# 2020

## BENEFIT GUIDE

## MADISON COUNTY SCHOOLS

Graduating Independent Productive Citizens

Madison County Schools

# INTRODUCTION

The Madison County School System offers a comprehensive and valuable benefits program to all eligible employees. Our benefits package is designed to provide security and assistance during a time of need. Please become familiar with the various options and select the best coverage for the upcoming plan year.

## Who's Eligible

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

## Changes

- Employee benefit elections are allowed as a new hire and during the annual open enrollment period. The selected benefits will remain in effect throughout the plan year.
- A qualifying life event allows eligible changes to benefit elections throughout the plan year. All qualifying life events must be submitted within 30 days of the event date.

**Need Help? Start Here:**
**mybenefits@campusbenefits.com**
**866-433-7661**

## TABLE OF CONTENTS


Eligibility ..... 1
Enrollment & Benefits Portal ..... 2
Disability & Basic Life Insurance ..... 3
Voluntary Life Insurance ..... 4
Permanent Life Insurance ..... 5
Dental Insurance ..... 6
Vision Insurance ..... 7
Cancer Insurance ..... 8
Group Voluntary Accident Insurance ..... 9
Group Voluntary Critical Illness Insurance ..... 10
Flexible Spending Account ..... 11
MedCareComplete ..... 12
MetLaw ..... 13
Employee Assistance Program ..... 14
SHBP & Legal Notices ..... 15-18


## MADISON COUNTY SCHOOLS CONTACTS:


**Rika Rowland**
Human Resources Director
**Phone:** 706-795-2191 ext 1022
**Email:** rrowland@madison.k12.ga.us

**Christy Coile**
Payroll / Benefits
**Phone:** 706-795-2191 ext 1024
**Email:** ccoile@madison.k12.ga.us

**Dee Reynolds**
Human Resources - Classified Employee Specialist
**Phone:** 706-795-2191 ext 1032
**Email:** dreynolds@madison.k12.ga.us




The Benefits Guide is provided for illustrative purposes only. Actual benefits, services, premiums, claims processes and all other features and plan designs for coverage offered are governed exclusively by the provider contract and associated Summary Plan Description (SPD).

# ENROLLMENT & BENEFITS PORTAL

## Annual Open Enrollment

- Open enrollment: October - November (specific on-site enrollment dates to be announced).
- The only benefit that requires re-enrollment are FSA accounts (Health & Dependent Care) all other benefits will roll over
- Visit **http://mcs.campusbenefits.com/** to schedule a time with a benefits counselor.
- Plan Year: January 1, 2020 – December 31, 2020

## New Hire Enrollment

- New hire: Benefits enrollment must take place within 30 days of hire date. Please go to **MadisonCountyBenefits.com** to schedule a time with a counselor to enroll in your benefits.

## Check out your benefits portal at:

**MadisonCountyBenefits.com**

## Online Portal Instructions

### Steps To Log In:

1 **MadisonCountybenefits.com**

2 **Select "Campus Connect" to login**

3 **Enter Login Information**

1. Enter your username
2. Enter your password
3. Click "LOGIN"
4. Click on the "Start Benefits" button to begin the enrollment process

### 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

## Company Identifier: MCSD18

### New User Registration

1. On Login page click on "Register as a new user" and enter information below
   - First Name
   - Last Name
   - Company Identifier: MCSD18
   - 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

### STILL NEED HELP?

**Contact Campus Benefits**

- Email mybenefits@campusbenefits.com
- Call 1-866-433-7661, opt 5

The Benefits Guide is provided for illustrative purposes only. Actual benefits, services, premiums, claims processes and all other features and plan designs for coverage offered are governed exclusively by the provider contract and associated Summary Plan Description (SPD).

# DISABILITY INSURANCE

**What is Short-Term Disability Insurance?:** A financial and family protection plan designed to assist with income replacement in the event an employee cannot work due to an accident or illness for a short period of time (Short-term disability) or for the rest of someone's working lifetime (Long-term disability).

- **Eligibility:** Full-time employees working 20 or more hours per week
- **Coverage through Mutual of Omaha**
- Employee must be actively at work on the effective date
- Must exhaust all sick-leave prior to receiving a benefit
- Short Term Disability - No health questions - Every Year at Open Enrollment! (Pre-existing condition will apply for new participants)
- Long Term Disability - If electing outside of the intial open enrollment period, health questions will be required

| **Short Term Disability - $0.75 per $10 of Weekly Benefit** | |
|---|---|
| Elimination Period | Benefits begin on the 15th day of an injury or illness |
| Benefit Duration | Covers accidents and sicknesses up to 11 weeks |
| Benefit Percentage (weekly) | 60% of your gross weekly salary |
| Maximum Benefit Amount Weekly | $1,250 |
| Pre-Existing Condition | 3/6<br>Illness or injury for which you received treatment the 3 months prior to your effective date will not be covered for the first 6 months |

| **Long Term Disability - $0.27 per $100 of Covered Payroll** | |
|---|---|
| Elimination Period | Benefits begin on the 91st day of an injury or illness |
| Benefit Duration | Covers accidents and sicknesses up to Social Security normal age of retirement |
| Benefit Percentage (monthly) | 60% of your gross monthly salary |
| Maximum Benefit Amount Monthly | $6,000 |
| Pre-Existing Condition | 3/3/12<br>Illness or injury for which you received treatment the 3 months prior to your effective date will not be covered for the first 12 months, unless you go treatment free for 3 months prior to the effective date. |

# BASIC LIFE INSURANCE

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

- **Eligibility:** Full-time employees working 20 or more hours per week
- **Coverage through OneAmerica**
- Must be actively at work on the effective date

| **Basic Life and AD&D** | |
|---|---|
| All Eligible Employees | $20,000 |
| Additional Plan Features: Employee Assistance Program, Child Care Benefit, Higher Education Benefit, Repatriation | |
| Age Reduction | None |

**Plan Rates**
Coverage paid for by Madison County Schools at no cost to you! (except Jasper &Calhoun-Employee)



The Benefits Guide is provided for illustrative purposes only. Actual benefits, services, premiums, claims processes and all other features and plan designs for coverage offered are governed exclusively by the provider contract and associated Summary Plan Description (SPD).

# VOLUNTARY TERM LIFE & AD&D INSURANCE

**What is Voluntary Term Life Insurance and AD&D?:** 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. Goals like paying off mortgage, keeping a business running, and paying for college. 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:** Full-time employees working 20 or more hours per week, spouse, and children up to age 26
- Coverage through OneAmerica
- Must be actively at work on the effective date
- **If electing Voluntary Term Life outside of initial enrollment period, health questions will be required.**
- Employee must elect coverage on themselves in order to cover spouse and/or children

| Life and AD&D | |
|---|---|
| **LIFE AMOUNT** | |
| Employee | In increments of $10,000 up to the lesser of $500,000, or 5 times annual salary |
| Spouse | Increments of $5,000 up to $500,000, not to exceed employee amount |
| Child(ren) | $5,000 or $10,000 |
| Child > 6 months | $1,000 |
| Dependant coverage may not exceed employee coverage amounts | |
| **ACCIDENTAL DEATH & DISMEMBERMENT AMOUNT (INCLUDED)** | |
| Employee | In increments of $10,000 up to the lesser of $500,000 or 5 times annual salary, |
| Spouse | Increments of $5,000 up to $500,000, not to exceed employee amount |
| Child(ren) | $10,000 |
| **GUARANTEE ISSUE - FIRST TIME ELIGIBLE** | |
| **Employee** | $250,000 |
| **Spouse** | $50,000 |
| **Child(ren)** | $10,000 |
| **GUARANTEED INCREASE IN BENEFIT** | Can purchase additional coverage during annual enrollment under the Guarantee Issue amount, if elected during initial enrollment period. |
| **Age Reduction** | None |
| **Portability Provision** | 100% of EE amount |
| **Conversion** | Included |
| **Accelerated Life** | 75% of Life Benefit |
| **Waiver of Premium** | Included |

| Employee Life and AD&D Rates | |
|---|---|
| **Age** | **Per $10,000** |
| 0-29 | $0.98 |
| 30-34 | $1.12 |
| 35-39 | $1.38 |
| 40-44 | $1.80 |
| 45-49 | $2.51 |
| 50-54 | $3.83 |
| 55-59 | $6.33 |
| 60-64 | $8.20 |
| 65-69 | $14.40 |
| 70+ | $43.40 |

| Spouse Life and AD&D Rates | |
|---|---|
| **Age** | **Per $5,000** |
| 0-34 | $0.71 |
| 35-39 | $0.82 |
| 40-44 | $1.12 |
| 45-49 | $1.73 |
| 50-54 | $2.79 |
| 55-59 | $4.01 |
| 60-64 | $6.17 |
| 65-69 | $10.18 |

| Child(ren) Life and AD&D Rates | |
|---|---|
| $5,000 | $1.23 |
| $10,000 | $2.45 |

The Benefits Guide is provided for illustrative purposes only. Actual benefits, services, premiums, claims processes and all other features and plan designs for coverage offered are governed exclusively by the provider contract and associated Summary Plan Description (SPD).

# PERMANENT LIFE INSURANCE

**What is Permanent Life Insurance?:** Coverage that provides lifelong protection, and the ability to maintain a level premium. Unlike term insurance, a permanent insurance policy will remain in force for as long as you continue to pay your premiums.

- **Eligibility:** Full-time employees working 20 or more hours per week, spouse, and children up to age 26, and granchildren
- **Coverage through UNUM**
- Must be actively at work on the effective date
- Permanent Life offers the flexibility to meet a variety of personal needs while allowing employees the choice of benefit premium amounts which fit their paycheck and lifestyle
- Underwriting may be required. Coverage is not guaranteed
- Keep your coverage, at the same cost, even if you retire or change employers.

| Permanent Life Benefits | |
|---|---|
| **PLAN MAXIMUMS** | |
| Employee | $2,000 - $300,000 |
| Spouse | $2,000 - $75,000 |
| Child | $5,000 - $25,000 (increments of $5,000) |
| **GUARANTEED ISSUE** | |
| Employee | $35,000 (Ages 15-50) / $25,000 (Ages 51-80) |
| Spouse | $10,000 |
| Child | $25,000 |
| **OTHER FEATURES** | |
| Guaranteed Premium<br>Guaranteed Death Benefit<br>Guaranteed Interest rate of 4.5%<br>Living Benefit Option Rider - 100% of the benefit amount if you are terminally ill | |

**Plan Rates**
**(Please consult with a Benefits Counselor for rate details)**



The Benefits Guide is provided for illustrative purposes only. Actual benefits, services, premiums, claims processes and all other features and plan designs for coverage offered are governed exclusively by the provider contract and associated Summary Plan Description (SPD).

# DENTAL INSURANCE

Ameritas
fulfilling life.

**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:** Full-time employees working 20 or more hours per week, spouse, & children up to age 26
- **Coverage through Ameritas**
- In-Network provider Directory: www.dentalnetwork.ameritas.com (Network:PPO)
- Orthodontics available for children only (up tp age 19)
- No waiting periods or late entrant penalties
- *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. Plan certificate available on your Employee Benefits website after the effective date of 1/1/2020.*

| | High | MAC | Low |
|---|---|---|---|
| UCR | 95th UCR | In-Network Only | 95th UCR |
| Preventive | 100% | 100% | 100% |
| Basic | 80% | 90% | 80% |
| Major | 50% | 60% | 0% |
| Annual Maximum | $1,500 | $2,500 | $750 |
| **Orthodontia (Child only <19 years of age)** | | | |
| Coinsurance | 50% | 50% | N/A |
| Ortho Lifetime Maximum (per child) | $1,000 | $1,500 | N/A |
| Deductible | $50 per person/ Max $150 per family (Waived for Preventative) | | |

| | Preventive (Type 1) | Basic (Type 2) | Major (Type 3) |
|---|---|---|---|
| High Plan | Routine Exam (2/12 months)<br>Bitewing X-Rays (1/12 months)<br>Cleaning (2/12 Months)<br>Fluoride for Children (18 & under) | Restorative Amalgams<br>Restorative Composites<br>Crown Repair<br>Periodontics (nonsurgical)<br>Denture Repair<br>Anesthesia | Onlays<br>Crowns<br>Endodontics<br>Periodontics (surgical)<br>Implants<br>Prosthodontics<br>Simple Extractions<br>Complex Extractions |
| MAC Plan | Routine Exam (2/12 months)<br>Bitewing X-Rays (1/12 months)<br>Cleaning (2/12 Months)<br>Fluoride for Children (18 & under) | Restorative Amalgams<br>Restorative Composites<br>Endodontics (nonsurgical)<br>Periodontics<br>Denture Repair<br>Simple Extractions<br>Complex Extractions<br>Anesthesia | Onlays<br>Crowns/Crown Repair<br>Implants<br>Prosthodontics |
| Low Plan | Routine Exam (2/12 months)<br>Bitewing X-Rays (1/12 months)<br>Cleaning (2/12 Months)<br>Fluoride for Children (18 & under) | Restorative Amalgams<br>Restorative Composites<br>Crown Repair<br>Periodontics (nonsurgical)<br>Denture Repair<br>Anesthesia | |

| | High Plan | In-Network MAC Plan | Low Plan |
|---|---|---|---|
| Employee Only | $48.58 | $42.30 | $35.16 |
| Employee + Dependant | $89.22 | $77.62 | $64.30 |
| Employee + Family | $136.58 | $118.82 | $98.38 |

The Benefits Guide is provided for illustrative purposes only. Actual benefits, services, premiums, claims processes and all other features and plan designs for coverage offered are governed exclusively by the provider contract and associated Summary Plan Description (SPD).

# VISION INSURANCE

DAVIS VISION
EYECARE REFRAMED℠

**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:** Full-time employees working 20 or more hours per week, spouse, & children up to age 26
- **Coverage through Davis Vision**
- To locate an in-network provider, please visit www.davisvision.com/member using the Client Code: 8710
- *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. Plan certificate available on your Employee Benefits website*

| Vision Benefits Summary | | |
|---|---|---|
| | **In-Network** | **Out of Network** |
| Eye Exam | $10 Copay | Up to $40 |
| Contact Lens Exam | 15% Discount | 15% Discount |
| Frames | $150 Allowance + 20% off Balance | Up to $50 |
| Single/Bifocal/Trifocal/Lenticular Lenses | $10 Copay | Up to $40 - $100 |
| UV Coating, Tint, Scratch Resistance, Polycarbonate, and Progressive Lens | $12 - $50 | No Benefit |
| Elective Contacts | $130 Allowance + 15% off Balance | Up to $105 |
| Medically Necessary Contacts | Covered in Full | Up to $225 |
| Lasik or PRK | 40-50% off national average | No Benefit |
| Frequencies | Exams, Frames, and Lens or Contact Lenses every 12 months | |
| Additional Info | Hearing Aid Discounts are available, as well as a 30% discount on an additional pair of glasses | |

| Rates |
|---|
| Employee<br>$6.16 |
| Employee + One<br>$11.70 |
| Employee + Family<br>$17.99 |

DavisVision™

**Name**: John Doe

**Affiliation**: Madison County School District

*Please call 1-800-999-5431 with any questions or comments regarding this program*



The Benefits Guide is provided for illustrative purposes only. Actual benefits, services, premiums, claims processes and all other features and plan designs for coverage offered are governed exclusively by the provider contract and associated Summary Plan Description (SPD).

# CANCER INSURANCE

**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: All Full-time employees, spouse, and children up to age 26.**
- **Coverage through Guardian**
- No age reduction on benefits
- Payments made directly to you and do not offset with medical insurance
- **No health questions - Every Year! (**Pre - existing condition will apply for new participants**)**
- Keep your coverage even if you retire or change employers
- *The chart below is a sample of covered services. Please see the Plan Certificate on your Employee Benefits Website after the effective date of January 1, 2020 for a detailed listing of services in their entirety.*

| Benefit Description | High Plan | Low Plan |
|---|---|---|
| **HOSPITAL AND RELATED BENEFITS - DAILY BENEFIT** | | |
| 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 |
| **RADIATION,CHEMOTHERAPY & RELATED BENEFITS** | | |
| Radiation, Chemo for Cancer (every 12 months) | $15,000 | $10,000 |
| Blood, Plasma, Platelets (every 12 months) | Up to $10,000 | Up to $5,000 |
| Medical Imaging (2 per year) | $200 | $100 |
| **SURGERY AND RELATED BENEFITS** | | |
| Surgery (inpatient or outpatient) | up to $5,500 | up to $4,125 |
| Anesthesia (% of surgery) | 25% | 25% |
| Ambulatory Surgical Center | $350/day | $250/day |
| Second Opinion | $300 | $200 |
| Bone Marrow or Stem Cell Transplant | | |
| 1. Bone Marrow | $10,000 | $7,500 |
| 2. Stem Cell | $2,500 | $1,500 |
| 3. Donor Benefit | $1,500 | $1,000 |
| **MISCELLANEOUS BENEFITS** | | |
| Ambulance (per confinement) | $250 | $200 |
| Transportation (local or non-local) | $0.50 per mile ($1,500 round trip) | $0.50 per mile ($1,000 round trip) |
| Outpatient or Family Lodging (daily) | $100 | $75 |
| Physical or Speech Therapy (Daily) | $50 | $50 |
| New or Experimental Treatment | $200 per day / $2,400 per month | $100 per day / $1,000 per month |
| Prosthesis | $300 - $6,000 | $200 - $4,000 |
| Cancer Screening Benefit (Annually) | $75 | $50 |
| Waiting Period (Initial Diagnosis) | 30 Days | |
| Pre-existing Condition | 12/12= Any illness or injury for which you received treatment the 12 months prior to your effective date will not be covered for first 12 months. | |

| High Plan Monthly Rates |
|---|
| Employee $30.60 |
| Employee + Spouse $56.91 |
| Employee + Child(ren) $34.91 |
| Employee + Family $61.23 |

| Low Plan Monthly Rates |
|---|
| Employee $18.82 |
| Employee + Spouse $34.93 |
| Employee + Child(ren) $21.55 |
| Employee + Family $37.66 |

claims processes and all other features and plan designs for coverage offered are governed exclusively by the provider contract and associated Summary Plan Description (SPD).

# GROUP VOLUNTARY ACCIDENT INSURANCE

MetLife

**What is Accident Insurance?** This coverage is designed to help offset medical and out-of-pocket costs associated with unforseen accidents. Payments made directly to you and benefits do not offset with medical insurance.

- **Eligibility:** Full-time employees working 20 or more hours per week, spouse, & children up to age 26
- **Coverage through MetLife**
- **No health questions - Every Year!**
- Keep your coverage even if you retire or change employers
- *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.*

| Benefit Description | Low Plan | High Plan |
|---|---|---|
| **INJURIES** | | |
| Fractures | $50-$3,000 | $100-$6,000 |
| Dislocations | $50-$3,000 | $100-$6,000 |
| Second and Third Degree Burns | $50-$5,000 | $100-$10,000 |
| Concussions | $200 | $400 |
| Cuts/Lacerations | $25-$200 | $50-$400 |
| Eye injuries | $200 | $300 |
| **MEDICAL SERVICES & TREATMENT** | | |
| Ambulance | $200-$750 | $300-$1,000 |
| Emergency Care | $25-$50 | $50-$100 |
| Non-Emergency Care | $25 | $50 |
| Physician Follow-Up | $50 | $75 |
| Therapy Services (including physical therapy) | $15 | $25 |
| Medical Testing Benefit | $100 | $200 |
| Medical Applicances | $50-$500 | $100-$1,000 |
| Inpatient Surgery | $100-$1,000 | $200-$2,000 |
| **Hospital Coverage (Accident)** | | |
| Admission | $500 (non-ICU)-$1,000 (ICU) per accident | $1,000 (non-ICU)-$2,000 (ICU) per accident |
| Confinement | $100 a day (non-ICU)-$200 (ICU) up to 31 days | $200 a day (non-ICU)-$400 (ICU) up to 31 days |
| Inpatient Rehab | $100 a day up to 15 days | $200 a day up to 15 days |
| Includes Accidental Death and Dismemberment Benefit | | |

| Low Plan Rates |
|---|
| Employee $5.70 |
| Employee + Spouse $11.98 |
| Employee + Child(ren) $11.75 |
| Employee + Family $14.71 |

| High Plan Rates |
|---|
| Employee $10.89 |
| Employee + Spouse $22.99 |
| Employee + Child(ren) $22.38 |
| Employee + Family $27.53 |



The Benefits Guide is provided for illustrative purposes only. Actual benefits, services, premiums, claims processes and all other features and plan designs for coverage offered are governed exclusively by the provider contract and associated Summary Plan Description (SPD).

# GROUP VOLUNTARY CRITICAL ILLNESS

MetLife

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

- **Eligibility:** Full-time employees working 20 or more hours per week, spouse, & children up to age 26
- **Coverage through MetLife**
- Must be actively at work on the effective date
- Elect Critical Illness with or without Cancer Coverage based on your individual needs
- Attained Age - Rates will increase as you age
- **No health questions- Every Year!** (Pre-existing condition will apply for new participants)
- *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.*

| Benefits | Critical Illness Only | Critical Illness w/Cancer |
|---|---|---|
| Employee | $10,000 or $20,000 | $10,000 or $20,000 |
| Spouse | 100% of EE Amount | 100% of EE Amount |
| Dependent Children | 50% of EE Amount | 50% of EE Amount |
| **COVERED SPECIFIED CRITICAL ILLNESSES** | **Pays % of Face Amount** | **Pays % of Face Amount** |
| Heart Attack (Myocardial Infarction) | 100% | 100% |
| Stroke | 100% | 100% |
| Major Organ Failure | 100% | 100% |
| End Stage Renal Failure (Kidney) | 100% | 100% |
| Alzheimer's Disease | 100% | 100% |
| Coronary Artery Bypass Graft Surgery | 100% | 100% |
| Full Cancer Benefit | None | 100% |
| Partial Cancer Benefit | None | 25% |
| 22 Additional Covered Conditions | 100% | 100% |
| **GUARANTEED ISSUE** | $20,000 | $20,000 |
| **ANNUAL WELLNESS EXAM** | $50 | $50 |
| **PRE-EXISITING CONDITION** | 3/6<br>Any Illness or injury for which you received treatment the 3 months prior to your effective date will not be covered for the first 6 months. | |

| Monthly Premium per $10,000 of Coverage | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | CI Only | CI w/ Cancer | CI Only | CI w/ Cancer | CI Only | CI w/ Cancer | CI Only | CI w/ Cancer |
| **Attained Age** | **Employee** | | **Employee + SPOUSE** | | **Employee + CHILD(REN)** | | **FAMILY** | |
| <25 | $3.10 | $3.50 | $6.40 | $7.10 | $8.10 | $7.80 | $11.14 | $11.14 |
| 25-29 | $3.20 | $.3.70 | $6.90 | $7.90 | $8.10 | $8.00 | $11.19 | $12.10 |
| 30-34 | $3.90 | $5.00 | $8.90 | $10.60 | $8.80 | $9.20 | $13.90 | $14.90 |
| 35-39 | $4.80 | $6.70 | $12.00 | $14.80 | $9.80 | $10.90 | $17.00 | $19.10 |
| 40-44 | $6.60 | $9.70 | $16.90 | $21.19 | $11.15 | $14.00 | $21.80 | $26.20 |
| 45-49 | $8.90 | $13.90 | $23.50 | $32.30 | $13.90 | $18.20 | $28.40 | $36.60 |
| 50-54 | $12.20 | $19.30 | $32.10 | $46.40 | $17.10 | $23.60 | $37.00 | $50.70 |
| 55-59 | $16.40 | $26.20 | $43.40 | $65.40 | $21.40 | $30.50 | $48.30 | $69.70 |
| 60-64 | $23.60 | $37.20 | $61.50 | $95.30 | $28.50 | $41.50 | $66.40 | $99.60 |
| 65-69 | $35.20 | $54.90 | $92.80 | $141.80 | $40.10 | $59.10 | $97.77 | $146.10 |
| 70+ | $64.10 | $86.30 | $156.10 | $213.10 | $69.00 | $90.50 | $161.00 | $217.40 |

The Benefits Guide is provided for illustrative purposes only. Actual benefits, services, premiums, claims processes and all other features and plan designs for coverage offered are governed exclusively by the provider contract and associated Summary Plan Description (SPD).

# FLEXIBLE SPENDING ACCOUNTS

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

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

- **Eligibility:** Full-time employees working 20 or more hours per week, spouse, & children through age 26
- **Coverage through Medcom**
- **Plan year is from January 1 - December 31**
- Children eligible up to Age 13 for Dependent Care and up to Age 26 for Medical FSA
- Dependent Care Funds used for daycare and available for tax dependent adults for adult care
- Only family status changes will allow you to alter your annual election. The altered election must be consistent with the status change.
- Married and not filing jointly participants limited to $2,500 deferral for Dependent Care.
- Transfer of funds between Dependent Care and Unreimbursed Medical are prohibited.
- For a full list of eligible expenses, please go to www.medcom.net

| Benefit Description | |
|---|---|
| **MEDICAL FSA ACCOUNT** | |
| Minimum Contribution | $300 annually |
| Maximum Contribution | $2,700 annually |
| Carryover Maximum*- Maximum participants can carry over if re-electing the plan | $500 |
| Total elected amount is available at the beginning of the plan year<br>**All receipts should be kept to submit if verification is requested** | |
| **DEPENDENT CARE ACCOUNT** | |
| Minimum Contribution | $300 annually |
| Maximum Contribution | $5,000 annually |
| Carryover Maximum | None |
| **PLAN RULES** | |
| RUNOUT PERIOD - *Time to turn in reciepts for services rendered during the plan year.* | 30 Days |

| Admin Fee | |
|---|---|
| Fee Per Participant Per Month (One fee even if electing both Medical FSA and Dependent Care) | $3.50 |

**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 or disabled for self-care (i.e. day care, adult day care).* Medical expenses for your dependent are not eligible for reimbursement under the Dependent Care account.



The Benefits Guide is provided for illustrative purposes only. Actual benefits, services, premiums, claims processes and all other features and plan designs for coverage offered are governed exclusively by the provider contract and associated Summary Plan Description (SPD).

# MEDCARECOMPLETE

MedCareComplete

## THE SMART WAY TO REDUCE YOUR HEALTHCARE COSTS

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

- **Eligibility:** Full-time employees working 20 or more hours per week, spouse, & children through age 26
- This is a supplemental benefit and does not replace health insurance.
- Register @ MCC: medcarecomplete.com/members to acces the full range of benefits
- Register @ 1800MD: 1800md.com or (800) 388-8785 to access telemedicine benefits

## Included with the MedCareComplete Membership:

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

## 1. Medical Bill Negotiator

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

## 2. Telemedicine

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

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

**Acute Illnesses include but are not limited to the following:**

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

## 3. Medical & ID Theft Protection

Service monitors the internet for instances of your personal health and financial information to protect you from becoming a victim of identity theft. The security of your personal health information (PHI) can have a large impact on the medical care you receive.

The Benefits Guide is provided for illustrative purposes only. Actual benefits, services, premiums, claims processes and all other features and plan designs for coverage offered are governed exclusively by the provider contract and associated Summary Plan Description (SPD).

# LEGAL PLAN

MetLaw®

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

- **Eligibility:** Full-time employees working 20 or more hours per week, spouse, & children through age 26
- **Coverage provided through MetLaw**
- Elder Care extends to parents and in-laws
- Website: info.legalplans.com, enter "high or low plan code" under "not a member" to find in-network attorneys.
- High Plan Code: 053/1030, Low Plan Code: 053/0030
- If already enrolled click on "member login". Call 800-821-6400 for more information.

| | Low Plan | High Plan |
|---|---|---|
| **Money Matters** | • Identity Theft Defense<br>• Negotiations with Creditors<br>• Promissory Notes<br>• Debt Collection Defense<br>• Tax Collection Defense | • Identity Theft Defense<br>• Negotiations with Creditors<br>• Promissory Notes<br>• Debt Collection Defense<br>• Tax Collection Defense<br>• Personal Bankruptcy<br>• LifeStages Identity Management<br>• Tax Audit Representation<br>• Financial Education Workshops |
| **Home & Real Estate** | • Deeds<br>• Mortgages<br>• Foreclosure<br>• Tenant Negotiations<br>• Eviction Defense<br>• Security Deposit Assistance | • Deeds<br>• Mortgages<br>• Foreclosure<br>• Tenant Negotiations<br>• Eviction Defense<br>• Security Deposit Assistance<br>• Sale or Purchase (Primary or Vacation Home)<br>• Refinancing & Home Equity<br>• Property Tax Assessments<br>• Boundary & Title Disputes<br>• Zoning Applications |
| **Estate Planning** | • Simple and Complex Wills<br>• Healthcare Proxies<br>• Living Wills<br>• Codicils<br>• Powers of Attorney (Healthcare, Financial, Childcare, Immigration | • Simple and Complex Wills<br>• Healthcare Proxies<br>• Living Wills<br>• Codicils<br>• Powers of Attorney (Healthcare, Financial, Childcare, Immigration<br>• Revocable & Irrevocable Trusts |
| **Family & Personal** | • Guardianship<br>• Conservatorship<br>• Name Change<br>• Review of ANY Personal Legal Document<br>• School Hearings<br>• Demand Letters<br>• Affidavits<br>• Personal Property Issues<br>• Garnishment Defense<br>• Domestic Violence Protection | • Guardianship<br>• Conservatorship<br>• Name Change<br>• Review of ANY Personal Legal Document<br>• School Hearings<br>• Demand Letters<br>• Affidavits<br>• Personal Property Issues<br>• Garnishment Defense<br>• Domestic Violence Protection<br>• Juvenile Court Defense (Including Criminal Matters)<br>• Parental Responsibility Matters<br>• Review of Immigration Documents<br>• Prenuptial Agreement<br>• Adoption |
| **Civil Lawsuits** | • Disputes over Consumer Goods & Services<br>• Adminstrative Hearings<br>• Incompetency Defense | • Disputes over Consumer Goods & Services<br>• Adminstrative Hearings<br>• Incompetency Defense<br>• Civil Litigation Defense & Mediation<br>• Small Claims Assistance<br>• Pet Liabilities |
| **Elder Care Issues** | Consultation & Document review for issues related to your (or Spouse's) parents:<br>• Medicare<br>• Medicaid<br>• Prescription Plans<br>• Nursing Home Agreements<br>• Leases<br>• Promissory Notes<br>• Deeds<br>• Wills<br>• Power of Attorney | Consultation & Document review for issues related to your (or Spouse's) parents:<br>• Medicare<br>• Medicaid<br>• Prescription Plans<br>• Nursing Home Agreements<br>• Leases<br>• Promissory Notes<br>• Deeds<br>• Wills<br>• Power of Attorney |
| **Vehicle & Driving** | • Repossession<br>• Defense of Traffic Tickets<br>• Driving Privileges Restoration<br>• License Suspension due to DUI | • Repossession<br>• Defense of Traffic Tickets<br>• Driving Privileges Restoration<br>• License Suspension due to DUI |

| Low Plan | High Plan |
|---|---|
| $8.00 Per Month | $16.50 Per Month |
| NO COPAY | |



The Benefits Guide is provided for illustrative purposes only. Actual benefits, services, premiums, claims processes and all other features and plan designs for coverage offered are governed exclusively by the provider contract and associated Summary Plan Description (SPD).

# EMPLOYEE ASSISTANCE PROGRAM

**What is an EAP?** A program offered to all Madison County School employees to provide guidance with personal issues. planning for life events or simply managing daily life which can affect your work, health and family.

- **Eligibility:** All Madison County School employees, spouse, and children up to age 26
- **Coverage through OneAmerica**
- Provides support, resources, and information for personal and work-life issues
- CALL 1.855.387.9727 or visit Guidanceresources.com, Web ID: ONEAMERICA3

## Confidential Counseling

- Helps employees address stress, relationship and other personal issues for you and your family
- Sessions with highly trained master's and doctoral level clinicians
- Received 3 Sessions per issue per year for
  - Stress anxiety and depression
  - Relationship/marital conflicts
  - Problems with children
  - Job pressures
  - Grief and loss
  - Substance abuse

## Financial Information and Resources

- Speak by phone with a Certified Public Accountants and Certified Financial Planners on a wide rage of financial issues, including
  - Getting out of debt
  - Credit card or loan problems
  - Tax questions
  - Retirement planning
  - Estate planning
  - Saving for college

## Work-Life Solutions

- Work-Life Specialists will do the research for you, providing qualified referrals and customized resources for
  - Child and elder care
  - Moving and relocation
  - Making major purchases
  - College planning
  - Pet care
  - Home repair

## GuidanceResources Online

- One stop for expert information on relationships, work, school, children, wellness, financial, and more
- Timely articles, HelpSheets, tutorials, streaming videos and self-assessments
- "Ask the Expert" personal responses to your questions
- Child care, elder care, attorney and financial planner searches

## Free Online Will Preparation

- EstateGuidance lets you quickly and easily write a will on your computer
- Go to GuidanceResources.com and click on EstateGuidance link
- Follow the prompts to create and download your will at no COST
  - Name an executor to manage your estate
  - Choose a guardian for your children
  - Specify your wishes for your property
  - Provide funeral and burial instructions

The Benefits Guide is provided for illustrative purposes only. Actual benefits, services, premiums, claims processes and all other features and plan designs for coverage offered are governed exclusively by the provider contract and associated Summary Plan Description (SPD).

# STATE HEALTH BENEFIT PLAN

SHBP
State Health Benefit Plan
A Division of the Georgia Department of Community Health

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

- **Coverage through Anthem (BCBS of GA) or United Healthcare**
- All qualifying life events must be submitted via the SHBP Portal
- **Notice:** Madison 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 2020 Plan Year
- Kaiser Permanente is only available in the Atlanta Metro area.

## SHBP Enrollment Portal:

https://myshbpga.adp.com

## How to Enroll:

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

## SHBP Wellness Portal:

https://bewellshbp.com

## SHBP Decision Guide:

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

Access the decision guide at **https://shbp.georgia.gov/**

## SHBP 2020 Wellness Incentives Overview:

| Plan Option | Anthem HMO MyIncentive Account (MIA) | Anthem Health Reimbursement Arrangement (HRA) | UHC HMO & HDHP Health Incentive Account (HIA) |
|---|---|---|---|
| Who's Eligible | Up to | Up to | Up to |
| Member | 480 credits | 480 credits | 480 credits |
| Spouse | 480 credits | 480 credits | 480 credits |
| Bonus credits for member | N/A | N/A | 480 credits* |
| Potential Total credits/dollars | 960 credits | 960 credits | 1,440 credits |

Please review the Active Decision Guide for full incentive program details and requirements.
*Members and their covered spouses enrolled in UHC can earn a 240 well-being incentive credit match with a maximum combined up to 480 well-being incentive credits. The credits will be added to your HIA.

## SHBP Phone Number: (800)-610-1863



The Benefits Guide is provided for illustrative purposes only. Actual benefits, services, premiums, claims processes and all other features and plan designs for coverage offered are governed exclusively by the provider contract and associated Summary Plan Description (SPD).

SHBP
State Health Benefit Plan
A Division of the Georgia Department of Community Health

## Plan Designs for 2020

*Tobacco Surcharge will be added at time of enrollment.

| | BCBS Gold Plan HRA | | BCBS Silver Plan HRA | | BSBC Bronze Plan HRA | | BCBS HMO | UHC HMO | UHC HDHP | |
|---|---|---|---|---|---|---|---|---|---|---|
| | In | Out | In | Out | In | Out | In | In | In | Out |
| **Deductible** | | | | | | | | | | |
| You | $1,500 | $3,000 | $2,000 | $4,000 | $2,500 | $5,000 | $1,300 | $1,300 | $3,500 | $7,000 |
| You + Spouse | $2,250 | $4,500 | $3,000 | $6,000 | $3,750 | $7,500 | $1,950 | $1,950 | $7,000 | $14,000 |
| You + Child(ren) | $2,250 | $4,500 | $3,000 | $6,000 | $3,750 | $7,500 | $1,950 | $1,950 | $7,000 | $14,000 |
| You + Family | $3,000 | $6,000 | $4,000 | $8,000 | $5,000 | $10,000 | $2,600 | $2,600 | $7,000 | $14,000 |
| **Medical OOPM** | | | | | | | | | | |
| You | $4,000 | $8,000 | $5,000 | $10,000 | $6,000 | $12,000 | $4,000 | $4,000 | $6,450 | $12,900 |
| You + Spouse | $6,000 | $12,000 | $7,500 | $15,000 | $9,000 | $18,000 | $6,500 | $6,500 | $12,900 | $25,800 |
| You + Child(ren) | $6,000 | $12,000 | $7,500 | $15,000 | $9,000 | $18,000 | $6,500 | $6,500 | $12,900 | $25,800 |
| You + Family | $8,000 | $16,000 | $10,000 | $20,000 | $12,000 | $24,000 | $9,000 | $9,000 | $12,900 | $25,800 |
| **Coinsurance (Plan Pays)** | 85% | 60% | 80% | 60% | 75% | 60% | 80% | 80% | 70% | 50% |
| **HRA** | | | | | | | | | | |
| You | $400 | | $200 | | $100 | | N/A | N/A | N/A | |
| You + Spouse | $600 | | $300 | | $150 | | N/A | N/A | N/A | |
| You + CH | $600 | | $300 | | $150 | | N/A | N/A | N/A | |
| You + Family | $800 | | $400 | | $200 | | N/A | N/A | N/A | |
| **Medical** | | | | | | | | | | |
| ER | Coins after ded | | Coins after ded | | Coins after ded | | $150 copay | $150 copay | Coins after ded | |
| Urgent Care | Coins after ded | | Coins after ded | | Coins after ded | | $35 copay | $35 copay | Coins after ded | |
| PCP Visit | Coins after ded | | Coins after ded | | Coins after ded | | $35 copay | $35 copay | Coins after ded | |
| Specialist Visit | Coins after ded | | Coins after ded | | Coins after ded | | $45 copay | $45 copay | Coins after ded | |
| Preventive Care | 100% | No Coverage | 100% | No coverage | 100% | No coverage | 100% | 100% | 100% | No coverage |
| **Retail Rx** | | | | | | | | | | |
| Tier 1 | 15%, Min $20, Max $50 | | 15%, Min $20, Max $50 | | 15%, Min $20, Max $50 | | $20 copay | $20 copay | Coins after ded | |
| Tier 2 | 25%, Min $50, Max $80 | | 25%, Min $50, Max $80 | | 25%, Min $50, Max $80 | | $50 copay | $50 copay | Coins after ded | |
| Tier 3 | 25%, Min $80, Max $125 | | 25%, Min $80, Max $125 | | 25%, Min $80, Max $125 | | $90 copay | $90 copay | Coins after ded | |
| **Mail Order Rx** | | | | | | | | | | |
| Tier 1 | 15%, Min $50, Max $125 | | 15%, Min $50, Max $125 | | 15%, Min $50, Max $125 | | $50 copay | $50 copay | Coins after ded | |
| Tier 2 | 25%, Min $125, Max $200 | | 25%, Min $125, Max $200 | | 25%, Min $125, Max $200 | | $125 copay | $125 copay | Coins after ded | |
| Tier 3 | 25%, Min $200, Max $313 | | 25%, Min $200, Max $313 | | 25%, Min $200, Max $313 | | $225 copay | $225 copay | Coins after ded | |
| Rx OOPM | Combined w/ Medical | | Combined w/ Medical | | Combined w/ Medical | | Combined w/Medical | Combined w/Medical | Combined w/ Medical | |
| **Monthly Premiums** | | | | | | | | | | |
| Employee | $168.73 | | $110.89 | | $72.45 | | $135.65 | $172.56 | $58.03 | |
| Employee + CH | $307.13 | | $208.80 | | $143.46 | | $250.90 | $313.65 | $118.94 | |
| Employee + SP | $418.09 | | $296.62 | | $215.91 | | $348.63 | $426.14 | $185.62 | |
| Family | $556.50 | | $394.54 | | $286.92 | | $463.89 | $567.22 | $246.54 | |

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

The Benefits Guide is provided for illustrative purposes only. Actual benefits, services, premiums, claims processes and all other features and plan designs for coverage offered are governed exclusively by the provider contract and associated Summary Plan Description (SPD).

# SHBP LEGAL NOTICES

SHBP
State Health Benefit Plan
A Division of the Georgia Department of Community Health

## Availability of Summary Health Information Summary of Benefits & Coverage (SBC)

As an employee, the SHBP health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

SHBP offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, SHBP makes available a Summary of Bnefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBC is available on the web at: https://prod.dch.georgia.gov/shbp-plan-documents. A paper copy is also available, free of charge, by calling 706-795-2191.

## About the Following Notices:

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

**Penalties for Misrepresentation**

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

**Federal Patient Protection and Affordable Care Act Notices**

**Choice of Primary Care Physician**

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

**Access to Obstetrical and Gynecological (OB/ GYN) Care**

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

**HIPAA Special Enrollment Notice**

If you decline enrollment for yourself or your Dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your Dependents if you or your Dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your Dependents' other coverage) your other health insurance coverage ends. However, you must request enrollment within 31 days after your or your Dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new Dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your new Dependents. However, you must request enrollment within 31 days after the marriage or adoption, or placement for adoption (or within 90 days for a newly eligible dependent child).

Eligible Covered Persons and Dependents may also enroll under two additional circumstances: The Covered Person's or Dependent's Medicaid or Children's Health Insurance Program (CHIP) coverage is terminated as a result of loss of eligibility; or The Covered Person or Dependent becomes eligible for a subsidy (State Premium Assistance Program).
**NOTE:** The Covered Person or Dependent must request Special Enrollment within sixty (60) days of the loss of Medicaid/CHIP or of the eligibility determination. To request Special Enrollment or obtain more information, call the SHBP Member Services Center at 800-610-1863 or contact your Benefit Coordinator/Payroll Location.

**Women's Health and Cancer Rights Act of 1998**

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

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

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

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

The Plan complies with the Newborns' and Mothers' Health Protection Act of 1996. Group health plans and health insurance issuers generally may not, under Federal law, restrict Benefits for any Hospital length of stay in connection with childbirth for the mother or newborn to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending Provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). In any case, plans and issuers may not, under Federal law, require that a Provider obtain authorization from the Plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours, as applicable).

**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT NOTICE OF INFORMATION PRIVACY PRACTICES**

Georgia Department of Community Health
State Health Benefit Plan Notice of Information Privacy Practices
Revised August 4, 2015

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

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

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

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

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

Your PHI is Protected by HIPAA. Under HIPAA, employees of DCH and employees of outside companies and other vendors hired or contracted either directly or indirectly by DCH to adminis-



The Benefits Guide is provided for illustrative purposes only. Actual benefits, services, premiums, claims processes and all other features and plan designs for coverage offered are governed exclusively by the provider contract and associated Summary Plan Description (SPD).

# SHBP LEGAL NOTICES

SHBP
State Health Benefit Plan
A Division of the Georgia Department of Community Health

ter 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 Associates" agreements with DCH to ensure compliance with HIPAA and DCH requirements. DCH Must Ensure the Plan Complies with HIPAA. DCH must make sure the Plan complies with all applicable laws, including HIPAA. DCH and/or the Plan must provide this notice, follow its terms and update it as needed. Under HIPAA, Plan Representatives may only use and share PHI as allowed by law. If there is a breach of your PHI, DCH must notify you of the breach.

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

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

**Claims Administrator Companies:** Plan Representatives process all medical and drug claims; communicate with the Plan Members and/or their health care providers.
**Wellness Program Administrator Companies:** Plan Representatives administer Well-Being programs offered under the Plan; and communicate with the Plan Members and/or their health care providers.
**Actuarial, Health Care and /or Benefit Consultant Companies:** Plan Representatives may have access to PHI in order to conduct financial projections, premium and reserve calculations, and financial impact studies on legislative policy changes affecting the Plan.
**State of Georgia Attorney General's Office, Auditing Companies and Outside Law Firms:** Plan Representatives may provide legal, accounting and/ or auditing assistance to the Plan.
**Information Technology Companies:** Plan Representatives maintain and manage information systems that contain PHI.
**Enrollment Services Companies:** Plan Representatives may provide the enrollment website and/or provide customer service to help Plan Members with enrollment matters.
**Note:** Treatment is not provided by the Plan but we may use or disclose PHI in arranging or approving treatment with providers. Legal Notices (cont.) 43 Under HIPAA, all employees of

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

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

**Compliance with a Law or to Prevent Serious Threats to Health or Safety:** The Plan may use or share your PHI in order to comply with a law or to prevent a serious threat to health and safety.
**Public Health Activities:** The Plan may give PHI to other government agencies that perform public health activities.
**Information about Eligibility for the Plan and to Improve Plan Administration:** The Plan may give PHI to other government agencies that may provide you benefits (such as state retirement systems) in order to get information about your eligibility for the Plan and to improve administration of the Plan.
**Research Purposes:** Your PHI may be given to researchers for a research project, when the research has been approved by an institutional review board. The institutional review board must review the research project and its rules to ensure the privacy of your information.

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

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

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

**Right to Inspect and Obtain a Copy of your Information, Right to Ask for a Correction:** You have the right to obtain a copy of your PHI that is used to make decisions about you. If you think it is incorrect or incomplete, you may contact the Plan to request a correction.
**Right to Ask for a List of Special Uses and Disclosures:** You have the right to ask for a list of all special uses and disclosures.
**Right to Ask for a Restriction of Uses and Disclosures or for Special Communications:** You have the right to ask for added restrictions on uses and disclosures, but the Plan is not required to agree to a requested restriction, except if the disclosure is for the purpose of carrying out payment or health care operations, is not otherwise required by law, and pertains solely to a health care item or service that you or someone else on your behalf has paid in full. You also may ask the Plan to communicate with you at a different address or by an alternative means of communication in order to protect your safety.
**Right to a Paper Copy of this notice and Right to File a Complaint:** You have the right to a paper copy of this notice. Please contact the SHBP Member Services Center at 1-800-610-1863 or you may download a copy at www.dch.georgia.gov/shbp. If you think your HIPAA privacy rights may have been violated, you may file a complaint. You may file the complaint with the Plan and/or the U.S. Department of Health & Human Services, Office of Civil Rights, Region IV. You will never be penalized by the Plan or your employer for filing a complaint.
Address to File HIPAA Complaints:
**Georgia Department of Community Health**
SHBP HIPAA Privacy Unit
P.O. Box 1990
Atlanta, GA 30301
1-800-610-1863

**U.S. Department of Health & Human Services Office for Civil Rights**
**Region IV**
Atlanta Federal Center
61 Forsyth Street SW Suite 3B70
Atlanta, GA 30303-8909
1-877-696-6775

**For more information about this Notice, contact:**
Georgia Department of Community Health
State Health Benefit Plan
P.O. Box 1990
Atlanta, GA 30301
1-800-610-1863

**MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT OPT-OUT NOTICE**
Election to be Exempt from Certain Federal law requirements in title XXVII of the Public Health Service Act Date:
August 4, 2015

**TO:** All Members of the State Health Benefit Plan who are not Enrolled in a Medicare Advantage Option
Group health plans sponsored by state and local governmental employers must generally comply with Federal law requirements in title XXVII of the Public Health Service Act. However, these employers are permitted to elect to exempt a plan from the requirements listed below for any part of the plan that is "self-funded" by the employer, rather than provided through a health insurance policy. Your plan option is self-funded because the Department of Community Health (DCH) pays all claims directly instead of buying a health insurance policy.

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

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

Service Hub

# 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
**Benefit website address:** MadisonCountyBenefits.com

Campus BENEFITS

The 2020 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 madisoncountybenefits.com.
These should be reviewed fully prior to electing any benefits.