



2024 New Employee Benefits Guide

Benefits for the
2024 Plan Year


**benefits
service center**

Visit us online to enroll or call the
Houston County School District Benefits Service Center.
www.hcbebenefits.com
(866) 671-0721

INTRODUCTION

This guide provides a brief overview of your Houston County School District 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.

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 District. For the plans in which you have a contribution, your contribution will be evenly distributed across two payrolls each month. The medical, dental, and Flexible Spending Account (FSA) premiums will be deducted on a pre-tax basis. This means the amount of your taxable income is reduced by the monthly premiums and those contributions are tax free.

You are eligible for Houston County School District benefits the first of the month following one full calendar month of employment. Your new employee elections are valid for the entire 2024 year unless you have a qualifying life event or change in family status.

Table of Contents

Enrollment	2
Medical.....	3-5
Dental.....	6
Flexible Spending Accounts.....	6
Life & Disability Insurance	7
EAP	8
Retirement	8
Commonly Used	
Healthcare Terms	9
Important Contact Information....	10



How to Enroll

Local Benefits – Online or By Phone

Enrollment Online

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

Step 2: Click on “Click Here to Begin” then “Get Started Now.” You will be prompted to enter your email address, last four digits of your Social Security Number, and date of birth. The system will identify you by these credentials and allow you to create a password. If you have already created an account, click “Login” and enter your credentials to get started.

Step 3: Once you have created your password, you will be able to complete your enrollment. You can complete your benefit elections by clicking “Begin Enrollment” and following the prompts.

Enrollment by Phone

Call the Houston County Schools Benefits Service Center at **(866) 671-0721** to complete your local benefits enrollment by phone. The Benefits Specialist will confirm your personal information, review your plan options, and complete your elections for 2024.

For both online and phone enrollment, you will receive a Confirmation Statement via your email address on file 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” for new users. Employees may also enroll by calling (800) 610-1863.
2. If you are covering dependent(s), 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. Your dependents will not have coverage until the documentation is received and approved.

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

How to Reset Your SHBP Password

- Step 1: Go to www.myshbpga.adp.com and click “Forgot your user ID?”.
- Step 2: Enter the requested demographic information.
- Step 3: Follow the instructions to answer security questions (contact SHBP if you are unable to answer the questions).
- Step 4: Create a new password and click “Continue.”

Benefit Resources

Benefits Website

Access plan documents, benefit summaries, forms, premium information, benefits presentations and guides, links to insurance company and vendor websites (including SHBP), and more.

www.hcbebenefits.com



Benefits Service Center

Contact the Houston County Schools Benefits Service Center for benefits questions, claims inquiries, and general SHBP inquiries. The Benefits Service Center can also assist you with your voluntary benefits enrollment.



Note: If you have difficulty completing your enrollment, please contact the Houston County Schools Benefits Service Center at (866) 671-0721 or email benefits@hcbebenefits.com, Monday – Thursday from 8am to 6pm and Friday from 8am to 5pm EST.

Medical Coverage

State Health Benefit Plan (SHBP)

Houston County School District participates in the State Health Benefit Plan. Refer to the 2024 Active Member Decision Guide for complete details.

Employer Contribution

The district contributes a significant portion of your health insurance premiums. This financial contribution reduces your premium for a quality health plan at a competitive cost.

Medical Plan Overview

Preventive care is covered at 100% for all plan options.

Anthem	
HRA Gold HRA Silver HRA Bronze	The Gold, Silver, and Bronze HRA plans have different HRA credits, deductibles, coinsurance levels, and out of pocket limits. 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 SHBP-funded Health Reimbursement Account (HRA) to provide first-dollar medical and pharmacy expenses. Unused HRA credits roll over to future years.
HMO	This plan has the lowest deductible and provides in-network coverage only. Some services, such as 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.
UnitedHealthcare	
HMO	Same benefits as the Anthem HMO, but utilizes the UnitedHealthcare provider network.
High Deductible Health Plan (HDHP)	Lowest premiums, highest deductible and out-of-pocket maximum. All services including pharmacy are subject to deductible and coinsurance. A Health Savings Account (HSA) is available with this plan.

Pharmacy Information

- CVS Caremark administers the pharmacy benefits for HRA, HMO, and HDHP members.
- You are not limited to CVS pharmacies for your retail prescription needs. The CVS Caremark pharmacy network is extensive, and participating pharmacy information is available (<https://info.caremark.com/oe/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, hypertension, asthma, ALS, cystic fibrosis, Parkinson's Disease, or coronary artery disease.

Online Resources

Below are the plan websites and links to locate participating network providers.

Anthem

www.anthem.com/shbp

Select "Find Care" from the Main Menu and then follow instructions to find a doctor.

United Healthcare

www.welcometouhc.com/shbp

Select "Find a Doctor or Facility" under the Benefits drop down. Select Choice HMO or HDHP with HSA and follow search instructions.

Telemedicine Virtual Visits

The medical plans include a telemedicine benefit that allows you to speak to a participating doctor from home or work through your mobile device, tablet, or computer. You must use in-network providers for coverage to apply. HMO members pay a copay and HRA members pay coinsurance for virtual visits. High Deductible Health Plan members can access this benefit subject to the health plan deductible. Consider this convenient benefit for non-complex medical conditions. Download the LiveHealth Online (Anthem) or the Virtual Visits mobile app (UHC) today!

Dependent Documentation

- If you wish to add dependent(s) to your health plan at this time, ADP will contact you to request verification documents following your enrollment. This communication from ADP will include a personalized fax cover sheet with a bar code that must be used when submitting documentation.
- You can submit documents through the ADP portal if you do not wish to fax them.
- If you do not receive the request, contact SHBP at (800) 610-1863 to have the request sent to you. **Your dependents will not be covered until the documentation is received and approved.**

Medical Plan Designs and Premiums

	Anthem HRA						Anthem OR UHC	UHC	
	Gold		Silver		Bronze		HMO	HDHP	
	In	Out	In	Out	In	Out	In	In	Out
Deductible									
You	\$1,500	\$3,000	\$2,000	\$4,000	\$2,500	\$5,000	\$1,300	\$3,500	\$7,000
You + Child(ren)/Spouse	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500	\$1,950	\$7,000	\$14,000
You + Family	\$3,000	\$6,000	\$4,000	\$8,000	\$5,000	\$10,000	\$2,600	\$7,000	\$14,000
Out-Of-Pocket Max									
You	\$4,000	\$8,000	\$5,000	\$10,000	\$6,000	\$12,000	\$4,000	\$6,450	\$12,900
You + Child(ren)/Spouse	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000	\$6,500	\$12,900	\$25,800
You + Family	\$8,000	\$16,000	\$10,000	\$20,000	\$12,000	\$24,000	\$9,000	\$12,900	\$25,800
Coinsurance (Plan Pays)	85%	60%	80%	60%	75%	60%	80%	70%	50%
HRA									
You	\$400		\$200		\$100		N/A	N/A	
You + Child(ren)/Spouse	\$600		\$300		\$150		N/A	N/A	
You + Family	\$800		\$400		\$200		N/A	N/A	
Medical									
ER	Coinsurance after ded		Coinsurance after ded		Coinsurance after ded		\$200 copay	Coinsurance after ded	
Urgent Care	Coinsurance after ded		Coinsurance after ded		Coinsurance after ded		\$35 copay	Coinsurance after ded	
PCP Visit	Coinsurance after ded		Coinsurance after ded		Coinsurance after ded		\$35 copay	Coinsurance after ded	
Specialist Visit	Coinsurance after ded		Coinsurance after ded		Coinsurance after ded		\$45 copay	Coinsurance after ded	
Preventive Care	100%	None	100%	None	100%	None	100%	100%	None
Retail Pharmacy									
Tier 1	15%, Min \$20, Max \$50		15%, Min \$20, Max \$50		15%, Min \$20, Max \$50		\$20 copay	Coinsurance after deductible	
Tier 2	25%, Min \$50, Max \$80		25%, Min \$50, Max \$80		25%, Min \$50, Max \$80		\$50 copay	Coinsurance after deductible	
Tier 3	25%, Min \$80, Max \$125		25%, Min \$80, Max \$125		25%, Min \$80, Max \$125		\$90 copay	Coinsurance after deductible	
Mail Order Pharmacy									
Tier 1	15%, Min \$50, Max \$125		15%, Min \$50, Max \$125		15%, Min \$50, Max \$125		\$50 copay	Coinsurance after deductible	
Tier 2	25%, Min \$125, Max \$200		25%, Min \$125, Max \$200		25%, Min \$125, Max \$200		\$125 copay	Coinsurance after deductible	
Tier 3	25%, Min \$200, Max \$312.50		25%, Min \$200, Max \$312.50		25%, Min \$200, Max \$312.50		\$225 copay	Coinsurance after deductible	

Note: Deduction amounts listed below are the full monthly amount, which will be evenly distributed across two payrolls each month.

Monthly Premiums	Anthem HRA			Anthem	UHC	UHC
	Gold	Silver	Bronze	HMO	HMO	HDHP
You	\$188.56	\$125.19	\$77.69	\$148.53	\$177.91	\$63.36
You + Child(ren)	\$343.04	\$235.32	\$154.57	\$274.99	\$324.94	\$130.20
You + Spouse	\$464.72	\$331.65	\$231.90	\$380.66	\$442.36	\$201.80
You + Family	\$619.20	\$441.78	\$308.78	\$507.12	\$589.39	\$268.64

Wellness Program



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

You and your covered spouse are each eligible to receive up to 480 well-being incentive points (960 family total) when you complete the activities between January 1 and December 2. Enrolled members choose to redeem well-being incentive points in the Sharecare Redemption Center for either 1) a \$150 Sharecare Rewards Visa Prepaid Card or 2) 480 incentive points to apply towards eligible medical / pharmacy expenses.

Step 1	Complete the RealAge Test	Earn 120 in well-being incentive points
Step 2	Complete a biometric screening	Earn 120 in well-being incentive points
Step 3	Complete one or a combination of: <ul style="list-style-type: none"> • Telephonic Coaching Pathway • Online Challenges Pathway 	Earn up to 240 in well-being incentive points

Please refer to the State Health Benefit Plan Decision Guide or access www.bewellshbp.com for additional details. Download the Sharecare App today to complete activities or redeem well-being incentive points.

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

TRICARE Supplement Plan Rates	
You	\$60.50
You + Child(ren)	\$119.50
You + Spouse	\$119.50
You + Family	\$160.50

For information about eligibility and benefits, contact 866-637-9911 or visit <https://shbp.georgia.gov/tricare-supplement-plan>.

Note: Deduction amounts listed above are the full monthly amount, which will be evenly distributed across two payrolls each month.

Gym Membership

To further encourage your well-being, HCSD pays for all benefit-eligible employees to receive a VIP gym membership at Max Fitness located at 112 Sutherland Drive, Warner Robins, GA 31088. The district-provided membership includes use of the gym floor, cardio equipment, locker rooms, and saunas. Employees can upgrade to the VIP Plus Plan or Family Plan, which includes additional services. To start your free gym membership, stop by Max Fitness to sign up with your HCSD employee badge or call (478) 313-5225.

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



There are two MetLife 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 services are covered at 100% (no deductible).

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.



Monthly Deductions	Low Plan	High Plan
Employee Only	\$19.43	\$30.90
Employee + Spouse	\$44.41	\$68.33
Employee + Child(ren)	\$50.65	\$77.41
Family	\$83.81	\$122.66

Note: Deduction amounts listed above are the full monthly amount, which will be evenly distributed across two payrolls each month.

Dental Summary of Benefits	Low Plan	High Plan
Calendar Year Deductible	\$75 Individual / \$225 Family	\$75 Individual / \$225 Family
Calendar Year Maximum	\$750	\$1,500
Orthodontia Lifetime Maximum	\$750	\$1,500
Type A Preventive Services (exams, x-rays, cleanings)	100%	100%
Type B Services (fillings, extractions)	60% after deductible	80% after deductible
Type C Services (crowns, Root Canals, General Anesthesia)	50% after deductible	50% after deductible
Orthodontia Services	50% after deductible	50% after deductible

The above is a summary and does not provide a complete listing of services. All frequency limitations are not reflected in the 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 is the FSA Administrator.

Healthcare Flexible Spending Account

The Healthcare FSA enables you to pay for eligible out-of-pocket healthcare expenses with pre-tax dollars. You can contribute up to \$3,200 a year into a Healthcare FSA. Eligible expenses include deductibles, copays, coinsurance, prescription drugs, over-the-counter drugs (no 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 pay out of pocket and submit claims for reimbursement. There is also a mobile app for easy claim submission and tracking.

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 \$640 of unused funds to the following year. If you are not electing the Healthcare FSA for 2024, a minimum balance of \$25 is required to roll over your existing balance, and funds must be used in the following plan year. The \$640 roll over option does not apply to the Dependent Care FSA.

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, 2024, and submitted by February 28, 2025 to be eligible for reimbursement for the 2024 plan year.

Life Insurance

Basic Group Life Insurance

The district 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) upon your passing.

Optional Life Insurance

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

Employee Optional Life Options	
Benefit Amount	1, 2, 3, 4, or 5 times your annual earnings
Benefit Maximum	\$500,000
Guarantee Issue	3x annual earnings

Employee Optional Life Sample Monthly Deductions					
Age	\$30,000	\$50,000	\$75,000	\$100,000	\$150,000
25	\$1.35	\$2.25	\$3.38	\$4.50	\$6.75
35	\$2.10	\$3.50	\$5.25	\$7.00	\$10.50
45	\$4.80	\$8.00	\$12.00	\$16.00	\$24.00
55	\$12.60	\$21.00	\$31.50	\$42.00	\$63.00

Optional Life Insurance for Your Dependents

Option	Amount	Monthly Deduction
Spouse	\$5,000	\$1.53
	\$10,000	Age-Banded (see sample below)
	\$25,000	Age-Banded (see sample below)
	\$50,000	Age-Banded (see sample below)
Guarantee Issue	Up to \$25,000	
Child(ren)	\$5,000	\$0.30
	\$10,000	\$0.60
Guarantee Issue	Up to \$10,000	

Spouse Optional Life Sample Monthly Deductions			
Age	\$10,000	\$25,000	\$50,000
25	\$0.45	\$1.13	\$2.25
35	\$0.70	\$1.75	\$3.50
45	\$1.60	\$4.00	\$8.00
55	\$4.20	\$10.50	\$21.00

Benefits for employees and spouses will reduce due to age on the following schedule:

- Age 70-74: 65%
- Age 75-79: 45%
- Age 80+: 30%

Accrued Leave & Disability Insurance

Accrued Leave

As a HCSD employee, you receive employer-provided accrued leave. Accrued leave 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. With a minimum election of \$300, you may elect in \$100 increments up to a maximum benefit of 66 2/3% of earnings. The waiting period options are shown below. Benefits begin after your accumulated leave has been used, and benefits are payable for up to 52 weeks.

The Short Term Disability plan does not pay a full 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 limited 4-week benefit is available in these cases. 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).

Short Term Disability Summary of Benefits	
Waiting / Elimination Period	Rates per \$100 Monthly Benefit
7 days	\$2.29
14 days	\$1.25
30 days	\$1.10
45 days	\$0.96
60 days	\$0.86

Long Term Disability

Houston County School District provides **employer-paid** Long Term Disability coverage at no cost to you. The LTD plan provides an income replacement benefit if you are out of work for longer than 52 weeks due to illness or an accident and continue to remain disabled.

Note: The sample deduction amounts listed on this page are the full monthly amount, which will be evenly distributed across two payrolls each month.



Employee Assistance Program (EAP)

The district provides an Employee Assistance Program for all benefits-eligible Houston County Employees and household members at no cost. Life presents complex challenges, and if the unexpected happens, you want to know that you and your family have simple solutions to help you cope with the stress and life changes that may result. From the everyday issues like job pressures, relationships, retirement planning, personal grief, loss, or a disability, The Hartford's Ability Assist Counseling Services can be your resource for professional support. 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).
- **Health Champion** – A service that supports you through all aspects of your health care issues by helping to ensure that you're fully supported with employee assistance programs and/or work-life services. HealthChampion is staffed by both administrative and clinical experts who understand the nuances of any given health care concern.
- **Travel Assist** – The best laid travel plans can go awry, leaving you vulnerable and possibly, unable to communicate your needs. When the unexpected happens far from home, it's important to know whom to call for assistance. Whether you're traveling for business or pleasure, Travel Assist services are available when you're more than 100 miles from home for 90 days or less.
- **EstateGuidance Will Services** – Having a will is important no matter the size of your estate. A will ensures that your intentions will be honored in the event of your death, including your wishes about who will inherit your property, serve as guardian for your children, and manage your estate. Without a will those decisions may be left to others. This free service helps you create a simple, legally binding will online, saving you the time and expense of a private legal consultation.

All eligible employees are automatically enrolled in the EAP.

**To access this great benefit, simply call
800-96-HELPS (800-964-3577).**

Retirement

There are 3 components to your retirement plans:

1. Social Security
2. Teachers Retirement System (TRS) or Public School Employees Retirement System (PSERS)
3. Houston County School District 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 made 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 HCSD. Employees contribute 6% of earnings and HCSD contributes 20.78% 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 \$17.00 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 participating in the 403(b) Plan, the 457(b) Plan, or Roth IRA's. These plans are available to all employees and managed by Corebridge Financial. Additionally, employees in a PSERS covered position are eligible to participate in the HCSD \$1 for \$1 matching supplemental retirement plan. HCSD will match \$1 for \$1 contributions up to 5% of base compensation for eligible employees who contribute to the 403 (b) plan. New employees eligible for the matching plan are auto enrolled in the \$1 for \$1 matching 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, Corebridge Financial Advisor at (478) 319-7832.

Commonly Used Healthcare Terms

Carrier – Insurance company insuring 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. Potential balance billing can occur when you go out-of-network.

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 typically visit first with health issues; they manage your overall care.

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 \$1,400. 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.
- Health Reimbursement Arrangement (HRA): An employer-funded health plan that reimburses employees for qualified medical expenses. Reimbursement dollars received by employees are generally tax-free.

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



Enrollment Checklist

State Health Benefit Plan	Local Benefits
<ul style="list-style-type: none"> • Verify all desired dependents are listed on the Confirmation Page. • Verify all dependent Social Security Numbers (SSN) or other Tax Identification Numbers (TIN) for accuracy. • Verify your coverage tier (you only, you + spouse, you +child(ren), or you + family). • Confirm your plan option on the Confirmation Page is correct based on your selection. • Confirm you answered the Tobacco Surcharge question appropriately. • Confirm that you clicked "Finish." • Print Confirmation Page and save it for your records or be sure to record the Confirmation Number. 	<ul style="list-style-type: none"> • Upon completion of your enrollment, you will receive a local benefits Confirmation Statement via email to the email address on record. • Review your local benefits Confirmation Statement for accuracy and retain it for your records. • Remember to verify the accuracy of your life insurance beneficiary information. • Contact the Benefits Service Center if you have any updates or corrections to your local benefits Confirmation Statement.
<p>If your address is incorrect in the State Health or local benefits system, login to the Single Sign On (SSO) portal and select the Employee Self Service (ESS) icon or access the ESS link under the Employees tab on www.hcbe.net to update your address with HCSD.</p>	

Important Contact Information

Medical

Anthem

(855) 641-4862

www.anthem.com/shbp

UnitedHealthcare

(888) 364-6352

www.welcometouhc.com/shbp

Sharecare

(888) 616-6411

www.bewellshbp.com

CVS Caremark

(844) 345-3241

<http://info.caremark.com/shbp>

SHBP Eligibility

(800) 610-1863

www.dch.georgia.gov/shbp

www.myshbpga.adp.com

Tricare Supplement Plan

(866) 637-9911

<https://shbp.georgia.gov/tricare-supplement-plan>

Peachcare

www.peachcare.org

Dental

MetLife

(800) 942-0854

www.metlife.com/dental

Short Term Disability

The Hartford

(888) 301-5615

<https://abilityadvantage.thehartford.com>

Long Term Disability

The Hartford

(888) 301-5615

<https://abilityadvantage.thehartford.com>

Flexible Spending Accounts

Medcom

(800) 523-7542

www.medcombenefits.com

Email:

medcomreceipts@medcombenefits.com

Group Life

The Hartford

(888) 563-1124

<https://abilityadvantage.thehartford.com>

Employee Assistance Program (EAP)

Ability Assist / Guidance Resources

(800) 964-3577

www.guidanceresources.com, Click on "Register", then enter the following: Web ID: HLF902, Company Name: ABILI

Retirement Plans

• Teachers Retirement (TRS)

www.trsga.com • (800) 352-0650

• PSERS

www.ers.ga.gov • (800) 805-4609

• Supplemental Retirement

<https://www.corebridgefinancial.com/rs>
(478) 319-7832

HCSD Employee Benefits

Contact the Benefits Office at (478) 988-6200.

Houston County Schools Benefits Service Center

(866) 671-0721

Mon-Thurs 8am-6pm, Fri 8am-5pm

benefits@hcbebenefits.com

OUR MISSION

is to produce high achievement for all through continuous growth.

OUR VISION

is to be the standard for world-class education.

THE HOUSTON COUNTY WAY

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

Our Values

- ★ Prioritize the safety and well-being of all.
- ★ Produce college and career ready graduates.
- ★ Promote the academic success of all students. All means all!
- ★ Ensure the academic, behavioral, and social-emotional growth of students through a Multi-Tiered System of Supports.
- ★ Support quality learning, by student, by standard.
- ★ Take collective responsibility for teaching, learning, and professional development through professional learning communities.
- ★ Use evidence-based, high-leverage practices to meet the needs of all students.
- ★ Create partnerships with stakeholders that promote positive relationships and student success.



Please Note: This guide is a general summary of your benefits. For specific details, you may refer to each carrier's summary plan description. Every effort has been made to ensure that this booklet accurately represents the benefits. However, if there are any discrepancies between the terms in this booklet and the terms in the plan document, the plan document will prevail.