

# Habersham County Schools

## Employee Benefits Guide 2019



## What's Inside

<b>Table of Contents</b>	
Enrollment Instructions	3
State Health Benefit Plan (SHBP)	4
Short Term Disability Insurance and Long Term Disability Insurance	5
Life Insurance	6
Dental Insurance	7
Vision Insurance	7
Critical Illness Including Cancer	8
Flexible Spending Account (FSA)	8
Contact Information	9
Qualifying Events	10

We are committed to providing employees with a benefits package that is both comprehensive and competitive. Our program offers a range of plan options to meet the needs of our diverse workforce. We know that your benefits are important to you and your family. Helping you understand the benefits we offer is important to us.

This guide provides a general overview of your benefit choices. It is designed to help you select the coverage that is right for you. We encourage you to review each section and to discuss the information and choices with your family members.

This guide is not an employee/employer contract and is not intended to cover all provisions of all plans; rather, this guide is a quick reference to help answer most of your questions. Please take time to read about and understand each benefit. More information can be viewed on-line at [www.habershamschools.com](http://www.habershamschools.com) click on 2019 Employee benefits and click on Step 1 Benefit information. When you are ready, you can enroll online or by calling the Call Center. Be sure to enroll within 31 days of your hire date or you will have to wait until open enrollment in the fall.

**Voluntary Benefits Call Center: (844) 268-0646 or visit the Website: [www.habershamschools.com](http://www.habershamschools.com), select the 2019 Employee Benefits click on Step 3 Voluntary Enrollment portal.**

**State Health Benefit Plan (SHBP) Call Center: (800) 610-1863 or visit the Website: [www.myshbpga.adp.com](http://www.myshbpga.adp.com)**

**Registration code is SHBP-GA**



## Enrollment Instructions

You are eligible to enroll in benefits if you are a full-time employee, working an average of at least 20 hours per week. Please remember you must enroll in benefits within 31 days of your hire date. **Note:** If you fail to enroll as a new hire, your next opportunity to enroll will be during the next annual Open Enrollment period, unless you have a qualifying event that allows a change to your coverage. Please be sure to print and save a copy of the confirmation pages for both SHBP and voluntary benefits. For detailed information regarding the benefit options available to you, please visit [habershamschools.com](http://habershamschools.com) and select the “Employee Benefits” tab. Click on the **Step 1 Green** ‘Benefit Information’ button. This website provides important benefit product information, plan documents, forms, contact information and more.



### State Health Benefit Plan (SHBP)

To enroll in medical coverage, please visit [habershamschools.com](http://habershamschools.com), click on employee benefits and click on the **RED** ‘State Health Enrollment’ button. This will take you to the State Health website where you may make your health coverage elections. For security purposes, your password expires every 45 days. If your password is expired, after logging in, you will be automatically prompted to change your password. Remember to print and keep a copy of the confirmation page for your records.

### Voluntary (Non-Medical) Benefits

To enroll in all other benefit plans, you may either enroll online or by telephone.

#### **Online Enrollment:**

1. Visit [habershamschools.com](http://habershamschools.com), click on employee benefits and click on the **BLUE** ‘Voluntary Enrollment’ button to begin.
2. Follow the instructions on the screen to create your Username and Password. You will then be asked to answer 3 security questions and create a new password.
3. Continue to the Welcome Page and update your personal information, dependents and beneficiaries.
4. Continue through the benefits plan enrollment to elect benefits.
5. Remember to print and keep a copy of the consolidated enrollment form when you are finished.

#### **Telephone Enrollment:**

To speak with a trained Benefits Specialist who will answer your benefits questions and help you complete your enrollment, please call The Habersham County Schools Benefits Call Center at **(844) 268-0646**. The Call Center is available Monday through Thursday from 8:30 am to 4:30 pm, and Friday from 8:30 am to 4:00 pm EST.

**REMINDER: YOU MUST ENROLL WITHIN 31 DAYS OF YOUR HIRE DATE OR YOU MAY NOT HAVE ANY BENEFITS**



## State Health Benefit Plan (SHBP) Information

Habersham County Schools participates in the State Health Benefit Plan. This medical coverage is offered to both full-time certified and classified employees. An overview of the current SHBP healthcare options available to employees is listed below. These plan options are designed to offer members a choice of options that best fit their needs. For additional information, please refer to the *SHBP Decision Guide* at : [http //shbp.georgia.gov](http://shbp.georgia.gov)

### Anthem Blue Cross Blue Shield

- Health Reimbursement Arrangement (HRA)
  - Gold
  - Silver
  - Bronze
- Statewide Health Maintenance Organization (HMO)

### UnitedHealthcare (UHC)

- High Deductible Health Plan (HDHP)
- Statewide Health Maintenance Organization (HMO)



**REMINDER: YOU MUST ENROLL WITHIN 31 DAYS OF YOUR HIRE DATE OR YOU MAY NOT HAVE ANY BENEFITS**



## Disability Insurance – Unum

**Short Term Disability (STD)** is insurance which pays you a portion of your earnings if you are unable to work because of a disabling illness, injury or pregnancy keeps them out of work beyond their paid sick days. Short term disability insurance helps protect employee income during extended work absences and can help employees pay the bills when they cannot work due to a covered claim. Below is an overview of the benefits of this plan. For additional information, please visit [habershamschools.com](http://habershamschools.com).

Current Short Term Disability Summary of Benefits	
Benefit Percentage	60% of earnings
Waiting/Elimination Period	14 days
Weekly Benefit Maximum	\$1,250
Benefit Duration	11 weeks
Benefit Duration for Pregnancy	Up to 6 weeks including elimination period

Current Short Term Disability Monthly Deductions					
Annual Income	Age 25	Age 35	Age 45	Age 55	Age 65
\$20,000	\$20.08	\$12.51	\$10.94	\$14.91	\$20.86
\$35,000	\$35.13	\$21.89	\$19.14	\$26.09	\$36.51
\$45,000	\$45.17	\$28.14	\$24.61	\$33.54	\$46.94
\$65,000	\$65.25	\$40.65	\$35.55	\$48.45	\$67.80

**Long Term Disability (LTD)** insurance helps ensure that employees will still receive a portion of their income when they are absent from work for an extended period due to a covered disability. These absences may be a result of accidents, injuries or illnesses that happened on or off the job. This is an important coverage for employees because their savings might not be enough if an illness or injury keeps them out of work beyond their paid sick days. Below is an overview of the benefits of this plan. For additional information, please visit [Habershamschools.com](http://Habershamschools.com).

Current Long Term Disability Summary of Benefits	
Benefit Percentage	60% of earnings
Waiting/Elimination Period	90 days
Monthly Benefit Maximum	\$8,000
Benefit Duration	To age 65 or Normal Retirement Age

Current Long Term Disability Monthly Deductions					
Annual Income	Age 25	Age 35	Age 45	Age 55	Age 65
\$20,000	\$1.33	\$2.67	\$5.48	\$9.35	\$11.90
\$35,000	\$2.33	\$4.67	\$9.60	\$16.36	\$20.83
\$45,000	\$3.00	\$6.00	\$12.34	\$21.04	\$26.78
\$65,000	\$4.33	\$8.67	\$17.82	\$30.39	\$38.68

**As a New Hire and during the Initial Open Enrollment you may enroll without answering health questions. If you choose to enroll later, you will need to fill out an Evidence of Insurability form and be approved by UNUM before coverage begins.**

**REMINDER: YOU MUST ENROLL WITHIN 31 DAYS OF YOUR HIRE DATE OR YOU MAY NOT HAVE ANY BENEFITS**



## Basic Life Insurance – Unum

The Habersham County School System Board of Education provides a Basic Life with Accidental Death & Dismemberment (AD&D) Insurance policy in the amount of \$10,000 for full time employees at no cost to the employee. This Life insurance policy pays your beneficiary a benefit of \$10,000 in the event you die while covered. This benefit can be used to pay off debts, replace family income, and maintain an estate to pass along to your heirs. As an eligible employee, you are automatically covered and do not need to enroll; however, you will need to designate a beneficiary. For Accidental Death & Dismemberment, the same plan and election details above apply. For plan additional information, please visit [habershamschools.com](http://habershamschools.com).



## Group Term Life and AD&D Insurance – Unum

In addition to the Employer Paid Life Insurance described above, you may also purchase additional Group Term Life & Accidental Death and Dismemberment Insurance in amounts 5 times your annual salary (10,000 increments), with a maximum of \$500,000. As a new hire, or first-time enrollee during the Initial Open Enrollment, you may take up to \$200,000 without answering health questions. If you wait and sign up after the initial Open Enrollment you will need to fill out an Evidence of Insurability form and be approved by UNUM before coverage begins.

Spouse Group Term Life Insurance and AD&D is available in \$5,000 increments to a maximum of \$500,000. A guaranteed issue of \$50,000 is available with no health questions for your spouse. Spouses can get up to 100% of the Employee amount.

Dependent Child(ren) Group Term Life Insurance and AD&D coverage is of a Flat \$10,000 for age 1 day to 26 years. Below is an overview of the Group Term Life Insurance rates.

**Employee & Spouse Term Life Insurance Monthly Deductions**

Benefit Amount	Age 25	Age 35	Age 45	Age 55	Age 65
\$20,000	\$1.16	\$1.88	\$4.04	\$8.56	\$23.18
\$50,000	\$2.90	\$4.70	\$10.01	\$21.40	\$57.95
\$100,000	\$5.80	\$9.40	\$20.20	\$42.80	\$115.90



## Permanent Whole Life Insurance- Unum

You may also purchase Permanent Whole Life Insurance for yourself, spouses, children and legally dependent grandchildren as a new hire. This plan allows level premium rates while also building cash value inside the policy. It is a more permanent solution to financial obligations versus the Group Term Life insurance described above. If you waive coverage when it is first offered, and later wish to enroll, you will have to complete an Evidence of Insurability form and are subject to medical underwriting.

- Employee Coverage Options: \$15,000, \$30,000, \$40,000 or \$50,000 (Guaranteed Issue)
- Spouse Coverage Options: \$10,000 or \$15,000
- Child Coverage Options: \$10,000 or \$15,000

## Direct Reimbursement Dental Plan – Delta Dental



Dental Reimbursement is offered in both Basic and Enhanced Dental Plans. Please note that adult and child orthodontics are covered in **the Enhanced Plan**. An overview of the dental plans is outlined below.

**Basic Plan:** 100% of the first \$150 of dental expenses. After that, the plan will pay 50% of the next \$1,700 of eligible dental expenses to a maximum of \$1,000 per covered person per year.

**Enhanced Plan:** 100% of the first \$250 of dental expenses. After that, the plan will pay 50% of the next \$2,500 of eligible dental expenses to a maximum of \$1,500 per covered person per year.

Current Monthly Dental Payroll Deductions		
Coverage Level	Basic Dental Plan	Enhanced Dental Plan
Employee	\$22.82	\$37.73
Employee + 1	\$45.66	\$75.45
Family	\$73.03	\$120.73

For plan details and additional information, please visit [habershamschools.com](http://habershamschools.com).

## Vision Insurance – EyeMed Vision Care



Vision Insurance is offered in both **Basic** and **Enhanced** Vision Plans. Both Basic and Enhanced Vision Plans allows participants to have an exam once a year. With the Enhanced Plan, you may get lenses and frames every year. With the Basic Plan, you may get lenses and frames every two years. For detailed information regarding the vision plans, please visit [habershamschools.com](http://habershamschools.com) and select the Employee Benefits and click on vision plans.

Current Monthly Vision Payroll Deductions		
Coverage Level	Basic Vision Plan	Enhanced Vision Plan
Employee	\$5.59	\$7.86
Employee + 1	\$10.66	\$14.69
Family	\$15.75	\$21.58

**REMINDER: YOU MUST ENROLL WITHIN 31 DAYS OF YOUR HIRE DATE OR YOU MAY NOT HAVE ANY BENEFITS**

## Critical Illness Including Cancer – UNUM



Critical Illness Including Cancer Insurance provides you with a lump sum cash benefit when you are faced with a covered illness. You select the benefit coverage amount you want based on your individual need and budget. If you have covered family members, our coverage also provides cash benefits for them. Then, if diagnosed with a covered critical illness, you will receive a cash benefit based on the percentage payable for the condition. This benefit can be used to help offset your income, pay for deductibles and copayments, apply towards your regular living expenses, or even pay for transportation so your loved ones can be with you. An overview of the plan rates is listed below.

Current Monthly Payroll Deductions for Non-Payroll			
Ages	\$10,000	\$20,000	\$30,000
<25	\$3.42	\$5.32	\$7.22
25-29	\$4.32	\$7.12	\$9.92
30-34	\$5.52	\$9.52	\$13.52
35-39	\$7.42	\$13.32	\$19.22
40-44	\$9.82	\$18.12	\$26.42
45-49	\$12.82	\$24.12	\$35.42
50-54	\$16.32	\$31.12	\$45.92
55-59	\$22.12	\$42.72	\$63.32
60-64	\$30.92	\$60.32	\$89.72
65-69	\$44.72	\$87.92	\$131.12
70-74	\$69.32	\$137.12	\$204.92

## Flexible Spending Account (FSA) – Medcom



A Flexible Spending Account (FSA) allows you to save money on your eligible out-of-pocket health care or dependent care expenses by using pre-tax dollars. By using pre-tax dollars, you are taxed on a lower gross salary, thereby saving money that is otherwise spent on federal, state and FICA taxes. Your take-home pay is increased. The Habersham County School District FSA offers two separate accounts:

### Healthcare Flexible Spending Account

The Healthcare FSA allows you to pay for eligible healthcare related expenses not covered by your medical insurance up to the amount of your annual contribution. The annual contribution limit is \$2,650. As you incur eligible expenses, you simply submit your receipt and a request for reimbursement or for additional convenience, your FSA provider will provide you with a debit card to purchase eligible medical expenses with your FSA funds at the point of purchase. The debit card eliminates the need to file for reimbursement. Regardless of the method of payment/reimbursement you choose, you must keep a copy of all receipts for tax purposes.

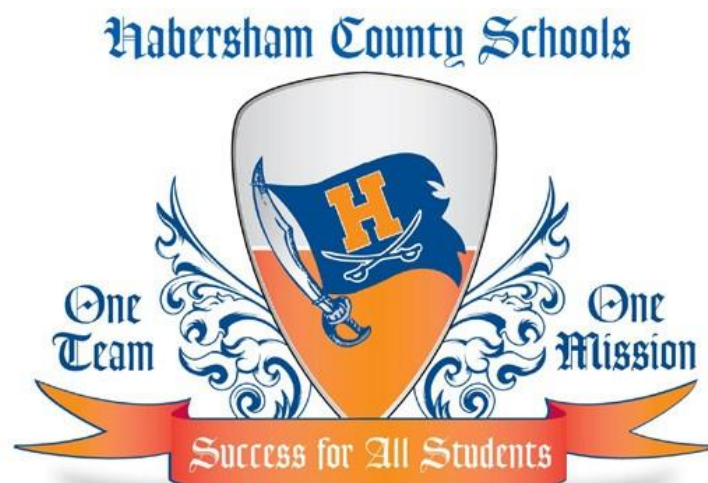
### Dependent Care Flexible Spending Account (for Child day care expenses)

The second account available to you is the Dependent Care FSA. This account will reimburse you for the cost of care for a qualifying dependent. Generally, eligible expenses include day care expenses for dependents you can claim on your tax return (children up to age 13, adult dependents incapable of self-care, etc.). The annual contribution limit is \$5,000 if you are single/married and filing jointly or \$2,500 if you file separately. For plan details and additional information, please visit [habershamschools.com](http://habershamschools.com).



## Benefit Contacts for Additional Information

Contact Information		
Carrier	Benefit	Telephone/Website
UNUM	Critical Illness	(866) 679-3054
Delta Dental	Dental Insurance	(800) 521-2651
EyeMed	Vision Insurance	(866) 299-1358
UNUM	Short Term and Long Term Disability	(800) 421-0344
UNUM Life Insurance	Group Term Life Insurance	(800) 421-0344
UNUM Life Insurance	Basic Life	(800) 421-0344
Medcom	Flexible Spending Account	(800) 523-7542
State Health	Medical Insurance	(800) 610-1863
UNUM Life Insurance	Whole Life	(866) 679-3054



## Qualifying Events

### **Marriage**

Within 31 days of the date of marriage, you may add your spouse to your existing medical, dental, or vision coverage, or drop your coverage to go on your spouse's plan. You may also elect to change your medical FSA amount, and elect spouse coverage under our various life and long term care plans. You will need to complete the appropriate forms and provide a copy of your certified marriage certificate. You should also review your beneficiary designations for life insurance, retirement savings, and pension plans.

### **Divorce**

Within 31 days of the date the divorce decree is signed, you may elect any coverage you are losing under your spouse's plan. If you currently cover your spouse, you must drop his or her coverage for medical, dental, vision, and group term life, although you may continue to cover your children. You may also elect to change your medical FSA amount. You will need to complete the appropriate forms and provide a copy of the first and last pages of your certified divorce decree. You should also review your beneficiary designations for life insurance, retirement savings, and pension plans. Prior to the final decree, you may not drop a spouse except during Open Enrollment.

### **Birth or adoption of a child, or having a child placed in your custody or guardianship through the court**

Within 31 days of the birth, adoption (official placement or final decree), or court order, you may add the child to your existing medical, dental, or vision coverage, or drop your coverage to go on your spouse's plan. You may elect to change your medical FSA amount, and start or change a dependent care FSA. You may also elect child life insurance. You will need to complete the appropriate forms and provide a copy of the certified birth certificate, adoption placement order or decree, or court order.

SHBP allows 90 days for Birth and Adoption.

### **Death of a spouse or covered dependent**

Within 31 days of the death, you may elect any coverage you are losing under your spouse's plan. If you currently cover your deceased dependent, you must drop his or her coverage for medical, dental, or vision although you may continue to cover the rest of your family. You may also elect to change your medical and dependent care FSA amounts. Again, you should review your beneficiary designations for life insurance, retirement savings, and pension plans. You will need to complete the appropriate forms and provide a copy of the certified death certificate.

SHBP allows 90 days for the Death of a Dependent.

**Becoming eligible (or losing eligibility) for Medicare, Medicaid or CHIP**

Within 31 days of the eligibility change, you may add or drop medical, dental, or vision coverage for yourself or the applicable family member. In addition, your plan may permit you to add or drop coverage if you gain or lose eligibility for a Medicaid or CHIP premium assistance subsidy. You may also elect to change your medical FSA amount. You will need to complete the appropriate forms and provide a copy of the notification letter from Medicare, or Medicaid or CHIP.

**If your spouse's employment status changes causing a gain or loss of eligibility for coverage**

Within 31 days of the date of the status change, you may elect medical, dental, or vision coverage, or drop your coverage to go on your spouse's plan. You may also elect to change your medical FSA amount. You will need to complete the appropriate forms and provide a letter from your spouse's employer on their letterhead verifying the effective date of the change, listing all coverage being gained or lost, and listing all covered individuals.

**Change in a spouse's employer causing gain or loss of coverage**

Within 31 days of the separation or the new hire date, you may elect medical, dental, or vision coverage, or drop your coverage to go on your spouse's plan. You may also elect to change your medical FSA amount. You will need to complete the appropriate forms and provide a letter from your spouse's employer on their letterhead verifying the effective date of the change, listing all coverage being gained or lost, and listing all covered individuals.

**A change in residence to an area not covered by your current option**

Within 31 days of the move, you may change your Option only to a plan that covers the area to which you moved.

**DOES NOT APPLY TO STATE HEALTH.****If your spouse changes coverage during his/her employer's Open Enrollment period**

Within 31 days of the Open Enrollment, you may elect medical, dental, or vision coverage, or drop your coverage to go on your spouse's plan. You will need to complete the appropriate forms and provide a letter from your spouse's employer on their letterhead verifying the effective date of the change, listing all coverage being gained or lost, and listing all covered individuals.

**If a Qualified Medical Child Support Order is established for a dependent**

Within 31 days of the order, you may add the child to your existing medical, dental, or vision coverage. You will need to complete the appropriate forms and provide a copy of the Qualified Medical Child Support Order.

