



Troup County School System

# 2024 Summary of Benefits

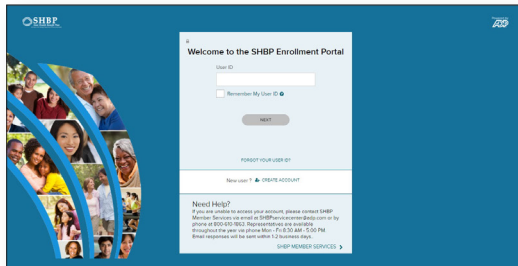
January 1, 2024 - December 31, 2024

## TWO PLACES TO ENROLL FOR YOUR BENEFITS

### MEDICAL SPECIFIC BENEFITS

There are **three ways** to elect or make changes

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



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

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

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

### TROUP COUNTY SCHOOLS BENEFITS

There are **three ways** to enroll

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



**First-time users:** REGISTER first with PinCode: TCSS

**Returning users:** Forgot User ID/Password to reset  
Use the website to find benefits/plan information

- **Employees should re-enroll and verify benefits every annual enrollment period** to verify the correct beneficiary and dependents, including elected coverage(s).
- **What happens if you take no action?** You will not have an Enrollment Summary or Benefits Verification Form that shows your upcoming Plan Year benefit elections. You will not be eligible to make changes after the end of the enrollment period until the next years Open Enrollment, unless you have a Qualifying Event. It is best practice to re-enroll to review all benefits and plans each year so you are aware and acknowledge updates in rates, plan details and carriers.

### ENROLLMENT CHANGES/REMINDERS:

- **Medical Rates** are increasing from SHBP.
- **No changes to other rates.**
- **New AFLAC** term life insurance 10-20-30 year term
- **Flexible Spending Accounts** (Medical and Dependent Daycare) must be re-enrolled EACH plan year. Medical increases to \$3,050.
- **Guarantee-issue** Critical Illness, Hospital Indemnity, increases on Supplemental Group Life and Individual Whole Life Insurance.
- Make your monthly **United Way election** during the enrollment process to support local organizations that give back to the employees, system and students!

ENROLLMENT AND ADMINISTRATION PROVIDED BY:  
800-523-7135



# Health and Wellness Plans



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

| Employee Tier     | HRA Anthem Gold | HRA Anthem Silver | HRA Anthem Bronze | HMO Anthem | HMO UHC  | HDHP UHC |
|-------------------|-----------------|-------------------|-------------------|------------|----------|----------|
| Employee Only     | \$188.56        | \$125.19          | \$77.69           | \$148.53   | \$177.91 | \$169.54 |
| Employee/Spouse   | \$464.72        | \$331.65          | \$231.90          | \$380.66   | \$442.36 | \$430.64 |
| Employee/Children | \$343.04        | \$235.32          | \$154.57          | \$274.99   | \$324.94 | \$311.96 |
| Family            | \$619.20        | \$441.78          | \$308.78          | \$507.12   | \$589.39 | \$573.06 |

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

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

## PLAN DESCRIPTIONS

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



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

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

## Flexible Spending Accounts

Set aside dollars, on a “pre-tax” basis, into a Flexible Spending Account.

**Medical FSA’s** limit is \$3,050 annually to pay for certain medical related expenses that are not covered by insurance. The annual election is available to be used anytime during the plan year. Unused Medical FSA amounts up to \$610 can be “Rolled-Over” to the following Plan Year. Rollover only accounts have a \$50 minimum.

**Dependent Care FSA’s** annual limit is \$5,000 for a married couple filing jointly or single parent and \$2,500 for a married person filing separately. Contributions must be made prior to filing claims. Dependent Care FSA accounts are subject to the IRS ‘use it or lose it’ rule with any funds remaining at the end of the plan year being forfeited.

## Dental

MetLife—Choose from two plans; High Option pays 100% Preventive, 80% Basic, 50% Major and 50% Adult & Child Orthodontics. Low Option pays 50% Preventive, 40% Basic and 30% Major and 50% Orthodontics. The \$50 deductible is waived on Preventive Care. There is a \$1,000 Annual Max on both plans, and \$1,000 Lifetime Max on Orthodontic benefits. Children are covered to age 26.

|               | HIGH     | LOW     |
|---------------|----------|---------|
| Employee only | \$49.13  | \$22.53 |
| Employee & 1  | \$87.30  | \$39.21 |
| Employee & 2+ | \$137.97 | \$80.93 |

## Vision

Anthem Blue View (EyeMed Access Network)—The Vision Plan provides vision examinations—\$10 copay, lenses and frames or contact lenses—\$20 copay at participating providers. Participants pay a co-pay and the insurance plan pays the difference up to specified limits. Get frames and lenses or contacts every 12 months with a \$150 allowance. Adult standard polycarbonate and standard anti-reflective lens added for \$0 copay. Children can be covered to age 26.

|              |         |
|--------------|---------|
| Employee     | \$6.97  |
| Employee + 1 | \$12.54 |
| Family       | \$17.14 |

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## Employee Group Supplemental Life

Ochs, Inc.—Employees may elect to increase their Group Life insurance benefits from \$10,000 to \$250,000 in \$10,000 increments, and elect a separate Spouse benefit from \$5,000 to \$50,000. Both are Guarantee Issue when first eligible and include accidental death and dismemberment, an accelerated death benefit option, and waiver of premium if disabled. Employees age 69 or younger may port this insurance upon termination, if they are not retiring, and do not have an illness or injury with a material impact on life expectancy. Rates are based on age as of January 1 each year and the elected coverage amount.

| Ages     | Employee \$10K | Spouse \$5K | Ages    | Employee \$10K | Spouse \$5K |
|----------|----------------|-------------|---------|----------------|-------------|
| Under 25 | \$0.70         | \$0.35      | 50 - 54 | \$3.90         | \$1.95      |
| 25 - 29  | \$0.80         | \$0.40      | 55 - 59 | \$6.30         | \$3.15      |
| 30 - 34  | \$1.00         | \$0.50      | 60 - 64 | \$7.70         | \$3.85      |
| 35 - 39  | \$1.10         | \$0.55      | 65 - 69 | \$13.30        | \$6.65      |
| 40 - 44  | \$1.40         | \$0.70      | 70 - 74 | \$20.80        | \$10.40     |
| 45 - 49  | \$2.30         | \$1.15      | 75+     | \$24.00        | \$12.00     |

## Long-Term Disability Plan

Voya Financial— The disability plan provides 60% of earnings beginning the 91st day of disability and continuing as long as disabled up to age 65. The maximum monthly benefit is \$5,000. If disability first occurs after age 60, benefits continue for a longer period based on ADEA regulations. Benefits coordinate with disability benefits from Social Security, Worker’s Compensation insurance, Teachers Retirement Plan and Public School System Employee Retirement benefits. Rates are based on attained age and salary as of January 1st of each year.

| Age          | Monthly Rate Per \$100 of Salary |
|--------------|----------------------------------|
| Under age 40 | \$0.18                           |
| 40 thru 49   | \$0.43                           |
| 50 thru 59   | \$0.53                           |
| 60 and Over  | \$0.63                           |

## Leave Bank

The Sick Leave Bank provides approved leave for employees who experience disabling illnesses/injuries after their own accumulated leave has been exhausted. Donate one day of sick leave annually to become a member after 2nd year of employment.

## Short-Term Disability Insurance

Aflac—Employees working 19 or more hours per week and making at least \$9,000 annually can elect \$500 to \$6,000 monthly benefit (based upon 60% of income replacement). Benefits begin on the 1st day for Accident and 15th day for Sickness and continue for up to 3 months. Maternity is covered as a sickness after the policy has been in force for 10 months. There is a 12 month waiting period for any condition that existed for 12 months prior to the effective date.

| Age        | Rate per \$100 Monthly Benefit |
|------------|--------------------------------|
| 18 thru 64 | \$2.08                         |
| 65 thru 74 | \$2.47                         |

## Basic Group Life

Ochs, Inc.—Each full-time employee is provided \$25,000 of coverage, paid for by the school system. The benefit includes an equal amount of accidental death and dismemberment, an accelerated death benefit option, and waiver of premium after being disabled. The benefit reduces by 50% at age 70. Employees age 69 or younger may port this insurance upon termination, if they are not retiring, and do not have an illness or injury with a material impact on life expectancy.

## Dependent Group Life

Ochs, Inc.—Coverage of employee’s child(ren) can be elected for a monthly cost per family. If both parents are employees, only one parent can cover children and employees cannot be covered as both an employee and a dependent.

|   | Plan A   | Plan B   |
|---|----------|----------|
| Child(ren) birth to 26 no student requirement | \$10,000 | \$20,000 |
| Monthly Premium                               | \$1.30   | \$2.60   |

## Individual Whole Life Insurance

Unum—Employees may elect to cover themselves, their spouse and/or children with individual Whole Life insurance policies which include Living Benefit option for terminal illness. The Whole Life premiums and death benefits are guaranteed level for the life of the contract and include a Long Term Care benefit for policies over \$10,000. Policies are completely portable, which means the policies can be continued after termination of employment or retirement, at the same rates



# Supplemental Plans



## Critical Illness Insurance/Cancer

Voya—Plan includes two (2) times payout per covered illness, including cancer. Employees can elect a lump sum benefit of \$5,000, \$10,000 or \$20,000 that will pay direct to the employee for the diagnosis of a critical illness. Spouse and Children levels are \$5,000 or \$10,000. A \$100 Wellness benefit is included (\$50 for children). There is no pre-existing limitation and plans are Guarantee Issue.

## Cancer Insurance

Aflac—Benefits are paid direct to employees. Choose from: Option 1 and Option 2 of the Cancer Assurance Plan. Employee's can also add spouse and children coverage. Policies can be continued after termination of employment or retirement, at the same amounts of coverage and rates.

## Accident Insurance

Aflac—Benefits are paid direct to employees for off the job accidents that occur. Employees can choose coverage on themselves, spouse and children. Policies are completely portable, which means the policies can be continued after termination of employment or retirement, at the same amounts of coverage and rates.



## Hospital Indemnity Insurance

Voya—Employees can elect a \$100, \$200 or \$300 daily benefit that will be payable if admitted to the hospital over 24 hours. An initial confinement benefit pays 5x the daily benefit. Rehab is included for 1/2 the daily amount. Coverage for employee, spouse and child(ren). There is no pre-existing limitation and plans are guarantee issue.

## Cafeteria / Section 125 Plan

The school system provides this plan to allow employees to pay for certain benefits on a "pre-tax" basis, as authorized by the Internal Revenue Service. By paying premiums on a "pre-tax" basis, employees recognize immediate tax savings. Premiums that qualify under this plan are Health, Dental, Vision, Cancer, Accident and Flexible Spending Accounts.

## Employee Services

Voya Financial/ComPsych—Free employee assistance plan provides counseling services to you and your dependents. Call 877-533-2363 or go online to [guidanceresources.com](http://guidanceresources.com) and use Web Id MY5848i for assistance.

## AirMedCare Network

If you are flown by any AirMedCare Network participating provider- Med-Trans Air Medical Transport, Air Evac Lifeteam, EagleMed, or REACH Air Medical Services (transport by other air ambulance providers are not covered)- you have no out-of-pocket flight expenses. Cost is \$5.00 per pay period and covered all individuals residing in your household.

## Legal Plan

MetLife—There are two plans offered: Base and Standard. The plan provides access for legal telephone advice and office consultations on an unlimited number of personal legal matters. Trials for covered matters are covered from beginning to end, regardless of length, when using a Network Attorney. Receive reduced fees for personal injury, probate and estate matters if provided by Network Attorney.

## Pet Health Insurance

Discounts are available to Troup County Schools employees. Simply call 855-270-7387 or go to [www.metlife.com/getpetquote](http://www.metlife.com/getpetquote) to get a quote. Varying levels of plans for preventive, deductible, reimbursement levels and medications can be chosen.

## 10, 20 or 30 Year Term Life

Aflac—offers Individual Term Life Insurance. Choose the length (term) you would like. Amounts are available between \$20,000 and \$150,000 for the employee, and a spouse rider is available up to \$15,000 not to exceed 50% of the employee. The premium is based on age and will not go up. Policies terminate at the end of the chosen term (10, 20 or 30 years).

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

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