



2023 Summary of Benefits

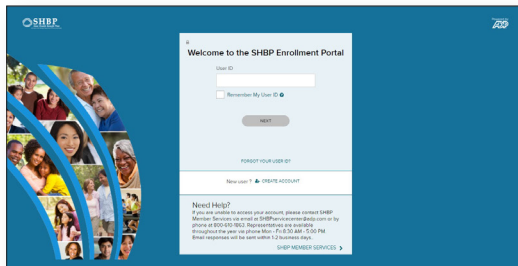
January 1, 2024 – December 31, 2024

YOU MUST ENROLL IN TWO PLACES TO RECEIVE 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
3. SHBP Member Services: 1-800-610-1863



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

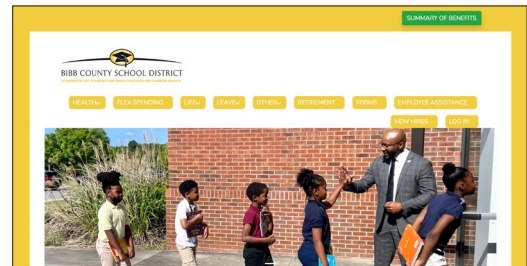
Returning users: Forgot User ID/Password to reset

- 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.

BIBB COUNTY SCHOOLS BENEFITS

There are **three ways** to enroll

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



First-time users: REGISTER first with PinCode: BibbCountySchools

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 miss out on any new offerings or benefit changes. Medical Flexible Spending and Dependent Daycare Accounts will not be re-enrolled.

If there are rate or carrier changes, you will continue to be enrolled in the same benefits/plans with the new benefits information. Changes will be allowed at the next Annual Enrollment unless there is a Qualifying Event during the year.

ENROLLMENT CHANGES/REMINDERS:

- **SHBP medical rates** will increase—percent varies by plan.
- Flexible Spending Accounts (Medical and Dependent Daycare) must be re-enrolled EACH plan year. **Medical FSA maximum has increased to \$3,050 with \$610 rollover.**
- **Vision Anthem/EyeMed Network:** Plan enhancements, reduce materials copay to \$10, no rate changes.

- **Dental MetLife** rates will increase slightly. Changes include exams (every 6 months), bitewings (1 per year) and panoramic x-rays (1 in 5 years) and Out of Network will be paid at 80%.
- **NEW Aflac 10-20-30 Year Term Individual Life Policies** are available. See a benefits counselor to enroll Guarantee Issue Coverage (this year only)

ENROLLMENT AND ADMINISTRATION PROVIDED BY:
800-523-7135



All rates are showing as semi-monthly payroll deduction amounts

Health and Wellness Plans



Employees may enroll in one of six plans. For details see the state health website: shbp.georgia.gov

Employee Tier	HRA Anthem Gold	HRA Anthem Silver	HRA Anthem Bronze	HMO Anthem	HMO UHC	HDHP UHC	Tri Care Supplement
Employee Only	\$94.28	\$62.60	\$38.85	\$74.27	\$88.96	\$31.68	\$30.25
Employee/Spouse	\$232.36	\$165.83	\$115.95	\$190.33	\$221.18	\$100.90	\$59.75
Employee/Children	\$171.52	\$117.66	\$77.29	\$137.50	\$162.47	\$65.10	\$59.75
Family	\$309.60	\$220.89	\$154.39	\$253.56	\$294.70	\$134.32	\$80.25

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

shbp.georgia.gov



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 for 2024 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 2024 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

The MetLife Dental Plan has a \$1,500 annual maximum and includes preventive incentive where preventive/diagnostic doesn’t count toward the annual maximum. The \$50 deductible is also waived for preventive care. The plan pays 100% preventive, 80% basic, 50% major and 50% for adult & child orthodontic (\$1,000 lifetime benefit). If both parents are employees, only one parent can cover children to age 26 and employees cannot be covered as both an employee and a dependent.

Employee	\$15.00
Family	\$43.72

Vision

The Anthem Blue View Vision Plan includes in-network and out-of-network benefits. \$10 co-pay eye examination, \$10 materials co-pay (frames \$125 allowance/24 months, lenses or contacts \$110 allowance/12 months) and discount for laser vision correction. Children covered to 26. If both parents are employees, only one parent can cover children to age 26 and employees cannot be covered as both an employee and a dependent.

Employee	\$2.78
Employee + 1	\$4.75
Family	\$8.10

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Life and Disability Plans



Employee Group Supplemental Life

VOYA—Employees can elect additional insurance of 1 to 5 times earnings, maximum of \$500,000. 3X is Guarantee Issue as a new hire. Included is accidental death and dismemberment, accelerated death and waiver of premium. The benefit reduces to 50% at age 70. Coverage can be ported until age 70 at age banded rates or converted to a whole life policy within 31 days of termination or retirement. Supplemental Life semi-monthly rates based on age as of January 1st each year:

Ages	Cost Per \$1,000	Ages	Cost Per \$1,000	Ages	Cost Per \$1,000
Under 30	\$0.035	40 – 44	\$0.065	55 – 59	\$0.245
30 - 34	\$0.04	45 – 49	\$0.105	60 – 64	\$0.35
35 - 39	\$0.05	50 – 54	\$0.155	65 – 69	\$0.501
				70 +	\$0.92

Disability Plan

CIGNA—Select a monthly benefit from \$200 to \$7,500 not to exceed 66.67% of salary with varying elimination periods and two duration options. Employees must use accumulated sick leave before disability benefits begin. Initial enrollment, benefits changes and late entrants are subject to a 3/12 pre-existing limitation. Benefits coordinate with Social Security Disability, Workers’ Compensation, Teachers Retirement System and Public School Employees Retirement System. Semi-monthly rates are based on benefit amount and are listed below:

Plan # 1 Benefits Payable to Age 65					
Elimination Period	14 days	30 days	60 days	90 days	180 days
Rate per \$100 benefit	\$2.03	\$1.79	\$1.07	\$.615	\$0.945
Plan # 2 Benefits Payable for 5 Years					
Elimination Period	14 days	30 days	60 days	90 days	180 days
Rate per \$100 benefit	\$1.50	\$1.265	\$0.825	\$0.455	\$0.32

Leave Bank

Bibb County Public Schools. Full-time employees employed with Bibb County Schools that have accumulated at least 10 days of sick leave may become a member of the sick leave bank by donating 1 day of accumulated sick leave during the initial open enrollment period. Enrollment is available only during annual Open Enrollment. There is no schedule for donations. Days will be requested when the leave bank is depleted and employees can choose to re-enroll/donate another day at that time.

Cafeteria / Section 125 Plan

Bibb County Schools provides this plan to allow employees to pay for certain benefits on a “pre-tax” basis and to set aside dollars in Flexible Spending Accounts, 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 the Medical, Dental, Vision, AFLAC Cancer, Accident insurance and Flexible Spending deposits.

Basic Group Life

VOYA—Full Time employees are insured for one times salary up to \$50,000 with accidental death and dismemberment, accelerated death and waiver of premium. The benefit reduces to 50% at age 70. Coverage can be ported at age banded rates until age 70, or converted to a whole life policy within 31 days of termination or retirement.

Dependent Group Life

VOYA—Spouse and dependent coverage can be elected for a semi-monthly cost of \$0.89 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.

Spouse & Children to 26 unmarried: \$5,000 Death Benefit Birth to 6 months: \$500
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Employee Services

Employee Assistance Program (EAP) Provided by Voya. ComPsych® GuidanceResources® provides no-cost, confidential emotional support to life’s challenges. A GuidanceConsultant offers someone to talk to and resources to consult when you need them. Plan includes referrals to inperson counselors. Just call: 877.533.2363. Online resources www.guidanceresources.com WebID 58481



Supplemental Plans



Critical Illness Insurance

Voya—The plan includes a 3 x payment per 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). Rates are based on age and benefit level selected. There is no pre-existing limitation and plans are Guarantee Issue.



Hospital Indemnity

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

Whole Life Insurance

VOYA—During Annual Enrollment periods employees may elect to cover themselves, their spouse, children and/or grandchildren with individual Whole Life insurance policies. The premiums remain level for the life of the contract and are cash building. 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.

Cancer Insurance

AFLAC—Benefits are paid direct to employees. There are two Cancer Assurance Plans to choose from: Option 1 and Option 2. Employees can add 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. See the rate sheet and flyer for details.

Accident Insurance

AFLAC—Benefits are paid direct to employees for off the job accidents that occur. Plan includes payments for emergency treatment, hospital confinement, follow-up doctor visits, wellness benefits, etc. 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.

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. See a benefits counselor to enroll. Guarantee Issue coverage is offered at the initial employee offering enrollment.

Genomic Life

Genomic Life—A unique program that empowers individuals to identify their genetic risk of hereditary cancers, cardiac issues and other genetic abnormalities. The program helps with the problem of awareness, access, and affordability to services that can help enhance prevention and survival. The plan includes hereditary testing, cancer information line, 2nd opinion pathology review, nurse advocates, financial and clinical trial navigation, and ongoing support for ANY cancer diagnosis.



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.

ENROLLMENT AND ADMINISTRATION PROVIDED BY:
800-523-7135

