link to schedule your meeting with a benefit counselor:



[CALENDLY.COM/CATOOSACOUNTY](https://calendly.com/catoosacounty)



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**GUARDIAN DENTAL INSURANCE**

DentalGuard Preferred Network

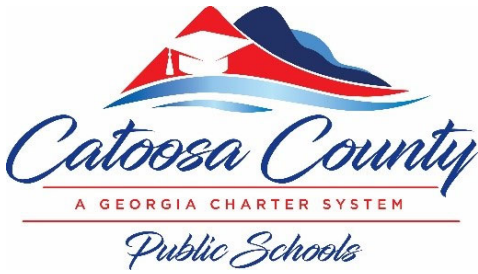
[www.GuardianAnytime.com](http://www.GuardianAnytime.com)

<b>Deductible</b>		OE—First deduction will be December 2023 for the January 2024 premium.	
Preventive: \$0			
Other services: \$50 per calendar year; Family limit of 3 per family-maximum of \$150 per calendar year			
Preventive--100%			
<ul style="list-style-type: none"> <li>• Oral Exam (2 per calendar year)</li> <li>• Cleanings (2 per calendar year)</li> <li>• X-Rays (Full-mouth series once/60 months)</li> </ul>	<ul style="list-style-type: none"> <li>• Fluoride Treatment (to age 14, 2 per calendar year)</li> <li>• Sealants (to age 16, once per 36 months)</li> </ul>		
Basic—80%			
<ul style="list-style-type: none"> <li>• Fillings (include posterior composites)</li> <li>• Perio Maintenance Procedure (2 per calendar year)</li> <li>• Periodontal Services (eg. Scaling and Root Planing)</li> <li>• Periodontal Surgery</li> </ul>	<ul style="list-style-type: none"> <li>• Simple Extractions</li> <li>• Surgical Extractions</li> <li>• Endodontic Services (eg. Root Canal)</li> </ul>	<b>Dental Provider Search:</b>  <a href="https://www.guardianlife.com/find-a-provider">https://www.guardianlife.com/find-a-provider</a>	
Major—50%			
<ul style="list-style-type: none"> <li>• Bridges &amp; Dentures</li> <li>• Crowns</li> <li>• Repair &amp; Maintenance of Crowns, Bridges &amp; Dentures</li> </ul>	<ul style="list-style-type: none"> <li>• General Anesthesia</li> <li>• Inlays, Onlays &amp; Veneers</li> <li>• TMJ</li> </ul>		
**Replacement age for Crowns, Bridges & Dentures—5 Years			
Orthodontia—50% for children and adults	**Orthodontia in Progress will be covered		
Lifetime Maximum (per person)	\$1,500		
<b>Benefit Year Maximum</b>			
\$1,000 with Maximum Rollover (per covered person)	If claims do not exceed \$500, you can rollover \$250 to the next year. The maximum rollover amount is \$1,000		
**See example of following page			
<b>Claims Payment Basis</b>			
All Basic & Major	90th	<i>In-network has negotiated fee schedule</i>	
<b>Dependent Age Limits</b>			
Covered up to age 26 (will end on the last day of the month of the 26th birthday)			
<b>No Waiting Periods regardless of when the employee first enrolled in the dental insurance!</b>			

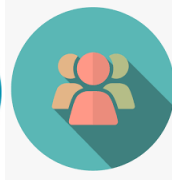
Single coverage            \$18.76 per month  
 Family coverage            \$83.84 per month

Two Spouse discount is only available when both spouses work for CCPS and both are benefits eligible.

Social security number and date of birth are needed for covered dependents to enroll.



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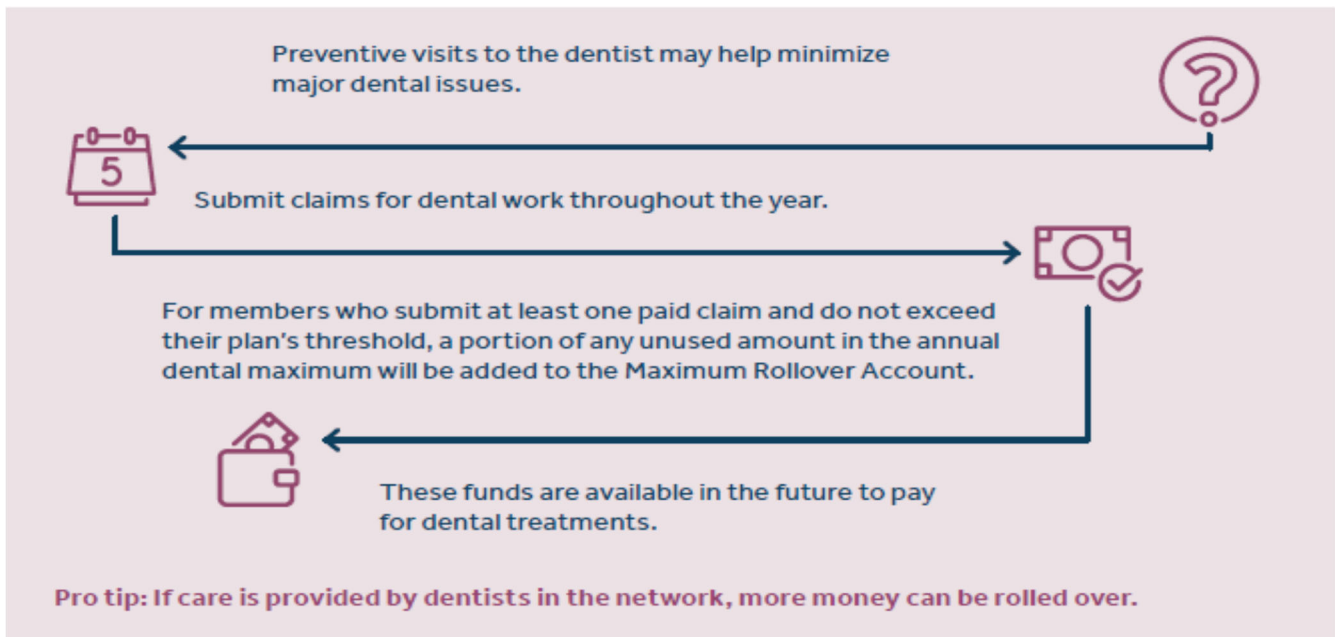
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## Guardian Dental Maximum Rollover

How preventive care pays off in the long run

Preventive care can help avoid costs of serious oral health issues later on. With Maximum Rollover from Guardian®, members are rewarded for taking care of their oral health with funds they can roll over to use as needed in the future.



## Here's an example of a plan with a \$1,000 annual maximum:

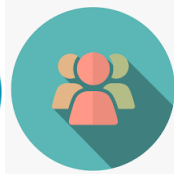
### Andy's Dental Insurance Plan

<b>Plan Annual Maximum*</b>	<b>\$1,000</b>	Amount of Maximum Claims Reimbursement
<b>Threshold</b>	<b>\$500</b>	Claims amount that determines rollover eligibility
<b>Maximum Rollover Amount</b>	<b>\$250</b>	Additional dollars added to Plan Annual Maximum for future years
<b>In-Network Only Rollover Amount**</b>	<b>\$350</b>	Additional dollars added to Plan Annual Maximum for future years, if only in-network providers were used during the benefit year
<b>Maximum Rollover Account Limit</b>	<b>\$1,000</b>	The maximum amount of rollover dollars that can be kept in the Maximum Rollover Account

\* The annual maximum is the amount that a dental insurance company will pay out toward claims in a calendar year.



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## Guardian Dental Maximum Rollover

### Sample Plan

#### Year One

Starting with a \$1,000 Plan Annual Maximum, Andy:

- Submits **\$150 in dental claims**
- Does not exceed \$500 Threshold
- Receives **\$250 rollover** for year two, adding up to a
- \$1,250 annual plan max

#### Year Two

Starting with an increased Plan Annual Maximum of \$1,250, Andy:

- Submits \$200 in dental claims
- Receives additional \$250 rollover for year three, adding up to a \$1,500 annual plan max

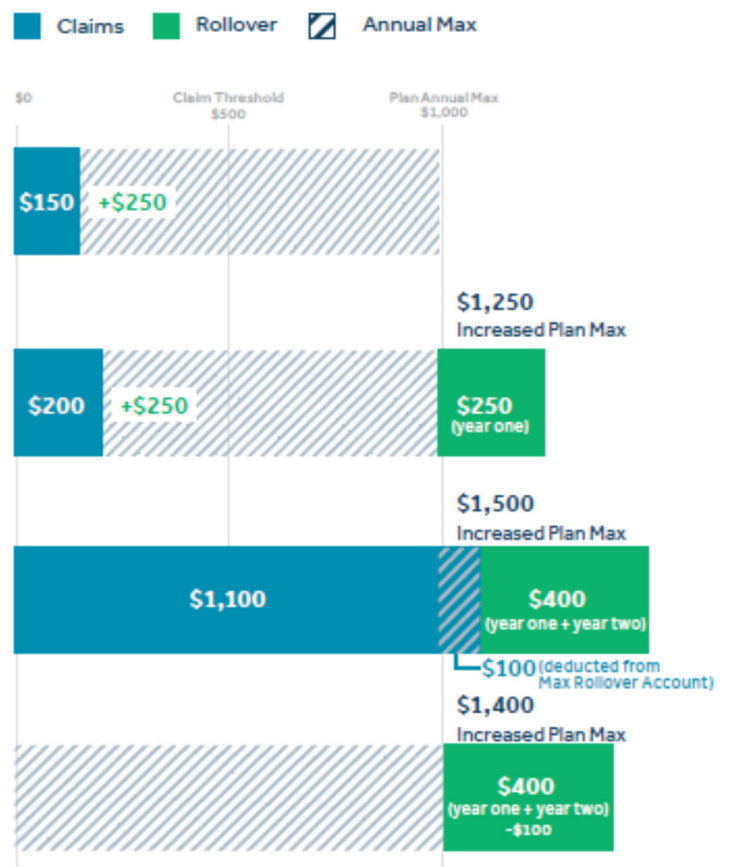
#### Year Three

Starting with an increased Plan Annual Maximum of \$1,500, Andy:

- Submits \$1,100 in dental claims
- Gets all claims paid for due to the Maximum Rollover Amount accumulated

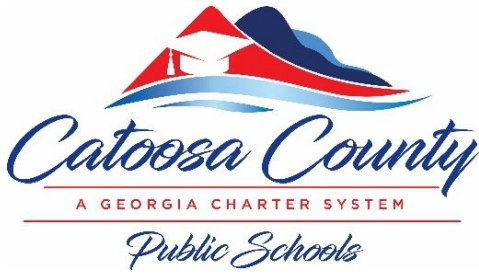
#### Year Four

Andy's Plan Annual Maximum is \$1,400 (\$1,000 Plan Annual Maximum + \$400 remaining Maximum Rollover Amount accumulated).

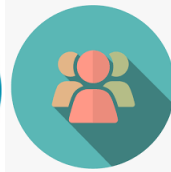


### Cycle of Health





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GUARDIAN VISION INSURANCE

VSP Choice Network + Retail Chain Providers

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

You pay the following:		
	In Network	Out of Network
Co-Pay Exam Materials (waived for elective contact lenses)	\$10 \$25	
Covered Services:		
Lenses Single Vision Bifocal Trifocal Lenticular	\$0 \$0 \$0 \$0	Amount over \$23 Amount over \$37 Amount over \$49 Amount over \$64
Contact Lenses** Medically Necessary Elective Materials Elective Fitting & Evaluation	Covered after co-pay Amount over \$130 15% discount on the fee	Amount over \$210 Amount over \$100 No discounts
**In lieu of eyeglass lenses and/or frames		
Frames Costco, Walmart, Sam's Club Frames Additional pair of frames and lenses	80% of amount over \$130 Amount over \$70 20% off retail price (purchase must be made within 12 months of the eye exam)	Amount over \$46 No discounts No discounts
Frequencies (months) Exams/Lens/Contacts/Frames Network Discounts (glasses and contact lens professional service)	12/12/12/24 Limitless within 12 months of exam	12/12/12/24
Laser Correction Surgery Discount Cosmetic Extras	Up to 15% off the usual charge or 5% off promotional price Average 20%-25% off retail price	No discounts No discounts
Dependent Age Limit	Covered up to age 26 (will end on the last day of the month of the 26th birthday)	

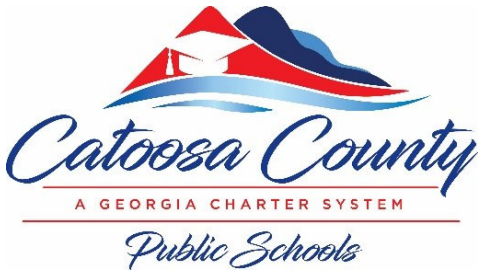
Employee Only	\$6.99
Employee + Child(ren)	\$13.13
Employee + Spouse	\$13.82
Employee + Spouse + Child(ren)	\$19.97

OE—First deduction will be December 2023 for the January 2024 premium.

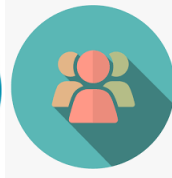
**Eye Care Provider Search:**  
<https://www.vsp.com/eye-doctor>

Social security number and date of birth are needed for covered dependents to enroll.





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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 2023 for the January 2024 premium.

<b>Basic Policy (includes 30 dreaded diseases)</b>	Individual	\$29.62/monthly
	Single Parent	\$34.70/monthly
	Emp/Spouse	\$57.42/monthly
	Family	\$60.12/monthly
<b>Basic Policy w/ \$300 a day ICU</b>	Individual	\$33.30/monthly
	Single Parent	\$38.66/monthly
	Emp/Spouse	\$63.08/monthly
	Family	\$66.86/monthly
<b>Basic Policy w/ \$600 a day ICU</b>	Individual	\$36.98/monthly
	Single Parent	\$42.62/monthly
	Emp/Spouse	\$68.74/monthly
	Family	\$73.60/monthly

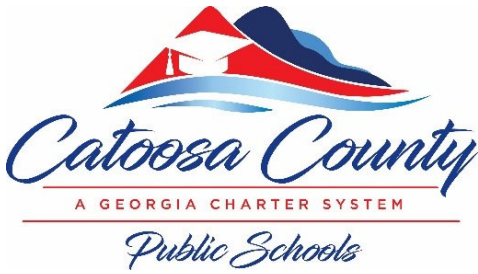
\*\*If you are interested in completing a cancer application, please email

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

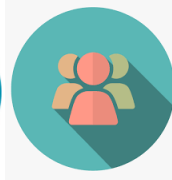
If you enroll and/or make changes through Employee Self Serve, a paper cancer application form will be required before plan is finalized for the 2024 plan year.

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

No Changes to this plan!



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### FLEX SPENDING ACCOUNTS

First contribution for FSA will be in your January 2024 paycheck.

**\*\*\*OPEN ENROLLMENT IS OCTOBER 16, 2023—NOVEMBER 3, 2023\*\*\***

### **YOU MUST RE-ENROLL IN THE FSA TO PARTICIPATE FOR THE 2024 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 \$3,050 during the plan year (as of January 1, 2024). 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 \$610 at the end of the plan year (December 31), will rollover to use in 2025. 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 12/31/2024.

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

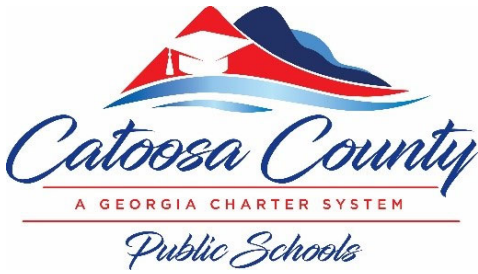
This allows you to use the expenses incurred to care for your children, disabled spouse, elderly parents or other dependent who is physically or mentally incapable of self-care while you or your spouse work or go to school full-time. It cannot exceed \$5,000 during the plan year (as of January 1, 2024). 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.

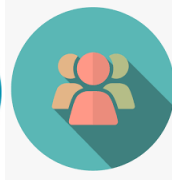
### **YOU MUST RE-ENROLL IN THE FSA TO PARTICIPATE FOR THE 2024 YEAR**

**\*\*Planning to retire or resign during 2024: 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 paper form but not both.



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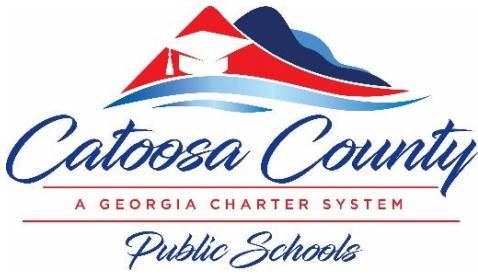
INSURANCE

Medical	Premium Rates	Enrollment	Wellness	Dental	Vision	Cancer	Flexible Spending	<b>Medical in Retirement</b>
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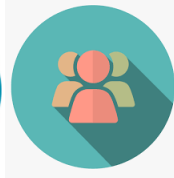
## Planning to Retire Soon? Here's What You Need to Know

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

The life insurance policy offers coverage starting at \$10,000 (\$1.10 per \$5,000 monthly). The coverage amount can increase in \$5,000 increments up to \$200,000. If you elect \$205,000 to \$500,000 employee term life coverage or \$55,000 to \$250,000 spouse term life coverage, you will be required to answer health questions. Benefits are reduced at age 70 by 33% and again at age 75 by 55%.

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

OE—First deduction will be December 2023 for the January 2024 premium.

Life Insurance Amount	Monthly Premium		Life Insurance Amount	Monthly Premium
\$10,000	\$2.20		\$110,000	\$24.20
\$15,000	\$3.30		\$115,000	\$25.30
\$20,000	\$4.40		\$120,000	\$26.40
\$25,000	\$5.50		\$125,000	\$27.50
\$30,000	\$6.60		\$130,000	\$28.60
\$35,000	\$7.70		\$135,000	\$29.70
\$40,000	\$8.80		\$140,000	\$30.80
\$45,000	\$9.90		\$145,000	\$31.90
\$50,000	\$11.00		\$150,000	\$33.00
\$55,000	\$12.10		\$155,000	\$34.10
\$60,000	\$13.20		\$160,000	\$35.20
\$65,000	\$14.30		\$165,000	\$36.30
\$70,000	\$15.40		\$170,000	\$37.40
\$75,000	\$16.50		\$175,000	\$38.50
\$80,000	\$17.60		\$180,000	\$39.60
\$85,000	\$18.70		\$185,000	\$40.70
\$90,000	\$19.80		\$190,000	\$41.80
\$95,000	\$20.90		\$195,000	\$42.90
\$100,000	\$22.00		\$200,000	\$44.00

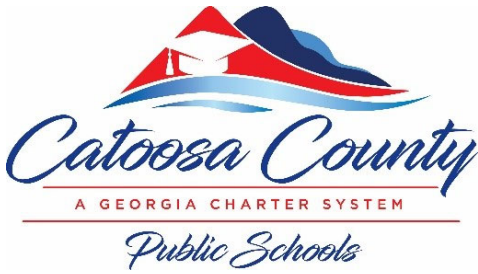
**Supplemental Life for Dependents**  
 \*\*Dependent coverage may not exceed the employee coverage amount.

- Spouse— \$5,000—\$50,000 in \$5,000 increments. Premium is \$1.15 monthly per \$5,000 coverage.
  - ⇒ Spouse coverage over \$50,000 up to \$250,000 is subject to health questions.
  - ⇒ Spouse coverage terminates at age 70.
- Children—Up to age 26: \$1,000, \$5,000 or \$10,000 coverage. Premium is \$0.12 monthly per \$1,000 coverage.

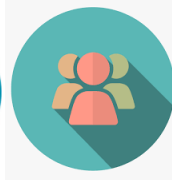
An employee must be enrolled in life insurance to be able to have dependent

Resigning/Retiring? You can take the coverage with you. Certain age and other restrictions may apply.

If you are not currently enrolled or decline term life during the Oct 16-Nov 3, 2023 Open Enrollment, you will be required to answer health questions during any future Open Enrollment to become enrolled in term life insurance.



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LIFE AND FINANCIAL BENEFITS

Term Life	Disability	Critical Illness	Accident	Hospital	Additional Benefits
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GUARDIAN DISABILITY INSURANCE

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 60% of your salary with short-term and a set 66.67% of long-term disability benefits.

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 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 plans to choose from with STD:

- Plan 1—Your benefits begin as soon as 8 days from the date of your accident or sickness. These are calendar days not working days.
- Plan 2—Your benefits begin as soon as 31 days from the date of your accident or sickness. These are calendar days not working days.

What if you have a pre-existing condition & ST Disability? If you submit a claim within 12 months of your insurance taking effect on a pre-existing condition the insurance can deny the claim. A pre-existing condition includes anything you sought treatment for in the 3 months prior to your insurance becoming effective.

Maximum Annual Earnings	Weekly Benefit Amount	Monthly Premium	
		Plan 1	Plan 2
\$ 8,667.00	\$ 100.00	\$ 8.50	\$ 5.48
\$ 13,000.00	\$ 150.00	\$ 12.75	\$ 8.22
\$ 17,333.00	\$ 200.00	\$ 17.00	\$ 10.96
\$ 21,667.00	\$ 250.00	\$ 21.25	\$ 13.70
\$ 26,000.00	\$ 300.00	\$ 25.50	\$ 16.44
\$ 30,333.00	\$ 350.00	\$ 29.75	\$ 19.18
\$ 34,667.00	\$ 400.00	\$ 34.00	\$ 21.92
\$ 39,000.00	\$ 450.00	\$ 38.25	\$ 24.66
\$ 43,333.00	\$ 500.00	\$ 42.50	\$ 27.40
\$ 47,667.00	\$ 550.00	\$ 46.75	\$ 30.14
\$ 52,000.00	\$ 600.00	\$ 51.00	\$ 32.88
\$ 56,333.00	\$ 650.00	\$ 55.25	\$ 35.62

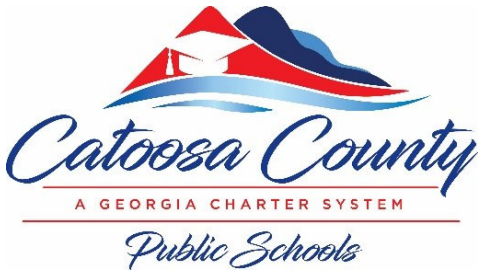
Maximum Annual Earnings	Weekly Benefit Amount	Monthly Premium	
		Plan 1	Plan 2
\$ 60,667.00	\$ 700.00	\$ 59.50	\$ 38.36
\$ 65,000.00	\$ 750.00	\$ 63.75	\$ 41.10
\$ 69,333.00	\$ 800.00	\$ 68.00	\$ 43.84
\$ 73,667.00	\$ 850.00	\$ 72.25	\$ 46.58
\$ 78,000.00	\$ 900.00	\$ 76.50	\$ 49.32
\$ 82,333.00	\$ 950.00	\$ 80.75	\$ 52.06
\$ 86,667.00	\$ 1,000.00	\$ 85.00	\$ 54.80
\$ 112,667.00	\$ 1,300.00	\$ 110.50	\$ 71.24

OE—First deduction will be December 2023 for the January 2024 premium.

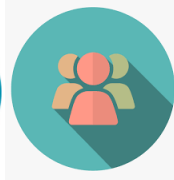
If you choose to do so, you can use STD and sick pay at the same time.

Resigning/Retiring? You can take the coverage with you. It will terminate at age 70.





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

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 60% of your salary with short-term and a set 66.67% of long-term disability benefits.

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.

**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. The monthly benefit is set at 66.67% of your salary up to the maximum of \$7,500. Disability benefits begin as soon as 361 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 & LT Disability? 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.

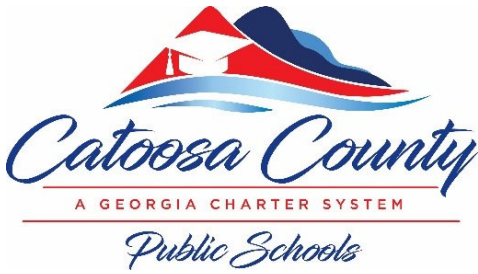
Rate per \$100 of Monthly Covered Payroll	Employee Rate \$0.54
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If you are currently enrolled or plan to enroll in Long-Term Disability, the monthly benefit will automatically be set at 66.67% of your salary.

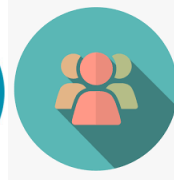
OE—First deduction will be December 2023 for the January 2024 premium.

EXAMPLES ONLY—Actual amounts will be based on the employee's annual salary		
Annual Salary	Monthly Benefit	Monthly
\$20,000.00	\$1,111.00	\$9.00
\$40,000.00	\$2,222.00	\$18.00
\$50,000.00	\$2,778.00	\$22.50

Resigning/Retiring? You can take the coverage with you. It will terminate at age 70.



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Term Life	Disability	<b>Critical Illness</b>	Accident	Hospital	Additional Benefits
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GUARDIAN CRITICAL ILLNESS INSURANCE

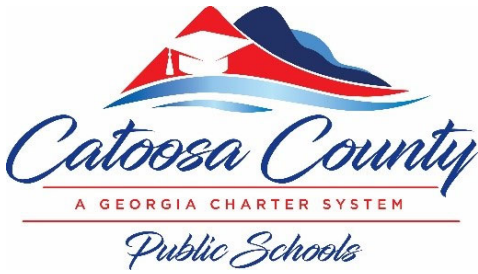
This insurance can help with unexpected costs not covered by your health plan. Deductibles and copays, or other costs like travel and child care can reduce your savings. Critical Illness insurance provides a cash benefit when you or a person on your plan is diagnosed with a covered condition, like a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

Our policy can cover over 30 major illnesses.

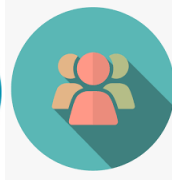
Child cost is included with the employee election

Benefit Amount(s) Employee may choose a lump sum benefit of \$5,000 to \$30,000 in \$5,000 increments.

CONDITIONS	1st OCCURRENCE	2nd OCCURRENCE
<b>Cancer</b>		
Invasive Cancer	100%	50%
Carcinoma In Situ	30%	0%
Benign Brain or Spinal Tumor	100%	0%
Skin Cancer	\$250	\$0
BRCA 1 & BRCA 2	30%	Not Covered
Bone Marrow Failure (including Stem Cells)	100%	50%
<b>Lung and Vascular Disorder</b>		
Aneurysm	10%	0%
Pulmonary Embolism	30%	0%
Stroke – Moderate	50%	25%
Stroke – Severe	100%	50%
Transient Ischemic Attack (TIA)	10%	0%
<b>Heart Conditions</b>		
Coronary Artery Disease	10%	0%
Coronary Artery Disease – bypass needed	50%	0%
Heart Attack	100%	50%
Heart Failure	100%	50%
Pacemaker	10%	0%
<b>Additional Conditions</b>		
Kidney Failure	100%	50%
Major Organ Failure	100%	50%
<b>1st OCCURRENCE ONLY</b>		
Addison's Disease	30%	
Coma	100%	
Loss of Hearing	100%	
Loss of Sight	100%	
Loss of Speech	100%	
Permanent Paralysis	100% for 1 or more limbs	
Severe Burns	100%	



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GUARDIAN CRITICAL ILLNESS INSURANCE

Chronic Disorders

Crohn's Disease	30%
Epilepsy	10%
Lupus	30%
Ulcerative Colitis	30%

Neurological Disorders

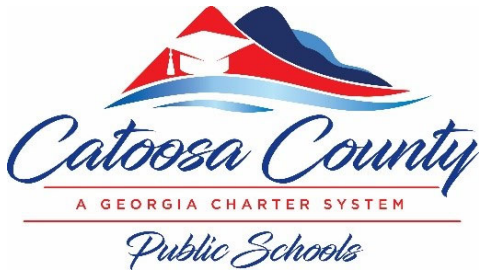
Alzheimer's Disease – Early	50%
Alzheimer's Disease – Advanced	100%
ALS (Lou Gehrig's Disease)	100%
Dementia – other causes	100%
Huntington's Disease	30%
Multiple Sclerosis – Early	50%
Multiple Sclerosis – Advanced	100%
Myasthenia Gravis	30%
Parkinson's Disease – Early	50%
Parkinson's Disease – Advanced	100%

Childhood Illnesses and Disorders

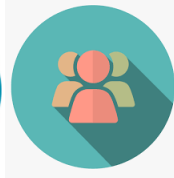
Autism Spectrum Disorder	100%
Cerebral Palsy	100%
Cleft Lip/Cleft Palate	100%
Club Foot	100%
Congenital Heart Defect	100%
Cystic Fibrosis	100%
Diabetes-Type I	100%
Down Syndrome	100%
Hemophilia	100%
Multisystem Inflammatory Disease (MLS)	100%
Muscular Dystrophy	100%
Spina Bifida	100%

Spouse Benefit—may choose a lump sum benefit of \$2,500 to \$15,000 in \$2,500 increments up to 50% of the employee's lump sum benefit.

Child Benefit—up to age 26 years. 25% of employee's lump sum benefit



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GUARDIAN CRITICAL ILLNESS INSURANCE

OE—First deduction will be December 2023 for the January 2024 premium.

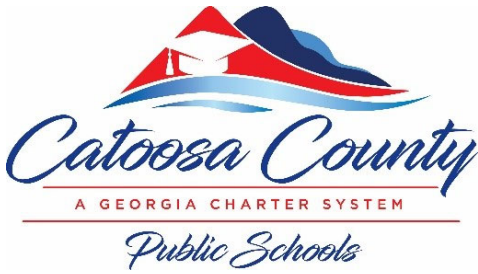
Coverage Amounts	Employee Monthly Premiums						
		Age					
		<30	30-39	40-49	50-59	60-69	70+
\$ 5,000.00	<b>Non-tobacco</b>	\$ 2.80	\$ 4.25	\$ 6.35	\$ 11.40	\$ 16.40	\$ 19.80
	Tobacco	\$ 3.75	\$ 6.60	\$ 10.45	\$ 20.45	\$ 27.75	\$ 30.25
\$ 10,000.00	<b>Non-tobacco</b>	\$ 5.60	\$ 8.50	\$ 12.70	\$ 22.80	\$ 32.80	\$ 39.60
	Tobacco	\$ 7.50	\$ 13.20	\$ 20.90	\$ 40.90	\$ 55.50	\$ 60.50
\$ 15,000.00	<b>Non-tobacco</b>	\$ 8.40	\$ 12.75	\$ 19.05	\$ 34.20	\$ 49.20	\$ 59.40
	Tobacco	\$ 11.25	\$ 19.80	\$ 31.35	\$ 61.35	\$ 83.25	\$ 90.75
\$ 20,000.00	<b>Non-tobacco</b>	\$ 11.20	\$ 17.00	\$ 25.40	\$ 45.60	\$ 65.60	\$ 79.20
	Tobacco	\$ 15.00	\$ 26.40	\$ 41.80	\$ 81.80	\$ 111.00	\$ 121.00
\$ 25,000.00	<b>Non-tobacco</b>	\$ 14.00	\$ 21.25	\$ 31.75	\$ 57.00	\$ 82.00	\$ 99.00
	Tobacco	\$ 18.75	\$ 33.00	\$ 52.25	\$ 102.25	\$ 138.75	\$ 151.25
\$ 30,000.00	<b>Non-tobacco</b>	\$ 16.80	\$ 25.50	\$ 38.10	\$ 68.40	\$ 98.40	\$ 118.80
	Tobacco	\$ 22.50	\$ 39.60	\$ 62.70	\$ 122.70	\$ 166.50	\$ 181.50

**Health Screening Benefit:**  
Receive a \$50 monetary benefit, per covered person, per year for completing a health screening.

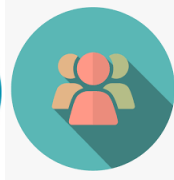
Coverage Amounts	Spouse Monthly Premiums (up to 50% of the employee amount)						
		Age					
		<30	30-39	40-49	50-59	60-69	70+
\$2,500	<b>Non-tobacco</b>	\$ 1.40	\$ 2.13	\$ 3.18	\$ 5.70	\$ 8.20	\$ 9.90
	Tobacco	\$ 1.88	\$ 3.30	\$ 5.23	\$ 10.23	\$ 13.88	\$ 15.13
\$5,000	<b>Non-tobacco</b>	\$ 2.80	\$ 4.25	\$ 6.35	\$ 11.40	\$ 16.40	\$ 19.80
	Tobacco	\$ 3.75	\$ 6.60	\$ 10.45	\$ 20.45	\$ 27.75	\$ 30.25
\$7,500	<b>Non-tobacco</b>	\$ 4.20	\$ 6.38	\$ 9.53	\$ 17.10	\$ 24.60	\$ 29.70
	Tobacco	\$ 5.63	\$ 9.90	\$ 15.68	\$ 30.68	\$ 41.63	\$ 45.38
\$10,000	<b>Non-tobacco</b>	\$ 5.60	\$ 8.50	\$ 12.70	\$ 22.80	\$ 32.80	\$ 39.60
	Tobacco	\$ 7.50	\$ 13.20	\$ 20.90	\$ 40.90	\$ 55.50	\$ 60.50
\$12,500	<b>Non-tobacco</b>	\$ 7.00	\$ 10.63	\$ 15.88	\$ 28.50	\$ 41.00	\$ 49.50
	Tobacco	\$ 9.38	\$ 16.50	\$ 26.13	\$ 51.13	\$ 69.38	\$ 75.63
\$15,000	<b>Non-tobacco</b>	\$ 8.40	\$ 12.75	\$ 19.05	\$ 34.20	\$ 49.20	\$ 59.40
	Tobacco	\$ 11.25	\$ 19.80	\$ 31.35	\$ 61.35	\$ 83.25	\$ 90.75

Resigning/Retiring? You can take the coverage with you. Certain age and other restrictions may apply.

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.



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Term Life	Disability	Critical Illness	<b>Accident</b>	Hospital	Additional Benefits
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**GUARDIAN 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. Children can be covered up to age 26.

Some, but not all, of the covered features:

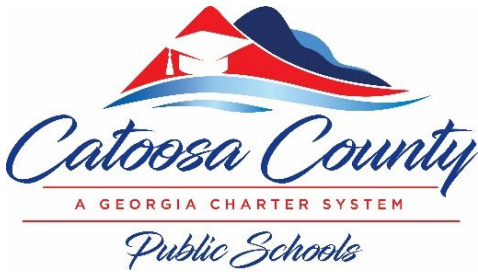
**ACCIDENTAL DEATH AND DISMEMBERMENT**

Benefit Amount(s)	Employee \$25,000 Spouse \$25,000 Child \$12,500
Catastrophic Loss	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D
Dismemberment — Hand, Foot, Sight	Single: 50% of AD&D benefits Multiple: 100% of AD&D benefit

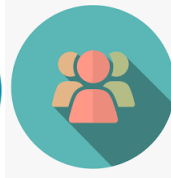
**FEATURES**

Air Ambulance	\$1,500
Ambulance	\$200
Blood/Plasma/Platelets	\$300
Burns (2nd Degree/3rd Degree)	Depending on size: \$0 up to \$20,000
Child Organized Sport-Benefit is paid if the covered accident occurred while your covered child (18 or younger), is participating in an organized sport that is governed by an organization and requires formal registration to participate.	25% increase to child benefits
Chiropractic Visits	\$50/visit, up to 6 visits
Coma	\$20,000
Concussions	\$200
Diagnostic Exam (Major)	\$200
Dislocations	Up to \$4,000
Doctor Follow-up Visits	\$25, up to 6 visits
Emergency Room Treatment	\$200
Epidural Anesthesia Pain Management	\$100, 2 times per accident





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LIFE AND FINANCIAL BENEFITS



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Term Life	Disability	Critical Illness	<b>Accident</b>	Hospital	Additional Benefits
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GUARDIAN ACCIDENT INSURANCE

Examples of covered accidents:

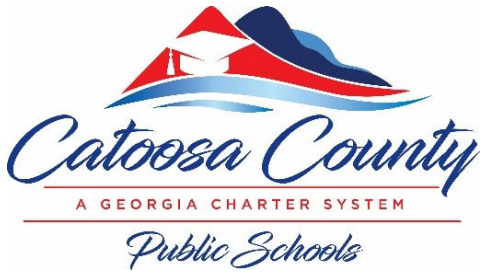
OE—First deduction will be December 2023 for the January 2024 premium.

FEATURES (CONT.)

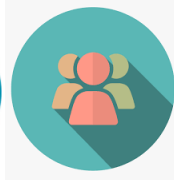
Eye Injury	\$300
Fractures	Up to \$5,000
Gun Shot Wound	\$750
Hospital Admission	\$1,000
Hospital Confinement	\$250/day—up to 1 year
Hospital ICU Admission	\$2,000
Hospital ICU Confinement	\$500/day—up to 15 days
Initial Dr Office/Urgent Care Facility Treatment	\$100
Joint Replacement (Hip/Knee/Shoulder)	\$2,500/\$1,250/\$1,250
Knee Cartilage	\$750
Laceration	Up to \$500
Lodging-If hospital stay is more than 50 miles away	\$125/day, up to 30 days for companion hotel stay
Medical Appliance—wheelchair, leg brace, crutches, etc	Up to \$500
Outpatient Therapies	\$25/day, up to 10 days
PTSD	\$400
Ruptured Disc with Surgical Repair	\$750
Surgery	Up to \$1,250
Surgery (Exploratory or Arthroscopic)	\$300
Tendon/Ligament/Rotator Cuff	1: \$500, 2 or more: \$1,000
X-Ray	\$40

Coverage	Monthly Premium
Employee	\$13.50
Employee/Spouse	\$20.55
Employee/Child(ren)	\$22.05
Family	\$29.10

Resigning/Retiring? You can take the coverage with you. Certain age and other restrictions may apply.



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Term Life	Disability	Critical Illness	Accident	<b>Hospital</b>	Additional Benefits
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GUARDIAN HOSPITAL INDEMNITY

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.

Hospital 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.

- Hospital Admission                    \$1,500 per admission to a max of 2 admissions per year, per insured
- Hospital Confinement                \$100 per day to a max of 360 days per year, per insured
- Outpatient Surgical                    \$250 (Category 1) / \$500 (Category 2) per day of surgery to a max of 1 day per year, per insured

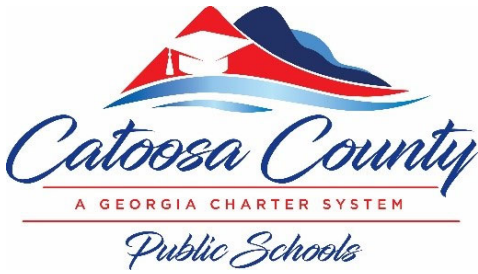
OE—First deduction will be December 2023 for the January 2024 premium.

Monthly Premiums	
Employee	\$24.45
Employee + Spouse	\$43.98
Employee + Child(ren)	\$53.97
Employee + Family	\$73.44

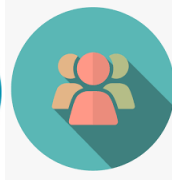
Children are covered up to age 26 years old.



Resigning/Retiring? You can take the coverage with you. Certain age and other restrictions may apply.



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Term Life	Disability	Critical Illness	Accident	Hospital	<b>Additional Benefits</b>
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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)

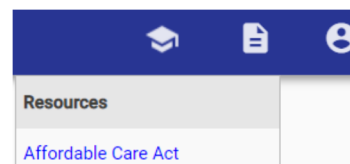
- Face-to-face or telephonic consultation with an attorney
- Access to up to four consultations and/or referral services in a year
- Discounted rates up to 25% if the attorney is retained after the free legal consultation

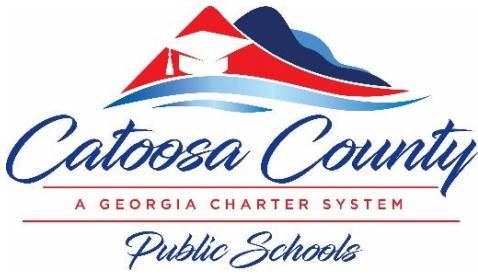
Work/Life Consultation and Referral Services

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

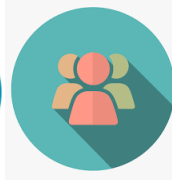


Log into your Employee Self Serve account to access the website, code and phone number for the Employee Assistance Program. Click on the paper icon in the top right corner for the drop down list of resources. Find Employee Assistance Program to download the flyer.





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## Shared Savings

Classified employees may be eligible to receive up to an extra \$4,500 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.

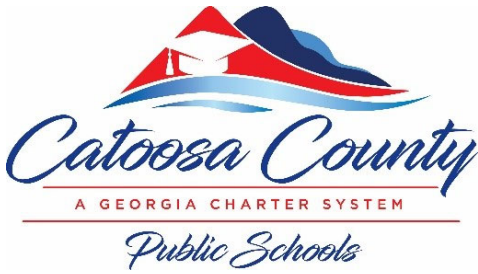
Please note: This program is not available to Certified employees because CCPS receives state allocated funding for Certified employees who elect coverage under SHBP.

Eligible employees must enroll annually during Open Enrollment and meet the criteria to receive the incentive bonus in two installments. You will receive \$2,250 in December 2023 and \$2,250 in May 2024.

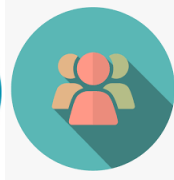
You can find the enrollment form at [www.catoosa.k12.ga.us](http://www.catoosa.k12.ga.us) under Department > HR > Forms > Open Enrollment folder.

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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- 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.

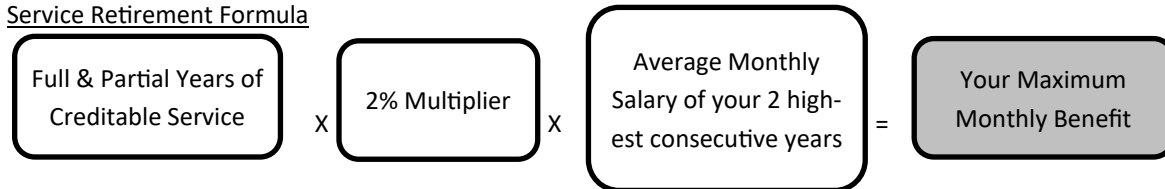
You will receive information from TRS instructing you to register your account online and name your beneficiaries when you are hired into a TRS position. It is very important to name your beneficiaries as soon as possible.

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.

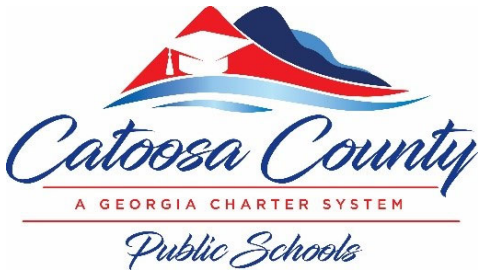
Applying for Retirement

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.

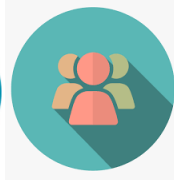
Medical Insurance

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

$$\text{Creditable Years of Service} \times \$17.50 = \text{Maximum Plan Benefit}$$

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.

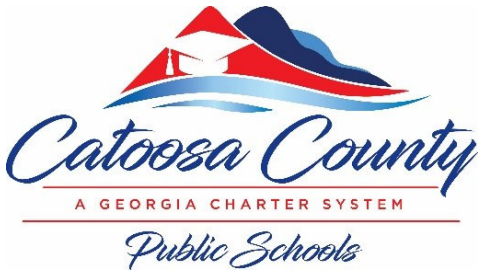
### Medical Insurance

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

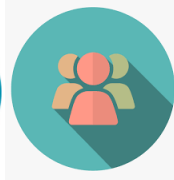
For more details, please refer to the PSERS website at [www.ers.ga.gov](http://www.ers.ga.gov)

PSERS 800-805-4609





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**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 2024:

Employees under age 50—\$23,000

Employees age 50+ —\$30,500

ROTH Contribution Limit for 2024:

Employees under age 50—\$7,000

Employees age 50+ —\$8,000

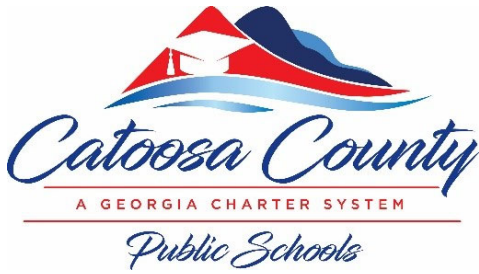
Carey Beaven, CFP®, CRPS®  
Retirement Consultant  
Retirement Plan Services

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

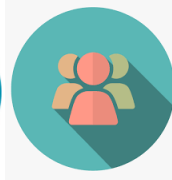
404-625-8402 Mobile  
484-583-2093 Fax

[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.

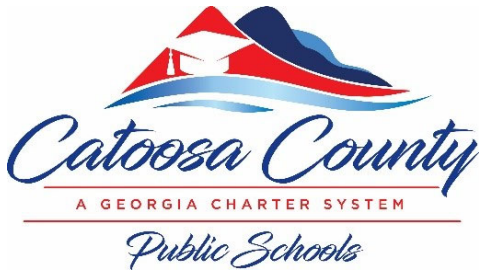
<https://shbp.georgia.gov/disabled-dependent-initial-review-and-recertification-form>

### Adopted Children/Child due to Guardianship

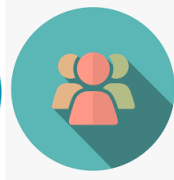
Other children refers to those adopted and for whom you have temporary or permanent guardianship. You will be required to provide a copy of the court decree showing your financial responsibility for the dependent with the date of adoption or placement.

- 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.**



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### Enrolling as a New Hire

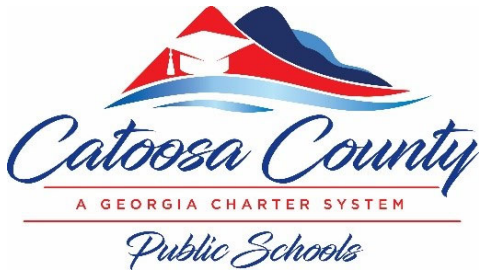
As an eligible employee, you have 31 days from your start date to enroll yourself and your eligible dependents in benefits. Once you start your New Hire process with Human Resources, you will get an email from the Benefits Coordinator with benefit information and how to schedule an appointment to complete 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 31 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.

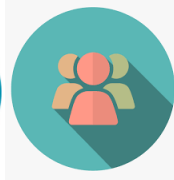
### Open Enrollment

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 Shard Saving 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)

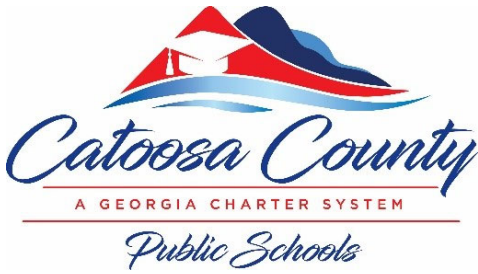
It is very important for you to know either the last date of the old coverage for the QE or the first date of the new coverage for the QE.

**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.**

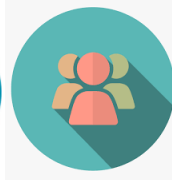
Note: If you elect to cover dependents, generally, they will be placed in a pending status until: 1) the required documentation is submitted with 45 days of the QE proving they are eligible for coverage, or 2) until the deadline to provide the documentation has passed, whichever occurs first.

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.

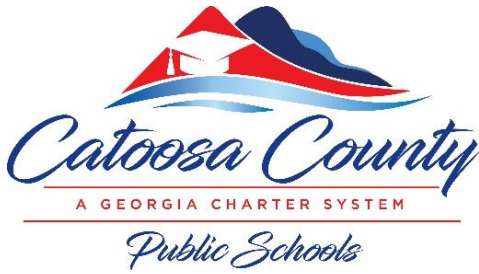
## DIRECT DEPOSIT

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.

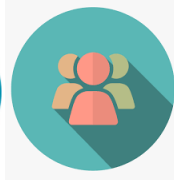
## IMPORTANT INFORMATION

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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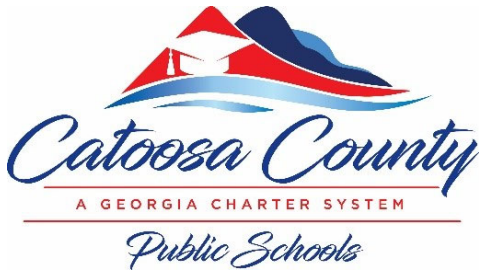
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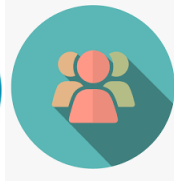
Eligibility	Enrolling	Changing During the Year	Things to Know
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Paystub Deduction Code	Explanation	
ACCIDENT OR ACCIDENT PST	ACCIDENTAL INSURANCE PRE-TAX OR POST-TAX	
CC 403B	LINCOLN 403B FOR NONCERTIFIED EMPLOYEES NOT ON TRS	
CAE DUES	CAE PROFESSIONAL DUES	
CERT GHI	BOARD COST FOR HEALTH INSURANCE	\$1610 PAID BY CCPS AND/OR BOARD PER MONTH
CERT HEALTH	CERTIFIED HEALTH INSURANCE	TEACHERS, ADMINISTRATORS
CHILD FUND	CHILDREN'S FUND	
CHILD LIFE	CHILD TERM LIFE INSURANCE	
CREDIT UNION	SET AMOUNT TO CREDIT UNION SET UP AT CU-THIS IS SEPARATE FROM DIRECT DEPOSIT	
CRITICAL ILL	CRITICAL ILLNESS	
DENTAL OR DENTAL PSTTX	DENTAL INSURANCE PRE-TAX OR POST-TAX	
FLEX DEP ONLY	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 \$3,050 PER YEAR	
FLEX ADM CHG	FLEXIBLE SPENDING FEE PAID BY CCPS	
HOSPITAL	HOSPITALIZATION INSURANCE PRE-TAX OR POST-TAX	
LICOA CANCER	CANCER INSURANCE PRE-TAX OR POST-TAX	
LINCOLN	VOLUNTARY LINCOLN DEDUCTION	POST-TAX CONTRIBUTION
LINCOLN ROTH	VOLUNTARY LINCOLN ROTH DEDUCTION	POST-TAX ROTH CONTRIBUTION
L/T DISABILI OR L/T DISAB PT	LONG TERM DISABILITY	BEGINS DAY 366
NCERT HEALTH	NONCERTIFIED HEALTH INSURANCE	CLASSIED EMPLOYEES
NC GHI	BOARD COST FOR HEALTH INSURANCE	\$1225 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 OR S/T DISAB PT	SHORT TERM DISABILITY	UP TO 12 MONTH COVERAGE
TERM LIFE PR	TERM LIFE INSURANCE PRETAX	\$2.20 PER \$10,000 COVERAGE UP TO \$50,000
TERM LIFE PT	TERM LIFE INSURANCE TAXABLE	\$2.20 PER \$10,000 COVERAGE OVER \$50,000
TRS	TEACHERS RETIREMENT SYSTEM	
UNI LIFE OR WHOLE LIFE	UNIVERSAL OR WHOLE LIFE INSURANCE	
UNITED WAY	UNITED WAY	
VISION OR VISION PSTTX	VISION INSURANCE PRE-TAX OR POST-TAX	





INSURANCE



LIFE AND  
FINANCIAL  
BENEFITS



RETIREMENT



MAKING YOUR  
DECISIONS



CONTACTS

CONTACTS

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
Flexible Spending Account Healthcare or Dependent Care	TASC	800-422-4661 <a href="http://Tasconline.com">Tasconline.com</a>
Dental	Guardian	888-600-1600 <a href="http://www.GuardianAnytime.com">www.GuardianAnytime.com</a>
Vision		
Term Life		
Short or Long Term Disability		
Accident		
Critical Illness		
Hospital		
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