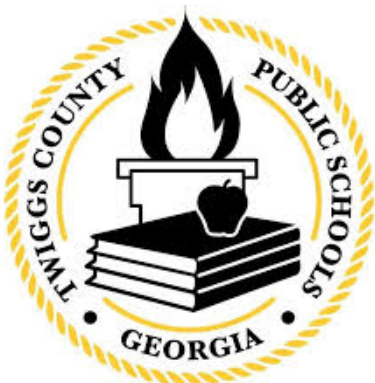


2025 - 2026

Twiggs County Public Schools Benefits Guide



Summary for Review Purposes Only

WELCOME TO TWIGGS COUNTY PUBLIC SCHOOLS!



**TWIGGS COUNTY
PUBLIC SCHOOLS**

Generating Excellence: One Team... One Goal

SUPERINTENDENT
Dr. Mack H. Bullard

MEMBERS, BOARD OF EDUCATION

Thomas Carstarphen, Chairperson • Isiah Rouse, Vice Chairperson • Teresa Blackshear • Rhonda King • Chesney Butler

Welcome Back!

The Board of Education and I are excited about having you as part of our administration, faculty and support staff! This school year is going to be the best one yet! We have our new strategic plan in place, our graduation rate has risen, and we have new initiatives that will support our students' and our employees' success and growth.

Without you, the success of our students and improvement of our school system would not be possible. I thank you for your commitment to our vision and mission. I also thank you for sharing your knowledge, abilities, and skills in support of our students, and I thank you for your hard work and continuous pursuit of excellence in all that you do. You are appreciated!

The employee health and medical benefits included in this brochure are provided to meet your individual and family needs. It is important that you are physically, mentally, and emotionally well. If you need help in any way, please reach out to human resources, administration, or a colleague and let us help you. We have all been through very challenging times in the past few years and COVID-19 has impacted all our lives in one way or another. We are here for you, we care about you, and we will take the time to support each other.

Thank you again for being a part of our Twigg County team, and with your help we will continue to Generate Excellence: One Team...One Goal!

Sincerely,

Dr. Mack Bullard

Dr. Mack Bullard, Superintendent



The mission of Twigg County Public Schools is to inspire, challenge and prepare all students to compete

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Need Help? Start Here:

mybenefits@campusbenefits.com

1.866.433.7661, opt 5

Eligibility

- Generally, full-time employees working 20 or more hours per week are eligible to enroll in the benefits described in this guide.
- Specific 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.

How to Enroll

- The first step is to review your current benefit elections.
- Verify your personal information and make any changes if necessary.
- Make your benefit elections as well as list your beneficiaries.
- Once you have made your elections, you will not be able to make changes until the next Open Enrollment period unless you have a qualified life event.

When to Enroll

- New Hire: Enroll within 30 days of your date of hire.
- The annual SHBP enrollment period is held in the fall (October - November).
- The annual Campus Benefits enrollment period is held in the spring (April - May).

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 following 30 days of employment.
- Employees must be actively at work on the effective date of coverage

How to Make Changes

- Once you make your benefit elections as a new hire or during Open Enrollment, you cannot make changes to those elections until the next Open Enrollment period.
- The only exception is a qualifying life event which allows you to make eligible changes to your benefit elections during the plan year.
- To submit a qualifying life event, please email: mybenefits@campusbenefits.com or call 1.866.433.7661, opt 5

Disclaimer: The *Benefits Guide* is provided for illustrative purposes only and actual benefits and/or premiums may change after printing. Eligibility, benefits, limitations, services, premiums, claims processes and all other features & plan designs are offered and governed exclusively by the insurance provider or vendor contract and associated Summary Plan Description (SPD). All employees should review carrier documents posted on your employer's benefits website or request documents before electing coverage.

IMPORTANT REMINDERS - TAKE ACTION

- Eligibility for benefits enrollment must take place within 30 days of your hire date.
- Remember: Please review and/or update beneficiaries annually for all benefits including, Basic Life, Voluntary Term Life & AD&D and Permanent Life policies.
- Important: Review and Understand Guaranteed Issue Options (New Hires).
- Life Events - You are required to submit any life event changes for you and eligible dependents within 30 days of an event.
- This Guide - This guide is presented for illustrative purposes only and is not intended to offer insurance advice. It is important you review each benefit's summary plan description (SPD) and other carrier materials before making any selections.

There are two separate benefit enrollments:

1. Campus Benefits Voluntary Benefits

2. State Health Benefit Plan 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 www.twiggscountybenefits.com
2. Select the "Enroll" tab or the "Campus Connect" tab
3. Follow the on screen instructions OR
4. **Contact Campus Benefits at 1.866.433.7661, opt 5**
 - Plan year is 7/1 - 6/30
 - **Annual open enrollment occurs in the Spring (April/May)**

How to Enroll in your State Health Benefit Medical Plan

1. Visit www.twiggscountybenefits.com
2. Select the "State Health" tab
3. Select "SHBP Enrollment Link" (Refer to the SHBP section of this guide for additional details) OR
4. **Contact SHBP at 1.800.610.1863**
 - Plan year is 1/1 - 12/31
 - **Annual open enrollment occurs in the Fall (October/November)**

CAMPUS BENEFITS ENROLLMENT INSTRUCTIONS

Website: twiggscountybenefits.com



1

Visit twiggscountybenefits.com

2

Select "Campus Connect" to log in

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

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

Company Identifier: TCS14

1. On Login page click on "Register as a new user" and enter information below
 - First Name
 - Last Name
 - Company Identifier: TCS14
 - 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

Need Help? Start Here:

mybenefits@campusbenefits.com

1.866.433.7661, opt 5

Login Information

Username: _____

Password: _____



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

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

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 www.twiggscountybenefits.com/contact-campus

Frequently Asked Questions (FAQs):

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

A: Please notify Campus Benefits within 30 days of the life event date. All SHBP life events must be made directly through the SHBP website.

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 my dental card or vision card quickly?

A: Your group dental and vision plan information is available at: twiggscountybenefits.com
You can also register online at metlife.com/mybenefits (Twiggs County Board of Education)



Phone: 1.866.433.7661, Opt 5
Email: mybenefits@campusbenefits.com
Website: TwiggsCountyBenefits.com

EMPLOYEE ASSISTANCE PROGRAM



What is an EAP? A program offered to eligible Twiggs County Public School's employees, at no cost, to provide guidance with personal issues, planning for life events or simply managing daily life which can affect your work, health and family.

Life's not always easy. Sometimes a personal or professional issue can get in the way of maintaining a healthy, productive life.
Completely Confidential!

Your Employee Assistance Program (EAP) can be the answer for you and your family.

We're Here to Help

Mutual of Omaha's EAP assists employees and their eligible dependents with personal or job-related concerns, including:

- Emotional well-being
- Family and relationships
- Legal and financial matters
- Healthy lifestyles
- Work and life transitions

EAP Benefits

- Access to EAP professionals 24 hours a day, seven days a week.
- Information and referral services
- Service for employees and eligible dependents
- Robust network of licensed mental health professionals
- **Five face-to-face sessions* with a counselor (per issue per calendar year)**
- Legal assistance and financial resources
 - Online will preparation
 - Legal library and online forms
 - Financial tools & resources
- Resources for:
 - **Substance use and other addictions**
 - Dependent and Elder Care resources
- Access to a library of educational articles, handouts, and resources via mutualofomaha.com/eap

*Face-to-face visits can also be used toward legal consultations

*California Residents: Knox-Keene Statute limits no more than three face-to-face sessions per six-month period.

What to Expect

You can trust your EAP professional to assess your needs and handle your concerns in a confidential, respectful manner. Our goal is to collaborate with you and find solutions that are responsive to your needs.

Your EAP benefits are provided through your employer. There is **no cost** to you for utilizing EAP services. If additional resources are needed, your EAP professional will help locate appropriate resources in your area.

Don't delay if you need help
Visit mutualofomaha.com/eap or call **1.800.316.2796** for **confidential consultation** and resource services.

Provided at NO CHARGE to you and your dependents.

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SHORT - TERM DISABILITY



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

Eligibility: Eligible full-time employees working 20+hours/week

- Coverage through Mutual of Omaha
- Must be actively at work on the effective date
- **No Health Questions - EVERY YEAR!** (Pre-existing condition will apply for new participants)
- Employees can choose to start/stop their sick leave. Decision must be made at beginning of leave.
- Pays in addition to sick leave (Above 100% of pre-disability earnings)
- Employee does not have to exhaust sick leave prior to receiving a benefit

See
important
claims
information
on page 5.

Short Term Disability Benefit Quick Summary	
Elimination Period	Benefits begin after you have been out of work due to an injury or illness for either 7 or 14 days
Benefit Duration	12 or 11 weeks
Benefit Percentage (weekly)	40%, 50% or 60% of earnings
Minimum Benefit Amount (weekly)	\$25
Maximum Benefit Amount (weekly)	\$1,250 per week
Pre-existing condition limitation	3, 6 Any condition you receive medical attention for in the 3 months prior to your effective date of coverage that results in a disability during the first 6 months of coverage, would not be covered

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 40%, 50%, or 60%. If 60% of weekly salary exceeds \$1,250, then enter \$1,250. This is your maximum weekly benefit amount.
Step 3	Divide weekly amount in Step 2 by \$10
Step 4	Multiply Step 3 by the rate factor listed below. This is your monthly premium.
<i>*Enrollment system will calculate based on payroll information provided by employer</i>	

Benefit Percentage	7 Day Elimination Period Rate Factor	14 Day Elimination Period Rate Factor
40% Benefit	\$0.27	\$0.20
50% Benefit	\$0.35	\$0.27
60% Benefit	\$0.42	\$0.31

LONG - TERM DISABILITY



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

Eligibility: Eligible full-time employees working 20+hours/week

- Coverage provided by Mutual of Omaha
- Must be actively at work on the effective date
- If electing outside of the initial open enrollment period, health questions will be required
- Employees can choose to start/stop their sick leave. Decision must be made at beginning of leave.

See
important
claims
information
on page 5.

Long-Term Disability Benefit Quick Summary	
Elimination Period	Benefits begin after you have been out of work due to an injury or illness for 90 days
Benefit Duration	Covers accidents and sicknesses up to Social Security Normal Retirement Age (Please note exclusions or limitations may apply, see plan certificate for details)
Benefit Percentage (monthly)	60% of earnings
Minimum Benefit Amount (monthly)	\$100
Maximum Benefit Amount (monthly)	\$6,000 per month
Pre-existing condition limitation	3, 3, 12 You may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under this policy until you have been covered under the policy for 12 months, or you remain treatment free for a period of 3 consecutive months.

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 rate factor listed below. This is your monthly premium.
<i>*Enrollment system will calculate based on payroll information provided by employer</i>	

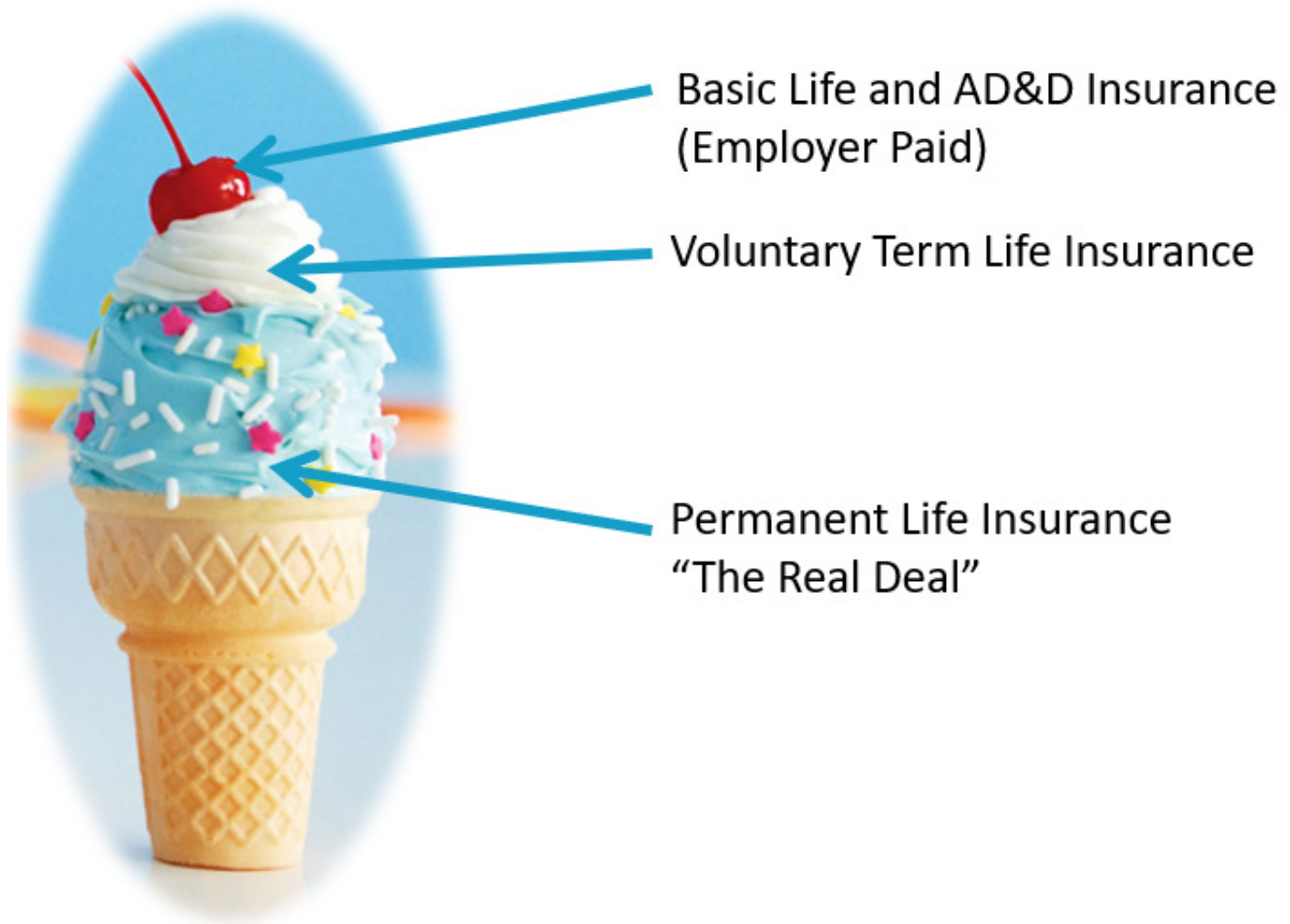
Long-Term Disability Rate Factors					
<20	\$0.14	35-39	\$0.38	55-59	\$0.86
20-24	\$0.15	40-44	\$0.43	60-64	\$0.90
25-29	\$0.18	45-49	\$0.55	65-69	\$0.95
30-34	\$0.24	50-54	\$0.75	70-99	\$0.99

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LIFE INSURANCE

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 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.

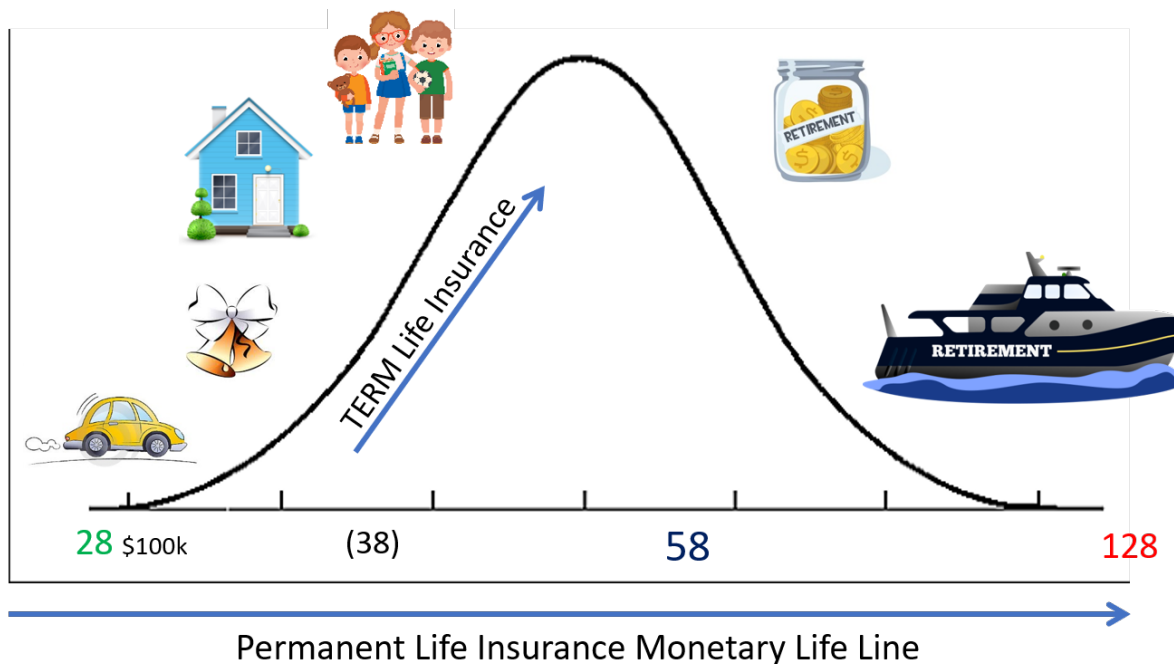


RANCE 101

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 when ported**)
- Premiums are based on age and increase as you get older



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

BASIC LIFE INSURANCE



What is Basic Life Insurance? A financial and family protection plan paid for by Twiggs County Public Schools which provides a lump-sum payment, known as a death benefit, to a beneficiary upon the death of the insured. AD&D coverage is included as part of life insurance benefits and will pay out a lump-sum death benefit in the event you die as the result of an accident or die later as the direct result of an accident. This plan also includes a dismemberment benefit which provides an additional lump sum payment if an insured becomes dismembered in an accident.

Eligibility: Eligible full-time employees working 20+hours/week

- Coverage provided by Mutual of Omaha
- No Health Questions- Guaranteed Issue
- Employee must be actively at work on the effective date
- **Attention: This benefit requires a beneficiary! Please remember to assign and update beneficiaries as necessary**

Basic Life and AD&D Quick Summary	
LIFE AMOUNT	
Coverage Amount	\$25,000
ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) AMOUNT	
Coverage Amount	Equal to Life Amount
BENEFITS	
Guaranteed Issue	\$25,000
Age Reduction	50% at age 80
Conversion	Included
Living Care Benefit	Included
Waiver of Premium - waives the policyholder's obligation to pay premiums should they become seriously ill or disabled	Prior to Age 65 after 9 month Elimination period

Paid for by Twiggs County Public Schools and provided at NO COST TO YOU.



RETIREE LIFE INSURANCE



What is Retiree Life? A retiree life option is available to full-time employees who retire from Twigg County Public Schools. This premium would be paid by the employee, as arranged by Twigg County Public Schools.

Eligibility: Eligible full-time employees who retire from Twigg County Public Schools

- Coverage provided by Mutual of Omaha
- Must enroll at the time of retirement and continue to pay into the plan on an annual basis
- Please remember to update beneficiaries as needed and confirm them at least annually
- The retiree life plan is not the same as permanent life insurance; premiums may increase over time

Retiree Life Insurance Quick Summary		
Option 1	\$5,000 of Life	\$8.15 per month
Option 2	1 x Salary up to \$50,000	\$1.63 per \$1,000 of coverage per month
Age Reduction	None	



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VOLUNTARY TERM LIFE & AD&D INSURANCE



What is Voluntary Term Life Insurance? A financial protection plan which provides a cash benefit to the beneficiary upon death of the insured. Proceeds can be used to replace lost potential income during working years and help ensure your family's financial goals will be met; goals like paying off a mortgage, keeping a business running, and paying for college. AD&D coverage is included as 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. This plan also includes a dismemberment benefit which provides an additional lump sum payment if an insured becomes dismembered in an accident.

Eligibility: Eligible full-time employees working 20+hours/week, spouse and children (up to age 26)

- Coverage provided by Mutual of Omaha
- Must be actively at work on the effective date
- Guaranteed Issue amounts are available during the new hire open enrollment period
- If electing for the first time outside of the initial new hire enrollment period, health questions will be required
- Employee must elect coverage on yourself in order to cover spouse and/or children
- **Attention: This benefit requires a beneficiary! Assign and update beneficiaries as necessary**

Voluntary Term Life & Accidental Death and Dismemberment Quick Summary	
COVERAGE DETAILS	
Employee	\$500,000 (5x Salary) Increments of \$10,000
Spouse (Coverage terminates when the employee reaches age 80)	\$250,000 (100% of Employee Amount) Increments of \$5,000
Child(ren)	Up to \$10,000 Increments of \$1,000
Accidental Death and Dismemberment (AD&D) Amount	Matches Life Election
NEW HIRE - GUARANTEED ISSUE AMOUNTS	
Employee	\$200,000
Spouse	\$50,000
Child(ren)	\$10,000
Additional Plan Features	
GUARANTEED INCREASE IN BENEFIT	Employee: If currently enrolled, employee can increase coverage up to \$30,000, but not over Guaranteed Issue maximum at open enrollment with no health questions Spouse: No guaranteed increase in benefit available
Age Reduction	Employee: 50% at age 80 Spouse: Coverage terms when employee reaches age 80
Portability Provision	Included up to age 70
Conversion	Included
Living Care Benefit	50% up to \$100,000
Waiver of Premium	Prior to Age 65 after 9 month elimination period

Plan Rates

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

PERMANENT LIFE INSURANCE



What is Permanent Life Insurance? Coverage that provides lifelong protection, and the ability to maintain a level premium.

Eligibility: Eligible full-time employees working 20+hours/week, spouse and children* (up to age 26)

- Coverage provided by UNUM
- Must be actively at work on the effective date
- If electing for the first time outside of the initial new hire enrollment period, health questions will be required
- Permanent Life offers the flexibility to meet a variety of personal needs while allowing employees the choice of benefit and premium amounts which fit their paycheck and life style
- Keep your coverage at the same cost even if you retire or change employers

* Child marital status does not impact benefit eligibility on a standalone UNUM policy

Permanent Life Benefit Quick Summary	
PLAN MAXIMUMS	
Employee (Ages 15 - 80)	\$2,000 - \$150,000
Spouse (Ages 15 - 80)	\$5,000 - \$35,000
Child (14 days - 26 years)	\$5,000 - \$50,000
NEW HIRE - GUARANTEED ISSUE AMOUNTS	
Employee	\$35,000 (Ages 15-50) / \$25,000 (Ages 51-80)
Spouse	\$10,000
Child	\$25,000
OTHER FEATURES	
Guaranteed Interest rate of 4.5%	
Build Cash Value	
Level Premiums deducted from your paycheck	
Level Death Benefit - Coverage does not decrease with age	
Living Benefit Option Rider - 100% of the benefit amount if you are terminally ill	

Plan Rates

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

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DENTAL INSURANCE



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

Eligibility: Eligible full-time employees working 20+hours/week, spouse and dependent children* (up to age 26)

- Coverage provided by MetLife
- Claims must be submitted within 90 days of service
- In-Network Provider Directory: <https://providers.online.metlife.com/findDentist> (Network: PDP Plus)
- **Orthodontics available for Adults (Employee & Spouse) & Children (Up to age 26) on the High Plan** (subject to takeover provision)
- Two cleanings per calendar year
- No waiting periods
- *The chart below is a sample of covered services. Please see Plan Certificate for a detailed listing of services in their entirety which can be found on your new benefits website, twiggscountybenefits.com.*

* Child marital status may impact benefit eligibility

Coinsurance	High Plan	Low Plan
Preventive	100%	100%
Basic	80%	80%
Major	40%	Not Covered
Orthodontics	50%	Not Covered

Dental Benefits Quick Summary	High Plan	Low Plan
Calendar Year Deductible	\$50/person \$150/family	\$50/person \$150/family
Out of Network Coverage	99th percentile UCR	90th percentile UCR
Waiting period	None	None
Calendar Year Plan Maximum	\$2,000 per person	\$1,000 per person
Orthodontia (Lifetime)	\$1,500 per person	Not Covered

Services	High Plan	Low Plan
Preventative		
Routine Exam	100%	100%
Bitewing X-rays	100%	100%
Cleaning	100%	100%
Fluoride (to age 14)	100%	100%
Panoramic X-rays	100%	100%
Basic		
Amalgam & Composite Fillings	80%	80%
Simple Extractions	80%	80%
Anesthesia	80%	80%
Major		
Inlays/Onlays	40%	Not covered
Crowns & Repairs	40%	Not covered
Prosthodontics	40%	Not covered
Dental Implants	40%	Not covered
Missing Tooth	40%	Not covered
Denture Repair	40%	Not covered
Complex Extractions	40%	Not covered
Endodontics	40%	Not covered
Periodontics	40%	Not covered

Monthly Plan Rates*	High	Low
Employee	\$39.51	\$12.64
Employee + Spouse	\$85.71	\$33.70
Employee + Child(ren)	\$99.53	\$50.09
Employee + Family	\$145.32	\$71.16

The above rates reflect the \$10.00 contribution by the Board of Education

PDP Plus Network

Employee Name _____ Employee ID _____
Twigg County BOE 5944444
Group Name _____ Group Number _____
1.800.942.0854 metlife.com/mybenefits

VISION INSURANCE



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: Eligible full-time employees working 20+hours/week, spouse and dependent children* (up to age 26)

- Coverage provided by MetLife
- Claims must be submitted within 90 days of service
- No waiting periods or late entrant penalties
- In-Network Provider Directory: www.mymetlifevision.com (Network: VSP Choice)
- *The chart below is a sample of covered services. Please see Plan Certificate for a detailed listing of services in their entirety which can be found on your new benefits website, twiggscountybenefits.com.*

* Child marital status may impact benefit eligibility

Vision Benefits Quick Summary	In-Network
Exam	\$10 Copay
Contact Lens Fit and Follow-Up	Covered in Full with a max copay of \$60
Retinal Imaging	Up to \$39 Copay
Lasik or PRK	15% Discount off Retail and 5% off Promotional
Frames	\$15 Copay - \$150 Allowance + 20% off Balance \$85 Allowance at Walmart, Costco, Sam's Club
Lenses and Lens Options	
Single/Lined Bifocal & Trifocal/Lenticular	\$15 Copay
Standard Progressive Lens	Up to \$55 copay
Ultraviolet Coating	Covered in Full
Polycarbonate (child up to age 18)	Covered in Full
Tint (variable by type)	Up to \$17 - \$44 Copay
Scratch-Resistant Coating	Up to \$17 - \$33 Copay
Anti-Reflective Coating (variable by type)	Up to \$41 - \$85 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
2nd Pair Benefit (Advise provider to submit two pair of glasses on separate invoices)	Each covered person can get one of the options below: Two pairs of prescription eyeglasses OR One pair of prescription eyeglasses and an allowance toward contacts OR Double the contact lens allowance

Monthly Vision Plan Rates	
Employee	\$9.81
Employee + Spouse	\$19.66
Employee + Child(ren)	\$16.65
Employee + Family	\$27.45

MetLife

PPO Vision Plan

Twiggs County BOE

5944444

Group Name

Group Number

1.855.MET.EYE1

metlife.com/mybenefits

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CANCER INSURANCE



What is Cancer Insurance? Cancer insurance is a form of supplemental insurance meant to offset cancer related expenses.

Eligibility: Eligible full-time employees working 20+hours/week, spouse and children (up to age 26)

- Coverage provided by Guardian
- **Annual Enrollment with no health questions**
- Keep your coverage even if you retire or change employers; must be ported prior to age 70
- *The chart below is a sample of covered services. After the effective date of 7/1/2025, please see Plan Certificate for a detailed listing of services in their entirety which can be found on your new benefits website, twiggscountybenefits.com*

Cancer Benefits Quick Summary	Premier Plan	Advantage Plan
Initial Diagnosis Benefit Amount (Must be a first time diagnosis)	Employee: \$2,500 Spouse: \$2,500 Child: \$2,500	Employee: \$1,500 Spouse: \$1,500 Child: \$1,500
Initial Diagnosis Waiting Period	30 days	
Radiation Therapy Chemotherapy	Schedule amounts up to a \$15,000 benefit year maximum	Schedule amounts up to a \$10,000 benefit year maximum
Blood/Plasma/Platelets	\$200/day up to \$10,000 per year	\$100/day up to \$5,000 per year
Experimental Treatment	\$200/day up to \$2,400 month	\$100/day up to \$1,000 month
Extended Care Facility/Skilled Nursing Care	\$150/day up to 90 days per year	\$100/day up to 90 days per year
Home Health Care	\$100/visit up to 30 visits per year	\$50 visit up to 30 visits per year
Hospital Confinement	\$400/day for first 30 days; \$800/day for 31st day thereafter per confinement	\$300/day for first 30 days; \$600/day for 31st day thereafter per confinement
ICU Confinement	\$600/day for first 30 days; \$800/day for 31st day thereafter per confinement	\$400/day for first 30 days; \$600/day for 31st day thereafter per confinement
Prosthetic	Surgically Implanted: \$3,000/device, \$6,000 lifetime max Non-Surgically: \$300/device, \$600 lifetime max	Surgically Implanted: \$2,000/device, \$4,000 lifetime max Non-Surgically: \$200/device, \$400 lifetime max
Reconstructive Surgery	Breast TRAM \$3,000 Breast reconstruction \$700 Breast Symmetry \$350 Facial reconstruction \$700	Breast TRAM \$2,000 Breast reconstruction \$500 Breast Symmetry \$250 Facial reconstruction \$500
Second Surgical Opinion	\$300/surgical procedure	\$200/surgical procedure
Skin Cancer	Biopsy Only: \$100 Reconstructive Surgery: \$250 Excision of a skin cancer: \$375 Excision of a skin cancer with flap or graft: \$600	
Surgical Benefit	Schedule amount up to \$5,500	Schedule amount up to \$4,125
Health Benefit Screening	\$50; \$50 for follow-up screening (See Wellness Incentives Page)	
Pre-Existing Condition Limitation	12 month look back period, 12 period exclusion period, Continuity of Coverage	

Premier Plan Monthly Rates

Employee
\$33.00

Employee + Spouse
\$51.00

Employee + Child(ren)
\$46.00

Employee + Family
\$64.00

Advantage Plan Monthly Rates

Employee
\$23.00

Employee + Spouse
\$34.00

Employee + Child(ren)
\$31.00

Employee + Family
\$42.00

CRITICAL ILLNESS



What is Critical Illness Insurance? Supplemental coverage that protects families from additional costs associated with unforeseen catastrophic illnesses. It does not coincide with health insurance – payments are made directly to you.

Eligibility: Eligible full-time employees working 20+hours/week, spouse and unmarried children (up to age 26)

- Coverage through UNUM
- **Issue Age - Rates are locked in and will not increase with age**
- If electing outside of the initial new hire enrollment period, health questions will be required
- Keep your coverage even if you retire or change employers
- *The chart below is a sample of covered services. Please see Plan Certificate for a detailed listing of services in their entirety which can be found on your new benefits website, twiggscountybenefits.com*

Critical Illness Benefits with or without cancer Quick Summary	
FACE AMOUNT	Increments of \$5,000
Employee	\$5,000-\$50,000
Spouse	\$5,000-\$30,000
Dependent Children (Unmarried children up to age 26 are automatically enrolled when employee enrolls)	50% of EE Amount
New Hire Guaranteed Issue Amounts: Employee Spouse	\$10,000 \$5,000
COVERED SPECIFIED CRITICAL ILLNESSES (New Diagnosis)	Pays % of Face Amount
Heart Attack (Myocardial Infarction)	100%
Benign Brain Tumor	100%
Stroke	100%
Major Organ Failure	100%
End Stage Renal Failure (Kidney)	100%
Permanent Paralysis due to Covered Accident	100%
Coma (result of a traumatic brain injury)	100%
Blindness	100%
Occupational Infectious HIV	100%
Coronary Artery Bypass Graft Surgery	25%
OPTIONAL CANCER BENEFIT (Select Coverage with or without cancer)	
Cancer	100%
Carcinoma In Situ	25%
ADDITIONAL BENEFITS FOR DEPENDENT CHILDREN (Initial Diagnosis)	
Cerebral Palsy	100%
Cleft Lip or Palate	100%
Cystic Fibrosis	100%
Down Syndrome	100%
HEALTH BENEFIT SCREENING (per insured) (See Wellness Incentives Page)	\$50
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 Benefits Counselor or log into the enrollment system for rate details.**

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HOSPITAL INDEMNITY INSURANCE



What is Hospital Indemnity Insurance? Supplemental coverage that helps offset costs associated with hospital stays, whether for planned or unplanned reasons. Payments made directly to you and benefits do not offset with medical insurance.

Eligibility: Eligible full-time employees working 20+hours/week, spouse and children* (up to age 26)

- Coverage provided by MetLife
- **Annual Enrollment with no health questions**
- Keep your coverage even if you retire or change employers
- *The chart below is a sample of covered services. After the effective date of 7/1/2025, please see Plan Certificate for a detailed listing of services in their entirety which can be found on your new benefits website, twiggscountybenefits.com.*

**Child marital status may impact benefit eligibility*

Hospital Indemnity Quick Summary	High Plan	Low Plan
HOSPITAL COVERAGE		
Admission Benefit (4 times per year) (Must be admitted into the hospital for this benefit - ER admission/Outpatient treatment does not qualify)	\$1,000	\$500
ICU Supplemental Admission (4 times per year) (Paid concurrently with the Admission Benefit)	\$1,000	\$500
Confinement (180 days per calendar)	\$200	\$100
ICU Confinement (180 days per calendar) (Paid concurrently with the Confinement Benefit)	\$200	\$100
Confinement Benefit for Newborn Nursery Care (3 days per confinement)	\$200	\$100
Pre-existing Condition	None	
Age Reduction	None	
Health Screening Benefit	\$50 (See Wellness Incentives Page)	
Please see plan highlight sheets for additional details, located on your employee benefits website.		

High Plan Monthly Rates
Employee \$22.64
Employee + Spouse \$44.37
Employee + Child(ren) \$36.58
Employee + Family \$58.31

Low Plan Monthly Rates
Employee \$12.75
Employee + Spouse \$25.04
Employee + Child(ren) \$21.15
Employee + Family \$33.44

ACCIDENT



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: Eligible full-time employees working 20+hours/week, spouse and dependent children* (up to age 26)

- Coverage through MetLife
- Payments made directly to you and benefits do not offset with medical coverage
- 24-Hour on and off the job coverage
- *The chart below is a sample of covered services. After the effective date of 7/1/2025, please see the Plan Certificate for a detailed listing of services in their entirety. Plan certificate available on your Employee Benefits Portal.*

* Child marital status may impact benefit eligibility.

High Plan Monthly Rates
Employee \$11.91
Employee + Spouse \$23.51
Employee + Child(ren) \$28.10
Employee + Family \$33.28

Low Plan Monthly Rates
Employee \$9.15
Employee + Spouse \$18.14
Employee + Child(ren) \$21.72
Employee + Family \$25.72

Accident Benefit Quick Summary	High Plan	Low Plan
INJURIES		
Fractures (Based on Fracture)	\$400 - \$10,000	\$200 - \$8,000
Dislocations (Based on Dislocation)	\$200 - \$10,000	\$100 - \$8,000
Burns (Based on Burns)	\$100 - \$15,000	\$75 - \$10,000
Concussions	\$500	\$250
Coma	\$10,000	\$7,500
Paralysis	\$20,000 - \$40,000	\$10,000 - \$20,000
Cuts/Lacerations (Based on Length & Sutures)	\$75 - \$700	\$50 - \$400
MEDICAL SERVICES & TREATMENT		
Air Ambulance	\$1,250	\$1,000
Emergency Care Treatment	\$200	\$150
Surgery Benefits	\$200 - \$2,000	\$150 - \$1,500
Follow-up Physician Office Visit (Max of 6)	\$100	\$75
Follow-up Physical Therapy Visit (Max 10 per accident)	\$50	\$35
ACCIDENTAL DEATH & DISMEMBERMENT		
Age Reductions	None	
Accidental Death (Basic & Common Carrier)*	\$10,000 - \$150,000	\$5,000 - \$75,000
*Amounts vary per employee, spouse, and children; see plan certificate for details		
Hospitalization Benefits		
Hospital Admission (Doubles for ICU)	\$1,500	\$1,000
Hospital Stay (per day) 15 day max	\$300	\$200
ICU Stay (per day) 15 day max	\$300	\$200
Health Benefit Screening	\$50 (See Wellness Incentives Page)	
Please review the accident policy and certificate for further details.		

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WELLNESS INCENTIVES

GET REWARDED FOR PREVENTIVE CARE

What are Wellness Incentives? An annual reimbursement for covered members who complete one of the eligible screening procedures on your critical illness, cancer, accident and hospital indemnity insurance plans.

Eligibility: You, spouse and dependents who are covered on the critical illness, cancer, accident and hospital indemnity plans

How it works:

- If you or a covered dependent get one of the eligible screenings, you can file a wellness claim
- Once approved, you will receive a check for the wellness incentive amount
- The wellness incentive can be filed annually as long as your critical illness, cancer, accident and hospital indemnity plans are in force

Available Wellness Incentives	Low Plan	High Plan
Critical Illness - UNUM		\$50
Cancer Plan - Guardian		\$50
Accident and Hospital Indemnity - MetLife		\$50

What Qualifies as Wellness?			
Critical Illness - UNUM	Cancer - Guardian	Accident and Hospital Indemnity - MetLife	
• Blood test for triglycerides • Fasting blood glucose test • Mammography • Pap smear • Serum cholesterol test to determine HDL and LDL levels • Bone marrow aspiration or biopsy • CA 15-3 (blood test for breast cancer) • CA-125 (blood test for ovarian cancer) • CEA (blood test for colon cancer) • Carotid Doppler • Chest X-ray • Colonoscopy • Echo cardiogram • Electrocardiogram • Fasting plasma glucose (FPG) • Flexible sigmoidoscopy • Hemoglobin A1C (HbA1c) • Hemocult stool analysis • PSA (blood test for prostate cancer) • Serum protein electrophoresis (blood test for myeloma) • Skin cancer biopsy • Stress test on a bicycle or treadmill • Thermography • Thin prep pap test • Two-hour post-load plasma glucose • Virtual colonoscopy	• Bone marrow testing • BRCA testing • Breast ultrasound • Breast MRI • CA 15-3 (blood test for breast cancer) • CA125 (blood test for ovarian cancer) • CEA (blood test for colon cancer) • Chest x-ray • Colonoscopy/Virtual • Colonoscopy • CT scans /MRI scans • Flexible sigmoidoscopy • Hemocult stool analysis • Mammography • Pap smear /ThinPrep pap test • PSA (blood test for prostate cancer) • Serum protein electrophoresis (blood test for myeloma) • Testicular ultrasound • Thermograph	• 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	• 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
How to submit a claim?			
• Complete the necessary health screening/wellness form and mail to: • The Benefits Center P.O. Box 100158 Columbia, SC 29202 • Call 800.635.5597 • Download the UNUM Customer App and file via the App (must register as a new user if not previously registered)	• Log on to guardianlife.com and select “My Account/Login” to register or access your account	• Call 1-800-GET-MET8. (1-800-438-6388) • File your Health Screening Benefit online through the MyBenefits portal at www.metlife.com/mybenefits or by mail with a paper claim form	
<i>Visit twiggscountybenefits.com for claim forms and additional information</i>			

Visit twiggscountybenefits.com for claim forms and additional information.

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

Eligibility: Eligible full-time employees working 20+ hours/week, spouse and dependent children* (up to age 26)

- Coverage through MetLife
- Elder Care extends to parents and in-laws
- Visit 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)
- Additional plan information available on your Employee Benefits Website (www.twiggscountybenefits.com/)

	Low Plan Quick Summary	High Plan Quick Summary					
Money Matters	• Identity Theft Defense • Negotiations with Creditors • Promissory Notes • Debt Collection Defense • Tax Collection Defense	• 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	• Deeds • Mortgages • Foreclosure • Tenant Negotiations • Eviction Defense • Security Deposit Assistance	• 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	• Simple and Complex Wills • Healthcare Proxies • Living Wills • Codicils • Powers of Attorney (Healthcare, Financial, Childcare, Immigration)	• Simple and Complex Wills • Healthcare Proxies • Living Wills • Codicils • Powers of Attorney (Healthcare, Financial, Childcare, Immigration)	• Revocable & Irrevocable Trusts				
Family & Personal	• Guardianship • Conservatorship • Name Change • Review of ANY Personal Legal Document • School Hearings • Demand Letters • Affidavits • Personal Property Issues • Garnishment Defense • Domestic Violence Protection	• 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	• Disputes over Consumer Goods & Services • Administrative Hearings • Incompetency Defense	• 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: • Medicare • Medicaid • Prescription Plans • Nursing Home Agreements • Leases • Promissory Notes • Deeds • Wills • Power of Attorney	Consultation & Document review for issues related to your (or spouse's) parents: • Medicare • Medicaid • Prescription Plans • Nursing Home Agreements • Leases • Promissory Notes • Deeds • Wills • Power of Attorney	<table><tr><th>Monthly Low Plan Rate</th><th>Monthly High Plan Rate</th></tr><tr><td>\$8.00</td><td>\$16.50</td></tr></table>	Monthly Low Plan Rate	Monthly High Plan Rate	\$8.00	\$16.50
Monthly Low Plan Rate	Monthly High Plan Rate						
\$8.00	\$16.50						
Vehicle & Driving	• Repossession • Defense of Traffic Tickets • Driving Privileges Restoration • License Suspension due to DUI	• Repossession • Defense of Traffic Tickets • Driving Privileges Restoration • License Suspension due to DUI	<table><tr><td colspan="2">NO COPAY Rate includes spouse & dependents</td></tr></table>	NO COPAY Rate includes spouse & dependents			
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MEDCARECOMPLETE



THE SMART WAY TO REDUCE YOUR HEALTHCARE COSTS

What is MedCareComplete? A bundle of services constructed to save you time, money, and hassle while simplifying your life.

Eligibility: Eligible full-time employees working 20+ hours/week, spouse, and unmarried children (up to age 26)

- Coverage through MedCareComplete
- 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



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.

Acute Illnesses include but are not limited to the following:

Asthma
Fever
Headache
Infections
Migraines

Rashes
Bacterial
Infections
Diarrhea
Heartburn

Sinus Conditions
Urinary Tract
Infections
Bronchitis
Ear Infection

Gout
Joint Aches
Pink Eye
Sore Throat
Cold & Flu

Nausea &
Vomiting

Individual Monthly Rate	Family Monthly Rate
\$10.50	\$12.50
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.

MEDCARECOMPLETE

THE SMART WAY TO REDUCE YOUR HEALTHCARE COSTS

Medical Management

This service takes the guesswork out of medication management by sorting, labeling, and organizing medications for you. For added convenience, the service provides medication delivery to your home or healthcare provider's office at no additional cost. Specially trained clinical pharmacists are on staff to ensure that medications are reviewed for potential drug interactions, are clearly understood by patients, and are as effective as possible.

Restoration Expert

A Restoration Expert is available if you become a victim of identity theft. The service provides a concierge level of identity resolution. A dedicated and Certified Identity Theft Risk Management Specialist (CITRMS) will work with the victim to assess their ID theft situation, and move forward with a fully managed resolution.

Sex Offender Alerts

Members can request text and email alerts and reports of registered sex offenders for a specific address. Reports highlight the location of the offender, a photo ID, and the offense they committed. You may review the saved report in your online account at any time. Additionally, users can select an address to continuously monitor and receive alerts when new offenders move in or out of that neighborhood.



Expense Reimbursement

Restoring one's name and good credit is a time-consuming and expensive process. In response, \$25,000 expense reimbursement coverage is included in the member ID theft protection plan. This ensures you are covered in those instances when expenses compound. A Certified Identity Theft Risk Management Specialist (CITRMS) representative can assist with filing these expense reimbursement claims.

Social Media Tracking

The Social Media Tracking tool allows you to receive alerts on your social media accounts including Facebook, LinkedIn, Twitter, and Instagram if reputation-damaging items are posted. As we utilize social media platforms, we are creating a permanent online trail of our personal history, including photos, geo-location data, employment data, birthday, email, address, and phone number details. Over-sharing can lead to an increased risk for reputation damage, fraud, and identity theft. Reputation-damaging items including racist, violent, derogatory, vulgar, or inappropriate comments directed at you or your family.

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FLEXIBLE SPENDING ACCOUNTS



What are Medical Flexible Spending (FSAs) Accounts? A pre-tax benefit account used to pay for out-of-pocket healthcare costs such as deductibles, co-pays, prescribed medication, and other medical costs.

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

Eligibility: Eligible full-time employees working 20+hours/week, spouse and tax dependent children (up to age 26; Dependent Care children up to age 13 and adults for adult daycare)

- Coverage through Consolidated Admin Services
- **Plan year is July 1 - June 30 and employees must re-enroll each year**
- Only family status changes will allow you to change your annual election. The altered election must be consistent with the status change
- Married and not filing jointly participants limited to \$2,500 deferral for Dependent Care
- Transfer of funds between the Dependent Care and Medical Care accounts are not allowed

FSA Benefits Quick Summary	
MEDICAL FSA ACCOUNT	
Minimum Contribution	\$300 annually
Maximum Contribution	\$3,300 annually
CARRYOVER MAX- Amount of funds carried over to the next year	\$660 (2025 - 2026 plan year) \$640 (2024 - 2025 plan year) (Any unused amounts over the carryover max will be forfeited)
Funds are available at the beginning of the plan year.	
DEPENDENT CARE FSA ACCOUNT	
Minimum Contribution	\$300 annually
Maximum Contribution	\$5,000 annually
CARRYOVER MAX	\$0 (Any unused amounts over \$0 will be forfeited)
Funds are available as they are payroll deducted.	
Plan Rules	
RUNOUT PERIOD- The amount of time to turn in receipts for services rendered during the plan year.	30 days after end date to turn in receipts
All receipts should be kept to submit if verification is requested	

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 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.

HELPFUL FSA RESOURCES

What is covered under a Medical FSA Account?

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

FSA Eligibility List

www.consolidatedadmin.com/fsa-hsa-eligible-expenses/
(estimates how much you can save with an FSA)
www.fsastore.com/fsa-calculator

Who is covered under a Dependent Care Account?

- Children up to age 13 (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).

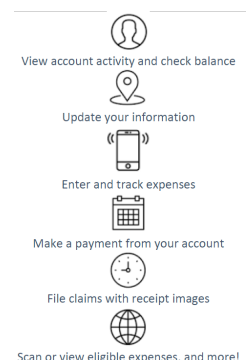
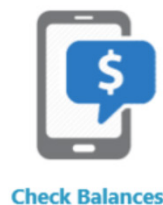
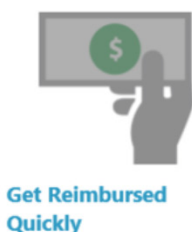
The CARES Act permanently reinstates over-the counter products, and adds menstrual care products for the first time, as eligible expenses for your FSA funds WITHOUT A PRESCRIPTION!

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

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

Imagine what you could do with CAS' mobile app



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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STATE HEALTH BENEFIT PLAN

Notice: Twiggs County Public Schools offers eligible employees health insurance through the Georgia State Health Benefit Plan. During the annual open enrollment, employees have the opportunity to review all available options and make elections for the upcoming plan year.

- **Coverage through Anthem BCBS of GA, United Healthcare, or Kaiser Permanente**
- All qualifying life events must be submitted via the SHBP Portal.
- Kaiser Permanente is only available in the Atlanta Metro area.
- Plan year is **January 1- December 31**, with enrollment in the fall of each year.
- **Attention to participants approaching age 65 and/or retirement:** Please review: shbp.georgia.gov/retirees-0/turning-age-65

SHBP Enrollment Portal:

www.myshbpga.adp.com

How to Enroll:

1. Go to www.myshbpga.adp.com
2. Enter your Username and Password and click Login
If you need assistance, click on "Forgot User ID?" or "Forgot Your Password?"
3. If you have not registered, click "Register Here"
4. Your registration code is **SHBP-GA**



SHBP Wellness Portal:

www.bewellshbp.com

SHBP Decision Guide:

This Guide provides a brief explanation about each health benefit option, a benefit comparison guide, and a list of things to consider before making plan decisions.

Access the decision guide at:
www.shbp.georgia.gov/

SHBP Phone Number: 1.800.610.1863

2025 WELLNESS INCENTIVES AT-A-GLANCE

Plan Option	Anthem HMO MyIncentive Account (MIA)	Anthem Health Reimbursement Arrangement (HRA)	Kaiser Permanente (KP) Regional HMO	United Healthcare HMO Health Incentive Account (HIA)	United Healthcare HDHP Health Incentive Account (HIA)
	Up to	Up to		Up to	Up to
Member	480	480	\$500 Reward Card	480	480
Covered Spouse	480	480	\$500 Reward Card	480	480
United Healthcare Reward Card for enrolled member and covered spouse	n/a	n/a	n/a	\$250 Reward Card (member) \$250 Reward Card (Covered Spouse)	\$250 Reward Card (member) \$250 Reward Card (Covered Spouse)
Potential Total	960	960	\$1,000	1,460	1,460

Please review the Active Decision Guide for full incentive program details and requirements.

Anthem: Members enrolled in an Anthem HRA Plan Option will receive SHBP-funded base credits at the beginning of the Plan Year. The amount funded will be based on your elected coverage tier. If you enroll in a HRA during the Plan Year, these credits will be prorated based on the elected coverage tier and the months remaining in the current Plan Year.

***KP:** Members enrolled in the KP Regional HMO Plan Option and their covered spouses will each receive a \$500 reward card after they each satisfy KP's Wellness Program requirements.

****UnitedHealthcare:** Members and their covered spouses enrolled in a UnitedHealthcare Plan Option can each earn a 240 well-being incentive credit match with a maximum combined up to 480 well-being incentive credits matched by UnitedHealthcare for completing wellness requirements under the plan. After credits are added to your HIA, any remaining credits will rollover to the next plan year.

Disclaimer: The Benefits Guide is provided for illustrative purposes only and actual benefits and/or premiums may change after printing. Eligibility, benefits, limitations, services, premiums, claims processes and all other features & plan designs are offered and governed exclusively by the insurance provider or vendor contract and associated Summary Plan Description (SPD). All employees should review carrier documents posted on your employer's benefits website or request documents before electing coverage.

2025 SHBP PLANS & PRICING

The table below is a high level overview, for official details and plan information please review the SHBP Decision Guide.



Plan Designs for 2025											
	Anthem Gold Plan HRA		Anthem Silver Plan HRA		Anthem Bronze Plan HRA		Anthem HMO	UHC HMO	UHC HDHP		Kaiser HMO*
	In	Out	In	Out	In	Out	In	In		Out	In
Deductible											
You	\$1,500	\$3,000	\$2,000	\$4,000	\$2,500	\$5,000	\$1,300	\$1,300	\$3,500	\$7,000	N/A
You + Spouse	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500	\$1,950	\$1,950	\$7,000	\$14,000	N/A
You + Child(ren)	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500	\$1,950	\$1,950	\$7,000	\$14,000	N/A
You + Family	\$3,000	\$6,000	\$4,000	\$8,000	\$5,000	\$10,000	\$2,600	\$2,600	\$7,000	\$14,000	N/A
Medical OOPM (Out of Pocket Maximum)											
You	\$4,000	\$8,000	\$5,000	\$10,000	\$6,000	\$12,000	\$4,000	\$4,000	\$6,450	\$12,900	\$6,350
You + Spouse	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000	\$6,500	\$6,500	\$12,900	\$25,800	\$12,700
You + Child(ren)	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000	\$6,500	\$6,500	\$12,900	\$25,800	\$12,700
You + Family	\$8,000	\$16,000	\$10,000	\$20,000	\$12,000	\$24,000	\$9,000	\$9,000	\$12,900	\$25,800	\$12,700
Coinsurance (Plan Pays)	80-100%		80-100%		80-100%		80-100%		80-100%		100%
HRA (Health Reimbursement Arrangement) Credits											
You	\$400		\$200		\$100		N/A	N/A	N/A		N/A
You + Spouse	\$600		\$300		\$150		N/A	N/A	N/A		N/A
You + Child(ren)	\$600		\$300		\$150		N/A	N/A	N/A		N/A
You + Family	\$800		\$400		\$200		N/A	N/A	N/A		N/A
Medical											
ER	Coins after ded		Coins after ded		Coins after ded		\$200 copay	\$200 copay	Coins after ded		\$200 copay
Urgent Care	Coins after ded		Coins after ded		Coins after ded		\$35 copay	\$35 copay	Coins after ded		\$35 copay
PCP Visit	Coins after ded		Coins after ded		Coins after ded		\$35 copay	\$35 copay	Coins after ded		\$35 copay
Specialist Visit	Coins after ded		Coins after ded		Coins after ded		\$45 copay	\$45 copay	Coins after ded		\$45 copay
Preventative	100%	N/A	100%	N/A	100%	N/A	100%	100%	100%	N/A	100%
Retail Rx											
Tier 1	15%, Min \$20, Max \$50		15%, Min \$20, Max \$50		15%, Min \$20, Max \$50		\$20 copay	\$20 copay	Coins after ded		\$20 copay
Tier 2	25%, Min \$50, Max \$80		25%, Min \$50, Max \$80		25%, Min \$50, Max \$80		\$50 copay	\$50 copay	Coins after ded		\$50 copay
Tier 3	25%, Min \$80, Max \$125		25%, Min \$80, Max \$125		25%, Min \$80, Max \$125		\$90 copay	\$90 copay	Coins after ded		\$80 copay
Mail Order Rx											
Tier 1	15%, Min \$50 Max \$125		15%, Min \$50, Max \$125		15%, Min \$50, Max \$125		\$50 copay	\$50 copay	Coins after ded		\$50 copay
Tier 2	25%, Min \$125, Max \$200		25%, Min \$125, Max \$200		25%, Min \$125, Max \$200		\$125 copay	\$125 copay	Coins after ded		\$125 copay
Tier 3	25%, Min \$200, Max \$312.50		25%, Min \$200, Max \$312.50		25%, Min \$200, Max \$312.50		\$225 copay	\$225 copay	Coins after ded		\$200 copay
Rx OOPM All Plans Combined with Medical											
Monthly Premiums	Anthem Gold Plan HRA		Anthem Silver Plan HRA		Anthem Bronze Plan		Anthem HMO	UHC HMO	UHC HDHP		Kaiser HMO*
Employee	\$194.67		\$131.17		\$82.67		\$157.53	\$196.58	\$72.69		\$157.53
Employee + CH	\$355.26		\$247.31		\$164.86		\$292.12	\$358.50	\$147.89		\$292.12
Employee + SP	\$482.76		\$349.41		\$247.56		\$404.77	\$486.77	\$226.60		\$404.77
Family	\$643.35		\$465.55		\$329.75		\$539.36	\$648.69	\$301.80		\$539.36
An \$80 tobacco surcharge will be added to all rates for tobacco users.											

*The Kaiser HMO plan is only available in the Atlanta Metro area.

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SHBP DISCLOSURE NOTICES

The following important legal notices are posted on the State Health Benefit Plan (SHBP) website at www.shbp.georgia.gov under Plan Documents. Please review these notices in their entirety.

NOTICE OF YOUR HIPAA SPECIAL ENROLLMENT RIGHTS: If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards you or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contribution toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself or your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

NOTICE OF YOUR HIPAA SPECIAL ENROLLMENT RIGHTS: Before-tax deductions will lower the amount of income reported to the federal government. This may result in slightly reduced Social Security benefits. If you do not enroll eligible dependents at this time, you may not enroll them until the next open enrollment period. You may not drop the coverage you elected until the next open enrollment period, make a change or drop coverage elections before the next open enrollment period under the following circumstances:

- A change in marital status, or
- A change in the number of dependents due to birth, adoption, placement for adoption or death of a dependent, or
- A change in employment status for myself or my spouse, or
- Open enrollment elections for my spouse, or
- A change in dependents eligibility, or
- A change in residence or work site.

Any change being made must be appropriate and consistent with the event and must be made within 30 days of when the event occurred. All changes are subject to approval by your Employer/Plan

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 ANNUAL NOTICE: The Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breast, prostheses, and complications resulting from a mastectomy, including lymph edema.

NEWBORNS' ACT DISCLOSURE: Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a not in excess of 48 hours (or 96) hours.

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION: This Notice describes how the Plan(s) may use and disclose your protected health information ("PHI") and how you can get access to your information. The privacy of your protected health information that is created, received, used or disclosed by the Plan(s) is protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

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GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS: On April 7, 1986, a federal law was enacted (Public Law 99272, Title X) requiring that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end. If you or your eligible dependents enroll in the group health benefits available through your employer you may have access to COBRA continuation coverage under certain circumstances. Therefore, your plan makes available to you and you or dependents the General Notice of COBRA Continuation Coverage Rights. This notice contains important information about your right to COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. The full Notice is available on the web at www.shbp.georgia.gov. A paper copy is also available, free of charge, by calling your Employer or Campus Benefits at 866.433.7661. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan.

SUMMARY OF BENEFITS AND COVERAGE (SBC): As an employee, the group health (medical) benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make a informed choice, your plan makes available a Summary of Benefits and Coverage (SBC) which summarizes important information about any health coverage option in a standard format to help you compare across options. The SBC is available on the State Health website at www.shbp.georgia.gov. A paper copy is also available, free of charge, by calling your Employer. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan.

HEALTH INSURANCE MARKETPLACE NOTICE (a.k.a. Exchange Notice): When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, the Marketplace notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer. This notice is available on the web at www.shbp.georgia.gov. A paper copy is also available, free of charge, by calling your Employer.

RETIREMENT PLAN OPTIONS



Eligible employees will become members in a State of Georgia retirement plan.

Teacher Retirement System (TRS)

All employees who are employed one-half time or more in covered positions of the State's public school systems are required to be members of the TRS of Georgia as a condition of employment. Covered positions include teachers, supervisors, paraprofessionals, administrators, nurses, and clerical staff. Refer to the TRS guidelines for more details by visiting www.trsga.com.

Public School Employees Retirement System of Georgia (PSERS)

Regular, non-temporary employees of public school systems who are not eligible for membership in TRS must establish membership in the PSERS as a condition of employment. Covered positions include maintenance and custodial employees, bus drivers, bus monitors, and food service. Refer to the PSERS guidelines for more details by visiting www.ers.ga.gov

403(b) Deferred Compensation Plans

Twiggs County Public Schools offers a 403(b) deferred compensation plan to all employees through VALIC and Value Teacher/National Life Group. An approved listing is included with your new hire packet.

VALIC/AIG

Thomas Smith
Financial Advisor
p: 478.405.5005/478.234.3157
thomas.smith@aig.com

Value Teacher/National Life Group

Anderson Bently, JR
Consultant
p: 478.451.7555/478.930.5667
abentley34@hotmail.com

SHBP Retiree Options

Before you transition into retirement, review the SHBP Retirement Coverage Presentation at: www.shbp.georgia.gov/enrollment/retiree-option-change-period

In order to continue your SHBP coverage as a retiree, you and any dependents you want covered must be enrolled in the plan while you are an active member.

If you are retiring and you or your covered dependents are age 65 or older (or will be turning age 65 at your retirement), you have the option of:

1. Enrolling in a SHBP Medicare Advantage with Prescription Drugs (MAPD) Plan Option if you submit your Medicare Part B enrollment information directly to SHBP, or
2. Remaining in a Commercial (Non-Medicare Advantage) Plan Option, and you will pay 100% of the unsubsidized premium, which is substantially higher than the SHBP Medicare Advantage Plan Options. **Medicare Advantage Plan Options are the only Plan Options subsidized by SHBP for Retirees age 65 and older.**



Benefits website address:
twiggscountybenefits.com



The Service Hub Helps With:

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

Phone: 1.866.433.7661, Opt 5
Email: mybenefits@campusbenefits.com

The 2025-2026 Benefits Enrollment Guide is provided for illustrative purposes only. Actual benefits, 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 www.twiggscountybenefits.com. These should be reviewed fully prior to electing any benefits.