2024

Morgan County Charter Schools

Benefits Guide

Morgan County Charter School System

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Welcome to MCCS's annual Benefits Open Enrollment for plan year 2024!

We are excited to bring you this Enrollment and Reference Guide. It is our goal to provide clear communication as we continually seek ways to improve upon our strong history of excellence. Our goal is to be considered a premier school system and employer that is considered a model and one of the best in Georgia!

At Morgan County Charter Schools, we believe that you, our employees, are one of our greatest assets. We value you as an employee and we are pleased to offer a comprehensive and valuable benefits program to all benefits-eligible employees. In the 2024 plan year, the district will continue to support employee and family good health by maintaining its partnership with Campus Benefits. We strive to offer the very best healthcare possible to you and your loved ones, and we feel confident that our benefits package will help provide security and assistance during a time of need.

To help you choose wisely, MCCS provides this Enrollment and Reference Guide. Please take time to read this Enrollment Guide carefully and share it with other family members to help you make informed benefits decisions.

I look forward to a great and healthy year as we continue to learn, lead, and thrive.

Sincerely

Dr. Virgil Cole
Superintendent

TAKE ACTION REMINDERS!

- If you do not actively enroll in benefits within 30 days of your date of hire, you will not have benefits coverage for the upcoming plan year.
- Remember to provide/update beneficiaries as necessary for Voluntary Term Life and AD&D policies and for Board Paid Basic Life
- New hire employees may be eligible for certain benefits without health questions (guaranteed issue). Please review and understand these guaranteed issue amounts and limitations.
- 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*

1

2

How to Enroll in Campus Benefits Voluntary Benefits

1. Visit https://www.morgancountybenefits.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)**

How to Enroll in your State Health Benefit Medical Plan

1. Visit https://www.morgancountybenefits.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)**

Version # 01242024

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

INSIDE THIS GUIDE

Need Help? Start Here:
MorganCountyBenefits.com
866.433.7661 opt 5

Retirement Information Available At:
https://www.morgancountybenefits.com/retirement-program

Eligibility

- All full-time employees working 20 or more hours per week are eligible to enroll in the various benefits described throughout the guide.
- 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.

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. You must be actively at work on the effective date of coverage for all benefits listed within the guide.

Enrollment

- Open Enrollment: October 16th - November 3rd
- New Hire: Benefits enrollment must take place within 30 days of hire date
- Plan Year: January 1, 2024 – December 31, 2024

Changes

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

SERVICE HUB/ SUPPORT CENTER

Campus Benefits is your dedicated advocate for all your voluntary benefits.

When to contact the Campus Benefits Service Hub?

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

The Campus Benefits team understands the claims process and leverages the necessary carrier relationships to expedite the paperwork efficiently to ensure claims are not delayed due to improper paperwork completion.

How to File a Claim:

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

Frequently Asked Questions (FAQs):

Q: When must a qualifying life event change be made?

A: Please notify Campus Benefits within 30 days of the life event date. All SHBP life events must be made directly through the SHBP website.

Q: Am I required to contact Campus Benefits to file a claim?

A: No. However, in our experience the number one reason for claim denial or delay is due to incomplete or inaccurate paperwork. By working with Campus Benefits' claim specialist, we can advocate on your behalf.

Q: How can I access the group dental card or vision card quickly?

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

Phone: 866.433.7661, Opt 5
Email: mybenefits@campusbenefits.com
Website: https://www.morgancountybenefits.com/

CAMPUS BENEFITS ENROLLMENT INSTRUCTIONS

Website: MorganCountyBenefits.com

SCAN ME

Company Identifier: MCCSS2020

1 https://www.morgancountybenefits.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: MCCSS2020**
    - PIN: Last 4 Digits of SSN
    - Birthdate
2. Click "Next"
3. Username: Work email address or one you have provided to HR when you were hired
4. Password: Must be at least 6 characters and contain a symbol and a number
5. Click on "Register"
6. On the next page, it will show your selected Username. Click on "Login"
7. Enter Username and Password
8. Click "Start Benefits" to begin the enrollment

FAQ'S

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

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

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

STILL NEED HELP?

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

Login Information

Username: _____

Password: _____

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

SHORT-TERM DISABILITY

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

Eligibility: All full-time employees working 20+ hours/week

- Coverage through OneAmerica
- Employee must be actively at work on the effective date
- Employee can start and stop using sick leave to get through the elimination period
- **No health questions - EVERY YEAR!**

See important claims information on the Service Hub Page

Short-Term Disability	
Elimination Period	Benefits begin after you have been out of work due to an injury or illness for 7 or 14 calendar days
Benefit Duration	Covers accidents and sicknesses up to 11 or 12 weeks
Benefit Percentage (weekly)	40%, 50% or 60% of your gross weekly salary
Maximum Benefit Amount (weekly)	$1,875
Pre-existing condition	3/6 - Any sickness or injury for which you received medical treatment, consultation, care, or services during the specified months (3 months) prior to your coverage effective date. A disability arising from any such sickness or injury will be covered only if it begins after you have performed your regular occupation on a full-time basis for the specified months (6 months) following the coverage effective date. (Applies to new enrollees or if moving to a higher plan)

Plan Rates

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

LONG-TERM DISABILITY

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

Eligibility: All full-time employees working 20+ hours/week

- Coverage through OneAmerica
- **Core Plan premium covered by the Morgan County Charter Schools**
- Employee must be actively at work on the effective date
- Employee can start and stop using sick leave to get through the elimination period
- **No health questions - EVERY YEAR!**

See important claims information on the Service Hub Page

Long-Term Disability	
Elimination Period	Benefits begin after you have been out of work due to an injury or illness for 90 calendar days.
Benefit Duration	Covers accidents and sicknesses up to social security normal retirement age
Benefit Percentage (monthly)	Board Paid Core Plan: 40% of monthly salary Buy-Up Plan: 66 2/3% of monthly salary
Maximum Benefit Amount (monthly)	Board Paid Core Plan: $1,000 Buy-Up Plan: $5,000
Pre-existing condition	3/3/12 - Any sickness or injury for which you received medical treatment, consultation, care, or services during the specified months (3 months) prior to your coverage effective date. A disability arising from any such sickness or injury will be covered only if it begins after you have performed your regular occupation on a full-time basis for the specified months (12 months) following the coverage effective date. Unless you can perform your duties for 3 consecutive months without treatment or care, at which point your injury or illness will be covered at the end of the third month. (Applies to new enrollees or if moving to a higher plan)

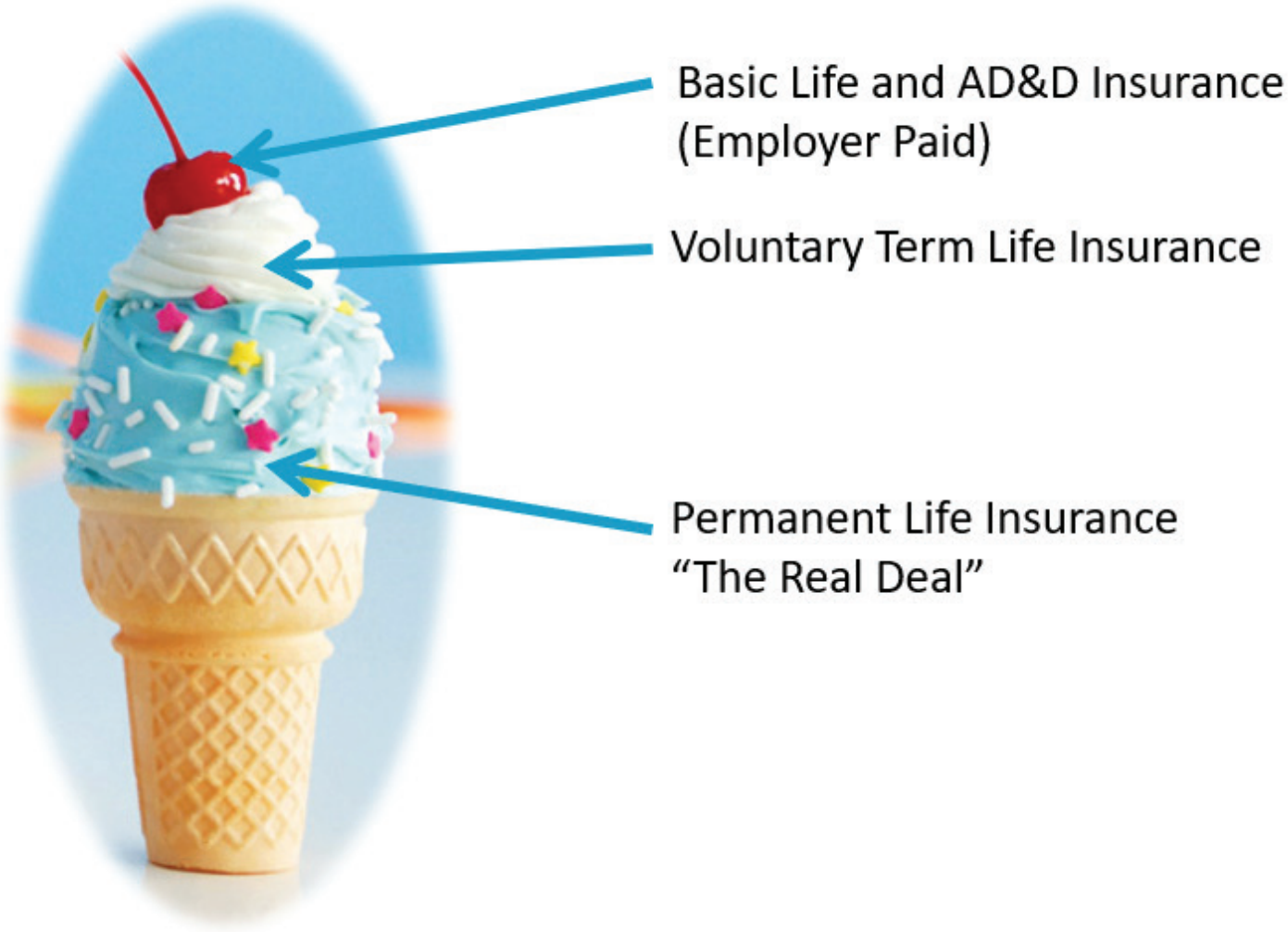
Plan Rates

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

LIFE INSU

The need for life insurance depends on each individual life situation. If loved ones are financially dependent on you, then buying life insurance coverage can absolutely be worth it. Even if you don't have financial dependents yet, life insurance can be a valuable solution for making death easier on a family (at least financially.) There are two voluntary life insurance options offered through your employer: Term Life Insurance and Permanent Life Insurance. To follow is an overview of the differences.

Term Life and Permanent Life work best used in conjunction with one another. Term Life can protect your family in your younger working years and Permanent Life can protect your family in your retirement years.

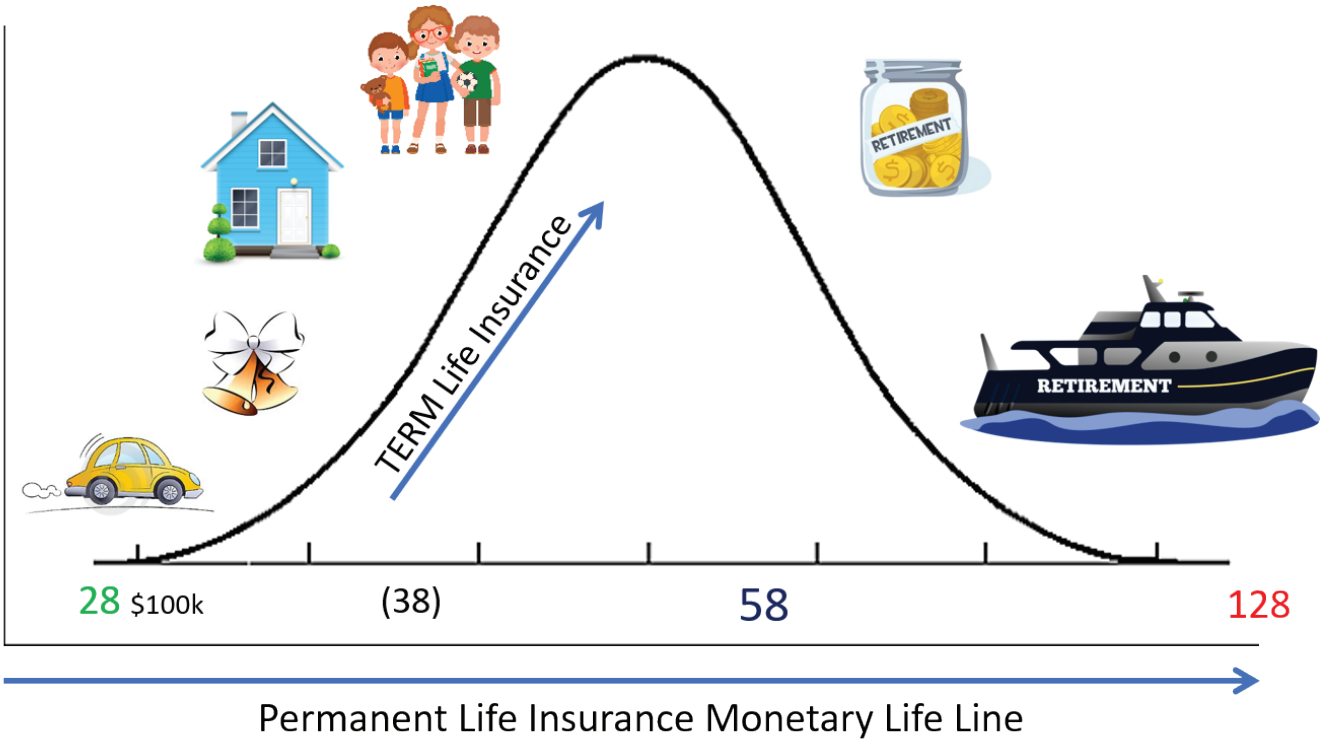


RANCE 101

TERM LIFE INSURANCE

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

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



PERMANENT LIFE INSURANCE

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

- Permanent life insurance offers a stable premium along the lifetime of the policy
- Permanent life offers a level premium and is meant to take into retirement
- Permanent life is an issue age policy 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

BASIC LIFE AND AD&D INSURANCE

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

Eligibility: All full-time employees working 20+ hours/week

- Coverage through OneAmerica
- Upon termination or retirement, continuation of coverage may be available

Basic Life and Accidental Death & Dismemberment (AD&D)	
Benefit Amount	$10,000
ADDITIONAL PLAN FEATURES	
Age Reduction	None
Conversion	Included
Accelerated Life Benefit	Included
Employee Assistance Program (EAP)	Included

Plan Rates
Coverage paid for by Morgan County Charter Schools and provided to you at no cost

VOLUNTARY TERM LIFE & AD&D

What is Voluntary-Term Life and Accidental Death & Dismemberment Insurance? Proceeds can be used to replace lost potential income during working years and help ensure your family's financial goals will still be met; goals like paying off a mortgage, keeping a business running, and paying for college. AD&D coverage is included as a part of life insurance benefits and will pay out a lump-sum death benefit in the event you or a covered loved one die accidentally or pass away later as the direct result of an accident. This plan also has a dismemberment benefit which provides an additional lump sum payment if an insured becomes dismembered in an accident.

Eligibility: All full-time employees working 20+ hours/week, spouse, and unmarried children (up to age 26)

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

Term Life and AD&D	
LIFE AND AD&D AMOUNT	
Employee	Increments of $10,000 up to the lesser of $500,000 or 5 times annual salary
Spouse	Increments of $5,000 up to $250,000 (100% of Employee Election)
Child(ren)	Increments of $2,500 up to $10,000
GUARANTEED ISSUE (NO HEALTH QUESTIONS; INITIAL ENROLLMENT)	
Employee	$200,000
Spouse	$50,000
Child(ren)	$10,000
GUARANTEED INCREASE IN BENEFIT	Employee & Spouse: If currently enrolled, increase up to the Guaranteed Issue amount at open enrollment with no health questions
Age Reduction	None
ADDITIONAL FEATURES	
Portability, Conversion (Premium will increase) Accelerated Death Benefit, Waiver of Premium	

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 system for rate details.
Note: Spouse rate is based on employee age.

UNIVERSAL LIFEEVENTS

Trustmark
benefits beyond benefits

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: All full-time employees working 20+ hours/week, 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

Please note: If you currently have a Chubb policy, there are no changes and it will remain on payroll deduction.

Universal LifeEvents 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.

DENTAL

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

Eligibility: All full-time employees working 20+ hours/week, spouse, children (up to age 26)

- Coverage through Ameritas
- Claims must be submitted within 90 days of service
- Provider directory: https://dentalnetwork.ameritas.com/ Network: Classic PPO
- Go to any provider on the High Plan and Low Plan / **Middle Plan is In-Network Only**
- Exam and Cleanings 2 per benefit period, does not have to be separated by 6 months
- Orthodontics available for Adults & 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, located on your employee benefits website.*

Coinsurance	High Plan	Middle Plan (In-Network Only)	Low Plan
Type 1- Preventive	100%	100%	100%
Type 2 - Basic	80%	90%	80%
Type 3 - Major	50%	50%	Not Covered
Orthodontics	50%	Not Covered	
Dental Benefits Summary			
Calendar Year Deductible	$50/person $150/family Waived for Type 1		
Out of Network Coverage	90th UCR	In-Network Only Plan	90th UCR
Waiting Period	None		
Calendar Year Maximum	$1,300/ person	$2,000/ person	$1,000/ person
Orthodontia Maximum (Lifetime Max)	$1,000/ person	N/A	
Dental Rewards	Included		N/A
LASIK / Hearing Care	Included		N/A

Ameritas

Employee Name

Employee ID

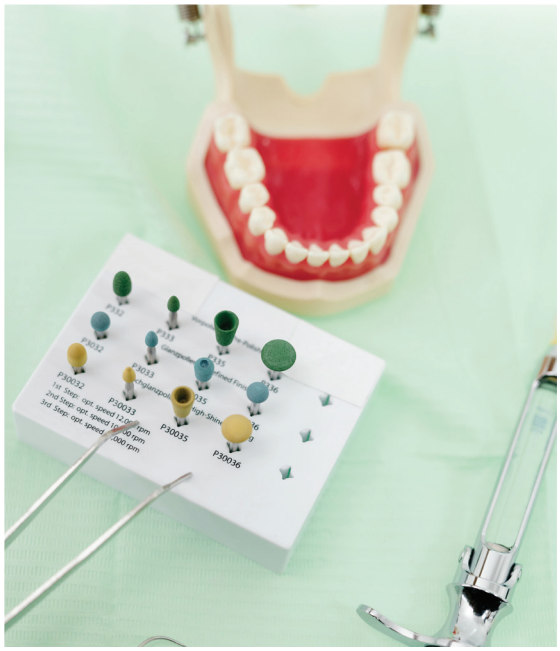
Morgan County Schools

57954

Group Name

Group Number

This card is not a guarantee of coverage or eligibility.
800.776.9446



Monthly Rates	High Plan	Middle Plan	Low Plan
Employee	$53.36	$39.92	$31.32
Employee + Spouse	$100.76	$79.52	$59.16
Employee + Child	$102.32	$90.40	$60.08
Family	$157.64	$129.96	$92.52

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DENTAL

Services	High Plan	Middle Plan (In-Network Only)	Low Plan
Type 1 - Preventive	• Routine Exam (2 per benefit period) • Bitewing X-rays (2 per benefit period) • Full Mouth/Panoramic X-rays (1 in 5 years) • Periapical X-rays • Cleaning (2 per benefit period) • Fluoride for children 18 and under (1 per benefit period) • Sealants (age 15 and under) • Space Maintainers	• Routine Exam (2 per benefit period) • Bitewing X-rays (2 per benefit period) • Full Mouth/Panoramic X-rays (1 in 5 years) • Periapical X-rays • Cleaning (2 per benefit period) • Fluoride for children 18 and under (1 per benefit period) • Sealants (age 15 and under) • Space Maintainers	• Routine Exam (2 per benefit period) • Bitewing X-rays (2 per benefit period) • Full Mouth/Panoramic X-rays (1 in 5 years) • Periapical X-rays • Cleaning (2 per benefit period) • Fluoride for children 18 and under (1 per benefit period) • Sealants (age 15 and under) • Space Maintainers
Type 2 - Basic	• Restorative Amalgam • Restorative Composites (anterior & posterior teeth) • Surgical & Non-surgical Endodontics • Surgical & Non-surgical Periodontics • Denture Repair • Simple & Complex Extractions • Anesthesia	• Restorative Amalgam • Restorative Composites (anterior & posterior teeth) • Surgical & Non-surgical Endodontics • Surgical & Non-surgical Periodontics • Denture Repair • Simple & Complex Extractions • Anesthesia	• Restorative Amalgam • Restorative Composites (anterior & posterior teeth) • Surgical & Non-surgical Endodontics • Non-surgical Periodontics • Denture Repair • Simple & Complex Extractions • Anesthesia
Type 3 - Major	• Onlays • Crowns (1 in 5 years per tooth) • Implants • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)	• Onlays • Crowns (1 in 5 years per tooth) • Implants • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)	N/A
Please see plan highlight sheets for frequency details, located on your employee benefits website.			

Register for your secure member account at ameritas.com.

The one-time set up is quick and easy:

- Go to ameritas.com
- Sign in to your Customer (Member) Account under the Dental/Vision/Hearing drop down
- On the Login page select "Register Now"
- Complete the New User Registration form

In your secure online member account, you have 24/7 access to:

- Your personalized ID card; print it or save it to your smart-phone
- Claims status and a breakdown of how benefits were calcu-lated and payments processed
- Plan details including maximum benefit and deductible amounts, and your remaining benefits
- The average cost for in- or out-of-network procedures based on ZIP Code with the Dental Cost Estimator

ADDITIONAL HIGH PLAN & MAC PLAN BENEFITS

Dental Rewards

High Plans and Middle Plans include a valuable feature that allows plan members to carryover part of their unused annual maximum. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards will be lost; but he or she can begin earning rewards again the very next year.

Dental Rewards	High Plan/ Middle Plan	Low Plan	
Benefit Threshold	$750	N/A	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	$400	N/A	Dental Rewards amount is added to the following year's maximum
Annual PPO Bonus	$200	N/A	Additional bonus is earned if the member sees a network provider
Maximum Carryover	$1,200	N/A	Maximum possible accumulation for Dental Rewards and PPO Bonus

Hearing Care Benefit

High Plan and Middle Plans include a Hearing Care Benefit which is available to you and the dependents enrolled on your dental plan. Participants will receive a hearing care benefit card included with their dental card mailing.

Hearing Care Summary	% Coverage	Maximum per benefit period/ Benefit Amount
Annual Hearing Exam	100%	Up to $75 allowance
Hearing Aid	50%	Per ear: Year 1 up to $100: Year 2 up to $300: Year 3 up to $400 allowance
Hearing Aid Maintenance	100%	Up to $40 allowance
Deductible	None	N/A
Additional Information: Use any provider or facility. Contact Ameritas for questions: 877.359.8346 or visit ameritas.com/listen		

LASIK Advantage Benefit

When enrolled in any of the dental plans, you are automatically enrolled in LASIK coverage. The LASIK benefits increase each year you are on the plan. This is a lifetime benefit and the payment is available only once per person. You must be 18 years of age or older and you can seek services at any facility. A 12 month late entrant period may apply.

Benefit per Eye	
Year 1 & 2	$350
Year 3	$700

Please visit your employee benefits website, https://www.morgancountybenefits.com/ and select your appropriate dental plan highlight sheet (High Plan or MAC Plan) for more information about dental rewards, hearing care benefits, and LASIK Advantage.

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VISION

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 working 20+ hours/week, spouse, children (up to age 26)

- **Coverage through EyeMed**
- Provider directory: 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	In Network	Out of Network
Exam (with Dilation as Necessary)	$10 Copay	Up to $40 Allowance
Contact Lens Fit and Follow-Up (Standard)	Up to $40 Copay	Not Covered
Lasik or PRK	15% Discount off Retail 5% off Promotional	Not Covered
Frames	$180 Allowance + 20% off Balance	Up to $105 Allowance
Lenses		
Single Vision	$20 Copay	Up to $30 Allowance
Bifocal	$20 Copay	Up to $50 Allowance
Trifocal	$20 Copay	Up to $70 Allowance
Lenticular	$20 Copay	Up to $70 Allowance
Standard Progressive	$20 Copay	Up to $50 Allowance
Additional Lens Options		
UV Coating	$0 Copay	Up to $5 Allowance
Tint (Solid & Gradient)	$0 Copay	Up to $5 Allowance
Standard Scratch Resistant	$0 Copay	Up to $5 Allowance
Standard Polycarbonate	$40	Not covered
Standard Anti-Reflective Coating	$0 Copay	Up to $5 Allowance
Contact Lenses		
Disposable Contacts	$180 Allowance	Up to $105 Allowance
Medically Necessary Contacts	Covered in Full	Up to $210 Allowance
Frequencies		
Exams, Lenses, Contact Lenses and Frames	Every 12 Months	Every 12 Months

Monthly Rates
Employee $13.29
Employee + 1 $25.25
Family $37.08

www.eyemed.com
Member/Patient Services: 866.800.5457
Morgan County BOE
Insight Network
Group #: 1030139

CRITICAL ILLNESS

Trustmark
benefits beyond benefits

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

Eligibility: All full-time employees working 20+ hours/week , spouse, and unmarried children (up to age 26)

- Coverage through Trustmark
- Elect Critical Illness with or without Cancer coverage based on your individual needs
- **Issue Age - Rates are locked in and will not increase with age**
- If electing outside of the initial open enrollment period, 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 Benefit Amounts	
Employee	$10,000 - $50,000
Spouse	50% of Employee Amount
Children	25% of Employee Amount
Guaranteed Issue Amounts (Initial Enrollment)	
Employee	$20,000
Spouse	$10,000 (Ages 18-70)
Children (Through the age of 25)	$5,000
COVERED SPECIFIED CRITICAL ILLNESSES	**Select Critical Illness with or without cancer**
Heart Attack (Myocardial Infarction)	100%
Coronary Artery Bypass	50%
Stroke (30 days impairment)	100%
Cerebral Vascular Disease (TIA)	10%
End State Renal Failure	100%
Major Organ Failure	100%
Permanent Paralysis	100%
Blindness	100%
Stem Cell/Bone Marrow Transplant	10%
Cancer: Invasive basal/squamous cell skin cancer	10% if selected w/cancer
Cancer: In-Situ	10% if selected w/cancer
Cancer: Stage 1 or 2 - No lymph node involvement	50% if selected w/cancer
Cancer: Stage 3 or Higher	100% if selected w/cancer
Wellness Benefit	$50 per person/year *See wellness page for details*
Age Reduction	None
Pre-existing Condition	12/12

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

CANCER INSURANCE

Guardian

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

Eligibility: All full-time employees working 20+ hours/week, spouse, and children up to age 26

- **Coverage through Guardian**
- Payments made directly to you and do not offset with medical insurance
- **No health questions - Every Year! (**Pre-existing condition will apply for new participants**)**
- Keep your coverage, 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, which is available on your Employee Benefits Website*

Cancer Benefit Description	Plan
HOSPITAL AND RELATED BENEFITS - DAILY BENEFIT	
Initial Cancer Diagnosis	$2,500
Hospital Confinement (<30 days) / (>30 days)	$300 per day / $600 per day
ICU Confinement (<30 days) / (>30 days)	$400 per day / $600 per day
Air Ambulance (2 per confinement)	$1,500/trip
Ambulance (2 per confinement)	$200/trip
Hospice Care (Up to 100 days/lifetime)	$50 per day
RADIATION,CHEMOTHERAPY & RELATED BENEFITS	
Radiation, Chemo for Cancer (every 12 months)	$10,000
Blood, Plasma, Platelets (every 12 months)	$100/day, up to $5,000
Medical Imaging (up to 2 per year)	$100/image
SURGERY AND RELATED BENEFITS	
Surgery	Schedule amount up to $4,125
Anesthesia (% of surgery)	25%
Second Surgical Opinion	$200
Reconstructive Surgery	
1. Facial Reconstruction	$500
2. Breast TRAM Flap	$2,000
3. Breast Reconstruction	$500
4. Breast Symmetry	$250
Bone Marrow or Stem Cell Transplant (50% benefit for 2nd transplant)	
1. Bone Marrow	$7,500
2. Stem Cell	$1,500
3. Donor Benefit	$1,000
MISCELLANEOUS BENEFITS	
Transportation (local or non-local)	$0.50 per mile ($1,000 round trip)
New or Experimental Treatment	$100 per day / $1,000 per month
Prosthetic Limb (Surgical and Non-Surgical)	Surgically Implanted: $2,000/device, $4,000 lifetime max
Wellness Incentive	$50 - View the Wellness Incentives page for more details
Waiting Period (Initial Diagnosis)	30 Days
Pre-existing Condition	12/12
Age Reduction	None
Portability terms at age 70	

Monthly Plan Rates
Employee $18.50
Employee + Spouse $34.30
Employee + Child(ren) $21.11
Employee + Family $36.91

ACCIDENT

MetLife

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

Eligibility: All full-time employees working 20+ hours/week, spouses, and dependent children (up to age 26)

- Coverage through MetLife
- **No health questions – Every Year!!**
- Payments made directly to you and benefit does not offset with medical coverage
- *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 Benefit Description	Low Plan	High Plan
INJURIES		
Fractures	$50 - $3,000	$100 - $6,000
Dislocations	$50 - $3,000	$100 - $6,000
Second and Third Degree Burns	$50 - $5,000	$100 - $10,000
Concussions	$200	$400
Cuts/Lacerations	$25 - $200	$50 - $400
Eye injuries	$200	$300
MEDICAL SERVICES & TREATMENT		
Ambulance (Ground)	$200	$300
Emergency Care	$25 - $50	$50 - $100
Inpatient Surgery	$100 - $1,000	$200 - $2,000
Physician Office Visit	$50	$100
Medical Testing Benefit	$100	$200
ACCIDENTAL DEATH & DISMEMBERMENT		
Accidental Death	$5,000 - $25,000	$10,000 - $50,000
Dismemberment	$250 - $10,000	$500 - $50,000
*Employee receives 100% of AD&D amount, spouse receives 50% of amount shown and children receive 20% of amount shown.		
Hospital Coverage (Accident)		
Admission	$500 (non-ICU) $1,000 (ICU) per accident	$1,000 (non-ICU) $2,000 (ICU) per accident
Confinement	$100 / day (non-ICU) $200 / day (ICU) up to 31 days	$200 / day (non-ICU) $400 / day (ICU) up to 31 days
Inpatient Rehab	$100 / day up to 15 days (not to exceed 30 days / year)	$200 / day up to 15 days (not to exceed 30 days / year)
Wellness Incentive	$50 - View the Wellness Incentives page for more details	
Pre-existing Condition	None	
Age Reduction	None	

Low Plan Monthly Rates
Employee $7.61
Employee + Spouse $11.76
Employee + Child(ren) $12.03
Employee + Family $14.30

High Plan Monthly Rates
Employee $10.69
Employee + Spouse $19.28
Employee + Child(ren) $19.71
Employee + Family $23.91

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HOSPITAL INDEMNITY INSURANCE

MetLife

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 working 20+ hours/week, spouses, and dependent children (up to age 26)

- Coverage through MetLife
- **No health questions - Every Year!!**
- Routine childbirth and complications from pregnancy are covered
- If adding a child during the plan year, the child must be added within 30 days of the date of birth
- *The chart below is a sample of covered services. Please see the Plan Certificate for a detailed listing of services in their entirety, available on your Employee Benefits Website.*

Hospital Indemnity Benefits	Low Plan	High Plan
HOSPITAL COVERAGE		
Admission Benefit (4 times per year) (Must be admitted into the hospital for this benefit - ER admission/Outpatient treatment does not qualify)	$500	$1,000
ICU Supplemental Admission (4 times per Year) (Paid concurrently with the Admission Benefit)	$500	$1,000
Confinement (15 days per year)	$100	$200
ICU Confinement (15 days per year) (Paid concurrently with the Confinement Benefit)	$100	$200
Confinement Benefit for Newborn Nursery Care (2 days per confinement)	$25	$50
Emergency Room Treatment (1 time per year)	$50	$100
Outpatient Therapy (5 times per year)	$25	$50
Ambulance Benefit (1 time per year)	$25	$50
Pre-existing Condition	None	
Wellness Incentive	$50 - View the Wellness Incentives page for more details	
Please see plan highlight sheets for additional details, located on your employee benefits website.		

Low Plan Monthly Rates
Employee $13.64
Employee + Spouse $24.79
Employee + Child(ren) $20.58
Employee + Family $31.73

High Plan Monthly Rates
Employee $24.92
Employee + Spouse $45.27
Employee + Child(ren) $37.58
Employee + Family $57.94

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 insurance, accident, and/or hospital indemnity plans.

Eligibility: You, spouse and dependents who are covered on the critical illness, cancer, accident and/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 benefit can be filed annually as long as your plan is in force

Available Wellness Incentives	
Trustmark - Critical Illness	$50/person/year
Guardian - Cancer Plan	$50/person/year
MetLife - Accident & Hospital Indemnity	$50/person/year

What Qualifies as Wellness?

Trustmark Critical Illness	Guardian Cancer	MetLife Accident/Hospital Indemnity
• Mammography • Pap Smear for women over Age 18 • Flexible Sigmoidoscopy • Hemoccult Stool Specimen • Colonoscopy • Prostate Specific Antigen (for prostate cancer) • CA 125 (blood test for ovarian cancer) • Carotid doppler • CT colonography • Electrocardiogram (EKG/ECG) • Human Papillomavirus (HPV) vaccination	• 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 • Hemoccult stool analysis • Mammography • Pap smear /ThinPrep pap test • PSA (blood test for prostate cancer) • Serum protein electrophoresis (blood test for myeloma) • Testicular ultrasound • Thermograph	View the benefits website for a complete listing. Includes: • Annual physical exam • Biopsies for cancer • Breast MRI, ultrasound, sonogram • Cancer antigen 15-3 and 125 blood test for breast cancer (CA 15-3)/ovarian cancer (CA 125) • Carcinoembryonic antigen blood test for colon cancer (CEA) • Carotid doppler • Chest x-rays • Clinical testicular exam • Colonoscopy; Digital rectal exam (DRE) • Doppler screening for cancer • Doppler screening for peripheral vascular disease • Echo cardiogram; Electrocardiogram (EKG) • Endoscopy • Fasting blood glucose/plasma test • Hemoccult stool specimen • Hemoglobin A1C • Human papillomavirus (HPV) vaccination • Lipid panel • Mammogram • Oral cancer screening • Pap smears or thin prep pap test • Prostate-specific antigen (PSA) test • Serum cholesterol test to determine LDL or HDL • Skin Exam; Skin cancer biopsy; screening • Stress test on bicycle or treadmill • Successful completion of smoking cessation program • Tests for sexually transmitted infections (STIs) • Thermography • Ultrasounds for cancer detection
How to submit a claim?		
• Fax completed documents to 508.471.3208 • Email completed documents to riderclaims@trustmarkins.com • File online: www.trustmarksolutions.com	• Log onto guardianlife.com and select "My Account/Login" to register or access your account	• Call 1-800-GET-MET8. (800-438-6388) • File your Health Screening Benefit online through the MyBenefits portal at www.metlife.com/mybenefits or by mail with a paper claim form.
Visit https://www.morgancountybenefits.com/ for claim forms and additional information.		

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MEDCARECOMPLETE

THE SMART WAY TO REDUCE YOUR HEALTHCARE COSTS

MedCareComplete

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

Eligibility: All full-time employees working 20+ hours/week, spouses, and unmarried children (up to age 26)

- Coverage through MedCareComplete
- Register at MCC: medcarecomplete.com/members
- Register at 1800MD: 1800md.com or 800.388.8785
  - Information Needed: Group Name, Group Number, Member ID (on MCC Card)
- This is a supplemental benefit and does not replace health insurance

Included with the MedCareComplete Membership:

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

1. Medical Bill Negotiator

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

2. Telemedicine

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

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

Acute Illnesses include but are not limited to the following:

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

3. Medical & ID Theft Protection

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

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: All full-time employees working 20+ hours/week, spouse and dependent children (up to age 26)

- Coverage through MetLife
- **Elder Care extends to parents and in-laws**
- Visit https://www.legalplans.com/why-enroll or call 800.821.6400 for additional information
- Plan participants, create an account for specific plan information
- **High Plan Code:** 0531010, **Low Plan Code:** 0530010

	Low Plan (0530010)	High Plan (0531010)	
Money Matters	• Identity Theft Defense • Negotiations with Creditors • Promissory Notes • Debt Collection Defense • Tax Collection Defense	• Identity Theft Defense • Negotiations with Creditors • Promissory Notes • Debt Collection Defense • Tax Collection Defense	• Personal Bankruptcy • LifeStages Identity Management • Tax Audit Representation • Financial Education Workshops
Home & Real Estate	• Deeds • Mortgages • Foreclosure • Tenant Negotiations • Eviction Defense • Security Deposit Assistance	• Deeds • Mortgages • Foreclosure • Tenant Negotiations • Eviction Defense • Security Deposit Assistance	• Sale or Purchase (Primary or Vacation Home) • Refinancing & Home Equity • Property Tax Assessments • Boundary & Title Disputes • Zoning Applications
Estate Planning	• Simple and Complex Wills • Healthcare Proxies • Living Wills • Codicils • Powers of Attorney (Healthcare, Financial, Childcare, Immigration)	• Simple and Complex Wills • Healthcare Proxies • Living Wills • Codicils • Powers of Attorney (Healthcare, Financial, Childcare, Immigration	• Revocable & Irrevocable Trusts
Family & Personal	• Guardianship • Conservatorship • Name Change • Review of ANY Personal Legal Document • School Hearings • Demand Letters • Affidavits • Personal Property Issues • Garnishment Defense • Domestic Violence Protection	• Guardianship • Conservatorship • Name Change • Review of ANY Personal Legal Document • School Hearings • Demand Letters • Affidavits • Personal Property Issues • Garnishment Defense • Domestic Violence Protection	• Juvenile Court Defense (Including Criminal Matters) • Parental Responsibility Matters • Review of Immigration Documents • Prenuptial Agreement • Adoption
Civil Lawsuits	• Disputes over Consumer Goods & Services • Administrative Hearings • Incompetency Defense	• Disputes over Consumer Goods & Services • Administrative Hearings • Incompetency Defense	• Civil Litigation Defense & Mediation • Small Claims Assistance • Pet Liabilities
Elder Care Issues	Consultation & Document review for issues related to your (or spouses) parents: • Medicare • Medicaid • Prescription Plans • Nursing Home Agreements • Leases • Promissory Notes • Deeds • Wills • Power of Attorney	Consultation & Document review for issues related to your (or spouses) parents: • Medicare • Medicaid • Prescription Plans • Nursing Home Agreements • Leases • Promissory Notes • Deeds • Wills • Power of Attorney	**Low Plan Monthly Rate**: $8.00 **High Plan Monthly Rate**: $16.50 NO COPAY
Vehicle & Driving	• Repossession • Defense of Traffic Tickets • Driving Privileges Restoration • License Suspension due to DUI	• Repossession • Defense of Traffic Tickets • Driving Privileges Restoration • License Suspension due to DUI	

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FLEXIBLE SPENDING ACCOUNTS

CAS
Consolidated Admin Services

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 working 20+ hours/week, spouse and dependent children (up to age 26)

- Coverage through Consolidated Admin Services
- Plan year is from January 1 – December 31 and employees must re-enroll each year
- Only family status changes will allow you to change your annual election. The altered election must be consistent with the status change
- Married and not filing jointly participants limited to $2,500 deferral for Dependent Care
- Transfer of funds between the Dependent Care and Medical Care accounts are not allowed
- *Please visit your Employee Benefits website for a complete listing of eligible expenses and qualifying dependent care services.*

FSA Benefit Description	
MEDICAL FSA ACCOUNT	
Minimum Contribution	$300 annually
Maximum Contribution	$3,200 annually
CARRYOVER MAX- Amount of funds a participant can carryover to the next year. Must enroll in the FSA for the next plan year to access carryover.	2024 to 2025 - $640 2023 to 2024 - $610 (Any amount over the carryover will be forfeited)
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; otherwise, unused funds are forfeited	
DEPENDENT CARE FSA ACCOUNT	
Minimum Contribution	$300 annually
Maximum Contribution	$5,000 annually
CARRYOVER FUNDS	None (Unused funds are forfeited)

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	

Admin Fee	
Fee Per Participant Per Month (One fee even if electing both Medical FSA and Dependent Care)	$3.50
Replacement Card Fee	No Charge

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

CAS
Consolidated Admin Services

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://www.consolidatedadmin.com/fsa-hsa-eligible-expenses/
FSA Calculator
(estimates how much you can save with an FSA)
https://fsastore.com/fsa-calculator

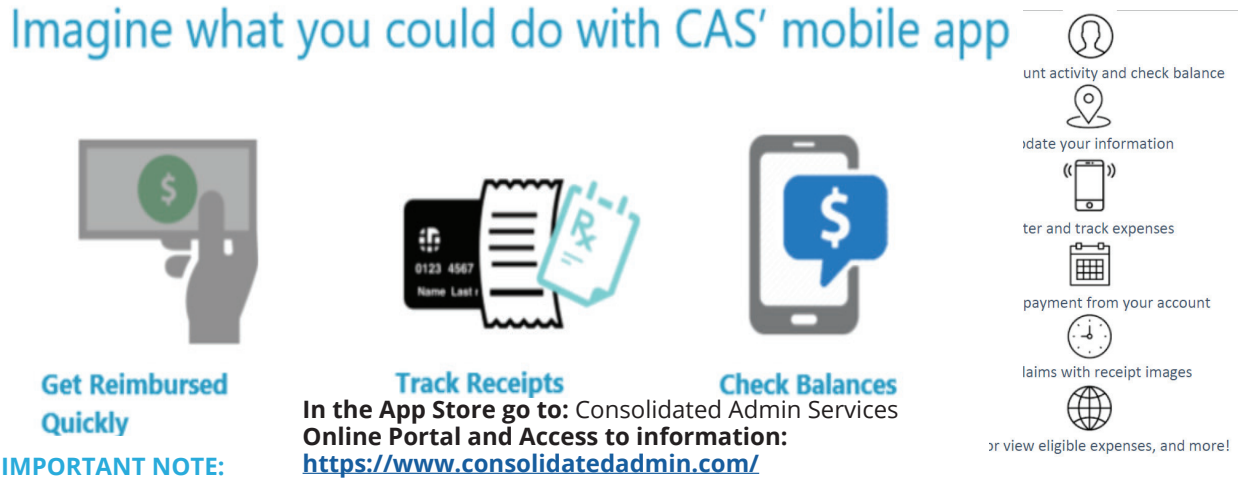
Who is covered under Dependent Care Accounts?

- 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



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.

EMPLOYEE ASSISTANCE PROGRAMS

What is an EAP? Programs offered to all Morgan 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: All full-time Morgan County Charter School 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**
- CALL 1.866.279.5177 or visit www.EAPHelplink.com, Company Code: GADOE

OneAmerica EAP

Eligibility: All Morgan County Charter Schools employees, spouse and unmarried children

- 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 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 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.

RETIREMENT INFORMATION

Notice: Morgan County Charter Schools retirement program is made up of four parts – Teachers Retirement System of Georgia (TRSga), Public School Employees Retirement System (PSERS), Supplemental Retirement plans and Social Security.

Teachers Retirement System of Georgia

TRS covers all teaching, administrative, clerical and other professional personnel. Teachers Retirement System eligible employees contribute 6% of their gross monthly salary to TRS. In addition, the BOE contributes 19.98% of your gross salary to your TRS account.

- Please click on this link for TRS information: www.trsga.com/active-member

Public Schools Employees Retirement System

PSERS covers all non-TRS employees including bus drivers, food service, maintenance, warehouse and custodial employees. PSERS employees contribute $10.00 per month September through May (applies to employees hired after 7/1/2012).

- Click on this link for PSERS information: https://www.ers.ga.gov/public-school-employees-retirement-system
- Ready to Retire under PSERS? Click on this link and then click Active Members: https://www.ers.ga.gov/post/psers-forms

Supplemental Retirement Plans

The following plan options are available for benefits-eligible employees: 403(b), Roth 403(b) and Roth 457(b) plans.

Participation in tax-sheltered annuity plans is voluntary and is open to all benefits-eligible employees (those employees who work 20 hours or more per week). All newly, benefits- eligible employees will be automatically enrolled into a 403(b) plan with an Employee contribution rate of 1%. If employee choose not opt out of, the form is located at bottom of this page. The Board has established a voluntary Supplemental Retirement Plan for PSERS employees that will match some employee contributions Since participation in these plans are voluntary, benefits-eligible employees may make changes to their plan(s) at their discretion (subject to IRS rules and regulations) during the calendar year by contacting the plan representatives.

Universal Availability requires an employer to give notice to employees of their right to make elective deferrals to tax sheltered annuities. To ensure compliance with this requirement, MCCSS offers an Annual Open Enrollment period for employee benefits during which benefits-eligible employees may make such elections and/or changes to their tax sheltered annuity plan(s). Open Enrollment typically runs for a period of two weeks beginning in mid-October.

Contact Campus Benefits help with filing a claim.

Phone: 1 (866) 433-7661 option 5
Email: MyBenefits@campusbenefits.com

Visit : https://www.morgancountybenefits.com/retirement-program for more retirement resources.

STATE HEALTH BENEFIT PLAN

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

Notice: The Morgan County Charter Schools offers all eligible employees health insurance through the Georgia State Health Benefit Plan. During the annual open enrollment, employees have the opportunity to review all available options and make elections for the 2024 Plan Year.

- **Coverage through Anthem BCBS of GA, United Healthcare, or Kaiser Permanente**
- All qualifying life events must be submitted via the SHBP Portal.
- Kaiser Permanente is only available in the Atlanta Metro area.
- If you or your spouse are both employed with Morgan County Charter Schools (MCCS) and both are benefit eligible, only one may elect to cover the other spouse and/or dependent children.
- If you are transferring from another school system in Georgia and currently participate in the State Health Benefit Plan, your benefits will transfer to MCCSS.

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 Phone Number: 800.610.1863

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/enrollment/open-enrollment

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

Please review the Active Decision Guide for full incentive program details and requirements.
Anthem: members enrolled in an Anthem HRA Plan Option will receive SHBP-funded base credits at the beginning of the Plan Year. The amount funded will be based on your elected coverage tier. If you enroll in a HRA during the Plan Year, these credits will be prorated based on the elected coverage tier and the months remaining in the current Plan Year.
***KP:** members enrolled in the KP Regional HMO Plan Option and their covered spouses will each receive a $500 Mastercard reward card after they each satisfy KP's Wellness Program requirements.
****UnitedHealthcare:** Spouses enrolled in an UnitedHealthcare Plan Option can now earn a 240 well-being incentive credit match. This means Members and their covered spouses enrolled in an UnitedHealthcare Plan Option can each earn a 240 well-being incentive credit match with a maximum combined up to 480 well-being incentive credits matched by UnitedHealthcare for completing wellness requirements under the plan. After credits are added to your HIA, any remaining credits will rollover each plan year.

2024 SHBP PLANS & PRICING

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

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

Plan Designs for 2024	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	**$188.56**	**$125.19**	**$77.69**	**$148.53**	**$177.91**	**$63.36**	**$169.54**
Employee + CH	**$343.04**	**$235.32**	**$154.57**	**$274.99**	**$324.94**	**$130.20**	**$311.96**
Employee + SP	**$464.72**	**$331.65**	**$231.90**	**$380.66**	**$442.36**	**$201.80**	**$430.64**
Family	**$619.20**	**$441.78**	**$308.78**	**$507.12**	**$589.39**	**$268.64**	**$573.06**
An $80 tobacco surcharge will be added to all rates for tobacco users.							

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

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

SHBP LEGAL NOTICES

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

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

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

SHBP offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, SHBP makes available a Summary of 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://prod.dch.georgia.gov/shbp-plan-documents. A paper copy is also available, free of charge, by calling 706-752-4609.

About the Following Notices:

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

Penalties for Misrepresentation

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

Federal Patient Protection and Affordable Care Act Notices

Choice of Primary Care Physician

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

Access to Obstetrical and Gynecological (OB/ GYN) Care

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

HIPAA Special Enrollment Notice

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

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

Women's Health and Cancer Rights Act of 1998

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

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

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

Newborns' and Mothers' Health Protection Act of 1996

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

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT NOTICE OF INFORMATION PRIVACY PRACTICES

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

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

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

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

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

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

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

SHBP LEGAL NOTICES

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NOTES

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SCAN ME

The Service Hub Helps With:

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

Phone: 866.433.7661, opt 5
Email: mybenefits@campusbenefits.com
Benefit website address: MorganCountyBenefits.com