

2024



# City Schools of Decatur

## Benefits Guide



# TAKE ACTION REMINDERS!

- Open enrollment is your opportunity to make changes to your benefit elections without a qualifying life event
- New Hire enrollment must take place with 30 days of your hire date
- As a new hire you may be eligible for certain benefits without health questions (guaranteed issue). Please review and understand these guaranteed issue amounts and limitations.
- Remember to provide/update beneficiaries as necessary for Voluntary Term Life/AD&D policy
- Submit any qualifying life event changes for you and eligible dependents within 30 days of the event date

## 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*

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### How to Enroll in Campus Benefits Voluntary Benefits

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

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

1. Visit <https://www.csdbenefits.com/>
2. Select the “State Health” tab
3. Select “SHBP Enrollment Link” (Refer to the SHBP section of this guide for additional details) OR
- 4. Contact SHBP at 800.610.1863**
  - Plan year is 1/1 - 12/31
  - **Annual open enrollment occurs in the Fall (October/November)**

The City Schools of Decatur 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.

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### Need Help? Start Here:

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

866.433.7661 opt 5

## CITY SCHOOLS OF DECATUR CONTACTS:

### Adena Walker

Chief Human Resources Officer  
404.371.3601 ext. 1012  
[awalker@csdecatur.net](mailto:awalker@csdecatur.net)

### Jenny Wynne

Compensation & Benefits Coordinator  
404.371.3601 ext. 1020  
[jwynne@csdecatur.net](mailto:jwynne@csdecatur.net)

### Britney Terrell

Employee Relations/Leave Coordinator  
404.371.3601 ext. 1014  
[bterrell@csdecatur.net](mailto:bterrell@csdecatur.net)

### Shekinah Parker

Human Resources Generalist  
404.371.3601 ext. 1046  
[sparker@csdecatur.net](mailto:sparker@csdecatur.net)

### Jasmine Lupoe

Human Resources Specialist II  
404.371.3601 ext. 1028  
[jasmine.lupoe@csdecatur.net](mailto:jasmine.lupoe@csdecatur.net)

## Eligibility

- All employees working 50% of full-time hours based on job category (minimum of 15 hours/week)
- Board Members working 30 or more hours per month
  - Eligible for dental, vision and \$10,000 of life insurance (employee only coverage)
  - MedCareComplete & Legal Plan (employee & family coverage)
- For all benefits listed within this guide, eligible employees must be actively at work on the effective date of coverage
- General 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.

## 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 31 days of the event date.

## When Do Benefits Begin

- The effective date of benefits coverage depends on your hire date. Typically, benefits will begin the first of the month following 30 days of employment.

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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: <https://www.csdbenefits.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 the group dental card or vision card quickly?

A: Your group dental and vision plan information is available at: <https://www.csdbenefits.com/>



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

# CAMPUS BENEFITS ENROLLMENT



**Website:** <https://www.csdbenefits.com/>

- Campus Benefits Open Enrollment: October 16th - November 3rd, 2023
- Medical and Dependent Care FSA accounts must be re-elected each enrollment.
- Visit <https://csd.campusbenefits.com> to schedule a phone appointment with a benefits counselor. On-site enrollments are available. Please check your email for dates/details.
- Plan Year: January 1, 2024 – December 31, 2024

## New Hires:

- New hire: Benefits enrollment must take place within 30 days of start date.

**Company Identifier: DCSD18**

**1** Visit <https://www.csdbenefits.com/>

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

**3** Existing User Login

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

## New User Registration

1. On Login page click on “Register as a new user” and enter information below
  - First Name
  - Last Name
  - Company Identifier: DCSD18
  - PIN: Last 4 Digits of SSN
  - Birthdate
2. Click “Next”
3. Username: Work email address or one you have provided to HR when you were hired
4. Password: Must be at least 6 characters and contain a symbol and a number
5. Click on “Register”
6. On the next page, it will show your selected Username. Click on “Login”
7. Enter Username and Password
8. Click “Start Benefits” to begin the enrollment

## FAQ'S

### What is my username?

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

### What is my password?

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

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

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## STILL NEED HELP?

### Contact Campus Benefits

Email [mybenefits@campusbenefits.com](mailto:mybenefits@campusbenefits.com)  
Call 1-866-433-7661, opt 5

## Login Information

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

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

# EMPLOYEE ASSIST

**What is an EAP?** An Employee Assistance Program (EAP) assists employee and their eligible dependents with personal and job-related concerns, including: emotional well-being, family and relationships, legal and financial, healthy lifestyles and work and life transitions.

## OneAmerica EAP

**Eligibility:** All City Schools of Decatur Employees, their eligible household members and unmarried children up to age 26

- Coverage through OneAmerica
- Provides support, resources, and information for personal and work-life issues
- Company-sponsored and provided at **NO CHARGE** to you and your dependents
- Guidance for personal issues, planning for life events or simply managing daily life which can affect your work, health and family
- CALL 1.855.365.4754 or visit [Guidanceresources.com](http://Guidanceresources.com), Select Register, enter Web ID: ONEAMERICA6
- For the 5 Character Company name, enter the letters CITY and then space bar, then submit. Select City Schools of Decatur from the drop down menu and then select submit. Follow the prompts.

## 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
- **Receive 6 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 range 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](http://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



### Contact Your GuidanceResources® Program

Call: 855.365.4754

TDD: 800.697.0353

Online: [guidanceresources.com](http://guidanceresources.com)

App: GuidanceResources® Now

Web ID: ONEAMERICA6

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# TANCE PROGRAMS

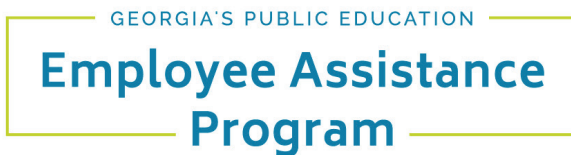
## Georgia Public Education/Ga DOE EAP

**Eligibility:** All full-time employees working 29+ hours/week, their eligible household members and children up to age 26

- Coverage through Kepro
- Provides support when you're facing issues that interfere with your health, well-being and productivity at home or at work.
- **Receive up to six counseling sessions at no charge**
- CALL 1.866.279.5177 or visit [www.EAPHelplink.com](http://www.EAPHelplink.com), Company Code: GADOE

Free. Confidential. Supportive.

1-866-279-5177



a partnership with:



## Here for you

Balancing the challenges of your job and the demands of an active personal lifestyle can at times be overwhelming. Your EAP is here for you when you're facing issues that interfere with your health, well-being and productivity at home or at work.

### Counseling & Support

Your EAP is here to help you with the demands of life. Call for confidential access to a highly qualified counselor who can help. **You get up to six counseling sessions available at no cost to you.** Your counselor may refer you to resources in your community for ongoing support.



#### OUR COUNSELORS CAN HELP YOU WITH:

- Stress, depression, anxiety problems
- Relationship issues
- Job stress, work, conflicts
- Family and parenting problems
- Anger, grief loss
- Substance abuse
- and more

### Work/Life Services

You can also call a Work/Life Consultant who acts as a personal concierge to help you balance work and life. They will answer your questions and can help you identify the resources in your community that best meet your needs.



#### ASK OUR WORK/LIFE CONSULTANTS ABOUT:

- Childcare and parenting
- Elder care
- Event and travel planning
- Home repairs
- Moving or relocation services
- and more

# 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:** All full-time employees (as described within the Eligibility section of this guide)

- Coverage through OneAmerica
- Employee must be actively at work on the effective date
- **No Health Questions - Every Year!**
- Employees can stop their sick leave at the end of the elimination period or continue to use both sick leave and their disability. Decision must be made at the beginning of leave

Short-Term Disability	
Elimination Period	Benefits begin either on the 31st, 15th, or 8th day of an injury or illness
Benefit Duration	Covers accidents and sicknesses up to either 9, 11, or 12 weeks
Benefit Percentage (weekly)	60% of your gross weekly salary
Maximum Benefit Amount Weekly	\$1,000
Pre-Existing Condition	3/6-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 (applies to new enrollees only)

Long-Term Disability	
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	\$5,000
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)

Short-Term Disability Semi-Monthly Rates			
Age Category	Option 1 (30 day)	Option 2 (14 day)	Option 3 (7 day)
<19 - 24	\$0.24	\$0.38	\$0.49
25-29	\$0.28	\$0.38	\$0.56
30-34	\$0.28	\$0.36	\$0.56
35-39	\$0.26	\$0.38	\$0.48
40-44	\$0.22	\$0.42	\$0.48
45-49	\$0.24	\$0.46	\$0.49
50-54	\$0.26	\$0.50	\$0.56
55-59	\$0.30	\$0.58	\$0.68
60-64	\$0.35	\$0.68	\$0.75
65-69	\$0.42	\$0.78	\$0.87
70+	\$0.66	\$0.96	\$1.05

Long-Term Disability Semi-Monthly Rates			
Age Category	Option 1 (90 day)	Age Category	Option 1 (90 day)
<19	\$0.07	45-49	\$0.58
20-24	\$0.11	50-54	\$0.84
25-29	\$0.13	55-59	\$0.98
30-34	\$0.23	60-64	\$0.90
35-39	\$0.31	65-69	\$0.46
40-44	\$0.45	70+	\$0.35

Rate Calculator:	
<b>Short-Term Disability</b>	<b>Long-Term Disability</b>
Divide Annual Salary by 52	Divide Annual Salary by 12
Multiply by Benefit Percentage (60%)	Divide by 100
Divide by 10 and Multiply by Rate (Based on Age)	Multiply by Rate (Based on Age)
<i>*Rates are based on salary information received from your employer</i>	



# LIFE INSURANCE 101

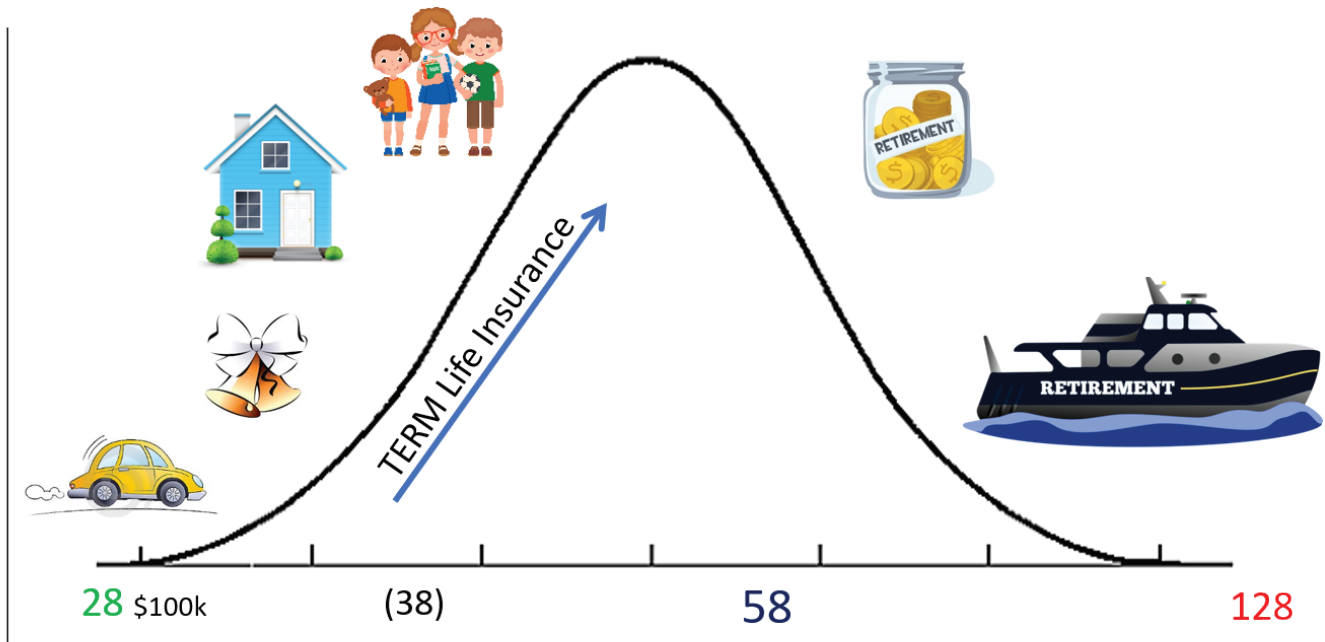
The need for life insurance depends on each individual life situation. If loved ones are financially dependent on you, then buying life insurance coverage can absolutely be worth it. Even if you don't have financial dependents yet, life insurance can be a valuable solution for making death easier on 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.**

## TERM LIFE INSURANCE

Term Life insurance is illustrated on the bell curve below. The term life offered is a group policy which allows you to get more benefit for less premium.

- Term life insurance is for the unexpected death
- Includes an Accidental Death & Dismemberment Benefit
- Term life insurance is flexible and allows changes to your benefit amount each year depending on life changes. For example, as you get married and have children the need for term insurance often increases. As you near retirement, the need for term life insurance often decreases.
- Coverage is portable at retirement or if you leave the employer (premium will increase)
- Premiums are based on age and increase as you get older



Permanent Life Insurance Monetary Life Line

## 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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# 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 potential income during working years and help ensure your family's financial goals will still be met. AD&D coverage is included as a part of life insurance benefits, and will pay out a lump-sum death benefit in the event you or a covered loved one die accidentally or pass away later as the direct result of an accident. This plan also has a dismemberment benefit which provides an additional lump sum payment if an insured becomes dismembered in an accident.

**Eligibility:** All full-time employees (as described within the Eligibility section of this guide), spouse and unmarried children (up to age 26)

- Coverage through OneAmerica
- Employee must be actively at work on the effective date
- Only covered employees may elect dependent coverage
- Dependent coverage may not exceed employee coverage amounts
- If electing for the first time outside of your initial enrollment period, Evidence of Insurability (EOI) is required

Voluntary Term Life and AD&D	
<b>LIFE AMOUNT</b>	
Employee	In increments of \$10,000 up to the lesser of \$750,000, or 10 times annual salary
Spouse	Increments of \$5,000 up to \$500,000, not to exceed employee amount
Child(ren)	\$3,000, \$6,000, \$10,000, \$15,000 or \$20,000
Child > 6 months	\$1,000
<b>ACCIDENTAL DEATH &amp; DISMEMBERMENT AMOUNT (INCLUDED)</b>	
Employee, Spouse and Child(ren)	Matches the Life Amount
<b>GUARANTEED ISSUE - FIRST TIME ELIGIBLE</b>	
<b>Employee</b>	\$300,000
<b>Spouse</b>	\$50,000
<b>Child(ren)</b>	\$20,000
<b>GUARANTEED INCREASE IN BENEFIT</b>	Employee & Spouse: If currently enrolled, you can increase up to the guaranteed issue amount at open enrollment with no health questions
<b>Age Reduction</b>	None
<b>Portability Provision</b>	Included (Rate will increase)
<b>Conversion</b>	Included (Rate will change)
<b>Accelerated Life Benefit</b>	75% to \$250,000
<b>Waiver of Premium</b>	Included
<b>Plan Rates</b>	
Cost of coverage is based on the level of benefit you choose and your age. Spouse rate is based on employee's age. Please consult with a Benefits Counselor or log into the enrollment system for rate details.	

# PERMANENT LIFE INSURANCE



**What is Permanent Life Insurance?** Coverage that provides lifelong protection, and the ability to maintain a level premium.

**Eligibility:** All full-time employees (as described within the Eligibility section of this guide), spouse and children (up to age 26)

- Coverage through UNUM
- Employee must be actively at work on the effective date
- Underwriting is required. Coverage is not guaranteed
- Coverage can be used for final expenses, bills, and mortgages
- Helps provide financial security during life-changing events which occur as you age and your needs change

Permanent Life Benefits	
<b>PLAN MAXIMUMS</b>	
Employee	\$2,000 - \$300,000
Spouse	\$2,000 - \$75,000
Child	\$5,000 - \$25,000 (increments of \$5,000)
<b>GUARANTEED ISSUE</b>	
Employee	\$35,000 (Ages 15-50) / \$25,000 (Ages 51-80)
Spouse (1 Qualifying Health Question)	\$10,000
Child	\$25,000
<b>OTHER FEATURES</b>	
Guaranteed Premium Guaranteed Death Benefit Guaranteed Interest rate of 4.5% Living Benefit Option Rider - 100% of the benefit amount if you are terminally ill.	

**Plan Rates**  
Please consult with a Benefits Counselor or log into the enrollment platform for rate details.



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**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:** All full-time employees (as described within the Eligibility section of this guide), spouse and dependent children (up to age 26)

- Coverage through MetLife
- Employee must be actively at work on the effective date
- **No Waiting Periods**
- To locate an in-network provider, please visit [www.metlife.com](http://www.metlife.com) / Network: PDP Plus
- Exams and Cleanings are allowed 2 times each calendar year and do not have to be separated by 6 months
- Orthodontia is for children up to age 19
- *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.*

	High Plan	Middle Plan (IN-NETWORK ONLY)	Low Plan
<b>Coinsurance</b>			
Preventive (Type 1)	100%	100%	100%
Basic (Type 2)	90%	90%	80%
Major (Type 3)	60%	60%	50%
Deductible	\$50 per Individual \$150 per Family	\$50 per Individual \$150 per Family	\$50 per Individual \$150 per Family
Max (per person)	\$2,000 per Calendar Year	\$2,000 per Calendar Year	\$500 per Calendar Year Diagnostic & Preventive services will not apply to the annual maximum
	<i>Visit Any Provider</i>	<b>IN-NETWORK ONLY PLAN</b>	<i>Visit Any Provider</i>
<b>Out of Network Allowance</b>			
Preventive (Type 1)	90th U&C	Negotiated Fee	90th U&C
Basic (Type 2)			
Major (Type 3)			
<b>Orthodontia</b>			
Coinsurance	50% (Child Only up to age 19)	50% (Child Only up to age 19)	None
Lifetime Maximum (per person)	\$2,000	\$2,000	Not Applicable

Semi-Monthly Rates	High Plan	Middle Plan	Low Plan
Employee	\$25.43	\$21.63	\$18.44
Employee + Spouse	\$49.51	\$42.08	\$35.82
Employee + Child	\$51.92	\$44.12	\$37.39
Family	\$74.75	\$61.81	\$52.28



## PDP Plus Network

Employee Name	Employee SSN
City Schools of Decatur	Employee ID
Group Name	5947046
1.800.942.0854	Group Number

*This card is a sample of the information needed by your dental provider.*

[metlife.com/mybenefits](http://metlife.com/mybenefits)

**Please note:**

You do not need to present an ID card to confirm that you are eligible. You should notify your dentist that you participate in MetLife's PDP. Your dentist can easily verify information about your coverage through a toll-free automated Computer Voice Response system.

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# DENTAL INSURANCE



Plan	High Plan	Middle Plan (In-Network ONLY)	Low Plan
<b>Preventive</b>	Routine Exam (2/12 months) Bitewing X-rays (1/12 months) Cleanings (2/12 months) Fluoride - Up to age 14 (1 in 12 months) Full Mouth X-rays (1 in 60 months)	Routine Exam (2/12 months) Bitewing X-rays (1/12 months) Cleanings (2/12 months) Fluoride - Up to age 14 (1 in 12 months) Full Mouth X-rays (1 in 60 months)	Routine Exam (2/12 months) Bitewing X-rays (1/12 months) Cleanings (2/12 months) Fluoride - Up to age 14 (1 in 12 months) Full Mouth X-rays (1 in 60 mo.)
<b>Basic</b>	Amalgam Fillings Composite Fillings Emergency Palliative Treatment Simple extractions Root canal	Amalgam Fillings Composite Fillings Emergency Palliative Treatment Simple extractions Root canal	Amalgam Fillings Composite Fillings Emergency Palliative Treatment
<b>Major</b>	Periodontal Maintenance Crowns Dentures Bridges Periodontal Root Planning & Scaling Implants Surgical extractions	Periodontal Maintenance Crowns Dentures Bridges Periodontal Root Planning & Scaling Implants Surgical extractions	Periodontal Maintenance Crowns Dentures Bridges Periodontal Root Planning & Scaling Root canal Simple & Surgical Extractions
<i>Limited example of services, please see plan certificate for more details and full listing of covered services as well as additional frequency details.</i>			

## Common Dental Questions:

### Who is a participating (In-Network) dentist and how do I find one?

A participating dentist is a general dentist or specialist who has agreed to accept MetLife's negotiated fees as payment in full for services provided to plan participants. You can access a list of participating dentists with directions and mapping capabilities online at [www.metlife.com/dental](http://www.metlife.com/dental) or call 1.800.ASK.4.MET (800.275.4638).

**Please Note: Be sure to verify provider participation when you make your appointment.**

### May I choose a non-participating (Out of Network) dentist?

It depends. If you are on the High Plan or Low Plan you are always free to select the dentist of your choice. However, if you choose a dentist who does not participate in the MetLife program, your out-of-pocket expenses may be greater, since you will be responsible to pay for any difference between the dentist's fee and your plan's payment for the approved service. **The Middle Plan option is an IN-NETWORK ONLY plan, so you would need to utilize an In-Network Dentist.**

### Can my dentist apply for participation in network?

Yes. If your current dentist does not participate in the MetLife network and you would like to encourage him or her to apply, tell your dentist to visit [www.metdental.com](http://www.metdental.com), or call 1.877.MET.DDS9 for an application.

### Can I find out what my out-of-pocket expenses will be before receiving a service?

Yes. With pre-treatment estimates, you never have to wonder what your out-of-pocket expense will be. MetLife recommends that you request a pre-treatment estimate for services in excess of \$300. To receive a benefit estimate, simply have your dentist submit a request for a pre-treatment estimate online at [www.metdental.com](http://www.metdental.com) or call 1.877.MET.DDS9 (638.3379).

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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 eyewear (eyeglasses and contact lenses).

**Eligibility:** All full-time employees (as described within the Eligibility section of this guide), spouse and children (up to age 26)

- Coverage through EyeMed
- Employee must be actively at work on the effective date
- Additional hearing benefits available
- To locate an in-network provider, please visit [www.eyemed.com](http://www.eyemed.com) (Network: 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.*

Vision Benefits Summary		
	High Plan	Low Plan
Frequencies (Exam/Lenses or Contacts/Frames)	Exam, Lenses,/Contacts, Frames Every 12 months	Exams, Lenses/Contacts Every 12 months Frames Every 24 months
Eye Exam	In: \$10 Copay Out: Up to \$40	In: \$20 Copay Out: Up to \$40
Contact Lens Fit & Follow-up (Standard/Premium)	In: \$40/10% off retail price Out: N/A	In: \$40/10% off retail price Out: N/A
Frames	In: \$150 allowance + 20% off balance Out: Up to \$105	In: \$130 allowance + 20% off balance Out: Up to \$91
Single/Bifocal/Trifocal/Lenticular Lenses	In: \$15 Copay Out: Up to \$30 - \$70	In: \$25 Copay Out: Up to \$30 - \$70
UV Coating, Tint, Scratch Resistance, Polycarbonate	In: \$0 Copay Out: Up to \$12 - 32	In: \$15 - \$40 Copay Out: N/A
Progressive Lenses	In: \$15 - \$60 Copay* Out: Up to \$84	In: \$90 - \$135 Copay* Out: Up to \$50
Elective Contacts Lenses	In: \$150 allowance + 15% off balance* Out: Up to \$150	In: \$110 allowance + 15% off balance* Out: Up to \$110
Medically Necessary Contacts	In: Covered in Full Out: Up to \$210	In: Covered in Full Out: Up to \$210
Lasik or PRK	15% off retail price or 5% off promo price	
Additional Discounts (In-Network Providers)	40% off additional pairs of glasses, 20% off item not covered by the plan, hearing care benefits. *See plan certificate for additional details.	

Semi-Monthly Rates	High Plan	Low Plan
Employee	\$4.33	\$2.39
Employee + Spouse	\$9.40	\$4.98
Employee + Child	\$9.83	\$5.21
Family	\$13.38	\$7.02

[www.eyemed.com](http://www.eyemed.com)

Member/Patient Services:  
866.800.5457

Network: Insight  
**City Schools of Decatur**  
Group #: 1014819

# CRITICAL ILLNESS



**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:** All full-time employees (as described within the Eligibility section of this guide), spouse and children (up to age 26)

- Coverage through MetLife
- Employee must be actively at work on the effective date
- Elect Critical Illness with or without Cancer Coverage based on your individual needs
- This coverage protects families from additional costs associated with unforeseen catastrophic illnesses and does not coincide with health insurance; Payments made directly to you
- Attained age policy: The premium does increase as you age
- **No Health Questions Every Year!**
- *The chart below is a sample of covered services. Please see Plan Certificate for a detailed listing of services in their entirety. Plan certificate available on your Employee Benefits website.*

Critical Illness Benefits Summary	
Employee	Elect coverage of \$15,000 or \$30,000
Spouse	50% of EE Amount
Dependent Children	50% of EE Amount
<b>COVERED SPECIFIED CRITICAL ILLNESSES</b>	<b>Pays % of Face Amount</b>
Invasive Cancer	100%
Non-Invasive Cancer	25%
Skin Cancer	5% (not less than \$250)
Benign Brain Tumor	100%
Coronary Artery Bypass Graft (CABG)	50%
Childhood Diseases (Cerebral Palsy, Cleft Lip or Cleft Palate, Cystic Fibrosis, Diabetes (Type 1), Down Syndrome, Sickle Cell Anemia, Spina Bifida)	100%
Functional Loss (Coma, Loss of: Ability to Speak; Hearing; or Sight, Paralysis of 2 or more limbs)	100%
Heart Attack (Myocardial Infarction)	100%
Infectious Diseases (Bacterial Cerebrospinal Meningitis, COVID-19, Diphtheria, Encephalitis, Legionnaire's Disease, Malaria, Necrotizing Fasciitis, Osteomyelitis, Rabies, Tetanus, Tuberculosis)	25% <i>*For a benefit to be payable, the covered person must have been treated for the disease in a hospital for 5 consecutive days.</i>
Stroke	100%
Major Organ Transplant	100%
End Stage Renal Failure (Kidney)	100%
Progressive Diseases (ALS, Alzheimer's Disease, Multiple Sclerosis, Muscular Dystrophy, Parkinson's Disease (Advanced), Systemic Lupus Erythematosus (SLE))	100%
Severe Burn	100%
Stroke	100%
<b>ANNUAL WELLNESS INCENTIVE</b>	<b>\$50 - View the Wellness Incentives page for more details</b>
Age Reduction	None
Pre-Existing Condition	None

### Plan Rates

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

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# ACCIDENT INSURANCE



**What is Accident Insurance?** A financial and family protection plan designed to help pay for the medical and out-of-pocket costs a covered individual may incur after an accidental injury either on or off the job.

**Eligibility:** All full-time employees (as described within the Eligibility section of this guide), spouse and children (up to age 26)

- Coverage through MetLife
- Employee must be actively at work on the effective date
- **No Health Questions Every Year!**
- This coverage helps offset costs associated with unforeseen accidents and does not coincide with health insurance; Payments made directly to you
- *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.*

Accident Benefits Summary	Low Plan	High Plan	
<b>INJURIES</b>			<b>Low Plan Semi-Monthly Rates</b>
Fractures	\$50-\$3,000	\$100-\$6,000	Employee \$2.89
Dislocations	\$50-\$3,000	\$100-\$6,000	Employee + Spouse \$5.97
Second and Third Degree Burns	\$50-\$5,000	\$100-\$10,000	Employee + Child(ren) \$5.96
Concussions	\$200	\$400	Employee + Family \$7.46
Cuts/Lacerations	\$25-\$200	\$50-\$400	
Eye injuries	\$200	\$300	
<b>MEDICAL SERVICES &amp; TREATMENT</b>			<b>High Plan Semi-Monthly Rates</b>
Ambulance	\$200-\$750	\$300-\$1,000	Employee \$5.53
Emergency Care	\$25-\$50	\$50-\$100	Employee + Spouse \$11.46
Non-Emergency Care	\$25	\$50	Employee + Child(ren) \$11.36
Physician Follow-Up	\$50	\$75	Employee + Family \$13.98
Therapy Services (including physical therapy)	\$15	\$25	
Medical Testing Benefit	\$100	\$200	
Medical Appliances	\$50-\$500	\$100-\$1,000	
Inpatient Surgery	\$100-\$1,000	\$200-\$2,000	
<b>Hospital Coverage (Accident)</b>			
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	
<b>ANNUAL WELLNESS INCENTIVE</b>	\$50 -View the Wellness Incentives page for more details		



# HOSPITAL INDEMNITY INSURANCE



**What is Hospital Indemnity Insurance?** Supplemental coverage that helps offset costs associated with hospital stays, whether for planned or unplanned reasons. Payments made directly to you and benefits do not offset with medical insurance.

**Eligibility:** All full-time employees (as described within the Eligibility section of this guide), spouse and children (up to age 26)

- **Coverage through MetLife**
- Employee must be actively at work on the effective date
- Payments made directly to you; does not offset with medical insurance
- **No Health Questions Every Year!**
- *The chart below is a sample of covered services. Please see Plan Certificate for a detailed listing of services in their entirety. Plan certificate available on your Employee Benefits website.*

Hospital Indemnity Benefits Summary	Low Plan	High Plan
Admission (Must be admitted into the hospital for this benefit - ER admission/Outpatient treatment does not qualify)	\$500 (payable 4 times per year; 90 days apart)	\$1,000 (payable 4 times per year; 90 days apart)
ICU Admission Benefit (Paid Concurrently with Admission Benefit)	\$500 (payable 4 times per year; 90 days apart)	\$1,000 (payable 4 times per year; 90 days apart)
Confinement (Payable for 15 days per calendar year)	\$100 per day	\$200 per day
ICU Confinement (Paid Concurrently with Confinement Benefit; Payable for 15 days per calendar year)	\$100 per day	\$200 per day
Confinement for Newborn Nursery Care (2 days per confinement)	\$25 per day	\$50 per day
Outpatient Therapy (5 per year)	\$25	\$50
Emergency Care (1 per year)	\$50	\$100
Outpatient Therapy (5 per year)	\$25	\$50
Ambulance Benefit ( 1 per year)	\$25	\$50
Pre-existing Condition	None	
Age Reduction	None	
<b>ANNUAL WELLNESS INCENTIVE</b>	\$50 - <i>View the Wellness Incentives page for more details</i>	

Low Plan Semi-Monthly Rates
Employee \$6.04
Employee + Spouse \$10.74
Employee + Child(ren) \$9.21
Employee + Family \$13.91

High Plan Semi-Monthly Rates
Employee \$11.62
Employee + Spouse \$20.67
Employee + Child(ren) \$17.71
Employee + Family \$26.76

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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, accident, and hospital indemnity insurance plans.

**Eligibility:** You, spouse and dependents who are covered on the critical illness, accident, or 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, accident, and hospital indemnity plans are in force

Available Wellness Incentives	
MetLife Critical Illness, Accident, and Hospital Indemnity Plans	\$50

What Qualifies as Wellness?
<p align="center"><b>Critical Illness, Accident, and Hospital Indemnity</b></p> <p><b>Included, but not limited to:</b>  <i>(Please refer to the benefits website for additional wellness incentives and claims information)</i></p> <ul style="list-style-type: none"> <li>• Annual physical exam</li> <li>• Biopsies for cancer</li> <li>• Blood test to determine total cholesterol/triglycerides</li> <li>• Bone marrow testing</li> <li>• Breast MRI, ultrasound, sonogram</li> <li>• Cancer antigen 15-3 and 125 blood test for breast cancer (CA 15-3)/ovarian cancer (CA 125)</li> <li>• Carcinoembryonic antigen blood test for colon cancer (CEA)</li> <li>• Carotid doppler</li> <li>• Chest x-rays</li> <li>• Clinical testicular exam</li> <li>• Colonoscopy; Digital rectal exam (DRE)</li> <li>• Doppler screening for cancer</li> <li>• Doppler screening for peripheral vascular disease</li> <li>• Echocardiogram; Electrocardiogram (EKG)</li> <li>• Endoscopy</li> <li>• Fasting blood glucose/plasma test</li> <li>• Flexible sigmoidoscopy</li> <li>• Hemocult stool specimen</li> <li>• Hemoglobin A1C</li> <li>• Human papillomavirus (HPV) vaccination</li> <li>• Lipid panel</li> <li>• Mammogram</li> <li>• Oral cancer screening</li> <li>• Pap smears or thin prep pap test</li> <li>• Prostate-specific antigen (PSA) test</li> <li>• Serum cholesterol test to determine LDL or HDL</li> <li>• Serum protein electrophoresis</li> <li>• Skin Exam; Skin cancer biopsy; screening</li> <li>• Stress test on bicycle or treadmill</li> <li>• Successful completion of smoking cessation program</li> <li>• Tests for sexually transmitted infections (STIs)</li> <li>• Thermography</li> <li>• Two hour post-load plasma glucose test</li> <li>• Ultrasounds for cancer detection</li> <li>• Ultrasound screening of the abdominal aorta for abdominal aortic aneurysms</li> <li>• Virtual colonoscopy</li> </ul>
<p align="center"><b>How to submit a wellness claim?</b></p> <ul style="list-style-type: none"> <li>• Call 1.800.GET.MET8. (800.438.6388)</li> <li>• File your Health Screening Benefit online through the MyBenefits portal at <a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a> or by mail with a paper claim form.</li> </ul> <p><i>Important Note: Must use City Schools of Decatur when registering on the MetLife MyBenefits site.</i></p>
<p align="center"><i>Additional wellness information and claim forms can be found on your employee benefits website, <a href="http://csdbenefits.com">csdbenefits.com</a></i></p>









## 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:** All full-time employees (as described within the Eligibility section of this guide), spouse and unmarried children (up to age 26)

- Coverage through MedCareComplete
- Employee must be actively at work on the effective date
- This is a supplemental benefit and does not replace health insurance.
- Register @ MCC: [medcarecomplete.com/members](https://medcarecomplete.com/members)
- Register @ 1800MD: [1800md.com](https://1800md.com) or 800.388.8785
- Information Needed: Group Name, Group # 283028, Member ID (on MCC Card)

## 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               |

## Medical Bill Negotiator

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

## Telemedicine

Get 24/7/365 on-demand telephone access to Board-certified physicians for diagnosis, and prescriptions for common and acute illnesses. **There are no copays 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 |

Individual Rate	Family Rate
\$5.25 Semi-Monthly	\$6.25 Semi-Monthly
NO COPAY	

## 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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# FLEXIBLE SPENDING ACCOUNTS



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

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

**Eligibility:** All full-time employees (as described within the Eligibility section of this guide), spouse and dependent children up to age 26 (Dependent Care children up to age 13)

- Coverage through MedCom
- **Plan year: January 1, 2024 to December 31, 2024**
- Transfer of funds between Dependent Care and Un-reimbursed Medical are prohibited
- Married and not filing jointly participants limited to \$2,500 deferral for DCSA
- Only family status changes will allow you to alter your annual election. The altered election must be consistent with the status change.
- *Please visit your Employee Benefits Website for a complete and up-to-date listing of eligible expenses and qualifying dependent care services for the upcoming plan year.*

FSA Benefit Descriptions	
MEDICAL FSA ACCOUNT	
Minimum Contribution	\$300 annually
Maximum Contribution	\$3,200 annually
Carryover Maximum	
Maximum participants can carry over if re-electing the plan	
Plan Year Ending 2024	\$640
Total elected amount is available at the beginning of the plan year *Carryover funds are only available if re-electing the plan for the next year	
DEPENDENT CARE FSA ACCOUNT	
Minimum Contribution	\$300 annually
Maximum Contribution	\$5,000 annually
Carryover Maximum	
Maximum participants can carry over if re-electing the plan	
Plan Year Ending 2024	No carryover available/ Unused funds will be forfeited
Funds are only available as payroll deducted <b>Keep all receipts to submit if verification is requested</b>	
PLAN RULES	
RUN OUT PERIOD - <i>Time to turn in receipts for services rendered during the plan year.</i>	30 days from plan end date

Admin Fee	
Fee Per Participant Per Month (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 for self-care (i.e. day care, adult day care) or is disabled. Medical expenses for your dependent are not eligible for reimbursement under the Dependent Care account.

# HELPFUL FSA RESOURCES



## What is covered under Medical FSA Account?

- Medical coinsurance and deductible
- Doctor's office visit copays
- Emergency Room costs
- Dental copays and out-of-pocket costs
- Vision copays and out-of-pocket costs
- Contacts and Glasses
- Prescriptions
- *Please see the full eligibility list for other covered expenses*

### FSA Eligibility List

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

### FSA Calculator

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

## Who is covered under a Dependent Care Account?

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

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

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

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

**Medcom**  
BENEFIT SOLUTIONS

### Your Benefits Are Going MOBILE

In the App Store go to: MedCom Mobile

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

Date	Type	Amount
08/28/2012	Claim	\$121.00 >
08/29/2012	Deposit	\$50.00 >
08/28/2012	Claim	\$50.00 >
08/29/2012	Deposit	\$50.00 >
08/29/2012	Deposit	\$50.00 >

## 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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# LEGAL PLAN



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

**Eligibility:** All full-time employees (as described within the Eligibility section of this guide), spouse and dependent children (up to age 26)

- Coverage provided through MetLife
- Employee must be actively at work on the effective date
- Cost per month includes Spouse and Dependents; 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)

	Low Plan (0530010)	High Plan (0531010)							
<b>Money Matters</b>	<ul style="list-style-type: none"> <li>• Identity Theft Defense</li> <li>• Negotiations with Creditors</li> <li>• Promissory Notes</li> <li>• Debt Collection Defense</li> <li>• Tax Collection Defense</li> </ul>	<ul style="list-style-type: none"> <li>• Identity Theft Defense</li> <li>• Negotiations with Creditors</li> <li>• Promissory Notes</li> <li>• Debt Collection Defense</li> <li>• Tax Collection Defense</li> </ul>	<ul style="list-style-type: none"> <li>• Personal Bankruptcy</li> <li>• LifeStages Identity Management</li> <li>• Tax Audit Representation</li> <li>• Financial Education Workshops</li> </ul>						
<b>Home &amp; Real Estate</b>	<ul style="list-style-type: none"> <li>• Deeds</li> <li>• Mortgages</li> <li>• Foreclosure</li> <li>• Tenant Negotiations</li> <li>• Eviction Defense</li> <li>• Security Deposit Assistance</li> </ul>	<ul style="list-style-type: none"> <li>• Deeds</li> <li>• Mortgages</li> <li>• Foreclosure</li> <li>• Tenant Negotiations</li> <li>• Eviction Defense</li> <li>• Security Deposit Assistance</li> </ul>	<ul style="list-style-type: none"> <li>• Sale or Purchase (Primary or Vacation Home)</li> <li>• Refinancing &amp; Home Equity</li> <li>• Property Tax Assessments</li> <li>• Boundary &amp; Title Disputes</li> <li>• Zoning Applications</li> </ul>						
<b>Estate Planning</b>	<ul style="list-style-type: none"> <li>• Simple and Complex Wills</li> <li>• Healthcare Proxies</li> <li>• Living Wills</li> <li>• Codicils</li> <li>• Powers of Attorney (Healthcare, Financial, Childcare, Immigration)</li> </ul>	<ul style="list-style-type: none"> <li>• Simple and Complex Wills</li> <li>• Healthcare Proxies</li> <li>• Living Wills</li> <li>• Codicils</li> <li>• Powers of Attorney (Healthcare, Financial, Childcare, Immigration)</li> </ul>	<ul style="list-style-type: none"> <li>• Revocable &amp; Irrevocable Trusts</li> </ul>						
<b>Family &amp; Personal</b>	<ul style="list-style-type: none"> <li>• Guardianship</li> <li>• Conservatorship</li> <li>• Name Change</li> <li>• Review of ANY Personal Legal Document</li> <li>• School Hearings</li> <li>• Demand Letters</li> <li>• Affidavits</li> <li>• Personal Property Issues</li> <li>• Garnishment Defense</li> <li>• Domestic Violence Protection</li> </ul>	<ul style="list-style-type: none"> <li>• Guardianship</li> <li>• Conservatorship</li> <li>• Name Change</li> <li>• Review of ANY Personal Legal Document</li> <li>• School Hearings</li> <li>• Demand Letters</li> <li>• Affidavits</li> <li>• Personal Property Issues</li> <li>• Garnishment Defense</li> <li>• Domestic Violence Protection</li> </ul>	<ul style="list-style-type: none"> <li>• Juvenile Court Defense (Including Criminal Matters)</li> <li>• Parental Responsibility Matters</li> <li>• Review of Immigration Documents</li> <li>• Prenuptial Agreement</li> <li>• Adoption</li> </ul>						
<b>Civil Lawsuits</b>	<ul style="list-style-type: none"> <li>• Disputes over Consumer Goods &amp; Services</li> <li>• Administrative Hearings</li> <li>• Incompetency Defense</li> </ul>	<ul style="list-style-type: none"> <li>• Disputes over Consumer Goods &amp; Services</li> <li>• Administrative Hearings</li> <li>• Incompetency Defense</li> </ul>	<ul style="list-style-type: none"> <li>• Civil Litigation Defense &amp; Mediation</li> <li>• Small Claims Assistance</li> <li>• Pet Liabilities</li> </ul>						
<b>Elder Care Issues</b>	Consultation & Document review for issues related to your (or spouses) parents: <ul style="list-style-type: none"> <li>• Medicare</li> <li>• Medicaid</li> <li>• Prescription Plans</li> <li>• Nursing Home Agreements</li> <li>• Leases</li> <li>• Promissory Notes</li> <li>• Deeds</li> <li>• Wills</li> <li>• Power of Attorney</li> </ul>	Consultation & Document review for issues related to your (or spouses) parents: <ul style="list-style-type: none"> <li>• Medicare</li> <li>• Medicaid</li> <li>• Prescription Plans</li> <li>• Nursing Home Agreements</li> <li>• Leases</li> <li>• Promissory Notes</li> <li>• Deeds</li> <li>• Wills</li> <li>• Power of Attorney</li> </ul>	<table border="1"> <thead> <tr> <th>Low Plan</th> <th>High Plan</th> </tr> </thead> <tbody> <tr> <td>\$4.00</td> <td>\$8.25</td> </tr> <tr> <td>Semi-Monthly</td> <td>Semi-Monthly</td> </tr> </tbody> </table>	Low Plan	High Plan	\$4.00	\$8.25	Semi-Monthly	Semi-Monthly
Low Plan	High Plan								
\$4.00	\$8.25								
Semi-Monthly	Semi-Monthly								
<b>Vehicle &amp; Driving</b>	<ul style="list-style-type: none"> <li>• Repossession</li> <li>• Defense of Traffic Tickets</li> <li>• Driving Privileges Restoration</li> <li>• License Suspension due to DUI</li> </ul>	<ul style="list-style-type: none"> <li>• Repossession</li> <li>• Defense of Traffic Tickets</li> <li>• Driving Privileges Restoration</li> <li>• License Suspension due to DUI</li> </ul>	<table border="1"> <tr> <td colspan="2">NO COPAY</td> </tr> </table>	NO COPAY					
NO COPAY									

# STATE HEALTH BENEFIT PLAN

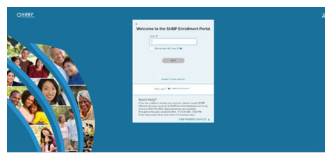


**Eligibility:** Please review the SHBP Decision Guide for plan eligibility rules.

- **Coverage through Anthem, United Healthcare, or Kaiser Permanente.**
- All qualifying life events must be submitted via the SHBP Portal.
- **Notice:** City Schools of Decatur offers all eligible employees health insurance through the Georgia State Health Benefit Plan. During the annual open enrollment, employees have the opportunity to review all available options and make elections for the upcoming plan year.
- Kaiser Permanente is only available in the Atlanta Metro area.

## SHBP Enrollment Portal:

<https://myshbpga.adp.com>



## How to Enroll:

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

## SHBP Wellness Portal:

<https://bewellshbp.com>

## SHBP Decision Guide:

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

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

## SHBP Phone Number: 800.610.1863

## SHBP 2024 Wellness Incentives Overview:

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

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

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

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# 2024 SHBP PLANS



\* The City Schools of Decatur Board contributes \$78.26 per employee per month. Please refer to the next page for semi-monthly rate contribution details.

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

Plan Designs for 2024											
	Anthem Gold Plan HRA		Anthem Silver Plan HRA		Anthem Bronze Plan HRA		Anthem HMO In	UHC HMO In	UHC HDHP		Kaiser HMO* In
	In	Out	In	Out	In	Out	In	In	In	Out	In
<b>Deductible</b>											
You	\$1,500	\$3,000	\$2,000	\$4,000	\$2,500	\$5,000	\$1,300	\$1,300	\$3,500	\$7,000	N/A
You + Spouse	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500	\$1,950	\$1,950	\$7,000	\$14,000	N/A
You + Child(ren)	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500	\$1,950	\$1,950	\$7,000	\$14,000	N/A
You + Family	\$3,000	\$6,000	\$4,000	\$8,000	\$5,000	\$10,000	\$2,600	\$2,600	\$7,000	\$14,000	N/A
<b>Medical OOPM (Out of Pocket Maximum)</b>											
You	\$4,000	\$8,000	\$5,000	\$10,000	\$6,000	\$12,000	\$4,000	\$4,000	\$6,450	\$12,900	\$6,350
You + Spouse	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000	\$6,500	\$6,500	\$12,900	\$25,800	\$12,700
You + Child(ren)	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000	\$6,500	\$6,500	\$12,900	\$25,800	\$12,700
You + Family	\$8,000	\$16,000	\$10,000	\$20,000	\$12,000	\$24,000	\$9,000	\$9,000	\$12,900	\$25,800	\$12,700
<b>Coinsurance (Plan Pays)</b>	85%	60%	80%	60%	75%	60%	80%	80%	70%	50%	100%
<b>HRA (Health Reimbursement Arrangement) Credits</b>											
You	\$400		\$200		\$100		N/A	N/A	N/A		N/A
You + Spouse	\$600		\$300		\$150		N/A	N/A	N/A		N/A
You + Child(ren)	\$600		\$300		\$150		N/A	N/A	N/A		N/A
You + Family	\$800		\$400		\$200		N/A	N/A	N/A		N/A
<b>Medical</b>											
ER	Coins after ded		Coins after ded		Coins after ded		\$150 copay	\$150 copay	Coins after ded		\$150 copay
Urgent Care	Coins after ded		Coins after ded		Coins after ded		\$35 copay	\$35 copay	Coins after ded		\$35 copay
PCP Visit	Coins after ded		Coins after ded		Coins after ded		\$35 copay	\$35 copay	Coins after ded		\$35 copay
Specialist Visit	Coins after ded		Coins after ded		Coins after ded		\$45 copay	\$45 copay	Coins after ded		\$45 copay
Preventative	100%	N/A	100%	N/A	100%	N/A	100%	100%	100%	N/A	100%
<b>Retail Rx</b>											
Tier 1	15%, Min \$20, Max \$50		15%, Min \$20, Max \$50		15%, Min \$20, Max \$50		\$20 copay	\$20 copay	Coins after ded		\$20 copay
Tier 2	25%, Min \$50, Max \$80		25%, Min \$50, Max \$80		25%, Min \$50, Max \$80		\$50 copay	\$50 copay	Coins after ded		\$50 copay
Tier 3	25%, Min \$80, Max \$125		25%, Min \$80, Max \$125		25%, Min \$80, Max \$125		\$90 copay	\$90 copay	Coins after ded		\$80 copay
<b>Mail Order Rx</b>											
Tier 1	15%, Min \$50, Max \$125		15%, Min \$50, Max \$125		15%, Min \$50, Max \$125		\$50 copay	\$50 copay	Coins after ded		\$50 copay
Tier 2	25%, Min \$125, Max \$200		25%, Min \$125, Max \$200		25%, Min \$125, Max \$200		\$125 copay	\$125 copay	Coins after ded		\$125 copay
Tier 3	25%, Min \$200, Max \$313		25%, Min \$200, Max \$313		25%, Min \$200, Max \$313		\$225 copay	\$225 copay	Coins after ded		\$200 copay

Rx OOPM

All Plans Combined with Medical

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

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# 2024 SHBP PLANS



STATE HEALTH BENEFIT SEMI-MONTHLY PLAN RATES JANUARY 1 - DECEMBER 31, 2024															
	YOU				YOU + CHILD(REN)				YOU + SPOUSE				YOU + FAMILY		
	STATE RATE	CSD PAYS	YOUR SEMI-MONTHLY DEDUCTION	STATE RATE	CSD PAYS	YOUR SEMI-MONTHLY DEDUCTION	STATE RATE	CSD PAYS	YOUR SEMI-MONTHLY DEDUCTION	STATE RATE	CSD PAYS	YOUR SEMI-MONTHLY DEDUCTION	STATE RATE	CSD PAYS	YOUR SEMI-MONTHLY DEDUCTION
Anthem Gold HRA	\$94.28	\$39.13	\$55.15	\$171.52	\$39.13	\$132.39	\$232.36	\$39.13	\$193.23	\$309.60	\$39.13	\$270.47			
Anthem Silver HRA	\$62.60	\$39.13	\$23.47	\$117.66	\$39.13	\$78.53	\$165.83	\$39.13	\$126.70	\$220.89	\$39.13	\$181.76			
Anthem Bronze HRA	\$38.85	\$38.85	\$ ----	\$77.29	\$39.13	\$38.16	\$115.95	\$39.13	\$76.82	\$154.39	\$39.13	\$115.26			
Anthem HMO	\$74.27	\$39.13	\$35.14	\$137.50	\$39.13	\$98.37	\$190.33	\$39.13	\$151.20	\$253.56	\$39.13	\$214.43			
UHC HMO	\$88.96	\$39.13	\$49.83	\$162.47	\$39.13	\$123.34	\$221.18	\$39.13	\$182.05	\$294.70	\$39.13	\$255.57			
UHC HDHP	\$31.68	\$31.68	\$ ----	\$65.10	\$39.13	\$25.97	\$100.90	\$39.13	\$61.77	\$134.32	\$39.13	\$95.19			
Kaiser HMO	\$84.77	\$39.13	\$45.64	\$155.98	\$39.13	\$116.85	\$215.32	\$39.13	\$176.19	\$286.53	\$39.13	\$247.40			

**NOTE: TOBACCO USERS WILL HAVE AN \$80 TOBACCO SURCHARGE ADDED**

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# SHBP DISCLOSURE NOTICES

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

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

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

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

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

Eligible Covered Persons and Dependents may also enroll under two additional circumstances:

- The Covered Person's or Dependent's Medicaid or Children's Health Insurance Program (CHIP) coverage is terminated as a result of loss of eligibility; or
- The Covered Person or Dependent becomes eligible for a subsidy (State Premium Assistance Program).

**NOTE:** The Covered Person or Dependent must request Special Enrollment within sixty (60) days of the loss of Medicaid/CHIP or of the eligibility determination. To request Special Enrollment or obtain more information, call SHBP Member Services at 1-800-610-1863 or visit the SHBP Enrollment Portal: [mySHBPga.adp.com](http://mySHBPga.adp.com).

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

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

**NOTE:** Reconstructive surgery requires prior approval, and all Inpatient

admissions require prior notification. For more detailed information on the mastectomy-related benefits available under your Plan option, call the telephone number on the back of your Identification Card.

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

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

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

DCH understands that your information is personal and private. Certain DCH employees and companies hired by DCH to help administer the Plan (Plan Representatives) use and share your personal and private information in order to administer the Plan. This information is called "Protected Health Information" (PHI), and includes any information that identifies you or information in which there is a reasonable basis to believe can be used to identify you and that relates to your past, present, or future physical or mental

health or condition, the provision of health care to you, and payment for those services. This notice tells how your PHI is used and shared by DCH and Plan Representatives. DCH follows the information privacy rules of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

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

**Plan "Enrollment Information" and "Claims Information" are Used in Order to Administer the Plan.** PHI includes two kinds of information, "Enrollment Information" and "Claims Information". "Enrollment Information" includes, but is not limited to, the following types of information regarding your plan enrollment: (1) your name, address, email address, Social Security number and all information that validates you (and/or your Spouse and Dependents) are eligible or enrolled in the Plan; (2) your Plan enrollment choice; (3) how much you pay for premiums; and (4) other health insurance you may have in effect. There are certain types of "Enrollment Information" which may be supplied to the Plan by you or your personal representative, your employer, other Plan vendors or other governmental agencies that may provide other benefits to you.

# SHBP DISCLOSURE NOTICES



This “Enrollment Information” is the only kind of PHI your employer is allowed to obtain. Your employer is prohibited by law from using this information for any purpose other than assisting with Plan enrollment. “Claims Information” includes information your health care providers submit to the Plan. For example, claims information may include medical bills, diagnoses, statements, x-rays or lab test results. It also includes information you may submit or communicate directly to the Plan, such as health questionnaires, biometric screening results, enrollment forms, leave forms, letters and/or telephone calls. Lastly, it includes information about you that may be created by the Plan. For example, it may include payment statements and/or other financial transactions related to your health care providers.

**Your PHI is Protected by HIPAA.** Under HIPAA, employees of DCH and employees of outside companies and other vendors hired or contracted either directly or indirectly by DCH to administer the Plan are “Plan Representatives,” and therefore must protect your PHI. These Plan Representatives may only use PHI and share it as allowed by HIPAA, and pursuant to their “Business Associate” agreements with DCH to ensure compliance with HIPAA and DCH requirements.

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

**Plan Representatives Regularly Use and Share your PHI in Order to Administer the Plan.** Plan Representatives may verify your eligibility in order to make payments to your health care providers for services rendered. Certain Plan Representatives may work for contracted companies assisting with the administration of the Plan. By law, these Plan Representative companies also must protect your PHI. HIPAA allows the Plan to use or disclose PHI for treatment, payment, or health care operations. Below are examples of uses and disclosures for treatment, payment and health care operations by Plan Representative Companies and PHI data sharing.

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

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

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

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

**Information Technology Companies:** Plan Representatives maintain and manage information systems that contain PHI. Enrollment Services Companies: Plan Representatives may provide the enrollment website and/or provide customer service to help Plan Members with enrollment matters.

NOTE: Treatment is not provided by the Plan but we may use or disclose PHI in arranging or approving treatment with providers. Under HIPAA, all employees of DCH must protect PHI and all employees must receive and comply with DCH HIPAA privacy training. Only those DCH employees designated by DCH as Plan Representatives for the SHBP health care component are allowed to use and share your PHI.

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

**Compliance with a Law or to Prevent Serious Threats to Health or Safety:**

The Plan may use or share your PHI in order to comply with a law or to prevent a serious threat to health and safety.

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

**Information about Eligibility for the Plan and to Improve Plan Administration:**

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

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

**Plan Representatives Share Some Payment Information with the Employee.**

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

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

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

**Right to Inspect and Obtain a Copy of your Information, Right to Ask for a Correction:** You have the right to obtain a copy of your PHI that is used to make decisions about you. If you think it is incorrect or incomplete, you may contact the Plan to request a correction.

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

**Right to Ask for a Restriction of Uses and Disclosures or for Special Communications:**

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

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

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

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

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TOGETHER WE'RE US



## The Service Hub Helps With:

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

**Phone:** 866.433.7661, opt 5

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

**Benefit website address:** [CSDBenefits.com](https://CSDBenefits.com)

The 2024 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 [CSDBenefits.com](https://CSDBenefits.com)

These should be reviewed fully prior to electing any benefits.