

2026 Employee Benefits Open Enrollment Guide



**Monday, October 20 through
Friday, November 7, 2025**

**benefits
service center**



To enroll, access www.baldwincountyschoolsbenefits.com or call the
Baldwin County Schools Benefits Service Center at (877) 395-4741.

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 (nonmedical) 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.

Call us at: **(877) 395-4741**

Visit us online at: www.baldwincountyschoolsbenefits.com

This guide provides an overview of your Baldwin County Schools benefits, the enrollment process, and your 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. For the plans in which you have a contribution, your contribution will be payroll deducted.

Your benefit elections during Open Enrollment are valid for the entire 2026 plan year unless you have a qualifying life event, such as marriage, divorce, birth of a child, etc. (supporting documentation required).

What's Changing for 2026...

STATE HEALTH BENEFIT PLAN

- For 2026, the medical plan premiums will have an increase of approximately 10%.
- To help medical plan members save more by using Tier 1/Generic prescriptions, the Tier 1 copays will be reduced and the copays for Tiers 2 and 3 will have a slight increase for the HMO and HRA plans.

VOLUNTARY BENEFITS

- Vision: We will offer **two MetLife vision plans with enhanced benefits and network choice**. The new plan option includes additional local in-network vision providers.
- **New Voya Financial life insurance and disability plans** with similar rates and benefits will be offered. Employees currently enrolled in life insurance may increase coverage at this time with no health questions. Employees may also newly elect disability coverage at this time with no health questions.
- **New Voya Financial critical illness and accident plans** will be offered.
- A new hospital indemnity plan will be offered to provide a financial benefit for planned and unplanned hospitalizations.
- The **Dependent Care FSA** has an **annual contribution maximum of \$7,500** for 2026.
- The **Healthcare FSA** has an **annual contribution maximum of \$3,400** for 2026.

Enrollment Sessions

On-site representatives will be available during open enrollment.

Visit www.baldwincountyschoolsbenefits.com for the complete schedule of locations and times.

Monday, October 27, 2025

- Central Office
 - 110 North ABC Street
 - 8:00 am to 4:30 pm

Tuesday, October 28, 2025

- Transportation Department
 - 151 South ABC Street
 - 8:30am to noon
- Central Office
 - 1:00 to 4:30pm



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 email address, the 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. If you have already created an account, click “Login” and enter your credentials to get started.

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 2026.

Confirmation Statements

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

Important Enrollment Information

Open Enrollment is from **Monday, October 20 through Friday, November 7**. Even if you are not changing your elections, **you are strongly encouraged to complete an active enrollment for 2026**. All benefits, with the exception of the Flexible Spending Accounts (FSA), will continue to 2026 if no action is taken. **If you would like to elect or continue the FSA for 2026, an active election is required.** The first deductions for 2026 are taken in December 2025.

Benefits 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.



**benefits
service center**

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” for new users. Employees may also enroll by calling **(800) 610-1863**.
2. If you are covering a new dependent(s), ADP will provide instructions for submitting required documentation for the added dependents. Be sure to provide documentation in the format required by the deadline provided by ADP. Your dependents 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 “Need help signing in?”.
- **Step 2:** Enter the requested demographic information.
- **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.”

Medical Coverage

State Health Benefit Plan (SHBP)

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

SHBP Employer Contribution

The district funds a significant portion of your 2026 health insurance premiums: **\$1,885 per month / \$22,620 per year**. This financial contribution allows you to receive quality medical plan coverage at a competitive cost.

Anthem	
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	
HMO	Same benefits as the Anthem HMO, but utilizes the 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.

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

Pharmacy Information

- CVS Caremark administers the pharmacy benefits for HRA, HMO, and HDHP members.
- You are not limited to CVS pharmacies for your retail prescription needs. The CVS Caremark pharmacy network is extensive, and participating pharmacy information is available (<https://info.caremark.com/oe/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 the Coronary Artery Disease (CAD), Diabetes, Asthma Disease Management Programs and/or Medication for Addiction Treatment Programs.

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.

United Healthcare

www.whyuhc.com/shbp

Select "Search for network providers" in the Health plans drop down. Then select your plan and follow search instructions.

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 mobile app (UHC) today!

Dependent Documentation

- If you are covering a new dependent(s), SHBP/ADP will provide instructions for submitting required documentation for the added dependents. Be sure to provide documentation in the format required by the deadline provided by ADP. Your dependents will not have coverage until the documentation is received and approved.
- 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 & UHC	UHC	
	Gold		Silver		Bronze		HMO	HDHP	
	In	Out	In	Out	In	Out	In-Network Only	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 Out-of-Pocket									
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	Coins after ded		Coins after ded		Coins after ded		\$200 copay	Coins after ded	
Urgent Care	Coins after ded		Coins after ded		Coins after ded		\$35 copay	Coins after ded	
PCP Visit	Coins after ded		Coins after ded		Coins after ded		\$35 copay	Coins after ded	
Specialist Visit	Coins after ded		Coins after ded		Coins after ded		\$45 copay	Coins after ded	
Preventive Care	100%	None	100%	None	100%	None	100%	100%	None
Retail Pharmacy									
Tier 1	15%, Min \$5, Max \$10		15%, Min \$5, Max \$10		15%, Min \$5, Max \$10		\$5 copay	Coinsurance after deductible	
Tier 2	25%, Min \$55, Max \$85		25%, Min \$55, Max \$85		25%, Min \$55, Max \$85		\$55 copay	Coinsurance after deductible	
Tier 3	25%, Min \$85, Max \$130		25%, Min \$85, Max \$130		25%, Min \$85, Max \$130		\$95 copay	Coinsurance after deductible	
Mail Order Pharmacy									
Tier 1	15%, Min \$12.50, Max \$25		15%, Min \$12.50, Max \$25		15%, Min \$12.50, Max \$25		\$12.50 copay	Coinsurance after deductible	
Tier 2	25%, Min \$137.50, Max \$212.50		25%, Min \$137.50, Max \$212.50		25%, Min \$137.50, Max \$212.50		\$137.50 copay	Coinsurance after deductible	
Tier 3	25%, Min \$212.50, Max \$325		25%, Min \$212.50, Max \$325		25%, Min \$212.50, Max \$325		\$237.50 copay	Coinsurance after deductible	

Monthly Premiums	Anthem HRA			Anthem	UHC	UHC
	Gold HRA	Silver HRA	Bronze HRA	HMO	HMO	HDHP
You	\$213.71	\$146.11	\$92.12	\$177.21	\$217.19	\$81.11
You + Child(ren)	\$390.68	\$275.76	\$183.97	\$328.63	\$396.59	\$165.26
You + Spouse	\$531.82	\$389.86	\$276.48	\$455.17	\$539.13	\$253.36
You + Family	\$708.79	\$519.51	\$368.33	\$606.59	\$718.53	\$337.51

2026 Plan Update: Tier 1/Generic copays for the HMO and HRA plans have a reduction, and Tiers 2 and 3 copays have a slight increase, saving you more money when using Tier 1/Generic medications.



SHBP Medical 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 (a family total of 960) when you complete the activities between January 1 and November 30. Enrolled members choose to redeem well-being incentive points in the Sharecare Redemption Center for either 1) 480 incentive points to apply towards eligible medical / pharmacy expenses or 2) a \$150 Sharecare Rewards Visa Prepaid Card.

Step 1	Complete the RealAge Test	Earn 120 in well-being incentive points
Step 2	Complete a biometric screening	Earn 120 in well-being incentive points
Step 3	Complete one of or a combination of: • Telephonic Coaching Pathway • Online Challenges Pathway	Earn up to 240 in well-being incentive points
Note:	You can earn a total of 480 well-being incentive points for yourself and 480 well-being incentive points for your spouse, for a total of 960 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.

Other Medical Plan Options

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

You	\$60.50
You + Spouse / Child(ren)	\$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>.



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 information
- Not available through payroll deduction



Dental Coverage



Baldwin County Schools offers 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 (Preventive) <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>	100% (no deductible)	100% (no deductible)
Type B Services (Basic Restorative) <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> <i>Pulp Capping and Pulp Therapy</i>	80% after deductible	80% after deductible
Type C Services (Major Restorative) <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>	50% after deductible	50% after deductible
Orthodontia Services (adults and children)	Not covered	50% after deductible

Dental Monthly Premiums	Standard Plan	Premium Plan
Employee Only	\$32.62	\$52.34
Employee + Spouse	\$63.58	\$102.49
Employee + Child(ren)	\$66.66	\$107.49
Family	\$93.42	\$150.86

Vision Coverage

NEW



For 2026, two new vision plans with MetLife will be offered. Both plans have enhanced benefits, and you may select between two networks to maximize your in-network provider choice. All current vision plan participants will be enrolled in the Superior Network option for 2026 unless you change your election during Open Enrollment.

Vision Plan Network Information

With the MetLife vision plans, you may visit any vision provider. However, in order to maximize your vision benefit, we highly recommend that you visit participating providers. **You have the choice between the Superior network (which is the current 2025 vision plan network) and the VSP Choice network. Both networks include some of the same providers as well as unique providers.**

To locate in-network providers, visit www.metlife.com/vision and select either **Superior Vision or VSP Choice**. 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.

Vision Plan Design

The MetLife vision plans provide coverage for exams, frames, or lenses (either contacts or eyeglasses lenses) every 12 months. If you see an in-network provider, you pay a copay for your eye exam and lenses, and the plan pays an allowance of \$200 for frames and contact lenses. Additional copays apply for eyeglass lens options. Update for 2026: Progressive lens options will be covered in full.

Vision In-Network Summary of Benefits	Superior Network	VSP Choice Network
Eye Exam	\$20 copay	\$20 copay
Retinal Imaging	Up to \$39 copay	Up to \$39 copay
Lenses (Single, Bifocal, Trifocal, Lenticular)	Covered in full after \$25 copay	Covered in full after \$25 copay
Contacts		
Fit and Follow-up	\$30 copay	Up to \$60 copay
Electives Lenses	\$200 allowance	\$200 allowance
Medically Necessary	Covered in full	Covered in full
Frames	\$200 allowance	\$200 allowance

Vision Monthly Premiums	Superior Network	VSP Choice Network
Employee Only	\$9.31	\$11.13
Employee + Spouse	\$20.45	\$24.45
Employee + Child(ren)	\$21.40	\$25.60
Family	\$29.17	\$34.89

Additional Plan Features

- **Laser Vision Correction:** Savings of 15% 35% 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.

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 can contribute **up to \$3,400** during 2026 into a Healthcare FSA. Married employees can each contribute up to the maximum. Eligible Healthcare FSA expenses include deductibles, copays, coinsurance, prescription drugs, over-the-counter drugs (no prescription required), dental, and vision expenses.

Dependent Care Flexible Spending Account

The Dependent Care FSA enables you to pay for certain dependent care expenses using before-tax dollars. Single individuals and married couples filing jointly may contribute **up to \$7,500** in a Dependent Care FSA for 2026. For married individuals filing separate tax returns, the **limit is \$3,750**. 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, babysitter 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 Daycare for:

- Disabled children age 13+
- Spouses physically or mentally unable to care for self
- 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

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 plan 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 2 ½ months after the end of the plan year. This means for the 2026 plan year, you may incur claims through March 15, 2027.

Plan Year

The FSA plan year for 2026 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.

Debit Cards

FSA participants 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. As a reminder, you only receive new debit cards upon card expiration.



Retain your Receipts

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.

EMPLOYEE ASSISTANCE PROGRAM

Employee Assistance Program

NEW



Baldwin County Schools employees and dependents have access to the district's employer-paid Guidance Resources Employee Assistance Program (EAP), provided by Voya Financial. Life can be unpredictable, and having reliable support is essential for managing stress and adapting to changes. Whether you're dealing with relationship issues, planning for retirement, coping with personal loss, or facing other challenges, the Voya EAP services are here to help.

Confidential Emotional Support

Highly trained clinicians are available for **counseling in person or via telehealth sessions up to 3 visits**. Find help with a wide range of issues, including anxiety, depression, grief and life adjustments, relationship conflicts, and more.

Family Source

Receive qualified referrals and resources for finding child and elder care, hiring movers or home repair contractors, planning events, locating pet care, and more.

Legal Connect

Talk to attorneys for practical assistance with your most pressing legal issues, including divorce, adoption, family law, wills, trusts, and more. Need representation? Get a free 30-minute consultation and a 25% reduction in fees.

Financial Connect

Our financial professionals can assist with a wide range of topics such as retirement and tax planning, mortgages, budgeting, debt, bankruptcy, and more.

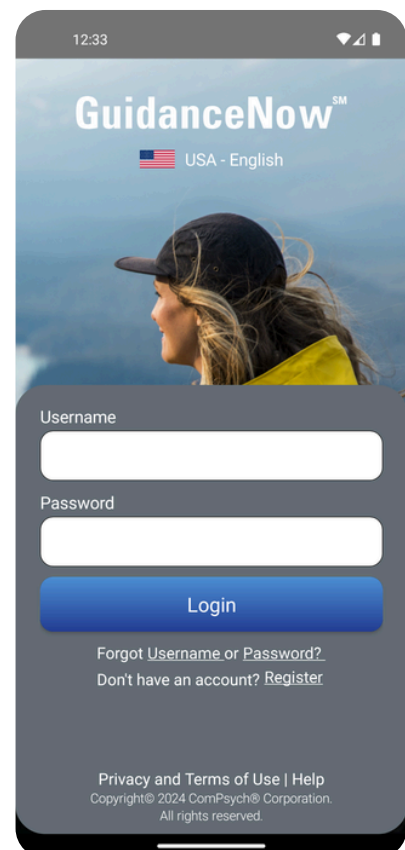
**For assistance, please call (877) 533-2363
or (800) 697-0353 for TTY.**

Support anywhere, anytime

To access your EAP services 24/7, as well as articles, podcasts, and videos, you can visit guidanceresources.com and use

**Web ID: My5848i
Group Number: 752665**

Download the mobile app from the Apple App Store or Android Google Play Store by searching **Guidance Now**.



Life and AD&D Insurance

NEW



Baldwin County Schools offers voluntary life and accidental death and dismemberment (AD&D) insurance at affordable group insurance rates through Voya Financial. 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 5 times your annual pay to a maximum of \$500,000 <i>Existing benefit elections that exceed the 2026 maximums will continue to 2026.</i>
Spouse	\$10,000 increments to a maximum of \$250,000, not to exceed 100% of the employee's amount <i>Employees currently enrolled with a \$5,000 increment will be enrolled in the next higher \$10,000 increment for 2026.</i>
Child(ren)	\$10,000 or \$20,000 <i>Employees currently enrolled with \$5,000 will be enrolled with \$10,000 in coverage for 2026.</i>

Important Open Enrollment Information

- Special Open Enrollment Opportunity: Currently enrolled employees and spouses may increase life insurance coverage at this time with no health questions up to the Guarantee Issue amounts. (New employee and spouse life coverage requires medical underwriting.) The Guarantee Issue amounts are as follows:
 - Employee: Up to the lesser of \$300,000 or 3x earnings
 - Spouse: Up to \$50,000
- Should you elect an amount that exceeds the Guarantee Issue, an Evidence of Insurability (EOI) form will be required for underwriting review. You will not be deducted for an amount that exceeds the Guarantee Issue unless you are approved.
- During your enrollment, you will be required to review your life insurance beneficiary. The beneficiary is the person you designate to receive your life insurance benefits upon your passing. 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.
- You will be enrolled in the new Voya Financial life insurance plan based on your current elections unless you make updates during Open Enrollment.
- Health questions do not apply for AD&D elections or for child life insurance elections.

Sample Monthly Premiums

The monthly premiums are post-tax deductions. Spouse premiums are based on the employee's 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

Spouse rates are located on the benefits enrollment portal and are based on employee age.

Child Voluntary Life Monthly Premiums		
Age	\$10,000	\$20,000
To Age 26	\$1.40	\$2.80

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

Child AD&D Monthly Premiums		
Age	\$10,000	\$20,000
To Age 26	\$.52	\$1.04

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 Voya Financial within 30 days of separation. Portability coverage must be elected prior to age 70 and portability coverage terminates at age 80.

Disability Insurance

NEW



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

Special Open Enrollment Opportunity! You may elect Short Term Disability and/or Long Term Disability at this time without health questions.

Short Term Disability (STD)

Short Term Disability coverage pays an income replacement 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 other disability benefits, and retirement. Worker’s Compensation claims are not covered for the Short Term Disability plan.

Short Term Disability (STD) Benefit Summary

	Option 1 7-Day Elimination Period / Waiting Period	Option 2 30-Day Elimination Period / Waiting Period
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
Maximum Benefit Period	26 weeks (including elimination period)	26 weeks (including elimination period)

Pre-Existing Conditions Exclusion

The Short Term Disability plan has a pre-existing conditions exclusion for disabilities that begin within the first 12 months of your coverage. A pre-existing condition is a condition for which you have received medical treatment, consultation, or services, including prescription drugs, in the 3 months prior to your effective date. Once you have been insured for 12 months, no limitation applies.

Sample Monthly Premiums

Your monthly premium is based on your age, annual pay, and elimination period option. Your specific options and premiums are available on the enrollment portal or by contacting the Benefits Service Center.

Short Term Disability - \$30,000 Annual Salary		
Age	7 Day Wait	30 Day Wait
25	\$19.73	\$10.73
35	\$19.73	\$10.73
45	\$22.85	\$11.77
55	\$29.08	\$14.54
65	\$39.81	\$19.38

Short Term Disability - \$50,000 Annual Salary		
Age	7 Day Wait	30 Day Wait
25	\$32.88	\$17.88
35	\$32.88	\$17.88
45	\$38.08	\$19.62
55	\$48.46	\$24.23
65	\$66.35	\$32.31



Disability Insurance

NEW



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.

Long Term Disability (LTD) Benefit Summary

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

Pre-Existing Condition Exclusion

The Long Term Disability plan includes a pre-existing conditions exclusion for disabilities that begin within 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 6 months prior to your coverage effective date. Once you've been insured for 12 months, no restriction applies.

Sample Monthly Premiums

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

Long Term Disability		
Age	\$30,000 Annual Salary	\$50,000 Annual Salary
25	\$4.43	\$7.38
35	\$6.25	\$10.42
45	\$8.50	\$14.17
55	\$16.10	\$26.83
65	\$31.78	\$52.96

Important Enrollment Information

This is a special Open Enrollment opportunity. You may elect Long Term Disability coverage at this time with no health questions. If you do not enroll now and elect coverage later, health questions and medical underwriting will apply.

Voya Website for Life Insurance, Disability, Critical Illness, Hospital Indemnity, and Accident

- Plan brochures
- Customer service
- Claims filing instructions and more

presents.voya.com/EBRC/baldwin



Scan this QR code to access the Voya website

Critical Illness

NEW



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 2026 plan is insured by Voya Financial, and employees may elect coverage for yourself and your spouse. Children are automatically covered at 50% of the employee coverage amount.

Covered Diagnoses and Conditions

- Heart attack
- Cancer
 - Invasive: 100% plus additional 25% benefit
 - Non-invasive/in situ: 50%
 - Skin cancer: 10% - 1/year; 10/lifetime
 - Bone marrow and stem cell transplants
- Stroke
- Sudden cardiac arrest
- Major organ transplant incl. failure and ESRD
- Coronary artery bypass: 75%
- Type 1 diabetes
- Severe burns
- Open heart surgery to replace or repair valve: 25%
- Benign brain tumor
- Permanent paralysis
- Loss of sight, hearing, or speech
- Coma
- Multiple sclerosis
- Amyotrophic lateral sclerosis (ALS)
- Parkinson's disease
- Advanced dementia, including Alzheimer's disease
- Huntington's disease
- Muscular dystrophy
- Infectious disease: 25%
- Myasthenia gravis: 50%
- Systemic lupus erythematosus: 50%
- Additional child conditions
 - Cerebral Palsy
 - Congenital birth defects
 - Cystic Fibrosis
 - Down syndrome
 - Sickle Cell Anemia
 - Zellweger Syndrome
 - And more

The above conditions are covered at 100% unless noted. Additional conditions are covered at a lesser benefit amount. Please refer to the Benefit Summary for details.

Additional 25% benefit for invasive cancer

Additional 10% benefit for heart attack, stroke, and sudden cardiac arrest

Benefit Options

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

Spouses: 50% of the employee amount

- Employees must be enrolled to elect spouse coverage.

Children: 50% of employee coverage for all children (included in employee rate)

- Employees must be enrolled to elect child coverage.

Wellness Benefit

The voluntary Critical Illness plan includes a wellness benefit for covered preventive screenings such as annual physical, SHBP biometric screening, colonoscopy, mammogram, routine dental and vision screenings, blood test for triglycerides, stress test, and more.

Wellness Benefit Amount

Employee: \$50

Spouse: \$50

Child(ren): \$50

Maximum benefit of once/year/insured

Employee Critical Illness Monthly Premiums

Age	\$10,000	\$20,000	\$30,000	\$40,000
25	\$5.10	\$10.20	\$15.30	\$20.40
35	\$7.80	\$15.60	\$23.40	\$31.20
45	\$14.10	\$28.20	\$42.30	\$56.40
55	\$23.40	\$46.80	\$70.20	\$93.60
65	\$40.70	\$81.40	\$122.10	\$162.80

Spouse Critical Illness Monthly Premiums

Age	\$5,000	\$10,000	\$15,000	\$20,000
25	\$1.50	\$3.00	\$4.50	\$6.00
35	\$2.20	\$4.40	\$6.60	\$8.80
45	\$3.70	\$7.40	\$11.10	\$14.80
55	\$6.95	\$13.90	\$20.85	\$27.80
65	\$12.80	\$25.60	\$38.40	\$51.20

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

Accident

NEW



The Voya Financial accident plan provides financial protection in the event of an unexpected accident. The new accident plan provides coverage enhancements with a slight premium reduction. 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	\$200	\$325
Physician's office visit	\$75	\$125
Major diagnostic/medical imaging	\$200	\$300
Therapy, up to 10	\$40	\$60
Surgery (open abdominal, thoracic)	\$1,500	\$2,000
Outpatient Surgery	\$300	\$350
Hospital Benefits		
Admission	\$1,100	\$1,600
Confinement	\$250 / day up to 365 days	\$325 / day up to 365 days
Inpatient Rehabilitation	\$175	\$225
Injury-Based Benefits		
Fractures (chip fractures: 25% benefit)	From \$200 to \$8,000	From \$300 to \$10,000
Dislocations (incomplete dislocations: 25% benefit)	From \$250 to \$8,000	From \$300 to \$10,000
Lacerations	From \$25 to \$400	From \$50 to \$750
Concussions	\$250	\$500
Burns	Up to \$12,500	Up to \$20,000
Eye Injury	\$300	\$400
Organized Sports Activity Injury Benefit	Accidents due to an organized sports activity have an additional 25% benefit, up to \$1,000	
Accidental Death & Dismemberment		
Basic Accidental Death	Employee: \$40,000 Spouse: \$20,000 Child: \$8,000	Employee: \$100,000 Spouse: \$50,000 Child: \$20,000
Loss of limbs, sight, hearing, ability to speak	Refer to complete schedule Up to \$24,000	Refer to complete schedule Up to \$40,000

Wellness Benefit Included for Preventive Screenings and Tests

Employee: \$50

Spouse: \$50

Child(ren): \$50

Maximum benefit of once/year/insured

Accident Monthly Premiums

Coverage Level	Standard Plan	Premium Plan
Employee	\$6.93	\$9.99
Employee + Spouse	\$13.69	\$19.60
Employee + Child(ren)	\$16.51	\$23.54
Family	\$19.68	\$28.09



Hospital Indemnity

NEW



We are excited to offer a new hospital indemnity plan insured by Voya Financial. This plan provides a hospital confinement benefit plus daily benefits which are paid directly to you and can be used for any purpose.

Hospital Indemnity Plan Schedule of Benefits

Initial Hospital Confinement Benefit	\$1,000
Initial Hospital Confinement ICU Benefit	\$1,000
Daily Hospital Confinement Benefit	\$100 / day up to 30 days per confinement
Daily Hospital Confinement ICU Benefit	\$200 / day up to 30 days per confinement
Inpatient Rehabilitation Facility	\$100 / day up to 30 days per confinement Includes substance abuse and mental health treatment facilities

Plan Description

The hospital indemnity plan pays when you are admitted to the hospital, whether it is a planned or unplanned admission. This includes emergencies and unexpected admissions as well as scheduled surgeries and procedures. The fixed indemnity benefits may be used as you choose to help offset deductibles, coinsurance, and other expenses. **Pregnancy is also covered under this benefit with no pre-existing condition exclusion or coverage restrictions.**

Please refer to the Summary of Benefits for complete details. This plan is portable at time of employment separation.

Wellness Benefit

The hospital indemnity 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 benefit of once/year/insured

Refer to the certificate for the extensive list of eligible covered screenings

Hospital Indemnity Monthly Premiums

Employee Only	\$14.69
Employee + Spouse	\$29.39
Employee + Child(ren)	\$31.60
Family	\$46.30



Life Insurance, Disability, Critical Illness, Hospital Indemnity, and Accident Information

- Plan brochures
- Customer service
- Claims filing instructions and more

presents.voya.com/EBRC/baldwin



Legal Plan

Baldwin County Schools offers two legal plan options offered through U.S. Legal Services. The U.S. Legal Services 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 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		
Name changes, civil injunctions	Included	Included
Landlord / tenant matters	Included	Included
Trial Coverage up to \$15,000	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
License revocation and suspension	Included	Included
Immigration Violations		
Visa Extension and naturalization	Included	Included
Criminal Law		
Misdemeanor and juvenile defense	Included	Included
Trial coverage up to \$15,000	Not Included	Included
Document Preparation & Review		
Personal contracts, agreements, bills of sale	Included	Included
Real Estate Transactions and Disputes		
Purchase agreements, mortgages, refinancing	Included	Included
Estate Planning		
Living wills, wills, guardianships, and trusts	Included	Included
Powers of Attorney, estate administration, probate	Included	Included
Financial Matters		
Debt collection and foreclosure	Included	Included
Credit harassment, Chapter 7 and 13 bankruptcy	Included	Included
IRS audit protection	Included	Included
Value-add Services		
Online legal library and mobile app	Included	Included
Financial and tax coaching	Included	Included
Do-it-yourself legal documents	Included	Included
24/7 Emergency Line	Included	Included
Premium	Family Defender Access	Family Defender Plan
Employee + Family	\$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 Credit Scores and Reports Credit Freeze and Disputes	1 bureau 1 bureau / month Included	Multi-bureau 1 bureau / day & 3 bureaus / year Included
Monitoring Services		
Real-Time Monitoring Fraud Alerts Credit Report Monitoring Social Media Dark Web Monitoring	Included Included 1 bureau Included Included	Included Included 3 bureaus Included Included
Miscellaneous Services		
Lost Wallet Protection 24/7 Remediation Support Data Breach Notifications IP Address Monitoring Credit Freeze Assistance	Included	Included
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, supervisor, and school nutrition manager. Your TRS account is funded by you and the district. Employees contribute 6% of earnings and the district contributes 21.91% 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, and maintenance 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 \$17.00 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 Plan

(866) 637-9911

<https://shbp.georgia.gov/tricare-supplement-plan>

Peachcare

www.peachcare.org

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

medcomreceipts@medcombenefits.com

Voluntary Life & AD&D Insurance

Voya Financial

(800) 955-7736

www.voyafinancial.com

<https://presents.voya.com/EBRC/baldwin>

Short Term Disability & Long Term Disability

Voya Financial

(800) 955-7736

www.voyafinancial.com

<https://presents.voya.com/EBRC/baldwin>

Critical Illness, Accident, & Hospital Indemnity

Voya Financial

(877) 236-7564

www.voyafinancial.com

<https://presents.voya.com/EBRC/baldwin>

Employee Assistance Program (EAP)

Guidance Resources, by Voya Financial

(877) 533-2363

guidanceresources.com

Web ID: My5848i

Legal Plan

US Legal Services

(800) 356-5297

www.uslegalservices.net

Identity 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





benefits service center

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.shbp.georgia.gov. 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.