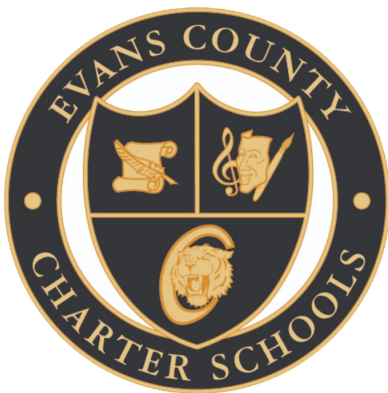


2025

EVANS COUNTY CHARTER SCHOOLS

Benefits Guide



Summary for Review Purposes Only

WELCOME TO YOUR BENEFITS ENROLLMENT

Carefully review this guide to:

- Better understand the 2025 benefit options
- Review the plan options and consider which ones best meet the needs for you and your family

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 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.



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The Evans County Charter 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.

Need Help? Start Here:

MyBenefits@CampusBenefits.com

866.433.7661 Opt 5

EVANS COUNTY SCHOOLS CONTACTS:

Crystal Hall

Payroll Clerk

912.739.3544 ext 1233

chall@evanscountyschools.org

Dr. Bobby Costlow

Human Resources

912.739.3544

bcostlow@evanscountyschools.org

Eligibility

- Generally, full-time employees working a minimum of 30 hours per week.
- Generally, full-time bus drivers employed at least 17.5 hours per week, as an exception to the above.
- 49% employees (Requires approval from TRS to work as a Retired Educator) are eligible to enroll in included Voluntary benefits with exception of: Disability and Cancer Insurance.
- Employees must be actively at work on the effective date of coverage for all benefits listed within this guide.
- Specific plan eligibility is listed on the top of each page. Specific employee and dependent eligibility rules are governed by each plan's policy document/certificate, which is available on your employee benefits website, or by contacting Campus Benefits.

How to Enroll

- The first step is to review your current benefit elections.
- The only benefit that requires re-enrollment are FSA elections (Medical FSA & Dependent Care FSA)
- Once you have made your elections, you will not be able to make changes until the next open enrollment period unless you have a qualifying life event.

When do Benefits Begin

- Benefits begin the first of the month following 30 days of employment

When to Enroll

- New Hire: Enroll within 30 days of your date of hire.
- Campus Benefits enrollment period will be held in September
- The annual SHBP enrollment period is held in the fall (October-November).
- For enrollment changes or questions contact MyBenefits@CampusBenefits.com or call 866.433.7661 Opt. 5

How to Make Changes

- Once you make your benefit elections as a new hire or during Open Enrollment, you cannot make changes to those elections until the next Open Enrollment period.
- The only exception is a qualifying life event which allows you to make eligible changes to your benefit elections during the plan year.
- To submit a qualifying life event, please email MyBenefits@CampusBenefits.com or call 866.433.7661 opt 5.

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BENEFITS OVERVIEW

Employer PAID/PROVIDED Benefits

- Basic Life Insurance Coverage (Includes AD&D Coverage)
 - \$20,000 employee, \$10,000 spouse and \$5,000 child
 - **Dependents must be added into the enrollment system to be eligible for coverage**
 - Remember to update beneficiaries as necessary
- Employee Assistance Programs
 - OneAmerica EAP: 3 counseling sessions per year, per employee/dependent
 - Georgia Public Education/GA DOE EAP: Receive up to 4 counseling sessions
 - Review the Employee Assistance Program page within this guide for details

Campus Benefits Voluntary Employee PAID Benefit Options

- Short-Term and Long-Term Disability
- Voluntary Term Life
- Permanent Life Insurance
- Dental Insurance
- Vision Insurance
- Critical Illness Insurance
- Cancer Insurance
- Accident Insurance
- Hospital Indemnity Insurance
- Telemedicine \$0 co-pay MedCareComplete
- Medical and Dependent Care Flexible Spending Accounts
- Legal Plan

State Health Benefit Plan

- State Health Medical Insurance

There are two separate benefit enrollments:

- 1. Campus Benefits Voluntary Benefits**
- 2. State Health Benefit Plan Medical Insurance**

Benefits enrollment must take place within 30 days of hire date



How to Enroll in Campus Benefits Voluntary Benefits

1. Visit www.evanscountybenefits.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**



How to Enroll in State Health Benefit Plan

1. Visit www.evanscountybenefits.com
2. Select the "State Health" tab
3. Select "SHBP Enrollment Link" (Review the SHBP page within this guide for additional details) **OR**
4. **Contact SHBP at 800.610.1863**

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CAMPUS BENEFITS ENROLLMENT INSTRUCTIONS

Website: www.evanscountybenefits.com



SCAN ME

Company Identifier: EVCS17

1

Visit:
<https://www.evanscountybenefits.com>

2

Select "Campus Connect" to log in

3

Existing User Login

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

Frequently Asked Questions

What is my username?

- Work email address **OR**
- Email address you provided to HR when hired **OR**
- Email address you used to previously change your username

What is my password?

To create or reset a forgotten password follow the steps on the login page using tips below.

- Password must be at least 6 characters
- It must contain a symbol and a number
- Using uppercase, numbers and symbols greatly improves security

New User Registration

1. On Login page click on "Register as a new user" and enter information below
 - First Name
 - Last Name
 - Company Identifier: **EVCS17**
 - PIN: Last 4 Digits of SSN
 - Birthdate
2. Click "Next"
3. Username: Work email address or one you have provided to HR when you were hired
4. Password: Must be at least 6 characters and contain a symbol and a number
5. Click on "Register"
6. On the next page, it will show your selected Username. Click on "Login"
7. Enter Username and Password
8. Click "Start Benefits" to begin the enrollment

Need Help? Start Here:

mybenefits@campusbenefits.com

866.433.7661 opt 5

Login Information

Username: _____

Password: _____

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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

How to File a Claim?

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

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.

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.evanscountybenefits.com>

Phone: 866.433.7661, Opt 5

Email: mybenefits@campusbenefits.com

Website: www.evanscountybenefits.com

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EMPLOYEE ASSISTANCE PROGRAMS



What is an EAP? A program offered to Evans County Charter Schools employees to provide guidance with personal issues, planning for life events or simply managing daily life which can affect your work, health and family. The two EAP programs below can be used in conjunction with one another.

Georgia Public Education/Ga DOE EAP

Eligibility: Eligible full-time Evans County Charter Schools employees working 29+ hours/week, their household members and children up to age 26

- Coverage through Acentra
- Provides support when you're facing issues that interfere with your health, well-being and productivity at home or at work.
- **Receive up to four counseling sessions**
- CALL 1.866.279.5177 or visit www.EAPHelpLink.com, Company Code: GADOE

OneAmerica EAP

Eligibility: Eligible Evans County Charter Schools employees, their household members and unmarried children up to age 26

- Coverage through OneAmerica
- Provides support, resources, and information for personal and work-life challenges
- **Receive up to three sessions per issue per year**
- CALL 1.855.387.9727 or visit www.guidanceresources.com, Web ID: ONEAMERICA3

Confidential Counseling (OneAmerica & Ga DOE EAP)

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

Work-Life Solutions (OneAmerica & Ga DOE EAP)

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

Financial Information and Resources (OneAmerica & Ga DOE EAP)

Speak by phone with a Certified Public Accountants and Certified Financial Planners on a wide range of financial issues, including:

- Getting out of debt
- Credit card or loan problems
- Tax questions
- Retirement planning
- Estate planning
- Saving for college

Online Resources (OneAmerica & Ga DOE EAP)

- Timely articles, HelpSheets, tutorials, streaming videos and self-assessments
- Child care, elder care, attorney and financial planner searches

Free Online Will Preparation (OneAmerica EAP)

- EstateGuidance lets you quickly and easily write a will on your computer
- Go to www.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

Plan Rates
Coverage provided at no cost to you.

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INCOME PROTECTION PLAN (DISABILITY INSURANCE)



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

Eligibility: Eligible full-time employees (as described on eligibility page)

- Coverage through OneAmerica
- Employee must be actively at work on the effective date
- **No Health Questions Every Year!**
- Pre-existing condition will apply when moving to an option with a shorter elimination period
- Short Term Disability (Options 1-3) Pays in addition to sick leave above 100% of pre-disability earnings
- Employees can start/stop sick leave and must let employer know at the beginning of leave

See important claims information on Service Hub page.

Disability Benefits Quick Summary		
Coverage begins on Day 1 for hospitalization for the 7, 14, and 30 day elimination plans		
Option 1	Elimination Period: 7 Day - Accident & Sickness	Benefit Duration: 26 Weeks*
Option 2	Elimination Period: 14 Day - Accident & Sickness	Benefit Duration: 24 Weeks*
Option 3	Elimination Period: 30 Day - Accident & Sickness	Benefit Duration: 22 Weeks*
Plan Options 1 – 3 offer the advantage of shorter elimination periods with the benefit of payment to SSNRA (Social Security Normal Retirement Age) after a 180 day elimination period. Please review plan certificates or contact Campus Benefits for details.		

Option 4	Elimination Period: 60 Day - Accident & Sickness	Benefit Duration: SSNRA*
Option 5	Elimination Period: 90 Day - Accident & Sickness	Benefit Duration: SSNRA*
Option 6	Elimination Period: 180 Day - Accident & Sickness	Benefit Duration: SSNRA*
*Please note exclusions or limitations may apply for options 1-6. See plan certificate for details.		

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INCOME PROTECTION PLAN (DISABILITY INSURANCE)



Disability Benefits Quick Summary	
Benefit Percentage	Increments of \$100 of 66.67% of monthly earnings
Maximum Benefit Amount (Monthly)	\$7,500
Pre-existing Condition	3/12 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 (Applies to new enrollees only)

Rate Per \$10 of Monthly Benefit:	
Option 1 Rate 7 Day Short-Term Disability	\$0.251
Option 2 Rate 14 Day Short-Term Disability	\$0.199
Option 3 Rate 30 Day Short-Term Disability	\$0.141

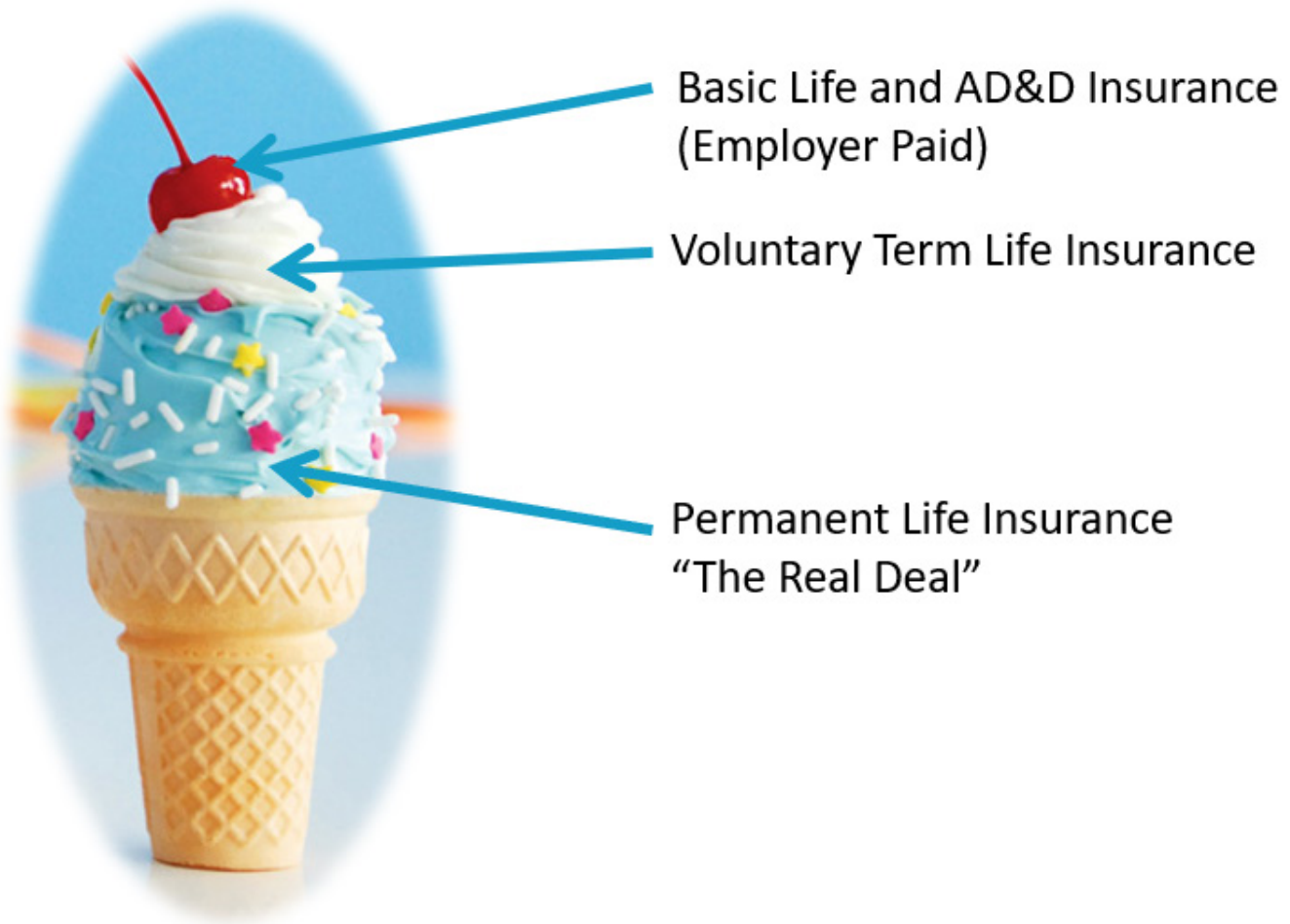
Rate Per \$10 of Monthly Benefit:	
Option 4 Rate 60 Long-Term Disability	\$0.108
Option 5 Rate 90 Long-Term Disability	\$0.074
Option 6 Rate 180 Long-Term Disability	\$0.059



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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. Below is an overview of differences. **Term Life and Permanent Life work best used in conjunction with one another. Term Life can protect your family in your younger working years and Permanent Life can protect your family in your retirement years.**



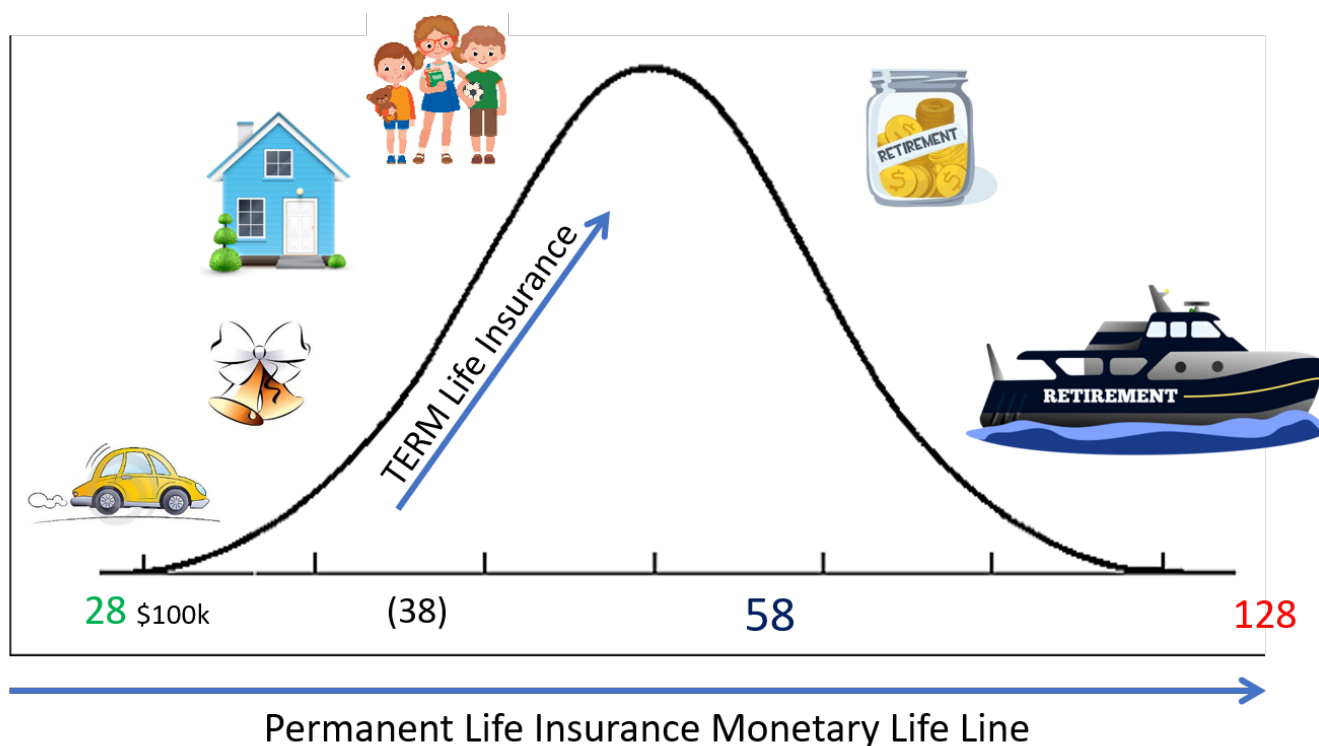
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RANCE 101

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 change)
- Premiums are based on age and increase as you get older



PERMANENT LIFE INSURANCE

Permanent Life Insurance is illustrated above along the bottom of the graph with a straight blue arrow.

- Permanent life insurance offers a stable premium along the lifetime of the policy
- Permanent life offers a level premium and is meant to take into retirement
- Permanent life is an issue age policy is based on the age when the policy is issued
- This is an individual plan you can take with you regardless of where you work

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BASIC LIFE AND AD&D



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

- Eligibility:** Eligible full-time and 49% employees (as described on eligibility page), spouse and unmarried children
- Coverage through OneAmerica
 - Premiums paid by Evans County Charter Schools
 - Conversion option is available for coverage but portability is not included
 - Must be actively at work on the effective date of coverage
 - **Remember to update beneficiaries annually**
 - **Dependents must be entered into the system to be eligible for coverage**

Basic Life and Accidental Death & Dismemberment (AD&D) Quick Summary	
Employee	\$20,000
Spouse	\$10,000 (up to age 70)
Children	\$5,000 (children up to age 19, up to 25 if full time student)
ADDITIONAL PLAN FEATURES	
Age Reduction	50% at age 75 (based on employee's age)
Conversion	Included
Accelerated Life Benefit	Included
Employee Assistance Program (EAP)	Included

Plan Rates
Coverage paid for by Evans County Charter Schools at no cost to you.

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VOLUNTARY TERM LIFE & AD&D INSURANCE

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 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 die accidentally or pass away 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 full-time and 49% employees (as described on eligibility page), spouse and unmarried children (up to age 26)

- Coverage through OneAmerica
- Employee must elect coverage on themselves in order to cover spouse and/or children
- Must be actively at work on the effective date of coverage
- If electing for the first time outside of the initial open enrollment or above the guaranteed issue amount, health questions will be required

Voluntary-Term Life and AD&D Quick Summary	
LIFE AMOUNT	
Employee	Increments of \$10,000; \$500,000 (5x Salary) maximum
Spouse	Increments of \$5,000; \$500,000 (up to 100% of Employee Election)
Child(ren)	Increments of \$2,500; \$10,000 maximum
AD&D AMOUNT	
Employee	Equal to Life Amount
Spouse	Equal to Life Amount
Child(ren)	Equal to Life Amount
GUARANTEED ISSUE	
Employee	\$200,000
Spouse	\$50,000
Child(ren)	\$10,000
ADDITIONAL NOTES	
Guaranteed Increase in Benefit	Employee & Spouse: If currently enrolled, increase up to Guaranteed Issue at any open enrollment with no health questions
Age Reduction	None
Portability Provision	Included (Terms at age 70)
Conversion	Included
Accelerated Life Benefit	75% of benefit up to \$250,000
Waiver of Premium	9 month elimination; Disability prior to age 60

Life and AD&D Rates:	
Age Category	Per \$1,000 of Coverage
0-29	\$0.10
30-34	\$0.10
35-39	\$0.12
40-44	\$0.16
45-49	\$0.24
50-54	\$0.31
55-59	\$0.52
60-64	\$0.69
65-69	\$0.97
70-74	\$2.02
75+	\$2.08
*Spouse rate is based on employee's age	

Child(ren) Life and AD&D Rates:	
Benefit Amount	Premium
\$2,500	\$0.50
\$5,000	\$1.00
\$7,500	\$1.50
\$10,000	\$2.00

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UNIVERSAL LIFEEVENTS



What is Universal LifeEvents Insurance? An innovative concept in life insurance, Universal LifeEvents is uniquely designed to match the needs of insureds throughout their lifetime. Universal LifeEvents pays a higher death benefit during an employee's working years, when expenses are high and families need maximum protection. At age 70 (or the 15th policy anniversary, whichever is later), when financial needs are typically lower, the death benefit reduces to one third. However, higher benefits for Long Term Care (LTC) never reduce — they continue for the life of the policy, to help meet one's greater need for LTC in retirement. Benefits Designed for a Lifetime.

Eligibility: Eligible full-time and 49% employees (as described on eligibility page), spouse and children (up to age 23)

- Coverage through Trustmark
- Must be actively at work on the effective date
- Guaranteed Issue Amounts available for New Hires or 1st time eligible employees
- Keep your coverage, at the same cost, even if you retire or change employers
- Underwriting may be required. Coverage is not guaranteed

Universal LifeEvents Benefits Quick Summary	
PLAN MAXIMUMS	
Employee	Up to \$300,000
Spouse	Up to \$300,000
Child	Up to \$34,000 based on age
GUARANTEED ISSUE (FIRST TIME ELIGIBLE)	
Employee (maximum issue age 64)	Up to age \$100,000
Spouse (maximum issue age 64)	Modified Guaranteed Issue (2 questions) Amount purchased by \$13 per month or \$5,000 benefit whichever is greater
Child Juvenile Policy - 0-17 Full-Time Student/Dependent on Parent - 18-22 Grandchildren - 0-18	Modified Guaranteed Issue (2 questions) Amount purchased by \$15.08 to \$20.50 per month based on issue age (\$10,000 - \$34,600 face amount) Grandchildren - Simplified Issue
OTHER FEATURES	
Death Benefit Age Reduction	Life benefit pays full amount up to age 69. At age 70, death benefits reduce to 1/3 of the original face amount. Living/ Long-term Care benefits do not reduce.
Child Buy-Up Option	Children can call Trustmark to increase coverage as an adult
Long-Term Care Benefit	Designed to accelerate Death Benefit at 4% per month for up to 25 months to pay for long-term care in an assisted living or long-term care facility, or home health care or adult day care. Payments reduce death benefit.
Death Benefit Restoration*	Fully restores the death benefit reduced by LTC each time a benefit is paid. Allows beneficiaries to receive the full death benefit.
Extension of LTC*	Extends LTC benefits up to 25 months, allowing the insured to receive LTC benefits for a total of up to 50 months.
*Combining Benefit Restoration and LTC Extension of Benefits can as much as triple the policy value.	

Plan Rates
Please consult with a Benefits Counselor or enroll online for rate details.

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DENTAL INSURANCE



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

Eligibility: Eligible full-time and 49% employees (as described on eligibility page), spouse and children (up to age 26)

- Coverage through MetLife
- Claims must be submitted within 90 days of service
- The Low Plan is an In-Network Only Plan
- In-Network Provider Directory: www.metlife.com (**Network: PDP Plus**)
- No waiting periods & no penalty to move from the high plan to low plan and vice versa at Open Enrollment
- Orthodontics available for adult employee/spouse and children (subject to takeover provision)
- *The chart below is a sample of covered services. Please see Plan Certificate for a detailed listing of services in their entirety. Plan certificate available on your Employee Benefits website.*

Coinsurance	High Plan	Low Plan (In-Network Only Plan)
Preventive (Type 1)	100%	100%
Basic (Type 2)	80%	80%
Major (Type 3)	50%	0%
Orthodontia (Adult & Child)	50%	0%
Calendar Year Maximum	\$1,200	\$750
Services	High Plan	Low Plan
Routine Exam	100%	100%
Bitewing X-rays	100%	100%
Cleaning	100%	100%
Fluoride (Children 14 & Under)	100%	100%
Full Mouth Panoramic X-rays	100%	100%
Restorative Amalgams	80%	80%
Sealants	80%	80%
Space Maintainer	80%	80%
Denture Repair	50%	None
Simple & Complex Extractions	50%	None
Anesthesia	50%	None
Endodontics	50%	None
Periodontics	50%	None
Inlays / Onlays	50%	None
Crowns & Repairs	50%	None
Reimbursement Allowances	99th U&C	Negotiated Fee
Dental Benefits Summary		
Calendar Year Deductible (Excludes Preventive)	\$50 per person \$150 per family	\$50 per person \$150 per family
Orthodontia (Lifetime)	\$1,000 per person	Not Applicable



PDP Plus Network

Employee Name

Employee ID

Evans County BOE

5946555

Group Name

Group Number

This card is not a guarantee of coverage or eligibility. Access specific plan information at metlife.com/mybenefits.

1.800.942.0854

metlife.com/mybenefits

High Plan Rates

Employee	\$47.37
Family	\$138.86

Low Plan Rates

Employee	\$21.70
Family	\$63.06

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VISION INSURANCE



What is Vision Insurance? A health and wellness plan designed to reduce your costs for routine preventive eye care including eye exams and prescription eye wear (eyeglasses and contact lenses).

Eligibility: Eligible full-time and 49% employees (as described on eligibility page), spouse and children* (up to age 26)

- Coverage through EyeMed
- Claims must be submitted within 90 days of service
- In-Network Provider Directory: www.eyemed.com (**Network: EyeMed Insight**)
- *The chart below is a sample of covered services. Please see Plan Certificate for a detailed listing of services in their entirety. Plan certificate available on your Employee Benefits website.*

**Child marital status does not impact benefit eligibility*

Vision Benefits Quick Summary	In Network	Out of Network
Eye Exam	\$10 Copay	Up to \$40
Contact Lens Exam	Up to \$40	No Benefit
Frames	\$175 Allowance + 20% off remaining balance	Up to \$77
Lenses (12 Months) Single/Bifocal/Trifocal/Lenticular	\$15 Copay	Up to \$30 - \$70
Lenses (12 Months) Progressive (Standard)	\$60 Copay	Up to \$50
Lenses (12 Months) Progressive (Premium 1-3)	\$80 - \$105 Copay	Up to \$50
Lenses (12 Months) Progressive (Premium 4)	\$60 Copay, \$120 allowance + 20% off retail price	Up to \$50
Lenses (12 Months) Polycarbonate (Standard)	\$0 Copay	Up to \$20
Elective Contacts (in lieu of lenses)	Up to \$175 Allowance + 15% off remaining balance	Up to \$110
Medically Necessary Contacts	Covered in Full	Up to \$210
Lasik or PRK	15% Discount on retail; 5% off promotional price	No Benefit
Frequencies	Exam/Lenses/Frames : Every 12 months	

Plan Rates	
Employee	\$12.36
Employee + Spouse	\$23.48
Employee + Child	\$24.71
Family	\$36.33



Network: EyeMed Insight

www.eyemed.com

Member/Patient Services: 866.800.5457

Evans County Board of Education

Group #: 1013775

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WELLNESS INCENTIVES

GET REWARDED FOR PREVENTIVE CARE

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

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

How it works:

- If you or a covered dependent get one of the eligible screenings, you can file a wellness claim
- Once approved, you will receive a check for the wellness benefit amount
- The wellness incentive can be filed annually as long as your critical illness, cancer, accident and hospital indemnity plans are in force
- Additional Wellness information can be found on your employee benefits website www.evanscountybenefits.com

Available Wellness Incentives	Low Plan	High Plan
UNUM Critical Illness Plan	\$50/year	
Guardian Cancer Plan	\$50/year	\$75/per
Cigna Accident/Hospital Indemnity Plan	\$50/year	
State Health Benefit Plan	See SHBP page for details	

What Qualifies as Wellness ?

UNUM Critical Illness	Guardian Cancer	Accident & Hospital Indemnity
<ul style="list-style-type: none"> • Blood test for triglycerides • Fasting blood glucose test • Mammography • Pap smear • Serum cholesterol test to determine HDL and LDL levels • Bone marrow aspiration or biopsy • CA 15-3 (blood test for breast cancer) • CA-125 (blood test for ovarian cancer) • CEA (blood test for colon cancer) • Carotid Doppler • Chest X-ray • Colonoscopy • Echo cardiogram • Electrocardiogram • Fasting plasma glucose (FPG) • Flexible sigmoidoscopy • Hemoglobin A1C (HbA1c) • Hemocult stool analysis • PSA (blood test for prostate cancer) • Serum protein electrophoresis (blood test for myeloma) • Skin cancer biopsy • Stress test on a bicycle or treadmill • Thermography • Thin prep pap test • Two-hour post-load plasma glucose • Virtual colonoscopy 	<ul style="list-style-type: none"> • Bone marrow testing • BRCA testing • Breast ultrasound • Breast MRI • CA 15-3 (blood test for breast cancer) • CA125 (blood test for ovarian cancer) • CEA (blood test for colon cancer) • Chest x-ray • Colonoscopy/Virtual • Colonoscopy • CT scans /MRI scans • Flexible sigmoidoscopy • Hemocult stool analysis • Mammography • Pap smear /ThinPrep pap test • PSA (blood test for prostate cancer) • Serum protein electrophoresis (blood test for myeloma) • Testicular ultrasound • Thermograph 	<p>Including but not limited to:</p> <p>WELLNESS TREATMENT</p> <ul style="list-style-type: none"> • Well Child Care - Visits, Labs and Immunizations • Osteoporosis screenings • Routine gynecological exams • Routine prostate exams • General health exams • Colorectal cancer screenings • Cancer screenings • Adult immunizations <p>HEALTH SCREENING TEST</p> <ul style="list-style-type: none"> • Mammography • Pap Smear for women over Age 18 • Flexible Sigmoidoscopy Hemocult Stool Specimen • Colonoscopy • Prostate Specific Antigen (for prostate cancer) • Stress test on a bicycle or treadmill • Fasting blood glucose test • Blood test for triglycerides • Serum cholesterol test to determine levels of HDL and LDL • Bone marrow testing • Breast ultrasound • CA 15-3 (blood test for breast cancer) • CA125 (blood test for ovarian cancer) • CEA (blood test for colon cancer) • Chest X-ray • Serum Protein Electrophoresis (blood test for myeloma) • Thermography

How to submit a claim

<ul style="list-style-type: none"> • Complete the necessary health screening/wellness form and mail to: The Benefits Center P.O. Box 100158 Columbia, SC 29202 • Call 800.635.5597 • Download the UNUM Customer App and file via the App (must register as a new user if not previously registered) 	<ul style="list-style-type: none"> • Log onto www.guardianlife.com/ and select "My Account/Login" to register or access your account 	<ul style="list-style-type: none"> • Call 800.754.3207 • Online: supphealthclaims.com • Fax wellness claim form to 860.730.6460 • Email: supphealthclaims@cigna.com • Mail documents to: Cigna Phoenix Claim Services P.O Box 55290 Phoenix, AZ 85078
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CRITICAL ILLNESS INSURANCE



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: Eligible full-time and 49% employees (as described on eligibility page), spouse and unmarried children (up to age 26)

- Coverage through UNUM
- Elect Critical Illness with or without Cancer coverage based on you individual needs
- **Issue Age - Rates are locked in and will not increase with age**
- Underwriting health questions will be required
- Keep your coverage, at the same cost, even if you retire or change employers
- *The chart below is a sample of covered services. Please see Plan Certificate for a detailed listing of services in their entirety. Plan certificate available on your Employee Benefits website.*

Critical Illness Benefits Quick Summary		CRITICAL ILLNESS MONTHLY RATES Per \$1,000 of Coverage		
FACE AMOUNT INCREMENTS OF \$5,000		Issue Age:	NON-TOBACCO	TOBACCO
Employee	\$5,000 - \$50,000	< 25	\$0.33	\$0.47
Spouse	\$5,000 - \$30,000	25-29	\$0.33	\$0.54
Dependent Children	Automatically 50% of Employee Amount	30-34	\$0.43	\$0.76
COVERED SPECIFIED CRITICAL ILLNESSES	Pays % of Face Amount	35-39	\$0.57	\$1.09
		40-44	\$0.80	\$1.61
		45-49	\$1.09	\$2.21
		50-54	\$1.46	\$2.88
		55-59	\$1.96	\$3.72
		60-64	\$2.74	\$4.96
		65-70	\$3.73	\$6.12
		70 +	\$4.86	\$7.35
		CRITICAL ILLNESS WITH CANCER MONTHLY RATES Per \$1,000 of Coverage		
		Issue Age:	NON-TOBACCO	TOBACCO
		< 25	\$0.54	\$0.82
		25-29	\$0.61	\$1.01
		30-34	\$0.80	\$1.44
		35-39	\$1.09	\$2.09
		40-44	\$1.55	\$3.06
		45-49	\$2.17	\$4.33
50-54	\$2.95	\$5.88		
55-59	\$4.02	\$7.81		
60-64	\$5.51	\$10.03		
65-70	\$7.18	\$12.16		
70 +	\$9.00	\$13.76		
Cancer	100%	*Your paycheck deduction includes base coverage plus wellness benefit premium of \$1.60 (Employee, Spouse and Children)		
Heart Attack (Myocardial Infarction)	100%			
Stroke	100%			
Major Organ Failure	100%			
End Stage Renal Failure (Kidney)	100%			
Permanent Paralysis due to Covered Accident	100%			
Coma	100%			
Blindness	100%			
Occupational Infectious HIV or Hepatitis B, C or D	100%			
Coronary Artery Bypass Graft Surgery	25%			
Cancer Optional Rider - Carcinoma in situ	25%			
Wellness Incentive	\$50 / year / insured			
Pre-existing Condition	None			
Age Reduction	None			
Waiting Period	None			
Reoccurrence Benefit/ Second Occurrence Benefit	Max Benefit Amount: \$50,000/ available for a second covered condition			
Stop issue age is 70 for eligible employees				

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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: Eligible full-time employees (as described on eligibility page), spouse and children* (up to age 26)

- Coverage through Guardian
- Payments made directly to you and do no 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 Plan Certificate for a detailed listing of services in their entirety. Plan certificate available on your Employee Benefits website.*

**Child marital status does not impact benefit eligibility*

Cancer Benefits Quick Summary	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 per day	\$50 per day
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	\$250
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	\$25
New or Experimental Treatment	\$250 per day / \$2,400 per month	\$100 per day / \$1,000 per month
Prosthesis	\$300 - \$6,000	\$200 - \$4,000
Wellness Incentive (annually)	\$75	\$50
Waiting Period (Initial Diagnosis)	30 Days	
Pre-existing Condition (Must be cancer free for 5 years if previously diagnosed)	12/12= Any illness or injury for which you received treatment the 12 months prior to your effective date will not be covered for the first 12 months.	
Riders Included: Specified Illness Rider		
Age Reduction	None	

High Plan Monthly Rates

Employee	\$30.46
Employee + Spouse	\$56.80
Employee + Child(ren)	\$34.59
Employee + Family	\$60.93

Low Plan Monthly Rates

Employee	\$18.67
Employee + Spouse	\$34.77
Employee + Child(ren)	\$21.28
Employee + Family	\$37.37

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ACCIDENT INSURANCE



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

Eligibility: Eligible full-time and 49% employees (as described on eligibility page), spouse and children* (up to age 26)

- Coverage through Cigna
- **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 Plan Certificate for a detailed listing of services in their entirety. Plan certificate available on your Employee Benefits website.*

**Child marital status does not impact benefit eligibility*

Accident Benefits Quick Summary	Low Plan	High Plan
INJURIES		
Fractures	\$100 - \$4,000	\$200 - \$8,000
Dislocations	\$100 - \$4,000	\$200 - \$6,000
Second and Third Degree Burns	\$100 - \$7,500	\$300 - \$10,000
Concussions	\$100	\$150
Cuts/Lacerations	\$50 - \$400	\$100 - \$600
Eye injuries	\$100 - \$200	\$200 - \$400
MEDICAL SERVICES & TREATMENT		
Ambulance (Ground)	\$300	\$400
Emergency Room Visit	\$100	\$200
Abdominal or Thoracic Surgery	\$1,000	\$1,250
Physician Office Visit	\$50	\$75
ACCIDENTAL DEATH & DISMEMBERMENT		
Accidental Death	\$25,000 - \$75,000*	\$50,000 - \$100,000*
Dismemberment	\$1,000 - \$20,000*	\$2,000 - \$30,000*
* Actual benefit amount paid depends on the type of Covered Loss. The Spouse and Child benefit is 50% and 25% respective of the benefit shown.		
Hospital Coverage (Accident)		
Admission Admitted for at least 23 hours	\$500	\$1,000
Confinement	\$100 / day (non-ICU) \$200/accident (ICU)	\$200 /day (non-ICU) \$400/accident (ICU)
Wellness Incentive	\$50/year	\$50/year
Age Reduction	None	
Pre-existing Condition	None	
Portability	Prior to age 100	

Low Plan Monthly Rates	
Employee	\$7.59
Employee + Spouse	\$13.21
Employee + Child(ren)	\$15.87
Employee + Family	\$21.50

High Plan Monthly Rates	
Employee	\$12.54
Employee + Spouse	\$22.07
Employee + Child(ren)	\$26.58
Employee + Family	\$36.11

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HOSPITAL INDEMNITY (IN-HOSPITAL CASH)



What is Hospital Indemnity Insurance? A plan which pays you benefits when you are confined to a hospital, whether for planned or unplanned reasons.

Eligibility: Eligible full-time and 49% employees (as described on eligibility page), spouse and children* (up to age 26)

- Coverage through Cigna
 - Benefits do not coincide with health insurance; payments made directly to you
 - **No Health Questions - EVERY YEAR!**
 - *The chart below is a sample of covered in-network services. Please see the Plan Certificate on your Employee Benefits for a detailed listing of services, as well as out-of-network allowances in their entirety.*
- *Child marital status does not impact benefit eligibility*

Hospital Indemnity Benefits Quick Summary	
Hospital and Related Benefits	
Admission	\$1,000 per day (No elimination period. Limited to 1 day, 1 benefit every 90 days)
Hospital Chronic Condition Admission	\$50 per day (No elimination period. Limited to 1 day, 1 benefit every 90 days)
Hospital Stay	\$100 per day (No elimination period. Limited to 30 days, 1 benefit every 90 days)
Hospital Intensive Care Unit Stay	\$200 per day (No elimination period. Limited to 30 days, 1 benefit every 90 days)
Hospital Observation Stay	\$100 per day (24 hour elimination period. Limited to 72 hours)
Newborn Nursery Care Stay	\$200 per day (Limited to 30 days, 1 benefit per newborn child - Benefit is payable to the employee if child coverage is not elected)
Pre-existing condition limitation	None
Age Reduction	None
Wellness Incentive	\$50 per year
Benefits renew every 90 days; Portable to age 100	

Monthly Rates
Employee \$16.82
Employee + Spouse \$28.46
Employee + Child(ren) \$27.28
Employee + Family \$38.92



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THE SMART WAY TO REDUCE YOUR HEALTHCARE COSTS

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

Eligibility: Eligible full-time and 49% employees (as described on eligibility page), spouse, and unmarried children (up to age 26)

- Coverage through MedCareComplete
- This is a supplemental benefit and does not replace health insurance.
- Current MedCareComplete Lite participants will have the option to stay on the lite version or move to the enhanced version. You cannot re-enroll in the lite version if you choose to drop it during this enrollment.
- Register at MCC: medcarecomplete.com/members to access the full range of benefits
- Register at 1800MD: 1800md.com or call 800.388.8785 to access telemedicine benefits

Included with the MedCareComplete Membership:

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

1. Medical Bill Negotiator

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

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

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 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 |

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.

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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 full-time and 49% employees (as described on eligibility page), spouse, and unmarried 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.evanscountybenefits.com/>)

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

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FLEXIBLE SPENDING ACCOUNTS



What are Medical Flexible Spending Accounts (FSAs)? A pre-tax benefit account used to pay for out-of-pocket healthcare 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 daycare.

Eligibility: Eligible full-time and 49% employees (as described on eligibility page), spouse and children* (up to age 26) *For dependent care children ages 12 and under and adults for adult day care.

- **Coverage through Consolidated Admin Services**
- Plan year is from January 1- December 31 and employees must re-elect each year
- Married and not filing jointly participants limited to \$2,500 deferral for Dependent Care
- Transfer of funds between the Dependent Care and Medical Care accounts are prohibited
- Only family status changes will allow you to change your annual election. The altered election must be consistent with the status change.

*Children must be eligible for an exemption on your federal tax return

FSA Benefits Quick Summary	
MEDICAL FSA ACCOUNT	
Minimum Contribution	\$300 annually
Maximum Contribution	\$3,200 annually
CARRYOVER MAX- Amount of funds carried over to the next year, Must enroll in FSA to access carryover funds.	\$640
Amount available on the effective date of coverage	
DEPENDENT CARE FSA ACCOUNT	
Minimum Contribution	\$300 annually
Maximum Contribution	\$5,000 annually
CARRYOVER FUNDS	None
Amount is only available as the funds are payroll deducted	
Plan Rules	
RUNOUT PERIOD- The amount of time to turn in receipts for services rendered during the plan year.	30 days after end date to turn in receipts
All receipts should be kept to submit if verification is requested	

Rates	
FSA/DCAP Fee Per Participant Per Month	\$3.50
Replacement Card Fee	\$10.00

IMPORTANT NOTE:

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

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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>

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

Imagine what you could do with CAS' mobile app



Get Reimbursed Quickly



Track Receipts



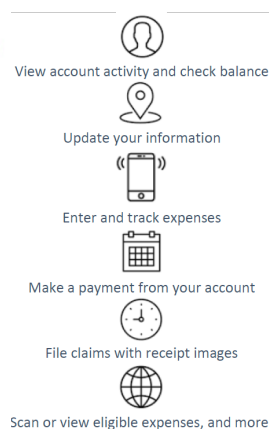
Check Balances

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

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ADDITIONAL RESOURCES

Campus Benefits

Service Team

Phone: 866.433.7661 Opt 5

Email: mybenefits@campusbenefits.com

OneAmerica	UNUM
Guardian	Cigna
MetLife	CAS
EyeMed	MedCare Complete
Trustmark	

State Health Benefit Plan

Main Call Center

Phone: 800.610.1863

Anthem Blue Cross Blue Shield of GA
UnitedHealthcare
Kaiser Permanente
Healthways
Express Scripts

AirMedCare

Becky Palmer

Email: Rebecca.Palmer@gmr.net

Phone: 912.347.7776

Core Credit Union

Jim Thibodeau

Phone: 912.764.9846

Email: Jim.thibodeau@coreecu.org

Horace Mann

Melissa Coleman

Phone: 912.225.1123

Email: Melissa.coleman@horacemann.com

Valuteachers

Ken Love

Phone: 706.975.6589

Email: kenlove@valuteachers.com

Professional Association of Georgia Education (PAGE)

Kathryn Barrios

Phone: 404.596.4434

Email: kbarrios@pageinc.org

Valic

Dan Silva

Phone: 478.405.5005

Email: dan.silva@valic.com

New York Life

Kevin Odell

Phone: 912.739.4812

Email: ksodell@ft.newyorklife.com

LegalShield

Sherranda Ivey

Phone: 478.227.6248

Email: sherranda@slibiz.com

STATE HEALTH BENEFIT PLAN



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

- **Coverage through Anthem, United Healthcare, or Kaiser Permanente**
- All qualifying life events must be submitted via the SHBP Portal
- **Notice:** Your employer offers all eligible employees health insurance through the Georgia State Health Benefit Plan. During the Fall annual open enrollment, you have the opportunity to review all available options and make elections

SHBP Enrollment Portal:

<https://myshbpga.adp.com>



SHBP Wellness Portal:

<https://bewellshbp.com>

SHBP Decision Guide:

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 Decision Guide:

In this Guide is 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/enrollment/open-enrollment>

SHBP Phone Number: 800.610.1863

SHBP Wellness Incentives Overview:

Information based on 2024 data

Plan Option	Anthem HMO MyIncentive Account	Anthem HRA	Kaiser Permanente	UHC HMO & HDHP Health Incentive Account
Who's Eligible	Up to	Up to		Up to
Member	480 credits	480 credits	\$500*	480 credits
Spouse	480 credits	480 credits	\$500*	480 credits
Bonus credits for member	N/A	N/A	N/A	480 credits**
Potential Total credits/dollars	960 credits	960 credits	\$1,000*	1,440 credits

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

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

**Spouse's can earn 240 bonus credits, please see decision guide for details and rules

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2025 SHBP PLANS & PRICING



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

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

Plan Designs for 2025											
	Anthem Gold Plan HRA		Anthem Silver Plan HRA		Anthem Bronze Plan HRA		Anthem HMO	UHC HMO	UHC HDHP		Kaiser HMO*
	In	Out	In	Out	In	Out	In	In	In	Out	In
Deductible											
You	\$1,500	\$3,000	\$2,000	\$4,000	\$2,500	\$5,000	\$1,300	\$1,300	\$3,500	\$7,000	N/A
You + Spouse	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500	\$1,950	\$1,950	\$7,000	\$14,000	N/A
You + Child(ren)	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500	\$1,950	\$1,950	\$7,000	\$14,000	N/A
You + Family	\$3,000	\$6,000	\$4,000	\$8,000	\$5,000	\$10,000	\$2,600	\$2,600	\$7,000	\$14,000	N/A
Medical OOPM (Out of Pocket Maximum)											
You	\$4,000	\$8,000	\$5,000	\$10,000	\$6,000	\$12,000	\$4,000	\$4,000	\$6,450	\$12,900	\$6,350
You + Spouse	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000	\$6,500	\$6,500	\$12,900	\$25,800	\$12,700
You + Child(ren)	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000	\$6,500	\$6,500	\$12,900	\$25,800	\$12,700
You + Family	\$8,000	\$16,000	\$10,000	\$20,000	\$12,000	\$24,000	\$9,000	\$9,000	\$12,900	\$25,800	\$12,700
Coinsurance (Plan Pays)	85%	60%	80%	60%	75%	60%	80%	80%	70%	50%	100%
HRA (Health Reimbursement Arrangement) Credits											
You	\$400		\$200		\$100		N/A	N/A	N/A		N/A
You + Spouse	\$600		\$300		\$150		N/A	N/A	N/A		N/A
You + Child(ren)	\$600		\$300		\$150		N/A	N/A	N/A		N/A
You + Family	\$800		\$400		\$200		N/A	N/A	N/A		N/A
Medical											
ER	Coins after ded		Coins after ded		Coins after ded		\$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%
Retail Rx											
Tier 1	15%, Min \$20, Max \$50		15%, Min \$20, Max \$50		15%, Min \$20, Max \$50		\$20 copay	\$20 copay	Coins after ded		\$20 copay
Tier 2	25%, Min \$50, Max \$80		25%, Min \$50, Max \$80		25%, Min \$50, Max \$80		\$50 copay	\$50 copay	Coins after ded		\$50 copay
Tier 3	25%, Min \$80, Max \$125		25%, Min \$80, Max \$125		25%, Min \$80, Max \$125		\$90 copay	\$90 copay	Coins after ded		\$80 copay
Mail Order Rx											
Tier 1	15%, Min \$50 Max \$125		15%, Min \$50, Max \$125		15%, Min \$50, Max \$125		\$50 copay	\$50 copay	Coins after ded		\$50 copay
Tier 2	25%, Min \$125, Max \$200		25%, Min \$125, Max \$200		25%, Min \$125, Max \$200		\$125 copay	\$125 copay	Coins after ded		\$125 copay
Tier 3	25%, Min \$200, Max \$313		25%, Min \$200, Max \$313		25%, Min \$200, Max \$313		\$225 copay	\$225 copay	Coins after ded		\$200 copay
Rx OOPM						All Plans Combined with Medical					
Monthly Premiums	Anthem Gold Plan HRA		Anthem Silver Plan HRA		Anthem Bronze Plan		Anthem HMO	UHC HMO	UHC HDHP		Kaiser HMO*
Employee	\$194.67		\$131.17		\$82.67		\$157.53	\$196.58	\$72.69		\$157.53
Employee + CH	\$355.26		\$247.31		\$164.86		\$292.12	\$358.50	\$147.89		\$292.12
Employee + SP	\$482.76		\$349.41		\$247.56		\$404.77	\$486.77	\$226.60		\$404.77
Family	\$643.35		\$465.55		\$329.75		\$539.36	\$648.69	\$301.80		\$539.36

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SHBP LEGAL NOTICES



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 Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBC is available on the web at: <https://shbp.georgia.gov/plan-documents>. A paper copy is also available, free of charge, by calling 912-739-3544.

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

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

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

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SHBP LEGAL NOTICES



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 re-

quired 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.

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GLOSSARY OF TERMS

Definitions Disclaimer: The definitions below are for illustrative purposes only. Actual plan definitions are governed exclusively by the provider contract and associated Summary Plan Description (SPD). Please visit evanscountybenefits.com/ for each plans policy document/certificates and actual benefit definitions.

Accelerated Life Benefit - An accelerated life benefit, also known as a terminal illness rider, is a life insurance policy add-on that allows you to access your policy's death benefit before you die if you're diagnosed with a qualifying serious illness — typically a terminal one.

Age Reduction - A reduction of the face amount of your group insurance policy when you reach a certain age. Please review the age reductions on the Basic Life insurance.

Beneficiary - A life insurance beneficiary is the person or entity that will receive the money from your policy's death benefit when you pass away. When you purchase a life insurance policy, you choose the beneficiary of the policy. Please update your beneficiaries as needed for your Basic Life Insurance, Voluntary Term Life Insurance and/or Permanent Life Insurance.

Conversion - Conversion is when you convert your term life insurance policy into a permanent life insurance policy. Please refer to the plan certificate for detail on converting your term life coverage.

Dependents - The definition of eligible dependents vary by insurance carrier. Eligible dependents may include your spouse and taxable dependent children who are under the age of 26. Child marital status will impact benefit eligibility. Please refer to each plans policy document for verification of dependent eligibility.

Elimination Period - Elimination period is a term used to refer to the time period between an injury and the receipt of benefit payments. In other words, it is the length of time between the beginning of an injury or illness and receiving benefit payments from an insurer.

Guaranteed Issue - A plan's guaranteed issue (GI) is the amount of life insurance available to an employee without having to provide Evidence of Insurability, or EOI/ no health questions. This is particularly helpful if you have health issues which may make you otherwise uninsurable.

Indemnity - Security or protection against a loss or other financial burden.

Portability - The portability provision allows you to take coverage with you when you leave your place of employment. The portability rate will differ from current plan rates and are determined by the plan carrier at the time of portability. Portability must be completed with a specific time frame. Please refer to the plans policy certificate for details on portability.

Pre-existing Condition - An illness or injury experienced before enrollment in a insurance plan may be considered a pre-existing condition. Pre-existing conditions can include health issues such as cancer, diabetes, lupus, depression, acne, pregnancy, or just about any other health condition you can imagine. Refer to each plans document for pre-existing condition limitations.

Qualifying Life Event Change - A change in your situation — like getting married, having a baby, or losing benefit coverage — that can make you eligible for a Special Enrollment Period, allowing you to enroll in insurance outside the yearly Open Enrollment Period.

Waiver of Premium - A waiver of premium rider is an insurance policy clause that waives premium payments if the policyholder becomes critically ill, seriously injured, or physically impaired. Other stipulations may apply, such as meeting specific health and age requirements.

U&C - The amount paid for dental services in a geographic area based on what providers in the area usually charge for the same or similar service. For the dental high plan, the U&C reimbursement allowance covers what 9.9 out of 10 dentists in your geographical location covers. The low plan is an In-Network only plan.

Waiting Period - A waiting period is the amount of time an insured must wait before some or all of their coverage comes into effect. The insured may not receive benefits for claims filed during the waiting period. Waiting periods may also be known as elimination periods and qualifying periods.

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.



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The 2025 Benefits Enrollment Guide is provided for illustrative purposes only. Actual benefits, services, premiums, eligibility, 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 evanscountybenefits.com. These should be reviewed fully prior to electing any benefits.