

# New Employee Benefits Guide



## Benefits for the 2026 Plan Year

  
benefits  
service center



For information and enrollment, access [www.hcbebenefits.com](http://www.hcbebenefits.com) or call the Houston County Schools Benefits Service Center at (866) 671-0721.

## Benefits Service Center

This guide provides an overview of your 2026 Houston County School District's benefits and the enrollment process. Benefit plan documents contain complete plan details and can be requested through the Benefits Service Center or located on the benefits website: [www.hcbebenefits.com](http://www.hcbebenefits.com).

We provide our valued employees 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, vision, and Flexible Spending Account (FSA) premiums will be deducted on a pre-tax basis. This means your taxable income is reduced by the monthly premiums and your 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 2026 plan year unless you have a qualifying life event or change in family status.

## Understanding Social Security and Retirement

As a school system employee, it's important to know whether you're contributing to Social Security. For Houston County School District, Social Security taxes are being withheld from your paycheck, and you are earning credits toward federal retirement, disability, or survivor benefits under Title II of the Social Security Act. To qualify for these benefits, most people need 40 credits (roughly 10 years of work).

You are also enrolled in a pension/retirement plan: either TRS, PSERS, or ERS. If you're unsure of your status, review your paycheck or reach out to your Payroll Department for more information. You can find more information about the retirement plans here:

- **TRS:** <https://www.trsga.com/>
- **PSERS:** <https://www.ers.ga.gov/public-school-employees-retirement-system>
- **ERS:** <https://www.ers.ga.gov/>



## How to Enroll

### Local Benefits - Online or By Phone

#### Enrollment Online

**Step 1:** Visit [www.hcbebenefits.com](http://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 2026.

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 a new 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](mailto:benefits@hcbebenefits.com).

### How to Reset Your SHBP Password

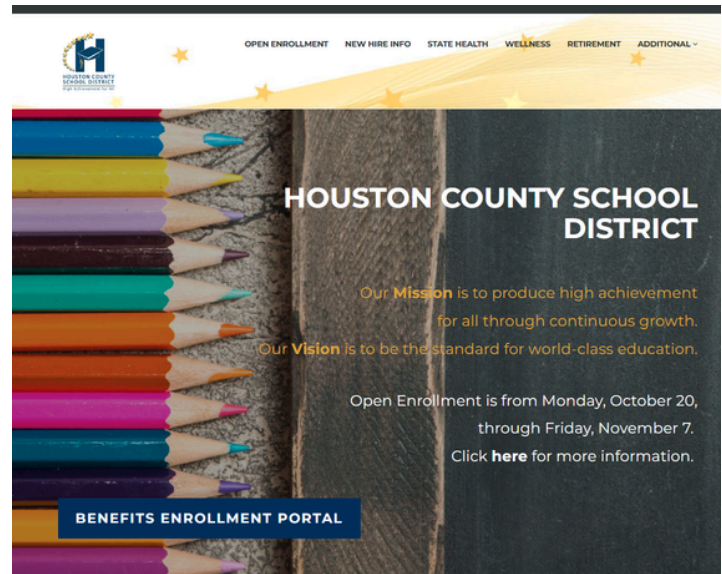
- Step 1: Go to [www.myshbpga.adp.com](http://www.myshbpga.adp.com) and click “Need help signing in?”.
- Step 2: Enter the requested demographic information.
- Step 3: Follow the instructions to answer security questions (contact SHBP if you are unable to answer the questions).
- Step 4: Create a new password and click “Continue.”

## Benefits 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](http://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.



## Medical Coverage

### State Health Benefit Plan (SHBP)

Houston County School District participates in the State Health Benefit Plan. Refer to the 2026 Active Member Decision Guide for complete details at [www.hcbebenefits.com/resources](http://www.hcbebenefits.com/resources).

### SHBP Employer Contribution

The district funds a significant portion of your health insurance premiums: **\$1,885 per month / \$22,620 per year**. This financial contribution allows you to receive quality medical plan coverage at a competitive cost.

### Medical Plan Overview

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

Anthem Options	
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 Options	
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 all SHBP 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 the Coronary Artery Disease (CAD), Diabetes, Asthma Disease Management Programs and/or Medication for Addiction Treatment programs.

## Online Resources

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

### Anthem

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

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

### United Healthcare

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

Select "Search for network providers" in the Health plans drop down. Then select your plan 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 are covering a new 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.
- 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 & UHC	UHC	
	Gold		Silver		Bronze		HMO	HDHP	
	In	Out	In	Out	In	Out	In-Network Only	In	Out
<b>Deductible</b>									
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
<b>Medical Out-of-Pocket</b>									
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
<b>Coinsurance (Plan Pays)</b>	85%	60%	80%	60%	75%	60%	80%	70%	50%
<b>HRA</b>									
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	
<b>Medical</b>									
ER	Coins after ded		Coins after ded		Coins after ded		\$200 copay	Coins after ded	
Urgent Care	Coins after ded		Coins after ded		Coins after ded		\$35 copay	Coins after ded	
PCP Visit	Coins after ded		Coins after ded		Coins after ded		\$35 copay	Coins after ded	
Specialist Visit	Coins after ded		Coins after ded		Coins after ded		\$45 copay	Coins after ded	
<b>Preventive Care</b>	100%	None	100%	None	100%	None	100%	100%	None
<b>Retail Pharmacy</b>									
Tier 1	15%, Min \$5, Max \$10		15%, Min \$5, Max \$10		15%, Min \$5, Max \$10		\$5 copay	Coinsurance after deductible	
Tier 2	25%, Min \$55, Max \$85		25%, Min \$55, Max \$85		25%, Min \$55, Max \$85		\$55 copay	Coinsurance after deductible	
Tier 3	25%, Min \$85, Max \$130		25%, Min \$85, Max \$130		25%, Min \$85, Max \$130		\$95 copay	Coinsurance after deductible	
<b>Mail Order Pharmacy</b>									
Tier 1	15%, Min \$12.50, Max \$25		15%, Min \$12.50, Max \$25		15%, Min \$12.50, Max \$25		\$12.50 copay	Coinsurance after deductible	
Tier 2	25%, Min \$137.50, Max \$212.50		25%, Min \$137.50, Max \$212.50		25%, Min \$137.50, Max \$212.50		\$137.50 copay	Coinsurance after deductible	
Tier 3	25%, Min \$212.50, Max \$325		25%, Min \$212.50, Max \$325		25%, Min \$212.50, Max \$325		\$237.50 copay	Coinsurance after deductible	

Monthly Premiums	Anthem HRA			Anthem	UHC	UHC
	Gold HRA	Silver HRA	Bronze HRA	HMO	HMO	HDHP
You	\$213.71	\$146.11	\$92.12	\$177.21	\$217.19	\$81.11
You + Child(ren)	\$390.68	\$275.76	\$183.97	\$328.63	\$396.59	\$165.26
You + Spouse	\$531.82	\$389.86	\$276.48	\$455.17	\$539.13	\$253.36
You + Family	\$708.79	\$519.51	\$368.33	\$606.59	\$718.53	\$337.51

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

## 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 (a family total of 960) when you complete the activities between January 1 and November 30, 2026. Enrolled members choose to redeem well-being incentive points in the Sharecare Redemption Center for either 1) 480 incentive points to apply towards eligible medical / pharmacy expenses or 2) a \$150 Sharecare Rewards Visa Prepaid Card.

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

Please refer to the State Health Benefit Plan Decision Guide or access [www.bewellshbp.com](http://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

<b>You</b>	\$60.50
<b>You + Spouse / Child(ren)</b>	\$119.50
<b>You + Family</b>	\$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 Sutherlin 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](http://www.peachcare.org) for more information
- Not available through payroll deduction



## Dental Plans



You have two MetLife Dental PPO plan options to choose from: the **Low Plan** and the **High Plan**. Both plan options cover preventive care services at 100% with no deductible, and both plans cover basic and major services, subject to the deductible. The annual maximum benefit includes preventive care, basic services, and major services.

### Low Plan

- Lowest premiums with a lower annual maximum benefit than the High Plan
- Coverage includes preventive, basic, and major services

### High Plan

- Higher premiums with a higher annual maximum benefit than the Low Plan
- Coverage includes preventive, basic, major, and orthodontia services
- \$1,500 per person calendar year maximum
- \$3,000 orthodontic care lifetime individual maximum

## The Importance of Using In-Network Dental Providers

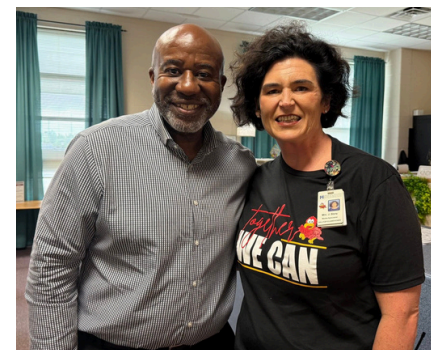
To reduce your out-of-pocket costs and prevent balance billing, you are encouraged to use in-network dentists. Visit [www.metlife.com/dental](http://www.metlife.com/dental) to locate participating dentists and select the “PDP Plus” dental network. You can download the mobile app to view plan information, find a provider, and access your ID cards. Please refer to the Benefits Summaries for complete plan details.

Dental Plan Summary of Benefits	Low Plan	High Plan
<b>Calendar Year Deductible</b>	\$75 Individual / \$225 Family	\$75 Individual / \$225 Family
<b>Calendar Year Maximum</b>	\$750	\$1,500
<b>Orthodontia Lifetime Maximum</b>	n/a	\$3,000
<b>Type A Preventive Services</b> (exams, x-rays, cleanings)	100%	100%
<b>Type B Services</b> (fillings, extractions)	60% after deductible	80% after deductible
<b>Type C Services</b> (crowns, root canals, general anesthesia)	50% after deductible	50% after deductible
<b>Orthodontia Services</b>	N/A	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](http://www.hcbebenefits.com).

Monthly Deductions	Low Plan	High Plan
<b>Employee Only</b>	\$20.83	\$35.30
<b>Employee + Spouse</b>	\$47.24	\$77.33
<b>Employee + Child(ren)</b>	\$53.84	\$87.52
<b>Family</b>	\$88.90	\$138.32

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



## Vision Plans



We are pleased to offer vision insurance provided by MetLife to help cover the cost of eye exams, eyewear, and contacts. With the vision plans, you can visit any licensed eye care professional, but staying in-network offers the best cost savings and maximizes your plan benefits.

You can choose between two vision plan options:

- **Superior Vision** – Offers the largest provider network
- **VSP Choice** – Features a smaller network but includes in-network coverage for providers which may not be in the Superior Vision network.

The plan option you elect as a new hire is effective for the entire 2026 plan year unless you experience a Qualifying Life Event. You are unable to change your Superior Vision or VSP Choice election during the year unless you have a qualifying status change.

### Network Information

Although the plan includes a minimal reimbursement for out-of-network services, we highly encourage you to visit in-network providers from the network you selected during enrollment (VSP Choice or Superior Vision) for your vision care. To locate in-network providers, access [www.metlife.com/vision](http://www.metlife.com/vision) and select “Find a Vision Provider”. Then, select “Superior Vision” or “VSP Choice” and follow the search instructions. Please confirm the network status of your provider before your appointment, as *network participation is subject to change at any time*. Network participation may also vary based on the individual location, so be sure to call head to ensure the location you visit is in-network.

### Member Experience

*In-Network Services:* Benefits are provided at the time of purchase. Although MetLife vision ID Cards will be provided, the ID Card is not required at the time of service to receive your benefit.

*Out-of-Network Services:* Member is required to pay in full at the time of service and file a claim with MetLife for reimbursement.

### Plan Summary

The vision plans provide the following benefits:

- Exams – 1 per calendar year
- Standard corrective lenses – 1 per calendar year
- Frames – 1 per calendar year
- Contact Lenses – 1 per calendar year

Note: Either glasses or contacts are allowed during the same year.



## Vision Plans



The below is an overview of the vision plan benefits. Please refer to the Summaries of Benefits for additional plan coverage, copays, and details.

Vision Summary of Benefits	Superior Vision		VSP Choice	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Exam</b> , with dilation if needed	\$20 copay	\$45 allowance	\$20 copay	\$45 allowance
<b>Frames</b>	\$150 allowance 20% off balance over \$150 *	\$70 allowance	\$150 allowance 20% off balance over \$150 *  \$85 allowance: Costco, Walmart, Sam's Club	\$70 allowance
<b>Contact Lenses</b> Elective Medically Necessary	\$150 allowance Covered in full	Up to \$105 allowance \$210 allowance	\$150 allowance Covered in full after \$20 copay	Up to \$105 allowance \$210 allowance
<b>Standard plastic lenses</b> Single/bifocal/trifocal/lenticular Standard progressive lens Premium progressive lens	\$20 copay \$55 copay \$110 copay**	\$30 - \$100 allowance \$50 allowance \$50 allowance	\$20 copay \$55 copay \$95 - \$105 copay**	\$30 - \$100 allowance \$50 allowance \$50 allowance
<b>Lens options</b> Standard polycarbonate < age 18 Standard polycarbonate adult Scratch-resistant Anti-reflective coating Blue light filtering	Covered in full \$40 copay \$15- \$30 copay \$50 - \$120 copay \$15 copay	Applied to applicable \$30 - \$100 corrective lens allowance	Covered in full \$35 copay \$17 - \$33 copay \$41 - \$85 copay \$15 copay	Applied to applicable \$30 - \$100 corrective lens allowance

\*20% off balance over \$150 not available at Costco, Walmart, and Sam's Club.

\*\*Separate copays apply for Progressive ultra and progressive ultimate lenses.

### Additional Value-Added Features

The vision plans include additional discounts and value-added benefits for participating providers including but not limited to the below. Check with MetLife or your provider for details.

- Laser vision correction: Discounts apply at participating providers.
- Discounts on additional pairs of glasses, including prescription and non-prescription glasses and sunglasses.
- Hearing aids: Discounts apply at participating providers.

Monthly Deductions	Superior Vision	VSP Choice
<b>Employee Only</b>	\$5.96	\$8.15
<b>Employee + Spouse</b>	\$11.94	\$16.33
<b>Employee + Child(ren)</b>	\$13.91	\$13.84
<b>Family</b>	\$21.36	\$22.80

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

## Learn more about your MetLife benefits

MetLife benefits information right from your laptop.



The MyBenefits website is a quick and easy way for you to get the information you need about your MetLife benefits—all in one place. Log in to [metlife.com/mybenefits](https://metlife.com/mybenefits) to see how we've taken personalization and integration to a new level.

### Personalized homepage for all your MetLife benefits

Perform tasks, get links to detailed coverage and read further about your MetLife benefits and information, such as:

**Dental & Vision Plans** – Easily find an in-network or participating dental or vision provider or view your benefits and claims online.

**Dental & Vision ID cards** – Available online for you to download and print at your convenience. Cards contain your name, MetLife's claims submission address, website and customer service telephone number.

### Additional MyBenefits features include:

- Planning tools to help you make informed decisions about your retirement, benefits coverage and other useful information on a variety of everyday topics.
- Important forms and documents are available to download in the "Tools & Resources" area at the bottom of the MyBenefits homepage.
- In the "News & Updates" section, you'll find information from MetLife and your employer, including enrollment dates and new product offerings.

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

### Did you know?

The MetLife mobile app is available in the App Store and on Google Play. Download the app and use it to review plan information, find a participating provider and more.<sup>1</sup>



## Flexible Spending Accounts (FSA)

There are two types of Flexible Spending Accounts (FSA's) available: **1) Healthcare FSA** for medical, dental, vision, pharmacy, and other related expenses and **2) Dependent Care FSA** for dependent day care expenses. Medcom is the administrator for the FSA plans. An FSA allows you to pay for eligible expenses using pre-tax dollars, saving you money. Your taxable income is reduced by your annual FSA contributions. Plus, the reimbursements are tax-free.

### Healthcare Flexible Spending Account

You can contribute **up to \$3,400** during 2026 into a Healthcare FSA. Married employees can each contribute up to the maximum. Eligible Healthcare FSA 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 dependent care expenses using before-tax dollars. Single individuals and married couples filing jointly may contribute **up to \$7,500** in a Dependent Care FSA for 2026. For married individuals filing separate returns, the **limit is \$3,750**. Eligible dependent care expenses include, but are not limited to, day care and before and after-school care for children up to age 13 and certain adult day care expenses for incapacitated adult dependents.

#### Child Daycare:

- Includes daycare facilities, babysitters inside or outside the household, before and after-school care, and more
- For children, stepchildren, and children eligible for a tax exemption on your federal tax return

#### Adult Daycare for:

- Disabled children age 13+
- A Spouse physically or mentally unable to care for themself
- An adult you can claim as a dependent on your tax return who is physically or mentally unable to care for him/herself and lives in your home

### 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 account 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 \$680 of unused 2026 FSA funds to the following year. The \$680 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, 2026, and submitted by February 28, 2027 to be eligible for reimbursement for the 2026 plan year.

### FSA Debit Card

FSA plan members receive a debit card that can be used at the time of service, eliminating the reimbursement process. The funds are debited from the account and paid to the doctor's office, pharmacy, or day care facility directly at the time of purchase/service. When the debit card is not accepted, you are required to pay for the expense and submit a claim for reimbursement. As a reminder, you do not receive new debit cards every year. New cards are issued only upon card expiration.





## 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

You may elect optional life insurance for yourself and your dependents through payroll deduction to supplement the employer-paid basic benefit. Please refer to the Certificate of Coverage for complete policy details.

New elections do not require health questions up to the Guarantee Issue amounts noted. Elections that exceed the Guarantee Issue amounts are subject to medical underwriting.

Voluntary Life Insurance Options	
<b>Employee</b>	<ul style="list-style-type: none"> <li>• 1, 2, 3, 4, or 5 times your annual earnings</li> <li>• Not to exceed \$500,000</li> </ul>
<b>Spouse</b>	<ul style="list-style-type: none"> <li>• \$10,000 (flat-rate benefit): \$3.06/month</li> <li>• \$25,000, \$50,000, \$100,000, \$150,000, \$200,000, and \$250,000 options available, based on spouse age</li> <li>• Not to exceed \$250,000</li> </ul>
<b>Child(ren)</b>	\$5,000 or \$10,000

### Guarantee Issue Amounts

The guarantee issue amounts are as follows:

- Employee: Up to the lesser of 3 times your earnings or \$300,000
- Spouse: Up to \$50,000
- Child(ren): Up to \$10,000

### Benefit Reductions Due To Age

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

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

Should you elect an amount that exceeds the guarantee issue amounts, an Evidence of Insurability (EOI) will be required. You will not be deducted for the pending coverage unless you are approved.

**Beneficiary Information:** Your beneficiary is the person(s) who will receive your life insurance benefits in the event of your death. Your beneficiary can be one person or multiple people, charitable institutions, or your estate. Once named, your beneficiary remains on file until you make a change. If your family situation changes, please review your beneficiary on file and make updates if needed. If you don't name a beneficiary, your life insurance benefits will automatically go to your estate. **All employees should review your beneficiary(ies) at this time.**

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
65	\$28.08	\$46.80	\$70.20	\$93.60	\$140.40

Spouse Optional Life Sample Monthly Deductions			
Age	\$25,000	\$50,000	\$100,000
25	\$1.48	\$2.95	\$5.90
35	\$2.28	\$4.55	\$9.10
45	\$5.20	\$10.40	\$20.80
55	\$13.65	\$27.30	\$54.60
65	\$30.43	\$60.85	\$121.70

Option	Amount	Monthly Deductions
Child(ren)	\$5,000	\$0.30
	\$10,000	\$0.60

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



## 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 Sample Monthly Deductions		
Waiting / Elimination Period	\$500 Monthly Benefit	\$1,500 Monthly Benefit
7 days	\$11.45	\$34.35
14 days	\$6.25	\$18.75
30 days	\$5.50	\$16.50
45 days	\$4.80	\$14.40
60 days	\$4.30	\$12.90

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

Your specific premiums are available in the enrollment portal.

### 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 in the amount of 50% of your salary for up to 5 years if you are out of work for longer than 52 weeks due to illness or an accident and continue to remain disabled.



## 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 plus up to 3 face-to-face sessions per issue per year** 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. Personal retirement savings: 403(b), 457(b), or Roth plans

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.

### Teacher's 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 21.91% 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, warehouse, and custodial staff. The employee contribution for those hired before July 1, 2012 is \$4 per month for 9 months (\$36 per year). The employee contribution for those 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.

## Enrollment Checklist

State Health Benefit Plan	Local Benefits
<ul style="list-style-type: none"> <li>• Verify all desired dependents are listed on the Confirmation Page.</li> <li>• Verify all dependent Social Security Numbers (SSN) or other Tax Identification Numbers (TIN) for accuracy.</li> <li>• Verify your coverage tier (you only, you + spouse, you +child(ren), or you + family).</li> <li>• Confirm your plan option on the Confirmation Page is correct based on your selection.</li> <li>• Confirm you answered the Tobacco Surcharge question appropriately.</li> <li>• Confirm that you clicked “Finish.”</li> <li>• Print Confirmation Page and save it for your records or be sure to record the Confirmation Number.</li> </ul>	<ul style="list-style-type: none"> <li>• Upon completion of your enrollment, you will receive a local benefits Confirmation Statement via email to the email address on record.</li> <li>• Review your local benefits Confirmation Statement for accuracy and retain it for your records.</li> <li>• Remember to verify the accuracy of your life insurance beneficiary information.</li> <li>• Contact the Benefits Service Center if you have any updates or corrections to your local benefits Confirmation Statement.</li> </ul>

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](http://www.hcbe.net) to update your address with HCSD.

## Important Contact Information

### Medical

**Anthem**  
(855) 641-4862  
[www.anthem.com/shbp](http://www.anthem.com/shbp)

**UnitedHealthcare**  
(888) 364-6352  
[www.whyuhc.com/shbp](http://www.whyuhc.com/shbp)

**Sharecare**  
(888) 616-6411  
[www.bewellshbp.com](http://www.bewellshbp.com)

**CVS Caremark**  
(844) 345-3241  
<http://info.caremark.com/shbp>

**SHBP Eligibility**  
(800) 610-1863  
[www.dch.georgia.gov/shbp](http://www.dch.georgia.gov/shbp)  
[www.myshbpgga.adp.com](http://www.myshbpgga.adp.com)

**Tricare Supplement Plan**  
(866) 637-9911  
<https://shbp.georgia.gov/tricare-supplement-plan>

**PeachCare for Kids**  
(877)427-3224  
[www.peachcare.org](http://www.peachcare.org)

### Dental

**MetLife**  
(800) 942-0854  
[www.metlife.com/dental](http://www.metlife.com/dental)

### Vision

**MetLife Superior Network**  
(833) EYE-LIFE (833-393-5433)  
**MetLife VSP Network**  
(855) MET-EYE1 (855-638-3931)  
[www.metlife.com/vision](http://www.metlife.com/vision)  
*Above phone numbers for general inquiries only*

### 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](http://www.medcombenefits.com)  
medcomreceipts@medcombenefits.com

### Group Life Insurance

**The Hartford**  
(888) 563-1124  
<https://abilityadvantage.thehartford.com>

### Employee Assistance Program (EAP)

**Ability Assist / Guidance Resources**  
(800) 964-3577  
[www.guidanceresources.com](http://www.guidanceresources.com), Click on “Register”, then enter the following:  
**Web ID: HLF902, Company Name: ABILI**

### Retirement Plans

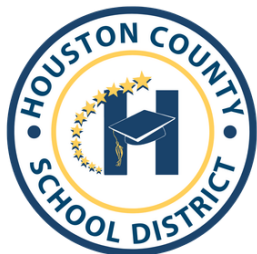
- **Teachers Retirement (TRS)**  
[www.trsga.com](http://www.trsga.com) • (800) 352-0650
- **PSERS**  
[www.ers.ga.gov](http://www.ers.ga.gov) • (800) 805-4609
- **Supplemental Retirement**  
<https://www.corebridgefinancial.com/rs>  
(478) 319-7832

### HCSD Employee Benefits

Contact the Benefits Office at  
(478) 988-6200, ext. 1

### Houston County Schools Benefits Service Center

(866) 671-0721  
Mon-Thurs 8am-6pm, Fri 8am-5pm  
[benefits@hcbebenefits.com](mailto:benefits@hcbebenefits.com)



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.