To enroll, call the Benefits Service Center at 866-671-0721 or go online to www.hcbebenefits.com
This guide provides a brief overview of your Houston County Schools benefits and the enrollment process. The guide also contains important benefit resources and contact information. Plan documents contain additional details about your benefit plans, and can be requested through the Benefits Service Center or found online on the new benefits website: www.hcbebenefits.com.

We strive to provide you with a comprehensive and cost effective benefits portfolio. Many of your benefits are funded entirely or in part by the Board. For the plans in which you have a contribution, your contribution will be payroll deducted. The medical and dental premiums will be deducted on a pre-tax basis once a month, meaning the amount of your taxable income is reduced by the monthly premiums and you don’t pay taxes on those contributions.

Your employee elections during Open Enrollment are valid for the entire 2019 year unless you have a qualifying life event or change in family status (supporting documentation required).

What’s Changing for 2019...

► MEDICAL PLAN – GREAT NEWS!
  ■ No changes to medical plan options or benefits for 2019.
  ■ Premiums will NOT increase for 2019!
  ■ Unused well-being incentive credits will roll over to 2019, even if you change your medical plan.

► LOCAL BENEFITS – MORE GREAT NEWS!
  ■ Dental: 2% DECREASE in your premiums for 2019!
  ■ New FSA Administrator for 2019: Medcom
  ■ Visit www.hcbebenefits.com for detailed plan information, resources and documents, and carrier contact information.

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2019 Information Sessions Available

On-site representatives will be available to answer questions and assist with your enrollment at the dates and times below.

Wednesday, October 17, 2018:
12:00 p.m. – 6:00 p.m.
Perry Annex – Suite A
1600 Macon Road
Perry, GA 31069

Thursday, October 18, 2018:
12:00 p.m. – 6:00 p.m.
Cary Martin Center
233 N. Houston Road
Warner Robins, GA 31093

Tuesday, October 23, 2018:
12:00 p.m. – 6:00 p.m.
Transportation Building*
311 Bear Country Road
Warner Robins, GA 31088

Monday, October 29, 2018:
8:30 a.m. – 6:00 p.m.
Transportation Building*
311 Bear Country Road
Warner Robins, GA 31088

*Please park at the Freedom Field Stadium
How to Enroll

Local Benefits – Online or By Phone

Online

Step 1: Visit www.hcbebenefits.com, review the plan options, and then click “Benefits Portal.”

Step 2: Click on the “Reset ID and Password” link. You will be prompted to enter your Social Security Number and Date of Birth. The system will identify you by these credentials and allow you to create a password (case sensitive). Once you have created your password, you will return to the log in screen. Your User ID will be First + Middle + Last initial and the last four digits of your SSN. (If no middle initial, First + Last initial + last four of SSN.)

Step 3: Once you are logged in, you may begin your enrollment by scrolling down and clicking on “Begin Event.” Click “Save and Continue” to proceed.

Enrollment by Phone

Call the Houston County Schools Benefits Service Center at 1-866-671-0721 to complete your local benefits enrollment by phone. The Benefits Specialist will confirm your personal information, review your plan options, and confirm your elections for 2019.

For both online and phone enrollment, you will receive a Confirmation Statement via your HCBE email address following your enrollment.

State Health Benefit Plan (SHBP) – ADP Portal

1. Access https://myshbpga.adp.com/shbp to review your health coverage elections. Your Registration Code is “SHBP-GA”. Employees may also enroll in benefits by phone by calling 1-800-610-1863.

2. If you are covering a new dependent, ADP will provide instructions for submitting required documentation for the added dependents. Be sure to provide documentation in the format required by the deadline provided by ADP. Please look for important instructions from SHBP or ADP to ensure coverage for dependents.

Note: If you have difficulty completing your enrollment, please contact the Houston County Schools Benefits Service Center at 1-866-671-0721, Monday – Thursday from 8am to 6pm and Friday from 8am to 5pm EST. You can also email hcbebenefitcenter@totemsolutions.com

How to Reset your SHBP Password

• Step 1: Go to www.myshbpga.adp and click Forgot Your Password
• Step 2: Enter your User ID
• Step 3: Follow the instructions to answer a series of security questions (contact SHBP Member Services if you are unable to answer the security questions.)
• Step 4: Create a new password and click Continue

Important Open Enrollment Information

Open Enrollment is from Monday, October 15 through Friday, November 2, 2018. Open Enrollment ends on Friday, November 2, at 11:59 pm. Elections are effective on January 1, 2019 with the first deductions taken in December.

Medical

• Current medical benefits (including tobacco surcharge if applicable) will carry forward to 2019.
• Open Enrollment is a great time to access the SHBP enrollment portal to review your enrollment information and print a Confirmation Statement for your records.
• Mental health benefits have been enhanced as follows: a) Age limit for Applied Behavior Analysis (ABA) treatment has been removed, and b) coverage includes both Residential Treatment Centers (RTC) and Methadone clinics.
• Members may now redeem wellness incentive points for a $150 Visa gift card.

Dental

• 2% decrease in premiums for 2019!

Flexible Spending Account (FSA): New administrator is Medcom. Exception: If you wish to contribute to a FSA account in 2019, then you must actively enroll in the benefit. Your prior election will not carry forward.

All Other Local Benefits: If you don’t complete an active election, your current benefits will continue next year. Exception: FSA election is required for 2019. You are also encouraged to call or login to confirm or update your email address and life insurance beneficiary.

Dependent Spouse:

Reminder: If your spouse is a HCBE employee, duplicate dental and life coverages are prohibited. Update your dependent record if your spouse is a HCBE employee.

Address Change?

If you need to update your personal address, please access the Employee Self-Service link under the Employees tab on www.hcbe.net. Contact Human Resources at 478-988-6244 to have your ESS password reset.
**Medical Coverage**

**State Health Benefit Plan (SHBP)**

Houston County Schools participates in the State Health Benefit Plan. Details on the various health plans are below.

**SHBP Contribution**

The plan pays a significant portion of your health insurance premiums as noted below. This financial contribution reduces your premium for a quality health plan at a competitive cost.

| Certified and Classified Employees | $945 per month |

**State Health Benefit Plan Overview**

<table>
<thead>
<tr>
<th>Anthem BlueCross BlueShield of Georgia</th>
</tr>
</thead>
<tbody>
<tr>
<td>HRA Gold</td>
</tr>
<tr>
<td>HRA Silver</td>
</tr>
<tr>
<td>HRA Bronze</td>
</tr>
<tr>
<td>Most services are subject to a deductible. Then, you pay coinsurance up to the out-of-pocket maximum. For prescription drugs, you pay a percentage of the retail cost. The HRA plans include a plan-funded Health Reimbursement Account (HRA) to reduce / offset your deductible and pharmacy expenses. Preventive care is covered at 100% before deductible.</td>
</tr>
<tr>
<td>HMO</td>
</tr>
<tr>
<td>This plan has the lowest deductible and provides in-network coverage only. Some services (office visits, ER and prescription drugs) are covered at 100% after a copay. For most other services, you are responsible for a deductible and coinsurance until you meet your out-of-pocket maximum. Copays do not count towards your deductible.</td>
</tr>
<tr>
<td>United Healthcare</td>
</tr>
<tr>
<td>Same benefits as the Anthem BlueCross BlueShield HMO – United Healthcare provider network.</td>
</tr>
<tr>
<td>High Deductible Health Plan (HDHP)</td>
</tr>
<tr>
<td>Lowest premiums, highest deductible and maximum out-of-pocket. All services including pharmacy are subject to deductible and coinsurance.</td>
</tr>
</tbody>
</table>

**Pharmacy Information**

- CVS Caremark administers the pharmacy benefits for HRA, HMO, and HDHP members.
- You are not required to obtain prescriptions from a retail CVS pharmacy for coverage to apply. The CVS Caremark pharmacy network is extensive, and participating pharmacy information is available by accessing info.caremark.com/shbp.
- For your convenience, you may purchase a 90-day supply via retail at participating in-network pharmacies.
- Certain drug costs are waived if SHBP is primary and you actively participate in one of the Disease Management programs for diabetes, asthma, and/or coronary artery disease.

**Online Resources**

Access the plan websites to locate participating providers and to find health and wellness tools, plan details, and much more.

**Anthem BlueCross BlueShield of Georgia**

[www.bcbsga.com/shbp](http://www.bcbsga.com/shbp)

**United Healthcare**

[www.welcometouhc.com/shbp](http://www.welcometouhc.com/shbp)

I want to...Find a Doctor in the drop down menu. Select Choice HMO or HDHP with HSA network and follow search instructions.

**ADP Enrollment Portal**

[https://myshbpga.adp.com/shbp/](https://myshbpga.adp.com/shbp/)

Your registration code is “SHBP-GA”.

Questions? Call the HCBE Benefits Service Center at 1-866-671-0721.
## Medical Plan Designs and Premiums – No Change for 2019!

<table>
<thead>
<tr>
<th>Deductible</th>
<th>Anthem BCBS HRA</th>
<th>Anthem BCBS/UHC</th>
<th>UHC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Gold</td>
<td>Silver</td>
<td>Bronze</td>
</tr>
<tr>
<td>You</td>
<td>$1,500</td>
<td>$2,000</td>
<td>$2,500</td>
</tr>
<tr>
<td>You + Child(ren)/Spouse</td>
<td>$2,250</td>
<td>$3,000</td>
<td>$3,750</td>
</tr>
<tr>
<td>You + Family</td>
<td>$3,000</td>
<td>$4,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>Medical OOPM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You + Child(ren)/Spouse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coinsurance (Plan Pays)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HRA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You + Child(ren)/Spouse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urgent Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCP Visit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive Visit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retail Rx</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mail Order Rx</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Monthly Premiums

<table>
<thead>
<tr>
<th></th>
<th>Gold</th>
<th>Silver</th>
<th>Bronze</th>
<th>HMO</th>
<th>HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>You</td>
<td>$168.73</td>
<td>$110.89</td>
<td>$72.45</td>
<td>$135.65</td>
<td>$172.56</td>
</tr>
<tr>
<td>You + Child(ren)</td>
<td>$307.13</td>
<td>$208.80</td>
<td>$143.46</td>
<td>$250.90</td>
<td>$313.65</td>
</tr>
<tr>
<td>You + Spouse</td>
<td>$418.09</td>
<td>$296.62</td>
<td>$215.91</td>
<td>$348.63</td>
<td>$426.14</td>
</tr>
<tr>
<td>You + Family</td>
<td>$556.50</td>
<td>$394.54</td>
<td>$286.92</td>
<td>$463.89</td>
<td>$567.22</td>
</tr>
</tbody>
</table>

Questions? Call the HCBE Benefits Service Center at 1-866-671-0721.
2019 Wellness Program

Sharecare, your wellness program vendor, provides comprehensive well-being and incentive programs for SHBP members. As you complete wellness activities, you will earn credits in your Health Incentive Account to help offset your medical expenses. HDHP members must meet a portion of the deductible before well-being credits may be used.

In 2019, you and your covered spouse are each eligible to receive a WellBeing Reward of up to 480 Wellbeing Incentive Credits (960 family total) as long as you complete the activities between January 1, 2019 and November 30, 2019.

Enrolled members can choose to redeem well-being incentive points for either $150 Visa gift card, or 480 well-being incentive credits to be applied towards eligible medical or pharmacy expenses.

<table>
<thead>
<tr>
<th>Step 1</th>
<th>Earn 120 in well-being incentive points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 2</td>
<td>Earn 120 in well-being incentive points</td>
</tr>
<tr>
<td>Step 3</td>
<td>Earn up to 240 in wellness incentive points</td>
</tr>
</tbody>
</table>

Complete the RealAge Test
Complete a biometric screening
Complete one or a combination of:
• Telephonic Coaching Pathway
• Online Pathway

Please refer to the State Health Benefit Plan Decision Guide or access www.bewellshbp.com for additional details.

Other Medical Options – TriCare

The TRICARE Supplement Plan is an alternative to the State Health Benefit Plan that is offered to members and dependents who are eligible for SHBP coverage and enrolled in TRICARE.

Who is eligible for the TRICARE Supplement Plan?

• Retired military receiving retired, retainer, or equivalent pay
• Retired Reservists between ages 60 and 65
• Retired Reservists under age 60 and enrolled in TRICARE Retired Reserve (TRR)
• Qualified National Guard and Reserve Members enrolled in TRICARE Reserve Select (TRS)
• Spouses/surviving spouses of any of the above

<table>
<thead>
<tr>
<th>2019 TRICARE Supplement Plan Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>You</td>
</tr>
<tr>
<td>You + Child(ren)</td>
</tr>
<tr>
<td>You + Spouse</td>
</tr>
<tr>
<td>You + Family</td>
</tr>
</tbody>
</table>

For information about eligibility and benefits, contact 866-637-9911 or visit www.selmantricareresource.com/ga_shbp or www.shbp.georgia.gov.

Important Information about Dependent Documentation

• If you wish to add dependent(s), spouse and/or child(ren) to your health plan at this time, ADP will contact you (by mail and email) to request appropriate verification documents.
• This communication from ADP will include a personalized fax cover sheet with a bar code that must be used when submitting documentation.
• Appropriate documentation must be attached to the fax cover page.
• If you do not receive the request, contact SHBP directly at 1-800-610-1863 to have the request sent to you.

Attention Families – PeachCare

• Your dependents, up to age 19, may be eligible for PeachCare (instead of SHBP), offered through the state of Georgia
• Income and other qualifications must be met
• Visit www.peachcare.org for more info
• Not available through payroll deduction
Dental Plans MetLife

There are two dental PPO plan options: The Low Plan and the High Plan. Please refer to the chart below for an overview of both plans. Preventive care is covered at 100% (no deductible).

**Great News! There is a 2% decrease in premiums for 2019!**

Visit www.metlife.com/dental to locate participating dentists. Under “Find a Participating Dentist,” enter your zip code, select “PDP Plus” as your dental network, and follow the search instructions.

<table>
<thead>
<tr>
<th>Monthly Deductions</th>
<th>Low Plan</th>
<th>High Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$19.19</td>
<td>$30.54</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$43.92</td>
<td>$67.60</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$50.10</td>
<td>$76.59</td>
</tr>
<tr>
<td>Family</td>
<td>$82.93</td>
<td>$121.40</td>
</tr>
</tbody>
</table>

**Dental Summary of Benefits**

<table>
<thead>
<tr>
<th></th>
<th>Low Plan</th>
<th>High Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar Year Deductible</td>
<td>$75 Individual / $225 Family</td>
<td>$50 Individual / $150 Family</td>
</tr>
<tr>
<td>Calendar Year Maximum</td>
<td>$750</td>
<td>$1,500</td>
</tr>
<tr>
<td>Orthodontia Lifetime Maximum</td>
<td>$750</td>
<td>$1,500</td>
</tr>
<tr>
<td>Type A Services (exams, x-rays, cleanings)</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Type B Services (fillings, extractions)</td>
<td>60% after deductible</td>
<td>80% after deductible</td>
</tr>
<tr>
<td>Type C Services (crowns, Root Canals, General Anesthesia)</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Orthodontia Services</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
</tr>
</tbody>
</table>

Above is a summary and does not provide a complete listing of services. All frequency limitations are not reflected in above summary. Please reference the Certificate for additional details regarding descriptions of covered services, age restrictions, and frequency limitations. This is available at www.hcbebenefits.com.

**Flexible Spending Accounts (FSA)**

There are two types of Flexible Spending Accounts (FSA’s) available to you: Healthcare and Dependent Care. Both accounts allow you to pay for out-of-pocket costs with pre-tax dollars, saving you money. Medcom, our new FSA Administrator, was selected because of their enhanced member services and technology features. Your prior FSA election will not automatically continue in 2019. You must actively elect to participate in 2019 by completing your local benefits enrollment.

**Healthcare Flexible Spending Account**

The Healthcare FSA enables you to pay eligible out-of-pocket healthcare expenses with pre-tax dollars. You can contribute up to $2,650 a year into a Healthcare FSA. Eligible expenses include deductibles, copays, coinsurance, prescription drugs, over-the-counter drugs (prescription required), dental, and vision expenses.

**Dependent Care Flexible Spending Account**

The Dependent Care FSA enables you to pay for certain child and dependent care expenses using pre-tax dollars. You may contribute up to $5,000 in a Dependent Care FSA. Eligible expenses include day care/after-school/ program fees for children up to age 13 and certain adult day care expenses.

**Account Features**

Participants in the FSAs receive a debit card for convenient account access without having to submit claims for reimbursement or paying out of pocket. There is also a mobile app for easy claim submission and tracking. All participants will receive a new card for the 2019 plan year.

You must use all of the funds in your account by the end of the plan year or the funds are forfeited. However, the IRS allows Healthcare FSA plan members to roll over up to $500 of unused funds for use in the following year. The $500 roll over option does not apply to the Dependent Care FSA. If you are not electing a Healthcare FSA in 2019, a minimum $25 balance is required to roll over your existing balance.

IRS regulations require appropriate documentation to ensure your claims are valid expenses. You will be asked to supply receipts as documentation for most charges. Retain your receipts and provide them promptly upon request. Claims must be incurred by December 31, 2019 and submitted by February 28, 2020 to be eligible for reimbursement for the 2019 plan year.

FSA participants will receive information after open enrollment regarding the Medcom transition.

Questions? Call the HCBE Benefits Service Center at 1-866-671-0721.
Life Insurance

Basic Group Life Insurance

The Board provides you with Basic Life Insurance equal to one times your annual pay, up to $50,000, at no cost to you. This plan will pay a benefit to your beneficiary(ies) should you pass away as a result of an illness or an accident.

Optional Life Insurance for You

Optional life insurance is offered for you and your dependents to supplement the basic life coverage. See below for more information.

<table>
<thead>
<tr>
<th>Benefit Amount</th>
<th>1, 2, 3, 4, or 5 times your annual earnings</th>
<th>Benefit Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>$500,000</td>
<td></td>
<td>$500,000</td>
</tr>
</tbody>
</table>

Employee Optional Life Sample Monthly Deductions

<table>
<thead>
<tr>
<th>Age</th>
<th>Benefit Amount</th>
<th>Monthly Deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>$30,000</td>
<td>$1.35</td>
</tr>
<tr>
<td>25</td>
<td>$50,000</td>
<td>$2.25</td>
</tr>
<tr>
<td>25</td>
<td>$75,000</td>
<td>$3.38</td>
</tr>
<tr>
<td>25</td>
<td>$100,000</td>
<td>$4.50</td>
</tr>
<tr>
<td>25</td>
<td>$150,000</td>
<td>$6.75</td>
</tr>
<tr>
<td>35</td>
<td>$30,000</td>
<td>$2.10</td>
</tr>
<tr>
<td>35</td>
<td>$50,000</td>
<td>$3.50</td>
</tr>
<tr>
<td>35</td>
<td>$75,000</td>
<td>$5.25</td>
</tr>
<tr>
<td>35</td>
<td>$100,000</td>
<td>$7.00</td>
</tr>
<tr>
<td>35</td>
<td>$150,000</td>
<td>$10.50</td>
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<td>45</td>
<td>$30,000</td>
<td>$4.80</td>
</tr>
<tr>
<td>45</td>
<td>$50,000</td>
<td>$8.00</td>
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<td>45</td>
<td>$75,000</td>
<td>$12.00</td>
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<td>45</td>
<td>$100,000</td>
<td>$16.00</td>
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<td>45</td>
<td>$150,000</td>
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<td>55</td>
<td>$30,000</td>
<td>$12.60</td>
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<tr>
<td>55</td>
<td>$50,000</td>
<td>$21.00</td>
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<tr>
<td>55</td>
<td>$75,000</td>
<td>$31.50</td>
</tr>
<tr>
<td>55</td>
<td>$100,000</td>
<td>$42.00</td>
</tr>
<tr>
<td>55</td>
<td>$150,000</td>
<td>$63.00</td>
</tr>
</tbody>
</table>

Optional Life Insurance for Your Dependents

<table>
<thead>
<tr>
<th>Option</th>
<th>Amount</th>
<th>Monthly Deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>$5,000</td>
<td>$1.53</td>
</tr>
<tr>
<td>Spouse</td>
<td>$10,000</td>
<td>Age-Banded (see sample below)</td>
</tr>
<tr>
<td>Spouse</td>
<td>$25,000</td>
<td>Age-Banded (see sample below)</td>
</tr>
<tr>
<td>Spouse</td>
<td>$50,000</td>
<td>Age-Banded (see sample below)</td>
</tr>
<tr>
<td>Child(ren)</td>
<td>$5,000</td>
<td>$0.30</td>
</tr>
<tr>
<td>Child(ren)</td>
<td>$10,000</td>
<td>$0.60</td>
</tr>
</tbody>
</table>

Note: All new elections and increases in Optional Life Insurance require health questions / Evidence of Insurability, excluding child coverage.

Sick Leave & Disability Insurance

Sick Leave

As a HCBE employee, you receive employer-provided sick leave, which pays your full salary and coordinates with disability in the event you experience a personal illness. All available leave time must be exhausted before short term disability benefits are payable.

Short Term Disability

Short Term Disability provides income protection in the event you are ill or injured and unable to work and you have exhausted all accumulated leave. You may elect in $100 increments up to a maximum benefit of 66 2/3% of earnings. Waiting period options are shown below. Benefits begin after all accumulated leave has been used and are payable for up to 52 weeks.

The Short Term Disability plan does not pay a benefit if your disability is due to a pre-existing condition and you become disabled during the first 6 months your coverage is in effect. A pre-existing condition is a sickness or injury for which during the 3 months immediately prior to your effective date, you were diagnosed or treated. If you previously waived STD coverage and wish to elect coverage now, no health questions apply.

It is important to know your accumulated leave balance, when choosing your short term disability benefit option. Your leave balance is located on your pay stub in Employee Self Service (ESS).

<table>
<thead>
<tr>
<th>Waiting / Elimination Period</th>
<th>Rates per $100 Monthly Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 days</td>
<td>$2.29</td>
</tr>
<tr>
<td>14 days</td>
<td>$1.25</td>
</tr>
<tr>
<td>30 days</td>
<td>$1.10</td>
</tr>
<tr>
<td>45 days</td>
<td>$0.96</td>
</tr>
<tr>
<td>60 days</td>
<td>$0.86</td>
</tr>
</tbody>
</table>

Long Term Disability

If you are out of work longer than a year due to illness and remain disabled, Board provided Long Term Disability pays a benefit at no cost to you. This important benefit provides an income replacement should the disability duration exceed 52 weeks.
Employee Assistance Program (EAP)

The district provides an Employee Assistance Program to all benefits-eligible Houston County Employees and household members at no cost to you. Call the ComPsych Guidance Resources EAP for confidential assistance to help manage life’s challenges. The EAP includes the following benefits:

- **Counseling** – Unlimited telephonic access and up to 3 face-to-face sessions to help manage stress, relationship conflicts, problems with children, job pressures, substance abuse, and grief/loss.

- **Financial Information and Resources** – Discover options for getting out of debt, credit card or loan problems, tax questions, retirement and estate planning, and saving for college.

- **Legal Support and Resources** – Talk to an attorney by phone about divorce and family law, debt and bankruptcy, landlord / tenant issues, real estate transactions, civil / criminal actions, and contracts; if representation is required, a referral to a qualified attorney in your area will be provided (free 30-minute session with 25% reduction in customary legal fees thereafter).

- **Work-Life Solutions** – Work-Life specialists will do the research, and provide referrals and customized resources for: child and elder care, moving and relocation, major purchases, college planning, pet care, home repair, and more.

All eligible employees are automatically enrolled in the EAP. Call 855-387-9727 anytime to use this great benefit!

Retirement

There are 3 components to your retirement plans:

1. **Social Security**
2. **Teacher’s Retirement System (TRS) or Public School Employees Retirement System (PSERS)**
3. **Houston County Board of Education Supplemental Retirement Plans - 403(b), 457(b), and Roth options.**

District employees are required to participate in either TRS or PSERS. In addition to the required retirement plans, you have the option to participate in the supplemental 403(b), 457(b), and Roth options. Your contributions to these plans are through convenient payroll deduction.

**Teachers Retirement System (TRS)**

The following personnel are required to participate in TRS, a state retirement plan, as a condition of employment: certified teacher, administrator, clerical staff, paraprofessional, lead custodian, supervisor, and school nutrition manager. Your TRS account is funded by you and HCBE. Employees contribute 6% of earnings and HCBE contributes 20.9% of earnings to the account. Employees are vested after 10 years of service.

**Public School Employees Retirement System (PSERS)**

The following personnel are required to participate in PSERS, a state retirement plan, as a condition of employment: transportation, school nutrition, maintenance, and custodial staff. The employee contribution for employees hired before July 1, 2012 is $4 per month for 9 months ($36 per year). The employee contribution for employees hired on July 1, 2012 or later is $10 per month for 9 months ($90 per year). Your retirement benefit will be $15.25 per month times the number of years of service. Employees are vested after 10 years of service.

**Supplemental Retirement Plans**

Employees may supplement their state retirement plan by electing to participate in either the 403(b) Plan, the 457(b) Plan, or Roth IRAs. These plans are available to all employees and managed by VALIC. Additionally, employees in a PSERS covered position are eligible to participate in the HCBE $1 for $1 matching supplemental retirement plan. HCBE will match $1 for $1 contributions up to 5% of base compensation for eligible employees who contribute to the 403 (b) matching plan. New employees eligible for the matching plan are automatically enrolled in the $1 for $1 matching supplemental retirement plan at 2% of their base compensation. To change your contribution or opt out of participating in this plan, employees should contact John Lamberth, VALIC Advisor, at 478-319-7832.

Questions? Call the HCBE Benefits Service Center at 1-866-671-0721.
COMMONLY USED HEALTHCARE TERMS

Commonly Used Healthcare Terms

**Carrier** – Insurance company providing you with your benefits.

**Coinsurance** – Percentage of medical bills that patient is responsible for; goes into effect after deductible has been met.

**Copay** – The per-visit charge paid each time you see your doctor.

**Deductible** – The amount of medical costs you are financially responsible for before coinsurance applies.

**Employee Assistance Program (EAP)** – Program with services to assist with handling life’s problems (stress, mental illness, addiction, workplace issues, etc.)

**Explanation of Benefits (EOB)** – Received from carrier summarizing charges for care received. It will spell out what was billed, how much your carrier paid, and how much you are responsible for.

**In-Network** – Providers that have contracted with your carrier. Going in-network will save you money.

**Out-of-Network** – Providers that have not contracted with your carrier. Going out-of-network will result in reduced coverage, or no coverage at all.

**Out-of-Pocket Maximum** – The maximum amount you will pay for medical expenses before your plan will pay 100%.

**Primary Care Provider (PCP)** – Doctor that you go to first with health issues; they manage your care / keep you healthy.

**Participating Dental Provider (PDP) Fee** – Amount dentist has agreed to accept as payment for services from carrier.

**Premium** – Amount deducted from your paycheck to pay your portion of your insurance.

**Preventive care** – Care obtained to prevent major health issues: annual physicals, mammograms, colonoscopies, etc.

**Qualifying Life Event (QLE)** – Event (i.e. marriage, birth of child, gain/loss of coverage), that allows you to make changes to coverage during the year within a specific timeframe, typically 31 days from date of event.

**Summary Plan Description (SPD)** – Overview of provisions of plan, including coverage for specific procedures and applicable legal language.

Plan types

- **High Deductible Health Plan (HDHP)** – Typically has individual deductible of at least $1,000. Many qualified HDHP plans do not have copays, and all care is subject to the deductible and coinsurance.

- **Health Maintenance Organization (HMO)** – Network plans require a PCP to be responsible for care (referrals required for specialist). There is no out-of-network coverage, and HMOs usually have more plan restrictions.

- **Preferred Provider Organization (PPO)** – Network that allows selection of provider with no referrals required. Out-of-network benefits available, but at higher cost. Commonly have deductible to meet.

Medical Savings Account Types

- **Healthcare and Dependent Care Flexible Spending Accounts (FSA)** – Accounts in which pre-tax income is put aside to pay for IRS-qualified medical / dependent care expenses. The FSA is “use it or lose it”: funds must be used by end of plan year or be forfeited.

Definition of Dependent

- Legally married spouse
- Natural or legally adopted child(ren) or stepchild(ren), under age 26
- Child(ren) due to Legal Guardianship
- Natural or legally adopted child(ren) or stepchild(ren) 26 or older who are physically or mentally disabled prior to age 26, and who are primarily dependent on the enrolled member for support
Open Enrollment Checklists

<table>
<thead>
<tr>
<th>State Health Benefit Plan</th>
<th>Local Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verify all desired dependents are listed on the Confirmation Page.</td>
<td>Be sure to confirm your email address by phone or online during your enrollment.</td>
</tr>
<tr>
<td>Verify all dependent Social Security Numbers (SSN) or other Tax Identification Numbers (TIN) for accuracy.</td>
<td>Upon completion of your enrollment, you will receive a Local Benefits Confirmation Statement via email to the email address on record.</td>
</tr>
<tr>
<td>Verify your coverage tier (you only, you + spouse, you + child(ren), or you + family).</td>
<td>Review your local benefits Confirmation Statement for accuracy and retain it for your records.</td>
</tr>
<tr>
<td>Confirm that your Plan Option on the Confirmation Page is correct based on your selection.</td>
<td>Remember to verify the accuracy of your life insurance beneficiary information.</td>
</tr>
<tr>
<td>Confirm that you answered the Tobacco Surcharge question appropriately.</td>
<td>Contact the Benefits Service Center if you have any updates or corrections to your Local Benefits Confirmation Statement.</td>
</tr>
<tr>
<td>Confirm that you clicked “Finish.”</td>
<td>FSA participants: Look for information coming soon regarding the transition to Medcom, your new FSA administrator.</td>
</tr>
<tr>
<td>Print Confirmation Page and save it for your records or be sure to record the Confirmation Number.</td>
<td>You will not receive a new dental ID card unless you make changes to your benefit plan or coverage level. Please contact MetLife to request a dental ID card.</td>
</tr>
<tr>
<td>Look for new medical plan ID Cards to be issued by early January.</td>
<td>Print Confirmation Page and save it for your records.</td>
</tr>
</tbody>
</table>

If your address is incorrect in the State Health or Local Benefits System, login to Employee Self Service (ESS) to update your address with HCBE. ESS is found on hcbe.net under the Employees tab. Contact Human Resources at 478-988-6244 to have your ESS password reset.

Important Contact Information

**Medical**

Blue Cross Blue Shield  
1-855-641-4862  
www.bcbsga.com/shbp

UnitedHealthcare  
1-888-364-6352  
www.welcometouhc.com/shbp

Sharecare  
1-888-616-6411  
www.bewellshbp.com

CVS Caremark  
1-844-345-3241  
http://info.caremark.com/shbp

SHBP Eligibility  
1-800-610-1863  
www.dch.georgia.gov/shbp  
www.myshbpga.adp.com

**Dental**

MetLife  
www.metlife.com/dental  
1-800-942-0854

**Short Term Disability**

OneAmerica  
1-800-553-5318

**Long Term Disability**

OneAmerica  
1-800-553-5318

**Flexible Spending Accounts**

Medcom  
www.medcombeneﬁts.com  
medcomreceipts@medcombeneﬁts.com  
1-800-523-7542

**Group Life**

OneAmerica  
1-800-553-5318

**Employee Assistance Program (EAP)**

ComPsych (Guidance Resources)  
www.guidanceresources.com  
1-855-387-9727

**Retirement Plans**

Teacher’s Retirement (TRS)  
www.trsga.com • 1-800-352-0650

PSERS  
www.ers.ga.gov • 1-800-805-4609

VALIC Supplemental Retirement  
www.valic.com • 1-478-319-7832

**HCBE Employee Benefits**

Contact the Benefits Office or access www.hcbebeneﬁts.com for additional information.

**Houston County Schools Benefits Service Center**  
1-866-671-0721  
Mon-Thurs 8am-6pm, Fri 8am-5pm  
hcbebeneﬁtscenter@totemsolutions.com

For benefits questions and enrollment assistance, call: 866-671-0721 or go online to www.hcbebeneﬁts.com.

Questions? Call the HCBE Benefits Service Center at 1-866-671-0721.
What Is Your Why?

What you do matters, but why you do it matters much more.

- Strive for excellence in all that we do.
- Have a professional attitude.
- Go the extra mile.
- Base decisions on what’s best for the child.
- Provide quality customer service.
- Hard work, dedication and love for children.
- Approach every day with a positive attitude, hope, enthusiasm, and compassion.
- Do things right; do the right thing.

OUR MISSION
is to produce high-achieving students.

OUR VISION
is that our system will be world class.