

2020 Plan Year

Dear New Employee:

As CEO/Superintendent, I would like to welcome you to Gwinnett County Public Schools (GCPS), and congratulate you on being selected to become a part of this outstanding school district. GCPS has garnered national attention in many areas, including recognition twice as the winner of The Broad Prize for Urban Education (2010 and 2014). More recently, the district has earned recognition as 2016 AP National District of the Year, an Outstanding Great District for Great Teachers, and as one of America's top employers by Forbes Magazine. We are proud of all that we have accomplished to date and look forward to working with you to make our good school system even better.

The largest school system in Georgia, GCPS serves approximately 180,000 students and employs more than 22,000 people, and we're still growing. The school system is the centerpiece of a vibrant community, and contributes greatly to the economic, cultural, and social vitality of Gwinnett County.

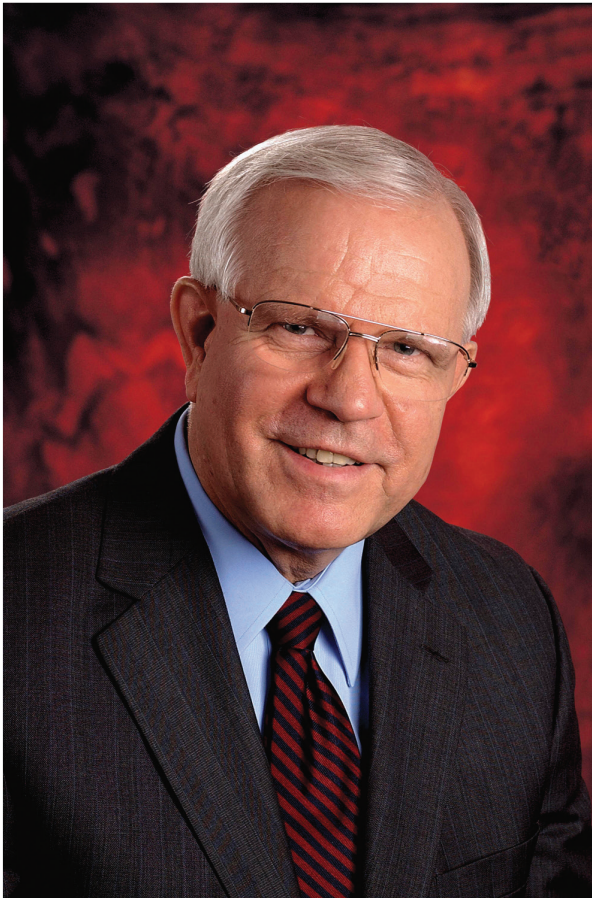
Much of the credit for our success goes to our employees. These dedicated professionals work tirelessly to make our schools and community better. They provide students with rewarding academic experiences and ensure each child is successful. As a new employee, you will play an important role in continuing our strong tradition of excellence.

In addition to having high standards for our students, our teachers, support staff, and administrators continually raise the bar for themselves in terms of professionalism and performance. As a result, our students, staff, and schools are recognized regularly for outstanding achievement. We nurture this "performance culture" through an ongoing commitment to personal and professional development. We constantly look for ways to reward performance as evidenced by our Performance-Based Awards for teachers, our Perfect Attendance Teacher Recognition, and special recognitions for other categories of employees.

I encourage you, as a new employee, to become familiar with our Strategic Priorities, especially the one that focuses on Employees. In doing so, you will learn more about the school system, its direction, and the qualities and characteristics that our stakeholders have indicated are desirable for different components of GCPS, including our workforce. You see, our vision is to become a system of world-class schools. As a GCPS employee, you will now play a vital role as we work to turn that vision into reality. I am pleased that you are part of our team.

Sincerely,

CEO/Superintendent
Gwinnett County Public Schools



FROM BENEFITS AND LEAVE ADMINISTRATION



To: Benefit Eligible Employees
From: Kellie Beaver, Director
Benefits and Leave Administration
Subject: New Hire Enrollment

The Plan Year for all GCPS benefits is January 1 through December 31 of each year.

Insurance benefits become effective on the first day of the calendar month after you have completed one full calendar month of service. (Example: Employees beginning employment for the new school year by July 29 will have premiums deducted from the August 31 paycheck with benefits effective on September 1).

Make your selections carefully. New hires have 31 days from their hire date to elect/change benefits.

Benefits Eligibility

All active employees regularly scheduled to work at least 20 hours per week are eligible for benefits. Any employee working less than 20 hours per week is not eligible.

If an employee also qualifies as a dependent, such person may be covered as either an employee or a dependent, but not both. If both spouses are employed by GCPS, their children will be covered as dependents of one parent, but not both. The only exception to this is Dependent and Spousal Life Insurance.

Review this New Hire Guide for further information on all benefit plan options available to you. You can reach the Benefits and Leave Administration Office on LotusNotes at Benefits or e-mail benefits@gcpsk12.org.

Dependent Eligibility

Eligible dependents for health insurance include:

- Your legally married spouse, and
- A dependent child, regardless of marital or student status, through the last day of the month of the dependent's 26th birthday.

Eligible dependents for all GCPS Plan coverages include:

- Your legally married spouse, and
- A dependent child, under age 19. If the dependent child remains a full-time student, coverage can be continued through the last day of the month of the dependent's 26th birthday.

The term "dependent child" includes the following:

- Employee's biological child;
- Employee's adopted child, or a child who has been placed for adoption;
- Employee's stepchild, provided employee and child's parent are legally married; and
- A child who is under legal guardianship of the employee.

An enrolled employee shall be entitled to retain coverage of a dependent child after age 26 if the child is physically or mentally disabled, and depends primarily on the enrolled employee for support and maintenance.



FROM BENEFITS AND LEAVE ADMINISTRATION

Below are highlights of the benefit plans available to all eligible employees.

Health Plans (pages 5-9)

All health benefit plan options highlighted in this New Hire Guide are discussed in detail in the [State Health Benefit Plan \(SHBP\) Decision Guide](#). Guides are available in a printable, electronic format on the GCPS Employee Portal. Vendors include Anthem Blue Cross Blue Shield, UnitedHealthcare (UHC), and Kaiser Permanente (KP). Employees have the option of the following plan designs:

- Anthem Blue Cross Blue Shield will offer Health Reimbursement Account (HRA) options as well as a Health Maintenance Organization (HMO) plan.
- UnitedHealthcare will offer an HMO and a High Deductible Health Plan (HDHP).
- Kaiser Permanente will offer an HMO for employees who live or work in the 27-county metro Atlanta service area.

GCPS Plans

The GCPS Employee Portal is available to you – 24 hours a day, seven days a week – with benefit plan information.

Flexible Spending Accounts (pages 10-11)

Flexible Spending Accounts (FSA) must be elected each year to continue the benefit. Special care must be taken in predicting your out-of-pocket expenses for the 2020 plan year. Any unused portion of your FSA at the end of the plan year will be forfeited.

The Health Care Flexible Spending Account (HCFSA) can be used for your qualifying out-of-pocket Medical, Dental, and Vision care expenses. In general, expenses for procedures cosmetic in nature, such as teeth whitening and cosmetic surgery, are excluded from FSA eligibility, as are therapeutic massages and gym memberships. You can elect up to \$2,750 per plan year.

A Dependent Care Flexible Spending Account (DCFSA) allows you to pay for child-care expenses for dependents under age 13, or for the care of dependents of any age if they are mentally or physically disabled, live with you, and are claimed as dependents on your federal income tax return. The maximum DCFSA election is \$5,000 if you are single or married and file taxes jointly or \$2,500 if you are married and file individually.

Dental Plan (page 12)

If you did not enroll in the Dental Plan when you were first hired and elect to enroll during Open Enrollment, or if you discontinued Dental coverage and re-enroll during Open Enrollment, you will be considered a Late Entrant.

Short-Term Disability (page 13)

Short-Term Disability provides a weekly benefit if you experience an illness or injury that prevents you from performing the essential functions of your job. Benefits begin paying on the 15th calendar day of disability, and you must have paid six deductions into the plan to be eligible for benefits.

All benefit-eligible employees contribute 1% of their salary to the Gwinnett Retirement System (GRS) Long Term Disability fund, which is a mandatory benefit.

Vision Plan (page 14)

The Vision Plan offers in-network services through the EyeMed network of providers, including LensCrafters, Pearle Vision, among others, as well as a large number of private practitioners. The plan also offers an out-of-network option as well. See chart on page 14 for complete information. Please note that the SHBP health insurance plans may provide an eye exam every other year with no co-payment as part of Wellness and preventative care. However, the health plans do not cover glasses, contact lenses, or other materials.

Accident Insurance (page 15-16)

The Accident plan is designed to provide financial protection to employees in the event of an Accident. A lump sum benefit will be paid to the employee by MetLife. Funds may be used to off-set Medical deductibles, out-of-pocket maximums, and/or living expenses.

FROM BENEFITS AND LEAVE ADMINISTRATION

GCPS Plans

Legal (page 17)

The Legal plan offers two levels of coverage. The UltimateAdvisor Plan is a comprehensive plan that provides a full range of legal services and protection. Benefits include legal representation — over the phone or face-to-face — telephone legal advice and consultation, reduced fee services, online Legal tools and resources, identity theft services, immigration assistance, and financial education and counseling services. The LawPhone plan offers basic legal coverage, including toll-free telephone access to an attorney for Legal questions. Coverage also includes simple Will Preparation, review of short Legal documents, and assistance with small claims and debt collection.

Hospital Indemnity Insurance (page 18)

The Hospital Indemnity plan is designed to provide a daily benefit for each day an employee and/or covered dependent is hospitalized. A lump sum benefit will be paid to the employee by MetLife. Funds may be used to off-set Medical deductibles, out-of-pocket maximums, and/or living expenses.

Critical Illness (pages 19-20)

The Critical Illness plan provides guaranteed issuance for employees up to \$50,000. A spouse can be covered at 50% of the employee's election. Eligible children are covered at no additional cost. The plan is designed to protect the employee in the event of a Critical Illness.

Supplemental Life Insurance (page 21)

Supplemental Life Insurance is offered to give you an opportunity to provide additional financial security to your loved ones in the event of your death. You may apply for coverage or increase your current coverage up to the maximum allowable amount. Coverage is offered in increments of one to six times your salary, to a maximum of \$500,000*.

Will Preparation (page 21)

If you are enrolled in Supplemental Life Insurance, you have access to a Will Preparation Service offered by Hyatt Legal Plan, a MetLife Company. This free service provides employees and their spouse with access to participating plan attorneys for preparing or updating a will. This service covers these Legal fees when using a participating attorney at no cost. Contact Hyatt Legal Plans at 1-800-821-6400 and reference the GCPS Group Number (109945).

Spousal Life Insurance (page 21)

If you are enrolled in the Supplemental Life Insurance benefit through Gwinnett County Public Schools, your spouse may also apply for Spousal Life Insurance coverage. Coverage is provided in increments of \$10,000, not to exceed 50% of the employee's Supplemental Life benefit up to \$250,000*.

Dependent Life Insurance (page 21)

Dependent Life Insurance provides you the opportunity to purchase life insurance for your dependents, including your spouse and/or your children. Benefit-eligible employees may apply to enroll their eligible dependents for \$5,000, \$10,000 or \$15,000 in Dependent Life Insurance*.

Behavioral Health and Counseling (page 22)

MetLife, Gwinnett County Public Schools' provider of Life Insurance, offers Behavioral Health and Counseling services to all benefit-eligible employees (including retirees), at no charge to the employee. No enrollment is necessary for this service.

Auto/Home Insurance (page 22)

Employees of GCPS are eligible for automobile, homeowner's, and other personal property insurance through the Auto/Home program.

Long-Term Care Insurance (page 22)

Group discounts are available to all employees of GCPS for Long-Term Care Insurance. This coverage may include home health care, assisted living, and nursing home care.

Changes to Benefits Coverage Due to a Qualifying Event

Changes to your coverage (except Supplemental Life Insurance, Spousal Life Insurance and Dependent Life Insurance) may only occur when you experience a Qualifying Event. Any changes made to coverage due to a Qualifying Event must be made within 31 calendar days of the event, must be consistent with the event, and must be documented. A Qualifying Event includes the following:

- Marriage, divorce, or legal separation;
- Birth, adoption, or placement for adoption;
- Loss of coverage due to spouse's employment status change, such as termination of employment or reduction of hours;
- Acquisition of coverage due to a spouse's employment status change;
- Dependent child no longer meets eligibility requirements of the plan; and/or
- Death of a dependent.

If life insurance coverage ends for you or your dependent you may qualify to keep coverage in effect via portability or conversion if you apply within 31 days. Contact Metlife for more information.

* Subject to underwriting approval by MetLife.

MOBILE RESOURCES

PUT YOUR SMARTPHONE TO WORK FOR YOU



Flexible Spending Account

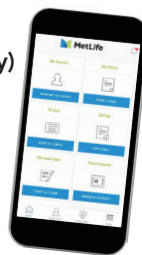
Search "Medcom" at iTunes App Store or Google Play

- View current balances and transactions in your HCFA and DCFA accounts.
- Submit new claims and view alerts. Opt in for customized push alerts showing account activity, date reminders, claim status, balance alerts and confirmation of changes made to your account. Data is sent to your phone via secure, encrypted transmissions to protect your privacy.
- Text messaging service is available for participants who use standard cell phones rather than smartphones.
- Participants can upload receipts to substantiate debit card transactions. These receipts are available for future viewing on both the mobile app and the participant portal.
- Participants may also submit manual claims for reimbursement of expenses they've paid out of pocket!

Dental

Search "MetLife" at iTunes App Store or Google Play)

- Find a dentist
- Get estimates for most procedures
- View benefits
- View your claims
- Electronic ID card



Vision

Search "EyeMed Members" at iTunes App Store or Google Play). Some features are available when you download the app and others are unlocked when you register with your member ID.

- Find a Vision provider (including directions and maps)
- Appointment scheduling
- Eye exam and contact lens reminders
- Electronic ID card
- Store a picture of prescription(s) in your app
- View benefits
- Answers to common questions
- Special offers and discounts

Legal

Search for ARAG network attorneys.

- See ratings and reviews for ARAG network attorneys
- Sort attorney finder search results by a variety of different options and filter attorney search results
- View what an attorney's reduced fee is



Accident, Hospital Indemnity & Critical Illness

Search "MetLife" at iTunes App Store or Google Play.

- View effective date and benefit amount
- View covered dependents and beneficiary information
- Touch ID



Home & Auto

Search "MetLife" at iTunes App Store or Google Play.

- View policy details
- See list of insured vehicles and drivers
- Access payment history
- Pay bills
- File a claim and upload Accident details

HEALTH COVERAGE

Health Coverage

State Health Benefit Plan (SHBP) is the administrator for medical coverage. The providers for the 2020 plan year include Anthem Blue Cross Blue Shield, UnitedHealthcare, and Kaiser Permanente. Employees have the option of the following plan designs: Health Reimbursement Arrangement (HRA), Health Maintenance Organization (HMO), and a High Deductible Health Plan (HDHP). For further information, please review the [State Health Benefit Plan Active Employee Decision Guide](#).

SHBP Eligibility of Dependents

SHBP requires documentation verifying the eligibility of dependents covered under the health plan options. You must submit documentation, such as a marriage certificate and/or birth certificate(s) in order to cover any dependent. You will receive a letter from SHBP requesting the information and the instructions on how to submit the required documents.



Anthem Blue Cross Blue Shield offers HRA options as well as an HMO.



UnitedHealthcare offers an HMO and HDHP.



Kaiser Permanente offers an HMO.

Monthly Premiums

Health Insurance	You	You + Child(ren)	You + Spouse	You + Family
Anthem Blue Cross Blue Shield – HRA Gold	\$168.73	\$307.13	\$418.09	\$556.50
Anthem Blue Cross Blue Shield – HRA Silver	\$110.89	\$208.80	\$296.62	\$394.54
Anthem Blue Cross Blue Shield – HRA Bronze	\$72.45	\$143.46	\$215.91	\$286.92
Anthem Blue Cross Blue Shield – HMO	\$135.65	\$250.90	\$348.63	\$463.89
Kaiser Permanente – HMO	\$142.71	\$262.59	\$362.49	\$482.37
UnitedHealthcare – HMO	\$172.56	\$313.65	\$426.14	\$567.22
UnitedHealthcare – HDHP	\$58.03	\$118.94	\$185.62	\$246.54

**Excludes \$80 tobacco surcharge, if applicable.*

TRICARE Supplement	You	You + Child(ren)	You + Spouse	You + Family
Must be enrolled in TRICARE to be eligible for TRICARE Supplement.	\$60.50	\$119.50	\$119.50	\$160.50

*Please visit the SHBP website at <https://shbp.georgia.gov/annuitant-years-service-subsidy-new-policy-rates> for information about the Annuitant Years of Service Subsidy Policy, including Retiree Rate Calculators. This change could have a substantial impact on the cost of healthcare in retirement.

HEALTH COVERAGE

Anthem Blue Cross Blue Shield

Anthem BCBS HRA	Gold Plan		Silver Plan		Bronze Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible						
You	\$1,500	\$3,000	\$2,000	\$4,000	\$2,500	\$5,000
You + Child(ren)/ 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
Out-of-Pocket Maximum						
You	\$4,000	\$8,000	\$5,000	\$10,000	\$6,000	\$12,000
You + Child(ren)/ 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
Coinsurance (Plan Pays)	85%	60%	80%	60%	75%	60%
Base HRA Contribution						
You	\$400		\$200		\$100	
You + Child(ren)/ Spouse	\$600		\$300		\$150	
You + Family	\$800		\$400		\$200	
Medical						
Primary Care Physician	Coinsurance after deductible Coinsurance after deductible Coinsurance after deductible		Coinsurance after deductible Coinsurance after deductible Coinsurance after deductible		Coinsurance after deductible Coinsurance after deductible Coinsurance after deductible	
Specialist						
Emergency Room						
Preventive Care						
	100%	No coverage	100%	No coverage	100%	No coverage
Telemedicine/Virtual Visit	85% coverage; not subject to deductible	N/A	80% coverage; not subject to deductible	N/A	75% coverage; not subject to deductible	N/A
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	

Anthem BCBS HMO	In-Network
Deductible	
You	\$1,300
You + Child(ren)/ Spouse	\$1,950
You + Family	\$2,600
Out-of-Pocket Maximum	
You	\$4,000
You + Child(ren)/ Spouse	\$6,500
You + Family	\$9,000
Coinsurance (Plan Pays)	80%
Medical	
Primary Care Physician	\$35 Co-pay
Specialist	\$45 Co-pay
Emergency Room	\$150 Co-pay
Preventive Care	100%
Telemedicine/Virtual Visit	100% coverage after \$35 PCP co-pay
Pharmacy Benefits	
Tier 1	\$20 Co-pay
Tier 2	\$50 Co-pay
Tier 3	\$90 Co-pay

HRA Plan Features

- If you choose an HRA plan option, there will not be co-payments for Medical and pharmacy expenses. Instead, you pay the applicable deductible and/or coinsurance.
- HRA credits must be used for Medical and pharmacy benefits and will reduce the deductible and out-of-pocket maximum.
- The HRA option pays 100% of covered services provided by in-network providers that are properly coded as “preventive care” within the meaning of the Affordable Care Act (ACA).
- You must meet separate in and out-of-network deductibles.
- You must meet separate in and out-of-network out-of-pocket maximums.
- After you meet your annual deductible, you pay a percentage of the cost of your covered expenses, called coinsurance.

Anthem BCBS HMO Plan Features

- There are co-payments with this plan for certain services, such as an office visit.
- The HMO option pays 100% of covered services provided by in-network providers that are properly coded as “preventive care” within the meaning of the Affordable Care Act (ACA).
- Certain services are subject to a deductible and coinsurance, such as diagnostic services.
- You do not have to obtain a referral to see a Specialist (SPC); however, we encourage you to select a Primary Care Physician (PCP) to help coordinate your care.

HEALTH COVERAGE

UnitedHealthcare

UHC	HDHP		HMO
	In-Network	Out-of-Network	In-Network
Deductible			
You	\$3,500	\$7,000	\$1,300
You + Child(ren)/ Spouse	\$7,000	\$14,000	\$1,950
You + Family	\$7,000	\$14,000	\$2,600
Out-of-Pocket Maximum			
You	\$6,450	\$12,900	\$4,000
You + Child(ren)/ Spouse	\$12,900	\$25,800	\$6,500
You + Family	\$12,900	\$25,800	\$9,000
Coinsurance (Plan Pays)	70%	50%	80%
Medical			
Primary Care Physician	Coinsurance after deductible		\$35 Co-pay
Specialist	Coinsurance after deductible		\$45 Co-pay
Emergency Room	Coinsurance after deductible		\$150 Co-pay
Preventive Care	100%	No coverage	100%
Telemedicine/Virtual Visit	70% coverage; subject to deductible	No coverage	100% coverage after \$35 PCP Co-pay
Pharmacy Benefits			
Tier 1	Coinsurance after deductible		\$20 Co-pay
Tier 2	Coinsurance after deductible		\$50 Co-pay
Tier 3	Coinsurance after deductible		\$90 Co-pay

HDHP Features

- You must meet separate in-network and out-of-network deductibles and out-of-pocket maximums.
- The HDHP option pays 100% of covered services provided by in-network providers that are properly coded as “preventive care” within the meaning of the Affordable Care Act (ACA).
- After you meet your annual deductible, you pay a percentage of the cost of your covered expenses, called coinsurance.

UHC HMO Plan Features

- There are co-payments with this plan.
- The HMO option pays 100% of covered services provided by in-network providers that are properly coded as “preventive care” within the meaning of the Affordable Care Act (ACA).
- Certain services are subject to a deductible and coinsurance, such as diagnostic services.
- You do not have to obtain a referral to see a Specialist (SPC); however we encourage you to select a Primary Care Physician (PCP) to help coordinate your care.

Kaiser Permanente

KP HMO	In-Network
Deductible	
You	None
You + Child(ren)/ Spouse	None
You + Family	None
Out-of-Pocket Maximum	
You	\$6,350
You + Child(ren)/ Spouse	\$12,700
You + Family	\$12,700
Coinsurance (Plan Pays)	100%
Medical	
Primary Care Physician	\$35 Co-pay
Specialist	\$45 Co-pay
Emergency Room	\$150 Co-pay
Preventive Care	100%
Telemedicine/Virtual Visit	100% coverage
Pharmacy Benefits	
Tier 1	\$20 Co-pay
Tier 2	\$50 Co-pay
Tier 3	\$80 Co-pay

Kaiser Plan Features

- This is a co-payment only option.
- The HMO option pays 100% of covered services provided by in-network providers that are properly coded as “preventive care” within the meaning of the Affordable Care Act (ACA).
- There are no deductibles or coinsurance.
- The Medical and pharmacy out-of-pocket maximums are combined.

2020 Wellness

2020 Well-Being Incentives for Anthem and UnitedHealthcare Commercial Plan Options*	
Members and their Covered Spouses can each earn 480 well-being Incentive Points and choose to redeem them in the Sharecare Redemption Center** for either: 1) a \$150 Visa Reward Card (when redeeming all 480 well-being incentive points earned In 2020) OR 2) 480 well-being incentive credits (to apply toward eligible Medical or pharmacy expenses) OR 3) A \$225 Walmart Gift Card (when redeeming all 480 well-being incentive points earned in 2020) to be used In Walmart stores for pharmacy prescriptions and Vision items (restrictions apply).	
For details or questions, go to www.BeWellSHBP.com or call 888-616-6411.	
If You Complete...	You Will Earn...
The RealAge Test – Take a confidential, online questionnaire that will take about 10-15 minutes to complete. It is recommended that you complete the RealAge test early in 2020 to allow for completion of action items below.	120 well-being incentive points****
A Biometric Screening – You have three options to complete your Biometric Screening: through your physician or at an SHBP-sponsored screening event or at a Quest Diagnostic Patient Service Center (PSC).	120 well-being incentive points****
The Coaching Pathway, Online pathway, or a Combination of Both	Up to 240 well-being incentive points in the following increments****:
Telephonic Coaching Pathway – Actively engage in telephonic coaching with a Sharecare Wellness coach.	Telephonic Coaching Pathway <ul style="list-style-type: none"> • Earn 60 well-being incentive points for each completed coaching call per calendar month, up to 4 times. • Maximum of one call in a calendar month qualifies you for the 60 well-being incentive points. • Maximum of 240 well-being incentive points.
Online Pathway or Challenges – Within the Sharecare app or on the online platform join and complete either challenge: <ul style="list-style-type: none"> • Complete 5,000 Steps per day within the challenge period; or • Update your Stress per day within the challenge period; or • Log your 8 Green Day trackers per day within the challenge period, which include daily trackers such as steps, sleep, stress, blood pressure, weight, and smoking. 	Online Pathway or Challenges <p>Earn 120 well-being incentive points up to 2 times, for a maximum of 240 well-being incentive points by completing two of the following challenges within the challenge period, as listed below:</p> <ul style="list-style-type: none"> • 5,000 Steps Challenge (Complete and track 21 of 30 days in January, April, July or October). • Stress Challenge (Complete and track 21 of 30 days in February, May, August or November). • Green Day Challenge (Complete and track 21 of 30 days in March, June or September).
<p>* All actions must be completed and appropriate documentation (including the Biometric Screening through your physician by completing the 2020 Physician Screening Form or at an SHBP-sponsored screening event or at a Quest Diagnostic Patient Service Center (PSC)) submitted and received by Sharecare between January 1, 2020 and November 30, 2020. It is your responsibility to ensure your information is complete and all documentation is received by Sharecare by November 30, 2020 .</p> <p>** Well-being Incentive Points are saved in the Sharecare Redemption Center until you choose to redeem them, meaning well -being incentive points will not be sent automatically to Anthem or UnitedHealthcare. Therefore, Members must make their selection on how they choose to redeem their points through the Redemption Center, by visiting www.BeWellSHBP.com.</p> <p>*** If you elect to redeem all 480 well-being incentive points earned in 2020 for the \$150 Visa Reward Card, it can be used anywhere Visa is accepted and will be physically mailed within 8 weeks of redemption. If you elect to redeem all 480 well-being incentive points earned in 2020 for the \$225 Walmart Gift Card, it can be used in Walmart stores for pharmacy prescriptions and Vision items (restrictions apply) and will be physically mailed within 8 weeks of redemption. If you elect to redeem your points for well-being incentive credits to apply toward eligible Medical and pharmacy expenses, you may do so in increments of 120 (up to a maximum of 480). Credits will be available within 30 days of redemption and will be deposited into your HRA, MIA, or HIA account. You will not be able to select the Visa Gift Card OR Walmart Gift Card options if you begin redeeming well-being incentive points for incentive credits.</p> <p>**** Note: Well-being incentive points cannot be awarded until completion of the RealAge test. Biometrics, Telephonic Coaching and Online Pathways taken before completion of the RealAge test can only be applied to well-being incentive points upon RealAge test completion.</p>	

2020 Wellness

2020 Wellness Incentives for Kaiser Permanente		
Earn up to \$1,000 and feel the benefits of taking care of your health!		
Simply sign-up for the KP Wellness Program at my.kp.org/shbp and make sure you are up-to-date on all five of the activities listed below. Each member and their covered spouse who satisfies the KP Wellness Program requirements will receive a \$500 reward card (\$1,000 per household)! Use your Wellness incentive to further embrace your Total Health.		
Getting your reward is easy. Just sign on to my.kp.org/shbp to accept your Wellness Program agreement (required for reward eligibility) then complete the four additional Wellness activities which do not have to be completed in any specific order. For details or questions go to my.kp.org/shbp or call 866-300-9867.		
NOTE: All actions must be completed between January 1, 2020 and November 30, 2020.		
	What to Do	What You will Earn
1	Accept your Wellness Program Agreement: Sign on to kp.org/engage to accept your Wellness Program Agreement - check "yes." then click submit. If you check "no" or if you don't complete this step, you will not earn credit for your Kaiser Permanente Wellness Program activities.	How will YOU use your \$500 Incentive reward? Complete all five activities and earn a reward card worth \$500. <ul style="list-style-type: none">• Pay for co-pays and prescription medications for the entire year• Relieve stress with quarterly massages• Take a nice weekend hiking trip in the mountains• Splurge on new work-out clothes or walking shoes• Stock up on healthy foods at the grocery store Both members and their covered spouses are eligible to earn the incentive for a total of \$1000 per household.
2	Take Your Total Health Assessment: Complete your KP on-line Total Health Assessment (THA). The questionnaire is confidential and only takes about 20 minutes.	
3	Know Your Numbers: Complete a Biometric Screening at a Kaiser Permanente Medical Office, or by a KP clinician at an SHBP-sponsored biometric screening event. NOTE: ONLY those screenings performed by KP are eligible for the reward.	
4	Get Yourself Screened: Complete all age and gender appropriate preventive screenings for breast, cervical or colorectal cancer.	
5	Take an Online Course: Complete one online Healthy Lifestyle Program (HLP)	
Note: If you terminate your coverage with SHBP, any unused KPRA credits will be forfeited.		



HEALTH CARE FSA

Health Care Flexible Spending Accounts (HCFSA)

You should consider using a HCFSA if you have predictable out-of-pocket health care expenses, such as insurance co-pays and orthodontia expenses. The money you have set aside from your paycheck in an HCFSA is not subject to federal, state, or Medicare taxes, allowing you to use tax-free money to pay for qualifying expenses.

How the HCFSA Works

- Estimate what you think you will spend for predictable health care expenses in the upcoming Plan Year (January 1, 2020 - December 31, 2020).
- Enroll in the GCPS Online Benefits System by entering the amount you expect to spend this year on the HCFSA page. The annual maximum contribution is \$2,750.

HCFSA's are pre-funded, allowing you access to the entire election amount at any time during the Plan Year, beginning January 1, 2020. You can use your pre-funded Flex Convenience MasterCard or pay out-of-pocket and submit receipts and completed claim forms. If you submit a claim, you can elect to be reimbursed by a check mailed to the address on file, or elect to have your reimbursements posted directly to your bank account through a direct deposit option.

Annual Enrollment Required

Internal Revenue Service (IRS) regulations require individuals who seek to utilize a HCFSA to enroll each year, even if the amount elected does not change.

Use It or Lose It Rule

HCFSA's are strictly governed by the IRS. Under current regulations, amounts set aside in HCFSA's must be spent for qualified expenses incurred during the plan year, which runs January 1 through December 31. Funds remaining in your HCFSA for which you did not incur an allowable expense on or before December 31 are forfeited. You have until March 31 of the following year to claim remaining funds for expenses incurred no later than December 31 of the prior calendar year. HCFSA funds do not roll over year to year.

Flex Convenience MasterCard

The Flex Convenience MasterCard works just like a debit card, and allows you to directly pay for your eligible HCFSA expenses at the point of services. This allows you to avoid having to pay out-of-pocket and file a claim for reimbursement. Your card can be used at any authorized provider who accepts MasterCard. The payment that you make to the provider will be deducted directly from your HCFSA account. Your Flex Convenience MasterCard can only be used to pay for eligible expenses, such as:

- Eligible Medical, Dental, and/or Vision expenses not covered under your group plans;
- Prescription co-pays, coinsurance, and deductibles;
- Contact lenses, eyeglasses, and other Vision expenses not covered by your Vision Plan;
- Chiropractic services; and/or
- Corrective laser eye surgery.

You must retain all receipts for goods and services that are purchased with your Flex Convenience MasterCard. Medcom will request receipts and/or supporting documentation for charges which cannot be determined to be an exact co-payment match or previously substantiated recurring expense. If you cannot provide appropriate documentation, you will be asked to reimburse your HCFSA for the amount of the purchase. If your card is lost or stolen, please notify Medcom immediately at 1-800-523-7542.



DEPENDENT CARE FSA

Dependent Care Flexible Spending Accounts (DCFSA)



A DCFSA is used to reimburse expenses you have for dependent daycare. **Do not use the DCFSA for anticipated Medical expenses for your dependents, as those expenses are reimbursed through the Health Care FSA.** To be eligible to use a DCFSA, the Internal Revenue Service (IRS) requires the following conditions be met:

- The dependent care expenses must be necessary because you (and your spouse, if married) work or attend school on a full-time basis;
- The expenses must be for children under the age of 13, or for other dependents you report for federal income tax purposes who are incapable of self-care;
- Your dependent care provider must be an organization or an individual not claimed as a dependent by you on your federal income taxes, who provides the care either in your home or outside your home; and
- Expenses are for dependent care, and not for educational programs (i.e., Georgia Pre-K).

How the DCFSA Works

- Estimate what you think you will spend for predictable dependent care expenses in the upcoming Plan Year (January 1, 2020 - December 31, 2020).
- Enroll in the GCPS Online Benefits System by entering the amount you expect to spend this year on the DCFSA page. The annual maximum contribution is \$5,000 if you are single or married and file taxes jointly, or \$2,500 if you are married and file taxes separately.
- DCFSA's are NOT pre-funded, meaning you can be reimbursed only to the level of contributions that you have made through payroll deduction. When you submit a claim, you can elect to be reimbursed by a check mailed to your home address, elect to have your reimbursements posted directly to your bank account through a direct deposit option or use the Flex Convenience MasterCard.

Some services, such as nursing home expenses and overnight camps, do not qualify for DCFSA reimbursement. Consult IRS Publication 503 for more information, or contact Medcom at 1-800-523-7542, or www.medcom.net.

Annual Enrollment Required

IRS regulations require individuals who seek to utilize a DCFSA to enroll each year, even if the amount elected does not change.

Use It or Lose It Rule

DCFSA's are strictly governed by the IRS. Under current regulations amounts set aside in DCFSA's must be spent for qualified expenses incurred during the plan year, which runs January 1 through December 31. Funds remaining in your DCFSA for which you did not incur an allowable expense on or before December 31 are forfeited. You have until March 31 of the following year to claim remaining funds for expenses incurred no later than December 31 of the prior calendar year. DCFSA funds do not roll over year to year.

Flex Convenience MasterCard

The Flex Convenience MasterCard works just like a debit card, and allows you to directly pay for your eligible DCFSA expenses at the point of services. This allows you to avoid having to pay out-of-pocket and file a claim for reimbursement. Your card can be used at any authorized provider who accepts MasterCard. The payment that you make to the provider will be deducted directly from your DCFSA account. Your Flex Convenience MasterCard can only be used to pay for eligible expenses.

You must retain all receipts for services that are purchased with your Flex Convenience MasterCard. Medcom will request receipts and/or supporting documentation for charges which cannot be determined to be an exact match or previously substantiated recurring expense. If you cannot provide appropriate documentation, you will be asked to reimburse your DCFSA for the amount of the purchase.

DENTAL

Dental Coverage

Benefit-eligible employees may enroll in the Direct Reimbursement Dental Plan administered by MetLife. Dental benefits are available to you and your eligible dependents to cover routine care, such as: exams, x-rays, cleanings, fillings, dentures, bridge work, and periodontal care.

MetLife offers a Preferred Dentist Program (PDP) network to help maximize your Dental benefits. By selecting a participating network dentist or specialist, you increase your savings, allowing your Dental benefit dollars to go further. You may obtain a list of PDP dentists online at www.metlife.com/mybenefits (enter "Gwinnett County Public Schools" for Company Name) or by calling 1-800-942-0854.

If your current dentist is not in the network, you still may continue to use the dentist of your choice. There is no penalty for not using a PDP. If you have a dentist you would like to become a network provider, the dentist may apply online at www.metDental.com or call 1-877-MET-DDS9. (This website and phone number are designated for Dental professionals only.)

Orthodontia is included in the Premium Plan only, with no lifetime maximum. Be sure to contact MetLife before beginning orthodontic treatment, as reimbursement rules on orthodontia differ from other expenses.

Newly enrolled employees will receive identification cards which include the group number, the toll-free phone number for customer service, and the mailing address for claims. Be sure to provide the card to your Dental provider upon your first visit in 2020.

For more information, contact MetLife at 1-800-942-0854 or visit the website at www.metlife.com/mybenefits (enter "Gwinnett County Public Schools" for Company Name).

Late Entrant: If you do not enroll in the dental plan when you are first hired and elect to enroll during Open Enrollment, or if you discontinue dental coverage and re-enroll during Open Enrollment, you will be considered a late entrant. Benefits will be reduced by 50% for the first year unless proof of prior coverage can be provided.



Dental Plan Benefits		
	Basic	Premium
Eligible Dental Expenses	Plan pays 100% of the first \$175, then 50% after \$75 deductible	Plan pays 100% of the first \$200, then 50% after \$75 deductible
Annual Maximum	\$750 per person per plan year	\$1,500 per person per plan year
Orthodontia	Not included	Covered for adults and children

Dental Monthly Payroll Deductions		
	Basic	Premium
Single	\$10.81	\$17.51
Family	\$42.64	\$69.22

The MetLife Direct Reimbursement Dental Plan takes a simple approach:

- Choose any dentist
- No complex claim forms
- No lifetime maximums
- No limits on the number of cleanings you receive per year
- No waiting periods
- No limits on pre-existing conditions

DISABILITY



Short-Term Disability

Short-Term Disability coverage provides a weekly benefit to replace a portion of your income while you are unable to work due to an Accident or illness. Benefits are paid up to a maximum of 180 calendar days.

Benefit-eligible employees may elect coverage that provides up to 2/3's of your salary when you are disabled from working due to a certified disability. Short-Term Disability is guaranteed issuance if elected as a new hire.

Participants must contribute to the plan and have six payroll deductions in order to be eligible for benefits.

Short-Term Disability Monthly Payroll Deductions		
Basic	Plan A	Plan B
\$8.00	\$14.00	\$20.00

Short-Term Disability Benefits			
	Basic	Plan A	Plan B
Benefit Amount	Up to 2/3 salary	Up to 2/3 salary	Up to 2/3 salary
Maximum Weekly Benefit	\$225	\$300	\$500
Maximum Benefit Period	180 calendar days	180 calendar days	180 calendar days
Minimum Salary for Maximum Benefit	\$17,550	\$23,400	\$39,000
Benefits Begin	15th day of disability	15th day of disability	15th day of disability



Long-Term Disability

All benefit-eligible employees contribute 1% of their salary to the Gwinnett Retirement System (GRS) fund for this mandatory benefit. It is a pre-tax deduction. The benefit is 60% of the employee's salary at the time of disability. If eligible, benefits may begin six months from the actual date of disability. Additional requirements may apply. Please contact GRS at 678-301-6269 for further information.

VISION

Vision Coverage

The Vision Plan offers a Vision-care network that includes major Vision care providers, such as LensCrafters, most Pearle Vision sites, Target Optical, some Macy's, and a network of private practitioners. The plan covers the cost of eye exams, lenses, and frames. Using an in-network provider allows you to receive care at no cost or minimal out-of-pocket expense. The plan includes an out-of-network benefit that allows you to use any eye care professional. If you see an out-of-network provider, you will be reimbursed up to the \$300 annual maximum per covered person per plan year.

For more information, or to find a provider, contact EyeMed at 1-866-723-0514 or visit the EyeMed website at www.eyemed.com. Click the drop-down menu under "Find a Provider," choose "Select," enter your zip code, and click the "Submit" button.



Vision Monthly Payroll Deductions	
Single	\$6.94
Family	\$19.43

Vision Care Services – EyeMed “Select” Network		
Service	In-Network Member Cost	Out-of-Network
Exam (with Dilation as Necessary)	\$0 Copay	50% up to \$300 Allowance
Exam Options		
Standard Contact Lens Fit and Follow-Up	Up to \$40	
Premium Contact Lens Fit and Follow-Up	10% off Retail Price	
Frames (Any available frame at provider location)	\$0 Copay; \$130 Allowance, 20% off Balance over \$130	
Standard Plastic Lenses		
Single Vision / Bifocal / Trifocal / Lenticular	\$0 Copay	
Standard Progressive	\$65	
Premium Progressive	\$65, 80% of Charge less \$120 Allowance	
Lens Options		
UV Coating	\$0	
Tint (Solid and Gradient)	\$0	
Standard Scratch-Resistance	\$0	
Standard Polycarbonate	\$40 (under 19 years old there is no charge)	
Standard Anti-Reflective Coating	\$45	
Other Add-Ons and Services	20% off Retail Price	
Contact Lenses (Contact lens allowance includes materials only)		
Conventional	\$0 Copay; \$130 Allowance, 15% off Balance over \$130	
Disposable	\$0 Copay; \$130 Allowance, plus Balance over \$130	
Medically Necessary	\$0 Copay, Paid-in-Full	
Frequency		
Examination	Once every Calendar Year	
Frame	Once every Calendar Year	
Lenses or Contact Lenses	Once every Calendar Year	

ACCIDENT

Accident Insurance

Accident Insurance complements your traditional Health Coverage. It does not replace this coverage but rather supplements it. Accident Insurance provides you with a payment to use as you see fit. You can apply the payment to help cover expenses related to an Accident, or other everyday expenses. With MetLife, you'll have a choice of two comprehensive plan options which provide payments in addition to any other benefits you may receive. Here are some of the covered events/services:

Accident Insurance Summary of Benefits		
Benefit Type	Low Plan MetLife Accident Insurance Pays YOU	High Plan MetLife Accident Insurance Pays YOU
Injuries		
Fractures / Dislocations	\$50 - \$3,000	\$100 - \$6,000
Second and Third Degree Burns	\$50 - \$5,000	\$100 - \$10,000
Concussions	\$200	\$400
Cuts / Lacerations	\$25 - \$200	\$50 - \$400
Eye Injuries	\$200	\$300
Medical Services & Treatment		
Ambulance	\$200 - \$750	\$300 - \$1,000
Emergency Care	\$25 - \$50	\$50 - \$100
Non-Emergency Care	\$25	\$50
Physician Follow-Up	\$50	\$75
Therapy Services <i>(including physical therapy)</i>	\$15	\$25
Medical Testing Benefit	\$100	\$200
Medical Appliances	\$50 – \$500	\$100 – \$1,000
Inpatient Surgery	\$100 – \$1,000	\$200 – \$2,000
Hospital Coverage (Accident)		
Admission	\$500 - \$1,000 per Accident	\$1,000 - \$2,000 per Accident
Confinement <i>(non-ICU confinement paid for up to 365 days. ICU confinement paid for 30 days.)</i>	\$100 (non-ICU) - \$200 (ICU) a day	\$200 (non-ICU) - \$400 (ICU) a day
Inpatient Rehab (paid per Accident)	\$100 a day, up to 15 days	\$200 a day, up to 15 days
Accidental Death		
Employee receives 100% of amount shown, spouse receives 50% and children receive 20% of amount shown.	\$25,000 / \$75,000 for common carrier	\$50,000 / \$150,000 for common carrier
Dismemberment, Loss & Paralysis	\$250 - \$10,000 per injury	\$500 - \$50,000 per injury
Other Benefits		
Lodging – Pays for lodging for companion up to 30 nights per calendar year.	\$100 per night, up to 30 nights; up to \$3,000 in total lodging benefits available per calendar year	\$200 per night, up to 30 nights; up to \$6,000 in total lodging benefits available per calendar year

Benefits reduce by 25% at ages 65-69 and by 50% age 70+.

ACCIDENT

Accident Insurance

Accident Insurance Monthly Payroll Deductions		
Type	Low Plan	High Plan
	Monthly	Monthly
Employee Only	\$7.24	\$13.65
Employee + Spouse	\$10.92	\$20.56
Employee + Child(ren)	\$13.98	\$26.29
Family	\$17.81	\$33.20

Benefit Payment Example (High Plan)

Kathy’s daughter, Molly, plays soccer on the varsity high school team. During a recent game, she collided with an opposing player, was knocked unconscious and taken to the local emergency room by ambulance for treatment.

The ER doctor diagnosed a concussion and a broken tooth. He ordered a CT scan to check for facial fractures too, since Molly’s face was very swollen. Molly was released to her primary care physician for follow-up treatment, and her dentist repaired her broken tooth with a crown.

Depending on her health insurance, Kathy’s out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance co-payments and deductibles. MetLife Group Accident Insurance payments can be used to help cover these unexpected costs.



Covered Event	Benefit Amount
Ambulance (ground)	\$300
Emergency Care	\$100
Physician Follow-Up (\$75 x 2)	\$150
Medical Testing	\$200
Concussion	\$400
Broken Tooth (repaired by crown)	\$200
Benefits paid by MetLife – Group Accident Insurance	\$1,350

LEGAL INSURANCE

Legal Insurance

Benefit-eligible employees have the opportunity to enroll in the Legal Insurance plan. Legal Insurance connects employees and their family members with attorneys who will help them resolve legal issues. You can choose between two levels of legal protection:

The **UltimateAdvisor® Plan** is a comprehensive plan that provides a full range of legal services and protection. Benefits include legal representation — over the phone or face-to-face — telephone legal advice and consultation, reduced fee services, online legal tools and resources, identity theft services, immigration assistance, and financial education and counseling services. Attorney fees for most covered matters are 100% paid-in-full when you work with a Network Attorney. Please refer to the UltimateAdvisor Plan Document for a complete list of covered services. You will have coverage for legal services such as standard and complex wills, divorce, contested and uncontested guardianship, consumer protection, property transfers, property protection, name changes, and much more. Please note that pre-existing condition exclusions may apply. See legal plan for limitations and exclusions.

The **LawPhone Plan** provides affordable basic legal coverage. Members receive toll-free telephone access to an attorney within the ARAG attorney network for their legal questions. Attorneys help members understand how the law relates to their personal legal questions, which actions may be taken, and how to proceed. Coverage also includes simple Will Preparation, review of short legal documents, and assistance with small claims and debt collection — all via toll-free telephone access to an attorney.

New enrollees in either legal plan will receive a welcome kit with ID cards and a member guide.

For more information about the plans, please contact ARAG at 1-800-247-4184 between 8 a.m. and 8 p.m. EST, Monday through Friday, or visit ARAGLegalCenter.com (use code 11307gps).

Legal Monthly Payroll Deductions		
	LawPhone Plan	UltimateAdvisor
Single Premium	\$6.90	\$17.20
Family Premium		\$22.12



The ARAG attorney network can help if you...

- Family law
- Need credit monitoring
- Need steps you can take to protect yourself from identity theft
- Need lost wallet services
- Have a dispute with a landlord
- Need to change your legal name
- Want to adopt a child
- Lose your driver’s license due to a traffic violation which directly caused your license to be suspended or revoked
- Want to buy or sell a house
- Want to have a will prepared
- Need to resolve a dispute with a contractor
- Assume guardianship of your grandchild
- Need to file bankruptcy
- Have an issue with a manufacturer not honoring a warranty
- Get a divorce
- Have child support or custody matters
- And more

HOSPITAL INDEMNITY

Hospital Indemnity

Hospital Indemnity Insurance complements your traditional Health Coverage. It does not replace it, but rather supplements your coverage by providing a lump sum payment that can help pay expenses not typically covered by other insurance. With MetLife, you'll have a choice of two comprehensive plan options which provide payments in addition to any other insurance payments you may receive. Here are just some of the covered benefits/services, when an Accident or illness puts you in the hospital:

Hospital Indemnity Summary of Benefits	Low Plan MetLife Hospital Indemnity Insurance Pays YOU	High Plan MetLife Hospital Indemnity Insurance Pays YOU
Hospital Coverage (Accident)		
Admission <i>(must occur within 180 days after the Accident)</i> Non-ICU ICU	\$500 per Accident \$1,000 per Accident	\$750 per Accident \$1,500 per Accident
Confinement <i>(must occur within 180 days after the Accident)</i> Non-ICU ICU	\$100 a day, up to 365 days \$200 a day up 30 days	\$150 a day, up to 365 days \$300 a day up to 30 days
Inpatient Rehab <i>(stay must occur immediately following hospital confinement and occur within 365 days of Accident)</i>	\$100 a day, up to 15 days per Accident and 30 days per calendar year	\$150 a day, up to 15 days per Accident and 30 days per calendar year
Hospital Coverage (Illness)		
Admission <i>(payable 1x per calendar year)</i> Non-ICU ICU	\$500 \$1,000	\$750 \$1,500
Confinement <i>(paid per illness)</i> Non-ICU ICU	\$100 a day, up to 365 days \$200 a day up 30 days	\$150 a day, up to 365 days \$300 a day up to 30 days

Benefits reduce by 25% at ages 65-69 and by 50% age 70+. Pre-existing condition exclusions may apply.

Hospital Indemnity Monthly Payroll Deductions	Low Plan	High Plan
Employee Only	\$11.64	\$17.45
Employee + Spouse	\$17.94	\$26.40
Employee + Child(ren)	\$23.51	\$34.56
Family	\$29.49	\$44.23

Benefit Payment Example (High Plan)

Susan wakes up in the middle of the night experiencing chest pain. An ambulance takes her to the emergency room (ER) at a local hospital. Upon arrival, the ER doctor examines Susan and advises that she requires immediate admission to the Intensive Care Unit for further evaluation and treatment. After 1 day in the Intensive Care Unit, Susan moves to a standard room and spends 2 additional days recovering in the hospital. Susan was released to her primary care physician for follow-up treatment and observation. Her primary doctor is now keeping a close watch over Susan's overall health. Depending on her health insurance, Susan's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance co-payments and deductibles. MetLife Group Hospital Indemnity Insurance payments can be used to help cover these unexpected costs or to cover other expenses.

Covered Benefit	Benefit Amount
Admission – Intensive Care Unit Coverage (Illness)	\$1,500
Confinement for 1 day – Intensive Care Unit Coverage (Illness)	\$300
Confinement for 2 days – Hospital Coverage (Illness)	\$300
Benefits paid by MetLife – Hospital Indemnity Insurance	\$2,100

CRITICAL ILLNESS

Critical Illness Insurance

Critical Illness Insurance is an innovative product that complements your traditional health insurance. It does not replace it but rather supplements your coverage by helping pay expenses not covered by other insurance.

Critical Illness Insurance – Coverage Options	
Eligible Individual	Initial Benefit
Employee	\$15,000, \$30,000 or \$50,000
Spouse	50% of the employee’s Initial Benefit
Dependent Child(ren) – no cost	50% of the employee’s Initial Benefit

Your Initial Benefit provides a lump-sum payment upon the first diagnosis of a Covered Condition. Your plan pays a Recurrence Benefit equal to the Initial Benefit for the following Covered Conditions: Heart Attack, Stroke, Coronary Artery Bypass Graft, Full Benefit Cancer and Partial Benefit Cancer. A Recurrence Benefit is only available if an Initial Benefit has been paid for the Covered Condition. Refer to the Disclosure Statement on the GCPS Employee Portal or Certificate of Insurance for additional information.

Tobacco rate status is determined by the employee’s previous 12 months tobacco status.

Covered Conditions	Initial Benefit	Recurrence Benefit
Full Benefit Cancer	100% of Initial Benefit	100% of Initial Benefit
Heart Attack	100% of Initial Benefit	100% of Initial Benefit
Stroke	100% of Initial Benefit	100% of Initial Benefit
Coronary Artery Bypass Graft	100% of Initial Benefit	100% of Initial Benefit
Kidney Failure	100% of Initial Benefit	Not applicable
Alzheimer’s Disease	100% of Initial Benefit	Not applicable
Major Organ Transplant Benefit	100% of Initial Benefit	Not applicable
Partial Benefit Cancer	25% of Initial Benefit	25% of Initial Benefit
22 Listed Conditions	25% of Initial Benefit	Not applicable

Benefits reduce by 25% at ages 65-69 and by 50% age 70+. Pre-existing condition exclusions may apply.

Covered Conditions

MetLife Critical Illness Insurance will pay 25% of the Initial Benefit Amount for each of the 22 Listed Conditions until the Total Benefit Amount is reached. A Covered Person may only receive one payment for each Listed Condition in his/ her lifetime. The Listed Conditions are Addison’s disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig’s disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington’s disease (Huntington’s chorea); Legionnaire’s disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.



CRITICAL ILLNESS

Critical Illness Insurance

Critical Illness Monthly Payroll Deductions

Non-Tobacco Monthly Premium for \$15,000 of Coverage		
Issue Age	Employee Only	Employee+Spouse
<29	\$6.05	\$11.96
30–39	\$10.61	\$18.51
40–49	\$19.73	\$32.01
50–59	\$34.35	\$51.77
60–64	\$53.73	\$67.38
65+	\$53.73	\$78.26

Tobacco Monthly Premium for \$15,000 of Coverage		
Issue Age	Employee Only	Employee+Spouse
<29	\$8.51	\$17.10
30–39	\$15.59	\$27.56
40–49	\$30.02	\$49.29
50–59	\$53.57	\$81.90
60–64	\$85.77	\$109.13
65+	\$86.91	\$129.18

Non-Tobacco Monthly Premium for \$30,000 of Coverage		
Issue Age	Employee Only	Employee+Spouse
<29	\$12.09	\$23.91
30–39	\$21.21	\$37.02
40–49	\$39.45	\$64.02
50–59	\$68.70	\$103.53
60–64	\$107.46	\$134.76
65+	\$107.46	\$156.51

Tobacco Monthly Premium for \$30,000 of Coverage		
Issue Age	Employee Only	Employee+Spouse
<29	\$17.01	\$34.20
30–39	\$31.17	\$55.11
40–49	\$60.03	\$98.58
50–59	\$107.13	\$163.80
60–64	\$171.54	\$218.25
65+	\$173.82	\$258.36

Non-Tobacco Monthly Premium for \$50,000 of Coverage		
Issue Age	Employee Only	Employee+Spouse
<29	\$20.15	\$39.85
30–39	\$35.35	\$61.70
40–49	\$65.75	\$106.70
50–59	\$114.50	\$172.55
60–64	\$179.10	\$224.60
65+	\$179.10	\$260.85

Tobacco Monthly Premium for \$50,000 of Coverage		
Issue Age	Employee Only	Employee+Spouse
<29	\$28.35	\$57.00
30–39	\$51.95	\$91.85
40–49	\$100.05	\$164.30
50–59	\$178.55	\$273.00
60–64	\$285.90	\$363.75
65+	\$289.70	\$430.60

*Children included at no cost.

ANYTIME BENEFITS

Life Insurance

Basic Life Insurance

Gwinnett County Public Schools provides Basic Term Life and Accidental Death & Dismemberment (AD&D) Insurance coverage for benefit-eligible employees. All benefit-eligible employees are covered at \$15,000. This coverage is provided by the Board of Education at no cost to employees.

Supplemental Life Insurance

As a benefit-eligible employee, you may apply for coverage or increase your current Supplemental Life Insurance coverage by completing the Statement of Health Form. Based on your application, MetLife may require additional information. Once MetLife completes the underwriting process, you will be notified of MetLife’s approval or denial of your application. Coverage is provided in increments of one to six times your salary, to a maximum of \$500,000. Your premium is calculated, based on your age, per \$1,000 of coverage.

Will Preparation

If you are enrolled in Supplemental Life Insurance, you have access to a Will Preparation Service offered by Hyatt Legal Plan, a MetLife Company.

This free service provides employees and their spouse with access to participating plan attorneys for preparing or updating a will. This service covers these legal fees when using a participating attorney at no cost. Contact Hyatt Legal Plans at 1-800-821-6400 and reference the GCPS Group Number (109945).

Spousal Life Insurance

If you are enrolled in the Supplemental Life Insurance benefit through Gwinnett County Public Schools, your spouse may apply for Spousal Life Insurance coverage. Coverage is provided in increments of \$10,000, not to exceed 50% of employee Supplemental Life Benefit up to \$250,000.

If you and your spouse are both employed with Gwinnett County Public Schools, you may each elect Spousal Life Insurance. Please refer to page 1 for more information about dependent eligibility.

Employee and Spouse Rates	
Ages	Cost per \$1,000
<25	\$0.075
25-29	\$0.080
30-34	\$0.100
35-39	\$0.110
40-44	\$0.120
45-49	\$0.155
50-54	\$0.215
55-59	\$0.370
60-64	\$0.545
65-69	\$1.045
70+	\$1.674

Examples:

- An employee, age 46, earning \$31,000 elects coverage at three times salary (\$93,000 in life insurance). The rate per \$1,000 is \$0.155 multiplied by 93 (93,000 divided by 1,000) = \$14.41 premium per month.
- An employee has \$93,000 of Supplemental Life Insurance coverage. Their spouse, age 42, may elect coverage up to \$40,000. The rate per \$1,000 is \$0.120 multiplied by 40 (\$40,000 divided by \$1,000) = \$4.80 premium per month.

Dependent Life Insurance

Gwinnett County Public Schools offers the choice of three options for Dependent Life Insurance. Benefit-eligible employees may apply to enroll their eligible dependents for \$5,000, \$10,000, or \$15,000 in Dependent Life Insurance.

If you and your spouse are both employed with Gwinnett County Public Schools, you may each elect Dependent Life Insurance coverage for your eligible dependents. Eligible dependents include your spouse and children through age 19, or up to age 26 if a full-time student. Please refer to page 1 for more information about dependent eligibility.

Benefit	Monthly Payroll Deductions
\$5,000	\$1.40
\$10,000	\$2.80
\$15,000	\$4.20

ANYTIME BENEFITS



Behavioral Health and Counseling

Metlife, Gwinnett County Public Schools’ provider of life insurance, offers Behavioral Health and Counseling services to all benefit-eligible employees (including retirees), at no charge to the employee.

The service – provided by LifeWorks, a nationwide company that employs over 30,000 licensed counselors – provides support for those who need assistance in dealing with the loss of a loved one, divorce, serious/terminal Medical diagnosis, financial hardship, and major life changes.

What’s available?

- Five sessions, per event, available face-to-face, or via telephone or video chat.
- Additional sessions are available for a fee – at this point, insurance coverage is considered and paid based on in-network/out-of-network rates.

Questions? Contact MetLife at 888-319-7819, then press 1; or email the Benefits Administration Team at benefits@gcpsk12.org.

Auto/Home Insurance

Employees of GCPS are eligible for automobile, homeowner’s, and other personal property insurance through the Auto/Home Insurance program.

To discuss coverage for this payroll-deducted benefit, call MetLife at 1-855-212-4277 for more information.

Long-Term Care Insurance

Group discounts are available to all employees of GCPS for Long-Term Care Insurance. This coverage may include home health care, assisted living, and nursing home care.

Contact Whelpley & Associates at 770-977-1242 for additional information.

CONTACT INFORMATION



Carrier Contact Information

Medical

SHBP Eligibility
1-800-610-1863
www.dch.georgia.gov/shbp
www.myshbpga.adp.com
Registration Code: SHBP-GA

Anthem Blue Cross Blue Shield
1-855-641-4862
www.bcbsga.com/shbp

UnitedHealthcare
1-888-364-6352
www.welcometouhc.com/shbp

Kaiser Permanente
1-855-512-5997
my.kp.org/shbp

Sharecare
1-888-616-6411
www.bewellshbp.com

CVS Caremark
1-844-345-3241
<http://info.caremark.com/shbp>

Flexible Spending Account

Medcom
1-800-523-7542, Option 1
www.medcom.net

Dental

MetLife
1-800-942-0854
www.metlife.com/mybenefits
(enter "Gwinnett County Public Schools"
for Company Name)

Vision

EyeMed "Select" Network
1-866-723-0514
www.eyemed.com

Accident

MetLife
1-800-GET-MET8 (1-800-438-6388)
www.metlife.com/mybenefits
(enter "Gwinnett County Public Schools"
for Company Name)

Legal

ARAG
1-800-247-4184
www.araglegalcenter.com
(use code 11307gps)

Hospital Indemnity

MetLife
1-800-GET-MET8 (1-800-438-6388)
www.metlife.com/mybenefits
(enter "Gwinnett County Public Schools"
for Company Name)

Critical Illness

MetLife
1-800-GET-MET8 (1-800-438-6388)
www.metlife.com/mybenefits
(enter "Gwinnett County Public Schools"
for Company Name)

Life Insurance

MetLife
1-800-638-6420

Behavioral Health and
Counseling Resources

MetLife
1-888-319-7819 (Option 1)

Home & Auto Insurance

MetLife
1-855-212-4277

Long-Term Care Insurance

Whelpley & Associates
770-977-1242

BENEFIT PLANS AND PRIVACY

Employee Benefit Plans and Privacy

This notice describes how Medical information about you may be used and disclosed and your rights and duties regarding this information. Please review it carefully.

Gwinnett County Public Schools is Committed to Your Privacy

Gwinnett County Public Schools (GCPS) sponsors and runs an Employee Benefits Plan (the Plan). We understand that your information is personal and private and GCPS is not allowed to use or disclose it without your permission or unless permitted by law. Some GCPS employees and companies hired by GCPS collect your personal health information to run the Plan. The information is called "Protected Health Information" or "PHI." This notice tells how your PHI is used and shared. We follow and are subject to the information privacy rules of the Health Insurance Portability and Accountability Act of 1996, ("HIPAA").

Plan Enrollment Information and Claims Information is Used in Order to Run the Plan

PHI includes two kinds of information. "Enrollment Information" includes: 1) your name, address, and social security number; 2) your enrollment choices; 3) how much you have paid in premiums; and 4) other insurance you have. "Claims Information" includes information your health care providers send to the Plan. It also may include diagnoses, statements, x-rays, progress notes, or lab test results. It also includes information you send to the Plan. For example, it may include your claim applications, enrollment forms, letters, e-mails, and telephone calls. Lastly, it includes information about you that is created by the Plan. For example, it includes claims payment information and Explanation of Benefit statements.

Your PHI is Protected by Law

GCPS employees and employees of outside companies hired by GCPS to advise and run the Plan are individuals known as "Plan Representatives." They must protect your PHI and may only use it as allowed by HIPAA.

GCPS Must Make Sure the Plan Complies with HIPAA

As Plan sponsor, GCPS must make sure the Plan complies with HIPAA. We must give you this notice. We must follow its terms. We must review and update it as needed. GCPS is the employer of Plan Members. GCPS must name the GCPS employees who are Plan Representatives. No GCPS employee is ever allowed to use PHI for employment decisions.

Plan Representatives Regularly Use and Share Your PHI in Order to Pay Claims and Run the Plan

Plan Representatives are authorized under HIPAA to use and share your PHI for payment purposes and to run the Plan. For example, they make sure you are allowed to be in the Plan. They decide how much the Plan should pay you as a benefit. The Plan may utilize or contract for the service of outside companies or vendors. By law, these companies must also protect your PHI and must sign "Business Associate" agreements with the Plan. Here are some examples of what they do:

- **Claims Administrators:** Process all claims, communicate with Members and their health care providers to provide customer service and to give extra help to Members with some health conditions.
- **Data Analysis, Actuarial Companies:** Keep health information in computer systems, study it, and create reports from it.
- **Board Attorney, Auditing Firms, Outside Law Firms:** Provide legal and auditing help to the Plan.
- **Information Technology Companies:** Help improve and check on the GCPS information systems used to run the Plan.

Some Plan Representatives work for GCPS. By law, all employees of GCPS must protect PHI. They only use the information they need to do their work. Some Plan Representatives in the Human Resources and Talent Management DiVision work full-time running the Plan. They use and share PHI with each other and with Business Associates in order to help pay claims and run the Plan. In general, they can see your Enrollment Information and the information you give the Plan(s).

Plan Representatives May Make Special Uses or Disclosures Permitted by Law

HIPAA has a list of special times when the Plan may use or share your PHI without your authorization. At these times, the Plan must keep track of the use or disclosure.

- **To Comply with a Law, or to Prevent Serious Threats to Health or Safety:** The Plan may use or share your PHI in order to comply with a law, in a judicial or administrative proceeding, in response to a court order or other process authorized by law, to comply with worker's compensation laws or to prevent a serious threat to safety and health of others.
- **For Public Health Activities:** The Plan may give PHI to government agencies that perform public health activities if authorized by law.

BENEFIT PLANS AND PRIVACY

Employee Benefit Plans and Privacy (continued)

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

- Right to See and Obtain a Copy of your Information, Right to Ask for a Correction: Except for some reasons listed in HIPAA, you have the right to see and get a copy of your PHI and any information used to make decisions about you. You may be required to pay a reasonable fee for duplication and mailing expenses. If you think the information is incorrect or incomplete, you may ask the Plan to correct it. All requests should be in writing and should specify the reason you think the information should be changed.
- Right to Ask for a List of Special Uses and Disclosures: You have the right to ask for a list of special uses and disclosures that were made after April 2003.
- Right to Ask for a Restriction of Uses and Disclosures, or for Special Communications: You have the right to ask for added restrictions on uses and disclosures. The plan is not required to agree to the restrictions, but will consider them carefully. You also may ask the Plan to communicate with you in a special way.
- Right to a Paper Copy of this Notice, Right to be Notified of a Breach of Privacy, Right to File a Complaint Without Getting in Trouble: You have the right to a paper copy of this notice. Please contact the GCPS HIPAA Privacy Unit or print it from www.gwinnett.k12.ga.us/benefits. If you think your privacy rights have been violated, you may file a complaint. You may file the complaint with the Plan and/or the Department of Health and Human Services. There are no consequences for filing a complaint by the Plan or your employer.

We reserve the right to change the terms of this notice and have the changes apply to any of your PHI in our possession. If we change the terms of this notice, we will update the notice on our website, and we will send you the new notice if you are currently enrolled in our plan at the time of the change.

Plan Representatives Share Some Payment Information with the Employee

Except as described in this notice, Plan Representatives are allowed to share your PHI only with you, and with your legal personal representative. However, the Plan may inform the employee about whether the Plan paid or denied a claim for a family member covered under the policy.

You May Authorize Other Uses of Your PHI

You may give a written authorization for the Plan to use or share your PHI for a reason not listed in this notice. If you do, you may take away the authorization later by writing to the contact below. The old authorization will not be valid after the date you take it away. You may also specify an expiration date for your authorization.

Addresses for Complaints:

- **GCPS HIPAA Privacy Unit**
Kellie Beaver, Director
Benefits and Leave Administration
437 Old Peachtree Road, NW
Suwanee, GA 30024-2978
- **U.S. Department of Health & Human Services**
Office for Civil Rights
Region IV, Atlanta Federal Center
61 Forsyth Street SW, Suite 3B70
Atlanta, GA 30303-8909