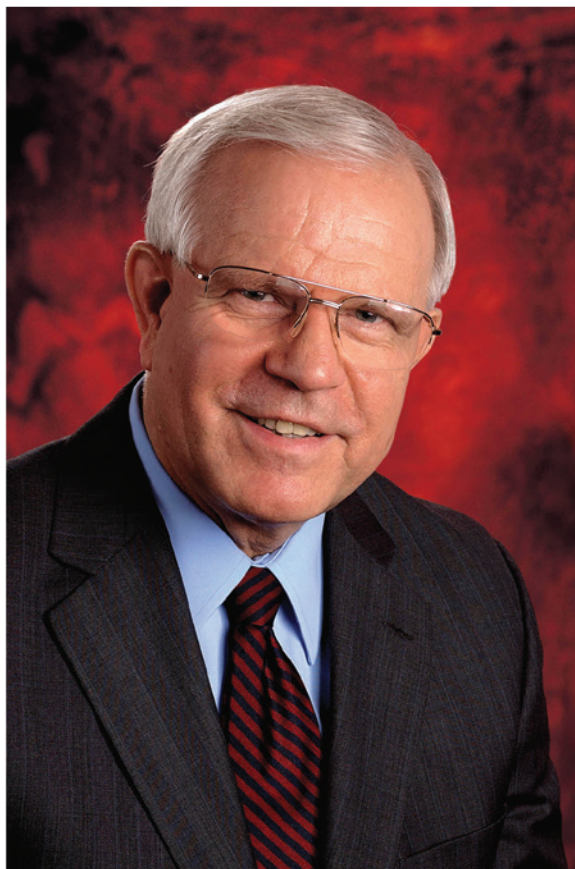


## 2016 Plan Year



### 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). 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 more than 176,000 students and employs more than 20,000 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.

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,

J. Alvin Wilbanks  
CEO/Superintendent  
Gwinnett County Public Schools

Dear Colleague:

Welcome to Gwinnett County Public Schools! The Gwinnett County Board of Education provides a comprehensive benefits package for all eligible employees. This benefits package complements the excellent financial compensation offered at GCPS, and provides additional support to employees as they work to accomplish the school system’s vision, mission, and goals. Benefits include medical, hospital indemnity, accident, critical illness, flexible spending, legal, vision, dental, life insurance, and short term disability.

This Benefits Guide is designed to give you the information and details you need to better understand your benefit choices. It is also designed to be used in conjunction with our website, [www.gwinnett.k12.ga.us/benefits](http://www.gwinnett.k12.ga.us/benefits), and the [State Health Benefit Plan Active Employee Decision Guide](#). I encourage you to become familiar with these resources and to follow up with members of the Benefits and Leave Administration team for clarification and answers to any questions you have during your benefits election process.

Sincerely,

Kellie Beaver

Kellie Beaver  
Director, Benefits and Leave Administration



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## GCPS Benefits Center Website

The GCPS Benefits Center website is available to you 24 hours a day, seven days a week with benefits information. Please go online to [www.gwinnett.k12.ga.us/benefits](http://www.gwinnett.k12.ga.us/benefits).

## Gwinnett County Public Schools Benefits and Leave Administration

437 Old Peachtree Road, NW  
Suwanee, GA 30024-2978  
Fax: 678-301-6054

If you have questions, contact: [benefits@gwinnett.k12.ga.us](mailto:benefits@gwinnett.k12.ga.us)



## Important Reminders

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 August 1 will have premiums deducted from the August 31 paycheck with benefits effective on September 1).

Some benefits can only be changed during Open Enrollment and/or when a "qualifying event" occurs. These benefits are medical, accident, hospital indemnity, critical illness, legal, flexible spending accounts, vision, dental, and short-term disability.

Qualifying events may allow you to enroll, change rate tier, or discontinue the insurance **in which you are currently enrolled outside the Open Enrollment period**, if applicable to the event or benefit. **You have 31 calendar days to declare your qualifying event on the GCPS Employee Portal.**

**For health insurance plans, a dependent child may be covered to age 26. For dental, vision, accident, hospital indemnity, critical illness, legal and life insurance plans, a dependent child may be covered to age 19, or to age 26 if a full-time student.**

### Examples of qualifying events include:

- Acquisition of coverage under a new spouse's group plan
- Acquisition of dependent by marriage, birth, or adoption
- Acquisition of coverage under your spouse's new employment
- Change of coverage due to spouse's Open Enrollment
- Loss of eligible dependents
- Loss of benefit coverage because of spouse's job termination

Remember that you have 31 days following the qualifying event to file a request for change of coverage. If you miss the "window of opportunity," you must wait until Open Enrollment to make your change(s).

Anytime Benefits (Life Insurance, Auto/Home Insurance, Accident, Hospital Indemnity and Critical Illness) can be changed at any time in the year. You may decrease or discontinue Accident, Hospital Indemnity, or Critical Illness at any time throughout the year on the GCPS Employee Portal.

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



MEDICAL COVERAGE

Medical Coverage

State Health Benefit Plan (SHBP) is the administrator for medical coverage. The providers for the 2016 plan year include Blue Cross Blue Shield of Georgia, 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.



Blue Cross Blue Shield of Georgia 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
Blue Cross Blue Shield – HRA Gold	\$158.79	\$288.01	\$390.23	\$519.43
Blue Cross Blue Shield – HRA Silver	\$105.33	\$197.12	\$277.96	\$369.74
Blue Cross Blue Shield – HRA Bronze	\$66.28	\$130.74	\$195.96	\$260.40
Blue Cross Blue Shield – HMO	\$130.58	\$240.05	\$330.99	\$440.44
Kaiser Permanente – HMO	\$140.02	\$256.10	\$350.81	\$466.86
UnitedHealthcare – HMO	\$170.68	\$308.22	\$415.20	\$552.71
UnitedHealthcare – HDHP	\$57.46	\$115.75	\$177.45	\$235.72

\*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

## Blue Cross Blue Shield of Georgia

BCBSGA HRA	Gold Plan		Silver Plan		Bronze Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b>						
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
<b>Out-of-Pocket Maximum</b>						
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
Co-insurance (Plan Pays)	85%	60%	80%	60%	75%	60%
<b>Base HRA Contribution</b>						
You	\$400		\$200		\$100	
You + Child(ren)/ Spouse	\$600		\$300		\$150	
You + Family	\$800		\$400		\$200	
<b>Medical</b>						
Primary Care Physician	Co-insurance after deductible		Co-insurance after deductible		Co-insurance after deductible	
Specialist	Co-insurance after deductible		Co-insurance after deductible		Co-insurance after deductible	
Emergency Room	Co-insurance after deductible		Co-insurance after deductible		Co-insurance after deductible	
Preventive Care	100%	No coverage	100%	No coverage	100%	No coverage
<b>Telemedicine/Virtual Visit</b>	85% coverage; not subject to deductible	N/A	80% coverage; not subject to deductible	N/A	75% coverage; not subject to deductible	N/A
<b>Pharmacy Benefits</b>						
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	

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

### BCBSGA 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 co-insurance, 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.

MEDICAL COVERAGE

UnitedHealthcare

UHC	HDHP		HMO
	In-Network	Out-of-Network	In-Network
<b>Deductible</b>			
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
<b>Out-of-Pocket Maximum</b>			
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
Co-insurance (Plan Pays)	70%	50%	80%
<b>Medical</b>			
Primary Care Physician	Co-insurance after deductible		\$35 Co-pay
Specialist	Co-insurance after deductible		\$45 Co-pay
Emergency Room	Co-insurance after deductible		\$150 Co-pay
Preventive Care	100%	No coverage	100%
<b>Telemedicine/Virtual Visit</b>	70% coverage		100% coverage after \$35 PCP co-pay
<b>Pharmacy Benefits</b>			
Tier 1	Co-insurance after deductible		\$20 Co-pay
Tier 2	Co-insurance after deductible		\$50 Co-pay
Tier 3	Co-insurance 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 co-insurance.

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 co-insurance, 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
<b>Deductible</b>	
You	None
You + Child(ren)/ Spouse	None
You + Family	None
<b>Out-of-Pocket Maximum</b>	
You	\$6,350
You + Child(ren)/ Spouse	\$12,700
You + Family	\$12,700
Co-insurance (Plan Pays)	100%
<b>Medical</b>	
Primary Care Physician	\$35 Co-pay
Specialist	\$45 Co-pay
Emergency Room	\$150 Co-pay
Preventive Care	100%
<b>Telemedicine/Virtual Visit</b>	100% coverage after \$35 PCP co-pay and \$45 Specialist co-pay
<b>Pharmacy Benefits</b>	
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 co-insurance.
- The medical and pharmacy out-of-pocket maximums are combined.

## 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
<b>Hospital Coverage (Accident)</b>		
<b>Admission</b> (must occur within 180 days after the accident)		
Non-ICU	\$500 per accident	\$750 per accident
ICU	\$1,000 per accident	\$1,500 per accident
<b>Confinement</b> (must occur within 180 days after the accident)		
Non-ICU	\$100 a day, up to 365 days	\$150 a day, up to 365 days
ICU	\$200 a day up to 30 days	\$300 a day up to 30 days
<b>Inpatient Rehab</b> (stay must occur immediately following hospital confinement and occur within 365 days of accident)	\$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
<b>Hospital Coverage (Illness)</b>		
<b>Admission</b> (payable 1x per calendar year)		
Non-ICU	\$500	\$750
ICU	\$1,000	\$1,500
<b>Confinement</b> (paid per illness)		
Non-ICU	\$100 a day, up to 365 days	\$150 a day, up to 365 days
ICU	\$200 a day up to 30 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

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
<b>Injuries</b>		
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
<b>Medical Services &amp; Treatment</b>		
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
<b>Hospital Coverage (Accident)</b>		
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
<b>Accidental Death</b>		
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
<b>Dismemberment, Loss &amp; Paralysis</b>	\$250 - \$10,000 per injury	\$500 - \$50,000 per injury
<b>Other Benefits</b>		
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 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

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 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.

HEALTH CARE FSA

Health Care Flexible Spending Accounts (HCFSAs)

You should consider using a HCFSAs 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 a HCFSAs is not subject to federal, state, or Medicare taxes, allowing you to use tax-free money to pay for qualifying expenses.

Annual Enrollment Required

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

Use It or Lose It Rule

HCFSAs are strictly governed by the IRS. Under current regulations, amounts set aside in HCFSAs must be spent for qualified expenses incurred during the plan year, which begins on your benefits effective date and runs through December 31. Funds remaining in your HCFSAs 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. HCFSAs funds do not roll over year to year.

How the HCFSAs Works

- Estimate what you think you will spend for predictable health care expenses in the Plan Year (your benefits effective date through December 31).
- Elect your desired annual contribution. The annual maximum contribution is \$2,550.

HCFSAs are pre-funded, allowing you access to the entire election amount at any time during the year, beginning with your benefits effective date. 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 your home address, or elect to have your reimbursements posted directly to your bank account through a direct deposit option.

Flex Convenience MasterCard

The Flex Convenience MasterCard works just like a debit card, and allows you to directly pay for your eligible HCFSAs 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 HCFSAs 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 plan;
- Prescription co-pays and co-insurance;
- 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 HCFSAs for the amount of the purchase.





## Dependent Care Flexible Spending Accounts (DCFSA)



A DCFSA is used to reimburse you for 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 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).

### 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 begins on your benefits effective date and runs 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 service. 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 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 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.

### How the DCFSA Works

- Estimate what you think you will spend for predictable dependent care expenses in this Plan Year (your benefits effective date through December 31).
- Elect your desired annual contribution. 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, or elect to have your reimbursements posted directly to your bank account through a direct deposit option.

Some services, such as nursing home expenses and overnight camps, do not qualify for DCFSA reimbursement. Contact Medcom at 1-800-523-7542 or [www.medcom.net](http://www.medcom.net) for additional information.

Legal

Benefit-eligible employees have the opportunity to enroll in the Legal plan. This plan provides access to professional legal assistance for you and your family members. You have the choice of two plans:

The **UltimateAdvisor Plan** is a comprehensive plan that provides a full range of legal services and protection. Benefits will 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.

The **LawPhone Plan** provides affordable basic legal coverage. Members receive toll-free telephone access to an attorney within the ARAG nationwide 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 [www.araglegalcenter.com](http://www.araglegalcenter.com) (use code 11307gps).

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



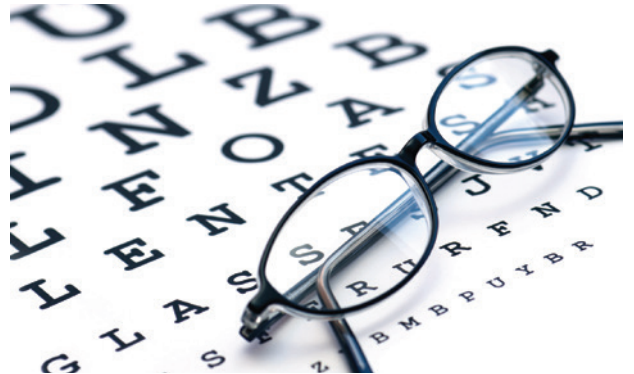
Ultimate Advisor Plan can help if you...

- Need credit monitoring
- Need Identity Theft restoration and reimbursement
- Need lost wallet services
- Have a dispute with a landlord
- Fall victim to identity theft
- 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

## Vision Coverage

The Vision Plan offers a vision-care network that includes major vision care providers, such as LensCrafters, most Pearle Vision sites, Sears Optical, Target Optical, and JCPenney Optical, 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 contact EyeMed at 1-866-723-0514 or visit the EyeMed website at [www.eyemed.com](http://www.eyemed.com).



### How to Locate a Provider:

Go to [www.eyemed.com](http://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	

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](http://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](http://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 or the Benefits and Leave Administration office 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.

For more information, contact MetLife at 1-800-942-0854 or visit the website at [www.metlife.com/mybenefits](http://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





## Short-Term Disability

Short-Term Disability coverage provides a weekly benefit to replace a portion of your income while you are disabled and unable to perform your job. 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.

ANYTIME BENEFITS

Life Insurance

Basic Life Insurance – MetLife

Basic Term Life and Accidental Death & Dismemberment (AD&D) Insurance coverage for benefit-eligible employees is \$15,000. This coverage is provided by the Board of Education at no charge to employees.

Supplemental Life Insurance – MetLife

As a benefit-eligible employee, you may elect Supplemental Life Insurance coverage up to three times your annual salary as guaranteed issuance. You may also apply for up to six times your annual salary by completing the Statement of Health form. Based on your answers, MetLife may require additional information. Once MetLife completes the underwriting process, you will be notified of MetLife’s approval or denial of your application.

If you do not enroll when initially eligible, you may apply for coverage at a later date by completing a Statement of Health form.

Premium is calculated, based on your age, per \$1,000 of coverage.

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

**Example:** An employee, age 55, earning \$31,000 elects coverage at three times salary (\$93,000 in life insurance). The rate per \$1,000 is \$0.370 multiplied by 93 (\$93,000 divided by 1,000) = \$34.41 premium per month.

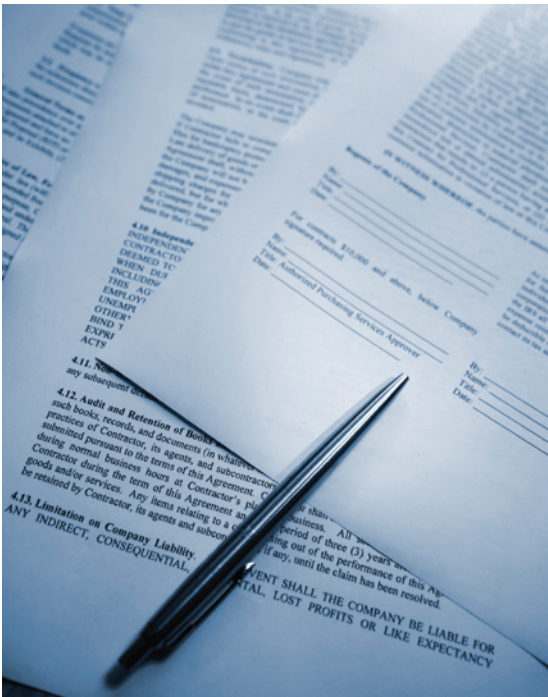
Dependent Life Insurance – MetLife

Gwinnett County Public Schools offers the choice of three options for Dependent Life Insurance. Benefit-eligible employees may enroll their eligible dependents for \$5,000, \$10,000, or \$15,000. This benefit is guaranteed issuance as a new hire.

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 and each other.

Eligible dependents include your spouse and children to age 19 (or up to age 26 if a full-time student).

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



Will Preparation – Hyatt Legal Plans

If you are enrolled in Supplemental Life Insurance, as an employee of GCPS, you have access to a Will Preparation Service offered by Hyatt Legal Plans, a MetLife Company. This 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).



## Universal Life Insurance

Universal Life (UL) is available to benefit eligible employees and provides a cash benefit to your beneficiary in the event of your death. UL also builds cash value that may be used under other circumstances, allowing access to the policy's accumulated value via a loan or withdrawal.

UL is fully portable if you terminate employment or retire from GCPS and you may maintain the coverage at the same rate you pay as an active GCPS employee.

UL coverage can be selected for spouse and dependents coverage without employee purchase. GCPS employees can apply for up to \$500,000, spouses can apply for up to \$200,000 and children can apply for up to \$25,000.

For more information or to enroll, please contact:  
Walt Rowson at J. Smith Lanier & Co. at 770-622-4690.

## AAA Auto Club South

GCPS employees have the opportunity to become a member of AAA Auto Club South at a discounted rate. This is not a payroll deduction. You pay the membership fee directly to AAA.

Contact Elayne Strawberry at 404-270-0598 or visit the AAA website at [www.aaasouth.com/elayne.strawberry](http://www.aaasouth.com/elayne.strawberry).

## Auto/Home Insurance

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

To discuss coverage options for this payroll-deducted benefit, call 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.

## Storey Morrow Company

All GCPS employees can take advantage of the partnership with Storey Morrow Company to meet real estate and relocation needs. This benefit offers reduced real estate commissions, free home inspections or home warranties, discounted rates for moving companies and loan origination fees, as well as home sale, and home finding, and rental search assistance. Contact Storey Morrow at 678-584-5435 or toll-free at 877-325-1010. You can also visit [www.storeymorrow.com](http://www.storeymorrow.com).



CONTACT INFORMATION

Please Note:

This guide is a general summary of benefit plans. For specific details, you may refer to each carrier’s Summary Plan Description. Every effort has been made to ensure that this booklet accurately represents the benefits. However, if there are any discrepancies between the terms in this booklet and the terms in the plan document, the plan document will prevail. For more information, visit the GCPS Benefits Center website at [www.gwinnett.k12.ga.us/benefits](http://www.gwinnett.k12.ga.us/benefits) or contact the Benefits and Leave Administration Office.



Carrier Contact Information

Medical

**Blue Cross Blue Shield**  
1-855-641-4862  
[www.bcbsga.com/shbp](http://www.bcbsga.com/shbp)

**UnitedHealthcare**  
1-888-364-6352  
[www.welcometouhc.com/shbp](http://www.welcometouhc.com/shbp)

**Kaiser Permanente**  
1-855-512-5997  
[www.my.kp.org/shbp](http://www.my.kp.org/shbp)

**Healthways**  
1-888-616-6411  
[www.bewellshbp.com](http://www.bewellshbp.com)

**Express Scripts**  
1-877-841-5227  
[www.express-scripts.com/georgiaSHBP](http://www.express-scripts.com/georgiaSHBP)

**SHBP Eligibility**  
1-800-610-1863  
[www.dch.georgia.gov/shbp](http://www.dch.georgia.gov/shbp)  
[www.myshbpga.adp.com](http://www.myshbpga.adp.com)

Dental

**MetLife**  
1-800-942-0854  
[www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)  
(enter “Gwinnett County Public Schools”  
for Company Name)

**Vision**  
**EyeMed “Select” Network**  
1-866-723-0514  
[www.eyemed.com](http://www.eyemed.com)

**Flexible Spending Account**  
**Medcom**  
1-800-523-7542, Option 1  
[www.medcom.net](http://www.medcom.net)

**Legal**  
**ARAG**  
1-800-247-4184  
[www.araglegalcenter.com](http://www.araglegalcenter.com)  
(use code 11307gps)

**Accident**  
**MetLife**  
1-800-GET-MET8 (1-800-438-6388)  
[www.metlife.com/mybenefits](http://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](http://www.metlife.com/mybenefits)  
(enter “Gwinnett County Public Schools”  
for Company Name)

**Hospital Indemnity**  
**MetLife**  
1-800-GET-MET8 (1-800-438-6388)  
[www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)  
(enter “Gwinnett County Public Schools”  
for Company Name)

**Life Insurance**  
**MetLife**  
1-800-638-6420

**Home & Auto Insurance**  
**MetLife/Kemper**  
1-855-212-4277

**Relocation Assistance**  
**Storey Morrow Company**  
1-877-325-1010  
[www.storeymorrow.com](http://www.storeymorrow.com)



# 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. These individuals are known as "Plan Representatives." They must protect your PHI. They 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](http://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



[illegible]