

# 2025

## Bryan County Schools Benefits Guide



*Summary for Review Purposes Only*

## INSIDE THIS GUIDE

|  |       |
|--|-------|
| Eligibility.....                       | 1     |
| Take Action Reminders.....             | 2     |
| Employee Assistance Program.....       | 3-4   |
| Campus Benefits Service Hub.....       | 5     |
| Campus Benefits Enrollment Portal..... | 6     |
| Disability Insurance.....              | 7-8   |
| Life Insurance 101 .....               | 9-10  |
| Basic Life Insurance (EMPLOYER PAID).. | 11    |
| Voluntary Term Life Insurance.....     | 12    |
| Permanent Life Insurance.....          | 13    |
| Vision Insurance.....                  | 14    |
| Dental Insurance.....                  | 15-16 |
| Dental/Vision Resources.....           | 17    |
| Cancer Insurance.....                  | 18    |
| Critical Illness Insurance.....        | 19    |
| Accident Insurance.....                | 20    |
| Hospital Indemnity Insurance.....      | 21    |
| Wellness Incentives.....               | 22    |
| Legal Plan.....                        | 23    |
| MedCareComplete Program.....           | 24    |
| Flexible Spending Accounts.....        | 25-26 |
| Health Insurance (SHBP).....           | 27-29 |
| SHBP Legal Notices.....                | 30-31 |
| Bryan County Schools Contacts.....     | 32    |
| 403b / 457 Options.....                | 33    |
| Horace Mann Auto Insurance.....        | 34    |



*Bryan County Schools 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.*

**Need Help? Start Here:**  
[mybenefits@campusbenefits.com](mailto:mybenefits@campusbenefits.com)  
866.433.7661, opt 5

## Eligibility

- Generally, full-time or part-time employees working 20 or more hours per week are eligible to enroll in the various benefits described throughout the guide. (Certain rules may apply per benefit)
- 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.

## 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, 2025 – December 31, 2025

## 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. For all benefits, you must be actively at work on the effective date of coverage.

## When Do Benefits End

- Upon termination of employment, the benefits end date will vary by benefit. Please consult with a Campus Benefits advisor on your specific end date and options for porting any current coverages.

## 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.

# 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

*(View Campus Benefits Enrollment page for detailed enrollment instructions)*

### 2. State Health Benefit Plan Medical Insurance

*(View the SHBP pages for instructions)*



## How to Enroll in Campus Benefits Voluntary Benefits

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

**Company Identifier: Bryan2020**

# EMPLOYEE ASSISTANCE PROGRAMS

## MetLife Lifeworks EAP

**Eligibility:** All Bryan County Schools employees, their eligible household members and dependent children up to age 26

- Coverage through MetLife
- Provides support, resources, and information for personal and work-life challenges
- **Receive up to five phone or video consultations with licensed counselors for you and eligible household members, per issue, per calendar year**
- Call 1.888.319.7819 or visit [metlifeeap.lifeworks.com](http://metlifeeap.lifeworks.com) User name: metlifeeap, password: eap

Life doesn't always go as planned and while you can't always avoid the twists and turns, you can get help to keep moving forward. We can help you and your family, those living at home, get professional support and guidance to make life a little easier.

# METLIFE LIFEWORKS



**Help is always at your fingertips - Download the Mobile App today!**

- Search "LifeWorks" on iTunes App Store or Google Play.
- Log in with the user name: metlifeeap and password: eap

### Expert advice for work, life, and your well-being

The program's experienced counselors provided through LifeWorks — one of the nation's premier providers of Employee Assistance Program services — can talk to you about anything going on in your life, including:

- **Family**
- **Work**
- **Money**
- **Legal Services**
- **Identity Theft Recovery**
- **Health**
- **Everyday Life**

### Convenient and confidential help when you want it, how you want it

1. Call 1.888.319.7819 24/7/365.
  2. Select "Employee Assistance Program" when prompted. You'll immediately be connected to a counselor.
- Easy to use educational tools and resources, online and through a mobile app.
  - Chat feature available so you can talk with a consultant to guide you to the information you are looking for or help you schedule an appointment with a counselor.

Log on to [metlifeeap.lifeworks.com](http://metlifeeap.lifeworks.com), user name: metlifeeap and password: eap

### Plan Rates

Coverage provided at NO COST to you courtesy of Bryan County Schools.

# EMPLOYEE ASSISTANCE PROGRAMS

Free Confidential Help for Your Mental Health is Available



Many free, valuable, and confidential services and resources are included in the Georgia Public Education Employee Assistance Program (EAP), all of which are focused on building and maintaining your mental and emotional wellbeing. The EAP is available to ALL public-school, PreK-12 teachers and K-12 employees who work at least 29 hours a week.

## Services and Resources

- Up to four free counseling sessions per issue, per year with a licensed counselor
- Free 30-minute consult with an experienced attorney; reduced fees for additional time and services
- Free 30-minute consult with a financial professional; reduced fees for additional time and services
- Referrals to available care and resources for your loved ones
- Assistance finding services for such daily life issues as home repairs, moving, pet care and travel planning

## Important Facts to Know

- A master-level clinician is always available to help
- Assistance is offered 24 hours a day 7 days a week 365 days a year
- Household members and dependents up the age of 26 are eligible for ALL services
- EAP is provided as a partnership with Georgia Department of Education and Acentra Health, formerly Kepro



## How to Contact

- Call 866.279.5177 for services, referrals and questions
- Informative interactive website at [www.eaphelplink.com](http://www.eaphelplink.com) code: GaDOE

**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.



# 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 the claims process and leverages the necessary carrier relationships to expedite the paperwork efficiently to ensure claims are not delayed due to improper paperwork completion.

## How to File a Claim:

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



**Phone:** 866.433.7661, Opt 5  
**Email:** [mybenefits@campusbenefits.com](mailto:mybenefits@campusbenefits.com)  
**Website:** <https://www.bryancountybenefits.com/>

# CAMPUS BENEFITS ENROLLMENT

Website: [BryanCountyBenefits.com](http://BryanCountyBenefits.com)

**Company Identifier: Bryan2020**



SCAN ME

**1** [BryanCountyBenefits.com](http://BryanCountyBenefits.com)

**2** Select “Campus Connect” to login

**3** Existing User Login

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

## New User Registration

1. On Login page click on “Register as a new user” and enter information below
  - First Name
  - Last Name
  - **Company Identifier: Bryan2020**
  - 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

## FAQ'S

### 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

## STILL NEED HELP?

### Contact Campus Benefits

Email [mybenefits@campusbenefits.com](mailto:mybenefits@campusbenefits.com)

Call 1-866-433-7661, opt 5

## Login Information

Username: \_\_\_\_\_

Password: \_\_\_\_\_

**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.

# SHORT-TERM DISABILITY



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

**Eligibility:** Eligible employees, as described on page 1

- Coverage through MetLife
- Employee must be actively at work on the effective date
- **Must exhaust all sick leave prior to using benefit. Disability benefits do not pay in-addition to sick leave.**
- Annual Open Enrollments with no health questions
- Pre-existing condition limitation will apply to new enrollees
- **Paid Parental Leave must be used in conjunction with FMLA**

## Short-Term Disability Quick Summary

|                                 |  |
|---------------------------------|--|
| Elimination Period              | Benefits begin after you have been out of work due to an injury or illness for:<br>Option 1: 14 Day<br>Option 2: 30 Day  |
| Benefit Duration                | Covers accidents and sicknesses up to 11 weeks (option 1) or 9 weeks (option 2)  |
| Benefit Percentage (weekly)     | 60% of your gross weekly salary  |
| Maximum Benefit Amount (weekly) | \$1,500  |
| Pre-existing condition          | 3/6 - Any sickness or injury for which you received medical treatment, consultation, care, or services during the specified months (3 months) prior to your coverage effective date. A disability arising from any such sickness or injury will be covered only if it begins after you have performed your regular occupation on a full-time basis for the specified months (6 months) following the coverage effective date.<br>(Applies to new enrollees only) |

### Plan Rates

Cost of coverage is based on your age, salary and option chosen. Please consult with a Campus Benefits Counselor or log into the enrollment system for rate details.





# LONG-TERM DISABILITY



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

**Eligibility:** Eligible employees, as described on page 1

- Coverage through MetLife
- Employee must be actively at work on the effective date
- **Must exhaust all sick leave prior to using benefit. Disability benefits do not pay in-addition to sick leave.**
- Annual Open Enrollments with no health questions
- Pre-existing condition limitation will apply to new enrollees

| Long-Term Disability Quick Summary |   |
|------------------------------------|---|
| Elimination Period                 | Benefits begin after you have been out of work due to an injury or illness for 90 calendar days   |
| Benefit Duration                   | Covers accidents and sicknesses up to social security normal age of retirement (Please note exclusions or limitations may apply, see plan certificate for details)  |
| Benefit Percentage (monthly)       | 60% of your gross monthly salary  |
| Maximum Benefit Amount (monthly)   | \$6,000   |
| Pre-existing condition             | 3/3/12 - Any sickness or injury for which you received medical treatment, consultation, care, or services during the specified months (3 months) prior to your coverage effective date. A disability arising from any such sickness or injury will be covered only if it begins after you have performed your regular occupation on a full-time basis for the specified months (12 months) following the coverage effective date. Unless you can perform your duties for 3 consecutive months without treatment or care, at which point your injury or illness will be covered at the end of the third month. (Applies to new enrollees only) |

### Plan Rates

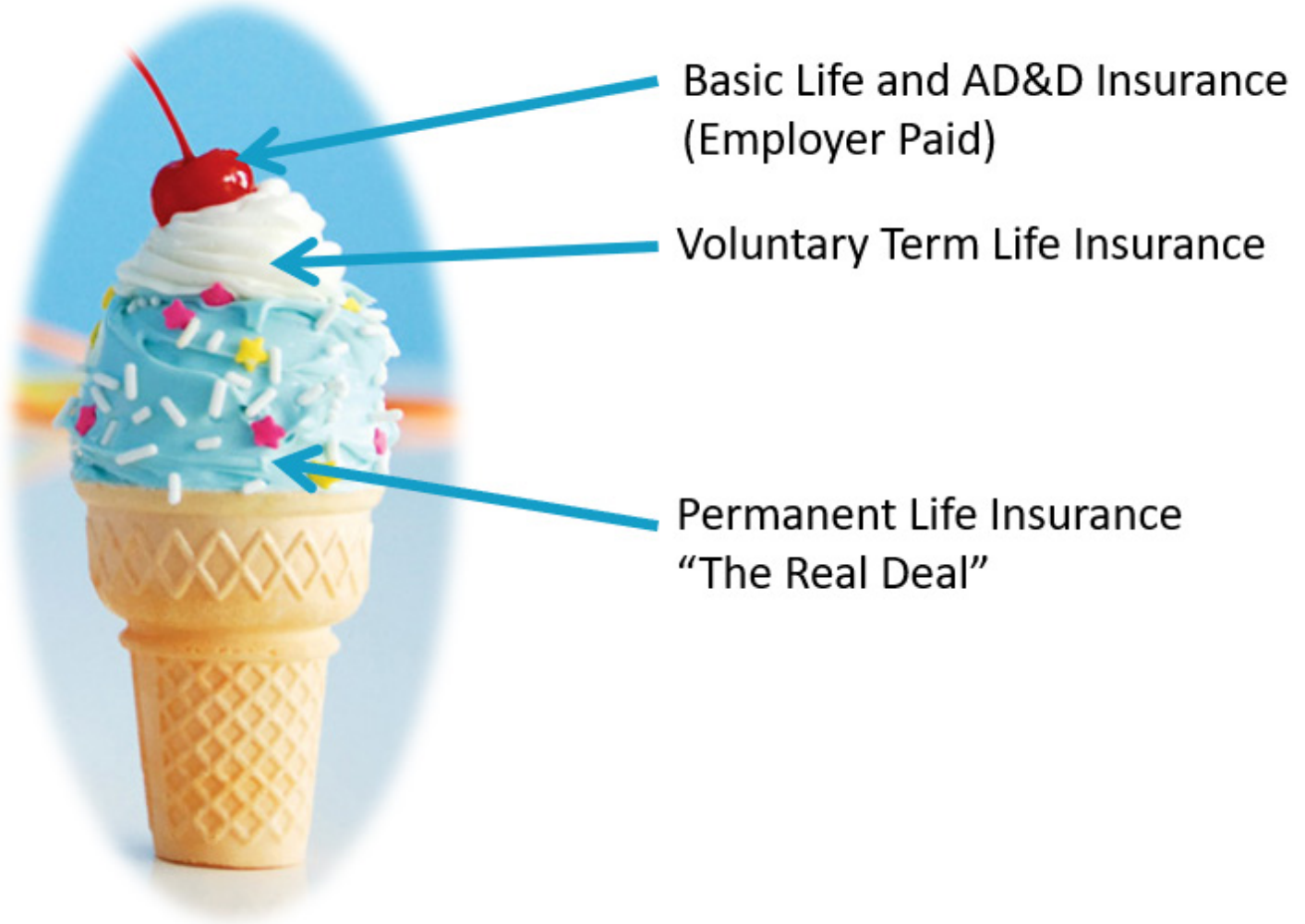
Cost of coverage is based on your age and salary.  
Please consult with a Campus Benefits Counselor or log into the enrollment system for rate details.

**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.

# LIFE INSU

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. To follow 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.**

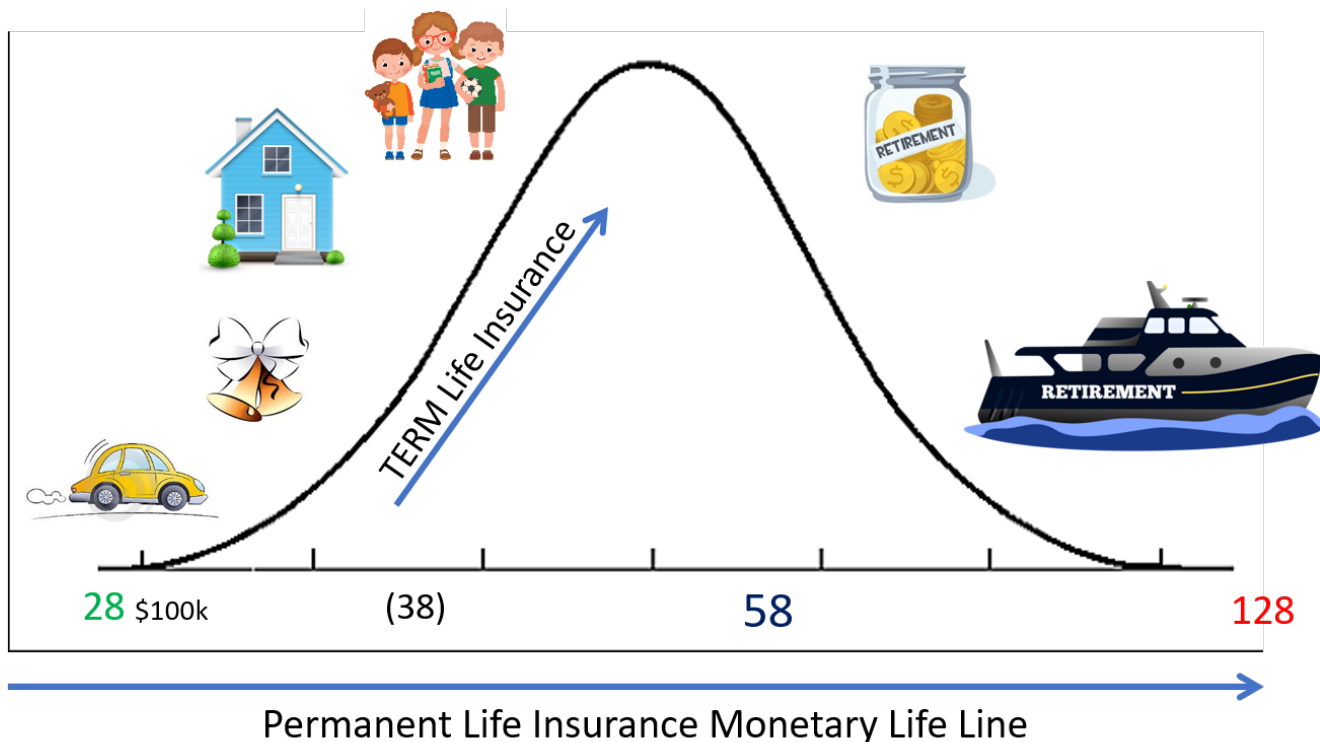


# RANCE 101

## 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)
- 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 and is based on your age at the time the policy is issued
- This is an individual plan you can take with you regardless of where you work

**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.

# BASIC LIFE AND AD&D



**What is Basic Life Insurance?** A financial and family protection plan paid for by Bryan County Schools, which provides a lump-sum payment, known as a death benefit, to a beneficiary upon the death of employee.

**Eligibility:** Eligible employees, as described on page 1

- Coverage through MetLife
- Premiums paid by Bryan County Schools
- Upon termination or retirement, continuation of coverage may apply

## Basic Life and Accidental Death & Dismemberment (AD&D) Quick Summary

|  |   |
|--|---|
| <b>Benefit Amount</b>                    | Administrators: \$25,000<br>All Other Employees: \$15,000 |
| <b>ADDITIONAL PLAN FEATURES</b>          |   |
| <b>Age Reduction</b>                     | None  |
| <b>Conversion</b>                        | Included  |
| <b>Accelerated Life Benefit</b>          | Included  |
| <b>Employee Assistance Program (EAP)</b> | Included  |



### Plan Rates

Coverage paid for by Bryan County Schools at no cost to you.

# VOLUNTARY TERM LIFE AND AD&D



**What is Voluntary-Term Life and Accidental Death & Dismemberment Insurance?** A financial protection plan which provides a cash benefit to a beneficiary upon the 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 still be met. AD&D coverage is included as a part of life insurance benefits, and will pay out a lump-sum death benefit in the event you or a covered loved one die accidentally or pass away later as the direct result of an accident. This plan also has a dismemberment benefit which provides an additional lump sum payment if an insured becomes dismembered in an accident.

**Eligibility:** Eligible employees, as described on page 1, spouse and unmarried children (up to age 26)

- Coverage through MetLife
- Only covered employees may elect dependent coverage
- Dependent coverage may not exceed employee coverage amounts
- **No health questions unless electing in excess of the approved guaranteed annual increase**

| Voluntary Term Life and AD&D Quick Summary  |   |
|---|---|
| <b>LIFE AND AD&amp;D AMOUNT</b>   |   |
| <b>Employee</b>   | Increments of \$10,000 up to the lesser of \$500,000 or 5 times annual salary   |
| <b>Spouse</b>   | Increments of \$5,000 up to \$250,000<br>(100% of Employee Election)  |
| <b>Child(ren)</b>   | Increments of \$1,000 up to \$10,000<br>(Minimum Benefit: \$2,000)  |
| <b>GUARANTEED ISSUE<br/>(NO HEALTH QUESTIONS; INITIAL ENROLLMENT/NEW HIRE)</b>                  |   |
| <b>Employee</b>   | \$300,000   |
| <b>Spouse</b>   | \$50,000  |
| <b>Child(ren)</b>   | \$10,000  |
| <b>GUARANTEED INCREASE IN BENEFIT</b>   | <p><b>Employee</b><br/>New enrollees: Up to \$50,000<br/>(any amount above would require health questions)<br/>If currently enrolled: Increase by \$50,000 up to the GI amount (any amount above \$50k or above the GI amount would require health questions)</p> <p><b>Spouse</b><br/>New enrollees: Up to \$20,000 (any amount above would require health questions)<br/>If currently enrolled: Increase by \$20,000 up to the GI amount (any amount above \$20k or above the GI amount would require health questions)</p> |
| <b>Age Reduction</b>  | None  |
| <b>ADDITIONAL FEATURES</b>  |   |
| Portability, Conversion (Premium will increase)<br>Accelerated Death Benefit, Waiver of Premium |   |

### Plan Rates

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

**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.

# TRUSTMARK LIFE + CARE



**What is Trustmark Life + Care?** Coverage that provides both permanent term life insurance and benefits for care giving services. Employees get both a safety net for their loved ones and the ability to better afford comfortable, high-quality care when they need as well as a life insurance option that provides lifelong protection, and the ability to maintain a level premium.

- Eligibility:** Eligible employees, as described on page 1, spouse and dependent children (up to age 26)
- Coverage through Trustmark
  - Employee must elect coverage to apply for dependent coverage
  - Underwriting may be required. Coverage is not guaranteed
  - 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 paychecks and life styles
  - *Important Note: If you currently have a Chubb Permanent Life policy, there are no changes to your policy and it will remain on payroll deduction. You will not see the Chubb benefit within the enrollment system.*

| Life + Care Benefits Quick Summary   |  |
|--|--|
| <b>PLAN MAXIMUMS</b>   |  |
| Employee (Max Issue age 70)<br>Spouse (Max issue age 70)<br>Child Term Rider (Up to age 26)  | Up to \$200,000<br>Up to 50% of employee amount<br>\$10,000 Term Rider Option  |
| <b>GUARANTEED ISSUE (NEW HIRE; FIRST TIME ELIGIBLE)</b>  |  |
| Employee<br>(Modified GI Age 71 to age 75) Two Health Questions<br>(GI up to age 70)   | Up to \$125,000  |
| Spouse   | Up to \$25,000   |
| Child Term Rider<br><i>*Conversion option to Permanent Coverage (5x) at age 26 without health questions<br/>(Employee must initiate conversation with Trustmark)</i>   | Up to \$10,000   |
| Chronic Care - Living Benefits   | Professional Caregiving- 4% per month up to the face amount<br>Family Caregiving: 2% per month up to the face amount |
| <b>INCLUDED RIDERS</b>   |  |
| Restoration Benefits: 100% of benefit used for chronic care is restored to the death benefit<br>Extension of Chronic Care Benefits (through age 70): Employee can collect up to double the face amount of their certificate for chronic care (not available if lump sum is chosen) |  |

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

**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 employees, as described on page 1, spouse and dependent children (up to age 26)
- Coverage through MetLife
  - In-Network Provider Directory: <https://www.metlife.com/insurance/vision-insurance/#find-a-provider>
  - **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 is available on your Employee Benefits Website.*

| In-Network Quick Summary   | High Plan  | Low Plan  |
|--|--|---|
| Exam   | \$5 Copay  | \$10 Copay  |
| Retinal Imaging  | Up to \$39 Copay   |   |
| Contact Lens Fit & Follow-Up   | Standard: Up to \$60 Copay   |   |
| Lasik or PRK   | 15% off retail price or 5% off promo price at US Laser Network participating providers   |   |
| Frames   | \$200 Allowance + 20% off the balance<br>\$220 Allowance for featured frames<br>(\$110 Allowance for Costco, Sam's Club & Walmart allowance will be the wholesale equivalent)  |   |
| <b>Lenses</b>  |  |   |
| Single Vision, Lined Bifocal & Trifocal, Lenticular                              | \$20 Copay   | \$25 Copay  |
| Progressive Lenses   | Standard & Premium/Custom Covered in full  | Standard up to \$55 Copay<br>Premium up to \$95 - \$105<br>Custom up to \$150 - \$175 |
| <b>Additional Lens Options</b>   |  |   |
| Standard UV Coating  | Covered in full  |   |
| Standard Scratch Resistant   | Up to \$17 - \$33 Copay  |   |
| Standard Polycarbonate   | Adults: Up to \$35 Copay / Child (up to 18): Covered in full   |   |
| Tints (plastic lenses)   | Up to \$17 Copay (varies by type)  |   |
| Anti-Reflective Coating  | Standard: Up to \$41 - \$85 Copay (varies by type)   |   |
| Photochromic   | Up to \$47 - \$82 Copay (varies by type)   |   |
| <b>Contact Lenses</b>  |  |   |
| Elective Contacts  | \$200 Allowance  |   |
| Medically Necessary  | Covered in full after eyewear copay  |   |
| <b>Frequencies</b>   |  |   |
| Exams, Lenses, Contact Lenses and Frames   | Every 12 mo  | Exams, Lenses, Contact Lenses: Every 12 mo<br>Frames: Every 24 mo                     |
| 2nd Pair Benefit<br><i>Allowance must be submitted on two separate invoices.</i> | Each covered person can get: <ul style="list-style-type: none"> <li>• 2 pairs of prescription eyeglasses <b>OR</b></li> <li>• 1 pair of prescription eyeglasses &amp; an allowance toward contacts <b>OR</b></li> <li>• Double the contact lens allowance</li> </ul> | 2nd Pair Benefit - N/A  |

| Monthly Plan Rates    | High Plan | Low Plan |
|-----------------------|-----------|----------|
| Employee              | \$11.01   | \$8.47   |
| Employee +Spouse      | \$20.93   | \$16.10  |
| Employee + Child(ren) | \$22.01   | \$16.94  |
| Employee + Family     | \$32.34   | \$24.89  |

Bryan County BOE
216003

Group Name
Group Number

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

*This card is not a guarantee of coverage or eligibility.*

**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.

# DENTAL



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

- Eligibility:** Eligible employees, as described on page 1, spouse and dependent children (up to age 26)
- Coverage through MetLife
  - Provider directory: [www.metlife.com](http://www.metlife.com) (**Network: PDP Plus**)
  - Claims must be submitted within 90 days of date of service
  - **Middle Plan & Low Plan provides In-Network Coverage Only**
  - Orthodontics available only for Children up to age 19 (subject to takeover provision/lifetime max)
  - *The chart below is a sample of covered services. Please see the Plan Certificate on your Employee Benefits Website for a detailed listing of services in their entirety.*

| Coinsurance                   | High Plan  | Middle Plan (In-Network Only) | Low Plan (In-Network Only) |
|-------------------------------|--|-------------------------------|----------------------------|
| Preventive                    | 100%   | 100%                          | 100%                       |
| Basic                         | 80%  | 80%                           | 80%                        |
| Major                         | 50%  | 50%                           | 50%                        |
| Orthodontics                  | 50%  | Not Covered                   | Not Covered                |
| Dental Benefits Quick Summary | High Plan  | Middle Plan (In-Network Only) | Low Plan (In-Network Only) |
| Calendar Year Deductible      | \$50 Individual / \$150 Family Max (Waived for Preventive) |                               |                            |
| Out of Network Coverage       | 99th UCR   | Negotiated Fee                | Negotiated Fee             |
| Waiting Period                | None   |                               |                            |
| Calendar Year Plan Maximum    | \$1,750  | \$2,250                       | \$1,500                    |
| Orthodontia (Lifetime)        | \$1,500  | Not Covered                   | Not Covered                |

| High Plan Monthly Rates |          |
|-------------------------|----------|
| Employee                | \$49.24  |
| Employee + Spouse       | \$96.00  |
| Employee + Children     | \$103.60 |
| Family                  | \$147.64 |

| Middle Plan Monthly Rates |          |
|---------------------------|----------|
| Employee                  | \$37.16  |
| Employee + Spouse         | \$74.52  |
| Employee + Children       | \$76.04  |
| Family                    | \$111.20 |

| Low Plan Monthly Rates |         |
|------------------------|---------|
| Employee               | \$27.68 |
| Employee + Spouse      | \$54.04 |
| Employee + Children    | \$55.56 |
| Family                 | \$81.84 |

**MetLife PDP Plus**

|   |              |
|---|--------------|
| Bryan County BOE  | 216003       |
| Group Name  | Group Number |
| Providers: 1.877.638.3379                                       |              |
| Members: 1.800.GET.MET8 (1.800.438.6388)                        |              |
| <i>This card is not a guarantee of coverage or eligibility.</i> |              |

**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.



# DENTAL

| Services Quick Summary   | High Plan | Middle Plan<br>(In-Network Only) | Low Plan<br>(In-Network Only) |
|--|-----------|----------------------------------|-------------------------------|
| <b>Type A - Preventive</b>   |           |                                  |                               |
| Exams (2 in 12 months)   | 100%      | 100%                             | 100%                          |
| Bitewing X-rays (1 in 12 months)   | 100%      | 100%                             | 100%                          |
| Full Mouth X-Rays (Once in 5 calendar years)   | 100%      | 80%                              | 80%                           |
| Cleanings (2 in 12 months)   | 100%      | 100%                             | 100%                          |
| Fluoride (2 in 12 months - child < 19)   | 100%      | 100%                             | 100%                          |
| Labs & Other Tests   | 100%      | 100%                             | 100%                          |
| Sealants (1 per molar in 36 / 60 / 60 months - child <19)  | 100%      | 80%                              | 80%                           |
| <b>Type B - Basic</b>  |           |                                  |                               |
| Periapical X-rays  | 80%       | 80%                              | 80%                           |
| Other X-Rays   | 80%       | 80%                              | 80%                           |
| Space Maintainers (Child <19)  | 80%       | 80%                              | 80%                           |
| Amalgam Fillings   | 80%       | 80%                              | 80%                           |
| Root Canal (1 per tooth per lifetime)  | 80%       | 50%                              | 50%                           |
| Periodontal Maintenance (2 in 1 calendar year)   | 80%       | 80%                              | 80%                           |
| Periodontal Surgery<br>(1 per quadrant in any 36 month period)   | 80%       | 50%                              | 50%                           |
| Scaling & Root Planting<br>(1 per quadrant in any 24 month period)   | 80%       | 80%                              | 80%                           |
| Repairs (1 in 12 months)   | 80%       | 50%                              | 50%                           |
| Emergency Palliative Treatment   | 80%       | 80%                              | 80%                           |
| General Anesthesia   | 80%       | 50%                              | 50%                           |
| Resin Composite Fillings<br>(excludes coverage for composite fillings on molars)   | 80%       | 80%                              | 80%                           |
| Pulpotomy, Pulp Capping, Pulp Therapy  | 80%       | 50%                              | 50%                           |
| Periodontal Surgery - Soft and Connective<br>Tissue Grafts   | 80%       | 50%                              | 50%                           |
| Periodontics (Non-Surgical)  | 80%       | 80%                              | 80%                           |
| Simple Extractions   | 80%       | 80%                              | 80%                           |
| Complex Extractions  | 80%       | 50%                              | 50%                           |
| General Services   | 80%       | 80%                              | 80%                           |
| <b>Type C - Major</b>  |           |                                  |                               |
| Consultations (1 in 12 months)   | 50%       | 50%                              | 50%                           |
| Prefabricated Crowns (1 per tooth in 5 calendar years)   | 50%       | 50%                              | 50%                           |
| Crown Build-ups/ Post Core (1 per tooth in 5 calendar years)   | 50%       | 50%                              | 50%                           |
| Recementations (1 in 12 months)  | 50%       | 50%                              | 50%                           |
| Dentures (1 in 5 calendar years)   | 50%       | 50%                              | 50%                           |
| Fixed Bridges (1 in 5 calendar years)  | 50%       | 50%                              | 50%                           |
| Inlays/Onlays/Crowns (1 per tooth in 5 calendar years)   | 50%       | 50%                              | 50%                           |
| Implant Services (1 per tooth position in 5 calendar years)  | 50%       | 50%                              | 50%                           |
| <i>Please see plan highlight sheets for additional coverages and frequencies, located on your employee benefits website.</i> |           |                                  |                               |

**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.

# GET THE MOST OUT OF YOUR DENTAL / VISION PLANS



## DENTAL PLAN

Dental insurance pays a portion of the costs associated with dental care.

### Tips for utilizing your benefit



Look for participating dentist online at [metlife.com](https://www.metlife.com).

*\*The Middle Plan and Low Plan are in-network only plans. Utilizing an in-network dentist will reduce your out-of-pocket costs.*



Go to [metlife.com/mybenefits](https://www.metlife.com/mybenefits) or download the MetLife Mobile App. Find providers, view claims and more.

**Group name: Bryan County Board Of Education**



Your dentist can request a pre-treatment estimate for any service that is more the \$300 to help you manage your cost and care

- **In-network discounts apply even after you reach your plan's annual maximum, reducing your out-of-pocket expense.**

## VISION PLAN

### DID YOU KNOW?

Your vision plan allows you to visit any licensed vision specialist and receive coverage.

**Just remember your benefits go further when you go in-network.**

- You can price shop your lens & frame providers. Take your prescription from your out of network provider to an in-network provider to receive the most benefit from your vision plan.
- Visit [www.metlife.com](https://www.metlife.com) for a listing of in-network providers. **Network: VSP Choice**
- Your vision care expenditures qualify as an eligible expense under the available Flexible Spending Account Plan. See FSA page for more information.
- You can access additional plan information on your benefits website:

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

- Track your claims and plan usage by registering for a MetLife My Benefit Account (if enrolled in both dental and vision, you will utilize the same user name and password.
  - Visit [metlife.com/mybenefits.com](https://www.metlife.com/mybenefits.com).
  - Enter **Bryan County Board Of Education** as your employer/organization.
  - *If you have previously registered for a MetLife MyBenefits account, you may need to utilize the forgot password feature to recover your information.*



Use your benefits and shop online.

**Visit [eyeconic.com](https://www.eyeconic.com) and click on insurance benefits (under Help menu) to apply your MetLife vision benefits.**

# CANCER



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

**Eligibility:** Eligible employees, as described on page 1, spouse and children (up to age 26)

- Coverage through Guardian
- Payments made directly to you and do not offset with medical insurance
- Includes Specified Illness Rider
- **Annual Open Enrollments with no health questions**
- *The chart below is a sample of covered services. Please see the Plan Certificate on your Employee Benefits Website for a detailed listing of services in their entirety.*

| Cancer Benefit Quick Summary                          | Premier Plan                            | Advantage Plan                          |
|---|---|---|
| <b>HOSPITAL AND RELATED BENEFITS - DAILY BENEFIT</b>  |   |   |
| Initial Cancer Diagnosis                              | \$5,000                                 | \$2,500                                 |
| Continuous Hospital Confinement                       | \$400                                   | \$300                                   |
| Private Duty Nursing Expenses (daily)                 | \$150                                   | \$100                                   |
| Extended Care Facility (daily)                        | \$150                                   | \$100                                   |
| At Home Nursing, Hospice Care                         | \$100                                   | \$50                                    |
| <b>RADIATION, CHEMOTHERAPY &amp; RELATED BENEFITS</b> |   |   |
| Radiation, Chemo for Cancer (every 12 months)         | \$15,000                                | \$10,000                                |
| Blood, Plasma, Platelets (every 12 months)            | up to \$15,000                          | up to \$10,000                          |
| Medical Imaging (annually)                            | \$200                                   | \$100                                   |
| Hematological Drugs (annually)                        | \$500                                   | \$500                                   |
| <b>SURGERY AND RELATED BENEFITS</b>                   |   |   |
| Surgery (inpatient or outpatient)                     | up to \$5,500                           | up to \$4,125                           |
| Anesthesia (% of surgery)                             | 25%                                     | 25%                                     |
| Ambulatory Surgical Center                            | \$350                                   | \$250                                   |
| Second Opinion  | \$300                                   | \$200                                   |
| <b>Bone Marrow or Stem Cell Transplant</b>            |   |   |
| 1. Bone Marrow  | \$10,000                                | \$7,500                                 |
| 2. Stem Cell  | \$2,500                                 | \$1,500                                 |
| 3. Donor Benefit                                      | \$1,500                                 | \$1,000                                 |
| <b>MISCELLANEOUS BENEFITS</b>                         |   |   |
| Physician's Attendance (daily)                        | \$25                                    | \$25                                    |
| Ambulance (per confinement)                           | \$250                                   | \$200                                   |
| Transportation (local or non-local)                   | \$0.50 per mile<br>(\$1,500 round trip) | \$0.50 per mile<br>(\$1,500 round trip) |
| Outpatient or Family Lodging (daily)                  | \$100                                   | \$75                                    |
| Physical or Speech Therapy (Daily)                    | \$50                                    | \$50                                    |
| New or Experimental Treatment                         | \$250 per day /<br>\$2,400 per month    | \$100 per day /<br>\$1,500 per month    |
| Prosthesis  | \$300 - \$6,000                         | \$200 - \$4,000                         |
| Wellness Incentives (annually)                        | \$75                                    | \$50                                    |
| Pre-existing Condition                                | 12/12 (Applies to new enrollees only)   |   |
| Age Reduction   | None                                    |   |

| Premier Plan Monthly Rates       |
|----------------------------------|
| Employee<br>\$29.36              |
| Employee + Spouse<br>\$54.77     |
| Employee + Child(ren)<br>\$35.06 |
| Employee + Family<br>\$60.46     |

| Advantage Plan Monthly Rates     |
|----------------------------------|
| Employee<br>\$18.22              |
| Employee + Spouse<br>\$33.92     |
| Employee + Child(ren)<br>\$21.73 |
| Employee + Family<br>\$37.43     |

**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.

# CRITICAL ILLNESS



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

**Eligibility:** Eligible employees, as described on page 1, spouse and children (up to age 26)

- Coverage through Guardian
- Elect Critical Illness with or without Cancer coverage based on your individual needs
- **Annual Open Enrollments with no health questions**
- **Issue Age: Rates lock-in at the age you purchase coverage and do not increase**
- Portable prior to age 70
- *The chart below is a sample of covered services. Please view the Plan Certificate on your Employee Benefits Website for a detailed listing of services and occurrence benefits in their entirety.*

| Critical Illness Benefits - With or Without Cancer Quick Summary  |   |
|---|---|
| Employee (Increments of \$5,000)  | \$5,000 - \$30,000  |
| Spouse (Increments of \$2,500 - 50% of employee election)   | \$2,500 - \$15,000  |
| Dependent Children ( <i>if eligible and listed as a dependent, automatically covered</i> )  | 25% of employee election                                  |
| Heart , Lung & Vascular Disorders   |   |
| Heart Attack / Heart Failure  | 100%  |
| Coronary Artery Disease (requiring bypass)  | 50%   |
| Pacemaker   | 10%   |
| Stroke (severe)   | 100%  |
| Stroke (moderate)   | 50%   |
| Pulmonary Embolism  | 30%   |
| Aneurysm  | 10%   |
| Neurological Disorders  |   |
| Alzheimer's disease (advanced), ALS, Dementia, Multiple Sclerosis, Parkinson's Disease (advanced)   | 100%  |
| Alzheimer's disease (early), Multiple Sclerosis (early), Parkinson's Disease (early)  | 50%   |
| Huntington Disease, Myasthenia Gravis   | 30%   |
| Childhood Diseases  |   |
| Autism Spectrum Disorder, Cerebral Palsy, Cleft Lip / Palate, Clubfoot, Congenital Heart Defect, Cystic Fibrosis, Type 1 Diabetes, Down Syndrome, Hemophilia, Multisystem Inflammatory Syndrome, Muscular Dystrophy, Spina Bifida | 100%<br><i>(Of child benefit election)</i>                |
| Additional Disorders  |   |
| Kidney Failure, Major Organ Failure (Liver, Pancreas, Lungs), Coma, Loss of Hearing/ Sight/Speech, Permanent Paralysis, Severe Burn   | 100%  |
| Infectious Diseases (COVID-19, Diphtheria, Lyme Disease, Malaria, Meningitis, Rabies, Tuberculosis) <i>*Requires 5 days hospital confinement</i>  | 30%   |
| Cancer Benefits (If Elected)  |   |
| Bone Marrow Failure, Benign Brain or Spinal Cord Tumor, Invasive Cancer (Leukemia, Multiple Myeloma)  | 100%  |
| BRCA 1 OR BRCA2 Mutation, Carcinoma In Situ   | 30%   |
| Skin Cancer   | \$250   |
| <b>Wellness Incentives</b>  | \$50/year/person<br><i>(See Wellness Incentives Page)</i> |
| <b>AGE REDUCTION</b>  | None  |
| <b>PRE-EXISTING CONDITION</b>   | None  |

### Plan Rates

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

**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.

# 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 employees as described on the Eligibility page, 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. 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<br>\$13.81              |
| Employee + Spouse<br>\$18.85     |
| Employee + Child(ren)<br>\$22.31 |
| Employee + Family<br>\$27.35     |

| Low Plan Monthly Rates           |
|----------------------------------|
| Employee<br>\$9.32               |
| Employee + Spouse<br>\$12.04     |
| Employee + Child(ren)<br>\$13.83 |
| Employee + Family<br>\$16.56     |

| Accident Benefit Quick Summary  | High Plan                           | Low Plan           |
|---|-------------------------------------|--------------------|
| <b>INJURIES</b>   |                                     |                    |
| Fractures (Based on Fracture)   | \$200 - \$10,000                    | \$100 - \$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            |
| Cuts/Lacerations (Based on Length & Sutures)                                  | \$75 - \$700                        | \$50 - \$400       |
| Broken Tooth Benefit (1 time per accident)                                    | \$50 - \$300                        | \$25 - \$200       |
| Eye injuries  | \$400                               | \$300              |
| <b>MEDICAL SERVICES &amp; TREATMENT</b>                                       |                                     |                    |
| Ambulance (Ground)  | \$400                               | \$300              |
| Emergency Room Visit  | \$200                               | \$150              |
| Surgery Benefit   | \$200 - \$2,000                     | \$150 - \$1,500    |
| Follow-up Physician Office Visit (Max of 6)                                   | \$100                               | \$75               |
| <b>ACCIDENTAL DEATH &amp; DISMEMBERMENT</b>                                   |                                     |                    |
| Age Reductions  | None                                |                    |
| Accidental Death (Basic & Common Carrier)*                                    | \$10,000 - \$150,000                | \$5,000 - \$75,000 |
| Dismemberment*  | \$1,000 - \$40,000                  | \$750 - \$20,000   |
| <i>Amounts Payable: Employee 100%, Spouse 50% &amp; Children 25%</i>          |                                     |                    |
| <b>Hospitalization Benefits</b>   |                                     |                    |
| 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              |
| Wellness Incentives   | \$50 (See Wellness Incentives Page) |                    |
| <i>Please review the accident policy and certificate for further details.</i> |                                     |                    |

**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.

# 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 are made directly to you and benefits do not offset with medical insurance.

**Eligibility:** Eligible employees as described on the Eligibility page, spouse, and dependent children\* (up to age 26)

- Coverage through MetLife
  - Employee must be actively at work on the effective date
  - Routine childbirth and complications from pregnancy are covered
  - **No Health Questions Every Year!**
  - *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 [www.bryancountybenefits.com](http://www.bryancountybenefits.com)*
- \* Child marital status may impact benefit eligibility.

| Hospital Indemnity Quick Summary  | High Plan                           | Low Plan | High Plan Monthly Rates          |
|---|-------------------------------------|----------|----------------------------------|
| <b>HOSPITAL COVERAGE</b>  |                                     |          |                                  |
| Admission Benefit<br>(4 times per year)<br>(Must be admitted into the hospital for this benefit - ER admission/Outpatient treatment does not qualify) | \$1,000                             | \$500    | Employee<br>\$17.01              |
| ICU Supplemental Admission<br>(4 times per Year)<br>(Paid concurrently with the Admission Benefit)  | \$1,000                             | \$500    | Employee + Spouse<br>\$30.06     |
| Confinement<br>(15 days per year)   | \$200                               | \$100    | Employee + Child(ren)<br>\$25.49 |
| ICU Confinement<br>(15 days per year)<br>(Paid concurrently with the Confinement Benefit)   | \$200                               | \$100    | Employee + Family<br>\$38.54     |
| Confinement Benefit for Newborn Nursery Care<br>(2 days per confinement)  | \$50                                | \$25     |                                  |
| Pre-existing Condition  | None                                |          |                                  |
| Age Reduction   | None                                |          |                                  |
| Wellness Incentives   | \$50 (See Wellness Incentives Page) |          |                                  |
| <i>Please see plan highlight sheets for additional details, located on your employee benefits website.</i>  |                                     |          |                                  |
|   |                                     |          | Low Plan Monthly Rates           |
|   |                                     |          | Employee<br>\$8.67               |
|   |                                     |          | Employee + Spouse<br>\$15.33     |
|   |                                     |          | Employee + Child(ren)<br>\$13.00 |
|   |                                     |          | Employee + Family<br>\$19.65     |

# WELLNESS INCENTIVES

**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 plans.

**Eligibility:** You, your spouse and dependents

**How it works:**

- If you or a covered dependent complete an eligible screening, a wellness claim can be submitted
- Once approved, you will receive a check for the wellness benefit amount
- The wellness benefit can be submitted annually as long as your critical illness, cancer, accident and hospital indemnity plans are in force
- Additional Wellness information is available at [www.bryancountybenefits.com](http://www.bryancountybenefits.com)

| Available Wellness Incentives           | High Plan                                       | Low Plan  |
|---|---|-----------|
| Critical Illness Plan- Guardian         | \$50/year                                       |           |
| Cancer Plan - Guardian                  | \$75/year                                       | \$50/year |
| Accident & Hospital Indemnity - MetLife | \$50/year                                       |           |
| State Health Benefit Plan               | See SHBP page of the benefits guide for details |           |

| What Qualifies as Wellness?   |  |  |
|---|--|--|
| Critical Illness & Cancer - Guardian  | Accident & Hospital Indemnity - MetLife  |  |
| <ul style="list-style-type: none"> <li>• Bone marrow testing</li> <li>• BRCA testing</li> <li>• Breast ultrasound</li> <li>• Breast MRI</li> <li>• CA 15-3 (blood test for breast cancer)</li> <li>• CA125 (blood test for ovarian cancer)</li> <li>• CEA (blood test for colon cancer)</li> <li>• Chest x-ray</li> <li>• Colonoscopy/Virtual</li> <li>• Colonoscopy</li> <li>• CT scans /MRI scans</li> <li>• Flexible sigmoidoscopy</li> <li>• Hemoccult stool analysis</li> <li>• Mammography</li> <li>• Pap smear /ThinPrep pap test</li> <li>• PSA (blood test for prostate cancer)</li> <li>• Serum protein electrophoresis (blood test for myeloma)</li> <li>• Testicular ultrasound</li> <li>• Thermograph</li> </ul> | <ul style="list-style-type: none"> <li>• Annual physical exam</li> <li>• Biopsies for cancer</li> <li>• Blood test to determine total cholesterol/triglycerides</li> <li>• Bone marrow testing</li> <li>• Breast MRI, ultrasound, sonogram</li> <li>• Cancer antigen 15-3 and 125 blood test for breast cancer (CA 15-3)/ovarian cancer (CA 125)</li> <li>• Carcinoembryonic antigen blood test for colon cancer (CEA) • Carotid doppler</li> <li>• Chest x-rays</li> <li>• Clinical testicular exam</li> <li>• Colonoscopy; Digital rectal exam (DRE)</li> <li>• Complete blood count (CBC)</li> <li>• Coronavirus Testing</li> <li>• Dental Exam</li> <li>• Doppler screening for cancer</li> <li>• Doppler screening for peripheral vascular disease</li> <li>• Echo cardiogram; Electrocardiogram (EKG)</li> <li>• Electroencephalogram (EEG)</li> <li>• Endoscopy</li> <li>• Eye exam</li> <li>• Fasting blood glucose/plasma test</li> <li>• Flexible sigmoidoscopy</li> </ul> | <ul style="list-style-type: none"> <li>• Hearing test</li> <li>• Hemoccult stool specimen</li> <li>• Hemoglobin A1C</li> <li>• Human papillomavirus (HPV) vaccination</li> <li>• Lipid panel</li> <li>• Mammogram</li> <li>• Oral cancer screening</li> <li>• Pap smears or thin prep pap test</li> <li>• Prostate-specific antigen (PSA) test</li> <li>• Serum cholesterol test to determine LDL or HDL</li> <li>• Serum protein electrophoresis</li> <li>• Skin Exam; Skin cancer biopsy; screening</li> <li>• Stress test on bicycle or treadmill</li> <li>• Successful completion of smoking cessation program</li> <li>• Tests for sexually transmitted infections (STIs)</li> <li>• Thermography</li> <li>• Ultrasounds for abdominal aortic aneurysms</li> <li>• Virtual colonoscopy</li> </ul> |
| How to submit a claim?  |  |  |
| <ul style="list-style-type: none"> <li>• Log on to <a href="http://www.guardianlife.com">www.guardianlife.com</a> and select "My Account/Login" to register or access your account</li> </ul>   | <ul style="list-style-type: none"> <li>• Call 1-800-GET-MET8. (1-800-438-6388)</li> <li>• File your Health Screening Benefit online through the MyBenefits portal at <a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a> or by mail with a paper claim form</li> </ul>  |  |
| Visit <a href="http://www.bryancountybenefits.com">www.bryancountybenefits.com</a> for claim forms and additional information.  |  |  |

**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.

# LEGAL PLAN



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

**Eligibility:** Eligible employees, as described on page 1, spouse and dependent children\* (up to age 26)

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

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

**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.



# MEDCARECOMPLETE

THE SMART WAY TO REDUCE YOUR HEALTHCARE COSTS



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

- Eligibility:** Eligible employees, as described on page 1, spouse and unmarried children (up to age 26)
- Coverage through MedCareComplete
  - Register at MCC: [medcarecomplete.com/members](http://medcarecomplete.com/members)
  - Register at 1800MD: [1800md.com](http://1800md.com) or 800.388.8785
    - Information Needed: Group Name, Group Number, Member ID (on MCC Card)
  - This is a supplemental benefit and does not replace health insurance

## Included with the MedCareComplete Membership:

- Medical Bill Negotiator
- Medication Management
- Telemedicine
- Medical & ID Theft Monitoring
- Restoration Expert
- Identity Loss Expense Reimbursement
- Social Media Tracking
- Sex Offender Alerts

## Medical Bill Negotiator

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

## Telemedicine

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

### 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 |

## 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.

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

**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.

# FLEXIBLE SPENDING ACCOUNTS



**What are Flexible Spending Accounts?** A pre-tax benefit account used to pay for out-of-pocket health care costs such as deductibles, co-pays, prescribed medication, and some over the counter medications.

**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 day care.

- Eligibility:** Eligible employees, as described on page 1, spouse and children (up to age 26)  
 Dependent Care for children ages 12 and under or adult day care for qualified eligible tax dependents
- Coverage through MedCom
  - **Plan year is from January 1, 2025 to December 31, 2025** 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 un-reimbursed Medical are prohibited
  - Married and not filing jointly participants limited to \$2,500 deferral for Dependent Care
  - *Please visit your Employee Benefits Website for a complete and up-to date listing of eligible expenses and qualifying dependent care services.*

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

| Admin Fee   |        |
|---|--------|
| Fee Per Participant Per Month<br>(One fee even if electing both Medical FSA and Dependent Care) | \$3.50 |
| Replacement Card Fee  | N/A    |

**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 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

<https://fsastore.com/FSA-Eligibility-List.aspx>

### FSA Calculator

(estimates how much you can save with an FSA)  
<https://fsastore.com/fsa-calculator>

## Who is covered under a Dependent Care Account?

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

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

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

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



**Medcom**  
BENEFIT SOLUTIONS

## Your Benefits Are Going MOBILE

In the App Store go to: MedCom Mobile

Online Portal and Access to information:  
<https://medcom.wealthcareportal.com>



### IMPORTANT NOTE:

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

**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.

## There are two separate benefit enrollments:

### 1. Campus Benefits Voluntary Benefits

(View Campus Benefits Enrollment page for detailed enrollment instructions)

### 2. State Health Benefit Plan Medical Insurance

(View the SHBP pages for instructions)



## How to Enroll in your State Health Benefit Medical Plan

1. Visit <https://www.bryancountybenefits.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 800.610.1863**
  - Plan year is 1/1 - 12/31
  - **Annual open enrollment occurs in the Fall (October/November)**

### Registration Code: SHBP-GA

#### Health Maintenance Organization (HMO)

- Allows you to receive covered medical services from in-network providers only (except for emergency care).
- It is important to verify your current provider is in-network when selecting an HMO Plan Option.
- Plan pays 100% of covered services provided by in-network providers that are properly coded as "preventive care."
- There are co-pays with this plan for certain services and certain services are subject to a deductible and co-insurance.

#### Health Reimbursement Account (HRA)

- The HRA provides first-dollar coverage for eligible medical and pharmacy expenses and is funded by SHBP.
- When going to the doctor, you will not pay a co-pay. Instead, you pay the applicable deductible and co-insurance.
- Plan pays 100% of covered services provided by in-network providers that are properly coded as "preventive care".
- You must meet separate in-network and out-of-network deductibles and out-of-pocket maximums.

#### High Deductible Health Plan (HDHP)

- The HDHP offers in-network and out-of-network benefits and provides access to one of the largest network of providers statewide and on a national basis across the United States.
- In addition to a lower monthly premium, you can open a Health Savings Account (HSA) that allows you to save money tax deferred, to help offset your plan costs.
- Plan pays 100% of covered services provided by in-network providers that are properly coded as "preventive care."

**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



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 In     | UHC HMO In      | UHC HDHP        |          | Kaiser HMO* In     |  |
|  | In                              | Out      | In                            | Out      | In                        | Out      |                   |                 | In              | Out      |                    |  |
| <b>Deductible</b>  |                                 |          |                               |          |                           |          |                   |                 |                 |          |                    |  |
| 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                |  |
| <b>Medical OOPM (Out of Pocket Maximum)</b>                                    |                                 |          |                               |          |                           |          |                   |                 |                 |          |                    |  |
| 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           |  |
| <b>Coinsurance (Plan Pays)</b>   | 85%                             | 60%      | 80%                           | 60%      | 75%                       | 60%      | 80%               | 80%             | 70%             | 50%      | 100%               |  |
| <b>HRA (Health Reimbursement Arrangement) Credits</b>                          |                                 |          |                               |          |                           |          |                   |                 |                 |          |                    |  |
| 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                |  |
| <b>Medical</b>   |                                 |          |                               |          |                           |          |                   |                 |                 |          |                    |  |
| 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         |  |
| Preventative   | 100%                            | N/A      | 100%                          | N/A      | 100%                      | N/A      | 100%              | 100%            | 100%            | N/A      | 100%               |  |
| <b>Retail Rx</b>   |                                 |          |                               |          |                           |          |                   |                 |                 |          |                    |  |
| 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         |  |
| <b>Mail Order Rx</b>   |                                 |          |                               |          |                           |          |                   |                 |                 |          |                    |  |
| 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  | All Plans Combined with Medical |          |                               |          |                           |          |                   |                 |                 |          |                    |  |
| <b>Monthly Premiums</b>  | <b>Anthem Gold Plan HRA</b>     |          | <b>Anthem Silver Plan HRA</b> |          | <b>Anthem Bronze Plan</b> |          | <b>Anthem HMO</b> | <b>UHC HMO</b>  | <b>UHC HDHP</b> |          | <b>Kaiser HMO*</b> |  |
| <b>Employee</b>  | <b>\$194.67</b>                 |          | <b>\$131.17</b>               |          | <b>\$82.67</b>            |          | <b>\$157.53</b>   | <b>\$196.58</b> | <b>\$72.69</b>  |          | <b>\$157.53</b>    |  |
| <b>Employee + CH</b>   | <b>\$355.26</b>                 |          | <b>\$247.31</b>               |          | <b>\$164.86</b>           |          | <b>\$292.12</b>   | <b>\$358.50</b> | <b>\$147.89</b> |          | <b>\$292.12</b>    |  |
| <b>Employee + SP</b>   | <b>\$482.76</b>                 |          | <b>\$349.41</b>               |          | <b>\$247.56</b>           |          | <b>\$404.77</b>   | <b>\$486.77</b> | <b>\$226.60</b> |          | <b>\$404.77</b>    |  |
| <b>Family</b>  | <b>\$643.35</b>                 |          | <b>\$465.55</b>               |          | <b>\$329.75</b>           |          | <b>\$539.36</b>   | <b>\$648.69</b> | <b>\$301.80</b> |          | <b>\$539.36</b>    |  |
| <b>An \$80 tobacco surcharge will be added to all rates for tobacco users.</b> |                                 |          |                               |          |                           |          |                   |                 |                 |          |                    |  |

**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.

# STATE HEALTH BENEFIT PLAN

**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 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.

## 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://shbp.georgia.gov/>

## SHBP Phone Number: 800.610.1863

| Wellness Credits                      | Anthem HMO MyIncentive Account (MIA) | Anthem Health Reimbursement Arrangement (HRA) | Kaiser Permanente (KP) Regional HMO | UHC HMO & HDHP Health Incentive Account (HIA) |
|---------------------------------------|--------------------------------------|---|-------------------------------------|---|
|                                       | Up to                                | Up to   |                                     | Up to   |
| Member                                | 480 credits                          | 480 credits                                   | \$500*                              | 480 credits                                   |
| Spouse                                | 480 credits                          | 480 credits                                   | \$500*                              | 480 credits                                   |
| Reward Card credits for member/spouse | N/A                                  | N/A   | N/A                                 | \$250 Reward Card (covered member & spouse)   |
| Potential Total credits/dollars       | 960 credits                          | 960 credits                                   | \$1,000*                            | 1,460 credits                                 |

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 Mastercard reward card after they each satisfy KP's Wellness Program requirements.

\*\*UnitedHealthcare: Spouses enrolled in an UnitedHealthcare Plan Option can now earn a 240 well-being incentive credit match. This means Members and their covered spouses enrolled in an 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 each plan year.

# SHBP DISCLOSURE NOTICES



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

**Penalties for Misrepresentation:** If an SHBP participant misrepresents eligibility information when applying for coverage during change of coverage or when enrolling in 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 indemnify (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 (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 health care 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). 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 thirty-one (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 SHBP Member Services at 1-800-610-1863 or visit the SHBP Enrollment Portal: [mySHBPga.adp.com](http://mySHBPga.adp.com).

**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 medical and surgical benefits 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 a symmetrical appearance
- Prostheses and mastectomy bras
- Treatment of physical complications of mastectomy, including lymphedema

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

**Newborns' and Mothers' Health Protection Act of 1996:** This 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**

**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 DCH and the Executive Director 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, "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.

**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.

# SHBP DISCLOSURE NOTICES



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. By law, 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. 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. 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 health care 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, as applicable, that may provide you or your dependents benefits (such as state retirement systems or other state or federal programs) in order to get information about your or your dependent’s eligibility for the Plan, to improve administration of the Plan, or to facilitate your receipt of other benefits.

**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 at 1-800-610-1863 or you may download a copy at [shbp.georgia.gov](http://shbp.georgia.gov). 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.

**Summaries of Benefits and Coverage** Summaries of benefits and coverage describe each Plan Option in the standard format required by the Affordable Care Act. These documents are posted here: [shbp.georgia.gov](http://shbp.georgia.gov). To request a paper copy, please contact SHBP Member Services at 800-610-1863.

**Georgia Law Section 33-30-13 Notice:** SHBP actuaries have determined that the total cost of coverage (which includes the cost paid by the State and the cost paid by members) under all options is 0% higher than it would be if the Affordable Care Act provisions did not apply.

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



# BRYAN COUNTY SCHOOLS CONTACTS

## Haley Griffin

Human Resource Specialist  
912.851.4002  
[hgriffin@bryan.k12.ga.us](mailto:hgriffin@bryan.k12.ga.us)

## Human Resource Department

912.851.4033  
[humanresources@bryan.k12.ga.us](mailto:humanresources@bryan.k12.ga.us)

## Meridyth Padgett

Director of Human Resources  
912.851.4000  
[mpadgett@bryan.k12.ga.us](mailto:mpadgett@bryan.k12.ga.us)



*"Committed to Excellence &  
Success In All We Do"*



# Bryan County Schools 403 (b) & 457 Plans

## What are 403(b) & 457 Plans?

403(b) and 457 tax-sheltered annuities are IRS regulated retirement plans offered by public schools and certain tax exempt organizations. It allows employees to invest up to \$22,500 of their annual gross salary each calendar year to one of the approved 403(b) and/or 457 vendors listed.

- *Contributions are on a pre-tax basis*
- *Earnings on the contributions are tax deferred*
- *Annuity can be carried with participant if you change employers or retire*
- *Employer matches up to 4% on 403(b) accounts; no vesting period*

## Approved 403(b) & 457 Vendors



Chris Bentley  
(706) 294-1801  
chris.bentley@americanfidelity.com



|  |  |
|--|--|
| Davey Bales<br>(678) 807-7157<br>davey@balesfinancialgroup.com | Paige Fulford<br>(678) 807-7157<br>paige@balesfinancialgroup.com |
|--|--|



Dan Silva  
(478) 405-5005  
(912) 660-5641  
dan.silva@aig.com



Joe Brannen  
(912) 354-0280  
joe.brannen@horacemann.com



|  |  |
|--|--|
| John McHugh III<br>(912) 598-8926<br>john.mchugh@lfg.com | Dawn Hartle, TGPC<br>(260) 445-4751<br>dawn.hartle@lfg.com |
|--|--|



|  |  |
|--|--|
| Talbert Edenfield<br>(912) 295-2222<br>talbert@vision-ga.com | Evan Fears<br>(912) 295-2222<br>evan@vision-ga.com |
|--|--|



## We have auto insurance created for your unique educator needs

*Compare our coverage to others', and you'll see a difference*



### **Because our passion is taking care of educators, we provide exclusive benefits like:**

- NO deductible if your vehicle is vandalized on or near school property or at a school-sponsored event;
- NO deductible for a collision claim on or near school property or at a school-sponsored event;
- up to \$1,000 in personal property coverage if items you use during your work as an educator are stolen or damaged while in your car; and
- liability coverage when you transport students.

### **And because you're human, we also offer:**

- reimbursement of up to \$35 for transportation if you find yourself away from home and you feel you can't safely drive;
- increased road service coverage when you purchase Emergency Road Service;
- a replacement car if your new car is declared a "total loss";
- no deductible if you have a collision with another vehicle insured by Horace Mann; and
- up to \$1,000 for veterinary bills or related expenses if your pet is injured or dies as a result of injuries sustained in a covered accident.

**Horace Mann has teamed up with Bryan County School System to allow you to easily deduct your auto insurance premium directly from your paycheck.**

*If your auto insurance wasn't created with you in mind, let's talk.*

**Joe Brannen  
Southern Educators Insurance  
and Financial Services  
(912) 354-0280  
Joe.Brannen@horacemann.com**

*Horace Mann Insurance Company and its affiliates underwrite Horace Mann auto insurance. The benefits and discounts listed are only general descriptions of coverage and do not constitute a statement of contract, are subject to terms and conditions and may vary by state.*



## The Service Hub Helps With:

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

**Phone: 866.433.7661, Opt 5**

**Email: [mybenefits@campusbenefits.com](mailto:mybenefits@campusbenefits.com)**

**Benefit website address: [www.bryancountybenefits.com](http://www.bryancountybenefits.com)**

The 2025 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.bryancountybenefits.com](http://www.bryancountybenefits.com). These should be reviewed fully prior to electing any benefits.