



2017 New Employee Benefits Guide



Introduction

This guide provides a brief overview of your Houston County Schools benefits and the enrollment process. The guide also contains important benefit resources and contact information. The plan documents contain additional details about your benefit plans.

We strive to provide you with a comprehensive and cost effective benefits portfolio. Many of your benefits are funded entirely or in part by the Board. For the plans in which you have a contribution, your contribution will be payroll deducted. The medical and dental premiums will be deducted on a pre-tax basis. This means the amount of your taxable income is reduced by the monthly premiums and you don't pay taxes on those contributions. (You have the option to elect post-tax for medical and dental premiums. If interested, please contact the Benefits Service Center at 866-671-0721.)

You are eligible for Houston County Board of Education benefits the first of the month following one full calendar month of employment. **Benefit elections should be completed by the end of your new employee meeting day.** Your new employee elections are valid for the entire 2017 year unless you have a qualifying life event or change in family status.

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How to Enroll in Your Benefits

Elect Local Benefits – Mandatory for all new hires

Step 1: Visit www.hcbe.net, click on Benefits, then the blue Employee Benefits link. Next, click on the Employee Benefits Portal link.

Step 2: Click on the First Time User link. You will be prompted to enter your Social Security Number and Date of Birth. The system will identify you by these credentials and allow you to create a password (case sensitive). Once you have created your password, you will return to the log in screen. Your User ID will be First + Middle + Last initial and the last four digits of your SSN. (If no middle initial, First + Last initial + last four of SSN.)

Step 3: Once you are logged in, you may begin your enrollment by scrolling down and clicking on “Begin Event.” Click “Save and Continue” to proceed. Be sure to review the Confirmation Statement for accuracy.

Note: Health plan coverage is required by law. By not entering a health plan election as a new employee, you are confirming that you are declining (or waiving) HCBE’s offer of coverage. If you waive HCBE medical coverage, which is considered to be affordable and minimum essential under the Patient Protection and Affordable Care act (ACA), you will not qualify for a government tax subsidy to purchase individual Marketplace insurance.

Elect State Health Benefit Plan (SHBP) – Access only if you are enrolling in a health plan

1. On or immediately following your Date of Hire, access <https://myshbpga.adp.com/shbp> to elect health coverage. Your Registration Code is “SHBP-GA.”
2. If you are covering a dependent spouse and/or child, SHBP or ADP will provide instructions for submitting required documentation for all dependents. Be sure to provide documentation in the format required by the deadline provided by ADP. Please look for important instructions from SHBP or ADP to ensure coverage for dependents.

Note: If you have difficulty completing your enrollment, please contact the Houston County Schools Benefits Service Center at 1-866-671-0721 or email hcbebenefitscenter@totemsolutions.com Monday – Thursday from 8am to 6pm and Friday from 8am to 5pm EST.

Medical Coverage

State Health Benefit Plan (SHBP)

Houston County Schools participates in the State Health Benefit Plan. Details for the various health plans follow.

Board Contribution

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

Certified Employees	Classified Employees
\$945 per month	\$846.20 per month

State Health Benefit Plan Overview

BlueCross BlueShield of Georgia	
HRA Gold, HRA Silver and HRA Bronze	Most expenses are subject to a Deductible. For the prescription drug benefit, you pay a percentage of the retail cost. The HRA plans include a Health Reimbursement Account (HRA) to reduce/ offset your deductible.
HMO	This plan has the lowest Deductible and provides in-network coverage only. Some services (office visits and 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.
United Healthcare	
HMO	Same benefits as the BlueCross BlueShield HMO – United Healthcare provider network.
High Deductible Health Plan (HDHP)	Lowest premiums, highest Deductible and Maximum Out-of-Pocket. All services including pharmacy are subject to deductible and coinsurance.

Go Online for More Resources

Access the plan websites to locate participating providers, access health and wellness tools & plan details and much more.

BlueCross BlueShield of Georgia
www.bcbsga.com/shbp



Under Resources and Tools, select Find a Doctor, Pharmacy, Hospital or Urgent Care

United Healthcare
www.welcometouhc.com/shbp



I want to...Find a Doctor in the drop down menu. Select Choice HMO or HDHP with HSA network and follow search instructions.

ADP Enrollment Portal
<https://myshbpga.adp.com/shbp/>



2017 Wellness Program HEALTHWAYS

HealthWays provides comprehensive well-being and incentive programs for SHBP members. In 2017, all SHBP members will have a Health Incentive Account. The HDHP and HMO plan options include Incentive Accounts to help offset your medical costs. As you complete wellness activities, you will earn credits in your account to help offset your medical expenses.

In 2017, you and your covered spouse are each eligible to receive a WellBeing Reward of up to \$480 Wellbeing Incentive Credits (\$960 family total) as long as you complete the activities between January 1, 2017 and December 15, 2017.



Step 1	Complete Wellbeing Assessment (WBA) on-line questionnaire	Complete both and earn \$240 in Wellness Incentive Credits
Step 2	Complete a biometric screening	
Step 3	Complete one or a combination of: <ul style="list-style-type: none"> • Telephonic coaching • On-pathway wellness activities 	Earn up to \$240 in Wellness Incentive Credits <i>(WBA must be completed prior to HRA fund distribution)</i>

Employees are eligible to earn up to \$480 for employee compliance and \$480 for spouse compliance (if spouse is covered) up to a max amount of \$960 in 2017.

Please refer to the State Health Benefit Plan Decision Guide located at www.myshbp.gov for additional details.

Important Information about Dependent Documentation

- If you wish to add dependent(s), spouse and/or child(ren) to your health plan at this time, ADP will contact you (by mail and email) to request appropriate verification documents.
- This communication from ADP will include a personalized fax cover sheet with a bar code that must be used when submitting documentation.
- Appropriate documentation must be attached to the fax cover page.
- If proper documentation is not received via fax with the proper cover by the deadline provided in their notice, the dependent will be removed from coverage.



Transferees from Other Districts

- You must keep your prior benefit plan / coverage level for the remainder of the year
- No changes allowed to your SHBP coverage until next Open Enrollment

Attention Families

- You may be eligible for PeachCare (instead of SHBP)
- Income and other qualifications must be met
- Visit www.hcbe.net or www.peachcare.org for more info

Medical Plan Designs and Premiums



	BCBS-HRA						BCBS/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	Coins after ded		Coins after ded		Coins after ded		\$150 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 Rx										
Tier 1	15%, Min \$20, Max \$50		15%, Min \$20, Max \$50		15%, Min \$20, Max \$50		\$20 copay		Coins after ded	
Tier 2	25%, Min \$50, Max \$80		25%, Min \$50, Max \$80		25%, Min \$50, Max \$80		\$50 copay		Coins after ded	
Tier 3	25%, Min \$80, Max \$125		25%, Min \$80, Max \$125		25%, Min \$80, Max \$125		\$90 copay		Coins after ded	
Mail Order Rx										
Tier 1	15%, Min \$50, Max \$125		15%, Min \$50, Max \$125		15%, Min \$50, Max \$125		\$50 copay		Coins after ded	
Tier 2	25%, Min \$125, Max \$200		25%, Min \$125, Max \$200		25%, Min \$125, Max \$200		\$125 copay		Coins after ded	
Tier 3	25%, Min \$200, Max \$313		25%, Min \$200, Max \$313		25%, Min \$200, Max \$313		\$225 copay		Coins after ded	

Monthly Premiums	BCBS-HRA			BCBS/UHC		UHC
	Gold	Silver	Bronze	HMO		HDHP
You	\$164.36	\$108.49	\$68.96	\$130.96	\$166.23	\$51.01
You + Child(ren)	\$298.72	\$203.74	\$136.54	\$241.94	\$301.91	\$106.02
You + Spouse	\$405.84	\$288.51	\$205.50	\$335.69	\$409.78	\$167.80
You + Family	\$540.20	\$383.76	\$273.08	\$446.67	\$545.45	\$222.82

Dental Plans

There are two dental PPO plan options: The High Plan and the Low Plan. For both plans, preventive care is covered at 100% (no deductible). See chart below for a brief overview of the plans.

Visit www.metlife.com/dental to locate participating dentists. Under “Find a Dentist,” enter your zip code and select “PDP Plus” as your dental network and follow the search instructions.



Monthly Deductions	Low Plan	High Plan
Employee Only	\$19.68	\$31.27
Employee + Spouse	\$44.92	\$69.08
Employee + Child(ren)	\$51.22	\$78.26
Family	\$84.72	\$123.98

Dental Summary of Benefits	Low Plan	High Plan
Calendar Year Deductible	\$75 Individual / \$225 Family	\$50 Individual / \$150 Family
Calendar Year Maximum	\$750	\$1,500
Orthodontia Lifetime Maximum	\$750	\$1,500
Type A Services (exams, x-rays, cleanings)	100%	100%
Type B Services (fillings, extractions)	60% after deductible	80% after deductible
Type C Services (crowns, Root Canals, General Anesthesia)	50% after deductible	50% after deductible
Orthodontia Services	50% after deductible	50% after deductible

Above is a summary and does not provide a complete listing of services. All frequency limitations are not reflected in above summary. Please reference the Certificate for additional details regarding descriptions of covered services, age restrictions, and frequency limitations.

Note: If you do not elect dental at this time and choose to enroll later, you will have restricted benefits for the first 12 months of coverage.

Flexible Spending Accounts (FSA)

There are two types of Flexible Spending Accounts (FSA's) available to you: **Healthcare** and **Dependent Care**. Both accounts allow you to pay for out-of-pocket costs with pre-tax dollars, saving you money.



Healthcare Flexible Spending Account

The healthcare spending account enables you to pay eligible out-of-pocket health care expenses with pre-tax dollars saving you 30% or more because you do not pay taxes on this money. You can contribute up to \$2,600 a year into a healthcare flexible spending account. Eligible health care FSA expenses include deductibles, copays, coinsurance, prescription drugs, over-the-counter drugs (prescription required), dental and vision expenses.

Dependent Care Flexible Spending Account

The dependent care spending account enables you to pay for certain child and dependent care expenses using before-tax dollars. You may contribute up to \$5,000 in a dependent care FSA. Eligible dependent care expenses include day care/after-school/program fees for children up to age 13 and certain adult day care expenses.

Other Account Features

Participants in the FSAs receive a debit card so that many expenses can be paid without the need to pay first and then file a claim.

You must use all of the funds in your account by the end of the plan year or the funds are forfeited. However, a recent IRS ruling allows **Healthcare** FSA plan members to roll over up to \$500 of unused funds for use in the following year. The \$500 roll over option does not apply to the **Dependent Care FSA**.

Your full annual contribution of your **Healthcare FSA** is available to you once your benefits are effective. For the **Dependent Care FSA**, the funds must be in your account to be available for reimbursement.

IRS regulations require appropriate documentation to ensure your claims are valid expenses. You will be asked to supply receipts as back up for almost all charges – so keep them in a safe place and provide them promptly when they are requested. Claims must be incurred by December 31, 2017 and submitted by February 28, 2018 to be eligible for reimbursement for the 2017 plan year.

Life Insurance

Basic Group Life Insurance

The Board provides you with Basic Life Insurance equal to your annual pay rounded to the next higher \$1,000 to a maximum of \$50,000. This plan will pay a benefit to your beneficiary(ies) should you die as a result of an illness or an accident.

Optional Life Insurance for You

You may purchase additional term insurance for you and your dependents at your expense. See charts that follow:

Employee Optional Life Options	
Benefit Amount	1, 2, 3, 4, or 5 times your annual earnings
Benefit Maximum	\$500,000
New Employee Guarantee Issue Amount (no health questions)	3x your salary or \$300,000 (whichever is less)

Employee Optional Life Sample Monthly Deductions					
Age	\$30,000	\$50,000	\$75,000	\$100,000	\$150,000
25	\$1.35	\$2.25	\$3.38	\$4.50	\$6.75
35	\$2.10	\$3.50	\$5.25	\$7.00	\$10.50
45	\$4.80	\$8.00	\$12.00	\$16.00	\$24.00
55	\$12.60	\$21.00	\$31.50	\$42.00	\$63.00

Optional Life Insurance for Your Dependents

Option	Amount	Monthly Deduction
Spouse	\$5,000	\$1.53
	\$10,000	Age-Banded (see sample below)
	\$25,000	Age-Banded (see sample below)
Child(ren)	\$5,000	\$0.30
	\$10,000	\$0.60

Spouse Optional Life Sample Monthly Deductions		
Age	\$10,000	\$25,000
25	\$0.45	\$1.13
35	\$0.70	\$1.75
45	\$1.60	\$4.00
55	\$4.20	\$10.50

Note: All future new elections and increases in Optional Term Life insurance require health questions/Evidence of Insurability. Now is your opportunity to enroll up to the New Employee Guarantee Issue amount with no medical questions.

Sick Leave & Disability Insurance

Sick Leave

Full-time, permanent employees earn sick leave at the rate of approximately 1.25 days for every calendar month worked and can accumulate a maximum of 100 days. The district encourages you to be aware of your current sick leave balance which is posted on your paycheck.

Short Term Disability

Short Term Disability provides income protection in the event you are ill or injured and unable to work and you have exhausted your accumulated leave. You may elect in \$100 increments up to a maximum benefit of 66 2/3% of earnings. Waiting period options are shown below. Benefits begin after your sick days run out and are payable for up to 52 weeks.

To protect the plan and help manage your premiums, the plan excludes coverage for pre-existing conditions. The Short Term Disability plan does not pay a benefit if your disability is due to a pre-existing condition and you become disabled during the first 6 months your coverage is in effect. A pre-existing condition is a sickness or injury for which during the immediate 3 months immediately prior to your effective date, you received treatment or consultation, were prescribed or taken drugs or medicine, or received care or services, including diagnostic measures. If you waive STD coverage as a new employee and wish to elect coverage later, no health questions would apply.

Short Term Disability Sample Monthly Deductions			
\$1,000 Benefit		\$1,500 Benefit	
Waiting Period	Monthly Deduction	Waiting Period	Monthly Deduction
7 days	\$22.90	7 days	\$34.35
14 days	\$12.50	14 days	\$18.75
30 days	\$11.00	30 days	\$16.50
44 days	\$9.60	44 days	\$14.40
59 days	\$8.60	59 days	\$12.90

Long Term Disability

The Board provides you with Long Term Disability at no cost to you. This is an important benefit that provides an income replacement benefit to age 65 should the disability duration exceed 52 weeks.

Long Term Disability Summary of Benefits	
Benefit Amount	60% of earnings up to a maximum monthly benefit of \$5,000
Benefit Start Date	After 52 weeks of disability (one year waiting period)
Benefit Duration	To age 65 if employee remains disabled. (See duration schedule for disabilities occurring at age 60 and above.)

Employee Assistance Program (EAP) COMPSYCH

The district provides an Employee Assistance Program to all benefits-eligible Houston County Employees and household members at no cost to you. Call the ComPsych Guidance Resources EAP for confidential assistance to help deal with life's challenges. The EAP includes the following benefits:

- **Counseling** – Unlimited telephonic access and up to 3 face-to-face sessions to help deal with stress, relationship conflicts, problems with children, job pressures, substance abuse, and grief/loss.
- **Financial Information and resources** – Discover options for getting out of debt, credit card or loan problems, tax questions, retirement and estate planning, and saving for college.
- **Legal Support and Resources** – Talk to an attorney by phone about divorce and family law, debt and bankruptcy, landlord / tenant issues, real estate transactions, civil / criminal actions and contracts; if representation is required, a referral to a qualified attorney in your area will be provided (free 30-minute session with 25% reduction in customary legal fees thereafter).
- **Work-Life Solutions** – Work-Life specialists will do the research, and provide referrals and customized resources for: child and elder care, moving and relocation, major purchases, college planning, pet care, home repair and more.
- **Online One Stop Shop (GuardianResources Online)** – Includes information on important issues such as work, school, relationships, and more; articles, tutorials, streaming videos, self-assessments, Ask the Expert personal responses, and planning searches are available.
- **Free Online Will Preparation** – Online support to create and download a will at no cost: instructions for executing and filing your will are also included; name an executor to manage your estate, choose a guardian for your children, and provide funeral and burial instructions. Keep this wallet card handy.

All eligible employees are automatically enrolled in the EAP. Call 855-387-9727 anytime to use this great benefit!



Retirement

There are 3 components to your retirement plans:

1. Social Security
2. Teacher's Retirement System (TRS) or Public School Employees Retirement System (PSERS)
3. Houston County Board of Education Supplemental Retirement Plans - 403(b) and 457 plans.

District employees are required to participate in either TRS or PSERS. In addition to the required retirement plans, you have the option to participate in the supplemental 403(b) or 457 plans. Your contributions to these plans are through convenient payroll deduction.

Teachers Retirement System (TRS)

The following personnel are required to participate in TRS, a state retirement plan, as a condition of employment: certified teacher, administrator, clerical staff, paraprofessional, lead custodian, supervisor, and school nutrition manager. Your TRS account is funded by you and your employer. Employees contribute 6% of earnings and HCBE contributes 14.27% of earnings to the account. Employees are vested after 10 years of service.

Public School Employees Retirement System (PSERS)

The following personnel are required to participate in PSERS as a condition of employment: transportation, school nutrition, maintenance, and custodial staff. Employee contribution for employees hired before July 1, 2012 is \$4 per month for 9 months (\$36 per year). Employee contribution for employees hired on July 1, 2012 or later is \$10 per month for 9 months (\$90 per year). Your retirement benefit will be \$15 - \$16.50 per month times the number of years of service. Employees are vested after 10 years of service.

Supplemental Retirement Plans

Employees have the option to supplement the state retirement plans by electing to participate in either the 403(b) Plan, the 457(b) Plan, or Roth IRA's. These plans are available to all employees. PSERS participants who choose to contribute to the supplemental retirement plan have contributions matched by the HCBE on the first 5% of salary. These supplemental plans are managed by VALIC. Contact our VALIC partner at 478-319-7832.

Commonly Used Healthcare Terms

Carrier – Insurance company providing you with your benefits.

Coinsurance – Percentage of medical bills that patient is responsible for; goes into effect after deductible has been met.

Copay – The per-visit charge paid each time you see your doctor.

Deductible – The amount of medical costs you are financially responsible for before coinsurance applies.

Employee Assistance Program (EAP) –

Program with services to assist with handling life's problems (stress, mental illness, addiction, workplace issues, etc.)

Explanation of Benefits (EOB) – Received from carrier summarizing charges for care received. It will spell out what was billed, how much your carrier paid, and how much you are responsible for.

In-Network – Providers that have contracted with your carrier. Going in-network will save you money.

Out-of-Network – Providers that have not contracted with your carrier. Going out-of-network will result in reduced coverage, or no coverage at all.

Out-of-Pocket Maximum – The maximum amount you will pay for medical expenses before your plan will pay 100%.

Primary Care Provider (PCP) – Doctor that you go to first with health issues; they manage your care / keep you healthy.

Participating Dental Provider (PDP) Fee – Amount dentist has agreed to accept as payment for services from carrier.

Premium – Amount deducted from your paycheck to pay your portion of your insurance.

Preventive care – Care obtained to prevent major health issues: annual physicals, mammograms, colonoscopies, etc.

Qualifying Life Event (QLE) – Event (i.e. marriage, birth of child, gain/loss of coverage), that allows you to make changes to coverage during the year within a specific timeframe, typically 31 days from date of event.

Summary Plan Description (SPD) – Overview of provisions of plan, including coverage for specific procedures and applicable legal language.

Plan types

- High Deductible Health Plan (HDHP) – Typically has individual deductible of at least \$1,000. Many qualified HDHP plans do not have copays, and all care is subject to the deductible and coinsurance.
- Health Maintenance Organization (HMO) – Network plans require a PCP to be responsible for care (referrals required for specialist). There is no out-of-network coverage, and HMOs usually have more plan restrictions.
- Preferred Provider Organization (PPO) – Network that allows selection of provider with no referrals required. Out-of-network benefits available, but at higher cost. Commonly have deductible to meet.

Medical Savings Account Types

- Healthcare and Dependent Care Flexible Spending Accounts (FSA) – Accounts in which pre-tax income is put aside to pay for IRS-qualified medical / dependent care expenses. The FSA is “use it or lose it”: funds must be used by end of plan year or be forfeited.
- Health Reimbursement Account (HRA) – Employer-paid account in which employer deposits money to help pay for medical expenses. You are not able to contribute your own money to this account, and the funds would not be available once you left employment.

Important Contact Information



Medical

Blue Cross Blue Shield

1-855-641-4862

www.bcbsga.com/shbp

UnitedHealthcare

1-888-364-6352

www.welcometouhc.com/shbp

Healthways

1-888-616-6411

www.bewellshbp.com

Express Scripts

1-877-841-5227

www.express-scripts.com/georgiaSHBP

SHBP Eligibility

1-800-610-1863

www.dch.georgia.gov/shbp

www.myshbpga.adp.com

Dental

MetLife

www.metlife.com/dental

1-800-942-0854

Short Term Disability

OneAmerica

1-800-553-5318

Long Term Disability

OneAmerica

Call HCBE Benefits Office: 478-988-6249

Flexible Spending Accounts

OptumHealth

www.optumhealthfinancial.com

AccountHolderServices@optum.com

1-800-243-5543

Group Life

OneAmerica

Call HCBE Benefits Office: 478-988-6249

Employee Assistance Program (EAP)

ComPsych

www.compsych.com

1-855-387-9727

Retirement Plans

- **Teacher's Retirement (TRS)**

www.trsga.com • 1-800-352-0650

- **PSERS**

www.ers.ga.gov • 1-800-805-4609

- **VALIC Supplemental Retirement**

www.valic.com • 478-319-7832

HCBE Employee Benefits

Contact the Benefits Office at 478-988-6249

or access www.hcbe.net and visit the

Benefits tab for additional information.

Houston County Schools Benefits Service Center

1-866-671-0721

Mon-Thurs 8am -6pm, Fri 8am-5pm

hcbebenefitscenter@totemsolutions.com



For benefits questions and enrollment assistance, call: 866-671-0721.