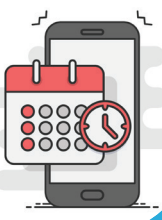


2024

**George County
School District**

Benefits Guide





TAKE ACTION REMINDERS!

- If you do not actively enroll in benefits within 30 days of your date of hire, you will not have benefits coverage for the upcoming plan year.
- Remember to provide/update beneficiaries as necessary for Voluntary Term Life and AD&D policies.
- New hire employees may be eligible for certain benefits without health questions (guaranteed issue). Please review and understand these guaranteed issue amounts and limitations.
- Submit any qualifying life event changes for you and eligible dependents within 30 days of event date for Campus Benefits and 60 days for BCBS.

There are two separate benefit enrollments:

1. **Campus Benefits Voluntary Benefits**
2. **Blue Cross Blue Shield Medical Insurance**

**Benefits enrollment must take place within 30 days of hire date*

1

2

How to Enroll in Campus Benefits Voluntary Benefits

1. Visit <https://www.georgecountybenefits.com/>
2. Select the "Enroll" tab or the "Campus Connect" tab
3. Follow the on screen instructions OR
4. **Contact Campus Benefits at 866.433.7661 opt 5**
 - Plan year is 1/1 - 12/31
 - **Annual open enrollment occurs in the Fall (October)**

How to Enroll in your Blue Cross Blue Shield Medical Plan

1. Contact Human Resources for necessary enrollment paperwork/requirements.
 - Plan year is 1/1 - 12/31
 - New Hire: Enrollment must take place within 30 days of hire date.
 - **Annual open enrollment occurs in the Fall (October)**

Version #01092024

The George County School District offers a comprehensive and valuable benefits program to all eligible employees. Our benefits package is designed to provide security and assistance during a time of need. Please become familiar with the various options and select the best coverage for the upcoming plan year.

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NEED HELP? START HERE:

Campus Benefits Service Hub

Phone: 866.433.7661 opt 5

Email: MyBenefits@CampusBenefits.com

George County School District

Kimberly Collins

Payroll Specialist

601.947.6993, ext. 2042

kimberly.collins@gcsd.us

Eligibility

- All full-time employees designated by the Board working 20 or more hours a week
- All full-time bus drivers designated by the Board working 10 or more hours a week
- General plan eligibility is listed on the top of each page. Specific employee and dependent eligibility rules are governed by each plan's policy document/certificate, which is available on your employee benefits website, or by contacting Campus Benefits.

Enrollment

- Open Enrollment: October 11th - November 3rd
- New Hire: Benefits enrollment must take place within 30 days of hire date
- Plan Year: January 1, 2024 – December 31, 2024

When Do Benefits Begin

- The effective date of coverage for benefits depends on your hire date. Typically, benefits will begin the first of the month coinciding with or after date of hire. For all benefits, you must be actively at work on the effective date of coverage.

Changes

- Employee benefit elections are allowed as a new hire and during the annual open enrollment period.
- The selected benefits will remain in effect throughout the plan year.
- A qualifying life event allows eligible changes to benefit elections throughout the plan year.
- For Campus Benefits all qualifying life events must be submitted within 30 days of the event date.
- For BCBS Medical Plans all qualifying life events must be submitted within 60 days.

Disclaimer: The Benefits Guide is provided for illustrative purposes only. Actual benefits, eligibility, services, premiums, claims processes and all other features and plan designs for coverage offered are governed exclusively by the provider contract and associated Summary Plan Description (SPD).



TOGETHER WE'RE US

SERVICE HUB/ SUPPORT CENTER

Campus Benefits is your dedicated advocate for all your voluntary benefits.

When to contact the Campus Benefits Service Hub?

- Portability/Conversion
- Benefits Education
- Evidence of Insurability
- Qualified Life Event Changes
- Claims
- Card Requests
- Benefit Questions
- COBRA Information

How to File a Claim ?

1. Contact Campus Benefits via Phone or Email
2. Work with Campus Benefits' claims specialist to complete the necessary paperwork
 - Employee Portion
 - Physician Portion
 - Employer Portion
3. Submit the Necessary Paperwork to Campus Benefits via the secure upload
 - Secure upload located at:

<https://www.georgecountybenefits.com/contact-campus>

The Campus Benefits team understands the claims process and leverages the necessary carrier relationships to expedite the paperwork efficiently to ensure claims are not delayed due to improper paperwork completion.

Frequently Asked Questions (FAQs):

Q: When must a qualifying life event change be made?

A: For voluntary benefits, please notify Campus Benefits within 30 days of the life event date.

A: For BCBS medical plan life events, please contact the George County Schools Benefits Department within 60 days of the life event date.

Q: Am I required to contact Campus Benefits to file a claim?

A: No. However, in our experience the number one reason for claim denial or delay is due to incomplete or inaccurate paperwork. By working with Campus Benefits' claim specialist, we can advocate on your behalf.

Q: How can I access the group dental card or vision card quickly?

A: Your group dental and vision plan information is available at:

<https://www.georgecountybenefits.com/>



Phone: 866.433.7661, Opt 5

Email: mybenefits@campusbenefits.com

Website: <https://www.georgecountybenefits.com/>

EMPLOYEE ASSISTANCE PROGRAM



What is an EAP? A program offered to all George County School District employees to provide guidance with personal issues, planning for life events or simply managing daily life which can affect your work, health and family.

Eligibility: All George County School District employees.

- Coverage through One America for George County School District at no cost to employee
- Provides support, resources, and information for personal and work-life challenges
- CALL 1.855.387.9727 or visit Guidanceresources.com, Web ID: **ONEAMERICA3**

Confidential Counseling

- Helps employees address stress, relationship and other personal issues for you and your family
- Sessions with highly trained master's and doctoral level clinicians
- **Receive 3 Sessions per issue per year for:**
 - Stress anxiety and depression
 - Relationship/marital conflicts
 - Problems with children
 - Job pressures
 - Grief and loss
 - Substance abuse

Financial Information and Resources

- Speak by phone with a Certified Public Accountants and Certified Financial Planners on a wide range of financial issues, including:
 - Getting out of debt
 - Credit card or loan problems
 - Tax questions
 - Retirement planning
 - Estate planning
 - Saving for college

Work-Life Solutions

- Work-Life Specialists will do the research for you, providing qualified referrals and customized resources for:
 - Child and elder care
 - Moving and relocation
 - Making major purchases
 - College planning
 - Pet care
 - Home repair

GuidanceResources Online

- One stop for expert information on relationships, work, school, children, wellness, financial, and more
- Timely articles, HelpSheets, tutorials, streaming videos and self-assessments
- "Ask the Expert" personal responses to your questions
- Child care, elder care, attorney and financial planner searches

Free Online Will Preparation

- EstateGuidance lets you quickly and easily write a will on your computer
- Go to GuidanceResources.com and click on EstateGuidance link
- Follow the prompts to create and download your will at no COST
 - Name an executor to manage your estate
 - Choose a guardian for your children
 - Specify your wishes for your property
 - Provide funeral and burial instructions

**Provided at no cost to the employee by
George County School District.**

BENEFITS PORTAL!

www.georgecountybenefits.com



GEORGE COUNTY SCHOOL DISTRICT

[Home](#) [Benefits](#) [Enroll](#) [Contact Campus](#) [Qualifying Life Events](#)

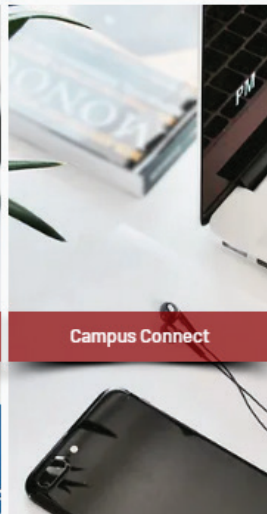


Welcome to the George County School District's

BENEFITS PORTAL



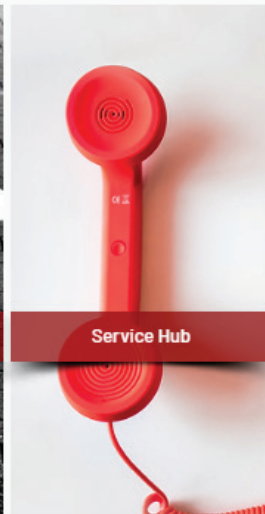
State Health Insurance Plan



Campus Connect



2023 Benefits Guide



Service Hub

What can you find on the Benefits Portal?

- Plan Highlight Sheets
- Policy Documents and Certificates
- Claim Forms
- Links to Carrier Websites

What can the Service Hub assist you with?

- Claims
- Card Requests
- Benefit Questions
- Qualified Life Events

CAMPUS BENEFITS ENROLLMENT INSTRUCTIONS

Website: <https://www.georgecountybenefits.com>



SCAN ME

Company Identifier: GCS19

1 Visit

<https://www.georgecountybenefits.com/>

2 Select "Campus Connect" to login

3 Existing User Login

1. Enter your username
2. Enter your password
3. Click "LOGIN"
4. Click on the "Start Benefits" button and begin the enrollment process

New User Registration

1. On Login page click on "Register as a new user" and enter information below
 - First Name
 - Last Name
 - **Company Identifier: GCS19**
 - PIN: Last 4 Digits of SSN
 - Birthdate
2. Click "Next"
3. Username: Work email address or one you have provided to HR when you were hired
4. Password: Must be at least 6 characters and contain a symbol and a number
5. Click on "Register"
6. On the next page, it will show your selected Username. Click on "Login"
7. Enter Username and Password
8. Click "Start Benefits" to begin the enrollment

Frequently Asked Questions

What is my username?

- Work email address OR
- Email address you provided to HR when hired OR
- Email address you used to previously change your username

What is my password?

To create or reset a forgotten password follow the steps on the login page using tips below.

- Password must be at least 6 characters
- It must contain a symbol and a number
- Using uppercase, numbers and symbols greatly improves security

Need Help? Start Here:

mybenefits@campusbenefits.com

866.433.7661 opt 5

Login Information

Username: _____

Password: _____

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SHORT-TERM DISABILITY



What is Short-Term Disability Insurance? A type of coverage that replaces a portion of your income, for a short period of time, if injury or illness prevents you from working. It provides financial security for you and any loved ones who may depend on your most valuable asset — your ability to earn a paycheck. You may also hear disability insurance referred to as disability income insurance or income protection.

Eligibility: All full-time employees as designated by the Board (page 2)

- Coverage through One America
- Employee must be actively at work on the effective date
- **Short-Term Disability Benefits pay in addition to sick leave**
- **No health questions EVERY YEAR!** (Pre-existing condition will apply for new participants)

Short-Term Disability	
Elimination Period	Benefits begin after you have been out of work due to an injury or illness for the elimination period Option 1: 7 Days Option 2: 14 Days Option 3: 30 Days
Benefit Duration	Covers accidents and sicknesses up to 12 weeks
Benefit Percentage (weekly)	60% of your gross weekly salary
Maximum Benefit Amount (weekly)	\$1,200
Pre-existing condition	3/6 Illness or injury for which you received treatment the 3 months prior to your effective date will not be covered for the first 6 months. (Applies to new enrollees only)

Monthly Rate Calculation		
Step 1	Divide your Annual Salary by 52. This is your weekly salary.	
Step 2	Multiply weekly salary in Step 1 by 60%. If 60% of weekly salary exceeds \$1,200, then enter \$1,200. This is your maximum weekly benefit amount.	
Step 3	Divide weekly amount in Step 2 by \$10	
Step 4	Multiply Step 3 by the Monthly Rate in the table to the right. This is your monthly premium.	

Short-Term Disability Monthly Rates Per \$10 of Weekly Benefit			
Age	7 Day	14 Day	30 Day
<19-29	\$0.623	\$0.537	\$0.354
30-39	\$0.637	\$0.549	\$0.365
40-49	\$0.622	\$0.536	\$0.340
50-59	\$0.670	\$0.578	\$0.320
60-64	\$0.719	\$0.620	\$0.365
65-69	\$0.777	\$0.670	\$0.390
70+	\$0.800	\$0.690	\$0.420

**Enrollment system will calculate based on payroll information provided by employer*

LONG-TERM DISABILITY



What is Long-Term Disability Insurance? A type of coverage that replaces a portion of your income, for a longer period of time, if injury or illness prevents you from working. It provides financial security for you and any loved ones who may depend on your most valuable asset — your ability to earn a paycheck. You may also hear disability insurance referred to as disability income insurance or income protection.

Eligibility: All full-time employees as designated by the Board (page 2)

- Coverage through One America
- Employee must be actively at work on the effective date
- **Long-Term Disability Benefits do not pay in-addition to sick leave**
- **No health questions EVERY YEAR!** (Pre-existing condition will apply for new participants)

Long-Term Disability	
Elimination Period	Benefits begin after you have been out of work due to an injury or illness for 90 calendar days
Benefit Duration	Covers accidents and sicknesses up to SSNRA (Social Security Normal Age of Retirement)
Benefit Percentage (monthly)	60% of your gross monthly salary
Maximum Benefit Amount (monthly)	\$6,000
Pre-existing condition	3/3/12 Illness or injury for which you received treatment the 3 months prior to your effective date will not be covered for the first 12 months, unless you are treatment free for 3 consecutive months (Applies to new enrollees only)

Monthly Rate Calculation		
Step 1	Divide your Annual Salary by 12. This is your monthly salary.	
Step 2	Divide monthly amount in Step 1 by \$100	
Step 3	Multiply Step 2 by the Monthly Rate in the table to the right. This is your monthly premium.	

Long-Term Disability Monthly Rates Per \$100 of Covered Monthly Payroll			
Age	90 Day	Age	90 Day
0-19	\$0.252	50-54	\$1.347
20-24	\$0.252	55-59	\$1.539
25-29	\$0.252	60-64	\$1.201
30-34	\$0.252	65-69	\$0.451
35-39	\$0.540	70-74	\$0.451
40-44	\$0.741	75+	\$0.451
45-49	\$1.006		

Enrollment system will calculate based on payroll information provided by employer

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LIFE INSURANCE 101

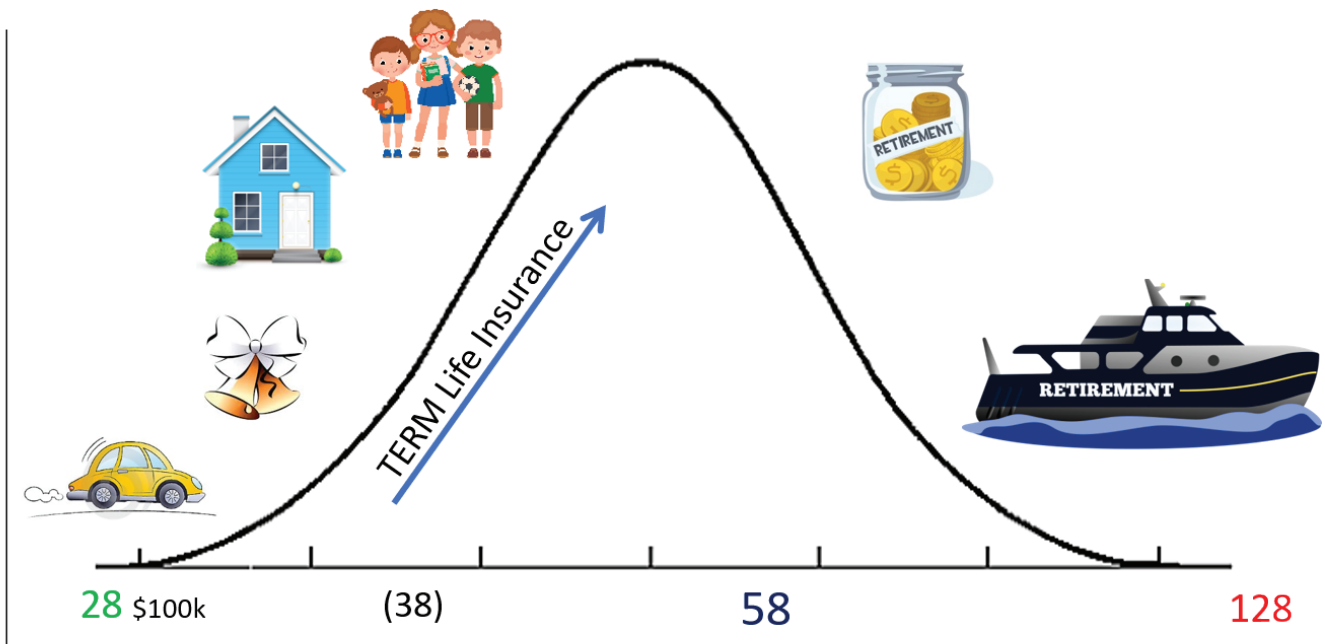
The need for life insurance depends on each individual life situation. If loved ones are financially dependent on you, then buying life insurance coverage can absolutely be worth it. Even if you don't have financial dependents yet, life insurance can be a valuable solution for making death easier on a family (at least financially.) There are two voluntary life insurance options offered through your employer: Term Life Insurance and Permanent Life Insurance. Below is an overview of the differences.

Term Life and Permanent Life work best used in conjunction with one another. Term Life can protect your family in your younger working years and Permanent Life can protect your family in your retirement years.

TERM LIFE INSURANCE

Term Life insurance is illustrated on the bell curve below. The term life offered is a group policy which allows you to get more benefit for less premium.

- Term life insurance is for the unexpected death
- Includes an Accidental Death & Dismemberment Benefit
- Term life insurance is flexible and allows changes to your benefit amount each year depending on life changes. For example, as you get married and have children the need for term insurance often increases. As you near retirement, the need for term life insurance often decreases.
- Coverage is portable at retirement or if you leave the employer (premium will increase)
- Premiums are based on age and increase as you get older



Permanent Life Insurance Monetary Life Line

PERMANENT LIFE INSURANCE

Permanent Life Insurance is illustrated above along the bottom of the graph with a straight blue arrow.

- Permanent life insurance offers a stable premium along the lifetime of the policy
- Permanent life offers a level premium and is meant to take into retirement
- Permanent life is an issue age policy is based on the age when the policy is issued
- This is an individual plan you can take with you regardless of where you work

VOLUNTARY TERM LIFE & AD&D



What is Voluntary-Term Life and Accidental Death & Dismemberment Insurance? Proceeds can be used to replace lost potential income during working years and help ensure your family's financial goals will still be met; goals like paying off a mortgage, keeping a business running, and paying for college. AD&D coverage is included as a part of life insurance benefits and will pay out a lump-sum death benefit in the event you or a covered loved one are killed accidentally or die later as the direct result of an accident.

Eligibility: All full-time employees as designated by the Board (page 2), spouse, & unmarried children up to age 26

- Coverage through One America
- Employee must be actively at work on the effective date
- Benefit amount doubles in the event an accident results in death
- Employee must elect coverage on themselves in order to purchase for dependents
- If electing for the first time outside of the initial open enrollment period or for an amount over the Guaranteed Issue Amount, health questions will be required

Life and Accidental Death & Dismemberment (AD&D)	
LIFE AND AD&D MAXIMUMS	
Employee	Minimum of \$10,000 with increments of \$1,000 up to the lesser of \$500,000 or 5 times annual salary
Spouse	Minimum of \$5,000 with increments of \$500 up to \$250,000 (100% of Employee Election)
Child(ren) (up to Age 26)	\$10,000 (one premium applies to all children)
GUARANTEED ISSUE MAXIMUMS (NO HEALTH QUESTIONS REQUIRED WHEN FIRST ELIGIBLE)	
Employee	\$250,000
Spouse	\$50,000
Child(ren)	\$10,000
GUARANTEED INCREASE IN BENEFIT	Employee & Spouse: If currently enrolled, can increase Up to the Guaranteed Issue amount at Open Enrollment.
Age Reduction	None
Portability & Conversion	Included (Premium will change/increase) (Portability ends at age 70)

Plan Rates
Cost of coverage is based on the level of benefit you choose and your age. Spouse rate is based on employee's age. Please consult with a Benefits Counselor or log into the enrollment system for rate details.

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PERMANENT LIFE



What is Permanent Life Insurance? Provides lifelong protection and the ability to maintain a level premium.

Eligibility: All full-time employees as designated by the Board (page 2), spouse, children & grandchildren (up to age 26)

- Coverage through Colonial Life
- Underwriting may be required. Coverage is not guaranteed
- Must be actively at work on the effective date
- Permanent offers the flexibility to meet a variety of personal needs while allowing employees the choice of benefit and premium amounts which fit their paychecks and life styles
- Keep your coverage at the same cost even if you retire or change employers

Permanent Life Benefits	
PLAN MAXIMUMS	
Employee (Ages 18 - 79)	Up to \$500,000
Spouse (Ages 19 - 70)	Up to \$500,000
Child (15 days - 26 years)	Up to \$500,000
GUARANTEED ISSUE (NO HEALTH QUESTIONS FOR FIRST TIME ENROLLEES)	
Employee	Up to \$49,999 (Ages 18 - 50) Up to \$29,999 (Ages 51 - 60) Up to \$14,999 (Ages 61 - 79)
Spouse	Up to \$49,999 (Ages 18 - 50) Up to \$29,999 (Ages 51 - 60) Up to \$14,999 (Ages 61 - 79)
Juvenile Policy	Ages 0 - 17 Full-Time Student/Dependent on Parent 18 - 26
Additional Plan Options/Riders	
Choose from Paid Up Options: age 70 or age 100, Accidental death rider available	

Plan Rates

Cost of coverage is based on the level of benefit you choose and your age. Please consult with a Campus Benefits Counselor or log into the enrollment system for rate details.

STATE LIFE AND AD&D INSURANCE

What is State Life Insurance? A program offered to all George County School District employees through the State of Mississippi. This is a Basic Life Insurance program that can provide a cash benefit in the event the insured passes away.

Eligibility: Coverage through Minnesota Life Insurance Company (Securian Financial)

- 50% of coverage is paid for by George County School District
- Coverage available: Up to 2 times basic annual earnings up to a max of \$100,000
- Retiree Coverage: Coverage up to \$20,000 available (based on retiree date)
- Continuation of Coverage: Policy Number: 33683 Access Key: msse Phone: 866.365.2374

Contacts and Beneficiary Update Information.

Minnesota Life Phone: 888.658.0193


To manage your beneficiary designation online:

1. Log in to bcbsms.com. If you have not previously registered, information will be required from your BCBSMS ID card to complete the registration process.
2. Go to the My Benefits tab.
3. Under the Life Benefits section, click the link to update the beneficiary information. You will see a notification asking you to “Agree” to be transferred to a secure portal provided by Minnesota Life. Click “I Agree.”
4. Click “View beneficiary.”
5. If you need to make any changes, click “Update Designation,” and provide the name(s), relationship(s) and respective benefit shares.
6. After this information has been entered, you will receive an email acknowledgment, as well as a letter in the mail confirming your changes to your beneficiary designation.

What is Dental Insurance? A health and wellness plan designed to pay a portion of dental costs associated with preventive, basic, some major dental care, as well as orthodontia.

- Eligibility:** All full-time employees as designated by the Board (page 2), spouse and children up to age 26
- Coverage through Ameritas
 - Provider directory: dentalnetwork.ameritas.com (Network: Classic PPO)
 - Orthodontia only available for children up to age 19 (subject to lifetime max)
 - Claims must be submitted within 90 days of date of service
 - Exams and cleanings are allowed 2 times each calendar year and do not have to be separated by 6 months
 - Refer to page 15 for additional details on how to get the most out of your dental plan
 - **You can go to any provider on both plans but will receive a higher benefit for going to an In-Network provider**
 - *The chart below is a sample of covered in-network services. Please see the Plan Certificate on your Employee Benefits website for a detailed listing of services, as well as out-of-network allowances in their entirety.*

Coinsurance	High Plan	Low Plan	Services
Preventive	100%	100%	Type 1 - Preventive
Basic	In-Network: 90% Out-of-Network: 80%	In-Network: 90% Out-of-Network: 80%	Routine Exam (2 per benefit period)
			Bitewing X-rays (2 per benefit period)
Major	In-Network: 60% Out-of-Network: 50%	Not Covered	Cleaning (2 per benefit period)
			Fluoride (Under 19 - 1 per benefit period)
Orthodontics	50% (Child up to age 19)	Not Covered	Full Mount X-rays (1 in 3 Years)
Calendar Year Maximum	\$1,500 per person	\$1,500 per person	Type 2 - Basic
Orthodontia Maximum	\$1,500 per person (Child up to age 19)	Not Applicable	Endodontics (Nonsurgical & Surgical)
			Restorative Amalgams & Composites
Deductible	\$25/\$75 Max per Family per Calendar Year (Basic & Major)		Periodontics (Nonsurgical)
			Simple Extractions
Allowance	80th Usual, Customary, & Reasonable		Complex Extractions (High Plan only)
Waiting Period	None		Anesthesia (High Plan only)
			Type 3 - Major (High Plan only)
			Onlays
			Crowns & Repairs
			Prosthodontics
			Periodontics (Surgical)



Employee Name	Employee ID
George County BOE	52396
Group Name	Policy Number

For benefit or services information or to express concerns about our services, call Ameritas at:

800.487.5553
ameritas.com

Monthly Rates	High Plan	Low Plan
Employee	\$43.18	\$25.34
Employee + Spouse	\$86.10	\$50.66
Employee + Child(ren)	\$95.78	\$59.78
Family	\$148.70	\$94.34


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What is Vision Insurance? A health and wellness plan designed to reduce your costs for routine preventive eye care including eye exams and prescription eyewear (eyeglasses and contact lenses).

- Eligibility:** All full-time employees as designated by the Board (page 2), spouse and dependent* children up to age 26
- Coverage through MetLife - Provider directory: www.metlife.com
 - Refer to the next page for details on how to get the most out of your vision plan
 - *The chart below is a sample of covered in-network services. Please see the Plan Certificate on your Employee Benefits website for a detailed listing of services, as well as out-of-network allowances in their entirety.*
 - *Child marital status impacts benefit eligibility

Vision Benefits Summary	In-Network
Exam	In: \$10 Copay Out: Up to \$45 allowance
Contact Lens Fit and Follow-Up	Member pays up to \$60 (Standard)
Retinal Imaging	Up to \$39 Copay
Lasik or PRK	15% Discount off Retail and 5% off Promotional
Frames	In: \$15 Copay - \$150 Allowance + 20% off Balance \$85 Allowance at Walmart, Costco, Sam's Club Out: Up to \$70 allowance
Lenses and Lens Options	
Single/Lined Bifocal & Trifocal/Lenticular	In: \$15 Copay Out: Up to \$30 - \$100 allowance
Standard Progressive Lens	In: Covered in Full after \$15 Copay Out: Up to \$50 allowance
UV Coating	Covered in Full
Standard Polycarbonate	Covered in Full (Under age 19)
Tint (Solid & Gradient)	Up to a \$17 to \$44 Copay
Standard Scratch Resistant	Up to \$17 - \$33 Copay
Standard Anti-Reflective Coating	Up to \$41 - \$85 Copay
Contact Lenses	
Elective Contacts	In: \$150 allowance Out: Up to \$105 allowance
Medically Necessary Contacts	In: Covered in Full after eyewear copay Out: Up to \$210 allowance
Frequencies	
Exams/Lenses or Contact Lenses/Frames	Every 12 Months
2nd Pair Benefit <i>(Advise provider to submit two pair of glasses on separate invoices)</i>	Each covered person can get one of the options below: 2 pairs of prescription eyeglasses 1 pair of prescription eyeglasses and an allowance toward contacts Double the contact lens allowance
<i>Election frequency based on date of service</i>	

Monthly Rates	
Employee	\$10.80
Employee + Spouse	\$21.64
Employee + Child(ren)	\$18.32
Family	\$30.21

George County BOE 5965845
 Group Name Group Number 

Members: 1.800.GET.METS (1.800.438.6388)
 Providers: 1.855.638.3931

This card is not a guarantee of coverage or eligibility.

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GET THE MOST OUT OF YOUR DENTAL/VISION PLANS



DENTAL PLAN

Your Dental Plan Features Dental Rewards, Hearing Care Benefits as well as LASIK Advantage Benefits.

Dental Rewards

Allows qualifying plan members to carryover part of their unused annual maximum. Earn dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the **threshold amount** for benefits received for that year. *For additional details, please view the dental highlight sheet located on your employee benefits website.*

Dental Rewards		
Benefit Threshold	\$750	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Dental Rewards amount is added to the following year's maximum
Annual PPO Bonus	\$150	Additional bonus is earned if the member sees a network provider
Maximum Carryover	\$1,000	Maximum possible accumulation for Dental Rewards and PPO Bonus combined

Hearing Care Benefits

Hearing Care Summary	% Coverage	Maximum per benefit period/ Benefit Amount
Annual Hearing Exam	100%	Up to \$75 allowance
Hearing Aid	50%	Per ear: Year 1 up to \$400, Year 2 up to \$600, Year 3 up to \$800 allowance
Hearing Aid Maintenance	100%	Up to \$40 allowance
Deductible	None	N/A
Additional Information: Use any provider or facility. Contact Ameritas for questions: 877.359.8346 or visit ameritas.com/listen		

LASIK Advantage

When enrolled in the dental plan, you are automatically enrolled in LASIK coverage. The LASIK benefits increase each year you are on the plan. This is a lifetime benefit and the payment is available only once per person. You must be 18 years of age or older and you can seek services at any facility. A 12 month late entrant period may apply.

Benefit per Eye	
Year 1 & 2	\$350
Year 3	\$700

VISION PLAN

DID YOU KNOW?

Your vision plan allows you to visit any licensed vision specialist and receive coverage. **Just remember your benefits go further when you go in-network.**

- You can price shop your lens & frame providers. Take your prescription from your out of network provider to an in-network provider to receive the most benefit from your vision plan.
- Visit www.metlife.com for a listing of in-network providers.
- Your vision care expenditures qualify as an eligible expense under the available Flexible Spending Account Plan. View the FSA pages for more details.
- You can access additional plan information on your benefits website:
- <https://www.georgecountybenefits.com/>
- Track your claims and plan usage by registering for a MetLife My Benefit Account. Visit metlife.com/mybenefits.com. Enter George County Board of Education as your employer.

CRITICAL ILLNESS



What is Critical Illness Insurance? A health and wellness plan in which you receive a lump sum cash payment if diagnosed with one of the specific illnesses on the predetermined list of critical illnesses.

- Eligibility:** All full-time employees as designated by the Board (page 2), spouse and dependent children* up to age 26
- Coverage through **MetLife**
 - **Issue Age - Rates are locked in and will not increase with age**
 - **No health questions - EVERY YEAR!!**
 - *The chart below is a sample of covered services. After 1/1/2024, please view the Plan Certificate for a detailed listing of services in their entirety, available on your Employee Benefits Website.*
- *Child marital status may impact benefit eligibility

Critical Illness Benefits Summary	
Employee	\$15,000 or \$30,000
Spouse	50% of Employee Amount
Dependent Children	50% of Employee Amount
COVERED SPECIFIED CRITICAL ILLNESSES	Pays % of Face Amount
Invasive Cancer	100%
Non-Invasive Cancer	25%
Skin Cancer	5% (not less than \$250)
Benign Brain Tumor	100%
Coronary Artery Bypass Graft (CABG)	50%
Childhood Diseases (Cerebral Palsy, Cleft Lip or Cleft Palate, Cystic Fibrosis, Diabetes (Type 1), Down Syndrome, Sickle Cell Anemia, Spina Bifida)	100% of Child Benefit
Functional Loss (Coma, Loss of: Ability to Speak; Hearing; or Sight, Paralysis of 2 or more limbs)	100%
Heart Attack	100%
Sudden Cardiac Arrest	50%
Infectious Diseases (Bacterial Cerebrospinal Meningitis, COVID-19, Diphtheria, Encephalitis, Legionnaire's Disease, Malaria, Necrotizing Fasciitis, Osteomyelitis, Rabies, Tetanus, Tuberculosis)	25% <i>*Hospitalization is required, see policy for details.</i>
Stroke	100%
Major Organ Transplant (Bone marrow, Heart, Lung, Pancreas, and Liver)	100%
Kidney Failure	100%
Progressive Diseases (ALS, Alzheimer's Disease, Multiple Sclerosis, Muscular Dystrophy, Parkinson's Disease (Advanced), Systemic Lupus Erythematosus (SLE))	100%
Severe Burn	100%
Stroke	100%
ANNUAL WELLNESS INCENTIVE	\$50 - View the Wellness Incentives page for more details
Age Reduction	None
Pre-Existing Condition	None

Plan Rates

Cost of coverage is based on the level of benefit you choose and your age. Please consult with a Campus Benefits Counselor or log into the enrollment system for rate details.

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CANCER INSURANCE



What is Cancer Insurance? Cancer insurance is a form of supplemental insurance meant to offset cancer-related expenses so you can focus on recovery.

Eligibility: All full-time employees as designated by the Board (page 2), spouse and children up to age 26

- Coverage through Colonial Life
- Keep your coverage, at the same cost, even if you retire or change employers
- Payments made directly to you and do not offset with medical insurance
- *The chart below is a sample of covered in-network services. Please see the Plan Certificate on your Employee Benefits website for a detailed listing of services.*

Cancer Benefit Description	Level 2	Level 3
HOSPITAL AND RELATED BENEFITS		
Initial Cancer Diagnosis	\$1,000 - \$10,000 in \$1,000 Increments	
Hospital Confinement (30 days or less)	\$150	\$250
Hospital Confinement (31 days or more)	\$300	\$500
Air Ambulance (2 per confinement)	\$2,000	\$2,000
Hospice, Initial	\$1,000	\$1,000
RADIATION, CHEMOTHERAPY & RELATED BENEFITS		
Radiation/Chemotherapy for Cancer	\$100 - \$500	\$150 - \$750
Blood, Plasma, Platelets per day (max \$10,000 per year)	\$150	\$175
Medical Imaging (max per year)	\$250	\$350
SURGERY AND RELATED BENEFITS		
Surgical Procedures - per unit	\$50	\$60
Surgical Procedures max per procedure	\$3,000	\$5,000
Anesthesia (% of surgery)	25% of Surgical Procedures Benefit	
Surgery (outpatient) per day	\$200	\$300
Surgery (outpatient) annual max	\$600	\$900
Bone Marrow or Stem Cell Transplant (2 transplant max)	\$4,000	\$7,000
MISCELLANEOUS BENEFITS		
Bone Marrow Donor Screening	\$50	\$50
Experimental Treatment - Max Lifetime	\$12,500	\$15,000
Second Medical Opinion (1)	\$200	\$300
Prosthetic Limb - Max Lifetime	\$3,000	\$4,000
ANNUAL WELLNESS INCENTIVE	\$50 - <i>View the Wellness Incentives page for more details</i>	
PRE-EXISTING CONDITION	None (5 Years treatment free from cancer)	
WAITING PERIOD	30 Days - Waived for Takeover	

Plan Rates

Cost of coverage is based on the level of benefit you choose and your age. Please consult with a Campus Benefits Counselor or log into the enrollment system for rate details.

ACCIDENT INSURANCE



What is Accident Insurance? A financial and family protection plan designed to help pay for the medical and out-of-pocket costs a covered individual may incur after an accidental injury either on or off the job.

Eligibility: All full-time employees as designated by the Board (page 2), spouse and dependent children* up to age 26

- Coverage through **MetLife**
- **No health questions - Every Year!!**
- *The chart below is a sample of covered services. After 1/1/2024, please see the Plan Certificate for a detailed listing of services in their entirety, available on your Employee Benefits Website*

*Child marital status may impact benefit eligibility

Benefit Description	Low Plan	High Plan
INJURIES		
Fractures	\$200 - \$10,000	\$250 - \$12,000
Dislocations	\$200 - \$10,000	\$250 - \$12,000
Second and Third Degree Burns	\$100 - \$15,000	\$150 - \$17,500
Concussions	\$500	\$750
Cuts/Lacerations	\$75 - \$700	\$100 - \$800
Eye injuries	\$400	\$500
MEDICAL SERVICES & TREATMENT		
Ambulance (Ground)	\$400	\$500
Emergency Room Treatment	\$200	\$250
Abdominal or Thoracic Surgery	\$2,000	\$2,500
Physician Office Visit	\$100	\$125
ACCIDENTAL DEATH & DISMEMBERMENT		
Accidental Death <i>(Basic and Common Carrier)</i>	\$25,000 - \$100,000*	\$50,000 - \$200,000*
Dismemberment	\$1,000 - \$40,000*	\$1,250 - \$60,000*
* Actual benefit amount paid depends on the type of Covered Loss. Child coverage can be found on the plan certificate after 1/1/2024.		
Hospital Coverage (Accident)		
Hospital Admission	\$1,500	\$2,000
Hospital Stay (per day)	\$300 (Max 365 Days)	\$400 (Max 365 Days)
Intensive Care Unit Stay (per day)	\$300 (Max 365 Days)	\$400 (Max 365 Days)
Age Reduction	None	
Pre-existing Condition	None	
ANNUAL WELLNESS INCENTIVE	\$50 - <i>View the Wellness Incentives page for more details</i>	

High Plan Rates
Employee \$18.45
Employee + Spouse \$27.74
Employee + Child(ren) \$31.40
Employee + Family \$40.32

Low Plan Rates
Employee \$14.58
Employee + Spouse \$22.14
Employee + Child(ren) \$24.30
Employee + Family \$31.59

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WELLNESS INCENTIVES

What are Wellness incentives? An annual reimbursement for covered members who complete one of the eligible screening procedures on an elected Critical Illness, Cancer, or Accident Plan.

Available Wellness Incentives	
Critical Illness and Accident Plans - MetLife	\$50/per covered person per year
Cancer Plan - Colonial Life	\$50/per covered person per year

What Qualifies as Wellness?		
MetLife Critical Illness and Accident Plans		Colonial Life Cancer Plan
<p>Included, but not limited to:</p> <ul style="list-style-type: none"> • Annual physical exam • Biopsies for cancer • Blood test to determine total cholesterol/triglycerides • Bone marrow testing • Breast MRI, ultrasound, sonogram • Cancer antigen 15-3 and 125 blood test for breast cancer (CA 15-3)/ovarian cancer (CA 125) • Carcinoembryonic antigen blood test for colon cancer (CEA) • Carotid doppler • Chest x-rays • Clinical testicular exam • Colonoscopy; Digital rectal exam (DRE) • Complete blood count (CBC) • Coronavirus Testing • Dental Exam • Doppler screening for cancer • Doppler screening for peripheral vascular disease • Echo cardiogram; Electrocardiogram (EKG) • Electroencephalogram (EEG) • Endoscopy • Eye exam • Fasting blood glucose/plasma test • Flexible sigmoidoscopy 	<ul style="list-style-type: none"> • Hearing test • Hemocult stool specimen • Hemoglobin A1C • Human papillomavirus (HPV) vaccination • Lipid panel • Mammogram • Oral cancer screening • Pap smears or thin prep pap test • Prostate-specific antigen (PSA) test • Serum cholesterol test to determine LDL or HDL • Serum protein electrophoresis • Skin Exam; Skin cancer biopsy; screening • Stress test on bicycle or treadmill • Successful completion of smoking cessation program • Tests for sexually transmitted infections (STIs) • Thermography • Ultrasounds for abdominal aortic aneurysms • virtual colonoscopy 	<ul style="list-style-type: none"> • Blood test for triglycerides • Bone marrow testing • Breast ultrasound • CA 15-3 (blood test for breast cancer) • CA 125 (blood test for ovarian cancer) • Carotid Doppler • CEA (blood test for colon cancer) • Chest X-ray • Colonoscopy • Echocardiogram (ECHO) • Electrocardiogram (EKG, ECG) • Fasting blood glucose test • Flexible sigmoidoscopy • Hemocult stool analysis • Mammography • Pap smear • PSA (blood test for prostate cancer) • Serum cholesterol test for HDL and LDL levels • Serum protein electrophoresis (blood test for myeloma) • Skin cancer biopsy • Stress test on a bicycle or treadmill • Thermography • ThinPrep pap test • Virtual colonoscopy
How to File a Wellness Claim?		
<ul style="list-style-type: none"> • Call 1-800-GET-MET8. (800-438-6388) • File your Health Screening Benefit online through the MyBenefits portal at www.metlife.com/mybenefits or by mail with a paper claim form. 		<ol style="list-style-type: none"> 1. Complete your wellness 2. File your claim online at Coloniallife.com and click on "File a Claim" button OR 3. Fax your claim form to 1.800.880.9325 OR 4. Mail your claim form to Colonial Life Wellness P.O. Box 100195 Columbia, SC 29202 <ul style="list-style-type: none"> • Wellness forms are located on your benefits portal, georgecountybenefits.com

HOSPITAL INDEMNITY



What is Hospital Indemnity Insurance? A plan which pays you benefits when you are confined to a hospital, whether for planned or unplanned reasons.

- Eligibility:** All full-time employees as designated by the Board (page 2), spouse and children up to age 26
- Coverage through Cigna
 - Benefits do not coincide with health insurance; payments made directly to you
 - **No Health Questions - EVERY YEAR!**
 - *The chart below is a sample of covered in-network services. Please see the Plan Certificate on your Employee Benefits website for a detailed listing of services.*

Hospital Indemnity Benefit Description	
Hospital and Related Benefits	
Admission	\$1,000 per admission (1 day per every 90 days)
Continuous Hospital Confinement	\$100 per day (up to 30 days every 90 days)
ICU	\$200 per day (up to 30 days every 90 days)
Pre-existing condition limitation	None
Age Reduction	None
Benefits renew every 90 days	

Monthly Rates
Employee \$19.48
Employee + Spouse \$35.29
Employee + Child(ren) \$31.56
Employee + Family \$47.37



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MEDCARECOMPLETE



THE SMART WAY TO REDUCE YOUR HEALTHCARE COSTS

What is MedCareComplete? Provides a bundle of services constructed to save you time and money while simplifying your life.

- Eligibility:** All full-time employees as designated by the Board (page 2), spouse & unmarried children up to age 26
- This is a supplemental benefit and does not replace health insurance
 - Register @ MCC: medcarecomplete.com/members to access the full range of benefits
 - Register @ 1800MD: 1800md.com or 800.388.8785 to access telemedicine benefits

Included with the MedCareComplete Membership:



Medical Bill Negotiator



Restoration Expert



Medication Management



Identity Loss Expense Reimbursement



Telemedicine



Social Media Tracking



Medical & ID Theft Monitoring



Sex Offender Alerts

Medical Bill Negotiator

A medical bill advocate will identify and appeal common billing errors and overcharges on your behalf. Advocates provide continuous support throughout the appeal that typically results in an average savings of 40% on 80% of the bills reviewed.

Telemedicine

Get 24/7/365 on-demand telephone access to Board-certified physicians for diagnosis, and prescriptions for common and acute illnesses. **There are no copays and no limit to how many times you can utilize this feature.**

Acute illnesses include but are not limited to the following:

- | | | | |
|------------|----------------------|--------------------------|-------------------|
| Asthma | Rashes | Urinary Tract Infections | Joint Aches |
| Fever | Bacterial Infections | Infections | Pink Eye |
| Headache | Diarrhea | Bronchitis | Sore Throat |
| Infections | Heartburn | Ear Infection | Cold & Flu |
| Migraines | Sinus Conditions | Gout | Nausea & Vomiting |

Individual Monthly Rate	Family Monthly Rate
\$10.50 Per Month	\$12.50 Per Month
NO COPAY	

Medical & ID Theft Protection

Service monitors the internet for instances of your personal health and financial information to protect you from becoming a victim of identity theft. The security of your personal health information (PHI) can have a large impact on the medical care you receive.

LEGAL PLAN



What is a Legal Plan? A plan which provides valuable legal and financial educational resources for a variety of life events and needs.

Eligibility: All full-time employees as designated by the Board (page 2), spouse & dependent* children up to age 26

- Coverage provided through MetLife
- **Elder Care extends to parents and in-laws**
- Visit <https://www.legalplans.com/why-enroll> or call 800.821.6400 for additional information
- Non-Members & Members create an account and select Employer for plan information (creating an account doesn't enroll you in plans)
- *Child marital status impacts benefit eligibility

	Low Plan	High Plan								
Money Matters	<ul style="list-style-type: none"> • Identity Theft Defense • Negotiations with Creditors • Promissory Notes • Debt Collection Defense • Tax Collection Defense 	<ul style="list-style-type: none"> • Identity Theft Defense • Negotiations with Creditors • Promissory Notes • Debt Collection Defense • Tax Collection Defense • Personal Bankruptcy • LifeStages Identity Management • Tax Audit Representation • Financial Education Workshops 								
Home & Real Estate	<ul style="list-style-type: none"> • Deeds • Mortgages • Foreclosure • Tenant Negotiations • Eviction Defense • Security Deposit Assistance 	<ul style="list-style-type: none"> • Deeds • Mortgages • Foreclosure • Tenant Negotiations • Eviction Defense • Security Deposit Assistance • Sale or Purchase (Primary or Vacation Home) • Refinancing & Home Equity • Property Tax Assessments • Boundary & Title Disputes • Zoning Applications 								
Estate Planning	<ul style="list-style-type: none"> • Simple and Complex Wills • Healthcare Proxies • Living Wills • Codicils • Powers of Attorney (Healthcare, Financial, Childcare, Immigration) 	<ul style="list-style-type: none"> • Simple and Complex Wills • Healthcare Proxies • Living Wills • Codicils • Powers of Attorney (Healthcare, Financial, Childcare, Immigration) • Revocable & Irrevocable Trusts 								
Family & Personal	<ul style="list-style-type: none"> • Guardianship • Conservatorship • Name Change • Review of ANY Personal Legal Document • School Hearings • Demand Letters • Affidavits • Personal Property Issues • Garnishment Defense • Domestic Violence Protection 	<ul style="list-style-type: none"> • Guardianship • Conservatorship • Name Change • Review of ANY Personal Legal Document • School Hearings • Demand Letters • Affidavits • Personal Property Issues • Garnishment Defense • Domestic Violence Protection • Juvenile Court Defense (Including Criminal Matters) • Parental Responsibility Matters • Review of Immigration Documents • Prenuptial Agreement • Adoption 								
Civil Lawsuits	<ul style="list-style-type: none"> • Disputes over Consumer Goods & Services • Administrative Hearings • Incompetency Defense 	<ul style="list-style-type: none"> • Disputes over Consumer Goods & Services • Administrative Hearings • Incompetency Defense • Civil Litigation Defense & Mediation • Small Claims Assistance • Pet Liabilities 								
Elder Care Issues	Consultation & Document review for issues related to your (or spouses) parents: <ul style="list-style-type: none"> • Medicare • Medicaid • Prescription Plans • Nursing Home Agreements • Leases • Promissory Notes • Deeds • Wills • Power of Attorney 	Consultation & Document review for issues related to your (or spouses) parents: <ul style="list-style-type: none"> • Medicare • Medicaid • Prescription Plans • Nursing Home Agreements • Leases • Promissory Notes • Deeds • Wills • Power of Attorney <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="2">Monthly Rate (Includes spouse and children)</th> </tr> <tr> <th>Low Plan</th> <th>High Plan</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$8.00</td> <td style="text-align: center;">\$16.50</td> </tr> <tr> <td colspan="2" style="text-align: center;">NO COPAY</td> </tr> </tbody> </table>	Monthly Rate (Includes spouse and children)		Low Plan	High Plan	\$8.00	\$16.50	NO COPAY	
Monthly Rate (Includes spouse and children)										
Low Plan	High Plan									
\$8.00	\$16.50									
NO COPAY										
Vehicle & Driving	<ul style="list-style-type: none"> • Repossession • Defense of Traffic Tickets • Driving Privileges Restoration • License Suspension due to DUI 	<ul style="list-style-type: none"> • Repossession • Defense of Traffic Tickets • Driving Privileges Restoration • License Suspension due to DUI 								

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FLEXIBLE SPENDING ACCOUNTS

What are Flexible Spending Accounts? A pre-tax benefit account used to pay for out-of-pocket healthcare costs such as deductibles, copays, prescribed medications, and doctor visits.

What are Dependent Care Accounts? A pre-tax account used to pay for dependent care services such as daycare, before or after school programs, and elder care.

Eligibility: All full-time employees as designated by the Board (page 2), spouse and children up to age 26 (Dependent care for children ages 12 and under)

- **Plan year is from January 1, 2024 to December 31, 2024**, employees must re-elect each year
- Only family status changes will allow you to change your annual election. The altered election must be consistent with the status change
- Transfer of funds between Dependent Care and Medical Care are prohibited
- Married and not filing jointly participants limited to \$2,500 deferral for Dependent Care
- For a full list of eligible Flexible Spending Account expenses, please go to georgecountybenefits.com

FSA Benefit Description	
MEDICAL FSA ACCOUNT	
Minimum Contribution	\$300 annually
Maximum Contribution	\$3,200 annually
Carryover Maximum*- Maximum participants can carry over if re-electing the plan	\$640 (2024 to 2025)
Total elected amount is available at the beginning of the plan year All receipts should be kept to submit if verification is requested *Carryover funds are only available if re-electing the plan for the next year	
DEPENDENT CARE FSA ACCOUNT	
Minimum Contribution	\$300 annually
Maximum Contribution	\$5,000 annually
Carryover Maximum	None
Amount is only available as it is payroll deductible	
Plan Rules	
RUNOUT PERIOD - <i>Time to turn in receipts for services rendered during the plan year.</i>	30 days from plan end date

Admin Fee	
Fee Per Participant Per Month (One fee even if electing both Medical FSA and Dependent Care)	\$3.50
Replacement Card Fee	\$10.00

IMPORTANT NOTE:

Dependent Care FSA is for eligible expenses related to the care of your child, disabled spouse, elderly parent, or other dependent who is physically or mentally unable of or disabled for self-care (i.e. day care, adult day care). Medical expenses for your dependent are not eligible for reimbursement under the Dependent Care.

HELPFUL FSA RESOURCES

What is covered under Medical FSA Account?

- Medical coinsurance and deductible
- Doctor's office visit copays
- Emergency Room costs
- Dental copays and out-of-pocket costs
- Vision copays and out-of-pocket costs
- Contacts and Glasses
- Prescriptions
- *Please see the full eligibility list for other covered expenses*

FSA Eligibility List

<https://www.consolidatedadmin.com/fsa-eligible-expenses.html>

FSA Calculator

(estimates how much you can save with an FSA)

<https://fsastore.com/services/FSAcalculator.aspx>

Who is covered under a Dependent Care Account?

- Children ages 12 and under (including stepchildren, grandchildren, adopted or foster children, and children related to you who are eligible for a tax exemption on your federal tax return).
- Tax dependents residing with you and incapable of self-care (this could include your spouse, a child age 13 and over, and elderly parents).

The CARES Act permanently reinstates over-the-counter products, and adds menstrual care products for the first time, as eligible expenses for your FSA funds WITHOUT A PRESCRIPTION!

Eligible items for purchase without a prescription now include, but are not limited to:

- Pain relief medications, e.g., acetaminophen, ibuprofen, naproxen sodium
- Cold & flu medications
- Allergy medications
- Acne treatments
- Eye drops
- Stomach & digestive aids
- Pads, Tampons and Menstrual sponges
- Sleep aids
- Children's pain relievers, allergy medicines, and digestive aids

Imagine what you could do with CAS' mobile app



Get Reimbursed Quickly



Track Receipts



Check Balances



View account activity and check balance



Update your information



Enter and track expenses



Make a payment from your account



File claims with receipt images



Scan or view eligible expenses, and more!

In the App Store go to: Consolidated Admin Services
Online Portal and Access to information:
<https://www.consolidatedadmin.com/>

IMPORTANT NOTE:

Dependent Care FSA is for eligible expenses related to the care of your child, disabled spouse, elderly parent, or other dependent who is physically or mentally unable for self-care (i.e. day care, adult day care) or is disabled. Medical expenses for your dependent are not eligible for reimbursement under the Dependent Care account.

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MISSISSIPPI STATE HEALTH INSURANCE PLAN



Notice: George County School District offers all eligible employees health insurance through the Mississippi State Health Insurance Plan. During the annual open enrollment, employees have the opportunity to review all available options and make elections for the 2024 Plan Year.

- **Coverage through BlueCross BlueShield of Mississippi**
- Please visit the Mississippi Health Insurance website for plan eligibility rules
- All qualifying life events must be submitted through the George County School District benefits department
- It is important to review plan options and coverage each year

BCBS of Mississippi Website:
<https://www.bcbsms.com/>

More Questions?

Visit the George County Schools' benefits portal for all links, plan documents, and rates.

georgecountybenefits.com

Frequently Asked Questions

1. How do I know what type of coverage I have now?

If you are not sure what type coverage you currently have, you can call Blue Cross & Blue Shield of Mississippi (BCBSMS) at 800.709.7881, or the Office of Insurance at 601.359.3411 or toll-free 866.586.2781.

2. How does each type of coverage work?

Under Select Coverage, there is a separate deductible (individual and family) for medical expenses and a separate individual deductible for prescription drugs. Once the appropriate medical deductible is met, you will start paying 20 percent of the allowable charge for covered medical services. Regardless of whether or not you have met your medical deductible, you will have to meet the \$75 individual prescription drug deductible before you start paying a co-payment for a covered drug. Under Select Coverage, there is no prescription drug copayment maximum, so you will continue to pay the copayment for your drug each time you have it filled for the remainder of the year.

Under Base Coverage, you will have to meet the full deductible (\$1,800 for individual coverage, \$3,000 for family coverage) before any covered medical or prescription drug charges will be paid by the Plan. This means that you will pay the full allowable charge for both medical and prescription drugs until the deductible is met. Once the deductible is met, you will start paying 20 percent of the allowable charge for covered medical services and a copayment for covered drugs. There is a \$75 preventive medications individual deductible. Other medications are subject to the calendar year deductible. Once your coinsurance/co-payment maximum is met, the Plan will pay 100 percent of the allowable charge for both covered prescription drugs and medical services.

3. What are some of the main differences in Base and Select Coverage?

The premium rates differ for Base and Select Coverage. Another difference between Base and Select Coverage is how the deductibles work. Under Base Coverage, all charges (medical and prescription drug) apply to the calendar year deductible. Under Select Coverage, there is a separate deductible for medical charges and a separate deductible for prescription drug charges.

NEW WELLNESS INCENTIVES FOR 2024 VISIT:

<http://knowyourbenefits.dfa.ms.gov/wellness-preventive-coverage/>

State Employee Provider Directory:

<https://www.myaccessblue.com/AHSProviderSearchWeb>

Mississippi State Health Insurance Plan

Email: KnowYourBenefits@dfa.ms.gov

BlueCross BlueShield of Mississippi Phone: 800.709.7881

Office of Insurance Phone: 601.359.3411 or TF 866.586.2781

MISSISSIPPI STATE HEALTH INSURANCE PLAN



Plan Pricing as of 1.1.2024

Legacy - Initially Hired before 1/1/2006

Horizon - Initially Hired on or after 1/1/2006

ACTIVE EMPLOYEES	LEGACY EMPLOYEES				HORIZON EMPLOYEES			
	BASE		SELECT		BASE		SELECT	
	TOTAL PREMIUM	EMPLOYEE PORTION	TOTAL PREMIUM	EMPLOYEE PORTION	TOTAL PREMIUM	EMPLOYEE PORTION	TOTAL PREMIUM	EMPLOYEE PORTION
EMPLOYEE*	\$459	\$0	\$479	\$20	\$459	\$0	\$507	\$48
EMPLOYEE + SPOUSE	\$961	\$502	\$1,050	\$591	\$961	\$502	\$1,078	\$619
EMPLOYEE + SPOUSE & CHILD(REN)	\$1,223	\$764	\$1,313	\$854	\$1,223	\$764	\$1,341	\$882
EMPLOYEE + CHILD	\$589	\$130	\$680	\$221	\$589	\$130	\$708	\$249
EMPLOYEE + CHILDREN	\$792	\$333	\$881	\$422	\$792	\$333	\$909	\$450

* The State pays 100% of the employee's premium for Base Coverage. Active employees enrolling in Select Coverage must pay a portion of the employee premium.

RETIRED EMPLOYEE (NON-MEDICARE ELIGIBLE)	LEGACY EMPLOYEES		HORIZON EMPLOYEES	
	BASE	SELECT	BASE	SELECT
RETIREE	\$527	\$550	\$842	\$872
RETIREE + SPOUSE (NON-MEDICARE)	\$1,105	\$1,207	\$1,688	\$1,798
EMPLOYEE + SPOUSE & CHILD(REN) (NON-MEDICARE)	\$1,406	\$1,509	\$1,887	\$1,998
RETIREE + CHILD	\$677	\$751	\$992	\$1,073
RETIREE + CHILDREN	\$909	\$952	\$1,224	\$1,274
RETIREE + SPOUSE (MEDICARE)	N/A	\$774	N/A	\$1,096
EMPLOYEE + SPOUSE & CHILD(REN) (ONE OR MORE MEDICARE)	N/A	\$975	N/A	\$1,297

RETIRED EMPLOYEE (MEDICARE ELIGIBLE)	LEGACY EMPLOYEES		HORIZON EMPLOYEES	
	BASE	SELECT	BASE	SELECT
RETIREE	N/A	\$224	N/A	\$224
RETIREE + SPOUSE (NON-MEDICARE)	N/A	\$881	N/A	\$1,150
EMPLOYEE + SPOUSE & CHILD(REN) (NON-MEDICARE)	N/A	\$1,183	N/A	\$1,350
RETIREE + CHILD	N/A	\$425	N/A	\$425
RETIREE + CHILDREN	N/A	\$626	N/A	\$626
RETIREE + SPOUSE (MEDICARE)	N/A	\$448	N/A	\$448
EMPLOYEE + SPOUSE & CHILD(REN) (ONE OR MORE MEDICARE)	N/A	\$649	N/A	\$649

COBRA	LEGACY EMPLOYEES		HORIZON EMPLOYEES	
	BASE	SELECT	BASE	SELECT
PARTICIPANT	\$468	\$488	\$468	\$517
PARTICIPANT + SPOUSE	\$980	\$1,071	\$980	\$1,099
PARTICIPANT + SPOUSE & CHILD(REN)	\$1,247	\$1,339	\$1,247	\$1,367
PARTICIPANT + CHILD	\$600	\$693	\$600	\$722
PARTICIPANT + CHILDREN	\$807	\$898	\$807	\$927

COBRA DISABILITY EXTENSION	LEGACY EMPLOYEES		HORIZON EMPLOYEES	
	BASE	SELECT	BASE	SELECT
PARTICIPANT	\$688	\$718	\$688	\$760
PARTICIPANT + SPOUSE	\$1,441	\$1,575	\$1,441	\$1,617
PARTICIPANT + SPOUSE & CHILD(REN)	\$1,834	\$1,969	\$1,834	\$2,011
PARTICIPANT + CHILD	\$883	\$1,020	\$883	\$1,062
PARTICIPANT + CHILDREN	\$1,188	\$1,321	\$1,188	\$1,363

Disclaimer: The Benefits Guide is provided for illustrative purposes only. Actual benefits, eligibility, services, premiums, claims processes and all other features and plan designs for coverage offered are governed exclusively by the provider contract and associated Summary Plan Description (SPD).

MISSISSIPPI DEFERRED COMPENSATION PLAN



Part of financial health involves knowing how much you need in retirement. Consider supplementing your future savings through the Mississippi Deferred Compensation Plan

1. It's automatic and controlled by you

- You choose the amount you want to save.

2. It probably costs less than you think

- You can start saving with as little as \$25 per month.

3. Give yourself some credit

- You may be eligible for an IRS Saver's Credit on the first \$2,000 you contribute to MDC, based on your adjusted gross income and tax filing status.

4. Starting early makes a difference

- Waiting could impact how much you'll have for retirement.

5. Lower expenses

- With MDC, you may have the potential for lower investment management expenses.

6. Investment assistance

- MDC provides a variety of investment choices so you can build the right mix for your future.

7. Local people for help

- Local MDC representatives are ready to help you plan for your future.

8. Resources at your fingertips

- Take advantage of convenient resources and plan educational materials available 24/7 at www.mdcplan.com.

9. Stay as long as you like

- Even after you retire or separate from service, you can keep your account right where it is so you have access to all the MDC resources.

10. A partner for your future

- PERS oversees MDC on an ongoing basis on your behalf.

How do I enroll?

- You can easily enroll online by visiting www.mdcplan.com.
- Prior to enrolling, contact your human resources department or your local MDC representative to obtain a Plan Enrollment Code flier, which will include a specific code needed to enroll online.
- Once you have the Plan Enrollment Code flier, visit www.mdcplan.com and click on the REGISTER button.
- Select I have a plan enrollment code and follow the prompts on the website.
- Visit www.mdcplan.com for more information, or to find your local MDC representative.
- For more information, please visit <https://www.msdbbenefits.com/state-life-add>.

RETIREMENT INFORMATION

What is PERS? PERS is the Public Employees' Retirement System of Mississippi. The Public Employees' Retirement System of Mississippi (PERS) is a governmental defined benefit plan qualified under Section 401(a) of the Internal Revenue Code. PERS was established by the state Legislature in 1952 to provide benefits to eligible Mississippi public employees working for state agencies, universities, community colleges and public schools, as well as counties, cities, and other participating political subdivisions.

The mission of PERS is to provide secure benefits to our members and consistently deliver quality service by meeting our customer's needs, operating efficiently and transparently, investing and managing assets prudently, and acting in the best interest of all members.

Visit the PERS website for helpful resources - pers.ms.gov

PERS Contact Information

Phone: 800.444.7377 / 601.359.3589
Email: customerservice@pers.ms.gov
Hours: Monday - Friday 8:00am - 5:00pm



403B CARRIER CONTACTS

What are 403Bs? A 403B is a tax-deferred retirement plan that allows you to set aside pre-tax dollars out of your paycheck to save for retirement.

Modern Woodman

Hank Cochran, Jr.
Office Phone: 601.947.7483
Cell Phone: 601.508.9531

Independent Agent

Glenda Pryor
Office Phone: 228.858.8949



Visit

<https://www.georgecountybenefits.com/>



TOGETHER WE'RE US

The Service Hub Helps With:

- Portability/Conversion
- Benefits Education
- Evidence of Insurability
- Qualified Life Event Changes
- Claims
- Card Requests
- Benefit Questions
- COBRA Information

Phone: 866.433.7661, Opt 5

Email: mybenefits@campusbenefits.com

Benefits website address: <https://www.georgecountybenefits.com/>

The 2024 Benefits Enrollment Guide is provided for illustrative purposes only. Actual benefits, eligibility, services, premiums, claims processes and all other features and plan designs for coverage offered is governed exclusively by the insurance contract and associated Summary Plan Description (SPD). In case of discrepancies between this document and the insurance contract and SPD, the contract and SPD will prevail.

We reserve the right to change, modify, revise, amend or terminate these plan offerings at any time.

Updates, changes and notices are all located at [georgecountybenefits.com](https://www.georgecountybenefits.com).

These should be reviewed fully prior to electing any benefits.