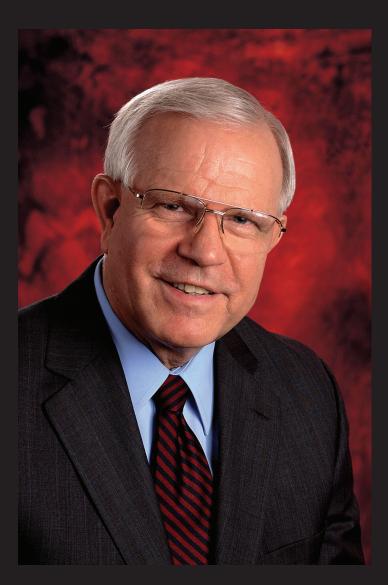


# **Employee Benefit Highlights**

### 2012 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 as the winner of the 2010 Broad Prize for Urban Education. 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 162,000 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 worldclass 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,

Alvin Willowke

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, dental, vision, life, critical illness, and disability insurance coverage, among others, along with flexible spending accounts and tax sheltered accounts.

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, <u>www.gwinnett.k12.ga.us/benefits</u>, and the Georgia Department of Community Health's *State Health Benefit Plan New Employee Decision Guide*. I encourage you to become familiar with these resources and to follow up with your supervisor or members of the Benefits and Leave Administration team for clarification and answers to any questions you have during your benefits election process.

Sincerely,

Dan Smith

Dan Smith Director, Benefits and Leave Administration

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## **General Information**

#### **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 <u>www.gwinnett.k12.ga.us/benefits</u>.

#### 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: *HRS@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 (provided you are at work or on paid leave on the first business day of that 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, dental, vision, short-term disability, group legal, flexible spending accounts, and Critical Illness/Cancer Plus.

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 days from a qualifying event to sign forms and make benefit changes.

For health insurance plans, a dependent child may be covered to age 26. For dental, vision, and dependent life plans, a dependent child may be covered to age 19, or to age 26 if a full-time student and unmarried.



#### 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, and Long-Term Care) can be changed at any time in the year. You can also change your beneficiaries and tax withholding at any time.

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

## Medical

#### **Medical Coverage**

#### High Deductible Health Plan (HDHP) Option

In return for a low monthly premium, you must satisfy a high deductible that applies to all health care expenses except preventative care. If you have family coverage, you must meet the entire family deductible before benefits are payable for any family member. You pay coinsurance after you have satisfied the deductible rather than set dollar copayments for medical expenses and prescription drugs.

#### Health Reimbursement Arrangement (HRA) Option

The HRA is a consumer driven health care plan whose design offers you a different approach for managing your health care needs. It is similar to a traditional HDHP plan with in-network and out-of-network benefits, except State Health Benefit Plan (SHBP) funds dollar credits to your HRA each year to provide first dollar coverage for eligible health care and pharmacy expenses. TAfter satisfying your deductible, you will pay your coinsurance amount until you reach your out-of-pocket maximum, at which time SHBP will pay 100 percent of eligible expenses for the remainder of the Plan Year.

For more information on both options, please see the SHBP *New Employee Decision Guide*.

#### **Eligibility of Dependents**

SHBP requires documentation verifying the eligibility of dependents covered under the health plan options. You must submit the documentation in order to cover the dependent. No health claims will be paid until documentation is received and approved by SHBP. However, do not delay submission of your enrollment form if the required documentation is not readily available as the enrollment form must be completed and signed within 31 days of hire or a qualifying event and submitted to the Benefits and Leave Administration Office. For more information, please see the SHBP *New Employee Decision Guide*.

#### **SHBP Surcharges**

- A \$80-per-month Tobacco Surcharge will be added to your monthly premium if you or any of your covered dependents have used tobacco products in the previous 12 months.
- A \$50-per-month Spousal Surcharge will be added to your monthly premium if you elect to cover your spouse and your spouse is eligible for group coverage through his or her employment.

#### Medical Monthly Payroll Deductions (Excluding Surcharges)

Plan Options (UHC or CIGNA)	You	You + Spouse	You + Child(ren)	You + Family
HRA Plan - Standard	\$80.58	\$246.24	\$252.18	\$267.54
High Deductible Plan - Standard	\$70.14	\$227.54	\$233.26	\$247.14
TRICARE Supplement	\$60.00	\$119.00	\$119.00	\$160.00

**Please note:** Benefit-eligible employees <u>must</u> answer the Tobacco and Spousal (if applicable) surcharge questions on the State Health Benefit Plan website. **Failure to answer the surcharge questions may result in the assessment of one or both surcharges.** 

## Dental

#### Dental Coverage – MetLife

MetLife offers a Preferred Dentist Program or 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 can obtain a list of PDP dentists online at <u>www.metlife.com/mybenefits</u> (enter "Gwinnett County Public Schools" for Company Name) or by calling 1-800-942-0854. If you find your current dentist is not in the network, you can still continue to use the dentist of your choice. There is no penalty for not using a PDP as this is a direct reimbursement plan. If you have a dentist you would like to become a network provider, the dentist can apply online at <u>www.metdental.com</u> or call 1-877-MET-DDS9. (This website and phone number are designed for **dental professionals only**.)

Dental benefits are available to you and your eligible family members to cover routine care, such as exams, x-rays, cleanings, fillings, dentures, bridge work, and periodontal care. Orthodontia is included in the Premium Dental Plan only. Be sure to contact MetLife or Benefits and Leave Administration for procedural instructions <u>before</u> beginning orthodontic procedures.

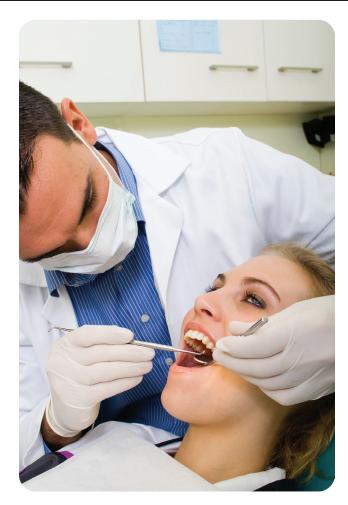
You will receive an identification card which includes plan information, the toll-free phone number for customer service, and the mailing address for claims.

For more information, contact MetLife at 1-800-942-0854 or visit the website at <u>www.metlife.com/mybenefits</u> (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 Monthly Payroll Deductions**

	Basic	Premium
Single	\$10.81	\$17.51
Family	\$42.64	\$69.22



#### **Basic Dental Plan Benefits**

Eligible Dental Expenses	Plan pays 100% of the first \$175, then 50% after \$75 deductible	
Annual Maximum	\$750 per person per plan year	
Orthodontia	Not included	

### **Premium Dental Plan Benefits**

Eligible Dental Expenses	Plan pays 100% of the first \$200, then 50% after \$75 deductible	
Annual Maximum	\$1,500 per person per plan year	
Orthodontia	Covered for adults and children	

## Vision

#### Vision Coverage – EyeMed

GCPS offers a vision plan with a vision care network that includes major vision care providers, such as LensCrafters, Pearle Vision, Sears Optical, Target, JCPenney, and includes a network of private practitioners. 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. Please see the schedule of benefits in the Vision Care Services box on the next page.

Benefit-eligible employees may enroll in the vision plan. The plan covers portions of the costs of eye exams, lenses, and frames. Periodic exams and appropriate corrective lenses are important to maintaining eye health.

For more information, contact EyeMed at 1-866-299-1358 or visit the EyeMed website at <u>www.eyemedvisioncare.com</u>. To find a provider on the website, click the drop-down menu under "Locate 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 – "Select" Network

Service	In-Network Member Cost	Out-of-Network
Exam (with Dilation as Necessary)	\$0 Copay	
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	\$0 Copay	
Bifocal	\$0 Copay	
Trifocal	\$0 Copay	
Lenticular	\$0 Copay	
Standard Progressive	\$65	
Premium Progressive	\$65, 80% of Charge less \$120 Allowance	
Lens Options		
UV Coating	\$0	50% up to
Tint (Solid and Gradient)	\$0	\$300 Allowance
Standard Scratch-Resistance	\$O	
Standard Polycarbonate	\$O	
Standard Anti-Reflective Coating	\$45	
Other Add-Ons and Services	20% off Retail Price	
<b>Contact Lenses</b> (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 per calendar year	
Frame	Once per calendar year	
Lenses or Contact Lenses	Once per calendar year	

## 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 guarantee issue. 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	<b>9</b> \$0.155	
50-54	\$0.215	
55-59	\$0.370	
60-64	<b>-64</b> \$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.

#### Will Preparation – Hyatt Legal Plans

If you are enrolled in the 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 spouses 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).

#### 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 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 and each other.

*Eligible dependents include your spouse and unmarried 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

After your 31-day new hire election period, new dependents may be added within 31 days of a qualifying event by using the Life Insurance Change form. You can also enroll in Dependent Life at any time by completing the Statement of Health form.

## Long-Term and Short-Term 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.

#### **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 absent from work due to a certified disability. Short-Term Disability is guarantee issue 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 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

### **Short-Term Disability Monthly Payroll Deductions**

Basic	Plan A	Plan B
\$8.00	\$14.00	\$20.00

## **Flexible Spending Accounts**

#### Flexible Spending Accounts (FSA) – Medcom

GCPS uses Medcom to administer the health care and dependent care Flexible Spending Accounts.

Enrolled employees will receive a Medcom Flex Convenience MasterCard mailed to their home address. If you need additional cards for your spouse or dependent children, please call 1-800-523-7542 or visit the GCPS website to obtain an Additional Card Request form.

Federal health care legislation has changed eligibility requirements for Over-the-Counter (OTC) medications. Effective January 1, 2011, legislation eliminates most OTC drugs from being considered a covered expense under the Health Care FSA unless the drug is prescribed by a physician.

Medcom offers online access to your account information by visiting <u>www.emedcom.net</u> and creating an account, or by calling Medcom Customer Service at 1-800-523-7542.

Flexible Spending Accounts offer benefit-eligible employees the opportunity to reduce their *taxable* income and increase their take-home pay. You can set up FSAs with pre-tax dollars to pay for eligible non-reimbursed health expenses and qualifying dependent care expenses. By using pre-tax dollars, money that is set aside in an FSA is not included in your earnings for tax purposes. The amount of federal and state income tax you pay is reduced and your take-home pay is increased by a like amount.

Special care must be taken in predicting your out-of-pocket expenses for the next plan year. Any unused portion of your FSA at the end of the plan year will be forfeited.

Your entire election for the Health Care FSA is available on the first day of the plan year. Dependent Care expenses are reimbursed up to your accumulated payroll deductions.



#### **Flex Convenience Card**



Enrolled employees will receive a Flex Convenience MasterCard that can be swiped, just like a credit card, for direct payment

to providers of medical and dependent care services. Rather than filing a paper claim, this card will allow you to pay at the point-of-service directly from your account. It can be used for office visit copays, prescription drug copays, approved over-the-counter items, and dental or vision expenses that are not covered by another plan.

### **Flexible Spending Accounts**







#### Health Care Flexible Spending Account (FSA)

The Health Care FSA allows you to pay for out-of-pocket, health-related expenses for you and your dependents with pre-tax dollars, including copays, coinsurance, health and dental insurance deductibles, vision examinations, glasses and contact lenses, and other IRS-approved health expenses.

You may elect to set aside up to \$5,000 each calendar year.

For more information and a helpful Frequently Asked Questions section, please refer to the GCPS Benefits Center website at <u>www.gwinnett.k12.ga.us/benefits</u> or the Medcom website at <u>www.emedcom.net</u>. Medcom Customer Service is available by calling 1-800-523-7542 toll-free.

#### Dependent Care Flexible Spending Account (FSA)

The Dependent Care FSA allows you to pay for child-care expenses for dependents under age 13. You also may use this account to pay for the care of dependents of any age who are mentally or physically handicapped, live with you, and are claimed as dependents on your federal income tax return.

Dependent care may be provided in the home or a facility outside the home. The care may be provided by a baby-sitter, licensed facility, or by a relative who is not your dependent. The dependent care spending account may not be used to pay anyone who is your dependent.

If you are single or are married and filing income taxes jointly, you may set aside as much as \$5,000 of pre-tax income for eligible dependent day care expenses each year. If you are married and filing income taxes separately, you may set aside up to \$2,500 annually.

### **Cancer Plus/Critical Illness – HM Life Insurance**

Benefit-eligible employees may enroll in the Cancer Plus/ Critical Illness insurance plan through HM Life Insurance. Cancer Plus/Critical Illness Insurance supplements your health care and disability plans by helping with costs associated with a critical illness. Benefits are paid directly to you in a lump sum when diagnosed with one of the covered illnesses. The specified critical illnesses include heart attack, stroke, major organ transplant, end-stage renal failure, and internal cancer.

You can receive up to \$15,000 guarantee issue coverage for yourself and \$7,500 guarantee issue coverage for your spouse regardless of your responses to the medical questions. Dependent children are automatically covered at 10% of the employee amount at no additional charge. This group plan offers initial occurrence, additional occurrence, and re-occurrence benefits if diagnosed with one or more of the specified critical illnesses. This plan includes a Health Screening Benefit that pays you \$50 once per calendar year for any of the covered health screenings, such as a pap smear or PSA test. More information is available on the GCPS Benefits Center website.

The premium is based on the current age at enrollment. The monthly premium will not change once you are enrolled unless you elect to increase your benefit after your initial enrollment.

For questions or assistance with your application, contact HM Life Insurance customer service at 1-866-849-2954, available Monday through Friday from 8 a.m. to 5 p.m. For additional rate information, visit the GCPS Benefits Center website.

### **Non-Tobacco Monthly Payroll Deductions**

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.60	\$5.45	\$7.30	\$9.15	\$11.00	\$12.85	\$14.70	\$16.55	\$18.40	\$20.25
30-39	\$5.15	\$8.55	\$11.95	\$15.35	\$18.75	\$22.15	\$25.55	\$28.95	\$32.35	\$35.75
40-49	\$8.65	\$15.55	\$22.45	\$29.35	\$36.25	\$43.15	\$50.05	\$56.95	\$63.85	\$70.75
50-59	\$14.22	\$26.68	\$39.15	\$51.62	\$64.08	\$76.55	\$89.02	\$101.48	\$113.95	\$126.42
60-69	\$21.75	\$41.75	\$61.75	\$81.75	\$101.75	\$121.75	\$141.75	\$161.75	\$181.75	\$201.75

#### **Tobacco Monthly Payroll Deductions**

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$4.85	\$7.95	\$11.05	\$14.15	\$17.25	\$20.35	\$23.45	\$26.55	\$29.65	\$32.75
30-39	\$7.60	\$13.45	\$19.30	\$25.15	\$31.00	\$36.85	\$42.70	\$48.55	\$54.40	\$60.25
40-49	\$16.25	\$30.75	\$45.25	\$59.75	\$74.25	\$88.75	\$103.25	\$117.75	\$132.25	\$146.75
50-59	\$26.75	\$51.75	\$76.75	\$101.75	\$126.75	\$151.75	\$176.75	\$201.75	\$226.75	\$251.75
60-69	\$41.75	\$81.75	\$121.75	\$161.75	\$201.75	\$241.75	\$281.75	\$321.75	\$361.75	\$401.75

### **Group Legal**

#### Group Legal Plan – ARAG Group

Benefit-eligible employees have the opportunity to enroll in the group 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 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. You will have coverage for such legal services as standard and complex wills, divorce, contested and uncontested guardianship, consumer protection, property transfers, property protection, name changes, and much more.

The Access 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.

For more information about the plans, please contact ARAG toll-free at 1-800-247-4184 between 8 a.m. and 8 p.m. Eastern Standard Time, Monday through Friday, or visit <u>http://www.ARAGLegalCenter.com</u>



#### **Sample Situations for Legal Help**

- · Have a dispute with a landlord
- · Fall victim to identity theft
- Change your legal name
- · Want to adopt a child
- Lose your driver's license due to a traffic violation
- Want to buy or sell a house
- Want to prepare a will
- · Need to resolve a dispute with a contractor
- · Assume guardianship of your grandchild
- Collect inheritance
- Have an issue with a manufacturer not honoring a warranty

#### **Group Legal Monthly Payroll Deductions**

	Access Plan	UltimateAdvisor		
Single Premium	N/A	\$17.20		
Family Premium	\$6.90	\$22.12		

## **Anytime Benefits**

#### Whole Life Insurance – AIG

Whole Life is available to benefit-eligible employees. Whole Life Insurance provides a benefit to your beneficiary in the event of your death but also builds cash value that can be used while you are still alive. This benefit is based on a fixed monthly contribution. Whole Life is a permanent policy that offers you flexibility in deciding how much premium to pay.

For more information or to enroll, please contact J. Smith Lanier & Co. at 770-295-1008.

#### 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 Lyn Williams at 770-476-2987 or visit the AAA website at <u>www.aaasouth.com/lyn.williams</u>.

#### **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 <u>www.</u> <u>storeymorrow.com</u>.

#### Auto/Home Insurance – Unitrin/Metlife

Employees of GCPS are eligible for automobile, homeowner's, and other personal property insurance through the Unitrin/ Metlife Choice Program. To discuss coverage options for this payroll deducted benefit, call 1-800-637-2782 for more information.



#### Long-Term Care Insurance – Whelpley & Associates 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 770-579-0515 for additional information.

## **Contact Information**

#### **Carrier Contact Information**

Medical UnitedHealthcare

Definity HRA: Customer Service: 1-800-396-6515 TDD: 1-800-255-0056 Website: <u>www.welcometouhc.com/shbp</u>

#### HDHP:

Customer Service: 1-877-246-4189 TDD: 1-800-842-0056 Pharmacy: 1-800-372-5802 Website: www.welcometouhc.com/shbp

#### **CIGNA** Healthcare

HRA, HDHP Customer Service: 1-800-633-8519 TDD: 1-800-576-1314 Pharmacy: 1-800-633-8519 Website: <u>www.mycigna.com/shbp</u>

Pharmacy Contact your respective vendor Website: <u>www.dch.georgia.gov/shbp\_plans</u>

#### All Medical Insurance Options: Eligibility

Customer Service: 404-656-6322 Toll-Free: 1-800-610-1863 Website: <u>www.dch.georgia.gov/shbp</u> Dental: MetLife Customer Service: 1-800-942-0854 Website: <u>www.metlife.com/mybenefits</u>

Vision: EyeMed "Select" Network Customer Service: 1-866-723-0514 Website: <u>www.eyemedvisioncare.com</u>

Flexible Spending Account: Medcom Customer Service: 1-800-523-7542 Website: <u>www.eeyemedvisioncare.com</u>

Life Insurance: MetLife Customer Service for claims: 1-800-638-6420 Website: <u>www.metlife.com</u>

Cancer Plus/Critical Illness: HM Life Insurance Customer Service: 1-866-849-2954 Website: <u>www.hminsurancegroup.com</u>

Group Legal: ARAG Customer Service: 1-800-247-4184 Website: <u>http://members.ARAGgroup.com/Gwinnett</u>



**Please note:** This guide is a general summary of your benefits. 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 or contact the Benefits and Leave Administration Office.

