



2024 New Employee Benefits Guide



**Benefits for the
2024 Plan Year**



**benefits
service center**

Visit us online to enroll or call the
Baldwin County Schools Benefits Service Center.

www.baldwincountyschoolsbenefits.com

(877) 395-4741

This guide provides an overview of your Baldwin County Schools benefits, the enrollment process, and benefits resources. We encourage you to review this guide before completing your elections.

Our extensive benefits package provides financial protection and peace of mind for you and your family. Baldwin County Schools provides a significant financial contribution towards your State Health Benefit Plan (SHBP) premiums. The district also provides an Employee Assistance Program (EAP) for Long Term Disability participants at no cost. For the plans in which you have a contribution, your contribution will be payroll deducted.

Your benefit elections are valid for the entire 2024 plan year unless you have a qualifying life event, such as marriage, divorce, birth of a child, etc. (supporting documentation required).

Benefits Service Center

Baldwin County Schools is pleased to partner with the Benefits Service Center as an extension of your Human Resources Department.

The Benefits Service Center manages all aspects of your voluntary (non-medical) benefits; plans such as dental, vision, life insurance, disability, and more. The Benefits Service Center can help you with benefit questions, claims issues, qualifying life events, ID Cards, and life insurance beneficiary updates. The Benefits Service Center can also assist with general State Health Benefit Plan questions and we're here to support you all year long.



Two Steps to Complete Your Enrollment:

1) State Health Benefit Plan: Review your benefit plan options and make updates on the ADP Portal.

AND

2) Voluntary Benefits Enrollment: Call the Benefits Service Center or access the voluntary benefits portal.

Enrollment instructions are on the following page.

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How to Enroll

Voluntary Benefits

Enrollment Online

Step 1: Visit www.baldwincountyschoolsbenefits.com and click “Enroll Now”.

Step 2: Click on “Get Started Now.” You will be prompted to enter your e-mail address, last four digits of your Social Security Number, and date of birth. The system will identify you by these credentials and allow you to create a password.

Step 3: Once you have created your password, you will be able to complete your enrollment. You can complete your benefit elections by clicking “Begin Enrollment” and following the prompts.

Enrollment by Phone

Call the Baldwin County Schools Benefits Service Center at **(877) 395-4741** to complete your voluntary benefits enrollment by phone. The Benefits Specialist will confirm your personal information, review your plan options, and confirm your elections for 2024.

For online and phone enrollment, you will receive a Confirmation Statement via email following your enrollment.

State Health Benefit Plan (SHBP) – ADP Portal

1. Access <https://myshbpga.adp.com/shbp> to review your health coverage elections. Your Registration Code is “SHBP-GA”. Employees may also enroll by phone by calling (800) 610-1863.
2. If you wish to cover dependent(s), ADP will provide instructions for submitting required documentation for the dependent(s). Be sure to provide documentation in the format required by the deadline provided by ADP. Your dependent(s) will not have coverage until the documentation is received and approved.

How to Reset Your SHBP Password

- Step 1: Go to www.myshbpga.adp.com and click “Forgot Your Password.”
- Step 2: Enter your User ID.
- Step 3: Follow the instructions to answer security questions (contact SHBP if you are unable to answer the questions).
- Step 4: Create a new password and click “Continue.”

New Employee Eligibility

As a new Baldwin County Schools employee, you are eligible for benefits on the first of the month following 30 days of employment. No enrollment changes to your benefits are allowed during the plan year unless you experience a qualifying life event.

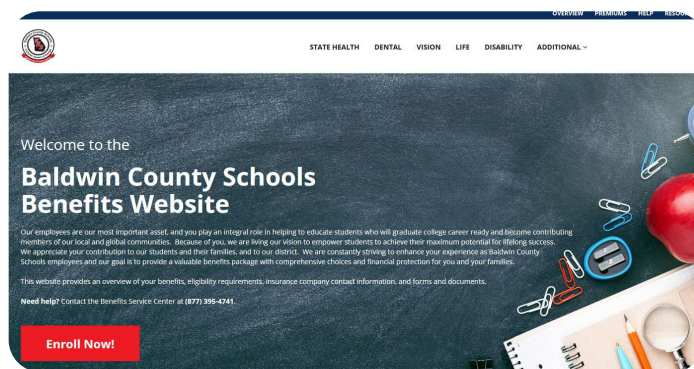
Qualifying Life Events

Qualifying life events that could result in changes to your benefit coverage include, but are not limited to:

- Marriage or divorce
- Birth or adoption of a child
- Loss of a dependent or other group coverage
- Medicare entitlement

If you have a qualifying life event, please contact the Benefits Service Center and SHBP to complete your new elections and update your life insurance beneficiary(ies). You must also provide the supporting documentation to the Benefits Service Center and SHBP within 31 days of the change. If you do not do so, you must wait until the next open enrollment to make any benefit plan changes.

Benefit Resources



Benefits Website

Access plan documents, benefit summaries, forms, premium information, benefits presentations and guides, links to insurance company and vendor websites (including SHBP), and more.

www.baldwincountyschoolsbenefits.com

Benefits Service Center

Contact the Baldwin County Schools Benefits Service Center for benefits questions, claims inquiries, and general SHBP inquiries. The Benefits Service Center can also assist you with your voluntary benefits enrollment.

Medical Coverage

State Health Benefit Plan (SHBP)

Baldwin County Schools participates in the State Health Benefit Plan. Refer to the 2024 Active Member Decision Guide for complete details.

SHBP Contribution

The district pays a significant portion of your health insurance premiums. This financial contribution reduces your premium for a quality health plan at a competitive cost.

District Employer Contributions

Certified Employee: \$1,580 / month | Classified Employee: \$1,195 / month

Note: The employee monthly premiums are the same for each classification regardless of the employer contribution amount.

State Health Benefit Plan Overview

Preventive care is covered at 100% for all plan options.

Anthem Options	
HRA Gold HRA Silver HRA Bronze	The Gold, Silver, and Bronze HRA plans have different HRA credits, deductibles, coinsurance levels, and out of pocket limits. Most services are subject to a deductible. Then you pay coinsurance up to the out-of-pocket maximum. For prescription drugs, you pay a percentage of the retail cost. The HRA plans include a SHBP-funded Health Reimbursement Account (HRA) to provide first-dollar medical and pharmacy expenses. Unused HRA credits roll over to future years.
HMO	This plan has the lowest deductible and provides in-network coverage only. Some services, such as office visits, ER and prescription drugs, are covered at 100% after a copay. For most other services, you are responsible for a deductible and coinsurance until you meet your out-of-pocket maximum.
UnitedHealthcare Options	
HMO	Same benefits as the Anthem HMO. UnitedHealthcare provider network.
High Deductible Health Plan (HDHP)	Lowest premiums, highest deductible and out-of-pocket maximum. All services including pharmacy are subject to deductible and coinsurance. A Health Savings Account (HSA) is available with this plan.

Pharmacy Information

CVS Caremark administers the pharmacy benefits for HRA, HMO, and HDHP members. The CVS Caremark pharmacy network is extensive and not limited to CVS pharmacies. Participating pharmacy information is available by accessing info.caremark.com/shbp.

- For your convenience, you may purchase a 90-day supply via retail at participating in-network pharmacies or via mail order.
- Certain drug costs are waived if SHBP is primary and you actively participate in one of the Disease Management programs for diabetes, hypertension, asthma, ALS, cystic fibrosis, Parkinson’s Disease, or coronary artery disease.

Online Resources

Access the plan websites to view participating providers, health and wellness tools, plan details, and more.

Anthem

www.anthem.com/shbp

Select “Find Care” from the Main Menu and then follow instructions to find a doctor.

UnitedHealthcare

www.whyuhc.com/shbp

Select “Search for a Provider” under the Benefits drop down. Select “Choice HMO” or “HDHP with HSA” and follow search instructions.



Dependent Documentation

- If you wish to add dependent(s) to your health plan at this time, ADP will contact you to request verification documents following your enrollment. This communication from ADP will include a personalized fax cover sheet with a bar code that must be used when submitting documentation.
- You can submit documents through the ADP portal if you do not wish to fax them.
- If you do not receive the request, contact SHBP at (800) 610-1863 to have the request sent to you. **Your dependents will not be covered until the documentation is received and approved.** Timely submission is important to avoid retro premium deductions.



Medical Plan Designs and Premiums

	Anthem HRA						Anthem OR UHC	UHC	
	Gold		Silver		Bronze		HMO	HDHP	
	In	Out	In	Out	In	Out	In	In	Out
Deductible									
You	\$1,500	\$3,000	\$2,000	\$4,000	\$2,500	\$5,000	\$1,300	\$3,500	\$7,000
You + Child(ren)/Spouse	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500	\$1,950	\$7,000	\$14,000
You + Family	\$3,000	\$6,000	\$4,000	\$8,000	\$5,000	\$10,000	\$2,600	\$7,000	\$14,000
Medical OOPM*									
You	\$4,000	\$8,000	\$5,000	\$10,000	\$6,000	\$12,000	\$4,000	\$6,450	\$12,900
You + Child(ren)/Spouse	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000	\$6,500	\$12,900	\$25,800
You + Family	\$8,000	\$16,000	\$10,000	\$20,000	\$12,000	\$24,000	\$9,000	\$12,900	\$25,800
Coinsurance (Plan Pays)	85%	60%	80%	60%	75%	60%	80%	70%	50%
HRA									
You	\$400		\$200		\$100		N/A	N/A	
You + Child(ren)/Spouse	\$600		\$300		\$150		N/A	N/A	
You + Family	\$800		\$400		\$200		N/A	N/A	
Medical									
ER	Coinsurance after ded		Coinsurance after ded		Coinsurance after ded		\$200 copay	Coinsurance after ded	
Urgent Care	Coinsurance after ded		Coinsurance after ded		Coinsurance after ded		\$35 copay	Coinsurance after ded	
PCP Visit	Coinsurance after ded		Coinsurance after ded		Coinsurance after ded		\$35 copay	Coinsurance after ded	
Specialist Visit	Coinsurance after ded		Coinsurance after ded		Coinsurance after ded		\$45 copay	Coinsurance after ded	
Preventive Care	100%	None	100%	None	100%	None	100%	100%	None
Retail Pharmacy									
Tier 1	15%, Min \$20, Max \$50		15%, Min \$20, Max \$50		15%, Min \$20, Max \$50		\$20 copay	Coinsurance after deductible	
Tier 2	25%, Min \$50, Max \$80		25%, Min \$50, Max \$80		25%, Min \$50, Max \$80		\$50 copay	Coinsurance after deductible	
Tier 3	25%, Min \$80, Max \$125		25%, Min \$80, Max \$125		25%, Min \$80, Max \$125		\$90 copay	Coinsurance after deductible	
Mail Order Pharmacy									
Tier 1	15%, Min \$50, Max \$125		15%, Min \$50, Max \$125		15%, Min \$50, Max \$125		\$50 copay	Coinsurance after deductible	
Tier 2	25%, Min \$125, Max \$200		25%, Min \$125, Max \$200		25%, Min \$125, Max \$200		\$125 copay	Coinsurance after deductible	
Tier 3	25%, Min \$200, Max \$312.50		25%, Min \$200, Max \$312.50		25%, Min \$200, Max \$312.50		\$225 copay	Coinsurance after deductible	

Monthly Premiums	Anthem HRA			Anthem	UHC	UHC
	Gold	Silver	Bronze	HMO	HMO	HDHP
You	\$188.56	\$125.19	\$77.69	\$148.53	\$177.91	\$63.36
You + Child(ren)	\$343.04	\$235.32	\$154.57	\$274.99	\$324.94	\$130.20
You + Spouse	\$464.72	\$331.65	\$231.90	\$380.66	\$442.36	\$201.80
You + Family	\$619.20	\$441.78	\$308.78	\$507.12	\$589.39	\$268.64

*OOPM refers to the Out-of-Pocket Maximum. This amount is the most you will be expected to pay in a plan year for services.

Wellness Program



Sharecare, your wellness program vendor, provides comprehensive well-being and incentive programs for SHBP members. As you complete wellness activities, you earn incentive points to help you pay for your medical expenses. HDHP members must meet a portion of the deductible before well-being points may be used.

You and your covered spouse are each eligible to receive up to 480 well-being incentive points (960 family total) when you complete the activities between January 1 and December 2. Enrolled members choose to redeem well-being incentive points in the Sharecare Redemption Center for either 1) a \$150 Sharecare Rewards Visa Prepaid Card or 2) 480 incentive points to apply towards eligible medical / pharmacy expenses.

Step 1	Complete the RealAge Test	Earn 120 well-being incentive points
Step 2	Complete a Biometric Screening	Earn 120 well-being incentive points
Step 3	Complete one or a combination of: <ul style="list-style-type: none"> • Telephonic Well-Being Coaching Pathway • Online Challenges Pathway 	Earn up to 240 well-being incentive points

Please refer to the State Health Benefit Plan Decision Guide or access www.bewellshbp.com for additional details. Download the Sharecare App today to complete activities or redeem well-being incentive points.

TRICARE

The TRICARE Supplement Plan is an alternative to the State Health Benefit Plan that is offered to members and dependents who are eligible for SHBP coverage and enrolled in TRICARE.



Who is eligible for the TRICARE Supplement Plan?

- Retired military receiving retired, retainer, or equivalent pay
- Retired Reservists between ages 60 and 65
- Retired Reservists under age 60 and enrolled in TRICARE Retired Reserve (TRR)
- Qualified National Guard and Reserve Members enrolled in TRICARE Reserve Select (TRS)
- Spouses/surviving spouses of any of the above

TRICARE Supplement Plan Premiums	
You	\$60.50
You + Child(ren)	\$119.50
You + Spouse	\$119.50
You + Family	\$160.50

For information about eligibility and benefits, contact 866-637-9911 or visit <https://shbp.georgia.gov/tricare-supplement-plan>.

Telemedicine Virtual Visits

The medical plans include a telemedicine benefit that allows you to speak to a participating doctor from home or work through your mobile device, tablet, or computer. You must use in-network providers for coverage to apply. HMO members pay a copay and HRA members pay coinsurance for virtual visits. High Deductible Health Plan members can access this benefit subject to the health plan deductible. Consider this convenient benefit for non-complex medical conditions. Download the LiveHealth Online (Anthem) or the Virtual Visits (UHC) mobile app today!

Attention Families – PeachCare

- Your dependents, up to age 19, may be eligible for PeachCare (instead of SHBP), offered through the state of Georgia
- Income and other qualifications must be met
- Visit www.peachcare.org for more info
- Not available through payroll deduction



Dental Plans



You have two MetLife PPO dental plan offerings: the Standard Plan and the Premium Plan. Both plans include 100% preventive care coverage with no deductible. The Standard Plan has the lowest premiums and a lower annual maximum benefit and does not include orthodontic care coverage. The Premium Plan has higher premiums, a higher annual maximum benefit, and includes coverage for orthodontic care.

To reduce your out-of-pocket costs and prevent balance billing, you are encouraged to use in-network dentists. Visit www.metlife.com/dental to locate participating dentists. Select the “PDP Plus” dental network. You can also download the mobile app to view plan information, find a provider, or view your ID card. Please refer to the Benefits Summaries for complete details.

Dental Summary of Benefits	Standard Plan	Premium Plan
Calendar Year Deductible	\$75 Individual / \$225 Family	\$50 Individual / \$150 Family
Calendar Year Maximum	\$1,000	\$2,000
Orthodontia Lifetime Maximum	Not covered	\$2,000
Type A Services <i>(Preventive)</i>	100% (no deductible)	100% (no deductible)
<i>Exams / Cleanings - 2 per year</i>		
<i>Space Maintainers (under age 14)</i>		
<i>Fluoride - 2 per year (under age 16)</i>		
<i>Full mouth x-rays - Once in 36 months</i>		
<i>Bitewing x-rays - 2 per year</i>	80% after deductible	80% after deductible
Type B Services <i>(Basic Restorative)</i>		
<i>Sealants - 1 per molar/lifetime (under age 16)</i>		
<i>Consultations / Denture Adjustments - 1 per 12 months</i>		
<i>Amalgam Fillings - 1 per surface per 24 months</i>		
<i>Root Canal - 1 per tooth/lifetime</i>		
<i>Periodontal Maintenance - 2 treatments/year</i>		
<i>Prefabricated Crowns - 1 per tooth per 10 years</i>		
<i>Dentures - rebases /relines - 1 per 24 months</i>		
<i>Non-Surgical Periodontics</i>		
<i>Oral Surgery & Anesthesia</i>	50% after deductible	50% after deductible
<i>Pulp Capping and Pulp Therapy</i>		
Type C Services <i>(Major Restorative)</i>		
<i>Crown Buildups - 1 per tooth per 5 years</i>		
<i>Dentures / Fixed Bridges - 1 per 5 years</i>		
<i>Inlays/Onlays/Crowns - 1 per tooth per 5 years</i>		
<i>Implant Services - 1 tooth position per 5 years</i>		
<i>Periodontal Surgery</i>		
Orthodontia Services (adults and children)	Not covered	50% after deductible

Dental Monthly Premiums	Standard Plan	Premium Plan
Employee Only	\$29.39	\$47.15
Employee + Spouse	\$57.28	\$92.33
Employee + Child(ren)	\$60.05	\$96.84
Family	\$84.16	\$135.91

Vision



The vision coverage is offered through MetLife with a \$130 frame and lens allowance on the Standard Plan and a \$200 frame and lens allowance on the Premium Plan.

With the MetLife vision plans, you may visit any vision provider. However in order to maximize your vision benefit, it is recommended you access participating providers by visiting www.metlife.com. Click "Find a Vision Provider" from the home page, and follow the search instructions. Be sure to select the **MetLife Superior Network**. When you visit a participating MetLife vision provider, you will have a higher benefit and lower out-of-pocket costs, and you will receive the benefit at the time of service. If you go out-of-network, you will need to pay at the time of service and file a claim for reimbursement, and the benefit is reduced.

The MetLife vision plans provide coverage for exams, frames, or lenses (either contacts or eyeglasses lenses). If you see an in-network provider, you pay a copay for your eye exam and lenses, and the plan pays an allowance of either \$130 or \$200 for frames and contact lenses. Additional copays apply for eyeglass lens options.

Frequency Limitations: The vision plan has frequency limitations. The exam benefit and lens benefit, either eyeglass lenses or contact lenses, are once per 12 months. Frames are allowed once every 24 months on the Standard Plan and once every 12 months on the Premium Plan.

Vision In-Network Summary of Benefits	Standard Plan	Premium Plan
Eye Exam	\$10 copay	\$20 copay
Retinal Imaging	Up to \$39 copay	Up to \$39 copay
Lenses		
Single	Covered in full after \$20 copay	Covered in full after \$25 copay
Bifocal		
Trifocal		
Lenticular		
Contacts		
Fit and Follow-up	\$30 copay <i>(limited benefit for specialty lenses)</i>	\$30 copay <i>(limited benefit for specialty lenses)</i>
Electives Lenses	\$130 allowance	\$200 allowance
Medically Necessary	Covered in full	Covered in full
Frames	\$130 allowance	\$200 allowance

Vision Monthly Premiums	Standard Plan	Premium Plan
Employee Only	\$5.39	\$9.31
Employee + Spouse	\$11.47	\$20.45
Employee + Child(ren)	\$12.01	\$21.40
Family	\$16.23	\$29.17

Additional Plan Features

- Laser Vision Correction: Savings of 40 to 50% off the national average price at in-network laser vision correction provider.
- Savings: 20% savings on additional pairs of prescription glasses and non-prescription sunglasses.
- Savings on Lens Enhancements: Average 20 to 25% savings.
- Savings on Frames: 20% off any amount over your frame allowance.
- Savings on Contacts: 10% off amounts over your disposable contact lens allowance or 20% off your conventional contact lens allowance.





Flexible Spending Accounts (FSA)

There are two types of Flexible Spending Accounts (FSA's) available: **1) Healthcare FSA** for medical, dental, vision, pharmacy, and other related expenses and **2) Dependent Care FSA** for dependent day care expenses. Medcom is the administrator for the FSA plans. An FSA allows you to pay for eligible expenses using pre-tax dollars, saving you money. Your taxable income is reduced by your annual FSA contributions. Plus, the reimbursements are tax-free.

Healthcare Flexible Spending Account

You may contribute up to \$3,200 during 2024 into a Healthcare FSA. Eligible Healthcare FSA expenses include deductibles, copays, coinsurance, prescription drugs, over-the-counter drugs and supplies (no prescription required), dental, and vision expenses.

Dependent Care Flexible Spending Account

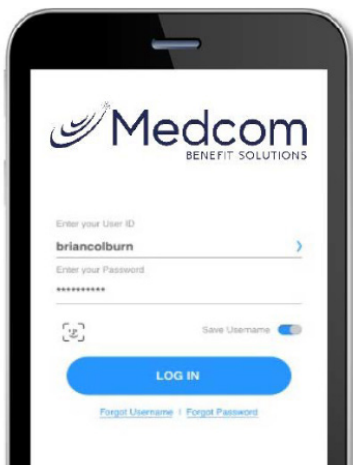
The Dependent Care FSA allows you to pay for certain dependent care expenses using before-tax dollars. You may contribute up to \$5,000 in a Dependent Care FSA for 2024. Eligible dependent care expenses include day care and after-school care for children up to age 13 and certain adult day care expenses for incapacitated adult dependents.

Child Daycare:

- Includes daycare facilities, babysitters inside or outside the household, before and after-school care, and more
- For children, step-children, and children eligible for a tax exemption on your federal tax return

Adult Day Care:

- For disabled children age 13+ (certain rules apply)
- For spouses physically or mentally unable to care for self
- For any adult you can claim as a dependent on your tax return who is physically or mentally unable to care for him/herself and lives in your home



Medcom offers a free mobile app for convenient account access.

Other Account Features

Participants in the FSAs receive a debit card so that many expenses can be paid at the time of service, eliminating the reimbursement process. The funds are debited from the account and paid to the doctor's office, pharmacy, or day care facility directly at the time of purchase. When the debit card is not accepted, you are required to pay for the expense and submit a claim for reimbursement.



Use It or Lose It

It is important that you estimate carefully when deciding your annual FSA contributions. The IRS requires you to use the funds in your account by the end of the year, or the funds are forfeited. However, the FSA Plan includes a grace period. If you have not spent all of the funds in your Healthcare or Dependent Care FSA prior to the end of the plan year, you may continue to incur claims for expenses during the grace period. The end of the grace period concludes 2½ months after the end of the plan year. This means for the 2024 plan year, you may incur claims through March 15, 2025.

IRS regulations require appropriate documentation to ensure your claims are valid expenses. You will be asked to provide receipts as documentation for most expenses. Retain receipts and provide them promptly upon request.

Plan Year

The FSA plan year for 2024 is January 1 through December 31.

Monthly FSA Administrative Fee

FSA plan participants pay a \$3.50 monthly post-tax administrative fee via payroll deduction. Only one fee applies if you are enrolled in both the Dependent Care and the Healthcare FSA.

Life and AD&D Insurance



Baldwin County Schools offers voluntary life and accidental death and dismemberment (AD&D) insurance at affordable group insurance rates through MetLife. You may elect life insurance, AD&D insurance, or both. The AD&D benefit pays in the event of death or loss of limbs, speech, hearing and more caused by a covered accident. (Refer to the Certificate of Coverage for details.)

Life Insurance and AD&D Options (separate elections)	
Employee	1 to 10 times your annual pay to a maximum of \$1 million
Spouse	\$5,000 increments to a maximum of \$250,000, not to exceed 100% of the employee's amount
Child(ren)	\$5,000 or \$10,000

Special New Employee Enrollment Opportunity

As a new employee, you may elect life insurance coverage up to 3 times your annual earnings with no health questions. Should you wish to elect coverage exceeding this amount at this time, an Evidence of Insurability (EOI) Form is required. For your spouse, you may elect up to \$50,000 in life insurance coverage at this time with no health questions. No health questions apply for AD&D or child life insurance. If applicable, your coverage requiring health questions will be pended until receipt and review of the EOI Form. The EOI Form is located on the benefits website, or you may contact the Benefits Service Center to obtain the EOI Form.

About Your Beneficiary

Your beneficiary is the person(s) who will receive your life insurance benefits when you die. Your beneficiary can be a person or multiple people, charitable institutions, or your estate. Once named, your beneficiary remains on file until you make a change. If your family situation changes, you'll want to review the beneficiaries on file and make updates if needed. If you don't name a beneficiary, your life insurance benefits will automatically go to your estate. You are required to designate your beneficiary(ies) during your enrollment.

Sample Monthly Premiums

Complete benefit and premium options may be found on the enrollment portal or by calling the Benefits Service Center. The monthly premiums are post-tax deductions. Spouse premiums are based on employee age.

Employee Voluntary Life Monthly Premiums				
Age	\$30,000	\$50,000	\$100,000	\$250,000
25	\$1.20	\$2.00	\$4.00	\$10.00
35	\$2.10	\$3.50	\$7.00	\$17.50
45	\$3.90	\$6.50	\$13.00	\$32.50
55	\$9.60	\$16.00	\$32.00	\$80.00
65	\$25.20	\$42.00	\$84.00	\$210.00

Note: Spouse life rates are slightly lower than employee rates for certain age bands.

Employee & Spouse AD&D Monthly Premiums				
Age	\$50,000	\$100,000	\$150,000	\$250,000
All ages	\$0.75	\$1.50	\$2.25	\$3.75

Important Life Plan Provisions

- Benefits do not reduce due to age.
- Coverage continuation options are available in the event of employment separation. If you wish to continue your coverage upon separation, you must contact MetLife within 30 days of separation.

Child Voluntary Life Monthly Premiums		
Age	\$5,000	\$10,000
To Age 26	\$0.70	\$1.40

Child AD&D Monthly Premiums		
Age	\$5,000	\$10,000
To Age 26	\$0.26	\$0.52



Disability Insurance

You accumulate “sick leave” days, for which you will receive full pay if you are injured or ill and cannot work. Disability coverage provides an income replacement benefit once your sick days are exhausted.

You may elect Short Term Disability, Long Term Disability, or both at this time.

Short Term Disability

Short Term Disability coverage is more expensive than Long Term Disability coverage because of the increased likelihood of a disability lasting a shorter duration. Short Term Disability pays a benefit for a relatively short period of time. Your sick leave must be exhausted prior to the Short Term Disability plan paying a benefit. The STD plan will coordinate with your other deductible income to replace 60% of your annual earnings. Other deductible income includes, but is not limited to, workers’ compensation, other disability benefits, and retirement.

Below is a summary of the Short Term Disability plan options:

	Option 1 7 Day Wait	Option 2 30 Day Wait
Benefit Amount	60% of earnings up to a maximum benefit of \$1,000 per week	
Benefit Start Date	Day 8 for accident or illness	Day 31 for accident or illness
Benefit Duration	173 days	150 days

You may elect Short Term Disability at this time with no health questions. The plan includes a Late Applicant Provision which has a 60 day elimination period for sickness disability claims during the first 12 months of coverage. There is no restriction for disabilities caused by accident, and once you have been insured for 12 months, no restriction applies.

Your monthly premium is based on your age, your annual pay, and the option you choose. Below are a few examples of the monthly costs. Complete details and your specific premiums are available on the enrollment portal or by contacting the Benefits Service Center.

Sample Monthly Premiums

Short Term Disability - \$30,000 Annual Salary		
Age	7 Day Wait	30 Day Wait
25	\$16.10	\$8.52
35	\$16.06	\$8.52
45	\$19.35	\$10.49
55	\$24.61	\$13.29
65	\$33.78	\$18.35

Short Term Disability - \$50,000 Annual Salary		
Age	7 Day Wait	30 Day Wait
25	\$26.83	\$14.19
35	\$26.77	\$14.19
45	\$32.25	\$17.48
55	\$41.02	\$22.15
65	\$56.31	\$30.58



Disability Insurance



Long Term Disability (LTD)

Long Term Disability coverage provides an income replacement benefit to age 65 or Social Security Normal Retirement Age if you continue to remain disabled and satisfy the definition of disability. The LTD plan will coordinate with your other deductible income to replace 60% of your annual earnings. Other deductible income includes, but is not limited to, Social Security, workers' compensation, other disability benefits, and retirement.

Below is a summary of the Long Term Disability plan:

Long Term Disability Summary of Benefits	
Monthly Benefit Amount	60% of earnings
Maximum Monthly Benefit	\$5,000 per month
Elimination Period	180 days
Benefit Duration	To age 65 or Social Security Normal Retirement Age

Sample Monthly Premiums

Age	Long Term Disability	
	\$30,000 Annual Salary	\$50,000 Annual Salary
25	\$4.43	\$7.38
35	\$4.43	\$7.38
45	\$4.43	\$7.38
55	\$16.10	\$26.83
65	\$31.78	\$52.96



Important Enrollment Information

Future elections for Long Term Disability coverage will require an Evidence of Insurability for medical underwriting during your next enrollment opportunity. Now is your opportunity to elect Long Term Disability with no health questions.

Pre-Existing Condition Provision

The Long Term Disability plan pays no benefit for disabilities caused by pre-existing conditions during the first 12 months of coverage. A pre-existing condition is a sickness or injury for which you have been diagnosed, treated, or prescribed medications during the immediate 3 months prior to your coverage effective date. Once you've been insured for 12 months, no restriction applies.

Your monthly premium is based on your age and your annual pay. Below are a few examples of the monthly costs. Complete details are available on the enrollment portal or by contacting the Benefits Service Center.



Employee Assistance Program for Long Term Disability Participants

If you enroll in the Long Term Disability Plan, the Employee Assistance Program (EAP) is available to help deal with life's challenges. This program provides confidential immediate assistance, and it's available when you need it.

EAP Services can help you with:

- Depression, grief, loss, and emotional well-being
- Family, marital, and other relationship issues
- Life improvement and goal-setting
- Addictions such as alcohol and drug abuse
- Stress or anxiety with work or family
- Financial and legal concerns
- Identity theft and fraud guidance

Counseling Services

The program includes **up to three counseling sessions per issue per year** at no cost. Sessions can be done in person, on the phone, by video, or by mobile text messaging.

Connection to Resources, Support, and Guidance

You, your dependents (including children up to 26), and all household members can contact the program's masters level counselors 24/7. You can reach out through the mobile app or by phone, online, mobile chat, and email. You can get referrals to local support groups, a network counselor, community resources, or your health plan.

Worklife Services

Get assistance with referrals for important needs like education, adoption, daily living and care for your pet, child, or elderly loved one.

Online Resources

Visit members.healthadvocate.com to explore a wealth of information online, including videos, guides, articles, webinars, resources, self-assessments, and calculators.

Contact the EAP at (888) 293-6948

24 hours a day / 7 days a week

members.healthadvocate.com





Critical Illness

Baldwin County Schools offers voluntary Critical Illness coverage which provides a lump sum benefit in the event of a diagnosis of a covered illness. The plan is insured by MetLife and employees may elect coverage for yourself, your spouse, and your child(ren) with no health questions.

Covered Diagnoses and Conditions

- Benign brain tumor
- Cancer
 - * Invasive: 100%
 - * Non-invasive: 25%
 - * Skin cancer: 5% \$250 minimum
- Coronary Artery Bypass Graft (CABG): 50%
- Functional losses
 - * Coma
 - * Loss of ability to speak, hearing, sight
 - * Paralysis of 2+ limbs
- Heart events
 - * Heart attack
 - * Sudden Cardiac Arrest: 50%
- Infectious diseases including COVID: 25%
- Kidney failure
- Major organ transplants
- Progressive diseases
 - * ALS
 - * Alzheimer's
 - * Multiple Sclerosis
 - * Muscular Dystrophy
 - * Parkinson's Disease
 - * Systemic Lupus Erythematosus (SEL)
- Severe burns
- Stroke
- Childhood diseases incl but not limited to:
 - * Cerebral Palsy
 - * Cleft lip or palate
 - * Cystic Fibrosis
 - * Type 1 Diabetes
 - * Down Syndrome
 - * Sickle Cell Anemia
 - * Spina Bifida

Benefit Options

Employees: \$5,000, \$10,000, \$20,000, \$30,000, \$40,000 or \$50,000

Spouses: 50% of the employee amount

- Employees must be enrolled to elect spouse coverage.

Children: 50% of employee coverage for all children

- Employees must be enrolled to elect child coverage.

Wellness Benefit

The voluntary Critical Illness plan includes a wellness benefit for covered preventive screenings including but not limited to:

- Annual physical exam, biometric screening, or stress test on bicycle or treadmill
- Blood test for triglycerides, CEA, bone marrow, CA 15-3 (breast cancer), fasting glucose, Hemoglobin A1C
- Chest x-ray, mammograms, breast ultrasound, sonogram, MRI
- Serum testing for cholesterol levels (HDL & LDL) or protein electrophoresis (myeloma)
- Routine dental or vision exam
- Electrocardiogram or ultrasound screening for abdominal aortic aneurysms
- Colonoscopy, prostate-specific antigen testing, or pap smear

Wellness Benefit Amount

- Employee: \$50
- Spouse \$50
- Child(ren): \$50

Maximum of once per year per insured.

Sample Monthly Premiums Rates per \$1,000 in coverage				
Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
< 25	\$0.45	\$0.73	\$0.65	\$0.94
25 - 29	\$0.52	\$0.83	\$0.72	\$1.03
30 - 34	\$0.63	\$0.98	\$0.83	\$1.19
35 - 39	\$0.79	\$1.23	\$1.00	\$1.43
40 - 44	\$1.06	\$1.62	\$1.26	\$1.82
45 - 49	\$1.42	\$2.17	\$1.62	\$2.37
50 - 54	\$1.78	\$2.78	\$1.98	\$2.98
55 - 59	\$2.36	\$3.76	\$2.56	\$3.96
60 - 64	\$3.03	\$4.90	\$3.24	\$5.10
65 - 69	\$4.11	\$6.70	\$4.31	\$6.90
70 - 74	\$5.44	\$8.82	\$5.64	\$9.02
75 +	\$7.86	\$12.40	\$8.06	\$12.60

Employees may elect up to the maximum amount of coverage for yourself and your spouse with no health questions.

Accident



The MetLife Accident Plan provides financial protection in the event of an unexpected accident. A summary of the benefits schedule is below. Please refer to the Summary of Benefits or Certificate of Coverage for complete details.

Schedule of Benefits	Standard Plan	Premium Plan
Medical Treatment Benefits		
Emergency Room	\$150	\$200
Physician's office visit	\$75	\$100
Medical testing	\$150	\$200
Therapy	\$35	\$50
Surgery	\$750 - \$1,500	\$1,500 - \$2,000
Outpatient Surgery	\$300	\$400
Hospital Benefits		
Admission	\$1,000	\$1,500
Confinement	\$200 /day up to 15 days	\$300 / day up to 15 days
Inpatient Rehabilitation	\$150	\$200
Injury-Based Benefits		
Closed Fractures	From \$100 to \$4,000	From \$200 to \$5,000
Open Fractures	From \$200 to \$8,000	From \$400 to \$10,000
Dislocations	From \$100 to \$8,000	From \$200 to \$10,000
Lacerations	From \$50 to \$400	From \$75 to \$700
Concussions	\$250	\$500
Burns	From \$75 to \$10,000	From \$100 to \$15,000
Eye Injury	\$300	\$400
Organized Sports Activity Injury Benefit	Accidents due to an organized sports activity have an additional 25% benefit.	
Accidental Death & Dismemberment		
Basic Accidental Death	Employee: \$25,000 Spouse: \$12,500 Child: \$5,000	Employee: \$50,000 Spouse: \$25,000 Child: \$10,000
Loss of limbs, sight, hearing, ability to speak	Refer to complete schedule Up to \$20,000	Refer to complete schedule Up to \$40,000

Accident Monthly Premium	Standard Plan	Premium Plan
Employee	\$7.01	\$10.10
Employee + Spouse	\$13.84	\$19.82
Employee + Child(ren)	\$16.69	\$23.80
Family	\$19.68	\$28.09

Age Reductions

Benefits reduce due to age as noted below:

- Age 65: 25%
- Age 70: 50%



Legal Plan



Baldwin County Schools offers two Legal Plan Options offered through Allstate Benefits. The Allstate Legal Plans make accessing attorneys easy and affordable for a variety of legal issues. Whether you would like to add a child to your will, purchase a new home, expand your family through adoption, or prepare for the future by developing a financial trust, you can do so at a competitive cost. The legal plans also help when life's unexpected events occur, like traffic offenses, divorce, and bankruptcy. Two levels of coverage are offered so you can choose what's best for you and your family.

Coverage	Family Defender Access	Family Defender Plan
Attorney Consultations	Up to 3 legal consultations at no cost per plan year; then, 33% discount off the hourly rate for network attorneys	Unlimited legal consultations at no cost for network attorneys
Civil Litigation		
<i>Name changes, civil injunctions</i>	Included	Included
<i>Landlord / tenant matters</i>	Included	Included
<i>Trial Coverage up to \$15,000</i>	Not Included	Included
Family Law		
Contested and uncontested divorce	Included	Contested up to 12 hours
Spousal and child support / custody	Included	Included
Adoption	Included	Included
Elder law matters	Not Included	Included
Traffic Violations		
First offense DUI	Included	Included
<i>License revocation and suspension</i>	Included	Included
Immigration Violations		
<i>Visa Extension and naturalization</i>	Included	Included
Criminal Law		
<i>Misdemeanor and juvenile defense</i>	Included	Included
<i>Trial coverage up to \$15,000</i>	Not Included	Included
Document Preparation & Review		
<i>Personal contracts, agreements, bills of sale</i>	Included	Included
Real Estate Transactions and Disputes		
<i>Purchase agreements, mortgages, refinancing</i>	Included	Included
Estate Planning		
<i>Living wills, wills, guardianships, and trusts</i>	Included	Included
<i>Powers of Attorney, estate administration, probate</i>	Included	Included
Financial Matters		
<i>Debt collection and foreclosure</i>	Included	Included
<i>Credit harassment, Chapter 7 and 13 bankruptcy</i>	Included	Included
<i>IRS audit protection</i>	Included	Included
Value-add Services		
<i>Online legal library and mobile app</i>	Included	Included
<i>Financial and tax coaching</i>	Included	Included
<i>Do-it-yourself legal documents</i>	Included	Included
<i>24/7 Emergency Line</i>	Included	Included
	Family Defender Access	Family Defender Plan
<i>Employee + Family</i>	\$6.95	\$16.90

Identity Theft



An Identity Theft Protection benefit is available through Equifax ID Watchdog.

1 in 14 people become victims of identity fraud, and 1 in 3 victims experience difficulties at work. Your identity includes more than your Social Security Number and bank accounts. Identity theft coverage does more than monitor your credit reports and scores. It safeguards your personal information and the data you share. Identity protection gives you the tools and protection to monitor activity, stop identity theft early, and resolve it quickly.

Most victims only discover they have a problem when they are denied credit or receive bills for items never ordered. We encourage you to consider this benefit as a proactive step to help protect your personal information.

Two levels of coverage are offered so you can choose what’s best for you and your family.

Coverage	Essentials Plan	Platinum Plus Plan
Identity Theft Insurance Policy	Up to \$1 Million	Up to \$2 Million
Credit Report Services		
Credit Locks	1 bureau	Multi-bureau
Credit Scores and Reports	1 bureau / month	1 bureau / day & 3 bureau / year
Credit Freeze and Disputes	Included	Included
Monitoring Services		
Real-Time Monitoring	Included	Included
Fraud Alerts	Included	Included
Credit Report Monitoring	1 bureau	3 bureaus
Social Media	Included	Included
Dark Web Monitoring	Included	Included
Miscellaneous Services		
Lost Wallet Protection	Included	Included
24/7 Remediation Support		
Data Breach Notifications		
IP Address Monitoring		
Credit Freeze Assistance		
401(k) and HSA Reimbursement	Not Included	Included
Home Title Fraud	Not included	Included
Cyber Extortion	Not included	Included
Sub-prime Loan Block with Monitoring	Not included	Included
Device Security & Online Privacy	Not included	Included
VPN Password Manager	Included	Included

Coverage Level	Essentials Plan	Platinum Plus Plan
Employee Only	\$6.90	\$8.90
Family	\$12.50	\$15.90



Retirement

Teachers Retirement System (TRS)

The following personnel are required to participate in TRS, a state retirement plan: certified teacher, administrator, clerical staff, paraprofessional, lead custodian, supervisor, and school nutrition manager. Your TRS account is funded by you and the district. Employees contribute 6% of earnings and the district contributes 19.98% of earnings. Employees are vested after 10 years of service.

Public School Employees Retirement System (PSERS)

The following personnel are required to participate in PSERS, a state retirement plan: school nutrition, transportation, maintenance, and custodial staff. The employee contribution for employees hired before July 1, 2012 is \$4 per month for 9 months (\$36 per year). For employees hired on or after July 1, 2012, it is \$10 per month for 9 months (\$90 per year). Your retirement benefit will be \$16.50 per month multiplied by your number of years of service. Employees are vested after 10 years of service.

State Health Benefit Plan (SHBP)

In order to continue your SHBP coverage as a retiree, you and any dependents you wish to cover must be enrolled in the plan at the time you retire. If you are not enrolled in SHBP and wish to elect coverage as a retiree, you will need to enroll during Open Enrollment the year prior to your retirement. Please refer to the Retiree Decision Guide for additional information regarding your SHBP coverage and retiree options. More information is available here: <https://shbp.georgia.gov/>.



Medical

Anthem
 (855) 641-4862
www.anthem.com/shbp

UnitedHealthcare
 (888) 364-6352
www.whyuhc.com/shbp

Sharecare
 (888) 616-6411
www.bewellshbp.com

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

SHBP Eligibility
 (800) 610-1863
www.dch.georgia.gov/shbp
www.myshbpga.adp.com

TRICARE Supplement
 (866) 637-9911
https://info.selmanco.com/ga_shbp

Dental
MetLife
 (800) 942-0854
www.metlife.com/dental

Vision
MetLife
 (855) 638-3931
www.metlife.com/vision

Flexible Spending Accounts

Medcom
 (800) 523-7542
www.medcombenefits.com

Voluntary Life

MetLife
 (800) 438-6388
www.metlife.com

Short Term Disability and Long Term Disability

The Standard
 (800) 368-2859
www.standard.com

Employee Assistance Program for Long Term Disability Participants

The Standard
 (888) 293-6948
<https://members.healthadvocate.com>

Critical Illness

MetLife
 (800) 438-6388
www.mybenefits.metlife.com

Accident

MetLife
 (800) 438-6388
www.mybenefits.metlife.com

Legal Plan

Allstate
 (800) 521-3535
<https://www.allstate.com/allstate-benefits/legal-insurance.aspx>

ID Theft

Equifax ID Watchdog
 (866) 513-1518
www.idwatchdog.com

Retirement Plans

- **Teachers Retirement (TRS)**
www.trsga.com • (800) 352-0650
- **PSERS**
www.ers.ga.gov • (800) 805-4609

Baldwin County Schools Benefits Office

Anitra Douglas
 (478) 457-3314
anitra.douglas@baldwin.k12.ga.us

Baldwin County Schools Benefits Service Center

(877) 395-4741
 Monday - Thursday 8am - 6pm
 Friday 8am - 5pm
benefits@baldwincountyschoolsbenefits.com





This guide is a general summary of your benefit options. For specific details, refer to each plan's Certificate or Summary Plan Description (SPD). SPDs for your health insurance can be found on the State Health Benefit Plan (SHBP) website at www.myshbpga.adp.com. All other plan documents can be found at www.baldwincountyschoolsbenefits.com. Every effort has been made to ensure that this document accurately represents the benefits being offered. However, if there are any discrepancies between the terms in this document and the terms of the plan documents, the plan documents will prevail.