

2016

Cobb County School District



2016 Benefits Enrollment Guide

January 1, 2016 - December 31, 2016

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Welcome to your Benefits Information Booklet for 2016!

Whether you are reading this booklet in preparation for Open Enrollment in the fall of 2015, or reading it as a newly hired employee in 2016, 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 2016.

For 2016, please note some of the important changes to the plans:

- The Life Coverage has been Modified
- There will be an HRA Credit Rollover Option
- The Legal Plan has been Modified
- There are some new benefits available to all employees

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 Benefits Contact 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 have questions 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.****

BENEFITS ELIGIBILITY

State Health Benefit Plan Coverage

Please see the SHBP site-dch.Georgia.gov to view all eligibility rules for medical coverage.

Local Benefits

You are eligible for these benefits if you are considered a regular employee scheduled to work at least 20 hours per week (4 hours per day).

Dental Care Plan	Vision Care Plan
Life Insurance	Cancer Insurance
Short and Long Term Disability	Critical Illness Insurance
Flexible Spending Accounts	Legal Services Plan
Accident Insurance	Hospital Indemnity
ShawHankins Advantage	



BENEFIT ELIGIBILITY CONTINUED

Teachers Retirement System

Please visit the TRS site to review eligibility guidelines:

<http://www.trsga.com/active-member/your-trs-membership/eligibility-for-membership>

Public School Employees Retirement System

Please visit the ERS site to review eligibility guidelines:

<http://www.ers.ga.gov/formspubs/handbooks.html>

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

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 per week for 90 days.

Examples:

ASP Workers	Lunchroom Monitors
Substitute Teachers	Regular Full/Part-Time 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).

Stepchild

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 stepchild 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.****



OPEN ENROLLMENT

Open Enrollment is that annual window of time when employees can (or, in some cases, must) select or confirm benefits for the coming plan year. For CCSD, the benefit “plan year” is the calendar year. Once you’ve selected your benefits for a year, you cannot make any changes to those elections unless you have a qualifying event as noted below.

Open Enrollment (OE) begins October 19, 2015, at 12:00 a.m. ET and ends November 6, 2015, 11:59 p.m. ET.

Because there are often system delays during the last days of Open Enrollment (particularly at the State Health website), and because “unexpected life events” can distract you from other important things, we strongly recommend that you **AVOID THE RUSH! PROCESS YOUR OPEN ENROLLMENT EARLY!**

Details on these changes – and on everything that is staying the same – are provided on the pages that follow.



STATE HEALTH BENEFIT INFORMATION

2016 Plan Options

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” or click here <https://myshbpga.adp.com> to start, and use the registration code SHBP-GA.

As a result of the 2016 State Health Benefit Plan (SHBP) Plan Options, members will experience a number of positive enhancements. The 2016 Plan Options listed below are designed to provide members with a choice of Plan Options that best meet their needs.

BlueCross BlueShield of Georgia- BCBSGA

- Health Reimbursement Arrangement (HRA)
 - Gold
 - Silver
 - Bronze
- Statewide Health Maintenance Organization (HMO)

UnitedHealthcare- UHC

- High Deductible Health Plan (HDHP)
- Statewide Health Maintenance Organization (HMO)

Kaiser Permanente- KP

The KP Regional HMO (Metro Atlanta Service Area only) offers medical, wellness and pharmacy benefits. You must live or work in one of the following counties to be eligible to enroll in KP:



Barrow	Gwinnett
Bartow	Haralson
Butts	Heard
Carroll	Henry
Cherokee	Lamar
Clayton	Meriwether
Cobb	Newton
Coweta	Paulding
Dawson	Pickens
DeKalb	Pike
Douglas	Rockdale
Fayette	Spalding
Forsyth	Walton
Fulton	

The TRICARE Supplement will continue to be available for those members enrolled in TRICARE.

PeachCare for Kids will continue to be available for those members enrolled in PeachCare for Kids.

2016 SHBP- HRA BENEFIT SUMMARY

	BCBSGA Gold HRA		BCBSGA Silver HRA		BCBSGA Bronze HRA	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Covered Services	You Pay		You Pay		You Pay	
Deductible						
You	\$1,500	\$3,000	\$2,000	\$4,000	\$2,500	\$5,000
You + Spouse	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500
You + Child(ren)	\$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
	HRA credits will reduce "You Pay" amounts					
Out-of-Pocket Maximum						
You	\$4,000	\$8,000	\$5,000	\$10,000	\$6,000	\$12,000
You + Spouse	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000
You + Child(ren)	\$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
	HRA credits will reduce "You Pay" amounts					
HRA	The Plan Pays		The Plan Pays		The Plan Pays	
You	\$400		\$200		\$100	
You + Spouse	\$600		\$300		\$150	
You + Child(ren)	\$600		\$300		\$150	
You + Family	\$800		\$400		\$200	
Physicians' Services	The Plan Pays		The Plan Pays		The Plan Pays	
Primary Care Physician or Specialist Office or Clinic Visits (illness or injury)	85% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	75% coverage; subject to deductible	60% coverage; subject to deductible
Primary Care Physician or Specialist Office or Clinic Visits (Wellness/preventive)	100% coverage; not subject to deductible	Not covered	100% coverage; not subject to deductible	Not covered	100% coverage; not subject to deductible	Not covered
HRA Pharmacy	You Pay					
Tier 1 Coinsurance	15% (\$20 min/\$50 max); not subject to deductible					
Tier 2 Coinsurance Preferred Brand	25% (\$50 min/\$80 max); not subject to deductible					
Tier 3 Coinsurance Non-Preferred Brand	25% (\$80 min/\$125 max); not subject to deductible					
Participating 90-day Voluntary Mail Order or Retail 90-day Network	Tier 1 - 15% (\$50 min/\$125 max) Tier 2 - 25% (\$125 min/\$200 max) Tier 3 - 25% (\$200 min/\$313 max)					
Note: Amounts you pay for Rx go toward the out-of-pocket maximum.						

2016 SHBP- HMO & HDHP BENEFIT SUMMARY

	BCBSGA / UnitedHealthcare Statewide HMO	UnitedHealthcare HDHP		KP Regional HMO
	In-Network only	In-Network	Out-of-Network	In-Network only
Covered Services	You Pay	You Pay		You Pay
Deductible				
You	\$1,300	\$3,500	\$7,000	N/A
You + Spouse	\$1,950	\$7,000	\$14,000	N/A
You + Child(ren)	\$1,950	\$7,000	\$14,000	N/A
You + Family	\$2,600	\$7,000	\$14,000	N/A
Out-of-Pocket Maximum				
You	\$4,000	\$6,450	\$12,900	\$6,350
You + Spouse	\$6,500	\$12,900	\$25,800	\$12,700
You + Child(ren)	\$6,500	\$12,900	\$25,800	\$12,700
You + Family	\$9,000	\$12,900	\$25,800	\$12,700
HRA	The Plan Pays	The Plan Pays		The Plan Pays
You				
You + Spouse	N/A	N/A		N/A
You + Child(ren)				
You + Family				
Physicians' Services	The Plan Pays	The Plan Pays		The Plan Pays
Primary Care Physician or Specialist Office or Clinic Visits (illness or injury)	100% after \$35 PCP copay \$45 SPC copay	70% coverage; subject to deductible	50% coverage; subject to deductible	100% after \$35 PCP copay \$45 SPC copay
Primary Care Physician or Specialist Office or Clinic Visits (Wellness/preventive)	100% coverage; not subject to deductible, in-network only	100% coverage; not subject to deductible	Not covered	100% coverage
Pharmacy	You Pay			
	In-Network	Out-of-Network	In-Network	Out-of-Network
Tier 1 Coinsurance	\$20			\$20
Tier 2 Coinsurance Preferred Brand	\$50		70% coverage; after deductible is met*	\$50
Tier 3 Coinsurance Non- Preferred Brand	\$90			\$80
Participating 90-day Voluntary Mail Order or Retail 90-day Network	Tier 1 - \$50 Tier 2 - \$125 Tier 3 - \$225		70% coverage; after deductible is met*	Tier 1 - \$50 Tier 2 - \$125 Tier 3 - \$200

Note: Amounts you pay for Rx go toward the out-of-pocket maximum.

**For HDHP out-of-network, pharmacy expenses are paid at 70% of the contracted rate.*

Note: If you request a Brand-name Prescription Drug Product in place of the chemically equivalent Prescription Drug Product (Generic equivalent), you will pay the applicable Generic copayment or coinsurance in addition to the difference between the Brand and Generic Drug costs. This differential will not apply towards your out-of-pocket maximum.

SHBP MEDICAL RATES

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” or by clicking here <https://myshbpga.adp.com> to start, and use the registration code SHBP-GA.

State Health Benefit Plan – Monthly Premiums for Active Employees January 1 – December 31, 2016

	Employee	Employee + Children	Employee + Spouse	Family
BCBS Gold	\$158.79	\$288.01	\$390.23	\$519.43
BCBS Silver	\$105.33	\$197.12	\$277.96	\$369.74
BCBS Bronze	\$66.28	\$130.74	\$195.96	\$260.40
BCBS HMO	\$130.58	\$240.05	\$330.99	\$440.44
UHC HMO	\$170.68	\$308.22	\$415.20	\$552.71
UHC HDHP	\$57.46	\$115.75	\$177.45	\$235.72
Kaiser HMO	\$140.02	\$256.10	\$350.81	\$466.86
Tricare Supplement	\$60.50	\$119.50	\$119.50	\$160.50

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 BlueCross BlueShield, UHC or Kaiser:

If you contact your insurance carrier 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.



BENEFITS ENROLLMENT- NON-MEDICAL



BEFORE YOU ENROLL - THINGS TO KNOW

You are REQUIRED to **provide the below information/documentation** for all dependents/beneficiaries:

- Date of Birth
- Social Security Number

Please Note: Eligible Dependents are classified as your legal spouse who resides in the United States and/or your biological children/stepchildren/legal dependent children.

HOW TO ENROLL

Go to www.cobbk12.bswift.com .

At this time, make sure to disable your pop up blocker.

At the enrollment website enter your Username and Password.

- Username is your first initial, your last name, and last 4 digits of your Social Security number (ex. doe4567).
- Password is the last 4 digits of your Social Security number (ex. 4567).

You will then be prompted to create a permanent password.

Failure to enroll within the above time period will result in the forfeiture of your eligibility for enrollment until the beginning of the next plan year.

Log In

Username

Password

Log In

First Time User
Forgot Password

Welcome to our site



Annual Enrollment Period: Begins October 19, 2015 and ends at midnight on November 6, 2015.

- Please contact ShawHankins at : 877-373-0730 to speak with a Benefit Consultant if you need assistance with your annual enrollment.

Qualifying Events (refer to your 2016 Summary Plan Description - Special Enrollment Rights):

- Once your new plan year elections become effective (January 1st of each year), you will not be able to change your elections until the next annual enrollment period unless you experience an eligible qualifying event.
- Examples of qualifying events include: a change in marital status; a change in the number of dependents due to birth, adoption, placement for adoption or death of a dependent; a change in employment status for myself or my spouse; loss or gain of coverage through my spouse; a change in dependents eligibility.
- You must enroll within 31 days from the effective date of a qualifying event.
- Please contact ShawHankins at : 877-373-0730 to speak with a Benefit Consultant regarding enrollment due to a Qualifying Event.

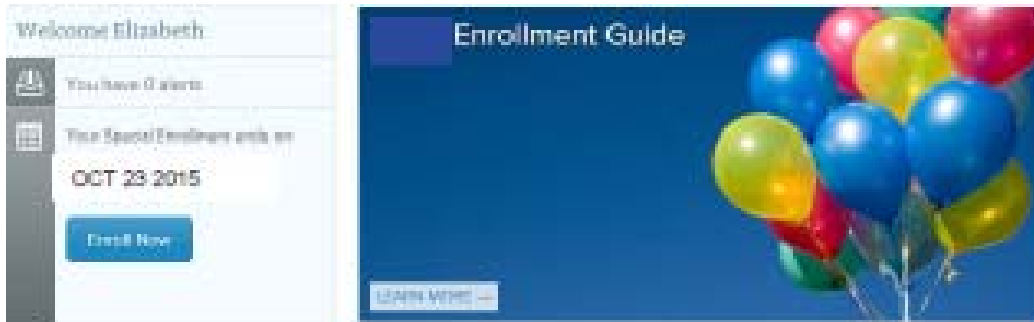
HOW TO ENROLL



NOTE: You must add any Dependents you wish to cover to the system at this year's annual enrollment.

To Begin:

- 1) From the "Home Page" click on the "Enroll Now" link, to begin the election process.
- 2) On the "Personal & Family Page", verify your information is accurate and "Add" all eligible dependents you wish to cover under any benefits.



- 3) To make a plan selection, select the button beside the newly elected plan. If you are covering dependents, make sure to "Select" them by checking off the next their name under Select who to cover with this plan. Then press "Next" at the bottom of the screen.

- 4) Once you have reviewed and completed your enrollment, click on "I Agree and I am finished with my enrollment", then click on "Save My Enrollment".

Once You've Reviewed All Your Selections:

Participation

I hereby acknowledge I have read the statements contained herein, or they have been read to me, and the statements are true and complete to the best of my knowledge. I understand any misrepresentation or omission contained herein may be used to reduce or deny claim or void the contract if such misrepresentation or omission affects acceptance of the risk. I hereby enroll for benefits for which I am presently eligible, or for which I may become eligible, under my employer's group contract(s). If any deductions are required for this coverage, I authorize such deductions from my earnings and I understand that any premiums will be automatically deducted from my paycheck on a pre-tax basis (before tax dollars) unless I submit a declination election. I reserve the right to revoke this deduction authorization at any time upon written notice.

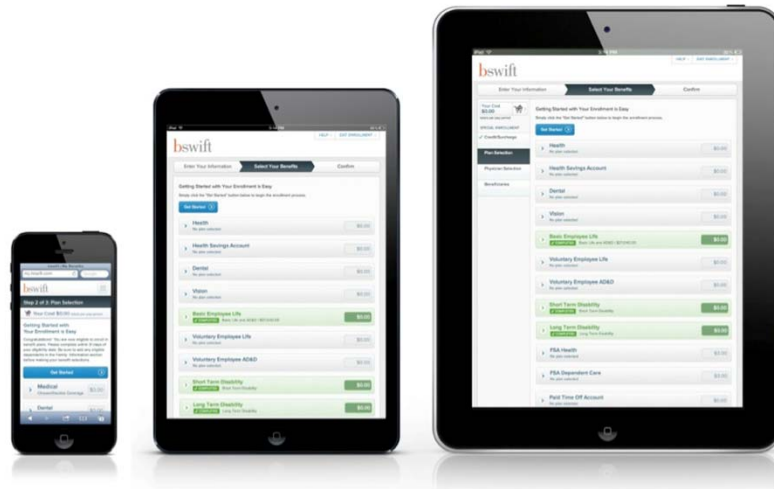
☐ I agree, and I'm finished with my enrollment

☒ Save My Enrollment!

- 5) You will now be taken to the final confirmation page to either print or email.

MOBILE APPLICATION

The BSwift App is also available and accessible on your Desktop, Tablet and Smartphone.



Simply download the BSwift App from your device's App Store you will then be asked to enter a company ID , Please enter cobbk12.



Note: The enrollment images within this guide are for illustrative purposes only.

SHAWHANKINS ADVANTAGE PLAN

Nothing Makes You Feel Better Than Saving Money.

This is a discount benefits program offering significant savings from thousands of providers across the nation. All of the benefits include the employee and his/her immediate family. The membership is simple to use. Employees can search for providers on www.mymemberportal.com

Introducing , The ShawHankins Advantage Plan.

- Teladoc
- Health Advocacy
- Medical Bill Saver™
- Nurseline™
- Doctors Online
- Health Wealth Connection



Monthly Rates - ShawHankins Advantage Plan

Employee
/Family

6.99



DENTAL INSURANCE

Dental insurance is offered through MetLife.

Benefit Summary	Plan Option 1- Base Plan (Copay Plan)		Plan Option 2 – Plus Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Type A – Diagnostics & Preventative	See Schedule	85% of R&C Fee**	100%	100%
Type B – Basic	See Schedule	50% of R&C Fee**	75% After Plan Deductible	75% of R&C Fee*
Type C – Major	See Schedule	40% of R&C Fee**	50% After Plan Deductible	50% of R&C Fee*
Type D – Orthodontia	50% of Maximum Allowed Charge	50% of R&C Fee**	40% After Plan Deductible	40% of R&C Fee*
Deductible[†]	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual	N/A	\$50.00	\$50.00	\$50.00
Family	N/A	\$150.00	\$150.00	\$150.00
Annual Maximum Benefit:	In-Network	Out-of-Network	In-Network	Out-of-Network
Per Person	\$750 of Combined In-Network Covered Dental Expenses and Out-of-Network Covered Dental Expenses	\$500 of Combined In-Network Covered Dental Expenses and Out-of-Network Covered Dental Expenses	\$1,000	\$1,000
Orthodontia Lifetime Maximum	In-Network	Out-of-Network	In-Network	Out-of-Network
Per Person	\$750	\$500	\$1,000	1,000

See Schedule for detailed codes

*Negotiated Fee refers to the fees that participating dentists have agreed to accept as payment in full, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated Fee fees are subject to change.

**R&C Fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

[†]Applies only to Type B & C Services.

DENTAL INSURANCE CONTINUED

Type A	Type B	Type C
Preventive Care	Sealants (Under age 14)	Complex Extractions
Cleanings	Space Maintainers (Under age 14)	Periodontal Surgery
Oral Exams	Simple Extractions	Simple/Complex Endodontics
X-Rays	Simple Periodontics	Crowns
Fluoride Treatments (Under age 14)		Implants



Dental Rates per Month

Dental Base Plan		
Employee	Employee + 1	Family
\$14.30	\$26.74	\$45.80
Dental Plus Plan		
Employee	Employee + 1	Family
\$36.23	\$67.74	\$110.48



VISION INSURANCE

Vision insurance is offered through Avesis. The plan offers a Basic option and a Preferred Plus option for vision care insurance.

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.

****Exams and lenses covered every 12 months, frames every 24 months.****



VISION INSURANCE Contd.

Benefit	Basic Plan		Preferred Plan	
	In-Network	Out of Network	In-Network	Out of Network
Eye Exam	\$20 copay	\$45 allowance	\$10 copay	\$40 allowance
Standard Lenses	20% discount	N/A	\$25 copay Single Bifocal Trifocal Lenticular	Allowance Single \$33 Bifocal \$50 Trifocal \$65 Lenticular \$80
Frames	20% discount	N/A	\$50 wholesale allowance	\$45 allowance
Contacts	20% discount	N/A	\$110 allowance	\$110 allowance
Monthly Rates Basic Plan				
Employee	Employee + 1		Family	
\$1.10	\$1.94		\$2.86	
Monthly Rates Preferred Plan				
Employee	Employee + 1		Family	
\$4.81	\$8.99		\$13.36	



DISABILITY INSURANCE

Short Term Disability Plan with The Hartford

Short Term Disability (STD) insurance replaces a portion of your lost earnings if you are unable to work due to a covered disability. CCSD offers you a choice between two salary replacement percentage levels – either 50% or 66.67%. 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. **IF** you decline coverage now and wish to add coverage in the future, or increase the level of coverage, you must submit a Personal Health Application and your coverage must be approved before it will become effective.

STD Plan Options	Benefits Start Date (from the date of Disability)	Benefit Percentage	Monthly Premium
1	8 th calendar day	66.67%	\$21.08
2	15 th calendar day	66.67%	\$17.46
3	31 st calendar day	66.67%	\$11.45
4	61 st calendar day	66.67%	\$11.15
5	8 th calendar day	50%	\$15.41
6	15 th calendar day	50%	\$12.76
7	31 st calendar day	50%	\$8.37
8	61 st calendar day	50%	\$8.13

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.

****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.**

Long Term Disability Plan with The Hartford

Long term disability is offered at no cost to you; the benefit is fully paid by CCSD on your behalf. To be eligible for this benefit you must work a minimum of 20 hours per week.

Benefits	Long Term Disability
% of Income	50%
Maximum Benefit	\$7,500
Minimum Benefit	\$100
Elimination Period	180 days
Maximum Benefit Duration	SSNRA
Pre-Ex Limitations	6 months prior



LIFE AND AD&D INSURANCE – 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 to all employees working at least 20 hours per week. They offer \$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.)

CONTRIBUTORY BASIC LIFE

Contributory basic life coverage will no longer be available. Voluntary life will take its place offering lower cost. If you have contributory basic life it will automatically switch to the voluntary life plan.

VOLUNTARY LIFE INSURANCE WITH AD&D

You may also purchase additional life insurance in amounts from 1 times your annual salary up to 7 times your annual salary, to a maximum of \$500,000. As a newly eligible employee, this coverage is guaranteed to be available to you for up to 2 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.**

DEPENDENT LIFE INSURANCE

Life insurance for your spouse and/or for your dependent child(ren) is also available to you through convenient payroll deductions. You can choose \$10,000 or \$25,000 in coverage for either or both dependents.

VOLUNTARY LIFE INSURANCE RATES

Employee Monthly Rate per \$1000		
\$0.152		
Dependent Monthly Rate		
	\$10,000 Coverage	\$25,000 Coverage
Spouse	\$ 3.58	\$ 8.96
Child(ren)	\$ 1.75	\$ 4.37



FLEXIBLE BENEFITS 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 Flexible 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 daycare 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 pre-tax 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 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 legal services, 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.**



FLEXIBLE SPENDING ACCOUNT

TASC administers the Flexible Spending Accounts for CCSD.

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

HEALTHCARE SPENDING ACCOUNT

Your Health Care 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 Health Care Spending Account cannot exceed \$2,550 during the plan year (as of January 1, 2016). Expenses that are eligible for reimbursement from the Health Care 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.

DEPENDENT 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.

****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.****

However, you will be able to roll over up to \$500 in unused funds in the medical account at the end of the 2016 plan year, to use in 2017.

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.

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 14.27% 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 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 403(b) Plan

A Roth 403(b) plan combines the features of a 403(b) plan with the tax free growth advantage of a Roth IRA. Under the Roth 403(b) plan guidelines, employees do not have to pay federal income taxes on the growth portion of the Roth 403(b) account, on the contributions or 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.

457(b) Plan

A 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. 457(b) plans do not have an excise tax for premature distribution, but withdrawals are typically not allowed before employment severance. 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 do the plans differ?

403(b) and 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 403(b) and the 457(b). 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 403(b) 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 PLAN VENDORS



Vendor	Representative	Email Address	Telephone #	Fax #	Investment Product
Voya (formerly ING) www.voya.com	Chad Kishel	Chad_Kishel@planmembersec.com	(404) 881-9697	(404) 478-7235	403(b) TSA 457(b) TSA
	Cody Carpenter	codycarpenter@financialu.net	(678) 973-0671	(678) 973-2581	
	Vernon Collett	venoncollett@planmembersec.com	(404) 353-6869	(404) 521-4403	
	Derrick Friedman	dfriedman@lincolninvestment.com	(770) 909-0340	(770) 909-0339	
	April Jackson	ajackson@lincolninvestment.com	(770) 909-0340	(770) 909-0339	
	Charles Jones	cjones@jlnetwork.com	(770) 909-0340	(770) 909-0339	
	Michael McBurney	michaelmcburney@yahoo.com	(678) 380-6071	(678) 380-6075	
	Pam Middleton	pmiddleton@lincolninvestment.com	(770) 909-0340	(404) 909-0339	
	Robert Moore	romore@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	
	Scott Muller	smuller@appreciationfinancial.com	(770) 757-0853		
	Teresa Muller	tmuller@appreciationfinancial.com	(770) 757-0853		
Lincoln Financial www.lfg.com (800) 454-6265	Scott Braswell	scott.braswell@lfg.com	(404) 918-1951 (770) 799-7035	(678) 559-0259	403(b) TSA 457(b) TSA
MetLife www.coga.metlife.com	Cindi Kreidell <i>West Cobb</i>	ckreidell@metlife.com	(678) 521-5607	(404) 255-8314	403(b) TSA 457(b) TSA
	Gabriela Cameron <i>East Cobb</i>	gcameron@metlife.com	(770) 596-9151	(770) 407-2428	
SYMETRA www.symetra.com (800) 796-3872	Gene Griffin	genogriffin@gmail.com	(770) 565-9881	(770) 565-0490	403(b) TSA 457(b) TSA 403(b) with mutual funds
	Rodney Keyes	rodneykeyes@valuteachers.com	(770) 716-1620		
USAA www.usaa.com	Melinee McComas	www.usaa.com (secure email)	1-800-531-8292 Opt 2	1-800-292-8177	403(b) TSA 403(b) with mutual funds
VALIC www.valic.com	Customer Service	(for forms, general questions)	1-800-448-2542	(770) 671-0499	403(b) TSA 457(b) TSA Roth 403 (b) TSA Supplemental Retirement Plan
	Stephen Komisar (East Cobb)	stephen.komisar@valic.com	(404) 964-9890		
	Mark Magee (West Cobb)	mark.magee@valic.com	(678) 427-4530		
	Jim Riley (South Cobb)	jim.riley@valic.com	(404) 372-3285		



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.

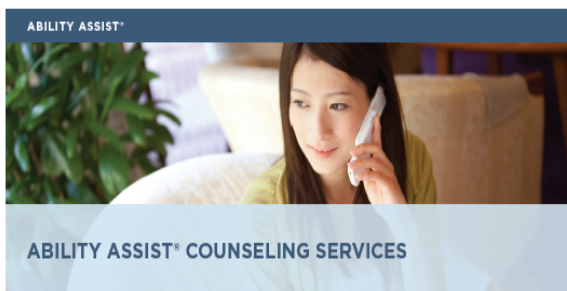
IMPORTANT REMINDERS

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. **PHAs must be submitted by March 1st**. 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.

ABILITY ASSIST – EAP COUNSELLING SERVICES

You and your family, including spouse and dependents, can access Ability Assist, at any time, as long as you are covered under The Hartford's **Disability insurance**.



GETTING SUPPORT SHOULD BE EASY.

Life presents complex challenges. If the unexpected happens, you want to know that you and your family have simple solutions to help you cope with the stress and life changes that may result. That's why the Hartford's Ability Assist Counseling Services, offered by ComPsych®,¹ can play such an important role. Our straightforward approach takes the complexity out of benefits when life throws you a curve.

COMPASSIONATE SOLUTIONS FOR COMMON CHALLENGES.

From the everyday issues like job pressures, relationships, retirement planning or personal impact of grief, loss, or a disability, Ability Assist can be your resource for professional support.

You and your family, including spouse and dependents, can access Ability Assist, at any time, as long as you are covered under The Hartford's Disability insurance.

ABILITY ASSIST COUNSELING SERVICES

Emotional or Work-Life Counseling

Helps address stress, relationship or other personal issues you or your family members may face. It's staffed by GuidanceExpertsSM – highly trained master's and doctoral level clinicians – who listen to concerns and quickly make referrals to in-person counselling or other valuable resources. Situations may include:

- Job pressures.
- Relationship/marital conflicts.
- Stress, anxiety and depression.
- Work/school disagreements.
- Substance abuse.
- Child and elder care referral services.

Financial Information and Resources

Provides support for the complicated financial decisions you or your family members may face. Speak by phone with a Certified Public Accountant and Certified Financial PlannerTM Professionals on a wide range of financial issues. Topics may include:

- Managing a budget.
- Retirement.
- Getting out of debt.
- Tax questions.
- Saving for college.



ABILITY ASSIST COUNSELING SERVICES *con't.*

Legal Support and Resources

Offers assistance if legal uncertainties arise. Talk to an attorney by phone about the issues that are important to you or your family members. If you require representation, you'll be referred to a qualified attorney in your area with a 25% reduction in customary legal fees thereafter. Topics may include:

- Debt and bankruptcy.
- Guardianship.
- Buying a home.
- Power of attorney.
- Divorce.

Health ChampionSM

A service that supports you through all aspects of your health care issues by helping to ensure that you're fully supported with employee assistance programs and/or work-life services. HealthChampion is staffed by both administrative and clinical experts who understand the nuances of any given health care concern. Situations may include:

- One-on-one review of your health concerns
- Preparation for upcoming doctor's visits/lab work/tests/surgeries
- Answers regarding diagnosis and treatment options
- Coordination with appropriate health care plan provider(s)
- An easy-to-understand explanation of your benefits—what's covered and what's not
- Cost estimation for covered/non-covered treatment
- Guidance on claims and billing issues
- Fee/payment plan negotiation

SERVICE FEATURES.

The service includes up to three face-to-face emotional or work-life counseling sessions per occurrence per year. This means you and your family members won't have to share visits. Each individual can get counseling help for his/her own unique needs. Legal and financial counseling are also available by telephone during business hours. HealthChampionSM offers unlimited access to services.²

GETTING IN TOUCH IS EASY. On the phone: Just one simple call. For access over the phone, simply call toll-free **1-800-96-HELPS (1-800-964-3577)**.

Online: The point is simplicity. You'll also have 24/7 access to GuidanceResources[®] Online (offered by ComPsych).¹ This resource provides trusted information, resources, referrals and answers to everyday questions right from your desktop or the privacy of your home. It includes:

- Chat sessions with professional moderators.
- Access to hundreds of personal health topics and resources for child care, elder care, attorneys or financial planners.

Visit **WWW.GUIDANCERESOURCES.COM** to create your own personal username and password. If you're a first-time user, you'll be asked to provide the following information on the profile page:

1. In the **Company/Organization** field, use: **HLF902**
2. Then, create your own confidential user name and password.
3. Finally, in the Company Name field at the bottom of personalization page, use: **ABILI**

The Hartford[®] is The Hartford Financial Services Group, Inc. and its subsidiaries including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Home Office is Hartford, CT.

1 Ability Assist[®], The GuidanceResources[®] Program, and HealthChampionSM services are offered through The Hartford by ComPsych[®]. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych. ComPsych and GuidanceResources are registered trademarks and HealthChampion is a service mark of ComPsych Corporation.

2 HealthChampionSM specialists are only available during business hours. Inquiries outside of this time frame can either request a call-back the next day or schedule an appointment.

CRITICAL ILLNESS INSURANCE

You can't predict the future, but you can plan for it. Group Voluntary Critical Illness Insurance can help give you the power to take control of your health when faced with a covered illness. This insurance pays benefits that can be used for non-medical, critical illness-related expenses that health insurance might not cover. The cash benefit is in the form of a lump sum payment, which is paid to the employee after a covered diagnosis.

Covered Illnesses:

Heart Attack	Coronary Artery Bypass Surgery (25%)
Stroke	End Stage Renal (Kidney) Failure
Major Organ Transplant	Complete Blindness
Paralysis	Complete Loss of Hearing
Benign Brain Tumor	Advanced Parkinson's
Advanced Alzheimer's	Coma

Critical Illness Rates:

Non- Smoker			Smoker		
Age	Employee OR EE + Child(ren)	EE + Spouse OR Family	Age	Employee OR EE + Child(ren)	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



CANCER INSURANCE

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 at the Benefits Resource Center, shawhankinsbenefits.net/ccsd. 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.

Cancer Insurance Rates:

	Single	Family
Economy Plan	\$7.06	\$11.66
Standard Plan	\$10.26	\$17.42
Deluxe Plan	\$14.48	\$24.84



HOSPITAL INDEMNITY AND ACCIDENT INSURANCE

HOSPITAL INDEMNITY

Hospital indemnity is offered through Allstate. In the event of an extended stay in a hospital this coverage provides some relief by offering a payout to help cover costs. The benefit pays \$500 for the first day and \$100 per day for up to ten days. Coverage is offered to dependents as well.

****Maternity inpatient services are covered under this plan.****

HOSPITAL INDEMNITY MONTHLY RATES

	Monthly Rates
Employee	\$9.36
Employee + Spouse	\$25.09
Employee + Child(ren)	\$16.25
Family	\$27.17

ACCIDENT INSURANCE

Accident insurance is offered through Allstate. This benefit offers a variety of payouts in the event of an accident. Accidents may occur on or off the job and coverage is offered to employees and dependents.

ACCIDENT INSURANCE MONTHLY RATES

	Monthly Rates
Employee	\$15.35
Employee + Spouse	\$26.52
Employee + Child(ren)	\$32.92
Family	\$42.85



ACCIDENT INSURANCE CONTINUED

COVERED ACCIDENTS:

Accident	Benefit
Death	\$40,000 (Employee Only)
Burns 2 nd Degree 3 rd Degree Skin Grafts	<15% of Body: \$200 >15% of Body: \$1,000 50%
Catastrophic Accident Dismemberment (loss of sight, hearing, speech, arms, or legs)	\$40,000 (Employee Only)
Emergency and Initial Care Doctor's Office Initial Visit Emergency Room Treatment Diagnostic Exam Follow Up Doctor Visits	\$50 \$200 \$50 \$100
Hospitalization Admission Stay Intensive Care Maximum Benefit	\$1,000 \$200 per Day \$400 per Day 180 Days
Eye Injury	\$200
Fractures and Dislocations	Up to \$5,000
Torn Knee Cartilage	Up to \$1,000
Laceration	\$100
Paralysis	\$15,000 to \$30,000
Surgery	Up to \$2,000
Tendon, Ligament, and/or Rotator Cuff	\$300-\$1,000
Emergency Dental (Extractions and Crowns)	\$200
Ambulance Ground Air	\$400 \$1,200



Legal Plan



Enjoy Life with Fewer Worries – with Legal Insurance from ARAG®

UltimateAdvisor® legal insurance from ARAG gives you a place to turn to help address and resolve life's legal or financial issues – like disputing a contractor's charges, getting your will done or receiving a traffic ticket.

For as little as \$13.52 Monthly for individual coverage and \$16.88 Monthly for family coverage, you'll have access to a nationwide network of attorneys who can:

- Work with you in person, over the phone or online to consult with you on legal issues.
- Review or prepare documents.
- Make follow-up calls or write letters on your behalf.
- Represent you if needed.
- Work with you in-person, over the phone or online or to help resolve the matter.

Save Time and Money on Legal Matters

Attorney fees for most covered legal matters are 100% paid in full when you work with a Network Attorney. That means you'll avoid paying high-cost attorney fees (which currently average \$323 an hour¹).

It's like having an attorney on retainer whenever you have a question or need guidance regarding a legal matter.

Face Life's Legal Issues with More Confidence

Count on a wide variety of benefits and services to help protect you when you encounter situations in life that could result in legal issues such as:

- Personal Bankruptcy – **New for 2016!**
- Contested and Uncontested Divorce – **New for 2016!**
- Consumer and Fraud Protection Issues
- Wills and Estate Planning
- Real Estate Matters
- Family Law
- Civil Damage Claims (Defense)
- Criminal Matters
- Debt-Related Matters
- Dispute with a Landlord
- Government Benefits
- Small Claims Court
- Tax Issues
- Traffic Matters

To see a full list of coverages available under your plan, visit ARAGLegalCenter.com, access code 17840ccs and go to "Plan Details." For any legal matters not covered and not excluded under the plan (including Immigration Assistance), you are eligible to receive at least 25% off the Network Attorney's normal rate.

With UltimateAdvisor legal insurance, not only do you receive all of the benefits offered above, but you can also rely on additional benefits, such as:

How Much Can You Save?		
Common Legal Issues:	Attorney Fees @ 323/hr. ¹	Attorney Fees with ARAG ²
Debt Collection Issues	\$2,584 ³	\$0
Neighbor Dispute	\$1,938 ³	\$0
Purchase a Home	\$1,938 ³	\$0
Standard Will Preparation	\$1,292 ³	\$0

¹ Average attorney rates in the United States of \$323 per hour for attorneys with 11 to 15 years of experience. Survey of Law Firm Economics, The National Law Journal and R/S/L Legal Intelligence, July 2016.
² Attorney fees are 100% paid in full when using an ARAG Network Attorney for a covered legal matter.
³ Attorney costs calculated by multiplying the 2013 ARAG Claims Data by the average attorney rate in the United States of \$323 per hour for attorneys with 11-15 years of experience.

500250



Legal Plan Continued

- Identity Theft Protection that offers credit monitoring, full service identity restoration, lost wallet services, \$1 million identity theft insurance and more.
- Financial Education and Counseling Services, which offers access to a Credit Counselor, a debt management plan, online tools and calculators and more.

Be sure to enroll during the open enrollment period and take advantage of all of these valuable legal benefits! If you have any questions, call **800-247-4184** to speak with an ARAG Customer Care Specialist. For complete plan coverage details, visit ARAGLegalCenter.com, access code 17840.

*Average attorney rates in the United States of \$323 per hour for attorneys with 11 to 15 years of experience, The Survey of Law Firm Economics: 2014 Edition, The National Law Journal and ALM Legal Intelligence, July 23, 2014.

Follow us @ ARAGlegal



Limitations and exclusions apply. Insurance products are underwritten by ARAG Insurance Company of Des Moines, Iowa, GuideOne[®] Mutual Insurance Company of West Des Moines, Iowa or GuideOne Specialty Mutual Insurance Company of West Des Moines, Iowa. Service products are provided by ARAG Services, LLC. This material is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, call our toll-free number.



The ShawHankins Service Center is available for additional support!
Call 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: The Service Center 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 regarding online enrollment or completing any applicable paper forms.

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

Order ID cards: The Service Center can contact your Dental or Vision insurance carrier directly and order a replacement card for you.

Claim Resolution and Research: The Service Center can help you understand your Dental or 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.

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

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

CONTACTS

Carrier	Benefit	Phone #
State Health	Health Insurance	(800) 610-1863
BlueCross and BlueShield	Health Insurance	(855) 641-4862 bcbsga.com/shbp
United HealthCare	Health Insurance	(888) 364-6352 welcometouhc.com/shbp
Kaiser Permanente	Health Insurance	(855) 512 5997 my.kp.org/shbp
MetLife	Dental Insurance	(800) 942-0854
Avesis	Vision Insurance	(800) 828-9341
Hartford	Disability Insurance	(800) 523-2233
Hartford	Life Insurance	(800) 523-2233
TASC	Flexible Spending Account	(800) 422-4661
Allstate	Critical Illness, Cancer, Hospital Indemnity and Accident Insurance	(800) 521-3535
ARAG	Legal Services	(800) 247-4184
ShawHankins Advantage	Teladoc, Health Advocacy, Medical Bill Saver, Nurseline, Doctors Online, Health Wealth Connection.	(800)800-7616

Cobb Benefits Department:

770-426-3537

benefits@cobbk12.org

Resource Center:

shawhankinsbenefits.net/ccsd

ShawHankins Client Services:

1-877-373-0730

customerservices@shawhankins.com