RETIREMENT BENEFIT OPTIONS / BILLING PROCESSES

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

Dental

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

Vision

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

Steps to Elect

Review Options

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

Complete the Enrollment Form

Complete the enclosed form and submit it to Campus Benefits. Email to: mybenefits@campusbenefits.com

Have questions?

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

GET IN TOUCH

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

Bryan County Schools
Retiree Benefits Process and Billing

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

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

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

Enrollment Steps

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

Important Reminders

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

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

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

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

2026 MetLife Dental Plan and Rates (Network - PDP Plus):

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

Benefits	**High Plan**	**Low Plan (In-Network Only)**
Network	PDP Plus (Go to any provider)	PDP Plus (Must go to an in-network provider)
Preventive (Type A)	100%	100%
Basic (Type B)	80%	80%
Major (Type C)	50%	50%
Orthodontia	Not Covered	Not Covered
Deductible per Calendar Year	$50 Individual / $150 Family Max (Waived for Preventive)	
Calendar Year Max/Person	$1,500	$1,500
Sample Covered Services*	**High Plan**	**Low Plan**
Routine Exam & Cleanings (2 in 12 months)	100%	100%
Bitewing X-Rays (Adults: 1 in 12 months)	100%	100%
Full mouth/panoramic x-rays(1 in 5 calendar yrs)	100%	80%
Amalgam Fillings	80%	80%
Periodontics Scaling & Root Planing (1 per quadrant in any 24 month period)	50%	80%
General Anesthesia	80%	50%
Resin Composite Fillings (excludes coverage for composite fillings in molars)	80%	80%
Oral Surgery: Simple Extractions	80%	80%
Crowns/Inlays & Onlays (replace 1 every 5 calendar years)	50%	50%
Periodontal Surgery – Soft & Connective Tissue Grafts (1 per quadrant every 3 calendar years)	50%	50%
Dentures (1 in 5 calendar years)	50%	50%
Oral Surgery: Surgical Extractions	50%	50%
Endodontics / Root Canal (1 per tooth per 12 months)	50%	50%
Implant Services (1 per tooth position in 5 calendar years)	Not Covered	50%
Tier	**High Plan**	**Low Plan**
EE Only	$50.00	$33.07
EE + Spouse	$97.48	$64.55
EE + Child(ren)	$105.20	$66.37
EE + Family	$149.92	$97.77

**Please review the plan highlight sheets and certificates for full coverage details.*

2026 MetLife Vision Plan and Rates (Network – VSP Choice):

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

Benefits	High Plan	Low Plan
Network	VSP Choice	
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 balance & $220 Allowance for featured frames ($110 Allowance for Costco, Sam's Club & Walmart allowance will be the wholesale equivalent)	
Sample Covered Services*	**High Plan**	**Low Plan**
Single Vision, Lined Bifocal & Trifocal, Lenticular	$20 Copay	$25 Copay
Progressive Lenses	Standard & Premium/Custom Covered in full	Standard up to $55 Copay Premium up to $95 - $105 Custom up to $150 - $175
Standard UV Coating	Covered in full	
Standard Polycarbonate	Adults: Up to $35 Copay / Child (up to 18): Covered in full	
Anti-Reflective Coating	Standard: Up to $41 - $85 Copay (varies by type)	
Photochromic	Up to $47 - $82 Copay (varies by type)	
Elective Contacts	$200 allowance (Medically Necessary Contacts covered after eyewear copay)	
Frequencies		
Exams, Lenses, Contact Lenses and Frames	Every 12 Months (based on date of service)	Exams, Lenses, Contact Lenses: Every 12 months Frames: Every 24 Months
2nd Pair Benefit *(Advise provider to submit two pair of glasses on separate invoices)*	Each covered person can get one of the options below: - 2 pairs of prescription eyeglasses, OR - 1 pair of prescription eyeglasses & an allowance toward contacts, OR - Double the contact lens allowance	2nd Pair Benefit - Not Covered
Tier	**High Plan**	**Low Plan**
EE Only	$15.83	$12.18
EE + Spouse	$30.09	$23.14
EE + Child(ren)	$31.64	$24.35
EE + Family	$46.49	$35.78

**Please review the plan highlight sheets and certificates for full coverage details.*

Enrollment Form: Next page

2026 Enrollment Form – Retiree Dental & Vision			
Printed Name			
Benefit Effective Date	*First of the month after benefits end as an active employee.		
Home Address			
Phone Number			
Personal Email Address			
SSN			
Date of Birth			
Dependents			
Relationship	**Name**	**SSN**	**Date of Birth**
Benefit			
Dental ☐ Low Plan ☐ High Plan		**Vision** ☐ Low Plan ☐ High Plan	
Coverage Tier			
Dental ☐ Employee Only ☐ Employee + Spouse ☐ Employee + Child(ren) ☐ Employee + Family		**Vision** ☐ Employee Only ☐ Employee + Spouse ☐ Employee + Child(ren) ☐ Employee + Family	
Primary Insured Signature			
Date			

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