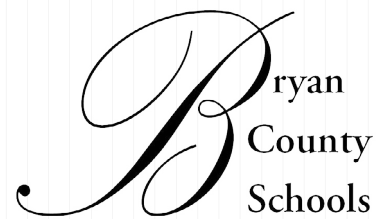


BRYAN COUNTY SCHOOLS

Employee Benefits Guide

2017



INTRODUCTION

The Bryan County school system 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.

Who's Eligible

- All full-time employees working 20+ hours/week are eligible to enroll in the various benefits described throughout the guide. (Certain rules may apply per benefit).
- Plan eligibility specifics are defined at the top of each page.

Enrollment

- Open enrollment: October - November (actual dates will coincide each year with the SHBP open enrollment schedule).
- New hire: Benefits enrollment must take place within 30 days of hire date.
- Plan Year: January 1, 2017 – December 31, 2017

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. All qualifying life events must be submitted within 30 days of the event date.

Need Help? Start Here:

mybenefits@campusbenefits.com
866-433-7661

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BENEFITS PORTAL

Online Enrollment Instructions

Steps To Log In:

1

<http://connect.campusbenefits.com>

2

Under “Employees”, click on “Click Here to Login”.

3

Already have an account?

1. Enter your Username
2. Enter Password
3. Click “LOGIN”
4. Click on the “Start Benefits” button to begin the enrollment process

Company Identifier: BCS12

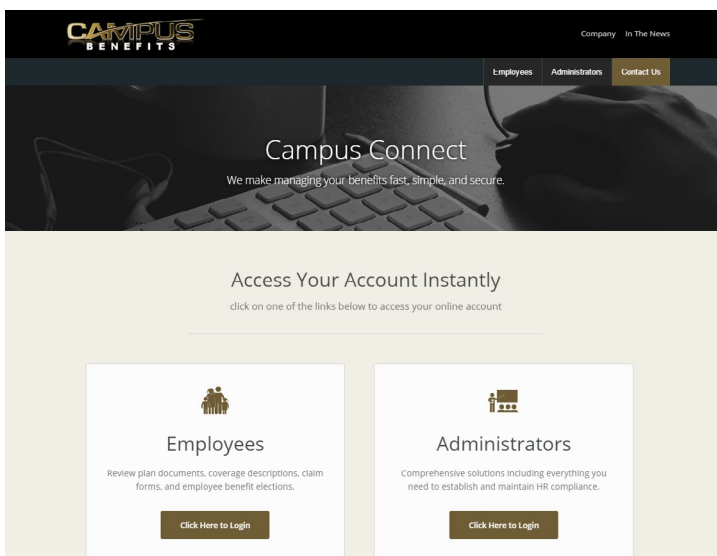
New User?

1. Enter First Name
2. Enter Last Name
3. Enter [Company Identifier: BCS12](#)
4. Last 4 Digits of SSN
5. Birth Date
6. Click “Next”
7. Create Username and Password, then click on “Register”
8. On the next page, it will show your selected Username, underneath click on “Login”
9. On the Login Page, enter Username and Password
10. Click on the “Start Benefits” button to begin the enrollment process

Forgot Your Password?

Three Recovery Options:

- (1) Click on “Forgot Your Password” on the website and follow the instructions.
- (2) Email mybenefits@campusbenefits.com
- (3) Call 866-433-7661



DENTAL INSURANCE



Eligibility: Full-time employees working 20+ hours/week, spouse, & children (up to age 26)
*Orthodontia - child only (up to age 19)

- **Coverage through Ameritas.**
- 12 Month Waiting Period on Dental Services for Late Entrants (only exams, cleanings, and fluoride are covered the first 12 months).
- 12 Month Waiting Period on Orthodontia for New Enrollees and Late Entrants.
- Claims must be submitted within 90 days of the date of service.
- To locate an in-network provider, please visit www.Ameritas.com.

Dental	High	Mac PPO	Low
Coinsurance			
Preventive (Type 1)	100%	100%	100%
Basic (Type 2)	80%	80%	80%
Major (Type 3)	50%	50%	50%
Deductible	\$50/Calendar Yr. Waived Type 1 \$150/family	\$50/Calendar Yr. Waived Type 1 \$150/family	\$50/Calendar Yr. Waived Type 1 \$150/family
Max (per person)	\$1,250/Calendar Year	\$1,250/Calendar Year	\$1,000/Calendar Year
	Visit Any Provider	Visit An In Network Provider	Visit Any Provider
Allowance			
Preventive (Type 1)	95th U&C	Contracted Fee	95th U&C
Basic (Type 2)	95th U&C	Contracted Fee	95th U&C
Major (Type 3)	95th U&C	Contracted Fee	95th U&C
Dental Rewards	\$250/year \$1000 max	\$250/year \$1000 max	\$250/year \$1000 max
Orthodontia			
Coinsurance	50% (Child Only*)	50% (Child Only*)	No Ortho
Adults	No	No	
Lifetime Max (per person)	\$1,500	\$1,500	

Dental High Plan	
Employee	\$42.72
Employee + Spouse	\$83.32
Employee + Child(ren)	\$89.76
Employee + Family	\$128.12

Dental MAC PPO Plan	
Employee	\$39.36
Employee + Spouse	\$76.76
Employee + Child(ren)	\$82.60
Employee + Family	\$118.00

Dental Low Plan	
Employee	\$32.84
Employee + Spouse	\$64.12
Employee + Child(ren)	\$65.92
Employee + Family	\$97.12

DENTAL SERVICES



	Preventive (Type 1)	Basic (Type 2)	Major (Type 3)
High	Routine Exam (2/12 months) Bitewing X-Rays (1/12 months) Full Mouth/Panoramic X-Rays (1 in 5 years) Cleaning (2/12 Months) Fluoride for Children (18 & under) Sealants (15 & under) Emergency Palliative Care Space Maintainers (to age 19)	Restorative Amalgams/Composites Simple & Complex Extractions Anesthesia Endodontics (Misc, Restoration or Surgical) Periodontics (Misc, Restoration or Surgical) Denture Repair Crown Repair	Inlays Onlays Porcelain/Ceramic Crown (1/5 years per tooth) Prosthodontics (1 in 5 years)
MAC	Routine Exam (2/12 months) Bitewing X-Rays (1/12 months) Full Mouth/Panoramic X-Rays (1 in 5 years) Cleaning (2/12 Months) Fluoride for Children (18 & under) Sealants (15 & under) Emergency Palliative Care	Restorative Amalgams/Composites Simple & Complex Extractions Anesthesia Endodontics (Misc, Restoration or Surgical) Periodontics (Misc, Restoration or Surgical) Denture Repair Space Maintainers (to age 19) Crown Repair	Inlays Onlays Resin/Porcelain Crown (1/5 years per tooth) Prosthodontics (1 in 5 years)
Low	Routine Exam (2/12 months) Bitewing X-Rays (1/12 months) Cleaning (2/12 Months) Fluoride for Children (18 & under)	Full Mouth/Panoramic X-Ray Sealants for Children (15 & under) Space Maintainers (age 18) Restorative Amalgams/Composites Non Surgical Periodontics Simple Extractions Emergency Palliative Care	Onlays & Inlays Anesthesia Crowns (1 in 5 years per tooth) Crown & Denture Repair Endodontics/Periodontics Prosthodontics (1 in 5 years) Complex Extractions

VISION INSURANCE



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

- **Coverage through Ameritas and the EyeMed Access Network.**
- Claims must be submitted within 90 days of the date of service.
- To locate an in-network provider, please visit www.Ameritas.com.

Vision Benefits Summary - EyeMed Access Network	
Eye Exam (12 months)	\$10 Copay
Contact Lens Exam (12 Months)	\$55 Copay
Frames	\$130 Allowance
Single/Bifocal/Trifocal/Lenticular Lenses (12 Months)	\$25 Copay
Elective Contacts	Up to \$130 Allowance
Medically Necessary Contacts	Covered in Full
Frequencies	Exams and Lens - every 12 months Frames - every 24 months
Lasik or PRK	Discount Arrangement

Vision Plan	
Employee	\$7.92
Employee + Spouse	\$15.28
Employee + Child(ren)	\$13.16
Employee + Family	\$20.36

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DISABILITY INSURANCE



Eligibility: Full-time employees working 20+ hours/week

- **Coverage through UNUM.**
- Employee must be actively at work on the effective date.
- Employee must exhaust all sick leave prior to using benefit.
- If electing both Short-Term and Long-Term disability, you must elect the same option type.
- If electing Option 1 Short-Term Disability, employee must elect Option 1 for Long-Term Disability. If electing Option 2 Short-Term Disability, employee must elect Option 2 for Long-Term Disability.
- If electing coverage outside of initial enrollment period, evidence of insurability (EOI) is required.

Short Term Disability Option 1 and 2

Elimination Period & Duration	Benefits begin on the 31st day or after the expiration of all accumulated sick leave days; whichever is greater.
Benefit Duration	Covers accidents and sicknesses up to 9 weeks (Option 1) or 22 weeks (Option 2)
Benefit Percentage (weekly)	60% of your gross weekly salary
Maximum Benefit Amount Weekly	\$1,400
Pre-existing condition	3/12

Long Term Disability Option 1 and 2

Elimination Period & Duration	Benefits begin on the 91st (Option 1) or 181st day (Option 2) or after expiration of all short-term disability or all accumulated sick leave days; whichever is greater.
Benefit Duration	Covers accidents and sicknesses up to normal age of retirement (non-work related).
Benefit Percentage (monthly)	60% of your gross monthly salary
Maximum Benefit Amount Monthly	\$6,000

Weekly Benefit x Rate = Monthly Premium

Short-Term Disability Monthly Rates		
Age Category	Option 1	Option 2
29 and under	\$0.055	\$0.066
30-34	\$0.051	\$0.068
35-39	\$0.037	\$0.057
40-44	\$0.030	\$0.054
45-49	\$0.032	\$0.058
50-54	\$0.037	\$0.067
55-59	\$0.045	\$0.083
60+	\$0.053	\$0.098

Monthly Salary x Rate = Monthly Premium

Long-Term Disability Monthly Rates		
Age Category	Option 1	Option 2
29 and under	\$0.0012	\$0.0007
30-34	\$0.0023	\$0.0015
35-39	\$0.0032	\$0.0022
40-44	\$0.0048	\$0.0035
45-49	\$0.0062	\$0.0046
50-54	\$0.0081	\$0.0060
55-59	\$0.0097	\$0.0071
60+	\$0.0111	\$0.0081

BASIC LIFE INSURANCE



Eligibility: Full-time employees working 20+ hours/week
Employees must enroll in the Basic Life and AD&D.

- **Coverage through UNUM.**
- No cost to employee. Premiums paid for by Bryan County School District.
- Upon termination or retirement, continuation of coverage may apply.

Basic Life and AD&D	
LIFE AMOUNT	
Administrators	\$20,000
All other employees	\$10,000
AD&D AMOUNT	
AD&D benefits vary based on your loss, but will not exceed your life benefits.	

UNIVERSAL LIFE INSURANCE



Eligibility: Full-time employees working 20+ hours/week, spouses, and children.

- **Coverage through Allstate Benefits.**
- Please contact a benefits counselor for application and rate information.
- Upon termination or retirement, coverage can be continued on bank draft.

Benefit Description
Choose amounts between \$10,000 to \$250,000. Individual and family coverage options available. Guaranteed interest rate.

Life insurance coverage is for the living, those left behind who must deal with the final expenses, bills, mortgages, and expenses associated with day-to-day life. It can also help provide financial security during life-changing events that occur as you age and your needs change.



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VOLUNTARY TERM LIFE & AD&D INSURANCE



Eligibility: Full-time employees working 20+ hours/week, spouse, and children up to age 19, or age 25 if a full-time student.

- **Coverage through UNUM.**
- Only covered employees may elect dependent coverage.
- Dependent coverage may not exceed employee coverage amounts.
- Any change or increase above the guarantee issue amount requires satisfactory evidence of insurability (EOI).
- If electing for the first time outside of initial enrollment period, evidence of insurability (EOI) is required.

Basic Life and AD&D	
LIFE AMOUNT	
Employee	In increments of \$10,000 up to the lesser of \$500,000, or 5 times annual salary
Spouse	Increments of \$5,000 up to \$250,000, not to exceed employee amount
Child(ren)	Choice of \$2,500, \$5,000, \$7,500, or \$10,000
Child > 6 months	\$1,000
AD&D AMOUNT	
Employee	In increments of \$10,000 up to the lesser of \$500,000 or 5 times annual salary,
Spouse	Increments of \$5,000 up to \$250,000, not to exceed employee amount
Child(ren)	Choice of \$2,500, \$5,000, \$7,500, or \$10,000
GUARANTEE ISSUE - FIRST TIME ELIGIBLE	
Employee	\$300,000
Spouse	\$25,000
Child(ren)	\$10,000
GUARANTEED INCREASE IN BENEFIT	Can purchase additional coverage during annual enrollment under the Guarantee Issue amount, if elected during initial enrollment period.
Age Reduction	50% @ age 70
Portability Provision	100% of EE amount
Conversion	Included
Accelerated Life Benefit	75% of Life Benefit
Waiver of Premium	Included

Employee and Spouse	
Age	Life Rates per \$1,000
0-19	\$0.048
20-24	\$0.048
25-29	\$0.048
30-34	\$0.048
35-39	\$0.067
40-44	\$0.103
45-49	\$0.160
50-54	\$0.250
55-59	\$0.435
60-64	\$0.484
65-69	\$0.822
70-74	\$1.446
75-79	\$1.446
80+	\$1.446
AD&D Rate per \$1,000	\$0.02

Child Rates		
Benefit	Life	AD&D
\$2,500	\$0.40	\$0.10
\$5,000	\$0.80	\$0.20
\$7,500	\$1.20	\$0.30
\$10,000	\$1.60	\$0.40

GROUP VOLUNTARY CANCER INSURANCE



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

- **Coverage through Allstate Benefits.**
- Evidence of Insurability is required if: (1) adding coverage outside of initial enrollment period, (2) adding dependents to existing policy, or (3) increasing coverage from the low plan to the high plan.

Benefit Description	High Plan	Low Plan	High Plan Rates
HOSPITAL AND RELATED BENEFITS - DAILY BENEFIT			
Continuous Hospital Confinement	\$300	\$200	Employee \$31.56
Private Duty Nursing Expenses (Daily)	\$300	\$200	Employee + Spouse \$48.32
Extended Care Facility	\$300	\$200	Employee + Child(ren) \$45.11
At Home Nursing, Hospice Care	\$300	\$200	Employee + Family \$61.86
RADIATION, CHEMOTHERAPY & RELATED BENEFITS			
Radiation, Chemo for Cancer (Every 12 months)	\$15,000	\$10,000	
Blood, Plasma, Platelets (Every 12 months)	\$15,000	\$10,000	
Medical Imaging (Annually)	\$750	\$500	
Hematological Drugs (Annually)	\$300	\$200	
SURGERY AND RELATED BENEFITS			
Surgery	\$4,500	\$3,000	Employee \$20.88
Anesthesia (% of Surgery)	25%	25%	Employee + Spouse \$31.96
Ambulatory Surgical Center	\$750	\$500	Employee + Child(ren) \$29.58
Second Opinion	\$600	\$400	Employee + Family \$40.64
Bone Marrow or Stem Cell Transplant			
1. Autologous	\$1,500	\$1,000	
3. Non-Autologous for Leukemia	\$3,750	\$2,500	
2. Non-Autologous	\$7,500	\$5,000	
MISCELLANEOUS BENEFITS			
Inpatient Drugs & Medicine (Daily)	\$25	\$25	
Physician's Attendance (Daily)	\$50	\$50	
Ambulance (Per Confinement)	\$100	\$100	
Non-Local Transportation/Trip or Mile	Coach or \$.40/mi.	Coach or \$.40/mi.	
Outpatient Lodging (Daily)	\$50	\$50	
Physical or Speech Therapy (Daily)	\$50	\$50	
New or Experimental Treatment (Every 12 months)	\$5,000	\$5,000	
Prosthesis	\$2,000	\$2,000	
ADDITIONAL BENEFITS			
Cancer Initial Diagnosis - One Time Benefit	\$3,000	\$1,000	
Wellness Exams (Annually)	\$50	\$50	

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GROUP VOLUNTARY ACCIDENT INSURANCE



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

- Coverage through Allstate Benefits.

Benefit Description	Low Plan	High Plan
ACCIDENTAL DEATH		
Employee	\$20,000	\$40,000
Spouse	\$10,000	\$20,000
Child	\$5,000	\$10,000
COMMON CARRIER ACCIDENTAL DEATH		
Employee	\$100,000	\$200,000
Spouse	\$50,000	\$100,000
Child	\$25,000	\$50,000
DISMEMBERMENT		
Employee	Up to \$20,000	Up to \$40,000
Spouse	Up to \$10,000	Up to \$20,000
Child	Up to \$5,000	Up to \$10,000
DISLOCATION & FRACTURE		
Employee	Up to \$2,000	Up to \$4,000
Spouse	Up to \$1,000	Up to \$2,000
Child	Up to \$500	Up to \$1,000
INITIAL HOSPITAL CONFINEMENT	\$500	\$1,000
HOSPITAL CONFINEMENT (PER DAY)	\$100	\$200
INTENSIVE CARE (PER DAY)	\$200	\$400
AMBULANCE - Regular / Air	\$100 / \$300	\$200 / \$600
BURNS BENEFIT < 15% of Body / > 15% of Body	\$100 / \$500	\$100 / \$500
PARALYSIS BENEFIT		
Paraplegia / Quadriplegia	\$7,500 / \$15,000	\$7,500 / \$15,000

Low Plan Rates
Employee \$11.31
Employee + Spouse \$20.50
Employee + Child(ren) \$21.99
Employee + Family \$26.33

High Plan Rates
Employee \$17.99
Employee + Spouse \$33.86
Employee + Child(ren) \$36.84
Employee + Family \$44.89

GROUP VOLUNTARY CRITICAL ILLNESS



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

- **Coverage through Allstate Benefits.**
- Rates are based on initial purchase age of the employee on the effective date.
- Evidence of Insurability is required if: (1) adding coverage outside of initial enrollment period, (2) adding dependents to existing policy, or (3) increasing coverage from the low plan to the high plan.

Benefits	Option 1	Option 2
FACE AMOUNT		
Employee	\$10,000	\$20,000
Spouse	50% of EE Amount	50% of EE Amount
Dependent Children	50% of EE Amount	50% of EE Amount
COVERED SPECIFIED CRITICAL ILLNESSES	Pays % of Face Amount	Pays % of Face Amount
Heart Attack (Myocardial Infarction)	100%	100%
Stroke	100%	100%
Major Organ Failure	100%	100%
End Stage Renal Failure (Kidney)	100%	100%
Permanent Paralysis due to Covered Accident	100%	100%
Coma	100%	100%
Blindness	100%	100%
Coronary Artery Bypass Graft Surgery	25%	25%
GUARANTEED ISSUE	\$10,000	\$20,000
ANNUAL WELLNESS EXAM	\$50	\$50

MONTHLY RATES	OPTION 1	OPTION 2	OPTION 1	OPTION 2	OPTION 1	OPTION 2	OPTION 1	OPTION 2
NON-TOBACCO	\$10,000	\$20,000	\$10,000	\$20,000	\$10,000	\$20,000	\$10,000	\$20,000
Issue Age:	EE ONLY		EE + SPOUSE		EE + CHILD(REN)		FAMILY	
18-35	\$4.33	\$6.41	\$6.62	\$9.74	\$4.33	\$6.41	\$6.62	\$9.74
36-50	\$9.78	\$17.30	\$14.79	\$26.08	\$9.78	\$17.30	\$14.79	\$26.08
51-60	\$19.64	\$37.02	\$29.59	\$55.66	\$19.64	\$37.02	\$29.59	\$55.66
61-63	\$33.28	\$64.29	\$50.04	\$96.57	\$33.28	\$64.29	\$50.04	\$96.57
64+	\$53.31	\$104.36	\$80.09	\$156.67	\$53.31	\$104.36	\$80.09	\$156.67
TOBACCO								
Issue Age:	EE ONLY		EE + SPOUSE		EE + CHILD(REN)		FAMILY	
18-35	\$5.79	\$9.32	\$8.81	\$14.11	\$5.79	\$9.32	\$8.81	\$14.11
36-50	\$14.75	\$27.25	\$22.25	\$41.00	\$14.75	\$27.25	\$22.25	\$41.00
51-60	\$30.76	\$59.27	\$46.27	\$89.03	\$30.76	\$59.27	\$46.27	\$89.03
61-63	\$49.07	\$95.88	\$73.73	\$143.95	\$49.07	\$95.88	\$73.73	\$143.95
64+	\$79.42	\$156.58	\$119.25	\$235.00	\$79.42	\$156.58	\$119.25	\$235.00

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LONG-TERM CARE INSURANCE



Eligibility: Full-time employees working 20+ hours/week and spouses between the ages of 40 and 75.

- **Coverage through Genworth Financial.**
- Rates are based on initial purchase age of the covered individual.

What is long-term care?

Long-term care (LTC) provides assistance with basic activities of daily living (ADLs): bathing, dressing, eating, transferring (such as moving from a bed to a chair), toileting, and continence. LTC could be needed because of an accident, illness, cognitive impairment, or as a result of aging.

LTC insurance gives time to weigh options by providing the ability to pay for extended home care or facility care.

Employee may qualify for LTC insurance benefits if a licensed health care practitioner certifies that the covered individuals are unable to perform two or more ADLs by yourself for a period expected to last at least 90 days, or require substantial supervision if you suffer from a severe cognitive impairment.

Benefit Description		
Plan Option	Coverage Maximum	Monthly Maximum
Element 25	\$25,000	\$2,084
Element 50	\$50,000	\$2,084
Element 75	\$75,000	\$3,125
Element 100	\$100,000	\$4,167

All plans include:

- 2% Compound Inflation Protection
- Informal Care
- Waiver of Premium
- Select Underwriting Category
- Refund of Premium up to Age 65
- 1st Day Home Care
- 90 Day Facility Elimination Period
- Home Modifications
- Increase Coverage Options

Monthly Cost of Care in Savannah Area		
Care	2016	2036
Homemaker Services	\$3,813	\$6,887
Adult Day Health Care	\$1,117	\$2,017
Assisted Living Facility (Private, One Bed)	\$2,820	\$5,093
Nursing Home (Semi-Private Room)	\$5,612	\$10,136
Nursing Home (Private Room)	\$6,045	\$10,918

Monthly Premiums
Please see Genworth Long-Term Care Plan Highlight Sheets for rate information. Based on employee age.

FLEXIBLE SPENDING ACCOUNT



Eligibility: Full-time employees working 20+ hours/week, spouse, & children (up to age 13*)
* For childcare & Tax Dependents - Adults for adult care

- **Coverage through TASC**
- **Plan year is from December 1, 2016 to November 30, 2017.**
- Only family status changes will allow you to alter your annual election. The altered election must be consistent with the status change.
- Total medical contribution is available at the beginning of the plan year immediately after the first deduction is made.
- Participant must elect the FSA plan for the next year in order to access carryover funds.
- Any balance remaining in the Dependent Care Account at the end of the year will be forfeited.
- Transfer of funds between Dependent Care and Unreimbursed Medical are prohibited.
- Married and not filing jointly participants limited to \$2,500 deferral for DCSA.

Benefit Description	
MEDICAL FSA ACCOUNT	
Minimum Contribution	\$300 annually
Maximum Contribution	\$2,550 annually
DEPENDENT CARE ACCOUNT	
Minimum Contribution	\$300 annually
Maximum Contribution	\$5,000 annually

Plan Rules	
RUNOUT PERIOD	December 1, 2017 - February 28th, 2018
CARRY OVER MAXIMUM	\$500

Admin Fee	
Fee Per Participant Per Month (One fee even if electing both Medical FSA and Dependent Care)	\$4.34
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.

Eligibility: Full-time employees working 20+ hours/week, spouse, & children through age 26.

- **Coverage through MedCareComplete**
- This is a supplemental benefit and does not replace health insurance.

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 |

1. 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.

2. Telemedicine

Get 24/7/365 on-demand telephone access to Board-certified physicians for diagnosis, and prescriptions for common and acute illnesses. **During the 2017 plan year, copays are no longer necessary to receive service.**

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

Acute Illnesses include but are not limited to the following:

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

3. 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.

STATE HEALTH BENEFIT PLAN

Eligibility: Please review the SHBP Decision Guide for plan eligibility rules.

- **Coverage through BCBS of GA, United Healthcare, or Kaiser Permanente.**
- All qualifying life events must be submitted via the SHBP Portal.
- **Notice:** Bryan County Schools offers all 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 2017 Plan Year.
- Kaiser Permanente is only available in the Atlanta Metro area.

SHBP Enrollment Portal:

<https://myshbpga.adp.com>



How to Enroll:

1. Go to <https://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:

<https://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
<https://dch.georgia.gov/shbp>

SHBP 2017 Wellness Incentives Overview:

Plan Option	BCBS GA HMO MyIncentive Account	BCBS GA HRA	Kaiser Permanente	UHC HMO & HDHP Health Incentive Account
Who's Eligible	Up to	Up to		Up to
Member	480 credits	480 credits	\$500*	480 credits
Spouse	480 credits	480 credits	\$500*	480 credits
Bonus credits for member	N/A	N/A	N/A	240 credits**
Potential Total credits/dollars	960 credits	960 credits	\$1,000*	1,200 credits

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

*Kaiser members will receive a \$500 gift card after satisfying KP's Wellness Program requirements.

**UHC matches the first 240 well-being incentive credits earned by the member only (spouses are not eligible) and credits will be added to your HIA.

2017 SHBP PLANS & PRICING



Plan Designs for 2017											
*Tobacco Surcharge will be added at time of enrollment.											
	BCBS Gold Plan HRA		BCBS Silver Plan HRA		BSBC Bronze Plan HRA		BCBS HMO	UHC HMO	UHC HDHP		Kaiser HMO ¹
	In	Out	In	Out	In	Out	In	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											
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)	85%	60%	80%	60%	75%	60%	80%	80%	70%	50%	100%
HRA											
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		\$150 copay	\$150 copay	coins after ded		\$150 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
Preventive Care	100%	No Coverage	100%	No coverage	100%	No coverage	100%	100%	100%	No coverage	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 \$313		25%, Min \$200, Max \$313		25%, Min \$200, Max \$313		\$225 copay	\$225 copay	coins after ded		\$200 copay
Rx OOPM	Combined with Medical		Combined with Medical		Combined with Medical		Combined	Combined	Combined with Medical		Combined
Monthly Premiums											
Employee	\$164.36		\$108.49		\$68.96		\$130.96	\$166.23		\$51.01	\$138.64
Employee + CH	\$298.72		\$203.74		\$136.54		\$241.94	\$301.91		\$106.02	\$255.10
Employee + SP	\$405.84		\$288.51		\$205.50		\$335.69	\$409.78		\$167.80	\$352.14
Family	\$540.20		\$383.76		\$273.08		\$446.67	\$545.45		\$222.82	\$468.59

¹ The Kaiser HMO plan is only available in the Atlanta Metro area.

SHBP LEGAL NOTICES



About the Following Notices:

The following important legal notices are also posted on the State Health Benefit Plan (SHBP) website at www.dch.georgia.gov/shbp-plan-documents under Plan Documents.

Penalties for Misrepresentation

If a SHBP participant misrepresents eligibility information when applying for coverage during change of coverage or when filing for benefits, the SHBP may take adverse action against the participants, including but not limited to terminating coverage (for the participant and his or her dependents) or imposing liability to the SHBP for fraud for indemnification (requiring payment for benefits to which the participant or his or her beneficiaries were not entitled). Penalties may include a lawsuit, which may result in payment of charges to the Plan or criminal prosecution in a court of law. To avoid enforcement of the penalties, the participant must notify the SHBP immediately if a dependent is no longer eligible for coverage or if the participant has questions or reservations about the eligibility of a dependent. This policy may be enforced to the fullest extent of the law.

Federal Patient Protection and Affordable Care Act Notices

Choice of Primary Care Physician

The Plan generally allows the designation of a Primary Care Physician/Provider (PCP). You have the right to designate any PCP who participates in the Claims Administrator's network, and who is available to accept you or your family members. For children, you may also designate a pediatrician as the PCP. For information on how to select a PCP, and for a list of participating PCPs, call the telephone number on the back of your Identification Card.

Access to Obstetrical and Gynecological (OB/ GYN) Care

You do not need prior authorization from the Plan or from any other person (including a PCP) in order to obtain access to obstetrical or gynecological care from a health care professional in the Claims Administrator's network who specializes in obstetrics or gynecology. The healthcare professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, call the telephone number on the back of your Identification Card.

HIPAA Special Enrollment Notice

If you decline 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 if you or your Dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your Dependents' other coverage) your other health insurance coverage ends. However, you must request enrollment within 31 days after your or your Dependents' other coverage ends (or after the employer stops contributing 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 and your new Dependents. However, you must request enrollment within 31 days after the marriage or adoption, or placement for adoption (or within 90 days for a newly eligible dependent child).

Eligible Covered Persons and Dependents may also enroll under two additional circumstances: The Covered Person's or Dependent's Medicaid or Children's Health Insurance Program (CHIP) coverage is terminated as a result of loss of eligibility; or The Covered Person or Dependent becomes eligible for a subsidy (State Premium Assistance Program).

NOTE: The Covered Person or Dependent must request Special Enrollment within sixty (60) days of the loss of Medicaid/CHIP or of the eligibility determination. To request Special Enrollment or obtain more information, call the SHBP Member Services Center at 800-610-1863 or contact your Benefit Coordinator/Payroll Location.

Women's Health and Cancer Rights Act of 1998

The Plan complies with the Women's Health and Cancer Rights Act of 1998. Mastectomy, including reconstructive surgery, is covered the same as other surgery under your Plan option. Following cancer surgery, the SHBP covers:

- All stages of reconstruction of the breast on which the mastectomy has been performed
- Reconstruction of the other breast to achieve asymmetrical appearance
- Prostheses and mastectomy bras
- Treatment of physical complications of mastectomy, including lymph edema

NOTE: Reconstructive surgery requires prior approval, and all Inpatient admissions require prior notification. For more detailed information on the mastectomy related benefits available under the Plan, call the telephone number on the back of your Identification Card.

Newborns' and Mothers' Health Protection Act of 1996

The Plan complies with the Newborns' and Mothers' Health Protection Act of 1996. 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 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 Provider obtain authorization from the Plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours, as applicable).

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT NOTICE OF INFORMATION PRIVACY PRACTICES

Georgia Department of Community Health

State Health Benefit Plan Notice of Information Privacy Practices

Revised August 4, 2015

The purpose of this notice is to describe how medical information about you, which includes your personal information, may be used and disclosed and how you can get access to this information. Please review it carefully.

The Georgia Department of Community Health (DCH) and the State Health Benefit Plan Are Committed to Your Privacy.

DCH understands that your information is personal and private. Certain DCH employees and companies hired by DCH to help administer the Plan (Plan Representatives) use and share your personal and private information in order to administer the Plan. This information is called "Protected Health Information" (PHI), and includes any information that identifies you or information in which there is a reasonable basis to believe can be used to identify you and that relates to your past, present, or future physical or mental health or condition, the provision of health care to you, and payment for those services. This notice tells how your PHI is used and shared by DCH and Plan Representatives. DCH follows the information privacy rules of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

Only Summary Information is Used When Developing and/or Modifying the Plan. The Board of Community Health, which is the governing Board of DCH, the Commissioner of DC Hand the Chief of the Plan administer the Plan and make certain decisions about the Plan. During those processes, they may review certain reports that explain costs, problems, and needs of the Plan. These reports never include information that identifies any individual person. If your employer is allowed to leave the Plan entirely, or stop offering the Plan to a portion of its workforce, DCH may provide Summary Health Information (as defined by federal law) for the applicable portion of the workforce. This Summary Health Information may only be used by your employer to obtain health insurance quotes from other sources and make decisions about whether to continue to offer the Plan. Please note that DCH, Plan Representatives, and your employer are prohibited by law from using any PHI that includes genetic information for underwriting purposes.

Plan "Enrollment Information" and "Claims Information" are Used in Order to Administer the Plan. PHI includes two kinds of information, Legal Notices (cont.) "Enrollment Information" and "Claims Information." "Enrollment Information" includes, but is not limited to, the following types of information regarding your plan enrollment: (1) your name, address, email address, social security number and all information that validates you (and/or your Spouse and Dependents) are eligible or enrolled in the Plan; (2) your Plan enrollment choice; (3) how much you pay for premiums; and (4) other health insurance you may have in effect. There are certain types of "Enrollment Information" which may be supplied to the Plan by you or your personal representative, your employer, other Plan vendors or other governmental agencies that may provide other benefits to you. This "Enrollment Information" is the only kind of PHI your employer is allowed to obtain. Your employer is prohibited by law from using this information for any purpose other than assisting with Plan enrollment. "Claims Information" includes information your health care providers submit to the Plan. For example, claims information may include medical bills, diagnoses, statements, x-rays or lab test results. It also includes information you may submit or communicate directly to the Plan, such as health questionnaires, biometric screening results, enrollment forms, leave forms, letters and/or telephone calls. Lastly, it includes information about you that may be created by the Plan. For example, it may include payment statements and/or other financial transactions related to your health care providers.

Your PHI is Protected by HIPAA. Under HIPAA, employees of DCH and employees of outside companies and other vendors hired or contracted either directly or indirectly by DCH to administer the Plan are "Plan Representatives," and therefore must protect your PHI. These Plan Representatives may only use PHI and share it as allowed by HIPAA, and pursuant to their "Business Associate" agreements with DCH to ensure compliance with HIPAA and DCH requirements. DCH Must Ensure the Plan Complies with HIPAA. DCH must make sure the Plan complies with all applicable laws, including HIPAA. DCH and/or the Plan must provide this notice, follow its terms and update it as needed. Under HIPAA, Plan Representatives may only use and share PHI as allowed by law. If there is a breach of your PHI, DCH must notify you of the breach.

Plan Representatives Regularly Use and Share your PHI in Order to Administer the Plan. Plan Representatives may verify your eligibility in order to make payments to your health care providers for services rendered. Certain Plan Representatives may work for contracted companies assisting with the administration of the Plan. Bylaw, these Plan Representative companies also must protect your PHI. HIPAA allows the Plan to use or disclose PHI for treatment, payment, or health care operations.

SHBP LEGAL NOTICES



Below are examples of uses and disclosures for treatment, payment and health care operations by Plan Representative Companies and PHI data sharing.

Claims Administrator Companies: Plan Representatives process all medical and drug claims; communicate with the Plan Members and/or their health care providers.

Wellness Program Administrator Companies: Plan Representatives administer Well-Being programs offered under the Plan; and communicate with the Plan Members and/or their health care providers.

Actuarial, Health Care and/or Benefit Consultant Companies: Plan Representatives may have access to PHI in order to conduct financial projections, premium and reserve calculations, and financial impact studies on legislative policy changes affecting the Plan.

State of Georgia Attorney General's Office, Auditing Companies and Outside Law Firms: Plan Representatives may provide legal, accounting and/or auditing assistance to the Plan.

Information Technology Companies: Plan Representatives maintain and manage information systems that contain PHI.

Enrollment Services Companies: Plan Representatives may provide the enrollment website and/or provide customer service to help Plan Members with enrollment matters.

Note: Treatment is not provided by the Plan but we may use or disclose PHI in arranging or approving treatment with providers. Legal Notices (cont.) 43 Under HIPAA, all employees of

DCH must protect PHI and all employees must receive and comply with DCH HIPAA privacy training. Only those DCH employees designated by DCH as Plan Representatives for the SHBP healthcare component are allowed to use and share your PHI.

DCH and Plan Representatives May Make Uses or Disclosures Permitted by Law in Special Situations. HIPAA includes a list of special situations when the Plan may use or disclose your PHI without your authorization as permitted by law. The Plan must track these uses or disclosures. Below are some examples of special situations where uses or disclosures for PHI data sharing are permitted by law. These include, but are not limited to, the following:

Compliance with a Law or to Prevent Serious Threats to Health or Safety: The Plan may use or share your PHI in order to comply with a law or to prevent a serious threat to health and safety.

Public Health Activities: The Plan may give PHI to other government agencies that perform public health activities.

Information about Eligibility for the Plan and to Improve Plan Administration: The Plan may give PHI to other government agencies that may provide you benefits (such as state retirement systems) in order to get information about your eligibility for the Plan and to improve administration of the Plan.

Research Purposes: Your PHI may be given to researchers for a research project, when the research has been approved by an institutional review board. The institutional review board must review the research project and its rules to ensure the privacy of your information.

Plan Representatives Share Some Payment Information with the Employee. Except as described in this notice, Plan Representatives are allowed to share your PHI only with you and/or with your legal personal representative. However, the Plan may provide limited information to the employee about whether the Plan paid or denied a claim for another family member.

You May Authorize Other Uses of Your PHI. Plan Representatives may not use or share your PHI for any reason that is not described in this notice without a written authorization by you or your legal representative. For example, use of your PHI for marketing purposes or uses or disclosures that would constitute a sale of PHI are illegal without this written authorization. If you give a written authorization, you may revoke it later.

You Have Privacy Rights Related to Plan Enrollment Information and Claims Information that Identifies You.

Right to Inspect and Obtain a Copy of your Information, Right to Ask for a Correction:

You have the right to obtain a copy of your PHI that is used to make decisions about you. If you think it is incorrect or incomplete, you may contact the Plan to request a correction.

Right to Ask for a List of Special Uses and Disclosures: You have the right to ask for a list of all special uses and disclosures.

Right to Ask for a Restriction of Uses and Disclosures or for Special Communications: You have the right to ask for added restrictions on uses and disclosures, but the Plan is not required to agree to a requested restriction, except if the disclosure is for the purpose of carrying out payment or health care operations, is not otherwise required by law, and pertains solely to a health care item or service that you or someone else on your behalf has paid in full. You also may ask the Plan to communicate with you at a different address or by an alternative means of communication in order to protect your safety.

Right to a Paper Copy of this notice and Right to File a Complaint: You have the right to a paper copy of this notice. Please contact the SHBP Member Services Center at 1-800-610-1863 or you may download a copy at www.dch.georgia.gov/shbp. If you think your HIPAA privacy rights may have been violated, you may file a complaint. You may file the complaint with the Plan and/or the U.S. Department of Health & Human Services, Office of Civil Rights, Region IV. You will never be penalized by the Plan or your employer for filing a complaint.

Address to File HIPAA Complaints:

Georgia Department of Community Health

SHBP HIPAA Privacy Unit
P.O. Box 1990
Atlanta, GA 30301
1-800-610-1863

**U.S. Department of Health & Human Services Office for Civil Rights
Region IV**

Atlanta Federal Center
61 Forsyth Street SW Suite 3B70
Atlanta, GA 30303-8909
1-877-696-6775

For more information about this Notice, contact:

Georgia Department of Community Health
State Health Benefit Plan
P.O. Box 1990
Atlanta, GA 30301
1-800-610-1863

MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT OPT-OUT NOTICE

Election to be Exempt from Certain Federal law requirements in title XXVII of the Public Health Service Act Date:
August 4, 2015

TO: All Members of the State Health Benefit Plan who are not Enrolled in a Medicare Advantage Option

Group health plans sponsored by state and local governmental employers must generally comply with Federal law requirements in title XXVII of the Public Health Service Act. However, these employers are permitted to elect to exempt a plan from the requirements listed below for any part of the plan that is "self-funded" by the employer, rather than provided through a health insurance policy. Your plan option is self-funded because the Department of Community Health (DCH) pays all claims directly instead of buying a health insurance policy.

The Department of Community Health has elected to exempt your State Health Benefit Plan from the Mental Health Parity and Addiction Equity Act, that includes protections against having benefits for mental health and substance use disorders be subject to more restrictions than apply to medical and surgical benefits covered by the Plan.

The exemption from these federal requirements will be in effect for the plan year starting January 1, 2016 and ending December 31, 2016. The election may be renewed for subsequent plan years.

Enrollment Schedule:

OPEN ENROLLMENT INFORMATION MEETINGS			
Date	Employee Group	Location	Time
Monday, October 10	Bryan County Elementary	BCES – Media Center	7:30 am
	Central Office/North Transp/Maintenance	BOE – Board Room	9:00 am
	Long-Term Care Information	BOE – Board Room	9:30 am
	Lanier Primary	LPS – Media Center	3:30 pm
Tuesday, October 11	Bryan County Middle/High	BCHS/BCMS Cafeteria	3:30 pm
	Long-Term Care Information	BCHS/BCMS Cafeteria	4:15 pm
Wednesday, October 12	Richmond Hill Primary/Community Ed	RHPS – Media Center	7:30 am
	South Transportation/Maintenance	COMM ED – Media Room	9:00 am
	McAllister Elementary School	MES – Media Center	3:00 pm
Thursday, October 13	Richmond Hill Middle	RHMS – Cafeteria	4:15 pm
Tuesday, October 18	Richmond Hill Elementary/Carver Elem	RHES – Media Center	7:15 am
	Richmond Hill High	RHHS – Cafeteria	3:00 pm
	Long-Term Care Information	RHHS – Cafeteria	3:45 pm
ON-SITE ENROLLMENT SUPPORT MEETINGS			
Date	Employee Group	Time*	Location
Monday, October 17	Bryan Elementary	7:00 AM – 1:00 PM	BCES Room 403
		2:00 – 4:00 PM	
Tuesday, October 18	Lanier Primary	7:00 AM – 1:00 PM	LPS Room S-1
		2:00 – 4:00 PM	
Wednesday, October 19	Bryan County Middle	7:00 AM – 1:00 PM	BCMS Room 117a
		2:00 – 4:00 PM	
Thursday, October 20	Bryan County High	7:00 AM – 1:00 PM	BCHS Room 308
		2:00 – 4:00 PM	
Friday, October 21	North Transportation/North Maintenance	7:00 AM – 1:00 PM	BOE Computer Lab
		2:00 – 4:00 PM	
Monday, October 24	Central Office	7:00 AM – 1:00 PM	BOE Computer Lab
		2:00 – 4:00 PM	
Tuesday, October 25	Richmond Hill Middle	7:00 AM – 1:00 PM	RHMS Room 137
		2:00 – 4:00 PM	
Wednesday, October 26	Richmond Hill High	7:00 AM – 1:00 PM	RHHS Room 520
		2:00 – 4:00 PM	
Thursday, October 27	Carver Elementary	7:00 AM – 1:00 PM	GWC Room 111
		2:00 – 4:00 PM	
Friday, October 28	Richmond Hill Primary	7:00 AM – 1:00 PM	RHPS Room 2
		2:00 – 4:00 PM	
Monday, October 31	Richmond Hill Elementary	7:00 AM – 1:00 PM	RHES Lab 1
		2:00 – 4:00 PM	
Tuesday, November 1	McAllister Hill Elementary	7:00 AM – 1:00 PM	MES Lab C
		2:00 – 4:00 PM	
Wednesday, November 2	South Transportation/South Maintenance/Community Education	7:00 AM – 1:00 PM	Comm Ed Computer Lab
		2:00 – 4:00 PM	

*Labs will close from 1:00 – 2:00 pm each day to provide a lunch break for the Enrollment Counselors



Six Concourse Parkway, Suite 3100
Atlanta, GA 30328

Phone 866-433-7661
Fax 770-394-0333

The 2017 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 connect.campusbenefits.com. These should be reviewed fully prior to electing any benefits.

mybenefits@campusbenefits.com
For all your questions, claims needs, and service requests