

# 2025

## **Foothills Regional High School Benefits Guide**



# WELCOME TO FOOTHILLS REGIONAL HIGH SCHOOL!

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



## IMPORTANT REMINDERS - TAKE ACTION

- Eligibility for benefits enrollment must take place within 30 days of your hire date.
- Remember: Please review and/or update beneficiaries annually for all benefits including, Basic Life, Voluntary Term Life & AD&D and Permanent Life policies.
- Important: Review and Understand Guaranteed Issue Options (New Hires).
- Life Events - You are required to submit any life event changes for you and eligible dependents within 30 days of an event.
- This Guide - This guide is presented for illustrative purposes only and is not intended to offer insurance advice. It is important you review each benefit's summary plan description (SPD) and other carrier materials before making any selections.

### There are two separate benefit enrollments:

- 1. Campus Benefits Voluntary Benefits**
- 2. State Health Benefit Plan Medical Insurance**

*Benefits enrollment must take place within 30 days of hire date*

# 1

### How to Enroll in Campus Benefits Voluntary Benefits

1. Visit <https://www.foothillsregionalbenefits.com/>
2. Select the "Enroll" tab or the "Campus Connect" tab
3. Follow the on-screen instructions **OR**
4. **Contact Campus Benefits at 866.433.7661 opt 5**

# 2

### How to Enroll in your State Health Benefit Medical Plan

1. Visit <https://www.foothillsregionalbenefits.com/>
2. Select the "State Health" tab
3. Select "SHBP Enrollment Link" (Refer to the SHBP section of this guide for additional details) **OR**
4. **Contact SHBP at 800.610.1863**

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## FOOTHILLS CONTACT:

**Bethany Burns**

Human Resource Manager

**Phone:** 706.395.5783

**Email:** [bethany.burns@foothillsrhrs.org](mailto:bethany.burns@foothillsrhrs.org)

**Need Help? Start Here:**

[MyBenefits@CampusBenefits.com](mailto:MyBenefits@CampusBenefits.com)

866.433.7661 Opt 5

## Eligibility

- Generally, full-time employees working 30 or more hours per week
- Superintendent, Regional Directors, Regional Level Employees and Site Directors who are not eligible for benefits with their primary school district (excludes the disability benefit)
- Part-time employees are only eligible for the Employee Assistance Program, MedCareComplete and MetLife Legal benefits
- Specific plan eligibility is listed on the top of each page. Specific employee and dependent eligibility rules are governed by each plan's policy document/certificate, which is available on your employee benefits website, or by contacting Campus Benefits

## Enrollment

- Open Enrollment: October 7th - November 8th
- New Hire: Benefits enrollment must take place within 30 days of hire date.
- Plan Year: January 1 – December 31

## When do Benefits Begin

- The effective date of benefits coverage depends on your hire date. Typically, benefits will begin the first of the month following 30 days of employment

## Changes

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

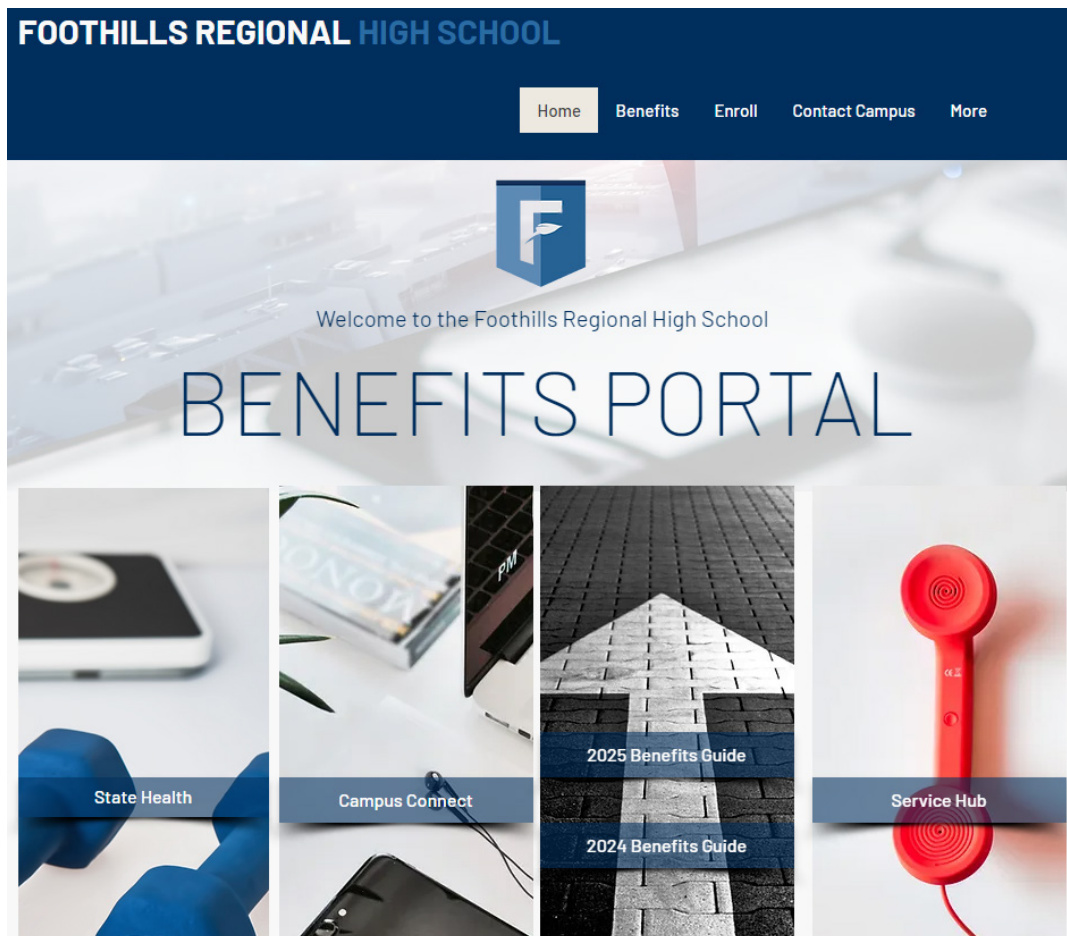
## Please Note:

- Foothills Regional High School provides eligible employees \$10 toward dental premiums and \$30,000 of basic term life insurance at no cost

**Disclaimer:** The *Benefits Guide* is provided for illustrative purposes only and actual benefits and/or premiums may change after printing. Eligibility, benefits, limitations, services, premiums, claims processes and all other features & plan designs are offered and governed exclusively by the insurance provider or vendor contract and associated Summary Plan Description (SPD). All employees should review carrier documents posted on your employer's benefits website or request documents before electing coverage.

# BENEFITS PORTAL!

[foothillsregionalbenefits.com](https://foothillsregionalbenefits.com)



## What can you find on the Benefits Portal?

- Plan Highlight Sheets
- Policy Documents and Certificates
- Claim Forms
- Links to Carrier Websites

## What can the Service Hub assist you with?

- Claims
- Card Requests
- Benefit Questions
- Qualified Life Events

# CAMPUS BENEFITS ENROLLMENT

## Steps To Log In:

**1** Visit [foothillsregionalbenefits.com](https://foothillsregionalbenefits.com)

**2** Select the “Enroll” tab or the “Campus Connect” tab

**3** Existing User Login

1. Enter your username
2. Enter your password
3. Click “LOGIN”
4. Click on the “Start Benefits” button and begin the enrollment process

## Frequently Asked Questions

### What is my username?

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

### What is my password?

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

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

### What can I find on the portal?

- Plan highlight sheets
- Policy Documents and Certificates
- Claim forms
- Links to Carrier Websites

**Company Identifier: FCH18**

## New User Registration

1. On Login page click on “Register as a new user” and enter information below
  - First Name
  - Last Name
  - **Company Identifier: FCH18**
  - PIN: Last 4 Digits of SSN
  - Birthdate
2. Click “Next”
3. Username: Work email address or one you have provided to HR when you were hired
4. Password: Must be at least 6 characters and contain a symbol and a number
5. Click on “Register”
6. On the next page, it will show your selected Username. Click on “Login”
7. Enter Username and Password
8. Click “Start Benefits” to begin the enrollment

### What can the Service Hub assist you with?

- Claims
- Card requests
- Benefits Questions
- Qualified Life Events

**Need Help? Start Here:**  
[mybenefits@campusbenefits.com](mailto:mybenefits@campusbenefits.com)

866.433.7661 opt 5

## Login Information

Username: \_\_\_\_\_

Password: \_\_\_\_\_

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# SERVICE HUB/ SUPPORT CENTER

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

## When to contact the Campus Benefits Service Hub?

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

## How to File a Claim:

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

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

## Frequently Asked Questions (FAQs):

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

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

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

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

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

A: The group dental and vision plan information is available at:

<https://www.foothillsregionalbenefits.com/>



**Phone:** 866.433.7661, Opt 5

**Email:** [mybenefits@campusbenefits.com](mailto:mybenefits@campusbenefits.com)

**Website:** [FoothillsRegionalBenefits.com](https://www.foothillsregionalbenefits.com)

# EMPLOYEE ASSISTANCE PROGRAMS



**What is an EAP?** A program offered to Foothills Regional High School employees to provide guidance with personal issues, planning for life events or simply managing daily life which can affect your work, health and family.

## OneAmerica EAP

**Eligibility:** All Foothills Regional High School employees, their eligible household members and unmarried children (up to age 26)

- Coverage through OneAmerica
- Provides support, resources, and information for personal and work-life challenges
- **Receive up to three sessions per issue per year**
- CALL 1.855.387.9727 or visit [Guidanceresources.com](https://Guidanceresources.com), Web ID: ONEAMERICA3

## Confidential Counseling

- Helps employees address stress, relationship and other personal issues for you and your family
- Sessions with highly trained master's and doctoral level clinicians
  - Stress anxiety and depression
  - Relationship/marital conflicts
  - Problems with children
  - Job pressures
  - Grief and loss
  - Substance abuse

## Work-Life Solutions

Work-Life Specialists do the research for you, providing qualified referrals and customized resources:

- Child and elder care
- Moving and relocation
- Making major purchases
- College planning
- Pet care
- Home repair

## Financial Information and Resources

Speak by phone with a Certified Public Accountants and Certified Financial Planners on a wide range of financial issues, including:

- Getting out of debt
- Credit card or loan problems
- Tax questions
- Retirement planning
- Estate planning
- Saving for college

## Online Resources

- Timely articles, HelpSheets, tutorials, streaming videos and self-assessments
- Child care, elder care, attorney and financial planner searches

## Free Online Will Preparation

- EstateGuidance lets you quickly and easily write a will on your computer
- Go to [GuidanceResources.com](https://GuidanceResources.com) and click on EstateGuidance link
- Follow the prompts to create and download your will at no COST
  - Name an executor to manage your estate
  - Choose a guardian for your children
  - Specify your wishes for your property
  - Provide funeral and burial instructions

### Plan Rates

Coverage provided at no cost to you.

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# SHORT-TERM DISABILITY



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

**Eligibility:** Eligible employees as described on page 2

- Coverage through OneAmerica
- Employee must be actively at work on the effective date of coverage
- **NO HEALTH QUESTIONS EVERY YEAR! (Pre-existing condition will apply to new enrollees)**
- Employees DO NOT have to exhaust sick leave. Employees can stop sick leave (if available) at the end of the elimination period. The decision must be made at the beginning of leave.
- Plan does not pay in addition to sick leave
- **Paid Parental Leave has to be used concurrent to FMLA**

## Short Term Disability Quick Summary

Elimination Period	Benefits begin after you have been out of work due to an accident or sickness for 7 days
Benefit Duration	Covers accidents and sicknesses up to 13 weeks
Benefit Percentage (weekly)	60% of your gross weekly salary
Maximum Benefit Amount (weekly)	\$1,250
Pre-existing condition	<b>3/6</b> - Any illness or injury for which you received treatment the 3 months prior to your effective date will not be covered for the first 6 months (Applies to new enrollees only)

## Monthly Rate Calculation

<b>Step 1</b>	Divide your Annual Salary by 52. This is your weekly salary.	
<b>Step 2</b>	Multiply weekly salary in Step 1 by 60%. If 60% of weekly salary exceeds \$1,250, then enter \$1,250. This is your maximum weekly benefit amount.	
<b>Step 3</b>	Divide weekly amount in Step 2 by \$10	
<b>Step 4</b>	Multiply Step 3 by the Monthly Rate in the table to the right. This is your <b>monthly</b> premium.	

## Short-Term Disability Monthly Rates

Rate per \$10 of benefit	\$0.50
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**\*Enrollment system will calculate based on payroll information provided by the employer**



# LONG-TERM DISABILITY

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

**Eligibility:** Eligible employees as described on page 2

- Coverage through OneAmerica
- Employee must be actively at work on the effective date of coverage
- **NO HEALTH QUESTIONS EVERY YEAR! (Pre-existing condition will apply to new enrollees)**
- Employees DO NOT have to exhaust sick leave. Employees can stop sick leave (if available) at the end of the elimination period. The decision must be made at the beginning of leave.
- **Plan does not pay in addition to sick leave**

## Long Term Disability Quick Summary

Elimination Period	Benefits begin after you have been out of work due to an injury or illness for 90 calendar days
Benefit Duration	Covers accidents and sicknesses up to social security normal age of retirement (Please note exclusions or limitations may apply, see plan certificate for details)
Benefit Percentage (monthly)	60% of your gross monthly salary
Maximum Benefit Amount (monthly)	\$5,000
Pre-existing condition	<b>3/3/12</b> - Any illness or injury for which you received treatment the 3 months prior to your effective date will not be covered for the first 12 months, unless you go treatment free for 3 consecutive months following your effective date of coverage. (Applies to new enrollees only)

## Monthly Rate Calculation

<b>Step 1</b>	Divide your Annual Salary by 12. This is your monthly salary.	
<b>Step 2</b>	Divide monthly amount in Step 1 by 100.	
<b>Step 3</b>	Multiply Step 2 by the Monthly Rate in the table to the right. This is your <b>monthly</b> premium.	

**\*Enrollment system will calculate based on payroll information provided by the employer**

## Long-Term Disability Monthly Rates Per \$100 of Covered Payroll

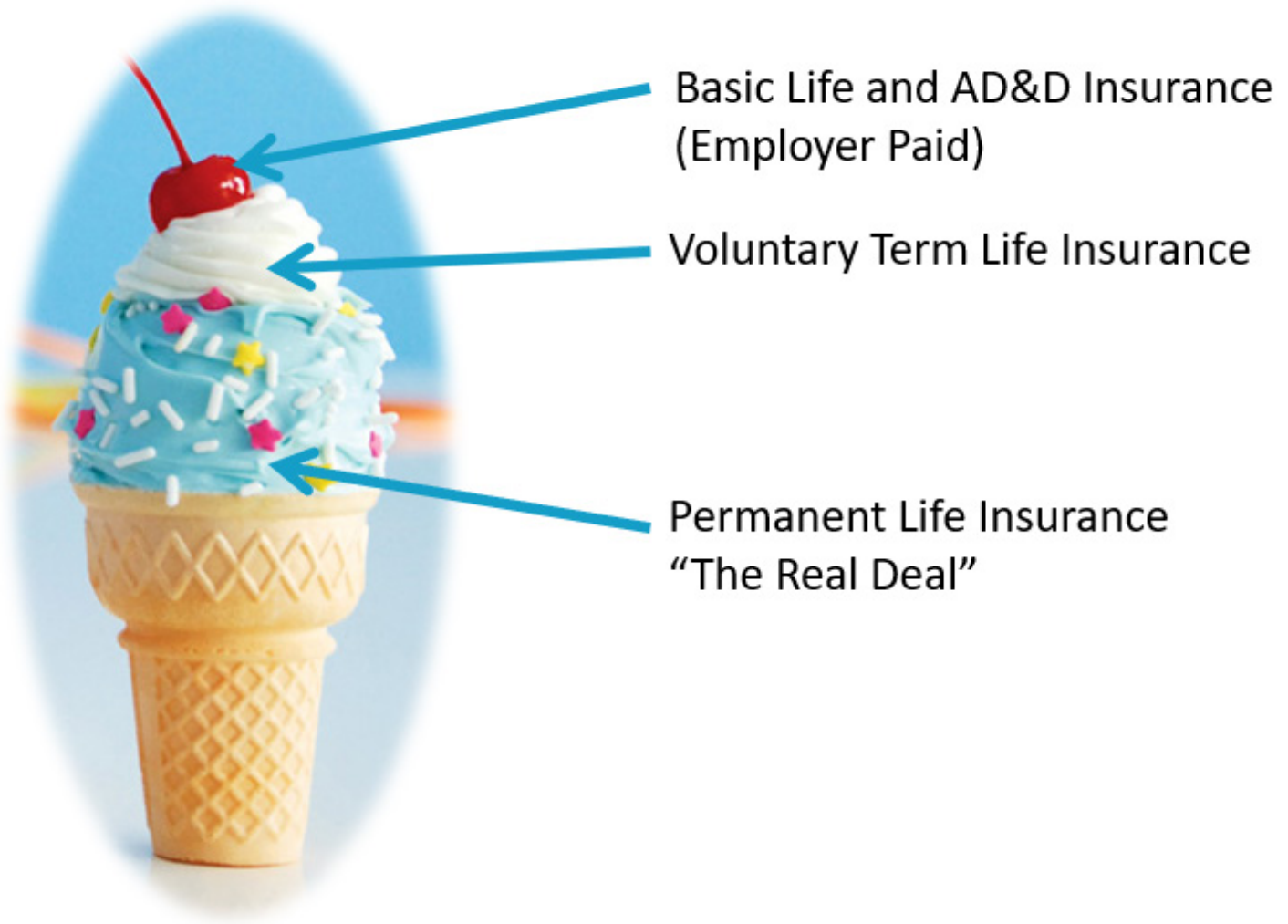
0-24	\$0.22
25-29	\$0.26
30-34	\$0.36
35-39	\$0.49
40-44	\$0.65
45-49	\$0.89
50-54	\$1.14
55-59	\$1.38
60+	\$1.37

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# LIFE INSURANCE

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

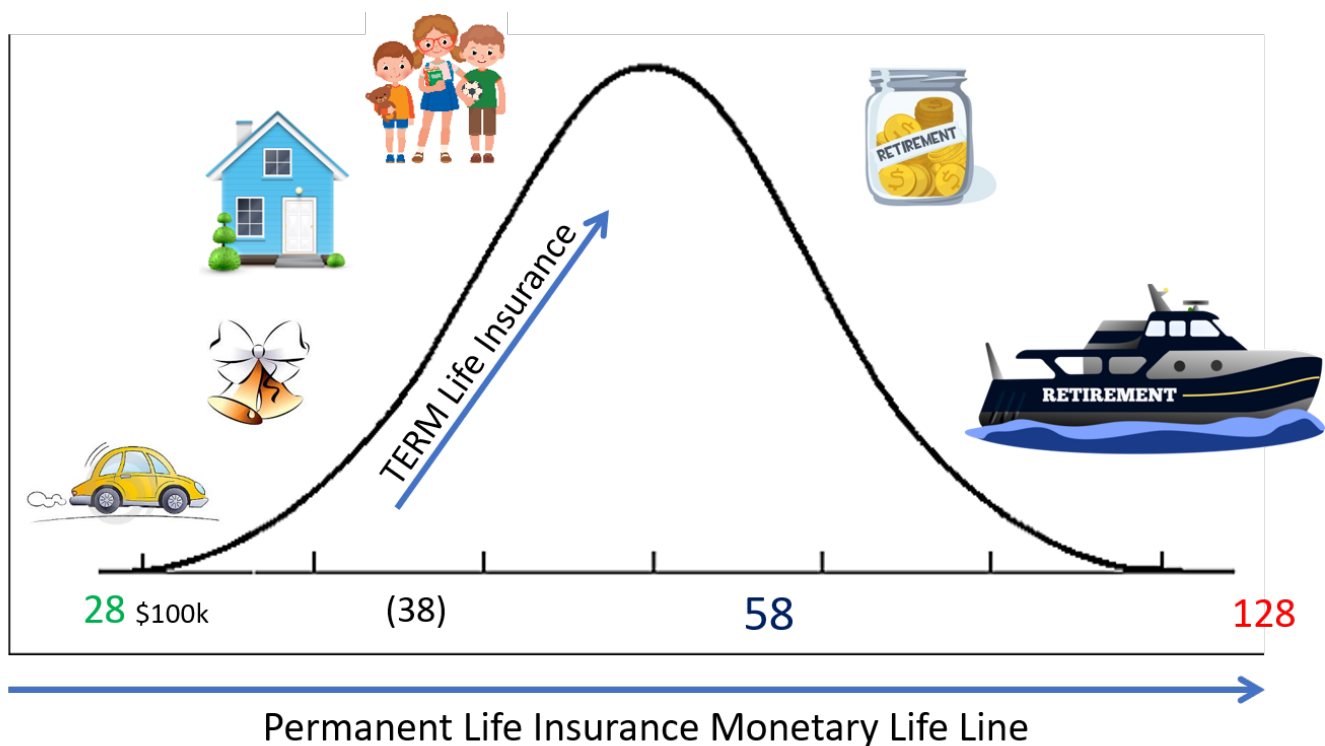
**Term Life and Permanent Life work best used in conjunction with one another. Term Life can protect your family in your younger working years and Permanent Life can protect your family in your retirement years.**



# RANCE 101

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

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



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

- Permanent life insurance offers a stable premium along the lifetime of the policy
- Permanent life offers a level premium and is meant to take into retirement
- Permanent life is an issue age policy and is based on the age when the policy is issued
- This is an individual plan you can take with you regardless of where you work

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# BASIC LIFE & AD&D

**What is Basic Life Insurance and AD&D?** A financial and family protection plan paid for by Foothills Regional High School which provides a lump-sum payment, known as a death benefit, to a beneficiary upon the death of the insured. AD&D coverage is included as a part of life insurance benefits, and will pay out a lump-sum death benefit in the event you die accidentally or pass away later as the direct result of an accident. This plan also has a dismemberment benefit which provides an additional lump sum payment if an insured becomes dismembered in an accident.

**Eligibility:** Eligible employees as described on page 2

- Coverage through OneAmerica
- Must be actively at work on the effective date
- **Important to confirm your beneficiaries every year**
- No cost to the employee- Premiums paid by Foothills Regional High School

Basic Life Quick Summary	
All Eligible Employees	\$30,000 (AD&D amount matches the life amount)
Age Reduction	50% at age 70
Portability	Included
Conversion	Included
ADDITIONAL FEATURES	
Up to 75% Accelerated Life Benefit & Will Preparation	

## Plan Rates

Coverage paid for by Foothills Regional High School at no cost to you!



# VOLUNTARY TERM LIFE & AD&D

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

**Eligibility:** Eligible employees as described on page 2, spouse and unmarried children up to age 26

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

Voluntary Term Life and AD&D Quick Summary	
LIFE AND AD&D AMOUNT	
Employee	Increments of \$1,000 up to \$400,000 (5 x salary)
Spouse	Increments of \$500 up to \$400,000 (up to 100% of employee election)
Child(ren)	Increments of \$2,500 up to \$10,000
GUARANTEED ISSUE (NO HEALTH QUESTIONS - INITIAL NEW HIRE)	
Employee	\$200,000
Spouse	\$50,000
Child(ren)	\$10,000
Age Reduction (Employee & Spouse)	Reduces to 65% at the employee's age 70, reduces to 50% of the original amount at age 75
Guaranteed Increase in Benefit	Employee & Spouse: If currently enrolled, can increase up to the Guaranteed Issue amount at open enrollment with no health questions
ADDITIONAL FEATURES	
Portability, Conversion, Accelerated Life Benefit, Waiver of Premium	

## Plan Rates

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

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# PERMANENT LIFE INSURANCE



**What is Permanent Life Insurance?** Coverage that provides lifelong protection, and the ability to maintain a level premium.

**Eligibility:** Eligible employees as described on page 2, spouse, children and grandchildren up to age 26 (if a full-time student)

- Coverage through Colonial Life
- Must be actively at work on the effective date
- Underwriting may be required. Coverage is not guaranteed
- Permanent life offers the flexibility to meet a variety of personal needs while allowing employees the choice of benefit and premium amounts which fit their paycheck and lifestyle
- Keep your coverage, at the same cost, even if you retire or change employers

Permanent Life Quick Summary	
PLAN MAXIMUMS	
Employee (Ages 15 - 79)	Up to \$500,00
Spouse (Ages 15 - 79)	Up to \$50,000
Child (0 - 17) Juvenile Policy Child (18-26 if a full-time student) Adult Policy	Up to \$25,000
GUARANTEED ISSUE (FIRST TIME ELIGIBLE/NEW HIRE)	
Employee	Ages 18-50: Up to \$150,000 Ages 51-60: Up to \$75,000 Ages 61-79: Up to \$25,000
Spouse	Up to \$25,000
Child (0-17) Juvenile Policy Child (18-26 if a full-time student) Adult Policy	Up to \$10,000
ADDITIONAL FEATURES	
Options for Paid up to age 70 or age 100 Terminal Illness accelerated death benefit for up to 75% (Up to \$150,000)	

## Plan Rates

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




# VISION INSURANCE



**What is Vision Insurance?** A health and wellness plan designed to reduce your costs for routine preventive eye care including eye exams and prescription eye wear (eyeglasses and contact lenses).

**Eligibility:** Eligible employees as described on page 2, spouse and children up to age 26

- Coverage through MetLife
- Must be actively at work on the effective date
- Claims must be submitted within 90 days of service
- Provider Network: <https://www.metlife.com/insurance/vision-insurance/#find-a-provider>
- (Network: **VSP Choice**)
- *The chart below is a sample of covered services. Please view the Plan Certificate for a detailed listing of services in their entirety, available on your Employee Benefits Website*

In-Network Vision Quick Summary	High Plan		Low Plan	High Plan Rates	
Exam (with dilation as necessary)	\$10 Copay			Employee \$12.56	
Materials Copay	Included in Lens Copay				
Contact Lens Fit and Follow-Up (Standard)	Up to \$60 Copay				
Lasik or PRK	15% off retail or 5% off promotional				
Frames (See plan certificate for featured frames allowance)	\$200 allowance plus 20% off balance \$220 allowance on featured frames (\$110 allowance at Costco, Walmart, Sams)	\$150 allowance plus 20% off balance \$170 allowance on featured frames (\$85 allowance at Costco, Walmart, Sams)		Employee + Spouse \$23.84	
Lenses					
Single Vision, Bifocal, Trifocal, Lenticular	\$10 Copay			Employee + Children \$25.10	
Progressive Lenses	Covered in Full				
Additional Lens Options					
Standard UV Treatment	Covered in Full			Low Plan Rates	
Standard Scratch Resistant	Covered in Full	Up to \$17 - \$33 copay			
Standard Polycarbonate	Children: Covered in Full Adults: Up to \$35 Copay				
Standard Anti-Reflective Coating	Up to \$41 - \$85 Copay				
Transition Lenses	Up to \$47 - \$82 Copay				
Contact Lenses					
Elective Contacts	\$200 Allowance	\$150 Allowance		Employee \$7.96	
Medically Necessary	Covered in Full after eyewear Copay				
Frequencies					
Exams, Lenses, Contact Lenses and Frames	Every 12 months	Exams, Lenses, Contact Lenses: Every 12 Months Frames: Every 24 months		Employee + Spouse \$15.12	
2nd Pair Benefit (Allowance must be invoiced as two separate purchases)	Each covered person can get: <ul style="list-style-type: none"><li>• 2 pairs of prescription eyeglasses <b>OR</b></li><li>• 1 pair of prescription eyeglasses &amp; an allowance toward contacts <b>OR</b></li><li>• Double the contact lens allowance</li></ul>	2nd Pair Benefit - N/A		Employee + Children \$15.91	
					Family \$23.41
<div><div><div>VSP Choice</div></div><div><div>Foothills Regional High School</div><div>5386498</div></div></div>					

**MetLife**

**VSP Choice**

Foothills Regional High School  
Group Name

5386498  
Group Number

Members: 1.800.GET.METS (1.800.438.6388)  
Providers: 1.855.638.3931

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

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

**Eligibility:** Eligible employees as described on page 2, spouse and children up to age 26

- Coverage through Ameritas
- **Orthodontia is available for Adults & Children < 26 years of age**
- **New Enrollee Waiting Period: 12 months on Type 3 and Orthodontia**
- Exams and cleanings are allowed 2 times each calendar year and do not have to be separated by 6 months
- In-Network Provider Directory: <https://dentalnetwork.ameritas.com> (Network: Classic PPO)
- *The chart below is a sample of covered services. Please see Plan Certificate for a detailed listing of services in their entirety. Plan certificate available on your Employee Benefits website.*

Coinsurance	Type 1 - 100%	Type 2 - 80%	Type 3 - 50%	Orthodontia - 50%
Sample Procedure Listings	<ul style="list-style-type: none"> <li>• Routine Exam (2 per benefit period)</li> <li>• Bitewing X-rays (1 per benefit period)</li> <li>• Full Mouth/ Panoramic X-rays (1 in 5 years)</li> <li>• Periapical X-rays</li> <li>• Cleanings (2 per benefit period)</li> <li>• Fluoride for children 18 and under (1 per benefit period)</li> <li>• Sealants (age 16 and under)</li> <li>• Space Maintainers</li> </ul>	<ul style="list-style-type: none"> <li>• Restorative Amalgams &amp; Composites</li> <li>• Nonsurgical Endodontics</li> <li>• Nonsurgical Periodontics</li> <li>• Denture Repair</li> <li>• Simple Extractions</li> <li>• Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>• Onlays</li> <li>• Crowns (1 in 5 years per tooth)</li> <li>• Crown Repair</li> <li>• Prosthodontics (fixed bridge; removable complete/ partial dentures) (1 in 5 years)</li> <li>• Surgical Endodontics</li> <li>• Surgical Periodontics</li> <li>• Oral Surgery</li> </ul>	<ul style="list-style-type: none"> <li>• 12 month waiting period for new enrollees</li> <li>• \$2,000 lifetime maximum per person</li> <li>• Children &lt; 26 years of age</li> </ul>
Additional information, including service frequencies, can be found on the plan highlight/policy documents located on your employee benefits web portal: <a href="https://foothillsregionalbenefits.com">foothillsregionalbenefits.com</a>				
<b>Additional Benefits:</b> Dental Rewards, LASIK Advantage				

Dental Benefits Quick Summary	Plan
Calendar Year Deductible	\$75, max 3 per family
Out of Network Coverage	90th percentile UCR
Waiting period	12 months on Type 3 & Orthodontia
Calendar Year Plan Maximum	\$1,000 per person
Orthodontia (Adults & Children < 26 years of age)	\$2,000 per person (Lifetime Max)
Preventive Plus	Preventive services do not apply to annual max

Monthly Rates	
*\$10.00 employer contribution reflected in rates	
Employee	\$36.30
Employee + Spouse	\$76.58
Employee + Children	\$102.92
Family	\$138.12

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# ADDITIONAL DENTAL INFORMATION



## Your Plan Includes Dental Rewards

Allows qualifying plan members to carryover part of their unused annual maximum. Earn dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the **threshold amount** for benefits received for that year. A person earning dental rewards who submits a claim for services received through the dental network earns an extra reward, called the PPO Bonus. Employees and their covered dependents may accumulate rewards up to the stated **maximum carryover amount**, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

Dental Rewards Quick Summary		
Benefit Threshold	\$500	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Dental Rewards amount is added to the following year's maximum
Annual PPO Bonus	\$100	Additional bonus is earned if the member sees a network provider
Maximum Carryover	\$1,000	Maximum possible accumulation for Dental Rewards and PPO Bonus combined

## Register for your secure member account at [ameritas.com](https://ameritas.com).

The one-time set up is quick and easy:

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

## Your Plan Includes A LASIK Advantage Benefit

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

Benefit per Eye	
Year 1 & 2	\$175
Year 3	\$350

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

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



Employee Name

Foothills Regional High School

Group Name

Employee ID

55073

Group Number

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

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# CRITICAL ILLNESS INSURANCE

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

**Eligibility:** Eligible employees as described on page 2, spouse and dependent children\* up to age 26

- Coverage through MetLife
  - **Issue Age - Rates are locked in and will not increase with age**
  - **No health questions - EVERY YEAR!!**
  - *The chart below is a sample of covered services. Please view the Plan Certificate for a detailed listing of services in their entirety, available on your Employee Benefits Website.*
- \* Child marital status may impact benefit eligibility

Critical Illness with Cancer Quick Summary	
Employee	\$10,000 or \$20,000
Spouse	50% of Employee Amount
Dependent Children	50% of Employee Amount
Maximum Payout	500% (not to exceed \$250,000)
COVERED SPECIFIED CRITICAL ILLNESSES	Pays % of Face Amount
Invasive Cancer	100%
Non-Invasive Cancer	25%
Skin Cancer	5% (not less than \$250)
Benign Brain Tumor	100%
Coronary Artery Bypass Graft (CABG)	50%
Childhood Diseases (Cerebral Palsy, Cleft Lip or Cleft Palate, Cystic Fibrosis, Diabetes (Type 1), Down Syndrome, Sickle Cell Anemia, Spina Bifida)	100% of Child Benefit Amount
Functional Loss (Coma, Loss of: Ability to Speak; Hearing; or Sight, Paralysis of 2 or more limbs)	100%
Heart Attack	100%
Sudden Cardiac Arrest	50%
Infectious Diseases (Bacterial Cerebrospinal Meningitis, COVID-19, Diphtheria, Encephalitis, Legionnaire's Disease, Malaria, Necrotizing Fasciitis, Osteomyelitis, Rabies, Tetanus, Tuberculosis)	25% <i>*For a benefit to be payable, the covered person must have been treated for the disease in a hospital for 3 consecutive days.</i>
Major Organ Transplant (Bone marrow, Heart, Lung, Pancreas, and Liver)	100%
End Stage Renal Failure (Kidney)	100%
Progressive Diseases (ALS, Alzheimer's Disease, Multiple Sclerosis, Muscular Dystrophy, Parkinson's Disease (Advanced), Systemic Lupus Erythematosus (SLE))	100%
Severe Burn	100%
Stroke	100%, 25% for TIA
<b>ANNUAL WELLNESS INCENTIVE</b>	\$100 - View the Wellness Incentives page for more details
Age Reduction	None
Pre-Existing Condition	None

## Plan Rates

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

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# ACCIDENT INSURANCE



**What is Accident Insurance?** This coverage is designed to help offset medical and out-of-pocket costs associated with unforeseen accidents. Payments made directly to you and benefits do not offset with medical insurance.

**Eligibility:** Eligible employees as described on page 2, spouse and dependent children\* up to age 26

- Coverage through MetLife
  - **No health questions - Every Year!!**
  - Payments made directly to you and benefits do not offset with medical coverage
  - *The chart below is a sample of covered services. Please see the Plan Certificate for a detailed listing of services in their entirety, available on your Employee Benefits Website.*
- \* Child marital status may impact benefit eligibility

Accident Benefits Quick Summary	
INJURIES	
Fractures	\$200 - \$10,000
Dislocations	\$200 - \$10,000
Second and Third Degree Burns	\$100 - \$15,000
Concussions	\$500
Cuts/Lacerations	\$75 - \$700
Eye injuries	\$400
MEDICAL SERVICES & TREATMENT	
Ambulance (Ground)	\$400
Emergency Room Treatment	\$200
Abdominal or Thoracic Surgery	\$2,000
Physician Office Visit	\$100
ACCIDENTAL DEATH & DISMEMBERMENT	
Accidental Death	\$40,000 - \$200,000*
Dismemberment	\$1,000 - \$40,000*
* Actual benefit amount paid depends on the type of Covered Loss. The spouse benefit is 50% and the child benefit is 25% respective of the benefit shown.	
Hospital Coverage (Accident)	
Hospital Admission	\$1,500
Hospital Stay (per day)	\$300 (Max 365 Days)
Intensive Care Unit Stay (per day)	\$300 (Max 365 Days)
Age Reduction	None
Pre-existing Condition	None
<b>ANNUAL WELLNESS INCENTIVE</b>	\$50 - View the Wellness Incentives page for more details

Rates
Employee \$12.87
Employee + Spouse \$20.85
Employee + Child(ren) \$29.15
Employee + Family \$38.03

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# HOSPITAL INDEMNITY INSURANCE



**What is Hospital Indemnity Insurance?** Supplemental coverage that helps offset costs associated with hospital stays, whether for planned or unplanned reasons. Payments made directly to you and benefits do not offset with medical insurance.

**Eligibility:** Eligible employees as described on page 2, spouse and dependent children\* up to age 26

- Coverage through MetLife
- **No health questions - Every Year!!**
- No waiting period and no age reduction of benefits
- Routine delivery of a child or by non-emergency Cesarean section are covered.
- Complications of pregnancy and emergency Cesarean section are covered.
- **No pre-existing condition limitation**
- *The chart below is a sample of covered services. Please see the Plan Certificate for a detailed listing of services in their entirety, available on your Employee Benefits Website.*

\* Child marital status may impact benefit eligibility

Hospital Indemnity Quick Summary	High Plan	Low Plan
Hospital Admission	\$1,000	\$500
ICU Supplemental Admission	\$1,000	\$500
Admission Benefit (4 times per calendar year - separated by 90 days)		
Confinement	\$200	\$100
ICU Supplemental Confinement	\$200	\$100
Confinement Benefit (365 days per calendar year)		
Confinement Benefit for Newborn Nursery Care (2 days per confinement)	\$50	\$25
Wellness Incentive	\$50 - View the Wellness Incentives page for more details	

High Plan Rates	
Employee	\$25.55
Employee + Spouse	\$49.56
Employee + Child(ren)	\$35.94
Employee + Family	\$59.95

Low Plan Rates	
Employee	\$13.63
Employee + Spouse	\$26.49
Employee + Child(ren)	\$19.44
Employee + Family	\$32.29

# WELLNESS INCENTIVES

## GET REWARDED FOR PREVENTIVE CARE

**What are Wellness Incentives?** An annual reimbursement for covered members who complete one of the eligible screening procedures on your critical illness, accident, and hospital indemnity insurance plans.

**Eligibility:** You, spouse and dependents who are covered on the critical illness, accident, or hospital indemnity plans

**How it works:**

- If you or a covered dependent get one of the eligible screenings, you can file a wellness claim
- Once approved, you will receive a check for the wellness benefit amount
- The wellness incentive can be filed annually as long as your critical illness, accident, and hospital indemnity plans are in force

Available Wellness Incentives	
MetLife - Accident and Hospital Indemnity Plans	\$50/per covered person/ per year
MetLife - Critical Illness Plan	\$100/per covered person/ per year

What Qualifies as Wellness?	
MetLife Accident, Hospital Indemnity, and Critical Illness Plans	
<ul style="list-style-type: none"> <li>• Annual physical exam</li> <li>• Biopsies for cancer</li> <li>• Blood test to determine total cholesterol/triglycerides</li> <li>• Bone marrow testing</li> <li>• Breast MRI, ultrasound, sonogram</li> <li>• Cancer antigen 15-3 and 125 blood test for breast cancer (CA 15-3)/ovarian cancer (CA 125)</li> <li>• Carcinoembryonic antigen blood test for colon cancer (CEA)</li> <li>• Carotid doppler</li> <li>• Chest x-rays</li> <li>• Clinical testicular exam</li> <li>• Colonoscopy; Digital rectal exam (DRE)</li> <li>• Complete blood count (CBC)</li> <li>• Coronavirus Testing</li> <li>• Dental Exam</li> <li>• Doppler screening for cancer</li> <li>• Doppler screening for peripheral vascular disease</li> <li>• Echo cardiogram; Electrocardiogram (EKG)</li> <li>• Electroencephalogram (EEG)</li> <li>• Endoscopy</li> <li>• Eye exam</li> </ul>	<ul style="list-style-type: none"> <li>• Fasting blood glucose/plasma test</li> <li>• Flexible sigmoidoscopy</li> <li>• Hearing test</li> <li>• Hemocult stool specimen</li> <li>• Hemoglobin A1C</li> <li>• Human papillomavirus (HPV) vaccination</li> <li>• Lipid panel</li> <li>• Mammogram</li> <li>• Oral cancer screening</li> <li>• Pap smears or thin prep pap test</li> <li>• Prostate-specific antigen (PSA) test</li> <li>• Serum cholesterol test to determine LDL or HDL</li> <li>• Serum protein electrophoresis</li> <li>• Skin Exam; Skin cancer biopsy; screening</li> <li>• Stress test on bicycle or treadmill</li> <li>• Successful completion of smoking cessation program</li> <li>• Tests for sexually transmitted infections (STIs)</li> <li>• Thermography</li> <li>• Ultrasounds for abdominal aortic aneurysms</li> <li>• virtual colonoscopy</li> </ul>
How to File a Wellness Claim?	
<ul style="list-style-type: none"> <li>• Call 1-800-GET-MET8. (800-438-6388)</li> <li>• File your Health Screening Benefit online through the MyBenefits portal at <a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a> or by mail with a paper claim form.</li> </ul>	

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# MEDCARECOMPLETE



## THE SMART WAY TO REDUCE YOUR HEALTHCARE COSTS

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

**Eligibility:** Eligible employees as described on page 2, spouse and unmarried children up to age 26

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

## Included with the MedCareComplete Membership:



Medical Bill Negotiator



Restoration Expert



Medication Management



Identity Loss Expense Reimbursement



Telemedicine



Social Media Tracking



Medical & ID Theft Monitoring



Sex Offender Alerts

## Medical Bill Negotiator

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

## Telemedicine

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

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

**Acute Illnesses include but are not limited to the following:**

Asthma  
Fever  
Headache  
Infections

Migraines  
Rashes  
Bacterial Infections  
Diarrhea

Heartburn  
Sinus Conditions  
Urinary Tract  
Infections

Bronchitis  
Ear Infection  
Gout  
Joint Aches

Pink Eye  
Sore Throat  
Cold & Flu  
Nausea & Vomiting

## Medical & ID Theft Protection

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

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# LEGAL PLAN



**What is a Legal Plan?** A plan which provides valuable legal and financial educational resources for a variety of life events and needs.

**Eligibility:** Eligible employees as described on page 2, spouse and dependent children (up to age 26)

- Coverage through MetLife
- Elder Care extends to parents and in-laws
- Visit <https://www.legalplans.com/why-enroll> or call 800.821.6400 for additional information
- Non-Members & Members create an account and select Employer for plan information (creating an account doesn't enroll you in plans)
- *Additional information available on your Employee Benefits Website (<https://www.foothillsregionalbenefits.com/>)*

	Low Plan Quick Summary	High Plan Quick Summary		
Money Matters	<ul style="list-style-type: none"><li>• Identity Theft Defense</li><li>• Negotiations with Creditors</li><li>• Promissory Notes</li><li>• Debt Collection Defense</li><li>• Tax Collection Defense</li></ul>	<ul style="list-style-type: none"><li>• Identity Theft Defense</li><li>• Negotiations with Creditors</li><li>• Promissory Notes</li><li>• Debt Collection Defense</li><li>• Tax Collection Defense</li></ul>	<ul style="list-style-type: none"><li>• Personal Bankruptcy</li><li>• LifeStages Identity Management</li><li>• Tax Audit Representation</li><li>• Financial Education Workshops</li></ul>	
Home & Real Estate	<ul style="list-style-type: none"><li>• Deeds</li><li>• Mortgages</li><li>• Foreclosure</li><li>• Tenant Negotiations</li><li>• Eviction Defense</li><li>• Security Deposit Assistance</li></ul>	<ul style="list-style-type: none"><li>• Deeds</li><li>• Mortgages</li><li>• Foreclosure</li><li>• Tenant Negotiations</li><li>• Eviction Defense</li><li>• Security Deposit Assistance</li></ul>	<ul style="list-style-type: none"><li>• Sale or Purchase (Primary or Vacation Home)</li><li>• Refinancing &amp; Home Equity</li><li>• Property Tax Assessments</li><li>• Boundary &amp; Title Disputes</li><li>• Zoning Applications</li></ul>	
Estate Planning	<ul style="list-style-type: none"><li>• Simple and Complex Wills</li><li>• Healthcare Proxies</li><li>• Living Wills</li><li>• Codicils</li><li>• Powers of Attorney (Healthcare, Financial, Childcare, Immigration)</li></ul>	<ul style="list-style-type: none"><li>• Simple and Complex Wills</li><li>• Healthcare Proxies</li><li>• Living Wills</li><li>• Codicils</li><li>• Powers of Attorney (Healthcare, Financial, Childcare, Immigration)</li></ul>	• Revocable & Irrevocable Trusts	
Family & Personal	<ul style="list-style-type: none"><li>• Guardianship</li><li>• Conservatorship</li><li>• Name Change</li><li>• Review of ANY Personal Legal Document</li><li>• School Hearings</li><li>• Demand Letters</li><li>• Affidavits</li><li>• Personal Property Issues</li><li>• Garnishment Defense</li><li>• Domestic Violence Protection</li></ul>	<ul style="list-style-type: none"><li>• Guardianship</li><li>• Conservatorship</li><li>• Name Change</li><li>• Review of ANY Personal Legal Document</li><li>• School Hearings</li><li>• Demand Letters</li><li>• Affidavits</li><li>• Personal Property Issues</li><li>• Garnishment Defense</li><li>• Domestic Violence Protection</li></ul>	<ul style="list-style-type: none"><li>• Juvenile Court Defense (Including Criminal Matters)</li><li>• Parental Responsibility Matters</li><li>• Review of Immigration Documents</li><li>• Prenuptial Agreement</li><li>• Adoption</li></ul>	
Civil Lawsuits	<ul style="list-style-type: none"><li>• Disputes over Consumer Goods &amp; Services</li><li>• Administrative Hearings</li><li>• Incompetency Defense</li></ul>	<ul style="list-style-type: none"><li>• Disputes over Consumer Goods &amp; Services</li><li>• Administrative Hearings</li><li>• Incompetency Defense</li></ul>	<ul style="list-style-type: none"><li>• Civil Litigation Defense &amp; Mediation</li><li>• Small Claims Assistance</li><li>• Pet Liabilities</li></ul>	
Elder Care Issues	Consultation & Document review for issues related to your (or spouses) parents: <ul style="list-style-type: none"><li>• Medicare</li><li>• Medicaid</li><li>• Prescription Plans</li><li>• Nursing Home Agreements</li><li>• Leases</li><li>• Promissory Notes</li><li>• Deeds</li><li>• Wills</li><li>• Power of Attorney</li></ul>	Consultation & Document review for issues related to your (or spouses) parents: <ul style="list-style-type: none"><li>• Medicare</li><li>• Medicaid</li><li>• Prescription Plans</li><li>• Nursing Home Agreements</li><li>• Leases</li><li>• Promissory Notes</li><li>• Deeds</li><li>• Wills</li><li>• Power of Attorney</li></ul>		
			Low Plan Monthly Rate	High Plan Monthly Rate
			\$8.00	\$16.50
Vehicle & Driving	<ul style="list-style-type: none"><li>• Repossession</li><li>• Defense of Traffic Tickets</li><li>• Driving Privileges Restoration</li><li>• License Suspension due to DUI</li></ul>	<ul style="list-style-type: none"><li>• Repossession</li><li>• Defense of Traffic Tickets</li><li>• Driving Privileges Restoration</li><li>• License Suspension due to DUI</li></ul>	NO COPAY	

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# FLEXIBLE SPENDING ACCOUNTS



**What are Medical Flexible Spending Accounts (FSAs)?** A pre-tax benefit account used to pay for out-of-pocket health care costs such as deductibles, co-pays, prescribed medication, and some over the counter medications.

**What are Dependent Care Accounts?** A pre-tax benefit account used to pay for dependent care services such as preschool, summer day camp, before or after school programs, and child or elder daycare.

**Eligibility:** Eligible employees as described on page 2, spouse and dependent children (Medical FSA: up to age 26/Dependent Care FSA: children ages 12 and under)

- Coverage through MedCom
- **Plan year is from January 1 - December 31 and employees must re-enroll each year**
- Married and not filing jointly participants limited to \$2,500 deferral for DCFSA
- Transfer of funds between Dependent Care and Unreimbursed Medical are prohibited
- Only family status changes will allow you to change your annual election. The altered election must be consistent with the status change.
- *Please visit your Employee Benefits Website for a complete and up-to date listing of eligible expenses.*

FSA Benefits Summary	
MEDICAL FSA ACCOUNT	
Minimum Contribution	\$300 annually
Maximum Contribution	\$3,200 annually
Carryover Maximum- Amount of funds carried over to the next year. Must enroll in medical FSA to access carryover funds	\$640
Total elected amount is available at the beginning of the plan year *Carryover funds are only available if re-electing the plan for the next year	
DEPENDENT CARE ACCOUNT	
Minimum Contribution	\$300 annually
Maximum Contribution	\$5,000 annually
Carryover Maximum	\$0 - Unused funds are forfeited
Funds are only available as they are payroll deducted	
Plan Rules	
RUNOUT PERIOD	30 Days after the end of the plan year
*All receipts should be kept to submit if verification is requested	

Admin Fee	
Fee Per Participant Per Month (One fee even if electing both Medical FSA and Dependent Care)	\$3.50
Replacement Card Fee	\$7.50

## IMPORTANT NOTE:

*Dependent Care FSA is for eligible expenses related to the care of your child, disabled spouse, elderly parent, or other dependent who is physically or mentally unable for self-care (i.e. day care, adult day care) or is disabled. Medical expenses for your dependent are not eligible for reimbursement under the Dependent Care.*

# HELPFUL FSA RESOURCES

## What is covered under Medical FSA Account?

- Medical coinsurance and deductible
- Doctor's office visit co-pays
- Emergency Room costs
- Dental co-pays and out-of-pocket costs
- Vision co-pays and out-of-pocket costs
- Contacts and Glasses
- Prescriptions
- *Please see the full eligibility list for other covered expenses*

### FSA Eligibility List

<https://fsastore.com/fsa-eligibility-list>

### FSA Calculator

(estimates how much you can save with an FSA)

<https://fsastore.com/fsa-calculator>

## Who is covered under Dependent Care Account?

- Children ages 12 and under (including stepchildren, grandchildren, adopted or foster children, and children related to you who are eligible for a tax exemption on your federal tax return).
- Tax dependents residing with you and incapable of self-care (this could include your spouse, a child age 13 and over, and elderly parents).

## The CARES Act permanently reinstates over-the counter products, and adds menstrual care products for the first time, as eligible expenses for your FSA funds WITHOUT A PRESCRIPTION!

Eligible items for purchase without a prescription now include, but are not limited to:

- Pain relief medications, e.g., acetaminophen, ibuprofen, naproxen sodium
- Cold & flu medications
- Allergy medications
- Acne treatments
- Eye drops
- Stomach & digestive aids
- Pads, Tampons and Menstrual sponges
- Sleep aids
- Children's pain relievers, allergy medicines, and digestive aids



**Medcom**  
BENEFIT SOLUTIONS

**Your Benefits Are Going MOBILE**

In the App Store go to: MedCom Mobile

Online Portal and Access to information:  
<https://medcom.wealthcareportal.com>

free smartphone application for even more convenience!

Date	Type	Amount
04/06/2012	Claim	\$25.00
06/01/2012	Deposit	\$56.00
06/09/2012	Claim	\$56.00
06/15/2012	Claim	\$56.00
06/01/2012	Deposit	\$56.00
06/01/2012	Deposit	\$56.00

### IMPORTANT NOTE:

*Dependent Care FSA is for eligible expenses related to the care of your child, disabled spouse, elderly parent, or other dependent who is physically or mentally unable for self-care (i.e. day care, adult day care) or is disabled. Medical expenses for your dependent are not eligible for reimbursement under the Dependent Care account.*

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# STATE HEALTH BENEFIT PLAN



**Eligibility:** Please review the SHBP Decision Guide for plan eligibility rules.

- **Coverage through Anthem, United Healthcare, or Kaiser Permanente**
- All qualifying life events must be submitted via the SHBP Portal.
- **Notice:** Your employer offers all eligible employees health insurance through the Georgia State Health Benefit Plan. During the annual open enrollment, you have the opportunity to review all available options and make elections for the 2025 Plan Year.
- **Attention to participants approaching age 65 and/or retirement:** Please review: <https://shbp.georgia.gov/retirees-0/turning-age-65>

## SHBP Enrollment Portal:

<https://myshbpga.adp.com>



## SHBP Decision Guide:

1. Go to <https://myshbpga.adp.com>
2. Enter your Username and Password and click Login.  
If you need assistance, click on "Forgot User ID?" or "Forgot Your Password?".
3. If you have not registered, click "Register Here".
4. Your registration code is SHBP-GA.

## SHBP Wellness Portal:

<https://bewellshbp.com>

## SHBP Decision Guide:

In this Guide, is a brief explanation about each health benefit option, a benefit comparison guide, and a list of things to consider before making plan decisions.

Access the decision guide at  
<https://dch.georgia.gov/shbp>

## SHBP Phone Number: 800.610.1863

## SHBP 2025 Wellness Incentives Overview:

Wellness Credits	Anthem HMO MyIncentive Account (MIA)	Anthem Health Reimbursement Arrangement (HRA)	Kaiser Permanente (KP) Regional HMO	UHC HMO & HDHP Health Incentive Account (HIA)
	Up to	Up to		Up to
Member	480 credits	480 credits	\$500*	480 credits
Spouse	480 credits	480 credits	\$500*	480 credits
Reward Card credits for member/spouse	N/A	N/A	N/A	\$250 Reward Card (covered member & spouse)
Potential Total credits/dollars	960 credits	960 credits	\$1,000*	1,460 credits

Please review the Active Decision Guide for full incentive program details and requirements.

\*Kaiser members will receive a \$500 gift card after satisfying KP's Wellness Program requirements.

\*\*Members and their covered spouses enrolled in UHC can earn a 240 well-being incentive credit march with a maximum combined up to 480 well-being incentive credits. The credits will be added to you HIA.

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# 2025 SHBP PLANS & PRICING

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



Plan Designs for 2025											
	Anthem Gold Plan HRA		Anthem Silver Plan HRA		Anthem Bronze Plan HRA		Anthem HMO	UHC HMO	UHC HDHP		Kaiser HMO*
	In	Out	In	Out	In	Out	In	In		Out	In
Deductible											
You	\$1,500	\$3,000	\$2,000	\$4,000	\$2,500	\$5,000	\$1,300	\$1,300	\$3,500	\$7,000	N/A
You + Spouse	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500	\$1,950	\$1,950	\$7,000	\$14,000	N/A
You + Child(ren)	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500	\$1,950	\$1,950	\$7,000	\$14,000	N/A
You + Family	\$3,000	\$6,000	\$4,000	\$8,000	\$5,000	\$10,000	\$2,600	\$2,600	\$7,000	\$14,000	N/A
Medical OOPM (Out of Pocket Maximum)											
You	\$4,000	\$8,000	\$5,000	\$10,000	\$6,000	\$12,000	\$4,000	\$4,000	\$6,450	\$12,900	\$6,350
You + Spouse	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000	\$6,500	\$6,500	\$12,900	\$25,800	\$12,700
You + Child(ren)	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000	\$6,500	\$6,500	\$12,900	\$25,800	\$12,700
You + Family	\$8,000	\$16,000	\$10,000	\$20,000	\$12,000	\$24,000	\$9,000	\$9,000	\$12,900	\$25,800	\$12,700
Coinsurance (Plan Pays)	85%	60%	80%	60%	75%	60%	80%	80%	70%	50%	100%
HRA (Health Reimbursement Arrangement) Credits											
You	\$400		\$200		\$100		N/A	N/A	N/A		N/A
You + Spouse	\$600		\$300		\$150		N/A	N/A	N/A		N/A
You + Child(ren)	\$600		\$300		\$150		N/A	N/A	N/A		N/A
You + Family	\$800		\$400		\$200		N/A	N/A	N/A		N/A
Medical											
ER	Coins after ded		Coins after ded		Coins after ded		\$150 copay	\$150 copay	Coins after ded		\$150 copay
Urgent Care	Coins after ded		Coins after ded		Coins after ded		\$35 copay	\$35 copay	Coins after ded		\$35 copay
PCP Visit	Coins after ded		Coins after ded		Coins after ded		\$35 copay	\$35 copay	Coins after ded		\$35 copay
Specialist Visit	Coins after ded		Coins after ded		Coins after ded		\$45 copay	\$45 copay	Coins after ded		\$45 copay
Preventative	100%	N/A	100%	N/A	100%	N/A	100%	100%	100%	N/A	100%
Retail Rx											
Tier 1	15%, Min \$20, Max \$50		15%, Min \$20, Max \$50		15%, Min \$20, Max \$50		\$20 copay	\$20 copay	Coins after ded		\$20 copay
Tier 2	25%, Min \$50, Max \$80		25%, Min \$50, Max \$80		25%, Min \$50, Max \$80		\$50 copay	\$50 copay	Coins after ded		\$50 copay
Tier 3	25%, Min \$80, Max \$125		25%, Min \$80, Max \$125		25%, Min \$80, Max \$125		\$90 copay	\$90 copay	Coins after ded		\$80 copay
Mail Order Rx											
Tier 1	15%, Min \$50 Max \$125		15%, Min \$50, Max \$125		15%, Min \$50, Max \$125		\$50 copay	\$50 copay	Coins after ded		\$50 copay
Tier 2	25%, Min \$125, Max \$200		25%, Min \$125, Max \$200		25%, Min \$125, Max \$200		\$125 copay	\$125 copay	Coins after ded		\$125 copay
Tier 3	25%, Min \$200, Max \$313		25%, Min \$200, Max \$313		25%, Min \$200, Max \$313		\$225 copay	\$225 copay	Coins after ded		\$200 copay
Rx OOPM						All Plans Combined with Medical					
Monthly Premiums	Anthem Gold Plan HRA		Anthem Silver Plan HRA		Anthem Bronze Plan		Anthem HMO	UHC HMO	UHC HDHP		Kaiser HMO*
Employee	\$194.67		\$131.17		\$82.67		\$157.53	\$196.58	\$72.69		\$157.53
Employee + CH	\$355.26		\$247.31		\$164.86		\$292.12	\$358.50	\$147.89		\$292.12
Employee + SP	\$482.76		\$349.41		\$247.56		\$404.77	\$486.77	\$226.60		\$404.77
Family	\$643.35		\$465.55		\$329.75		\$539.36	\$648.69	\$301.80		\$539.36
An \$80 tobacco surcharge will be added to all rates for tobacco users.											

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# SHBP DISCLOSURE NOTICES



The following important legal notices are posted on the State Health Benefit Plan (SHBP) website at [www.shbp.georgia.gov](http://www.shbp.georgia.gov) under Plan Documents. Please review these notices in their entirety.

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

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

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

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

Eligible Covered Persons and Dependents may also enroll under two additional circumstances:

- The Covered Person's or Dependent's Medicaid or Children's Health Insurance Program (CHIP) coverage is terminated as a result of loss of eligibility; or
- The Covered Person or Dependent becomes eligible for a subsidy (State Premium Assistance Program).

*NOTE: The Covered Person or Dependent must request Special Enrollment within sixty (60) days of the loss of Medicaid/CHIP or of the eligibility determination. To request Special Enrollment or obtain more information, call SHBP Member Services at 1-800-610-1863 or visit the SHBP Enrollment Portal: [mySHBPga.adp.com](http://mySHBPga.adp.com).*

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

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

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

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

## HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT NOTICE OF INFORMATION PRIVACY PRACTICES

### Georgia Department of Community Health State Health Benefit Plan Notice of Information Privacy Practices

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

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

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

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

**Plan "Enrollment Information" and "Claims Information" are Used in Order to Administer the Plan.** PHI includes two kinds of information, "Enrollment Information" and "Claims Information". "Enrollment Information" includes, but is not limited to, the following types of information regarding your plan enrollment: (1) your name, address, email address, Social Security number and all information that validates you (and/or your Spouse and Dependents) are eligible or enrolled in the Plan; (2) your Plan enrollment choice; (3) how much you pay for premiums; and (4) other health insurance you may have in effect. There are certain types of "Enrollment Information" which may be supplied to the Plan by you or your personal representative, your employer, other Plan vendors or other governmental agencies that may provide other benefits to you.

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# SHBP DISCLOSURE NOTICES



This "Enrollment Information" is the only kind of PHI your employer is allowed to obtain. Your employer is prohibited by law from using this information for any purpose other than assisting with Plan enrollment. "Claims Information" includes information your health care providers submit to the Plan. For example, claims information may include medical bills, diagnoses, statements, x-rays or lab test results. It also includes information you may submit or communicate directly to the Plan, such as health questionnaires, biometric screening results, enrollment forms, leave forms, letters and/or telephone calls. Lastly, it includes information about you that may be created by the Plan. For example, it may include payment statements and/or other financial transactions related to your health care providers.

**Your PHI is Protected by HIPAA.** Under HIPAA, employees of DCH and employees of outside companies and other vendors hired or contracted either directly or indirectly by DCH to administer the Plan are "Plan Representatives," and therefore must protect your PHI. These Plan Representatives may only use PHI and share it as allowed by HIPAA, and pursuant to their "Business Associate" agreements with DCH to ensure compliance with HIPAA and DCH requirements.

**DCH Must Ensure the Plan Complies with HIPAA.** DCH must make sure the Plan complies with all applicable laws, including HIPAA. DCH and/or the Plan must provide this notice, follow its terms and update it as needed. Under HIPAA, Plan Representatives may only use and share PHI as allowed by law. If there is a breach of your PHI, DCH must notify you of the breach.

**Plan Representatives Regularly Use and Share your PHI in Order to Administer the Plan.** Plan Representatives may verify your eligibility in order to make payments to your health care providers for services rendered. Certain Plan Representatives may work for contracted companies assisting with the administration of the Plan. By law, these Plan Representative companies also must protect your PHI. HIPAA allows the Plan to use or disclose PHI for treatment, payment, or health care operations. Below are examples of uses and disclosures for treatment, payment and health care operations by Plan Representative Companies and PHI data sharing.

**Claims Administrator Companies:** Plan Representatives process all medical and drug claims; communicate with the Plan Members and/or their health care providers.

**Wellness Program Administrator Companies:** Plan Representatives administer Well-Being programs offered under the Plan; and communicate with the Plan Members and/or their health care providers.

**Actuarial, Health Care and /or Benefit Consultant Companies:** Plan Representatives may have access to PHI in order to conduct financial projections, premium and reserve calculations, and financial impact studies on legislative policy changes affecting the Plan.

**State of Georgia Attorney General's Office, Auditing Companies and Outside Law Firms:** Plan Representatives may provide legal, accounting and/or auditing assistance to the Plan.

**Information Technology Companies:** Plan Representatives maintain and manage information systems that contain PHI. Enrollment Services Companies: Plan Representatives may provide the enrollment website and/or provide customer service to help Plan Members with enrollment matters.

NOTE: Treatment is not provided by the Plan but we may use or disclose PHI in arranging or approving treatment with providers. Under HIPAA, all employees of DCH must protect PHI and all employees must receive and comply with DCH HIPAA privacy training. Only those DCH employees designated by DCH as Plan Representatives for the SHBP health care component are allowed to use and share your PHI.

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

**Compliance with a Law or to Prevent Serious Threats to Health or Safety:** The Plan may use or share your PHI in order to comply with a law or to prevent a serious threat to health and safety.

**Public Health Activities:** The Plan may give PHI to other government agencies that perform public health activities.

**Information about Eligibility for the Plan and to Improve Plan Administration:** The Plan may give PHI to other government agencies, as applicable, that may provide you or your dependents benefits (such as state retirement systems or other state or federal programs) in order to get information about your or your dependent's eligibility for the Plan, to improve administration of the Plan, or to facilitate your receipt of other benefits.

**Research Purposes:** Your PHI may be given to researchers for a research project, when the research has been approved by an institutional review board. The institutional review board must review the research project and its rules to ensure the privacy of your information.

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

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

**You Have Privacy Rights Related to Plan Enrollment Information and Claims Information that Identifies You.**

**Right to Inspect and Obtain a Copy of your Information, Right to Ask for a Correction:** You have the right to obtain a copy of your PHI that is used to make decisions about you. If you think it is incorrect or incomplete, you may contact the Plan to request a correction.

**Right to Ask for a List of Special Uses and Disclosures:** You have the right to ask for a list of all special uses and disclosures.

**Right to Ask for a Restriction of Uses and Disclosures or for Special Communications:** You have the right to ask for added restrictions on uses and disclosures, but the Plan is not required to agree to a requested restriction, except if the disclosure is for the purpose of carrying out payment or health care operations, is not otherwise required by law, and pertains solely to a health care item or service that you or someone else on your behalf has paid in full. You also may ask the Plan to communicate with you at a different address or by an alternative means of communication in order to protect your safety.

**Right to a Paper Copy of this Notice and Right to File a Complaint:** You have the right to a paper copy of this notice. Please contact the SHBP Member Services at 1-800-610-1863 or you may download a copy at [shbp.georgia.gov](http://shbp.georgia.gov). If you think your HIPAA privacy rights may have been violated, you may file a complaint. You may file the complaint with the Plan and/or the U.S. Department of Health & Human Services, Office of Civil Rights, Region IV. You will never be penalized by the Plan or your employer for filing a complaint.

**Summaries of Benefits and Coverage** Summaries of benefits and coverage describe each Plan Option in the standard format required by the Affordable Care Act. These documents are posted here: [shbp.georgia.gov](http://shbp.georgia.gov). To request a paper copy, please contact SHBP Member Services at 800-610-1863.

**Georgia Law Section 33-30-13 Notice:** SHBP actuaries have determined that the total cost of coverage (which includes the cost paid by the State and the cost paid by members) under all options is 0% higher than it would be if the Affordable Care Act provisions did not apply.

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# RETIREMENT OPTIONS

## Georgia Retired Educators Association (GREA)

- <https://www.garetirededucators.org/index.php/benefits>
- Offers various options for dental, vision, long-term care, cancer and other benefits for retirees
- **What is Georgia Retired Educators Association (GRAE)?** Georgia Retired Educators Association began in 1958 as Georgia Retired Teachers Association. The organization has evolved, through forty-seven years of specialization and diversity of educational roles, and adopted its current name in 1998 to better describe the membership potential. GRAE continues to be the only organization that concentrates exclusively on the needs of Georgia retired educators.

## Foothills Regional High School's Retirement Academy

- <https://www.foothillsrhs.org/>
- Developed by PlanMember Services, a financial services company specializing in retirement planning, investment management and education.
- **What is Retirement Academy?** The Retirement Academy is an online financial literacy resource that helps employers educate their employees about personal finance, saving investing and other important financial topics. It's a fact that when employees understand the importance of saving for retirement and are financially literate their stress level is reduced, and they are more productive and happier - on and off the job.

### Cody Carpenter, CFP

Certified Financial Planner

Phone: 512.694.4240

[codycarpenter@financialu.net](mailto:codycarpenter@financialu.net) | [planmember.com/ccarpenter](http://planmember.com/ccarpenter)

### Corebridge / Tommy Heidt

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[tommy.heidt@aig.com](mailto:tommy.heidt@aig.com) | <https://www.corebridgefinancial.com>

## IMPORTANT NOTES

This image shows a single page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



## The Service Hub Helps With:

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

Phone: 866.433.7661, Opt 5

Email: [mybenefits@campusbenefits.com](mailto:mybenefits@campusbenefits.com)

Benefit website address: [foothillsregionalbenefits.com](http://foothillsregionalbenefits.com)

The 2025 Benefits Enrollment Guide is provided for illustrative purposes only. Actual benefits, services, premiums, claims processes and all other features and plan designs for coverage offered is governed exclusively by the insurance contract and associated Summary Plan Description (SPD). In case of discrepancies between this document and the insurance contract and SPD, the contract and SPD will prevail. We reserve the right to change, modify, revise, amend or terminate these plan offerings at any time.

Updates, changes and notices are all located at [foothillsregionalbenefits.com](http://foothillsregionalbenefits.com). These should be reviewed fully prior to electing any benefits.