RETIREMENT BENEFIT OPTIONS / BILLING PROCESSES

Must enroll in options within 30 days of when benefits end as an active employee.

Dental

As a retiree, you are eligible to elect a retiree dental plan option. Coverage must be elected within 30 days of your benefits end date as an active employee. Coverage can include dependent spouses and children up to age 26. Review enclosed material for dental plan options.

Vision

As a retiree, you are eligible to elect a retiree vision plan option. Coverage must be elected within 30 days of your benefits end date as an active employee. Coverage can include dependent spouses and children up to age 26. Review enclosed material for vision plan options.

Steps to Elect

Review Options

Review the benefit options. This will be your only opportunity to add the retiree dental and vision.

Complete the Enrollment Form

Complete the enclosed form and submit it to the Payroll Department at George County School District (Attention to Kimberly Collins).
Email to: kimberly.collins@gcsd.us

Have questions?

Need assistance with the plans, please contact Campus Benefits.
Phone: 866-433-7661, opt. 5
Email: mybenefits@campusbenefits.com

GET IN TOUCH

866-433-7661, opt. 5 | mybenefits@campusbenefits.com | georgecountybenefits.com

George County School District
Retiree Benefits Process and Billing

As a recent retiree of George County School District, you have an option to elect Retiree Dental and Vision insurance. Interactive Medical Systems/IMS is the billing administrator for benefits elected for retiree benefits (and COBRA benefits).

After termination, employees also have the option to utilize COBRA to continue coverage on several benefits for up to 18 months which includes dental and vision insurance.

All terminated employees will receive COBRA paperwork directly from IMS; However, COBRA paperwork doesn't need to be completed if electing retiree benefits. Below outlines the process for electing retiree benefits.

Enrollment Steps

1. Go to georgecountybenefits.com/retiree-benefits and choose the Retiree Benefits tab to review benefit options for Retiree Dental and Retiree Vision.
2. Complete Retiree Enrollment Packet & return to Kimberly Collins in the Payroll Department at George County School District for processing (Email to kimberly.collins@gcsd.us).
3. After Retiree Coverage Effective Date, Interactive Medical Systems/IMS (Retiree Billing Administrator) will mail out Billing Options letter to the retiree. If a letter is not received within 7-14 days of Retiree Benefits Effective Date contact Campus Benefits at 1.866.433.7661, option 5.
4. Employees have within 30 days from Retiree Effective Date to set up billing option with IMS.
    a. Payment Options:
        i. Check By Mail: Mail check utilizing Coupon Book (Monthly, Quarterly, Semi-annually, or Annually).
        ii. Bank Draft: Create an account with IMS and submit ACH Draft Form.
        iii. Submit Payment Online.

Important Reminders

1. Payments cannot be made over the phone with IMS.
2. Benefits Provider is not notified of retiree coverage election until approximately five workdays from when IMS receives first premium payment.

Billing Contact Information

Interactive Medical Systems/IMS
P.O. Box 1349
Wake Forest, NC 27588
1.800.426.8739 or 919.877.9933, opt 5054
Web: IMS-tpa.com
Email: cobradept@ims-tpa.com
Online: Contact Form (bottom of webpage)
https://www.ims-tpa.com/members/

IMS/My RSC Login : myrsc.com
My RSC Login Q&As: myrsc.com/login.asp

Campus Benefits Contact Information

Campus Benefits
Phone: 1.866.433.7661, opt 5
Email: mybenefits@campusbenefits.com
Online: www.georgecountybenefits.com/contact-campus

2025 Guardian Dental Plan and Rates:

Please visit https://www.georgecountybenefits.com/retiree-benefits for full plan details. Below is just a high-level overview.

Benefits	**Dental Plan**
Network	Dental Guard Preferred (Can go to any provider)
Preventative (Type 1)	100%
Basic (Type 2)	80%
Major (Type 3)	50%
Orthodontia	Not Covered
Deductible per Calendar Year	$25/person, $75/family max (Waived for Type 1)
Calendar Year Max/Person	$1,250
Allowance	80th UCR
Covered Services	**Retiree Plan**
Routine Exam & Cleanings (2 per benefit period)	Type 1
Bitewing X-Rays (2 per benefit period)	Type 1
Full mouth/panoramic x-rays (1 in 3 years)	Type 1
Periapical X-rays	Type 1
Space Maintainers	Type 1
Restorative Amalgams	Type 2
Restorative Composites	Type 2
Denture Repairs	Type 2
Endodontics	Type 3
Periodontics	Type 3
Simple Extractions	Type 2
Complex Extractions	Type 2
General Anesthesia	Type 2
Crowns (1 in 5 years per tooth)	Type 3
Prosthodontics (1 in 5 years)	Type 3
Tier	**Retiree Plan Rates**
EE Only	$39.66
EE + Spouse	$79.56
EE + Child(ren)	$90.75
EE + Family	$140.29

2025 MetLife Vision Plan and Rates:

Please visit https://www.georgecountybenefits.com/retiree-benefits for full plan details. Below is just a high-level overview.

Covered Benefits	Vision Plan (In-Network Benefits)
Network	VSP Choice Network
Exam	$10 Copay
Contact Lens Fit/Follow-Up	Up to $60 Copay
Retinal Imaging	Up to $39 Copay
Lasik or PRK	15% Discount off Retail and 5% off Promotional
Frames	$200 allowance + 20% off balance $110 allowance at Costco, Walmart, Sam's Club
Lenses and Lens Options	
Single/Lines Bifocal & Trifocal/Lenticular	$15 Copay
Progressive Standard Lens	Up to $55 Copay
Ultraviolet Coating	Covered in Full
Polycarbonate	Children: Covered in Full Adults: Up to $35 Copay
Tint	Up to $17 - $44 Copay
Scratch-Resistant Coating	Up to $17 - $33 Copay
Anti-Reflective Coating	Up to $41 - $85 Copay
Photochromic	Up to $47 - $82 Copay
Contact Lenses	
Elective Contacts	$200 Allowance
Medically Necessary Contacts	Covered in Full after eyewear copay
Frequencies	
Exams/Lenses or Contact Lenses/Frames	Every 12 Months
2nd Pair Benefit	Each covered person can get one of the options below:
	2 pairs of prescription eyeglasses, OR
	1 pair of prescription eyeglasses and an allowance toward contacts, OR
	Double the contact lens allowance
Tier	**Monthly Rates**
EE Only	$12.17
EE + Spouse	$24.39
EE + Child(ren)	$20.65
EE + Family	$34.05

2025 Election Form – Retiree Dental & Vision			
Printed Name			
Benefit Effective Date	*First of the month after benefits end as an active employee.		
Home Address			
Phone Number			
Personal Email Address			
SSN			
Date of Birth			
Dependents			
Relationship	**Name**	**SSN**	**Date of Birth**
Benefit			
Dental ☐ Dental Plan		**Vision** ☐ Vision Plan	
Coverage Tier			
Dental ☐ Employee Only ☐ Employee + Spouse ☐ Employee + Child(ren) ☐ Employee + Family		**Vision** ☐ Employee Only ☐ Employee + Spouse ☐ Employee + Child(ren) ☐ Employee + Family	
Primary Insured Signature			
Date			

**Note: Billing will be through Interactive Medical Systems (IMS). IMS will collect a monthly admin fee ($4.50) which will be paid in addition to your premium amount.*