



2024 Summary of Benefits

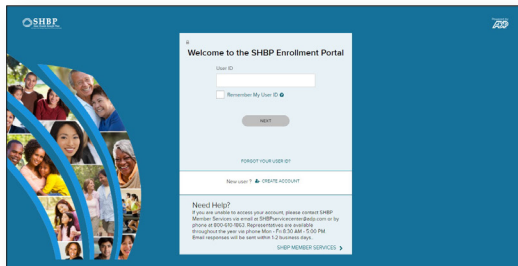
January 1, 2024 – December 31, 2024

NEW HIRE ENROLLMENT: TWO PLACES TO RECEIVE YOUR BENEFITS!

MEDICAL SPECIFIC BENEFITS

There are two ways to enroll as a new hire:

1. SHBP Enrollment Portal: mySHBPga.adp.com/shbp
2. SHBP Member Services: 1-800-610-1863



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

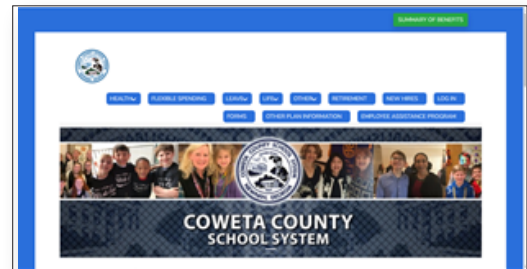
Returning users: Forgot User ID/Password to reset

- 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?**
 - **New to State Health?** You will not be eligible to enroll outside of your 30 day New Hire Window until Annual Enrollment in October/November to be effective in January.
 - **Transfers from another State Health/State of Georgia Employer?**
You will continue with your current Medical enrollment until your next opportunity to make changes which is either your next Annual Open Enrollment period or within 31 days that you experience a Qualifying Event.

COWETA COUNTY SCHOOLS BENEFITS

There are **two ways** to enroll:

1. Call Center 800-523-7135 Mon-Fri, 9AM – 4:30PM
2. Self service from houze.org/coweta



First-time users: REGISTER first with Pin Code: CowetaCountySchools

- **Employees should enroll to verify benefits every enrollment period** to verify the correct beneficiary and dependents, including elected coverage(s).
 - **What happens if you take no action?**
 - **New Hire benefits** will not transfer from another Georgia School System or State of Georgia, unlike Medical Insurance from State Health.
 - **All New Hires** must enroll/decline coverage under Coweta County School System's Benefits Plans for Dental, Vision, Life, Disability (short term and long term) as well as other benefits offered. Even if you wish to decline all coverage, you must designate a beneficiary for your Board Paid Life Insurance.

Employees will receive New Hire On-boarding packet that outlines the timelines for enrollment and effective dates for benefits. Generally, if a New Hire starts on the first working day of the month, benefits will be effective the first day of the following month. Otherwise, benefits will be effective the first day of the month following a full working month of employment.

Health and Wellness Plans



Employees may enroll in one of six plans. For details see the state health website: myshbpga.adp.com

Employee Tier	HRA Anthem Gold	HRA Anthem Silver	HRA Anthem Bronze	HMO Anthem	HMO UHC	HDHP UHC	HMO Kaiser
Employee Only	\$188.56	\$125.19	\$77.69	\$148.53	\$177.91	\$63.36	\$169.54
Employee/Spouse	\$464.72	\$331.65	\$231.90	\$380.66	\$442.36	\$201.80	\$430.64
Employee/Children	\$343.04	\$235.32	\$154.57	\$274.99	\$324.94	\$130.20	\$311.96
Family	\$619.20	\$441.78	\$308.78	\$507.12	\$589.39	\$268.64	\$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



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.

Dental

MetLife—Employees can elect to enroll in one of two plans. The High Option pays 100% preventative, 80% basic services, 50% major & 50% for child orthodontia (to age 19) with a \$1250 annual maximum. The Basic plan pays 100% for preventative & 60% for limited basic services with no coverage for major or orthodontia with a \$1000 annual maximum. Employees who did not enroll when first eligible are considered “late entrants” with a 12-month waiting period on orthodontic services, if electing the High Option. Dependents can be covered to age 26.

	HIGH	LOW
Employee only	\$34.25	\$16.44
Employee & 1	\$84.00	\$40.01
Employee & 2+	\$129.73	\$81.97

Vision

EyeMed—The Vision Plan includes in-network and out-of-network benefits. The Plan uses the EyeMed Select Network. Coverage while using an in-network provider includes eye examination (\$10 copay, \$0 with a Plus Provider), frames (\$130 allowance, \$180 with a Plus Provider), lenses (\$25 copay) or contacts (\$130 allowance). Receive exams, lenses or contacts every 12 months and frames every 24 months. Please refer to brochure for an exact breakdown.

Employee	\$6.09
Family	\$14.48

Flexible Spending Accounts

MedCom—Set aside dollars, on a “pre-tax” basis, into a Flexible Spending Account to pay for certain medical related expenses that are not covered by insurance.

Medical FSA’s limit is \$3,050 annually with the total amount elected being available to be used the first day of 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, with contributions having to be made prior to filing claims. Dependent Care FSA is subject to the IRS ‘use it or lose it’ rule.

ENROLLMENT AND ADMINISTRATION PROVIDED BY:
800-523-7135



Life and Disability Plans



Employee & Spouse Supplemental Life

Lincoln Financial—Employees may elect to increase from \$10,000 to \$300,000 and Spouse coverage from \$10,000 to \$150,000, not to exceed Employee Life. Both include accelerated death benefit option, and waiver of premium with coverage being continued until age 70 or retirement, whichever is earlier. The benefit reduces to 50% at age 70, and terminates upon retirement or termination of employment. Supplemental Life monthly rates per \$10,000:

Ages	Cost Per \$1,000	Ages	Cost Per \$1,000	Ages	Cost Per \$1,000
Under 35	\$0.50	45 – 49	\$2.00	60 – 64	\$5.13
35 – 39	\$0.75	50 – 54	\$2.75	65 – 69	\$8.63
40 – 44	\$1.25	55 – 59	\$4.13	70 and over	\$13.38

Short-Term Disability Plan

Lincoln Financial—Employees can elect disability benefits of either 50% or 60% of their pre-disability earnings, up to a maximum of \$1,250 per week. No benefit will be paid for any disability caused by a pre-existing condition, unless the coverage has been in effect for at least 12 months. Benefits begin the eighth (8th) day of disability caused by an accident or caused by sickness. Benefits continue as long as disabled up to twenty-six (26) weeks. Maternity is covered as an illness and premiums are waived during period of disability. Coverage terminates at end of employment or retirement. Monthly costs are based on the option and amount of benefit selected:

50% Option - Monthly Rate per \$10 of Weekly Benefit	\$0.408
60% Option - Monthly Rate per \$10 of Weekly Benefit	\$0.424

Long-Term Disability Plan

Lincoln Financial—Employees can elect disability benefits of either 50% or 60% of their pre-disability earnings, to a maximum benefit of \$6,000 per month. Benefits begin the 181st day of disability and continue to age 65. No benefit will be paid for any disability caused by a pre-existing condition, unless the coverage has been in effect for at least 12 months. Benefits coordinate with disability benefits from Social Security, Workers' Compensation,

Teachers Retirement System and Public School Employees Retirement System. Monthly rates are based on age and benefit selected per the following table:

Age	50% Option Monthly Rate per \$100 of Salary	60% Option Monthly Rate per \$100 of Salary
Under 30	\$0.068	\$0.102
30 thru 39	\$0.128	\$0.204
40 thru 44	\$0.213	\$0.332
45 thru 49	\$0.332	\$0.527
50 thru 54	\$0.442	\$0.697
55 & Over	\$0.536	\$0.850

Basic Group Life

Lincoln Financial—Each full-time employee is provided Group Life insurance of one times annual salary up to \$50,000. Included is an equal amount of accidental death and dismemberment, an accelerated death benefit option and waiver of premium in case of total disability with coverage ending at 70 or retirement whichever is earlier. The benefit reduces to 50% at age 70, and terminates upon retirement or termination of employment.

Dependent Group Life

Lincoln Financial—Coverage can be elected for \$5,000 or \$10,000 that covers all child(ren). If both parents are employees, only one parent can cover children. Employees cannot be covered as an employee and a dependent.

	Option 1	Option 2
Birth to 26 (Full Time Student)	\$5,000	\$10,000
Rate	\$2.00	\$4.00

Leave Bank

Coweta County Full-time employees employed with Coweta County Schools may enroll in the Sick Leave Bank. To enroll, employees are electing to donate one day of accumulated sick leave on the start of the plan year. If at any time thereafter, the bank falls below 750 days, an additional day will be assessed during the next open enrollment in order to restore the bank to the established level. The purpose of the Coweta County School System Sick Leave Bank is to provide its members with sick leave for serious illness, serious injury, or non-elective surgery after their own accumulated sick leave has been exhausted. Enrollment is available only during annual Open Enrollment periods.

Critical Illness Insurance

Voya—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 covered critical illness. The Plan will pay two (2) benefits for each covered 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. Coverage will reduce to 50% at age 70.



Cancer Insurance

Aflac—Cancer coverage is available on a voluntary basis. There are two Cancer Assurance Indemnity Plans to choose from, Option 1 and Option 2. Both have the same benefits with varying levels of payments for Cancer related procedures and include an annual wellness benefit, building benefits and initial occurrence benefit. Only available during Annual Enrollment.

Benefit	Option 1	Option 2
Individual	\$22.54	\$39.45
One Parent Family	\$23.45	\$40.36
Insured/Spouse	\$40.40	\$71.69
Two Parent Family	\$41.31	\$72.60

Accident Insurance

Voya—Compass Accident coverage is available for everyday accidents. The plan is a supplement to Medical Insurance and provides a variety of benefit payments related to an off the job accident. Benefits payable for many aspects, including emergency room, urgent care, hospital, follow-up treatments, organized sports accidents, for the entire family. Including Wellness Benefit for employee/spouse and child(ren) covered. Enrollment or changes must be made during Annual Enrollment

Employee	\$11.99
Employee + Spouse	\$15.84
Employee + Children	\$22.24
Family	\$26.09

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). enrollment or changes must be made with a Counselor during Annual Enrollment.

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.

Hospital Indemnity Insurance

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.

Benefit	\$100	\$200	\$300
Employee	\$8.77	\$16.36	\$23.94
Spouse	\$15.89	\$29.70	\$43.51
Child	\$15.19	\$27.36	\$39.56
Family	\$22.31	\$40.70	\$59.13

Individual Whole Life Insurance

Unum—Employees may elect to cover themselves, their spouse and/or children with individual Whole Life insurance policies. Whole Life premiums and death benefit are guaranteed level for the life of the contract and include a Long Term Care benefit. Policies are completely portable (continued after employment ends or retirement) at the same rates based on the policy. Coverage and Guarantee Issue is based on age when applied for. Enrollment or changes must be made with a Counselor during Annual Enrollment.