

2014 BENEFITS INFORMATION BOOKLET

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COBB COUNTY
SCHOOL DISTRICT

CCSD Employee Benefits - 2014

Welcome to your Benefits Information Booklet for 2014.

Whether you are reading this booklet in preparation for Open Enrollment in the fall of 2013, or reading it as a newly hired employee in 2014, the staff of the Benefits Office and the Human Resources division are pleased to invite you to learn about the excellent employee benefits package offered to Cobb County School District (CCSD) employees. This booklet provides much of the detail you need to make good, informed decisions on behalf of yourself and your family for 2014.

For 2014, Please note some of the important changes to the plans.

- The Short Term Disability Plan has changed to a new, less confusing plan.
- Flexible Spending Accounts (formerly, Optional Spending Accounts) will be administered by TASC with the additional convenience of a TASC debit card, eliminating the need to request a reimbursement.
- We are adding a Critical Illness benefit plan. Details about the plan are inside.
- And, there are **major** changes to the State Health Benefit Plan (SHBP) – which are more fully described in the SHBP materials at their website.

Your benefits are an important part of your total compensation, so we invite you to familiarize yourself with details of these plans and encourage you to seek clarification when necessary. Each school and department has a Local Benefits Contact Representative (LBCR) who has received training about the benefits plans and who, when necessary, can contact the Benefits Office on your behalf. Our goal is to empower you to meet your specific needs, as well as to enhance your understanding of the district's benefit program.

Please monitor your initial paychecks after employment and each year in December and January after Open Enrollment to make sure the deductions you expect are included. If not, contact the Benefits Office immediately. We can correct most problems that are found immediately, but not the ones that are noticed months later.

Our partnership with ShawHankins Service Center can provide you with the same information as the benefits office. If you do have question about status changes or specific CCSD questions about employment issues, you should certainly contact the CCSD Benefits Office. However, if your questions are about the benefit plans and how they work (including the State Health Benefit Plan), your call can be answered by the ShawHankins Service Center just as well. Both the CCSD Benefits Office and ShawHankins Service Center have a shared goal of making your enrollment process both uncomplicated and understandable for you and your family.

The information and materials presented in this booklet do not offer complete details of all plan provisions and requirements, nor is this booklet intended to be a legally binding document. Those documents and contracts are available at the district's intranet (EMWeb) or from the Benefits Office, and those official documents govern all plan activity.



ShawHankins Service Center

The ShawHankins Service Center has been added for additional support!

Toll Free: 1-877-373-0730

Our partnership with the ShawHankins Service Center can provide our employees with much of the same information as the benefits office. What can they assist with?

Understanding Your Benefits: The Service Center can assist you with questions regarding your many plan options and benefits including deductibles, copayments and coinsurance. They can also explain any applicable waiting periods, elimination periods and eligibility rules.

Annual Enrollment Information: They can provide you details about when open enrollment begins and ends and if your plan designs or payroll deductions are changing.

Enrollment Process Support: The Service Center can provide you general instructions with regards to enrolling online or completing any applicable paper forms.

Locate In-Network Providers: Staying in network saves everyone money. The Service Center can help you locate in-network providers for medical, dental and vision coverage whether you are at home or away.

Order ID Cards: They can contact your Dental/Vision insurance carrier directly and order a replacement card for you.

Claim Resolution and Research: The Service Center can help you understand your Dental/Vision Explanation of Benefits (EOB) as well as contact those insurance carriers on your behalf. They can assist in appealing a denied dental or vision claim or help you request a Prior Authorization (PA) from your dentist as may be required by your dental carrier.

Request Copies of Any Necessary Forms: They can provide you with any applicable forms such as evidence of insurability forms (health questionnaire), out-of-network claim forms, short and long term disability as well as life claim forms should the need arise.

Explain Section 125 Cafeteria Plans: The Service Center can explain qualifying events regulated by the IRS as described in your Summary Plan Description (SPD). They can help clarify the time frames and life events allowed by your Plan.

The ShawHankins Service Center is located in Cartersville, Georgia and is staffed with friendly, knowledgeable individuals ready to answer your questions!



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Benefits Eligibility

State Health Benefit Plan Coverage

You are eligible for health benefits with CCSD through the State Health Benefit Plan if you are:

- A certified employee working half-time or more, but not less than 18 hours a week;
- A non-certified employee who participates in the Teachers Retirement System, working at least 60% of a standard schedule for that position, but not less than 20 hours a week;
- An employee eligible to participate in the Public School Employees Retirement System, working at least 60% of a standard schedule for that position, but not less than 15 hours a week; or
- A retired employee of one of the eligible group state retirement plans.

Examples:

<u>Position</u>	<u>Minimum hour/day scheduled to work</u>
Teachers	4 hours a day
Clerical and Paraprofessionals	4 1/2 hours a day
Bus Drivers and Bus Monitors	5 hours a day
Food Service Assistants	4 hours a day
Custodians	5 hours a day

Local Benefits

You are eligible for these benefits if you are considered a regular employee consistently working at least 20 hours a week (4 hours a day).

Dental Insurance	Vision Care Plan
Life Insurance	Cancer Insurance
Optional Spending Accounts	Legal Service
Short and Long Term Disability Insurance	

Teachers Retirement System

All employees who are employed one-half time or more (at least 20 hours a week) in a TRS-covered position of the State's public school system are required to be a member of the Teachers Retirement System of Georgia (TRSGA) or its equivalent as a condition of employment.

Examples: Teachers	Administrators
Supervisors	Clerical Workers
Paraprofessionals	Campus Police Officers

Public School Employees Retirement System

Regular employees of public school systems who are NOT eligible to participate in the TRSGA must participate in the Public School Employees Retirement System (PSERS) as a condition of employment. This does not include substitute employees.

Examples: Bus Drivers and Bus Monitors	Custodians
Food Service Assistants	Maintenance Workers

Tax Deferred Savings Plans 403(b), Roth 403(b), and 457(b) plans

Eligibility to participate in the Tax Deferred Savings Plans is available to all regular employees and to all temporary employees who have worked consistently 20 hours/week for 90 days.

Examples: ASP Workers	Lunchroom Monitors
Substitute Teachers	Seasonal Employees



Eligible Dependents

An eligible dependent that may be covered on your benefit plan includes any one of the following:

Spouse – Your legal spouse as defined by Georgia Law. You will be required to provide a copy of a certified marriage license or copy of your most recent jointly filed federal tax return with your spouse's signature.

Natural Child – You will be required to provide a copy of the certified birth certificate showing parents' names (birth card issued by hospital for newborn is also acceptable).

Step-Child – You will be required to provide a copy of the birth certificate showing your spouse as parent, a copy of the certified marriage license for yourself and your spouse and you, AND a notarized statement that your step-child lives in your home at least 180 days per year.

Disabled Dependent Children – Children with a mental or physical disability who have attained the limiting age of 26 may continue coverage beyond age 26 if proof of disability is provided within 31 days of attaining age 26.

Other Children – Other children refers to those adopted and for whom you have temporary or permanent guardianship. You will be required to provide a copy of the court decree showing your financial responsibility for the dependent, a copy of the certified birth certificate, and a notarized statement that the dependent lives in your home on a permanent basis.

For children, coverage is available through the end of the month during which the child turns 26 years of age.

The CCSD Flexible Benefit Plan

Section 125 of the Internal Revenue Code permits an eligible employee to elect and purchase designated insurance benefits with premiums that are deducted from his or her paycheck before taxes are taken out. This results in the employee paying lower taxes and having more take home pay. This section of the Code also allows employees to set aside additional pre-tax money into spending accounts with those funds available for unreimbursed medical expenses and also for dependent care expenses.

The Cobb County School District has established a Flexible Benefits Plan to take advantage of this pre-tax opportunity. All deductions for retirement, health, dental, vision, and/or cancer coverage are set up as pre-tax deductions under the Plan. With Optional Spending Accounts, you can set aside pre-tax money to reimburse yourself when you have to pay for deductibles, co-pays, and other medical expenses, or for day care and related expenses for your children.

The Flexible Benefits Plan simply changes the order in which your paycheck is calculated. By deducting eligible expenses BEFORE taxes are calculated, your taxable income is reduced. Payment with pretax dollars means you keep more money to use as you prefer.

QUALIFYING EVENTS UNDER THE PLAN

While allowing these pre-tax benefits, the Internal Revenue Service also requires that elections under the plan are set for the entire plan year (January through December). You may not change your election except during the annual Open Enrollment period (normally in October) unless you have a **Qualifying Event**. Such events include:

- marriage or divorce or legal separation;
- death of your spouse;
- birth or adoption of a child or a change in legal custody; and
- your or your spouse's new employment or termination of employment or other change in employment status that affects your or your spouse's eligibility for benefits.

You must complete new enrollment forms and provide documentation of the Qualifying Event within 31 calendar days of the event to the State Health Benefit Plan at www.myshbpga.adp.com and to the Benefits Office if you want to make any changes to your benefits elections. Changes are effective on the first day of the month following your election. To make changes for dental, vision, disability, life and cancer and critical illness insurance products as well as the Flexible Spending Accounts, please contact the Benefits Office. If you miss the 31 day deadline, you can only make changes during the next Open Enrollment period for the following year.

State Health Benefit Plan

Each month in 2014, employees will pay up to \$539.84 for SHBP coverage for themselves and their families. What you may not know is that CCSD also pays a significant amount for your coverage: over \$945 each month for each certificated employee who participates in the plan and over \$596 each month for each non-certificated employee - - **\$8+ million each month from CCSD on top of what employees contribute!**

With so much of our combined money going to this health care coverage, it is important for you to understand the type of coverage that you have and how it works. Please study the Decision Guide available at **www.dch.georgia.gov/shbp** or from the Benefits page of EMWeb for specific details on the options offered to you and your dependents so you can make the best and most informed decision.

For 2014

There have been significant changes to the State Health Benefit Plan for 2014:

- Blue Cross Blue Shield of Georgia will be the single carrier/network option
 - SHBP estimates that 97% of members will have the option of remaining with their current provider.
- Three levels of coverage are available: **Gold, Silver, or Bronze**
 - All levels are PPO-type plan options which include HRA credits that you can add to by participating in health-related actions
- The Tricare Supplement remains available to eligible employees.

Wellness Incentives

If you earned the additional wellness incentive during 2013, that amount will be added to your 2014 account balance on January 1st, 2014. Additional HRA credits can be earned during 2014 and will be added to your account the month following completion – up to \$480 for you and up to \$480 for your covered spouse. Here's how.

	What to Do	What you Earn
Complete BOTH	<p><u>Assess Your Health</u> Complete your Healthways Well-Being Assessment ® (WBA), a confidential, online questionnaire that will take about 20 minutes.</p> <p><u>Know Your Numbers</u> Complete a biometric screening and submit results. The biometric screening must be completed at an SHBP-sponsored screening event or by your physician or other providers identified by SHBP in published materials.</p>	<p>Complete <u>both</u> and earn</p> <p>\$240</p> <p>In HRA fund contributions</p>
Complete Either OR a Combination	<p><u>Take Action</u> It's your choice! Complete the coaching or online pathway, or a combination of both.</p> <p>Coaching Pathway Create your Well-Being plan Actively engage in telephonic coaching</p> <p>Online Pathway Create your Well-Being plan Record 5 online well-being activities using the same tracker in a 4-week period and earn \$40 in HRA funds. You can earn this for up to 6 months. Examples: Track exercise 5 times; record daily steps 5 times; track food 5 times.</p>	<p>Earn up to</p> <p>\$240</p> <p>In HRA fund contributions</p>

NOTE: If you participated in the HRA plan in 2013 and have a remaining balance in your HRA account, those amounts will be rolled into your BCBS plan by March 31, 2014.

State Health Benefit Plan

Basic information on the health care options available to employees is given here. Please refer to the *SHBP Decision Guide* at www.dch.georgia.gov/shbp. If you have not registered to use the site, click "Register Here" to start, and use the registration code SHBP-GA.

	Gold Plan		Silver Plan		Bronze Plan	
	Network Provider	Out-of-Network	Network Provider	Out-of-Network	Network Provider	Out-of-Network
Medical Benefits						
Deductible*						
You	\$1,500	\$3,000	\$2,000	\$4,000	\$2,500	\$5,000
You + Child(ren) or Spouse	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500
You + Family	\$3,000	\$6,000	\$4,000	\$8,000	\$5,000	\$10,000
Plan Pays	85%	60%*	80%	60%*	75%	60%*
ACA Preventive Care	100%	Not covered	100%	Not covered	100%	Not covered
Out-of-Pocket Limit*						
You	\$4,000	\$8,000	\$5,000	\$10,000	\$6,000	\$12,000
You + Child(ren) or Spouse	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000
You + Family	\$8,000	\$16,000	\$10,000	\$20,000	\$12,000	\$24,000
Base HRA Contribution						
You	\$400		\$200		\$100	
You + Child(ren) or Spouse	\$600		\$300		\$150	
You + Family	\$800		\$400		\$200	
Pharmacy Benefits						
Tier 1	15%, Min \$20, Max \$50		15%, Min \$20, Max \$50		15%, Min \$20, Max \$50	
Tier 2	25%, Min \$50, Max \$80		25%, Min \$50, Max \$80		25%, Min \$50, Max \$80	
Tier 3	25%, Min \$80, Max \$125		25%, Min \$80, Max \$125		25%, Min \$80, Max \$125	

State Health Benefit Plan – Monthly Premiums for Active Employees January 1 – December 31, 2014

	Employee	Employee + Children	Employee + Spouse	Family
BCBS Gold	\$166.08	\$300.38	\$405.52	\$539.84
BCBS Silver	\$108.64	\$202.74	\$284.90	\$379.00
BCBS Bronze	\$66.28	\$130.74	\$195.96	\$260.40

NOTES: An additional \$80 will be added to the monthly premium shown above when you or any of your covered dependents use tobacco products. Premiums are deducted in advance.

Special note about calling Blue Cross and Blue Shield:

If you contact Blue Cross Blue Shield of Georgia about a coverage or eligibility question and they ask you to contact "your employer", they are intending for you to contact SHBP directly. The Benefits Office does not have access to the information necessary to answer these questions. SHBP's telephone number is 800.610.1863.



State Health Benefit Plan

If you've been an HMO participant

Participants who have been enrolled in the HMO will find quickly that the new SHBP options work very differently. Here is an example to help you understand the basics of a PPO-like plan with HRA (Health Reimbursement Account) credits. The deductible and HRA amounts used here come from the chart on the previous page. It's somewhat long, but it contains a number of details that may be helpful.

Gwen has selected the Silver plan and has family coverage. Her payroll deduction is \$379.00 per month.

In January, Gwen's daughter, Emma, has symptoms of a cold which includes sinus congestion, a cough and, ultimately, a fever. Gwen takes her daughter for a doctor visit which includes getting a culture to check for strep throat. Fortunately, the culture comes back negative, so the diagnosis is an upper respiratory infection. The doctor hands Gwen the paperwork for the visit along with prescriptions for an antibiotic and a decongestant.

Under the HMO, Gwen would have paid the office visit co-pay of \$35 and then paid for the antibiotic with a \$20 co-pay for a Tier 1 drug and the decongestant with a \$50 co-pay for a Tier 2 drug. But, under the new SHBP Silver plan, Gwen knows that she must pay a \$4,000 family deductible and that the first \$400 will be covered by the HRA credits. As she leaves the office, Gwen stops at the payment window.

Gwen gives the office clerk her SHBP ID card and the form she received from the doctor. The clerk processes the information, and then hands Gwen the receipt as "Paid". The doctor's office charges \$65 for this type of office visit – but no one gives Gwen a bill. Behind the scenes, the \$65 charge has been deducted from Gwen's HRA which leaves a balance of \$335 in the account.

When Gwen gets the prescriptions filled at the pharmacy, again, the receipt from the register shows \$0.00 even though she gave the clerk no money. But the system has automatically deducted \$20 plus \$50 from her HRA (because the minimums for the Tiers stays the same as last year). Now her HRA balance is \$265.

Remember that strep throat culture? The lab fees were \$45. That statement comes in the mail to Gwen. Again, nothing is due because the bill was paid from the HRA. But the HRA balance is now \$220.

If Gwen and her family have no more medical expenses during the year, the remaining \$220 will add on to the next year's HRA balance. And, if Gwen and her husband complete any of the SHBP sponsored wellness activities, they can add as much as \$960 to this year's HRA balance! And remember that the annual wellness visits that Gwen and her family members have with the doctor are always paid by the plan at 100% and don't cost Gwen anything. But Gwen learned a few years ago that she must make certain that the doctor codes the visit as "Wellness" with no diagnosis code!

Unfortunately, there are more expenses. Gwen's husband goes skiing and take a bad tumble. The resulting bills for doctor services, x-rays, and physical therapy add up to \$925. The first \$220 of these expenses are covered by the remainder of Gwen's HRA account. The final \$705 of these expenses must be paid by Gwen (or her husband!) because they have not met the deductible.

Now, Gwen and her family must pay all medical expenses during the year until the deductible is met. Once anyone in Gwen's family has contributed the individual deductible amount (in this case \$2,000) toward the family deductible, then that person's expenses will be covered at 80%. If Gwen's family has met the \$4,000 deductible by November and her daughter gets the same type of upper respiratory infection with the same charges, Gwen would only owe the doctor \$13.00 (20% of the \$65 charge). And if they reach \$10,000 of expenses in the year (called the "maximum out of pocket"), the remainder of their medical expenses during the year would be covered by the plan at 100%.

Vision Care - Avesis

Avesis will continue to be the vision care provider for 2014. The plan offers a Basic option and a Preferred Plus option for vision care insurance. There are no change to the current rates and three tiers will continue to be offered.

In both vision plans, when you use an Avesis provider, you pay a co-pay and then many services are covered at 100% up to the plan allowance. If you use an out-of-network provider in the Preferred Plus plan, you will be required to pay the full amount of your vision care bill at the time of service. After your visit, submit a copy of the itemized and paid bill to Avesis for reimbursement.

	BASIC PLAN - 977NC 20790-1502	PREFERRED PLUS PLAN - 9155NC 20790-1501	
	In-Network	In-Network	Out of Network
SERVICE	\$20 Co-Pay	\$10 Co-Pay	
Comprehensive Eye Health Examination Benefits	<ul style="list-style-type: none">Covered in Full after Exam Co-payEvery 12 Months\$45 allowance out of network	<ul style="list-style-type: none">Covered in Full after Exam Co-payEvery 12 Months	<ul style="list-style-type: none">\$40 AllowanceEvery 12 Months
MATERIALS COVERAGE		\$25 Co-Pay	Allowances:
Spectacle Lens Benefit*	Discounted Materials up to 20% off	<ul style="list-style-type: none">Every 12 MonthsStandard Single VisionStandard BifocalStandard TrifocalStandard LenticularCovered in full after Co-Pay <hr/> <div>Progressive \$50 allowance + discount</div>	<div>Single - \$33</div> <div>Bifocal - \$50</div> <div>Trifocal - \$65</div> <div>Lenticular - \$80</div> <hr/> <div>Progressive - \$40</div>
Frame Benefit*	Discounted Materials up to 20% off	<ul style="list-style-type: none">The Plan pays \$50 wholesale (approximate retail value is \$100-\$150)Member will pay reduced (less than full retail cost) fee if the frame allowance is exceededEvery 24 months	<ul style="list-style-type: none">\$45 AllowanceEvery 24 Months
Lens Option Coverage*	Discounted Materials up to 20% off	Discounted Materials up to 20%	None
Contact Lens Coverage*†	Discounted Materials up to 20% off	<ul style="list-style-type: none">\$110 Elective Allowance Every 12 Months (Covered in full if medically necessary)	\$110 Allowance
Lasik Coverage	Discounted Services Available	Discounted Services Available + \$150 Lasik allowance	None
CCSD EMPLOYEE MONTHLY PRE-TAX RATES			
Employee ONLY	\$1.08	\$4.72	
Employee + 1	\$1.90	\$8.82	
Employee + FAMILY	\$2.70	\$13.10	

* Please note, if purchased in-network, discounted prices may be offered through the Avesis Vision Plan. However, as with most products, retail prices may vary. Discounts are not available at Wal-Mart locations or other select retailers.

† If you choose contact lenses, this benefit is provided instead of the benefit for spectacle lenses and frames.



Life and AD&D - The Hartford

BASIC LIFE INSURANCE WITH ACCIDENTAL DEATH & DISABILITY COVERAGE (AD&D)

The Cobb County School District provides, at no cost to you, Basic Life Insurance with AD&D coverage in the amount of \$13,000 for those who do not use tobacco and \$10,000 for those who do use tobacco. (Tobacco use may be from smoking, chewing, dipping, etc.)

Life insurance pays your designated beneficiary the benefit amount if you die while covered by the plan. Accidental death and disability coverage will pay your beneficiary an amount equal to your Basic Life insurance amount if you die as the result of an accident, or it will pay you a percentage of the benefit amount if you are disabled or injured as the result of an accident.

CCSD pays the full cost of this coverage for you.

The Basic Life Coverage will now be also portable if you leave employment with the District. The Accidental Death and Dismemberment benefit is not portable.

CONTRIBUTORY BASIC LIFE INSURANCE WITH AD&D

You may purchase additional Basic Life insurance with AD&D coverage in the amount of 2.5 times your salary. For this benefit, "salary" is defined as your annualized regular pay rounded up to the next whole \$1,000. The maximum Contributory Basic coverage amount is \$113,000. This coverage is guaranteed to be available to you as a newly eligible employee. When you enroll at a later time, you must complete a Personal Health Application (PHA) and be approved by the insurance company before coverage is effective. ***You are responsible for ensuring that the PHA is completed and processed in a timely manner.***

SUPPLEMENTAL LIFE INSURANCE WITH AD&D

If you purchase the Contributory Basic Life insurance, you may also purchase additional life insurance in amounts from one times your annual salary up to six times (for non-users of tobacco) or five times (for tobacco users) your annual salary. As a newly eligible employee, this coverage is guaranteed to be available to you for up to two times your salary. Coverage amounts higher than that, or enrollment at a later time, require that you complete a Personal Health Application (PHA) and be approved by the insurance company before coverage is effective. ***You are responsible for ensuring that the PHA is completed and processed in a timely manner.***

The maximum amount of all levels of coverage combined can be no more than \$500,000.



Life and AD&D – The Hartford

DEPENDENT LIFE INSURANCE WITH AD&D

If you purchase the Contributory Basic Life insurance, you may purchase life insurance for your spouse and/or for your dependent child(ren). You can choose \$10,000 or \$25,000 in coverage for either or both dependents. As a newly eligible employee, coverage of \$10,000 for child(ren) and \$25,000 for your spouse is guaranteed to be available. When you enroll at a later time such as open enrollment, you are required to complete of a Personal Health Application and be approved by the insurance company before any coverage is effective. ***You are responsible for ensuring that the PHA is completed and processed in a timely manner.***

LIFE INSURANCE MONTHLY PREMIUMS

Non Contributory Basic Life and AD&D: This coverage is provided by CCSD at no cost to you.

Contributory Basic Life and AD&D: Purchase 2.5 times your annualized regular earnings in additional basic life insurance. (Round the annualized earnings up to the next whole \$1,000, then multiply by 2.5.)

The monthly premium is \$0.123 per \$1,000 of coverage.

Supplemental Life and AD&D: Employees who do not use tobacco can purchase up to 6 times base annual earnings and tobacco users up to 5 times base annual earnings when you also purchase Contributory Basic Life. (Round the annualized earnings up to the next whole \$1,000, then multiply by the correct amount.) The maximum combined amount of Basic and Optional Life cannot exceed \$500,000.

The monthly premium is \$0.165 per \$1,000 of coverage.

Coverage can also be purchased for your spouse and/or dependent children if you purchase Contributory Basic Life.

Dependent Life Insurance	\$10,000 Coverage	\$25,000 Coverage
Child(ren)	\$ 1.00	\$ 2.50
Spouse	\$ 2.05	\$ 5.13

Short Term Disability – The Hartford

Short Term Disability Plan with The Hartford

Everyone understands the value of protecting your family by purchasing life insurance. But what about protecting your income? How would your bills get paid in the event that you were unable to work due to a disability that lasted several days – or several months?

Short Term Disability (STD) insurance replaces a portion of your lost earnings if you are unable to work due to a covered disability. CCSD is offering a new STD plan for 2014 where you can choose between two salary replacement percentage levels – either 50% or 66.67%. This is the percentage of your regular earnings that you will receive after a disability begins. You can also choose the Start Date when benefits will begin based on how many days of sick leave you have accumulated but not used.

Remember that your use of Sick Leave during a disability leave of absence is based on your scheduled work days. The Start Date of the payments is a number of calendar days from the start of the disability.

If you are a newly eligible employee, evidence of insurability is not required to enroll. Normally, if you previously waived or declined to enroll in this coverage and are enrolling for the first time, you must submit a Personal Health Application and your coverage must be approved before it will become effective.

However, for Open Enrollment in 2013 ONLY, your selection of any level of STD coverage is guaranteed. No PHA is required because this is a new plan enrollment.

STD Plan Options	Benefits Start Date (from the date of Disability)	Benefit Percentage	Monthly Premium
1	8 th calendar day	66.67%	\$12.30
2	15 th calendar day	66.67%	\$10.19
3	31 st calendar day	66.67%	\$6.68
4	61 st calendar day	66.67%	\$6.51
5	8 th calendar day	50%	\$8.99
6	15 th calendar day	50%	\$7.45
7	31 st calendar day	50%	\$4.88
8	61 st calendar day	50%	\$4.75

“Disability” or “Disabled” means that, due to sickness, pregnancy or accidental injury, you are unable to perform the essential duties of your own occupation for any employer in your local economy and as a result, your current weekly earnings are less than 80% of your pre-disability earnings. You must be under the regular care and treatment of a doctor to remain eligible for payments.

When your claim is approved, the plan pays benefits up to the 26th week of disability, at which time Long Term Disability coverage may take over payments. The plan pays a benefit for up to 4 weeks if your disability is due to a pre-existing condition. A pre-existing condition is a condition for which you were diagnosed or received medical care in the 180 days prior to your effective date of coverage or the effective date of an increase in coverage. “Medical Care” includes consulting a physician or other medical provider who gives medical advice or prescribes treatment. “Treatment” includes medical exams, tests, observation, prescriptions, medicines, medical services, supplies or equipment. The pre-existing condition limitation does not apply after (a) you have been covered on the plan 180 days without treatment or (b) you have been covered on the plan for 365 days.

The plan offers a \$25 minimum weekly benefit, so if you are still using available sick leave when you reach the Benefits Start Date, you will receive the minimum benefit until your sick leave is exhausted.



Short Term Disability Examples

EXAMPLE #1

Jane has 25 days of accrued sick leave. She elects STD Option 3 during the 1/1/2014 annual enrollment – STD benefits commence on the 31st day and the benefit percentage is 66.67%. Jane becomes disabled due to an injury and her date of disability is March 2nd. She is approved for an STD claim and returns to work on May 26th.

Jane receives sick pay for 25 days. Her STD benefit start date is April 2nd. On April 2, 3 and 4, Jane receives both sick pay and STD benefits. Her STD benefit is reduced to the minimum benefit (\$25) on these three days.

IMPORTANT: Sick pay is based on work days. The Short Term Disability benefit start date is based on calendar days.

ILLUSTRATION:

MARCH

						1
2 Date of Disability	3 Sick Pay	4 Sick Pay	5 Sick Pay	6 Sick Pay	7 Sick Pay	8
9	10 Sick Pay	11 Sick Pay	12 Sick Pay	13 Sick Pay	14 Sick Pay	15
16	17 Sick Pay	18 Sick Pay	19 Sick Pay	20 Sick Pay	21 Sick Pay	22
23	24 Sick Pay	25 Sick Pay	26 Sick Pay	27 Sick Pay	28 Sick Pay	29
30	31 Sick Pay					

APRIL

		1 Sick Pay	2 Sick Pay STD minimum benefit	3 Sick Pay STD minimum benefit	4 Sick Pay STD minimum benefit	5
6	7 STD	8 STD	9 STD	10 STD	11 STD	12
13	14 STD	15 STD	16 STD	17 STD	18 STD	19
20	21 STD	22 STD	23 STD	24 STD	25 STD	26
27	28 STD	29 STD	30 STD			

MAY

				1 STD	2 STD	3
4	5 STD	6 STD	7 STD	8 STD	9 STD	10
11	12 STD	13 STD	14 STD	15 STD	16 STD	17
18	19 STD	20 STD	21 STD	22 STD	23 STD	24
25	26 Returns to Work	27	28	29	30	31

Short Term Disability Examples

EXAMPLE #2

Mary has 20 days of accrued sick leave. She elects STD Option 3 during the 1/1/2014 annual enrollment – STD benefits commence on the 31st day and the benefit percentage is 66.67%. Mary becomes disabled and her date of disability is March 2nd. She is approved for an STD claim and returns to work on May 26th.

Mary receives sick pay for 20 days. She has two days without sick pay. Her STD benefit start date is April 2nd.

IMPORTANT: Sick pay is based on work days. The Short Term Disability benefit start date is based on calendar days.

ILLUSTRATION:

MARCH

						1
2 Date of Disability	3 Sick Pay	4 Sick Pay	5 Sick Pay	6 Sick Pay	7 Sick Pay	8
9	10 Sick Pay	11 Sick Pay	12 Sick Pay	13 Sick Pay	14 Sick Pay	15
16	17 Sick Pay	18 Sick Pay	19 Sick Pay	20 Sick Pay	21 Sick Pay	22
23	24 Sick Pay	25 Sick Pay	26 Sick Pay	27 Sick Pay	28 Sick Pay	29
30	31					

APRIL

		1	2 STD	3 STD	4 STD	5
6	7 STD	8 STD	9 STD	10 STD	11 STD	12
13	14 STD	15 STD	16 STD	17 STD	18 STD	19
20	21 STD	22 STD	23 STD	24 STD	25 STD	26
27	28 STD	29 STD	30 STD			

MAY

				1 STD	2 STD	3
4	5 STD	6 STD	7 STD	8 STD	9 STD	10
11	12 STD	13 STD	14 STD	15 STD	16 STD	17
18	19 STD	20 STD	21 Returns to Work	22	23	24
25	26	27	28	26	30	31

Short Term Disability Examples

EXAMPLE #3

Judy has 10 days of accrued sick leave. She elects STD Option 2 during the 1/1/2014 annual enrollment – STD benefits commence on the 15th day and the benefit percentage is 66.67%. Judy becomes disabled due to a pre-existing condition and her date of disability is March 2nd. She is approved for an STD claim and returns to work on April 21st.

Judy receives sick pay for 10 days. She has a limited STD benefit duration of 4 weeks due to the pre-existing condition. After the STD benefits have terminated, Judy had 5 days without sick pay or STD benefits before she returns to work on April 21st.

IMPORTANT: Sick pay is based on work days. The Short Term Disability benefit start date is based on calendar days.

ILLUSTRATION:

MARCH

						1
2 Date of Disability	3 Sick Pay	4 Sick Pay	5 Sick Pay	6 Sick Pay	7 Sick Pay	8
9	10 Sick Pay	11 Sick Pay	12 Sick Pay	13 Sick Pay	14 Sick Pay	15
16	17 STD	18 STD	19 STD	20 STD	21 STD	22
23	24 STD	25 STD	26 STD	27 STD	28 STD	29
30	31 STD					

APRIL

		1 STD	2 STD	3 STD	4 STD	5
6	7 STD	8 STD	9 STD	10 STD	11 STD	12
13	14	15	16	17	18	19
20	21 Returns to Work	22	23	24	25	26
27	28	29	30			

Long Term Disability

Long Term Disability (LTD) insurance is another valuable benefit that protects your financial well-being in the event that you are unable to work for more than six months. **The cost of this benefit is fully paid by CCSD on your behalf.**

What is a "Disability"?

"Disability" is defined in two phases:

- For the first 24 months, you must be unable to earn (at your own occupation) more than **80%** of your pre-disability earnings due to sickness, injury, or pregnancy.
- After 24 months of disability benefit payments, you must be unable to earn more than **60%** of your pre-disability earnings at any occupation, considering prior education, training, experience, and earnings.

Throughout your disability, you must be receiving appropriate care and treatment from a physician for the disabling condition.

What is the benefit amount?

The Long Term Disability benefit replaces **60%** of your gross monthly earnings, less income you may receive from other sources (e.g., Social Security, Workers' Compensation, etc.). The maximum monthly benefit is **\$7,500**.

When do benefits begin, and how long do they continue?

Benefits begin following a waiting period of 6 months and continue as long as you are disabled and up to the point specifically outlined in the certificate booklet (Summary Plan Description). The waiting period is the length of time you must wait after being disabled before you are eligible to receive a benefit.

Can I return to work part-time and still receive a benefit?

Yes. The LTD plan provides financial incentives for you to return to work, even on a part-time basis. For the first 24 months of disability benefits, you may receive up to 100% of your pre-disability earnings when combining benefits, rehabilitation Incentives, family care expense reimbursements, and part-time earnings.

If you are participating in an approved rehabilitation program, you may also be eligible to receive the rehabilitation incentive and/or family care expense reimbursement. The rehabilitation incentive provides a 10% increase in the monthly benefit. The family care expense reimbursement* provides up to \$250 per month reimbursement for eligible expenses, such as child care, during the first 24 months of disability.

Does the plan have limitations and exclusions?

The LTD plan does have limitations and exclusions. The plan does not cover **pre-existing conditions**, unless your disability begins after you have been covered under the plan for 12 consecutive months. A pre-existing condition is a condition for which you, during the 6 months prior to your effective date, received medical treatment, took prescription medication or had medication prescribed, or had symptoms which would cause a reasonably prudent person to seek diagnosis, care, or treatment.

** Disability is excluded from coverage if due to: war, insurrection, or rebellion; active participation in a riot; intentionally self-inflicted injuries or attempted suicide; or the commission of a felony.

Dental Insurance – Delta Dental

CCSD has contracted with Delta Dental to provide two options for dental coverage for employees and their dependents. Premiums are increasing for 2014 as a result of higher than expected claims. We've added the "Employee + 1" tier of coverage so that you can cover one dependent at a lower rate than Family coverage.

The **Plus Plan** provides coverage at preferred rates when you use network providers with no deductibles and 100% coverage for Diagnostic and Preventive services and a \$1,000 maximum coverage per participant for each calendar year.

The **Base Plan** has co-pays that apply to Diagnostic and Preventive services when provided by in-network dentists with a \$750 annual maximum per participant.

Both plans offer participants the option of using non-network providers.

The Base Plan includes PPO network dentists while the Plus Plan includes both Premier and PPO network dentists.

Details about each of the options are included on the following pages, and even more information is available on the Benefits page of EMWeb.

DELTA DENTAL	Employee	Employee + 1	Family
Delta Base Plan	\$ 11.57	\$ 21.63	\$37.05
Delta Plus Plan	\$ 33.07	\$61.83	\$100.85

Dental Insurance – Delta Dental Plus Plan

Group No: GA15540

Effective Date: 1/1/2012

DELTA DENTAL PPOSM

BENEFIT HIGHLIGHTS

Eligibility	Primary enrollee, spouse and eligible dependent children to age 26
Deductibles	\$50 per person / \$150 per family each calendar year
Deductibles waived for D & P?	Yes
Maximums	\$1,000 per person each calendar year
D & P counts toward maximum?	Yes

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-PPO dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays, sealants	100 %	100 %
Basic Services Fillings, simple tooth extractions	75 %	75 %
Endodontics (root canals) Covered Under Basic Services	75 %	75 %
Periodontics (gum treatment) Covered Under Basic Services	75 %	75 %
Oral Surgery Covered Under Basic Services	75 %	75 %
Major Services Crowns, inlays, onlays and cast restorations, bridges and dentures	50 %	50 %
Orthodontic Benefits dependent children	40 %	40 %
Orthodontic Maximums Lifetime	\$ 1,000 Lifetime	\$ 1,000 Lifetime

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and 90th percentile for non-Delta Dental dentists.

Delta Dental Insurance Company 1130 Sanctuary Parkway, Suite 600 Alpharetta, GA 30009	Customer Service 800-521-2651	Claims Address P.O. Box 1809 Alpharetta, GA 30023-1809
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deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

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Dental Insurance – Delta Dental Base Plan

Group No: GA15540

Effective Date: 1/1/2012

DELTA DENTAL PPOSM

Eligibility	Primary enrollee, spouse and eligible dependent children to age 26
Deductibles	PPO dentists None Non-PPO dentists \$50 per person / \$150 per family each calendar year
Deductibles waived for D & P?	No
Maximums[†]	PPO dentist \$750 per person each calendar year Non-PPO dentist \$500 per person each calendar year
Orthodontic Maximums	PPO dentist \$750 lifetime Non-PPO dentist \$500 lifetime

[†] The maximum amount payable for all services received from all dentists will not exceed the maximum amount payable for PPO dentists.

Sample Benefits and Covered Services*	Delta Dental PPO dentists** Enrollee Pays	Non-PPO dentists*** Plan Pays
Diagnostic & Preventive Services (D & P)	D0120 Periodic oral exam – established patient: \$0 D0272 Bitewings (two films): \$5 D1110 Prophylaxis (cleaning): \$15	85 %
Basic Services	D2150 Amalgam fillings, two surfaces – primary or permanent: \$45 D2160 Amalgam fillings, three surfaces – primary or permanent: \$55	50 %
Endodontics	D3310 Root canal, (anterior – excluding final restoration): \$300	40 %
Non-Surgical Periodontics	D4341 Periodontal scaling and root planing - four or more teeth per quadrant: \$90	40 %
Surgical Periodontics	D4210 Soft tissue surgery – gingivectomy (per quadrant): \$230	40 %
Oral Surgery	D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal): \$55	40 %
Major Services	D2750 Crown; porcelain fused to high noble metal: \$480 D5110 Complete denture – maxillary: \$620	40 %
Orthodontic Benefits dependent children	50%	50%

BENEFIT HIGHLIGHTS

* Limitations or waiting periods may apply for some benefits; some services may be excluded. Reimbursement is based on PPO Contracted Fees for all dentists.

** Copayments specified above represent only a few examples from your plan's table. Please refer to your Benefit Booklet for a full schedule of copayments and for any limitations and exclusions on these benefits.

*** Non-PPO dentists include Delta Dental Premier[®] and non-Delta Dental dentists.

Delta Dental Insurance Company 1130 Sanctuary Parkway, Suite 600 Alpharetta, GA 30009	Customer Service 800-521-2651 deltadentalins.com	Claims Address P.O. Box 1809 Alpharetta, GA 30023-1809
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This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

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Flexible Spending Accounts

CCSD has selected a new administrator for our Flexible Spending Accounts (or FSA; formerly called Optional Spending Accounts). **TASC, a leading provider of FSA services will administer our plan beginning January 1, 2014 – including the “run out” claims that you submit after January 1 but for 2013 expenses.**

The FSA consists of two separate accounts: Medical (or Health Care) Spending Account and Dependent Care Spending Account. The FSA increases your take home pay by reducing your taxable income. Payment with pretax dollars means that you have more money to use on these important expenses.

Who is Eligible to Participate?

Optional Spending Accounts can be set up by all regular employees and all temporary employees who have consistently worked 20 hours/week for 90 days.

Elections under the Plan:

Elections **may not be changed outside the Open Enrollment period** unless you have a change in family status. Eligible changes in status include:

- marriage or divorce or legal separation;
- death of a spouse;
- birth or adoption of a child or a change in legal custody; and
- your or your spouse's new employment or termination of employment or other change in employment status that affects your or your spouse's eligibility for benefits.

If you change your election because of a change in family status, the change will be effective on the first day of the month following your election.

Changes must be requested in writing on a family status change form and submitted within 31 days of the eligible change in family status.

Medical Spending Account:

Your Medical Spending Account allows you to pay for health-related treatments and expenses for you and your dependents not paid for by your insurance programs. The maximum contributions to the Medical Spending Account cannot exceed \$2,500 during the plan year (as of January 1, 2014).

Expenses that are eligible for reimbursement from the Medical Spending Account include, but are not limited to, the following:

- Deductibles and co-payments not paid by the health insurance option or dental insurance option in which you or any family members participate
- Cost of eligible procedures not covered by health or dental plans
- Vision examinations, glasses, contact lenses and supplies
- Hearing exams and hearing aids
- Alcoholism treatment, birth control, braces, chiropractor fees, prescription drug and medical supplies (used to alleviate or treat injury or illness), orthopedic shoes, psychiatric care, transportation expenses (related to the rendering of medical services), weight loss programs (if prescribed by a physician), wheelchair.

Premiums for other accident and health insurance coverage, including premiums for coverage under a plan maintained by the employer of your spouse or dependent are not reimbursable by the Medical Spending Account. Long Term Care insurance premiums and any expenses incurred for long-term care services are NOT reimbursable from the Medical Spending Account as described in IRS Publication 502 – Medical and Dental Expenses.

Flexible Spending Accounts

Dependent Child Care Spending Account:

The Dependent Care Spending Account allows you to use the expenses incurred (not to exceed \$5,000 if married and filing joint income tax returns or \$2,500 if unmarried or married and filing separate income tax returns in the plan year) to care for your children or other dependents while you and your spouse work or go to school full-time.

Expenses can be for the care of a child up to thirteen (13) years old or for care of a dependent who is disabled or elderly and frail who is living with you. Your child care expenses can be for a sitter or housekeeper in your home, a family day care home, or a day care center. You can include the full amount you pay to a nursery school, even though part of it is for lunch and education expenses unless those amounts are billed separately. Only the portion of the cost of summer camp that is attributable to day care can be included, and camp deposits made in the winter or spring cannot be reimbursed until the full bill is due.

To use your Dependent Care Spending Account for expenses for a disabled or elderly person, that person must be physically or mentally unable to care to himself/herself. The person must be your dependent for tax purposes, and you must provide more than half of his/her living expenses. He/she must reside in your home at least eight hours a day. Therefore, you can pay out of your Dependent Care Spending Account for adult day care for your elderly parent who lives with you and is a dependent on your tax return. You cannot use this account, however, to pay part of the cost of a nursing home for a parent in another city. You cannot claim payments if you are married and your spouse does not work. You can claim payments to a relative for dependent care if:

- the relative is not your dependent for the tax year –and-
- the relative is providing child care as an employee of another organization, or as a self-employed person in his/her own home, or as your employee for whom you are withholding social security taxes.

Terms and Conditions:

The Internal Revenue Code, Section 125, governs the Flexible Benefits Plan, and Section 129 governs the Dependent Care Spending Account.

By choosing to contribute money to one or both of the Optional Spending Accounts, you are agreeing to abide by the regulations of the Flexible Benefits Plan, the Medical Reimbursement Plan and the Dependent Care Assistance Plan. Specifically, you are agreeing to the following provisions:

- Money contributed for one type of Optional Spending Account cannot be used to pay claims payable to the other Optional Spending Account
- The maximum on the Medical Spending Account cannot exceed \$2,500 per employee per plan year
- The amount contributed to a Dependent Care Spending Account cannot be greater than \$5,000 if married and filing joint income tax returns or \$2,500 if unmarried or married and filing separate income tax returns in the plan year
- The validity of a claim against either Optional Spending Account is determined in accordance with the Plan, IRS Code, and IRS regulations as interpreted by the Administrator subject to the appeal provisions of the Plan
- Any money contributed to either Optional Spending Account during the Plan year must be used for reimbursable expense incurred during the Plan year, otherwise, the contributed money will be forfeited as required by law.

Flexible Spending Accounts and TASC

VISA Debit Card

We are excited to announce that there Visa debit cards will be issued to participants starting in January, 2014! The Visa card eliminates the need to file a claim for reimbursement. If you have a health care FSA, present your Visa Card at the point of service to pay for expenses for you and your eligible dependents. The eligible expenses will be deducted directly out of your health care FSA account. In most cases, this is all you need to do, however, be sure to keep your receipts in case you are asked for them and as documentation for your income tax returns.

Mobile App & Text Messaging

With the MyTasc mobile app, you can securely check real-time balances, request a reimbursement, view transaction details, and use your mobile device's camera to take a picture of the receipt. The MyTasc mobile app is free download from the Apple store and Android market.

Manual claims processed daily in addition to the Visa Debit Card

If you do not have your card and need to file a manual claim that is easy to do. Simply fill out a paper form and fax or mail it to TASC with copies of all appropriate receipts. Set up an account by going to www.tasconline.com and all forms are on there. **You can also file a claim using the MyTasc mobile app; use your phone to take a photo of appropriate receipts.**

TIP:

If you go to a store for several items, with some not eligible for reimbursement by the FSA, ask the merchant to ring up the items separately. Use your card to pay only for eligible items!

Important reminders:

If you participated in these accounts in 2013, any run out claims that have been incurred for 2013 must be filed with TASC after December .

Only 2014 participants will receive a Visa Debit card.

Miscellaneous Information:

The IRS states that a person "incurs" an expense on the day the service is rendered, not when it is billed or not when it is paid, but only on the date the service is actually performed.

Participants can submit claims through March 31 for expenses incurred in the previous year if funds were available for reimbursement as of December 31.

Any portion of your medical spending account or your dependent care spending account which you do not use during the plan year (January 1 – December 31) is forfeited as required by law and will not be carried over for use in later years.

You will not pay income taxes or Social Security (FICA) taxes on any amount included in the Flexible Benefits Plan. If you are within five years of Social Security retirement and choose to have FICA withheld, contact the Benefits Office to waive Flexible Benefits.



Cancer and Critical Illness Coverage - Allstate

Cancer Insurance

Voluntary Cancer insurance continues to be available through Allstate Insurance. This coverage pays a cash benefit directly to you in the event that Cancer or 29 additional specified diseases strikes you or a covered family member.

Evidence of insurability is required unless you enroll as a new hire. Complete details are available on the Benefits page of EMWeb, the district's intranet portal.

The premium will be waived after 90 days of disability due to cancer for as long as your disability lasts. The policy is fully convertible to an individual policy.

	SINGLE	FAMILY
Economy Plan	\$ 7.06	\$11.66
Standard Plan	\$10.26	\$17.42
Deluxe Plan	\$14.48	\$24.84

Critical Illness Insurance - A new benefit from Allstate!

Advancements in medical technology increase life span and chances of surviving critical illnesses. Along with that opportunity comes an increasing appreciation of the personal economic strain people face with the diagnosis and lifestyle changes associated with a critical illness. Critical Illness Insurance from Allstate Benefits pays benefits that can be used for non-medical, critical illness-related expenses that health insurance might not cover. The Critical Illness benefit is in the form of a lump sum payment, which is paid to the employee at diagnosis.

Basic Benefit Amount:

Primary Insured:	\$10,000
Insured Spouse & each insured dependent:	\$ 5,000

- Benefits are paid directly to the employee unless benefits are assigned to someone else.
- Coverage is available for the employee (with children covered at no extra charge), or Employee and Spouse (with children covered at no extra charge).
- Coverage is portable.
- Coverage does not replace any other group medical benefits. Instead, it is designed to supplement an employee's present coverage.
- Optional Wellness Benefit and Supplemental Critical Illness coverage is included.

Non-Smoker			Smoker		
Age*	Employee OR Ee + Children	Ee + Spouse OR Family	Age*	Employee OR Ee + Children	Ee + Spouse OR Family
18 – 35	\$4.33	\$6.62	18 – 35	\$5.79	\$8.81
36 – 50	\$9.78	\$14.79	36 – 50	\$14.75	\$22.25
51 – 60	\$19.64	\$29.59	51 – 60	\$30.76	\$46.27
61 – 63	\$33.28	\$50.04	61 – 63	\$49.07	\$73.73
64+	\$53.31	\$80.09	64+	\$79.42	\$119.25

*During Open Enrollment for 2014 benefits, "Age" is the employee's age as of January 1, 2014.



Legal Plan

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When you need legal help, don't waste time looking for the right attorney or paying high-cost attorney fees, which currently average **\$312 per hour.**² Turn to ARAG for help. We'll help you identify your legal options and choose which approach works best for you and your situation. Available legal services include:



Online Resources

The ARAG Legal Center provides online tools and useful information to help you learn more about your legal issues **on your own**.

- **Education Center™** helps you understand your legal situation and provides:
 - The Law Guide
 - Guidebooks and Videos
 - LawExpress® (e-newsletter)
- **DIY Docs®** offers the convenience and control of creating state-specific, legally valid documents online on your own.
- **Online Financial Tools** help you map out a solid financial strategy with articles, calculators, a personalized financial plan and more.



Telephone Advice

Talk to a knowledgeable professional when you need information and direction to address your legal and financial matters.

- **Legal Hotline** offers you unlimited legal advice from Network Attorneys to address legal issues. Additional services include:
 - Reviewing and preparing documents
 - Making follow-up calls and writing letters
 - Advice on immigration matters
 - Preparing a Standard Will
- **Identity Theft Services** provided by Certified Identity Theft Case Managers who can help you protect or recover your identity.
- **Financial Wellness Hotline** includes guidance and education on a wide range of financial topics from a Financial Counselor.



In-Office Services

Meet with an experienced attorney who can advise and represent you when you need **an attorney on your side**.

- **Attorney Services** available include:
 - Reviewing and preparing documents
 - Making follow-up calls and writing letters
 - Providing legal advice and consultation
 - Representation in court
- **Comprehensive Coverage** protects you from costly legal fees. Most covered legal matters are **100% paid-in-full** when you work with a Network Attorney. (See reverse side of flyer for details.)
- **Reduced Fee Benefits** are available for non-covered personal legal matters. You can receive at least 25% off a Network Attorney's normal hourly rate.

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UltimateAdvisor offers you all of these benefits and more – at an affordable cost – to protect your family, finances and future from everyday legal issues. Simply visit ARAGLegalCenter.com and enter Access Code 17840ccs or call us toll-free at 800-247-4184 to find out how to enroll.

Individual: \$5.68 Bi-weekly

Family: \$7.04 Bi-weekly

Questions about your plan? Call us toll-free at **800-247-4184** or visit **ARAGLegalCenter.com**, Access Code 17840ccs.

Retirement Plans and CCSD Supplemental Retirement Plan

Teachers Retirement System of Georgia

All employees who are scheduled to work 20 hours or more per week and at least half or more of the working days of a month in a covered position are required to be members of the Teachers Retirement System of Georgia (TRSGA). Covered positions include teachers, administrators, supervisors, clerical workers, paraprofessionals, nurses, and campus police officers.

For the current year, participants will contribute 6% of regular earnings to the plan. ***CCSD also contributes 11.41% of your earnings to TRS on your behalf each month.***

For more details, please refer to the TRS Facts book or www.trsga.com.

Public School Employees Retirement System

Regular full- and part-time employees of the CCSD who are not eligible for membership in the Teachers Retirement System of Georgia must establish membership in the Public School Employees Retirement System (PSERS). This includes all school bus drivers, food service employees, maintenance and custodial personnel. No employee can be a member of both PSERS and TRS at the same time.

Participants hired on or after July 1, 2012 will contribute \$10.00 per month to the plan. Participants hired before that date continue to contribute \$4.00 per month to the plan.

For more details, please refer to the PSERS explanation of benefits brochure or www.ers.ga.gov.

CCSD Supplemental Retirement Benefit Program for PSERS Employees

Employees who are in the Public School Employees Retirement System and work at least 20 hours per week can participate in the Supplemental Retirement Benefit Program. For employees who elect to contribute one percent (1%) of their regular annual earnings, CCSD will match this with a two percent (2%) contribution of the participant's regular annual earnings. Contributions are made on a pre-tax basis.

CCSD contributions are invested in fixed, interest earning accounts. Employee contributions may be invested in either fixed or variable annuities at the employee's option. For more details, please refer to the plan document which is available on the Benefits page on EMWeb or from the Benefits Office.

Tax Deferred Savings Plan

Cobb County School District offers employees the opportunity to participate in tax deferred savings plans. The plans that are available to CCSD employees include 403b, Roth 403b and 457b. If you would like to participate, please read about each plan type and decide which is the more appropriate option for you, as there are similarities and differences in each plan type.

403(b) Plan

A 403(b) is a tax-sheltered retirement savings plan that is available only to employees of educational organizations, hospitals, churches, and certain non-profit organizations. Employees voluntarily contribute on a pre-tax basis through a salary reduction agreement with the employer. Employees are eligible to contribute 100% of their includable compensation to a maximum of \$17,500 for the current year. For employees who are age 50 or greater, an additional \$5,500 may be contributed. The plan is intended for retirement purposes, and assets are subject to a premature withdrawal taxes if withdrawn before age 59 ½. Most accounts have loan provisions. Distributions from a TSA must begin no later than age 70 ½.

Roth 403b Plan

A Roth 403b plan combines the features of a 403b plan with the tax free growth advantage of a Roth IRA. Under the Roth 403b plan guidelines, employees do not have to pay federal income taxes on the growth portion of the Roth 403b account, on the contributions of when the money is withdrawn, because deductions are taken on an after-tax basis. Employees are eligible to contribute 100% of their includable compensation to a maximum of \$17,500 for the current year. For employees who are age 50 or greater, an additional \$5,500 may be contributed.

Section 457(b) Plan

A Section 457(b) Plan is a tax-sheltered retirement plan that is available to employees of government and non-profit organizations. Employee contributions are made on a pre-tax basis through a salary reduction agreement with the employer. Employees are eligible to contribute 100% of includable compensation up to a maximum of \$17,500 for the current year. For employees who are age 50 or greater, an additional \$5,500 may be contributed. Section 457(b) plans do not have an excise tax for premature distribution, but withdrawals are typically not allowed before employment severance. Section 457(b) plans may provide a loan provision at the Plan's discretion. Distributions from a 457(b) plan must begin no later than age 70 ½. If employees are considering retiring before age 60 and anticipate an income need, 457(b) plans allow for distribution prior to age 59 ½ and are not subject to a 10-percent federal tax penalty as are distributions from a 403(b) or IRA plan.

Investment Offerings

Fixed and variable annuity investment and mutual fund options are offered under the 403(b). The Section 457(b) plans currently offer only fixed and variable annuity investment options. To obtain more detailed information on each investment option, you may contact the vendor directly. ***All variable annuities and mutual funds are subject to market risk, including loss of principal.***



How are the plans different?

403(b) and Section 457(b) plans afford similar tax benefits in that contributions are made on a pre-tax basis and are sheltered from taxation until such time as they are withdrawn. With recent legislation, the two plans are more similar with the following exceptions:

403(b)

- Allows for additional catch-up opportunity for employees with 15 or more years of service
- Subject to a 10% tax for premature distribution prior to age 59 ½
- Exemption from the premature distribution tax if employee works to age 55 or greater and retires
- Plan assets controlled by the employee
- Loan provisions
- Hardship withdrawals

457(b)

- Contributions and earnings are not subject to a premature distribution tax
- Plan assets are controlled by the employer
- Loan provisions
- Hardship withdrawals are more restrictive

What else do I need to know?

These are supplemental retirement plans with tax advantages; therefore, there are also rules about withdrawals. You cannot withdraw funds simply because you need the money. You must meet the qualifications for a hardship withdrawal: for example, to avoid eviction, to pay for uninsured medical bills, or to pay for catastrophic losses of your residence due to fire, flood, etc. You may also be eligible for a loan from your account.

You cannot transfer funds to a different vendor who is not on the district's approved list until after you leave employment. You can transfer between approved vendors or to TRS if you are purchasing additional years of service.

Double the Deferral Potential

CCSD employees may contribute to both the 403b and the 457b. The maximum you may contribute is a total of 100% of your includable compensation up to the effective deferral limit of each plan. Participating in both plans allows you to double your contributions!

How do I Enroll?

To help with administering these plans, Cobb County School District has partnered with a third party administrator to provide a web-based tool called *Retirement Manager*.

Retirement Manager is a comprehensive selection of retirement plan information and services. In a secure, Web-based environment, employees can enroll in the 403b plans, retrieve financial planning information, manage retirement account(s) and evaluate retirement plan options to see if they are on track with contributions for the future – 24 hours a day, seven days a week. *Retirement Manager* is vendor-neutral, so employees interact with their personally-selected vendor(s) in a manner that is consistent with their preferences.

Employees may access *Retirement Manager* by linking from the Benefits page on the intranet, EMWeb. That website also includes a Quick Reference Guide that explains the features and functionalities of *Retirement Manager*. Or go directly to **www.myretirementmanager.com**. Employees will use their CCSD e-number to login to the site. The employee e-number is found on the CCSD paystub.



Tax Deferred Savings Plans Vendors

Vendor	Representative	Email Address	Telephone #	Fax #	Investment Product
ING Reliastar http://ingretirementplans.com	Cody Carpenter	codycarpenter@financialu.net	(678) 973-0671	678 973-2581	403(b) TSA
	Vernon Collett	venoncollett@planmembersec.com	(404) 353-6869	404 521-4403	457(b) TSA
	Derrick Friedman	dfriedman@lincolninvestment.com	(770) 909-0340	(770) 909-0339	403(b) TSA
	April Jackson	ajackson@lincolninvestment.com	(770) 909-0340	(770) 909-0339	
	Charles Jones	cjones@jnetwork.com	(770) 909-0340	(770) 909-0339	
	Chad Kishel	ckishel26@hotmail.com	(404) 881-9697	(404) 881-8622	
	Michael McBurney	michaelmcburney@yahoo.com	(678) 380-6071	678 380-6075	
	Pam Middleton	pmiddleton@lincolninvestment.com	(770) 909-0340	(404) 909-0339	
	Robert Moore	romoore@lincolninvestment.com	(404) 202-9588	(770) 909-0339	
	Barry Rawls	brawls@lincolninvestment.com	(770) 909-0340	(770) 909-0339	
	Kadrina Warren	kadrina.warren@warrenfinancialgroup.com	678 201-9906	866 557-6519	
Lincoln Financial http://www.lfg.com (800) 454-6265	Christie Cook	crystal.cook@lfg.com	(770) 910-2317	(770) 426-8448	403(b) TSA
	Jay Dover	jay.dover@lfg.com	(678) 949-9277		457(b) TSA
	Scott Braswell	scott.braswell@lfg.com	(404) 918-1951		
	Clinton Ward	clinton.ward@lfg.com	(404) 683-7419		
MetLife http://www.ccga.metlife.com	Cindi Kreidell	ckreidell@metlife.com	(678) 521-5607	(770) 407-2428	403(b) TSA
	West Cobb	qcameron@metlife.com	(770) 596-9151	(770) 407-2428	457(b) TSA
	Gabriela Cameron				
SYMETRA http://www.symetra.com	East Cobb				
	Henry L. Bailey, Jr.	lbailey@valuteachers.com	(770) 778-5848	(770) 565-1591	403(b) TSA
	Stephen Blackmore	nase009@yahoo.com	(678) 467-4448		457(b) TSA
	Gene Griffin	genogriffin@gmail.com	(770) 565-9881		403(b) with mutual funds
	Ivan Hammond	ivanhtg@hotmail.com	(678) 270-6333		
	Earnestine Howard	earniet956@yahoo.com	(706) 664-6692		
	Mary Johnson	maryjohnson@valuteachers.com	(770) 815-0511		
	Rodney Keyes	rodneykeyes@valuteachers.com	(404) 944-7424		
	Velda Lory	vlory8@yahoo.com	(404) 819-1963		
	Joanne Mazell	jomzell@bellsouth.net	(770) 623-0321		
	Henley Odom	henleyodom@valuteachers.com	(706) 540-6565		
	Tracy Smith	tracysmith@valuteachers.com	(404) 273-6214		
	Randy Southerland	rsoutherland@valuteachers.com	(404) 376-1648		
USAA http://www.usaa.com	Melinee McComas	www.usaa.com (secure email)	(800) 531-8292		403(b) TSA
			Opt 2		403(b) with mutual funds
VALIC http://www.valic.com	Customer Service	(for forms, general questions)	(800) 448-2542		403(b) TSA
	Paige Foster	paige.foster@valic.com	(770) 312-3436	(770) 671-0499	457(b) TSA
	Janis Sizemore Jones	janis.jones@valic.com	(770) 395-4706 (404) 310-8818	(770) 671-0499	Roth 403 (b) TSA
	Stephen Komisar	stephen.komisar@valic.com	(404) 964-9890		Supplemental Retirement Plan

Updated October 2013

Catastrophic Illness Leave Bank

A catastrophic or terminal illness can create a financial hardship for a family. To provide assistance with such situations, the District offers a Catastrophic Illness Leave Bank (CILB) for all eligible employees. The CILB is a supplemental financial benefit available to employees who are entitled to accumulate sick leave days and be employed for 120 consecutive days. ***(This plan is separate from the Critical Illness insurance discussed elsewhere in this booklet.)*** Upon completing this eligibility requirement, the employee may make a **one time** donation of one day of accumulated Sick Leave during the next open enrollment.

Members of the CILB may receive the value of up to twenty (20) workdays' salary when they have a catastrophic illness or injury, have exhausted their sick leave, and have made application to and received approval from the CILB Committee. Claims are reviewed by a committee of employees who will determine whether sick leave is paid and how much time will be approved. Applications are approved on the criteria set forth in Administrative Rule GBRIB(1).

To be considered for this benefit, the employee must be examined by a physician who must certify in writing that the employee's medical condition meets the following conditions:

- There is no reasonable expectation that the employee may be able to work within the following six (6) months; or
- Death would likely occur as a result of the disease, illness, or injury within one year without the application of life-sustaining procedures.

Important Reminders

1. Personal Health Applications (PHA) are required in certain circumstances for short term disability insurance, life insurance, cancer insurance, and possibly other coverage. When a PHA is required, coverage does not begin until your application is approved. Because the PHA is mailed directly from you to the carrier, the Benefits staff is not aware of whether you have completed the document; therefore, **it is entirely your responsibility to make sure you complete and mail the form**. We strongly recommend that you keep a copy of the application. You will receive a letter from the insurance carrier of approval or denial. If coverage is approved, **it is your responsibility to ensure that deductions start on the next possible paycheck**. If not, you must notify the Benefits Office immediately.
2. When you elect to participate in benefits as a new hire or during open enrollment, the Benefits staff makes every effort to ensure that your coverage and deductions are set up correctly and on time. However, **it is your responsibility to monitor your payroll records to ensure that the deductions you expect start when you expect them**. If they do not, you must notify the Benefits Office ***immediately***. We can correct most errors if caught quickly, but we cannot correct those that are not brought to our attention for several months.

Thank you for your cooperation in these important matters.



Contact Information

CCSD Benefits Office 770.426.3537

This number allows you to “branch” to the correct representative for assistance.

The Benefits page on EMWeb allows for direct email contact with the Benefits staff.

We can often respond more quickly to your emailed questions and requests than by phone.

ShawHankins Service Center 877.373.0730

Health Insurance Information

State Health Benefit Plan 800.610.1863

Blue Cross Blue Shield 855.641.4862

Dental Insurance

Delta Dental 800.521.2651

Vision Care Insurance

Avesis 800.828.9341

Short Term or Long Term Disability Insurance

The Hartford 800.523.2233

Life Insurance

The Hartford 800.523.2233

Cancer Insurance and Critical Illness Insurance

Allstate Benefits 800.521.3535

Legal Services Plan

ARAG 800.247.4184

Access Code 17840ccs

Credit Union of Georgia 678.486.1111

