



RETIREMENT BENEFIT OPTIONS

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

Dental

As a retiree, you are eligible to keep your current 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 keep your current 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 Benefits 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



2024 Ameritas Dental Plan and Rates:

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

Benefits	High Plan	Low Plan
Network	Classic PPO (Can go to any provider)	
Preventative (Type 1)	100%	100%
Basic (Type 2)	90% - In-Network 80% - Out-of-Network	90% - In-Network 80% - Out-of-Network
Major (Type 3)	60% - In-Network 50% - Out-of-Network	-
Orthodontia	50%	-
Deductible per Calendar Year	\$25/person, \$75/family max (Waived for Type 1)	
Orthodontia (Lifetime Max)	\$1,500 (Children Only)	-
Calendar Year Max/Person	\$1,500	\$1,500
Allowance	80 th UCR	
Covered Services	High Plan	Low Plan
Routine Exam & Cleanings (2 per benefit period)	Type 1	Type 1
Bitewing X-Rays (2 per benefit period)	Type 1	Type 1
Full mount/panoramic x-rays (1 in 3 years)	Type 1	Type 1
Periapical X-rays	Type 1	Type 1
Space Maintainers	Type 1	Type 1
Restorative Amalgams	Type 2	Type 2
Restorative Composites	Type 2	Type 2
Endodontics - nonsurgical	Type 2	Type 2
Endodontics - surgical	Type 2	Type 2
Periodontics - nonsurgical	Type 2	Type 2
Periodontics - surgical	Type 3	Type 2
Simple Extractions	Type 2	Type 2
Complex Extractions	Type 2	Type 3
General Anesthesia	Type 2	Type 3
Crowns (1 in 5 years per tooth)	Type 3	Type 3
Tier	High Plan	Low Plan
EE Only	\$42.68	\$24.84
EE + Spouse	\$85.60	\$50.16
EE + Child(ren)	\$95.28	\$59.28
EE + Family	\$148.20	\$93.84



2024 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	\$150 allowance + 20% off balance \$85 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	\$150 Allowance
Medically Necessary Contacts	Covered in Full after eyewear copay
Frequencies	
Exams/Lenses or Contact Lenses/Frames	Every 12 Months
2 nd Pair Benefit	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
Tier	Monthly Rates
EE Only	\$10.80
EE + Spouse	\$21.64
EE + Child(ren)	\$18.32
EE + Family	\$30.21



2024 Election			
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 <input type="checkbox"/> Low Plan <input type="checkbox"/> High Plan		Vision <input type="checkbox"/> Low Plan <input type="checkbox"/> High Plan	
Coverage Tier			
Dental <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Employee + Family		Vision <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> 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.*