



2027


**benefits
service center**

EMPLOYEE BENEFITS ENROLLMENT GUIDE

Benefits for the 2027 Plan Year

For information and to complete your enrollment, visit
www.hcbebenefits.com or call the
Houston County Schools Benefits Service Center at (866) 671-0721.



INTRODUCTION

This guide provides an overview of your Houston County School District's benefits and the enrollment process. We encourage you to review this guide prior to completing your elections. Benefit plan documents contain complete plan details and can be requested through the Benefits Service Center or located on the benefits website at www.hcbebenefits.com.

Benefits Package

Our extensive benefits package provides financial protection and peace of mind for you and your family. Many of your benefits are funded entirely or in part by the district. Houston County Schools provides a significant financial contribution towards your State Health Benefit Plan (SHBP) premiums. The district also provides employer-paid life insurance and Long Term Disability coverage. The employer-paid Employee Assistance Program includes counseling services and resources for your financial and legal needs. Employees also receive a district-paid gym membership at zero cost to you.

For the plans in which you have a contribution, your contribution will be payroll deducted. 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.

What's New for 2027

State Health Benefit Plan Updates

- The medical plan premiums will have an increase of approximately 2% to 7%, depending on the option and coverage level.
- Express Scripts Pharmacy Benefit Services, part of Evernorth Health Services, will be the pharmacy benefits manager.
- The well-being incentive points have a slight update for 2027; points will be increased for preventive screenings and coaching.

Voluntary Benefit Plan Updates

- **New Hospital Indemnity Benefit:** This new plan will pay a fixed benefit for planned and unplanned hospital and ICU admissions and stays, including maternity.
- **New Employer-paid Gym Membership.** We're pleased to announce that you now have a choice between MaxFitness and FitCo at no cost to you. You'll make your preferred gym selection during Open Enrollment.

Benefits Service Center



The Benefits Service Center manages all aspects of your local benefits plans, such as dental, vision, life insurance, disability, and more. The Benefits Service Center can assist with benefit questions, including general State Health Benefit Plan inquiries, claims issues, qualifying life events, ID Cards, and life insurance beneficiary updates.

We're here to support you all year long, even at times when the district is closed. For assistance, call (866) 671-0721 or email benefits@hcbebenefits.com. Service Center hours are 8am to 6pm Monday - Thursday and 8am to 5pm Friday.

Understanding Social Security Benefits 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). Those who receive disability or survivor benefits do not need the 40 credits to qualify.

You are also enrolled in a pension/retirement plan: either TRS or PSERS. 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:

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

How to Enroll

Local Benefits - Online or By Phone

Enrollment Online

Step 1: Visit the benefits website at www.hcbebenefits.com, and click “Enroll Now.”

Step 2: If you have previously accessed the system, click on “Login” to begin. You will be prompted to enter the email address on file for you and your password. If you cannot remember your password, click on “Forgot your password?” to reset it.

If you have not yet created an account, 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.

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.

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 Online or by Phone

1. Access My State Health Benefit Plan on the SHBP website at <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 one or more 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.

How to Reset Your SHBP ADP Password

- **Step 1:** Go to <https://myshbpga.adp.com/shbp> and click “Need help signing in?”
- **Step 2:** Enter the requested demographic information.
- **Step 3:** Follow the instructions to verify your identity.
- **Step 4:** Reset password or access the system using the security code.

Employee Eligibility

Houston County School District employees who are full-time are eligible for benefits on the first of the month following 30 days of employment, and have 30 days to enroll from the date of hire. No enrollment changes to your benefits are allowed during the plan year without a qualifying life event.

Open Enrollment information will be available in mid-October through early November of each year.

Qualifying life events that could result in changes to your benefit coverage include, but are not limited to, the following:

- Marriage or divorce
- Birth or adoption of a child
- Loss of a dependent or other group coverage
- Medicare entitlement
- Spouse loss or gain of other coverage

If you experience a qualifying life event, please contact the Benefits Service Center and SHBP to complete your new elections and update your life insurance beneficiary(ies). **Supporting documentation is required.** You must provide the supporting documentation to the Benefits Service Center and SHBP within 31 days of the change. If you do not do so within 31 days, you must wait until the next open enrollment to make any benefit plan changes.

Dependent Spouse Coverage

If you and your spouse are both HCSD employees, duplicate dental, vision, and life insurance coverages are prohibited. During your enrollment, please update your dependent record if your spouse is an HCSD employee.

Address Changes

If you need to update your personal address, please log in to your Single Sign On (SSO) portal and select the Employee Self Service (ESS) icon, or access the ESS link under the “Employees” tab on the website at <https://www.hcbe.net>.



State Health Benefit Plan (SHBP) Options



Houston County School District participates in the State Health Benefit Plan. Refer to the 2027 Active Member Decision Guide for complete details at www.hcbebenefits.com.

Employer Contribution for SHBP Coverage

The district funds **\$1,935 per month / \$23,220 per year** towards medical coverage for all eligible employees. This generous employer contribution helps you and your family access a high-quality health plan while keeping your employee costs competitive.

Locate In-Network Providers

Anthem

Visit <https://www.anthem.com/mcr/shbp>. Select "Care" then "Find Care." Follow search instructions.

UnitedHealthcare

Visit <https://www.whyuhc.com/shbp>. Select "Search for network providers" in the Health plans drop down and follow the search instructions.



Health Reimbursement Account (HRA)

Gold, Silver, & Bronze Options

- Offered by Anthem
- Most services subject to deductible and coinsurance
- No copays
- SHBP-funded HRA credits, available immediately, reduce your medical and pharmacy out-of-pocket costs
- Credits are used as you obtain services, with no action required
- You pay nothing until your HRA credits are used
- Unused credits roll over as long as you remain enrolled in SHBP

HMO Options

- Offered by Anthem and UnitedHealthcare (UHC)
- The main difference between the Anthem and UHC options is the provider network.
- Coverage for services from in-network providers only
- You are not required to select a Primary Care Physician, and referrals for specialist care are not required.
- Copays for services such as office visits, emergency room, urgent care, and prescription drugs
- Lowest deductible of all options

High Deductible Health Plan (HDHP) Option

- Offered by UHC
- In-network and out-of-network coverage
- Lowest payroll deduction cost
- Pay less through your paycheck, and pay more at the time you need medical services
- All services except preventive care subject to the deductible first, then coinsurance
- Optional Health Savings Account (HSA), allowing you to set aside money on a tax-advantaged basis for healthcare expenses

Why elect an HRA Plan?

- You're **comfortable without knowing your exact out-of-pocket cost** prior to receiving medical care
- You prefer to **choose the HRA option that works best for you**

Why elect an HMO Plan?

- **You like copays**, and you prefer to know your out-of-pocket cost for services such as office visits and prescription drugs prior to your appointment or purchase
- You prefer to **pay more through payroll deductions in exchange for lower costs at the time you need care**

Why elect the HDHP Plan?

- You prefer to **pay less through your paycheck and pay more at the time you need medical services**
- You value the ability to make **pre-tax contributions** to your HSA
- You understand that **all services are subject to deductible and coinsurance**

In-Network Benefits Summary



	Anthem			Anthem & UHC	UHC
	Gold HRA	Silver HRA	Bronze HRA	HMO	HDHP
Deductible (You Pay)					
You	\$1,500	\$2,000	\$2,500	\$1,300	\$3,500
You + Child(ren)/Spouse	\$2,250	\$3,000	\$3,750	\$1,950	\$7,000
You + Family	\$3,000	\$4,000	\$5,000	\$2,600	\$7,000
Coinsurance (Plan Pays)	85%	80%	75%	80%	70%
Out-of-Pocket Maximum (You Pay)					
You	\$4,000	\$5,000	\$6,000	\$4,000	\$6,450
You + Child(ren)/Spouse	\$6,000	\$7,500	\$9,000	\$6,500	\$12,900
You + Family	\$8,000	\$10,000	\$12,000	\$9,000	\$12,900
HRA Credits					
You	\$400	\$200	\$100	n/a	n/a
You + Child(ren)/Spouse	\$600	\$300	\$150		
You + Family	\$800	\$400	\$200		
Preventive Care	100%	100%	100%	100%	100%
PCP Visit & Urgent Care 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
Emergency Visit	Coins after ded	Coins after ded	Coins after ded	\$200 copay	Coins after ded
Outpatient Surgery (facility)	Coins after ded	Coins after ded	Coins after ded	Coins after ded	Coins after ded
Inpatient Hospitalization	Coins after ded	Coins after ded	Coins after ded	Coins after ded	Coins after ded
Outpatient Testing, Lab, X-Rays	Coins after ded	Coins after ded	Coins after ded	Coins after ded	Coins after ded
Telemedicine/Virtual Visit	Coins (no ded)	Coins (no ded)	Coins (no ded)	\$15 copay	Coins after ded
Routine Eye Exam (1/24 months)	100%	100%	100%	100%	100%
Maternity Care (non-routine, prenatal, delivery, postpartum)	Coins after ded	Coins after ded	Coins after ded	\$35 PCP or \$45 Specialist copay	Coins after ded

Monthly Premiums	Anthem HRA			Anthem	UHC	UHC
Coverage Level	Gold HRA	Silver HRA	Bronze HRA	HMO	HMO	HDHP
You	\$227.19	\$153.17	\$94.16	\$189.29	\$232.70	\$83.76
You + Child(ren)	\$415.51	\$289.67	\$189.35	\$351.08	\$424.87	\$171.67
You + Spouse	\$565.89	\$410.44	\$286.52	\$486.30	\$577.46	\$264.68
You + Family	\$754.21	\$546.94	\$381.71	\$648.09	\$769.63	\$352.59

About Your Employee Premiums and Deductions

- The total monthly employee premiums are noted above. These premiums are evenly distributed across two payrolls each month.
- Tobacco users are subject to a monthly tobacco surcharge in the amount of \$80.

Important Things to Know



Pharmacy Information



- Express Scripts Pharmacy Benefit Services, part of Evernorth Health Services, administers the SHBP pharmacy benefits.
- Retail (up to 31 day supply), mail order (32-62 and 63+ day supply), and specialty pharmacy services are included. Eligible mail order medications have reduced out-of-pocket costs.
- Express Scripts has an extensive pharmacy network. Access the pharmacy locator at express-scripts.com/shbp.

Pharmacy Tier	Anthem			Anthem & UHC	UHC
	Gold HRA	Silver HRA	Bronze HRA	HMO	HDHP
Retail Tier 1	15% \$5 minimum / \$10 maximum			\$5 copay	Coins after deductible
Retail Tier 2	25% \$55 minimum / \$85 maximum			\$55 copay	Coins after deductible
Retail Tier 3	25% \$85 minimum / \$130 maximum			\$95 copay	Coins after deductible
Mail Order 63+ Days Tier 1	15% \$12.50 minimum / \$25 maximum			\$12.50 copay	Coins after deductible
Mail Order 63+ Days Tier 2	25%, \$137.50 minimum / \$212.50 maximum			\$137.50 copay	Coins after deductible
Mail Order 63+ Days Tier 3	25%, \$212.50 minimum / \$325 maximum			\$237.50 copay	Coins after deductible

Copay/Coinsurance Waiver for Disease Management Participation

- Certain drug costs are waived if SHBP is primary and you enroll and actively participate in one of the Disease Management (DM) Programs for diabetes, asthma, coronary artery disease, or medication for addiction treatment.
- Call Anthem at (866) 901-0746 or UHC at (888) 364-6352 for program information.

PeachCare for Kids

- 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 <https://dch.georgia.gov/peachcare-kids> for more information.
- This benefit is not available through payroll deduction.

Preventive Care

Approved preventive care services obtained from in-network providers are covered at 100% for all plan options.

9amHealth Weight Management Program

- This optional program is available for SHBP members age 18 or older to improve your health and help you achieve your weight loss goals.
- The program includes access to weight health experts through virtual appointments, prescription medications, lab tests, at-home devices, and nutrition and fitness coaching.
- 9amHealth providers include obesity medicine specialists, endocrinologists, pharmacists, dietitians, bariatric specialists, and more.
- To sign up, go to <https://join9am.com/shbp> or call/text: (888) 870-9542.



Newly Adding Dependent Spouse and/or Child(ren) to Your Coverage?

- If you are electing new coverage for a dependent spouse and/or child(ren), ADP will provide instructions for submitting the required documentation.
- Be sure to provide documentation in the format requested by the deadline provided by ADP.
- If you do not receive the documentation request, contact SHBP by phone at (800) 610-1863.
- Your dependents will not be covered unless documentation is received and approved by the deadline.**

TRICARE Supplement Plan for Military Members

- The TRICARE Supplement Plan is an alternative to SHBP for retired military.
- Contact (866) 637-9911 or <https://shbp.georgia.gov/plan-options-programs/tricare> for information.

Wellness Program



Sharecare, your wellness program vendor, provides a comprehensive well-being and incentive program for SHBP members. As you complete wellness activities, you earn **incentive points to help you pay for your medical and pharmacy expenses**.

1 point = 1 dollar



when redeemed
for medical and
pharmacy expenses

Complete activities and
submit documentation
by **November 30**

2027 Well-Being Incentives				
Plan Option	Anthem HRA	Anthem HMO	UnitedHealthcare HMO	UnitedHealthcare HDHP *
	Up to	Up to	Up to	Up to
Member	480	480	480	480
Covered Spouse	480	480	480	480
UHC Reward Card	n/a	n/a	\$250 for Employee \$250 for Spouse	\$250 for Employee \$250 for Spouse
Potential Total	960	960	1,460	1,460

* HDHP members must meet a portion of the deductible before well-being points may be used.

How to Earn 2027 Well-Being Incentive Points	
If You Complete...	You Will Earn...
The RealAge Test Complete a confidential, online questionnaire	120 points
A Biometric Screening Complete your screening through your physician, at an SHBP-sponsored event, or at a Quest Diagnostics Patient Service Center (PSC)	120 points
Preventive Screening Exams Complete a preventive screening exam (colonoscopy, mammogram, pap smear, or prostate screening)	60 points for each exam, up to two times - Screenings should be completed by August 31, 2027 - For screenings completed in September through November, members can self-attest by November 30, 2027.
January 1 - May 31 Coaching and Challenges	Coaching: 40 points each, 1 call/month Challenges: 30 points each 120 points maximum
June 1 - November 30 Coaching and Challenges	Coaching: 40 points each, 1 call/month Challenges: 30 points each 120 points maximum

All unused well-being incentive credits earned in the current plan year will roll over to the new plan option you choose during Open Enrollment. These points will be deposited in April of the following year. If you remain in the same plan option for next year, the credits will be available immediately.

Access
<https://bewellshbp.com>
for complete details.

Download the
Sharecare app today
to complete activities and
earn incentive points.

Sharecare Redemption Center

SHBP members and your covered spouses may choose to redeem your incentive credits in the **Sharecare Redemption Center** for either 1) a \$150 Visa Prepaid Card (when redeeming 480 points) or 2) 480 credits towards medical and pharmacy expenses.

Dental Plans



You have two MetLife Dental PPO plan options: 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 individual lifetime 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 the MetLife website at 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
Calendar Year Deductible	\$75 Individual / \$225 Family	\$75 Individual / \$225 Family
Calendar Year Maximum	\$750	\$1,500
Orthodontia Lifetime Maximum	n/a	\$3,000
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	n/a	50% after deductible

The above is a summary and does not provide a complete listing of services. Plan frequency limitations and rules are not reflected in the above summary. Please refer to the Certificate for complete coverage details, located at www.hcbebenefits.com.

Monthly Deductions		
Coverage Level	Low Plan	High Plan
Employee Only	\$20.83	\$35.30
Employee + Spouse	\$47.24	\$77.33
Employee + Child(ren)	\$53.84	\$87.52
Family	\$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 may 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.

Your vision plan election is effective for the entire 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, visit the MetLife website at <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 ahead 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 are provided to new members, the vision plan 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	
Item		In-Network	Out-of-Network	In-Network	Out-of-Network
Exam , with dilation if needed		\$20 copay	\$45 allowance	\$20 copay	\$45 allowance
Frames		\$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
Contact Lenses 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
Standard plastic lenses 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
Lens options 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 lenses, depending on the specific lens level.

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.

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

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



MetLife

Dental & Vision Insurance

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 the [My Benefits on MetLife](http://metlife.com/mybenefits) at: <http://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 claim 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 My Benefits homepage.
- In the “News & Updates” section, you'll find information from MetLife and your employer, including enrollment dates and new product offerings.

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.

Review the My Benefits on MetLife online: <http://metlife.com/mybenefits>

FLEXIBLE SPENDING ACCOUNTS (FSA)



Flexible Spending Accounts (FSA)

There are two types of Flexible Spending Accounts (FSAs) 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 the current IRS maximum at the time of enrollment into a Healthcare FSA each year. 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. You can contribute up to the current IRS maximum at the time of enrollment in a Dependent Care FSA each year. Eligible dependent care expenses include, but are not limited to, day care and before and after-school care for children under 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 a certain amount of unused funds to the following year. If you are not electing the Healthcare FSA for the following plan year, a minimum balance of \$25 is required to roll over your existing FSA balance, and funds must be used in the following plan year. The rollover 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, 2027, and submitted by February 28, 2028, to be eligible for reimbursement for the 2027 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 Life Insurance: Employer-Paid Benefit

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.

Voluntary Life Insurance

You may elect voluntary 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.

Voluntary Life Insurance Options	
Employee	1, 2, 3, 4, or 5 times your annual earnings - Not to exceed \$500,000
Spouse	\$10,000 (flat-rate benefit): \$3.06/month \$25,000, \$50,000, \$100,000, \$150,000, \$200,000, and \$250,000 options available, based on spouse age - Not to exceed \$250,000
Child(ren)	\$5,000 or \$10,000

Guarantee Issue Amounts and Medical Underwriting

New employees may elect up to the Guarantee Issue amounts with no medical questions. The Guarantee Issue amounts are as follows:

- Employee Life: The lesser of 3x earnings or \$300,000
- Spouse Life: \$50,000

Life insurance for your child(ren) may be elected with no health questions.

Most voluntary life insurance elections and increases after your initial new employee eligibility period require medical underwriting with an Evidence of Insurability (EOI). You will not be deducted for the pending coverage unless you are approved.

Life Insurance Benefit Reductions Due to Age

Life insurance benefits for employees and spouses will reduce due to age, beginning at age 70 per the below schedule:

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

Important Life Insurance 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. **You are encouraged to review your life insurance beneficiary(ies) periodically for accuracy.**

Employee Voluntary 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 Voluntary 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 an 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.



Paid Parental Leave and Maternal Birth Leave

Paid Parental Leave is available for all eligible employees within a year of the birth, adoption, or placement of a minor through foster care and provides **up to 240 hours** of paid parental leave.

Maternal Birth Leave provides an additional **120 hours** of paid leave for eligible employees who give birth. The 120 hours of additional leave must be used by mothers immediately following the birth of their own child.

Paid parental and maternal birth leave eligibility:

- Full-time salaried employees: 6+ months of continuous employment
- Hourly employees: 700+ hours in the six months immediately preceding the first requested paid parental leave

Both leaves run concurrently with any federal leaves and do not count against accrued leave.

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: Employer-Paid Benefit

Houston County School District provides **employer-paid** Long Term Disability coverage at no cost to you. The Long Term Disability 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.

Hospital Indemnity



The Hartford Hospital Indemnity plan includes a hospital confinement benefit plus daily benefits which are paid directly to you and may be used for any purpose. Please refer to the Summary of Benefits or certificate of coverage for complete details. This plan is portable at time of separation. Should you wish to continue this benefit upon separation, you may do so by remitting premiums directly to the carrier.

Schedule of Benefits	
Type	Benefit
Initial Confinement Benefit	\$1,000 / day up to 3x per calendar year
Daily Hospital Confinement Benefit	\$150 / day up to 90 days per confinement per calendar year
Initial Intensive Care Confinement Benefit	\$1,100 / day up to 3x per calendar year
Intensive Care Unit Confinement Benefit	\$300 / day up to 30 days per confinement per calendar year
Newborn Benefit	\$250 once per live birth

No Pre-Existing Conditions Restrictions

This plan does not include a pre-existing condition limitation. This includes pregnancy, which is covered with no restrictions.

Wellness Benefit Included

The Hospital Indemnity plan includes a wellness benefit for covered preventive screenings each year, for each covered member.

Wellness Benefit Amount

- Employee, Spouse, and/or children: **\$50 once per member per year**

Hospital Indemnity Monthly Premiums	
Coverage	Premium
Employee Only	\$12.61
Employee + Spouse	\$23.68
Employee + Child(ren)	\$23.62
Family	\$36.72

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



How to File a Claim

Step 1: Visit <https://myhealthhub.app/thehartford> and log in or register to complete your form electronically.

Step 2: Click on "File Claim" and follow the prompts to complete and submit your claim.

You can also file your claim telephonically by calling **(866) 547-4205**.

EMPLOYEE ASSISTANCE PROGRAM

Employee Assistance Program (EAP): Employer-Paid Benefit

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).
- **HealthChampion** – 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).**



Gym Membership Options: Employer-Paid Benefit

To support your well-being, the district pays for a gym membership for every benefits-eligible employee. You can choose Max Fitness at 112 Sutherlin Drive, Warner Robins, GA 31088, or any FitCo location.

You may select your preferred gym during your enrollment. The gym membership you select will remain your gym option for the entire plan year, until the next Open Enrollment.



Enrollment Checklist

State Health Benefit Plan	Local Benefits
• 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.	• 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.

If your address is incorrect in the State Health or local benefits system, log in to the Single Sign On (SSO) portal and select the Employee Self Service (ESS) icon or access the ESS link under the Employees tab at: <https://www.hcbe.net> to update your address with HCSD.

Retirement

Components of Your Retirement Plans

1. Social Security
2. Teachers Retirement System (TRS) or Public School Employees Retirement System (PSERS)
3. Supplemental Retirement 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.

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 the district contributes 22.32% of earnings. 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

You may supplement your state retirement plan by participating in the 403(b) Plan, the 457(b) Plan, or Roth IRAs. These plans are available to all employees and managed by Corebridge Financial. In addition, 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) 244-7290.



Important Contact Information

Medical

Anthem

Phone: (855) 641-4862

Website: www.anthem.com/shbp

UnitedHealthcare

Phone: (888) 364-6352

Website: www.whyuhc.com/shbp

Sharecare

Phone: (888) 616-6411

Website: www.bewellshbp.com

9amHealth

Phone: (888) 870-9542

Website: <https://join9am.com/shbp>

Express Scripts by Evernorth

Phone: (800) 809-8593

Website: express-scripts.com/shbp

SHBP Eligibility & Enrollment

Phone: (800) 610-1863

Websites: <http://dch.georgia.gov/shbp>
www.myshbpga.adp.com

TRICARE Supplement Plan

Phone: (866) 637-9911

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

PeachCare for Kids

Phone: (877) 427-3224

Website: <https://dch.georgia.gov/peachcare-kids>

Dental

MetLife

(800) 942-0854

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

Above phone numbers for general inquiries only

Disability

The Hartford

(888) 301-5615

<https://abilityadvantage.thehartford.com>

Hospital Indemnity

The Hartford

(866) 547-4205

myhealthhub.app/thehartford

Flexible Spending Accounts

Medcom

(800) 523-7542

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, 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) 244-7290

HCSD Employee Benefits

Contact the Benefits Office

(478) 988-6200, ext. 1

Benefits Service Center and Website

Phone: (866) 671-0721

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

benefits@hcbebenefits.com

www.hcbebenefits.com






 Together,
WE WILL...




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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.