2024 **Plan Year**



Madison County Charter School System

Benefits Guide



The Madison County Charter School System offers a comprehensive and valuable benefits program to all eligible employees. Our benefits package is designed to provide security and assistance during a time of need. Please become familiar with the various options and select the best coverage for the upcoming plan year.

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Need Help? Start Here:

mybenefits@campusbenefits.com 866.433.7661, opt 5

Who's Eligible

- All full-time employees working 20 or more hours per week are eligible to enroll in the various benefits described throughout the guide. (Certain rules may apply per benefit).
- General plan eligibility is listed on the top of each page. Specific employee and dependent eligibility
 rules are governed by each plan's policy document/certificate, which is available on your employee
 benefits website, or by contacting Campus Benefits.

When Do Benefits Begin

The effective date of coverage for benefits depends on your hire date. Typically, benefits will begin
the first of the month following 30 days of employment. For all benefits, you must be actively at work
on the effective date of coverage.

Changes

- Employee benefit elections are allowed as a new hire and during the annual open enrollment period. The selected benefits will remain in effect throughout the plan year.
- A qualifying life event allows eligible changes to benefit elections throughout the plan year.
- All qualifying life events must be submitted within 30 days of the event date.
- A qualifying life event is a change in your situation such as getting married, having a baby, or losing health coverage.

Version # 01092024

ENROLLMENT & BENEFITS PORTAL

Annual Open Enrollment

- Open Enrollment Dates: October 9th October 27th
- You must re-enroll in the Flexible Spending Account each year.
- Visit https://mcs.campusbenefits.com/
 to schedule an appointment with a benefits counselor
- Plan Year: January 1, 2024 December 31, 2024

New Hire Enrollment

New hires: Benefits enrollment must take place within 30 days of hire date. Please go to **MadisonCountyBenefits.com** to begin your enrollment.



Review your benefits portal at:

MadisonCountyBenefits.com

MadisonCountyBenefits.com

7 Select "Campus Connect" to login

2 Enter Login Information

- 1. Enter your username
- 2. Enter your password
- 3. Click "LOGIN"
- 4. Click on the "Start Benefits" button to begin the enrollment process

FAQ'S

What is my username?

- · Work email address OR
- · Email address you provided to HR when hired OR
- Email address you used to previously change your username

What is my password?

To create or reset a forgotten password follow the steps on the login page using tips below.

- Password must be at least 6 characters
- It must contain a symbol and a number
- Using uppercase, numbers and symbols greatly improves security

Company Identifier: MCSD18

New User Registration

- 1. On Login page click on "Register as a new user" and enter information below
 - First Name
 - Last Name
 - Company Identifier: MCSD18
 - PIN: Last 4 Digits of SSN
 - Birthdate
- 2. Click "Next"
- 3. Username: Work email address or one you have provided to HR when you were hired
- 4. Password: Must be at least 6 characters and contain a symbol and a number
- 5. Click on "Register"
- 6. On the next page, it will show your selected Username. Click on "Login"
- 7. Enter Username and Password
- 8. Click "Start Benefits" to begin the enrollment

		1
	Login Information	
	Username:	
	Password:	
U		



TAKE ACTION REMINDERS!

- If you do not actively enroll in benefits within 30 days of your date of hire, you will not have benefits coverage for the upcoming plan year.
- Remember to provide/update beneficiaries as necessary for Voluntary Term
 Life and AD&D policies and for Board Paid Basic Life
- New hire employees may be eligible for certain benefits without health questions (guaranteed issue). Please review and understand these guaranteed issue amounts and limitations.
- Submit any qualifying life event changes for you and eligible dependents within 30 days of the event date

There are two separate benefit enrollments:

- 1. Campus Benefits Voluntary Benefits
- 2. State Health Benefit Plan Medical Insurance
- *Benefits enrollment must take place within 30 days of hire date





How to Enroll in Campus Benefits Voluntary Benefits

- 1. Visit https://www.madisoncountybenefits.com/
- 2. Select the "Enroll" tab or the "Campus Connect" tab
- 3. Follow the on screen instructions OR
- 4. Contact Campus Benefits at 866.433.7661 opt 5
- Plan year is 1/1 12/31
- Annual open enrollment occurs in the Fall (October)

How to Enroll in State Health Benefit Medical Plan

- 1. Visit https://www.madisoncountybenefits.com/
- 2. Select the "State Health" tab
- Select "SHBP Enrollment Link" (Refer to the SHBP section of this guide for additional details) OR
- 4. Contact SHBP at 800.610.1863
- Plan year is 1/1 12/31
- Annual open enrollment occurs in the Fall (October/November)



SERVICE HUB/ SUPPORT CENTER

TOGETHER WE'RE US

Campus Benefits is your dedicated advocate for all your voluntary benefits.

When to contact the Campus Benefits Service Hub?

- Portability/Conversion
- Benefits Education
- Evidence of Insurability
- Qualified Life Event Changes
- Claims
- Card Requests
- Benefit Questions
- COBRA Information

The
Campus
Benefits team
understands the claims
process and leverages
the necessary carrier
relationships to expedite
the paperwork efficiently
to ensure claims are
not delayed due to
improper paperwork
completion.

How to File a Claim?

- 1. Contact Campus Benefits via Phone or Email
- 2. Work with Campus Benefits' claims specialist to complete the necessary paperwork
 - Employee Portion
 - Physician Portion
 - Employer Portion
- 3. Submit the Necessary Paperwork to Campus Benefits via the secure upload
 - Secure upload located at https://www.madisoncountybenefits.com/contact-campus

Frequently Asked Questions (FAQs):

Q: When must a qualifying life event change be made?

A: Please notify Campus Benefits within 30 days of the life event date. All SHBP life events must be made directly through the SHBP website.

Q: Am I required to contact Campus Benefits to file a claim?

A: No. However, in our experience the number one reason for claim denial or delay is due to incomplete or inaccurate paperwork. By working with Campus Benefits' claim specialist, we can advocate on your behalf.

Q: How can I access the group dental card or vision card quickly?

A: Group dental and vision plan information is available at: https://www.madisoncountybenefits.com/



Phone: 866.433.7661, Opt 5

Email: mybenefits@campusbenefits.com

Website: https://www.madisoncountybenefits.com/

EMPLOYEE ASSISTANCE PROGRAMS







What is an EAP? Programs offered to Madison County Charter School Systems' employees to provide guidance with personal issues, planning for life events or simply managing daily life which can affect your work, health and family. The two EAP's below can be used in conjunction with one another.

Georgia Public Education/Ga DOE EAP

Eligibility: All full-time Madison County Charter School Systems' employees working 29+ hours/week, their household members and children up to age 26

- Coverage through Kepro
- Provides support when you're facing issues that interfere with your health, well-being and productivity at home or at work.
- Receive up to six counseling sessions
- CALL 1.866.279.5177 or visit <u>www.EAPHelplink.com</u>, Company Code: GADOE

OneAmerica EAP

Eligibility: All employees, their household members and unmarried children up to age 26

- Coverage through OneAmerica
- Provides support, resources, and information for personal and work-life challenges
- Receive up to three sessions per issue per year
- CALL 1.855.387.9727 or visit <u>Guidanceresources.com</u>, Web ID: ONEAMERICA3

Confidential Counseling (OneAmerica & Ga DOE EAP)

- Helps employees address stress, relationship and other personal issues for you and your family
- Sessions with highly trained master's and doctoral level clinicians
 - Stress anxiety and depression
 Job pressures
 - flicts Grief and loss
 - Relationship/marital conflicts
 - Problems with children
- Substance abuse

Work-Life Solutions (OneAmerica & Ga DOE EAP)

Work-Life Specialists will do the research for you, providing qualified referrals and customized resources for:

- Child and elder care
- College planning
- Moving and relocation
- Pet care
- Making major purchases
- Home repair

Financial Information and Resources (OneAmerica & Ga DOE EAP)

Speak by phone with a Certified Public Accountants and Certified Financial Planners on a wide range of financial issues, including:

- Getting out of debt
- Retirement planning
- Credit card or loan problems
- Estate planning

Tax guestions

Saving for college

Online Resources (OneAmerica & Ga DOE EAP)

- Timely articles, HelpSheets, tutorials, streaming videos and self-assessments
- Child care, elder care, attorney and financial planner searches

Free Online Will Preparation (OneAmerica EAP)

- EstateGuidance lets you quickly and easily write a will on your computer
- Go to <u>guidanceresources.com</u> and click on EstateGuidance link
- Follow the prompts to create and download your will at no COST
 - Name an executor to manage your estate
 - Choose a guardian for your children
 - Specify your wishes for your property and more!

Plan Rates

Coverage provided at no cost to you.

DISABILITY INSURANCE



What is Disability Insurance? A type of coverage that replaces a portion of your income if injury or illness prevents you from working. It provides financial security for you and any loved ones who may depend on your ability to earn a paycheck. You may also hear disability insurance referred to as disability income insurance or income protection.

Eligibility: Full-time employees working 20 or more hours per week

- Coverage through Mutual of Omaha
- Employee must be actively at work on the effective date
- Employees must use sick leave (if available) in conjunction with the disability benefit
- Short Term Disability No health questions Every Year at Open Enrollment! (Preexisting condition will apply for new participants)
- Long Term Disability If electing outside of the initial open enrollment period, health questions will be required
- Participants can begin the required disability paperwork up to 3-4 weeks before going out on disability

See
important
claims
information on
the Service
Hub page.

Short-Term Disability	
Elimination Period	Benefits begin on the 15th day of an injury or illness
Benefit Duration	Covers accidents and sicknesses up to 11 weeks
Benefit Percentage (weekly)	60% of your gross weekly salary
Maximum Benefit Amount Weekly	\$1,250
Pre-Existing Condition	3/6 Illness or injury for which you received treatment the 3 months prior to your effective date will not be covered for the first 6 months.

Long-Term Disability	
Elimination Period	Benefits begin on the 91st day of an injury or illness
Benefit Duration	Covers accidents and sicknesses up to Social Security normal age of retirement
Benefit Percentage (monthly)	60% of your gross monthly salary
Maximum Benefit Amount Monthly	\$6,000
Pre-Existing Condition	3/3/12 Illness or injury for which you received treatment the 3 months prior to your effective date will not be covered for the first 12 months, unless you go treatment free for 3 months prior to the effective date.

Plan Rates	
Short-Term Disability	\$0.75 per \$10 of Weekly Benefit
Long-Term Disability	\$0.27 per \$100 of Covered Payroll

BASIC LIFE INSURANCE

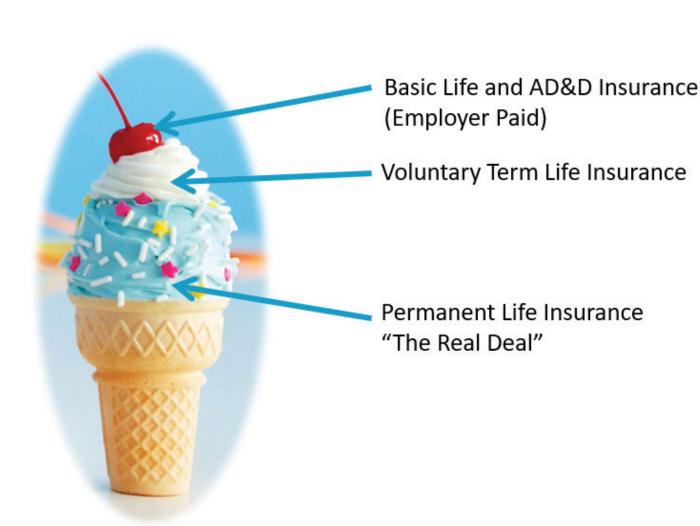


What is Basic Life Insurance? A financial and family protection plan paid for by Madison County Charter School System which provides a lump-sum payment, known as a death benefit, to a beneficiary upon the death of the insured.

Eligibility: Full-time employees working 20 or more hours per week
Coverage through OneAmerica
Must be actively at work on the effective date

Basic Life and AD&D Benefit Summary	
All Eligible Employees	\$20,000
Additional Plan Features: Employee Assistance Program, Child Care Benefit, Higher Education Benefit, Repatriation	
Age Reduction	None

Coverage paid for by Madison County Charter School System at no cost to you!



LIFE INSURANCE 101

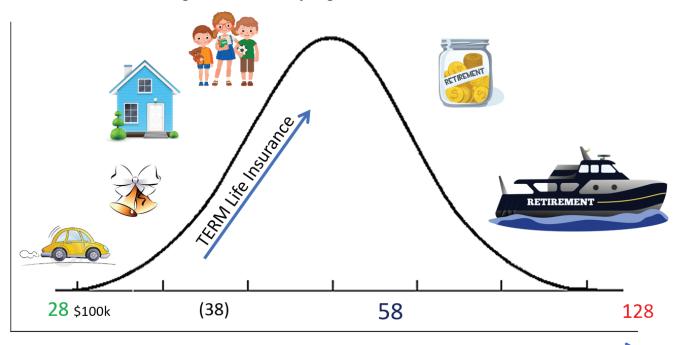
The need for life insurance depends on each individual life situation. If loved ones are financially dependent on you, then buying life insurance coverage can absolutely be worth it. Even if you don't have financial dependents yet, life insurance can be a valuable solution for making death easier on a family (at least financially.) There are two voluntary life insurance options offered through your employer: Term Life Insurance and Permanent Life Insurance. Below is an overview of the differences.

Term Life and Permanent Life work best used in conjunction with one another. Term Life can protect your family in your younger working years and Permanent Life can protect your family in your retirement years.

TERM LIFE INSURANCE

Term Life insurance is illustrated on the bell curve below. The term life offered is a group policy which allows you to get more benefit for less premium.

- Term life insurance is for the unexpected death
- Includes an Accidental Death & Dismemberment Benefit
- Term life insurance is flexible and allows changes to your benefit amount each year depending on life changes. For example, as you get married and have children the need for term insurance often increases. As you near retirement, the need for term life insurance often decreases.
- Coverage is portable at retirement or if you leave the employer (premium will increase)
- Premiums are based on age and increase as you get older



Permanent Life Insurance Monetary Life Line

PERMANENT LIFE INSURANCE

Permanent Life Insurance is illustrated above along the bottom of the graph with a straight blue arrow.

- Permanent life insurance offers a stable premium along the lifetime of the policy
- Permanent life offers a level premium and is meant to take into retirement
- Permanent life is an issue age policy is based on the age when the policy is issued
- This is an individual plan you can take with you regardless of where you work

VOLUNTARY TERM LIFE & AD&D INSURANCE



What is Voluntary Term Life Insurance and AD&D? A financial protection plan which provides a cash benefit to a beneficiary upon the death of the insured. Proceeds can be used to replace lost potential income during working years and help ensure your family's financial goals will still be met; goals like paying off mortgage, keeping a business running, and paying for college. AD&D coverage is included as a part of life insurance benefits, and will pay out a lump-sum death benefit in the event you or a covered loved one die accidentally or pass away later as the direct result of an accident. This plan also has a dismemberment benefit which provides an additional lump sum payment if an insured becomes dismembered in an accident.

Eligibility: Full-time employees working 20 or more hours per week, spouse & unmarried children up to age 26

- Coverage through OneAmerica

 Must be actively at work on the effective date
 If electing Voluntary Term Life outside of initial enrollment period, health questions will be required
- Employee must elect coverage on themselves in order to cover spouse and/or children

Term Life and AD&D		
LIFE	AMOUNT	
Employee	In increments of \$10,000 up to the lesser of \$500,000, or 5 times annual salary	
Spouse	Increments of \$5,000 up to \$500,000, not to exceed employee amount	
Child(ren)	\$5,000 or \$10,000	
Child > 6 months	\$1,000	
Dependent coverage may not	exceed employee coverage amounts	
ACCIDENTAL DEATH & DISM	EMBERMENT AMOUNT (INCLUDED)	
Employee, Spouse & Child(ren)	Matches the Life Amount	
GUARANTEED ISSUE - FIRST TIME ELIGIBLE/NEW HIRE		
Employee	\$250,000	
Spouse	\$50,000	
Child(ren)	\$10,000	
GUARANTEED INCREASE IN BENEFIT	Employee & Spouse: If currently enrolled, can increase up to the guaranteed issue amount at open enrollment with no health questions.	
Age Reduction	None	
Portability Provision	Included (Rate will increase)	
Conversion	Included (Rate will increase)	
Accelerated Life Benefit	75% of Life Benefit	
Waiver of Premium	Included	

Employee Life and AD&D Rates	
Age	Per \$10,000
0-29	\$0.98
30-34	\$1.12
35-39	\$1.38
40-44	\$1.80
45-49	\$2.51
50-54	\$3.83
55-59	\$6.33
60-64	\$8.20
65-69	\$14.40
70+	\$43.40

Spouse Life and AD&D Rates	
Age	Per \$5,000
0-34	\$0.71
35-39	\$0.82
40-44	\$1.12
45-49	\$1.73
50-54	\$2.79
55-59	\$4.01
60-64	\$6.17
65-69	\$10.18
70+	\$28.505
Coverage based on Employee Age / Spouse volume	

Child(ren) Life and AD&D Rates	
\$5,000	\$1.23
\$10,000	\$2.45

PERMANENT LIFE INSURANCE



What is Permanent Life Insurance? Coverage that provides lifelong protection, and the ability to maintain a level premium.

Eligibility: Full-time employees working 20 or more hours per week, spouse & children/grandchildren up to age 26

- Coverage through UNUM
- Must be actively at work on the effective date
- Permanent Life offers the flexibility to meet a variety of personal needs while allowing employees the choice of benefit premium amounts which fit their paycheck and lifestyle
- Underwriting may be required. Coverage is not guaranteed
- Keep your coverage, at the same cost, even if you retire or change employers

Permanent Life Benefits		
PLAN MAXIMUMS		
Employee	\$2,000 - \$200,000	
Spouse	\$2,000 - 35,000	
Child	\$5,000 - \$50,000 (increments of \$5,000)	
GUARANTEED ISSUE (INITIAL ENROLLMENT/NEW HIRE)		
Employee	\$35,000 (Ages 15-50) / \$25,000 (Ages 51-80)	
Spouse	\$10,000	
Child	\$25,000	
OTHER FEATURES		

Guaranteed Premium **Guaranteed Death Benefit** Guaranteed Interest rate of 4.5%

Living Benefit Option Rider - 100% of the benefit amount if you are terminally ill

Plan Rates

Cost of coverage is based on the level of benefit you choose and your age. Please log into the enrollment system or consult with a Benefits Counselor for rate details.

LONG-TERM CARE INSURANCE union



What is Long-Term Care Insurance? Long-term care insurance may help you avoid a far more difficult decision: whether to exhaust your savings or liquidate your assets to pay for a period of long-term care. Long-Term Care (LTC) is the type of care you may need if you could not independently perform the basic activities of daily living: bathing, dressing, using the toilet, transferring from one location to another, continence, eating, or if you have suffered a severe cognitive impairment from a condition such as Alzheimer's Disease.

Eligibility: Full-time employees working 20 or more hours per week, your spouse, parents, siblings, or spouse's parents, as well as your children over the age of 18

- Coverage through UNUM
- Must be actively at work on the effective date of coverage
- Choose the coverage that best suits your needs
- Keep your coverage if you retire or change employers
- You may elect coverage on your family members even if you do not elect coverage on yourself
- For New Hire Employees Only: If enrolling within 30 days of hire, Guaranteed Issue amounts are available. Evidence of Insurability will only be required if electing a lifetime benefit duration; Spouse and Dependents must submit Evidence of Insurability
- Employee & Spouse & Eligible Dependents: If electing outside of the initial open enrollment period (New Hire period), health questions will be required

Long-Term Care Benefits Summary		
LTC Facility Benefit (Employee & all eligible dependents)	\$1,000 - \$9,000 per month in \$1,000 increments	
Benefit Duration		
Choice A	3 Years	
Choice B	6 Years	
Choice C	Lifetime	
Waiting Period	60 accumulated days	
Elimination Period	Covered in Full	
Additional Information		
5% Inflation Protection		
Long Term Care can be enrolled anytime throughout the plan year. Please visit the LTC benefits page at		

Plan Rates and Enrollment

www.MadisonCountyBenefits.com for additional information and enrollment forms or contact the Unum LTC Call Center at 1-800.227.4165.

Please visit https://www.madisoncountybenefits.com/long-term-care for additional information and enrollment forms.

VISION INSURANCE



What is Vision Insurance? A health and wellness plan designed to reduce your costs for routine preventive eye care including eye exams and prescription eyewear (eyeglasses and contact lenses).

Eligibility: Full-time employees working 20 or more hours per week, spouse & children up to age 26

- Coverage through Davis Vision
- To locate an in-network provider, please visit <u>www.davisvision.com/member</u>. Client Code: 8170
- The chart below is a sample of covered services. Please see the Plan Certificate on your Employee Benefits
 Website for a detailed listing of services in their entirety. Plan certificate available on your Employee Benefits
 website.

Vision Benefits Summary				
	High Plan (In-Network)	Low Plan (In-Network)		
Eye Exam	\$10 Copay	\$10 Copay		
Contact Lens Exam	15% Discount	15% Discount		
Frames	\$175 Allowance + 20% off Balance	\$150 Allowance + 20% off Balance		
Single/Bifocal/Trifocal/Lenticular Lenses	\$25 Copay	\$25 Copay		
UV Coating, Tint, Scratch Resistance, Polycarbonate, and Progressive Lens	\$12 - \$60	\$12 - \$60		
Elective Contacts	\$175 Allowance + 15% off Balance	\$130 Allowance + 15% off Balance		
Medically Necessary Contacts	Covered in Full	Covered in Full		
Lasik or PRK	40-50% off national average	40-50% off national average		
Frequencies	Exams, Frames, and Lens or Contact Lenses every 12 months	Exams, Frames, and Lens or Contact Lenses every 12 months		
Additional Info (Allowance must be purchased on two separate invoices)	 Each Member Chooses one of the following: 2 pairs of eyeglasses 1 pair of eyeglasses & contact allowance Double the contact allowance 	30% discount on an additional pair of glasses and the Exclusive Collection of Contact Lenses evaluation, fitting, and follow-up care is covered in full.		

Please visit https://www.madisoncountybenefits.com/vision for Out-of-Network allowances and additional information on your vision plan.

Rates	High Plan	Low Plan
Employee	\$14.08	\$6.93
Employee + One	\$26.74	\$13.16
Employee + Family	\$23.74	\$20.24



Client Code: 8170

Identification #: Found on your Davis Vision Card

Affiliation: Madison County School District

Providers and members can call 1.800.999.5431 to verify coverage and benefits. Call Campus Benefits for questions regarding your coverage at 1.866.433.7661

DENTAL INSURANCE



What is Dental Insurance? A health and wellness plan designed to pay a portion of dental costs associated with preventive, basic, some major dental care, as well as orthodontia.

Eligibility: Full-time employees working 20 or more hours per week, spouse & children up to age 26

- Coverage through Ameritas
- In-Network provider Directory: https://dentalnetwork.ameritas.com/ (Network: Classic PPO)
- Orthodontia only available for children up to age 19 (subject to lifetime max)
- Exams and cleanings are allowed 2 times each calendar year and do not have to be separated by 6 months
- No waiting periods or late entrant penalties
- The chart below is a sample of covered services. Please see the Plan Certificate on your Employee Benefits Website for a detailed listing of services in their entirety.

	High	MAC	Low	
UCR	95 th UCR	In-Network Only	95 th UCR	
Preventive	100%	100%	100%	
Basic	80%	90%	80%	
Major	50%	60%	0%	
Annual Maximum	\$1,500	\$2,500	\$750	
Orthodontia (Child only <19 years of age)				
Coinsurance	50%	50%	N/A	
Ortho Lifetime Maximum (per child)	\$1,000	\$1,500	N/A	
Deductible	\$50 per person/ Max \$150 per family (Waived for Preventive)			

	Preventive (Type 1)	Basic (Type 2)	Major (Type 3)
High Plan	Routine Exam (2/12 months) Bitewing X-Rays (1/12 months) Cleaning (2/12 Months) Fluoride for Children (18 & under)	Restorative Amalgams Restorative Composites Crown Repair Periodontics (nonsurgical) Denture Repair Anesthesia	Onlays Crowns Endodontics Periodontics (surgical) Implants Prosthodontics Simple Extractions Complex Extractions
MAC Plan	Routine Exam (2/12 months) Bitewing X-Rays (1/12 months) Cleaning (2/12 Months) Fluoride for Children (18 & under)	Restorative Amalgams Restorative Composites Endodontics (nonsurgical) Periodontics Denture Repair Simple Extractions Complex Extractions Anesthesia	Onlays Crowns/Crown Repair Implants Prosthodontics
Low Plan	Routine Exam (2/12 months) Bitewing X-Rays (1/12 months) Cleaning (2/12 Months) Fluoride for Children (18 & under)	Restorative Amalgams Restorative Composites Crown Repair Periodontics (nonsurgical) Denture Repair Anesthesia	

DENTAL INSURANCEADDITIONAL RESOURCES



MAC PLAN & HIGH PLAN OPTIONS INCLUDE DENTAL REWARDS

Allows qualifying plan members to carryover part of their unused annual maximum. Earn dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the **threshold amount** for benefits received for that year. A person earning dental rewards who submits a claim for services received through the dental network earns an extra reward, called the PPO Bonus. Employees and their covered dependents may accumulate rewards up to the stated **maximum carryover amount**, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

Dental Rewards	HIGH PLAN	MAC PLAN	
Benefit Threshold	\$750	\$750	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	\$400	Dental Rewards amount is added to the following year's maximum
Annual PPO Bonus	\$150	\$200	Additional bonus is earned if the member sees a network provider
Maximum Carryover	\$1,000	\$1,200	Maximum possible accumulation for Dental Rewards and PPO Bonus combined

DID YOU KNOW?

You can set up an Ameritas secure account by visiting: https://www.ameritas.com/service/
register.asp.

Giving you access to:

- Dental Health Score Card (Based on submitted dental claims)
- RX Savings Card
- Eyewear Savings
- Dental Cost Estimator Tool

Employee Name	Employee ID
Madison County Schoo	ol District 52419
Group Name	Group Number



	High Plan	In-Network MAC Plan	Low Plan
Employee Only	\$59.38	\$51.70	\$40.48
Employee + Dependent	\$109.14	\$94.98	\$74.92
Employee + Family	\$167.18	\$145.42	\$114.42

ACCIDENT INSURANCE



What is Accident Insurance? This coverage is designed to help offset medical and out-of-pocket costs associated with unforeseen accidents. Payments made directly to you and benefits do not offset with medical insurance.

Eligibility: Full-time employees working 20 + hours per week, spouse & dependent children up to age 26

- Coverage through MetLife
- No health questions Every Year!
- Keep your coverage even if you retire or change employers
- The chart below is a sample of covered services. Please see the Plan Certificate on your Employee Benefits Website for a detailed listing of services in their entirety.

Accident Plan Benefit Description	High Plan	Low Plan		
INJUI	RIES		High Plan Rates	
Fractures	\$100-\$6,000	\$50-\$3,000	Employee	
Dislocations	\$100-\$6,000	\$50-\$3,000	\$10.89	
Second and Third Degree Burns	\$100-\$10,000	\$50-\$5,000	Employee + Spouse \$22.99	
Concussions	\$400	\$200	Employee + Child(ren)	
Cuts/Lacerations	\$50-\$400	\$25-\$200	\$22.38	
Eye injuries	\$300	\$200	Employee + Family \$27.53	
MEDICAL SERVICE	S & TREATMENT		\$27.55	
Ambulance	\$300-\$1,000	\$200-\$750	Low Plan Rates	
Emergency Care	\$50-\$100	\$25-\$50	Low Plan Rates	
Non-Emergency Care	\$50	\$25	Employee	
Physician Follow-Up	\$75	\$50	\$5.70	
Therapy Services (including physical therapy)	\$25	\$15	Employee + Spouse	
Medical Testing Benefit	\$200	\$100	\$11.98	
Medical Appliances	\$100-\$1,000	\$50-\$500	Employee + Child(ren)	
Inpatient Surgery	\$200-\$2,000	\$100-\$1,000	\$11.75	
Hospital Covera	age (Accident)		Employee + Family	
Admission	\$1,000 (non- ICU)-\$2,000 (ICU) per accident	\$500 (non- ICU)-\$1,000 (ICU) per accident	\$14.71	
Confinement	\$200 a day (non- ICU)-\$400 (ICU) up to 31 days	\$100 a day (non- ICU)-\$200 (ICU) up to 31 days		
Inpatient Rehab	\$200 a day up to 15 days	\$100 a day up to 15 days		
Age Reduction	25% at age 65	; 50% at age 70		
Includes Accidental Death an	d Dismemberment Be	nefit.		

See policy certificate for details.

CRITICAL ILLNESS INSURANCE



What is Critical Illness Insurance? A health and wellness plan in which you receive a lump sum cash payment if diagnosed with one of the specific illnesses on the predetermined list of critical illnesses.

Eligibility: Full-time employees working 20 or more hours per week, spouse & dependent children up to age 26

- Coverage through MetLife
- Must be actively at work on the effective date
- Elect Critical Illness with or without Cancer Coverage based on your individual needs

- Attained Age Rates will increase as you age

 No health questions- Every Year! (Pre-existing condition will apply for new participants)

 The chart below is a sample of covered services. Please see the Plan Certificate on your Employee Benefits Website for a detailed listing of services in their entirety.

Critical Illness Benefits Summary	CI Only	Cl w/Cancer
Employee	\$10,000 or \$20,000	\$10,000 or \$20,000
Spouse	100% of EE Amount	100% of EE Amount
Dependent Children	100% of EE Amount	100% of EE Amount
COVERED SPECIFIED CRITICAL ILLNESSES	Pays % of Face Amount	Pays % of Face Amount
Heart Attack (Myocardial Infarction)	100%	100%
Stroke	100%	100%
Major Organ Failure	100%	100%
End Stage Renal Failure (Kidney)	100%	100%
Alzheimer's Disease	100%	100%
Coronary Artery Bypass Graft Surgery	100%	100%
Full Cancer Benefit	None	100%
Partial Cancer Benefit	None	25%
22 Additional Covered Conditions	25% - 1 payment for each condition per lifetime Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis	
GUARANTEED ISSUE (Up to Age 70)	\$20,000	\$20,000
ANNUAL WELLNESS INCENTIVE	\$50 - View the Wellness	Incentives page for more details
TOTAL BENEFIT	3 times the amo	ount of your initial benefit
PRE-EXISTING CONDITION	3/6 Any Illness or injury for which you received treatment the 3 months prior t your effective date will not be covered for the first 6 months.	

Plan Rates

Cost of coverage is based on the level of benefit you choose and your age. Please log into the enrollment system or consult with a Benefits Counselor for rate details.

HOSPITAL INDEMNITY INSURANCE



What is Hospital Indemnity Insurance? Supplemental coverage that helps offset costs associated with hospital stays, whether for planned or unplanned reasons. Payments made directly to you and benefits do not offset with medical insurance.

Eligibility: All full-time employees working 20+hours/week, spouse and children* (up to age 26)

- Coverage provided by MetLife
- No health questions Every Year! (No pre-existing condition limitation)
- No waiting period and no age reduction of benefits
- Keep your coverage even if you retire or change employers
- The chart below is a sample of covered services. Please see Plan Certificate for a detailed listing of services in their entirety which can be found on your new benefits website.
- * Child marital status does not impact benefit eligibility

Hospital Indemnity Benefit Description	High Plan	Low Plan	
Hospital Admission	\$1,000	\$500	
ICU Supplemental Admission	\$1,000	\$500	
Admission Benefit (4 times per calendar year - sep	arated by 90 days)		
Confinement	\$200	\$100	
ICU Supplemental Confinement	\$200	\$100	
Confinement Benefit (365 days per calendar year)			
Confinement Benefit for Newborn Nursery Care (2 days per confinement)	\$50	\$25	
Wellness Incentive		Vellness Incentives more details	

High Plan Rates		
Employee	\$23.71	
Employee + Spouse	\$43.72	
Employee + Child(ren)	\$35.66	
Employee + Family	\$55.67	

Low Plan Rates		
Employee	\$14.13	
Employee + Spouse	\$26.23	
Employee + Child(ren)	\$21.49	
Employee + Family	\$33.59	

CANCER INSURANCE



What is Cancer Insurance? Cancer insurance is a form of supplemental insurance meant to offset cancer related expenses so you can focus on recovery.

Eligibility: Full-time employees working 20 or more hours per week, spouse & children up to age 26

- Coverage through Guardian
- No age reduction on benefits
- Payments made directly to you and do not offset with medical insurance

 No health questions Every Year! (Pre existing condition will apply for new participants)

 Must be cancer free for 5 years if previously diagnosed with cancer
- Keep your coverage even if you retire or change employers
- The chart below is a sample of covered services. Please see the Plan Certificate on your Employee Benefits Website for a detailed listing of services in their entirety.

Cancer Benefit Description	High Plan	Low Plan	
HOSPITAL AND	RELATED BENEFITS - DAILY BE	NEFIT	
Initial Cancer Diagnosis	\$5,000	\$2,500	High Plan Monthly
Continuous Hospital Confinement	\$400	\$300	Rates
Private Duty Nursing Expenses (daily)	\$150	\$100	Employee
At Home Nursing, Hospice Care	\$100	\$50	\$30.60
RADIATION,CH	IEMOTHERAPY & RELATED BEN	IEFITS	Employee + Spouse
Radiation, Chemo for Cancer (every 12 months)	\$15,000	\$10,000	\$56.91
Blood, Plasma, Platelets (every 12 months)	Up to \$10,000	Up to \$5,000	Employee + Child(ren) \$34.91
Medical Imaging (2 per year)	\$200	\$100	Employee + Family
SURG	\$61.23		
Surgery (inpatient or outpatient)	up to \$5,500	up to \$4,125]
Anesthesia (% of surgery)	25%	25%	
Ambulatory Surgical Center	\$350/day	\$250/day	Low Plan Monthly
Second Opinion	\$300	\$200	Rates
Bone Marrow or Stem Cell Transplant			Employee
1. Bone Marrow	\$10,000	\$7,500	\$18.82
2. Stem Cell	\$2,500	\$1,500	Employee + Spouse
3. Donor Benefit	\$1,500	\$1,000	\$34.93
MI	SCELLANEOUS BENEFITS		Employee + Child(ren)
Ambulance (per confinement)	\$250	\$200	\$21.55
Transportation (local or non-local)	\$0.50 per mile (\$1,500 round trip)	\$0.50 per mile (\$1,000 round trip)	Employee + Family
Outpatient or Family Lodging (daily)	\$100	\$75	\$37.66
Physical or Speech Therapy (Daily)	\$50	\$50	
New or Experimental Treatment	\$200 per day / \$2,400 per month	\$100 per day / \$1,000 per month	
Prosthesis	\$300 - \$6,000	\$200 - \$4,000	
Annual Wellness Incentive (See Wellness Incentives page for details)	\$75	\$50	
Waiting Period (Initial Diagnosis)		Days	
Pre-existing Condition	12 months prior to your effective	which you received treatment the edate will not be covered for first onths.	

WELLNESS INCENTIVES **GET REWARDED FOR PREVENTIVE CARE**

What are Wellness Incentives? An annual reimbursement for covered members who complete one of the eligible screening procedures on your critical illness, hospital indemnity and/or cancer insurance plans.

Eligibility: You, spouse and dependents who are covered on the critical illness, hospital indemnity or cancer plans

How it works:

- If you or a covered dependent get one of the eligible screenings, you can file a wellness claim Once approved, you will receive a check for the wellness benefit amount
- The wellness incentive can be filed annually as long as your critical illness and cancer plans are in force

Available Wellness Incentives	Low Plan High Plan			
Critical Illness and Hospital Indemnity - MetLife	\$50			
Cancer Plan - Guardian	\$50 \$75			
State Health Benefit Plan	See the SHBP for details more details			

State Health Benefit Flair	See the Ship for details more details							
What Qualifies as Wellness?								
Critical Illness and Hospital Indemnity - MetLife	Cancer - Guardian							
May Include, but not limited to: (Please refer to the benefits website for additional wellness incentives and claims information) Annual physical exam Biopsies for cancer Blood test to determine total cholesterol/triglycerides Bone marrow testing Breast MRI, ultrasound, sonogram Cancer antigen 15-3 and 125 blood test for breast cancer (CA 15-3)/ ovarian cancer (CA 125) Carcinoembryonic antigen blood test for colon cancer (CEA) Carotid doppler Chest x-rays Clinical testicular exam Colonoscopy; Digital rectal exam (DRE) Doppler screening for cancer Doppler screening for peripheral vascular disease Echocardiogram; Electrocardiogram (EKG) Endoscopy Fasting blood glucose/plasma test Flexible sigmoidoscopy Hemoccult stool specimen Hemoglobin A1C Human papillomavirus (HPV) vaccination Lipid panel Mammogram Oral cancer screening Pap smears or thin prep pap test Prostate-specific antigen (PSA) test Serum cholesterol test to determine LDL or HDL Serum protein electrophoresis Skin Exam; Skin cancer biopsy; screening Stress test on bicycle or treadmill Successful completion of smoking cessation program Tests for sexually transmitted infections (STIs) Thermography Two hour post-load plasma glucose test Ultrasound screening of the abdominal aorta for abdominal aortic aneurysms Virtual colonoscopy	 Bone marrow testing BRCA testing Breast ultrasound Breast MRI CA 15-3 (blood test for breast cancer) CA125 (blood test for ovarian cancer) CEA (blood test for colon cancer) Chest x-ray Colonoscopy/Virtual Colonoscopy CT scans /MRI scans Flexible sigmoidoscopy Hemoccult stool analysis Mammography Pap smear /ThinPrep pap test PSA (blood test for prostate cancer) Serum protein electrophoresis (blood test for myeloma) Testicular ultrasound Thermograph 							
How to submit a well								
 Call 1.800.GET.MET8. (800.438.6388) File your Health Screening Benefit online through the MyBenefits 	Log on to <u>guardianlife.com</u> and select "My Account/Login" to register or access							
partal at warm motlife com/mybanefits or by mail with a paper claim	1,							

- portal at www.metlife.com/mybenefits or by mail with a paper claim form.
- Important Note: Must use Madison County School District when registering on the MetLife MyBenefits site.
- 'My Account/Login" to register or access your account.

Additional wellness information and claim forms can be found on your employee benefits website, madisoncountybenefits.com

MEDCARECOMPLETE

THE SMART WAY TO REDUCE YOUR HEALTHCARE COSTS



What is MedCareComplete? Provides a bundle of services constructed to save you time, money, and hassle while simplifying your life.

Eligibility: Full-time employees working 20 or more hours per week, spouse & unmarried children up to age 26

- This is a supplemental benefit and does not replace health insurance
- Register @ MCC: medcarecomplete.com/members to access the full range of benefits
- Register @ 1800MD: **1800md.com** or 800.388.8785 to access telemedicine benefits

Included with the MedCareComplete Membership:



Medical Bill Negotiator



Restoration Expert



Medication Management



Identity Loss Expense Reimbursement



Telemedicine



Social Media Tracking



Medical & ID Theft Monitoring



Sex Offender Alerts

1. Medical Bill Negotiator

A medical bill advocate will identify and appeal common billing errors and overcharges on your behalf. Advocates provide continuous support throughout the appeal that typically results in an average savings of 40% on 80% of the bills reviewed.

2. Telemedicine

Get 24/7/365 on-demand telephone access to Board-certified physicians for diagnosis, and prescriptions for common and acute illnesses. **There are no copays and no limit to how many times you can utilize this feature.**

Individual Rate	Family Rate				
\$10.50	\$12.50				
Per Month	Per Month				
NO COPAY					

Acute Illnesses include but are not limited to the following:

Asthma	Migraines	Heartburn	Bronchitis	Pink Eye
Fever	Rashes	Sinus Conditions	Ear Infection	Sore Throat
Headache	Bacterial Infections	Urinary Tract	Gout	Cold & Flu
Infections	Diarrhea	Infections	Joint Aches	Nausea & Vomiting

3. Medical & ID Theft Protection

Service monitors the internet for instances of your personal health and financial information to protect you from becoming a victim of identity theft. The security of your personal health information (PHI) can have a large impact on the medical care you receive.

FLEXIBLE SPENDING ACCOUNTS



What are Medical Flexible Spending Accounts (FSAs)? A pre-tax benefit account used to pay for out-of-pocket healthcare costs such as deductibles, co-pays, prescribed medication, and other medical costs. **What are Dependent Care Accounts?** A pre-tax benefit account used to pay for dependent care services such as preschool, summer day camp, before or after school programs, and child or elder daycare.

Eligibility: Full-time employees working 20 or more hours per week, spouse & children up to age 26; Children under age 13 are eligible for Dependent Care and up to age 26 for Medical FSA

- Coverage through Medcom
- Plan year is from January 1 December 31
- Dependent Care Funds used for daycare and available for tax dependent adults for adult care
- Only family status changes will allow you to alter your annual election. The altered election must be consistent with the status change
- Married and not filing jointly participants limited to \$2,500 deferral for Dependent Care
- Transfer of funds between Dependent Care and un-reimbursed Medical are prohibited
- For a full list of eligible expenses, please go to www.medcom.net

FSA Benefit Description							
MEDICAL FSA ACCOUNT							
Minimum Contribution \$300 annually							
Maximum Contribution	\$3,200 annually						
Carryover Maximum*- Maximum participants can carry over if re-electing the plan	2024 - 2025 Plan Year Funds: \$640 2023 - 2024 Plan Year Funds: \$610						
Total elected amount is available All receipts should be kept to su	at the beginning of the plan year bmit if verification is requested						
DEPENDENT CA	ARE ACCOUNT						
Minimum Contribution	\$300 annually						
Maximum Contribution	\$5,000 annually						
Carryover Maximum	None						
Amount is available as	s it is payroll deducted						
PLAN	RULES						
RUNOUT PERIOD - Time to turn in receipts for services rendered during the plan year.	30 Days						

Admin Fee	
Fee Per Participant Per Month	
(One fee even if electing both	\$3.50
Medical FSA and Dependent Care)	

IMPORTANT NOTE:

Dependent Care FSA is for eligible expenses related to the care of your child, disabled spouse, elderly parent, or other dependent who is physically or mentally unable or disabled for self-care (i.e. day care, adult day care). Medical expenses for your dependent are not eligible for reimbursement under the Dependent Care account.

HELPFUL FSA RESOURCES Med



What is covered under Medical FSA Accounts?

- Medical coinsurance and deductible
- Doctor's office visit copays
- Emergency Room costs
- Dental copays and out-of-pocket costs
- Vision copays and out-of-pocket costs
- Contacts and Glasses
- Prescriptions
- Please see the full eligibility list for other covered expenses

FSA Eligibility List https://fsastore.com/fsa-eligibility-list

FSA Calculator

(estimates how much you can save with an FSA) https://fsastore.com/fsa-calculator

Who is covered under a Dependent Care Account?

- Children under age 13 (including stepchildren, grandchildren, adopted or foster children, and children related to you who are eligible for a tax exemption on your federal tax return).
- Tax dependents residing with you and incapable of self-care (this could include your spouse, a child age 13 and over, and elderly parents).

The CARES Act permanently reinstates over-the counter products, and adds menstrual care products for the first time, as eligible expenses for your FSA funds WITHOUT A PRESCRIPTION!

Eligible items for purchase without a prescription now include, but are not limited to:

- Pain relief medications, e.g., acetaminophen, ibuprofen, naproxen sodium
- Cold & flu medications
- Allergy medications
- Acne treatments
- Eye drops
- Stomach & digestive aids
- Pads, Tampons and Menstrual sponges
- Sleep aids
- Children's pain relievers, allergy medicines, and digestive aids



IMPORTANT NOTE:

Dependent Care FSA is for eligible expenses related to the care of your child, disabled spouse, elderly parent, or other dependent who is physically or mentally unable for self-care (i.e. day care, adult day care) or is disabled. Medical expenses for your dependent are not eligible for reimbursement under the Dependent Care account.

LEGAL PLAN



What is Legal Plan? A plan which provides valuable legal and financial educational resources for a variety of life events and needs.

Eligibility: Full-time employees working 20 or more hours per week, spouse, & dependent children up to age 26
 Coverage provided through MetLife
 Elder Care extends to parents and in-laws
 Visit https://www.legalplans.com/why-enroll or call 800.821.6400 for additional information
 Plan participants, create an account for specific plan information
 High Plan Code: 0531010, Low Plan Code: 0530010

	Low Plan	High Plan				
Money Matters	 Identity Theft Defense Negotiations with Creditors Promissory Notes Debt Collection Defense Tax Collection Defense 	 Identity Theft Defense Negotiations with Creditors Promissory Notes Debt Collection Defense Tax Collection Defense 	 Personal Bankruptcy LifeStages Identity Management Tax Audit Representation Financial Education Workshops 			
Home & Real Estate	 Deeds Mortgages Foreclosure Tenant Negotiations Eviction Defense Security Deposit Assistance 	 Deeds Mortgages Foreclosure Tenant Negotiations Eviction Defense Security Deposit Assistance 	Vacation Hom	A Home Equity Assessments Title Disputes		
Estate Planning	 Simple and Complex Wills Healthcare Proxies Living Wills Codicils Powers of Attorney (Healthcare, Financial, Childcare, Immigration) 	 Simple and Complex Wills Healthcare Proxies Living Wills Codicils Powers of Attorney (Healthcare, Financial, Childcare, Immigration) 	• Revocable & I	rrevocable Trusts		
Family & Personal	Guardianship Conservatorship Name Change Review of ANY Personal Legal Document School Hearings Demand Letters Affidavits Personal Property Issues Garnishment Defense Domestic Violence Protection	Guardianship Conservatorship Name Change Review of ANY Personal Legal Document School Hearings Demand Letters Affidavits Personal Property Issues Garnishment Defense Domestic Violence Protection	Criminal Matt • Parental Resp • Review of Imr	Review of Immigration DocumentsPrenuptial Agreement		
Civil Lawsuits	 Disputes over Consumer Goods & Services Administrative Hearings Incompetency Defense 	 Disputes over Consumer Goods & Services Administrative Hearings Incompetency Defense 	Mediation	Mediation • Small Claims Assistance		
Elder Care Issues	Consultation & Document review for issues related to your (or Spouse's) parents: • Medicare • Medicaid • Prescription Plans • Nursing Home Agreements • Leases • Promissory Notes • Deeds • Wills • Power of Attorney	Consultation & Document review for is	Low Plan \$8.00 Per Month	High Plan \$16.50 Per Month		
Vehicle & Driving	 Repossession Defense of Traffic Tickets Driving Privileges Restoration License Suspension due to DUI 	RepossessionDefense of Traffic TicketsDriving Privileges RestorationLicense Suspension due to DUI				

STATE HEALTH BENEFIT PLAN



Eligibility: Please review the SHBP Decision Guide for plan eligibility rules.

- Coverage through Anthem (BCBS of GA) or United Healthcare
- All qualifying life events must be submitted via the SHBP Portal
- **Notice:** Madison County School District offers all eligible employees health insurance through the Georgia State Health Benefit Plan. During the annual open enrollment, employees have the opportunity to review all available options and make elections for the 2022 Plan Year
- Kaiser Permanente is only available in the Atlanta Metro area.

SHBP Enrollment Portal:

https://myshbpga.adp.com



How to Enroll:

- 1. Go to https://myshbpga.adp.com
- 2. Enter your Username and Password and click Login. If you need assistance, click on "Forgot User ID?" or "Forgot Your Password?".
- 3. If you have not registered, click "Register Here".
- 4. Your registration code is SHBP-GA.

SHBP Wellness Portal:

https://bewellshbp.com

SHBP Decision Guide:

This Guide provides a brief explanation about each health benefit option, a benefit comparison guide, and a list of things to consider before making plan decisions.

Access the decision guide at https://shbp.georgia.gov/

SHBP Phone Number: 800.610.1863

SHBP 2024 Wellness Incentives Overview:

****The table below is a high-level overview, for official details and plan information please review the SHBP Decision Guide.

Plan Option	Anthem HMO MyIncentive Account (MIA)	Anthem Health Reimbursement Arrangement (HRA)	UHC HMO & HDHP Health Incentive Account (HIA)	
Who's Eligible	Up to	Up to	Up to	
Member	480 credits	480 credits	480 credits	
Spouse	480 credits	480 credits	480 credits	
Bonus credits for member	N/A	N/A	480 credits*	
Potential Total credits/dollars	960 credits	960 credits	1,440 credits	

Please review the Active Decision Guide for full incentive program details and requirements. *Members and their covered spouses enrolled in UHC can earn a 240 well-being incentive credit match with a maximum combined up to 480 well-being incentive credits. The credits will be added to your HIA.

2024 SHBP PLANS & PRICING

The table below is a high-level overview, for official details and plan information please review the SHBP Decision Guide.



	Anthem Gold Plan HRA		Anthem S			Bronze	Anthem	инс нмо	UHC	HDHP	Kaiser HMO*
	In	Out	In HF	Out	Plan HRA In Out		In	HIVIO In		In Out	
Deductible											
You	\$1,500	\$3,000	\$2,000	\$4,000	\$2,500	\$5,000	\$1,300	\$1,300	\$3,500	\$7,000	N/A
You + Spouse	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500	\$1,950	\$1,950	\$7,000	\$14,000	N/A
You + Child(ren)	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500	\$1,950	\$1,950	\$7,000	\$14,000	N/A
You + Family	\$3,000	\$6,000	\$4,000	\$8,000	\$5,000	\$10,000	\$2,600	\$2,600	\$7,000	\$14,000	N/A
Medical OOPM (O	ut of Pocket	Maximum))								
You	\$4,000	\$8,000	\$5,000	\$10,000	\$6,000	\$12,000	\$4,000	\$4,000	\$6,450	\$12,900	\$6,35
You + Spouse	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000	\$6,500	\$6,500	\$12,900	\$25,800	\$12,70
You + Child(ren)	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000	\$6,500	\$6,500	\$12,900	\$25,800	\$12,70
You + Family	\$8,000	\$16,000	\$10,000	\$20,000	\$12,000	\$24,000	\$9,000	\$9,000	\$12,900	\$25,800	\$12,70
Coinsurance (Plan Pays)	85%	60%	80%	60%	75%	60%	80%	80%	70%	50%	100%
HRA (Health Reim	nbursement .	Arrangeme	nt) Credits								
You	\$40		\$2	00	\$1	00	N/A	N/A	N	/A	N/A
You + Spouse	\$60	00	\$3	00	\$150		N/A	N/A	N/A		N/A
You + Child(ren)	\$60	00	\$3	00	\$150		N/A	N/A	N/A		N/A
You + Family	\$80	00	\$400		\$200		N/A	N/A	N	/A	N/A
Medical											
ER	Coins af	ter ded	Coins at	fter ded	Coins a	fter ded	\$150 copay	\$150 copay	Coins a	fter ded	\$150 co
Urgent Care	Coins af		Coins at		Coins after ded		\$35 copay	\$35 copay	Coins after ded		\$35 cop
PCP Visit	Coins af		Coins at		Coins after ded		\$35 copay	\$35 copay	Coins after ded		\$35 cop
Specialist Visit	Coins af		Coins at			fter ded	\$45 copay	\$45 copay	Coins after ded		\$45 cor
Preventative	100%	N/A	100%	N/A	100% N/A		100%	100%	100% N/A		100%
Retail Rx											
	15%, M	in \$20	15%, M	lin \$20	15% N	/lin \$20	+	+00			+00
Tier 1	Max		Max		15%, Min \$20, Max \$50		\$20 copay	\$20 copay	Coins after ded		\$20 cop
Tier 2	25%, M Max		25%, M Max		25%, Min \$50, Max \$80		\$50 copay	\$50 copay	Coins after ded		\$50 cop
Tier 3	25%, M Max 9		25%, M Max		25%, Min \$80, Max \$125		\$90 copay	\$90 copay	Coins after ded		\$80 cop
Mail Order Rx											
Tier 1	15%, M Max 9		15%, M Max			lin \$50, \$125	\$50 copay	\$50 copay	/ Coins after de		\$50 cop
Tier 2	25%, Mii Max s	n \$125, \$200	25%, Mi Max	n \$125, \$200	25%, Min \$125, Max \$200		\$125 copay	\$125 copay	Coins after ded		\$125 co
Tier 3	25%, Mi Max s			25%, Min \$200, Max \$313		25%, Min \$200, Max \$313		\$225 copay	Coins after ded		\$200 co
Rx OOPM					All P	lans Combine	d with Medical				
Monthly Premiums	Anthem G		Anthem S H			n Bronze an	Anthem HMO	инс нмо	UHC	HDHP	Kaise HMO
Employee	\$188	3.56	\$12	5.19	\$77	7.69	\$148.53	\$177.91	\$6	3.36	\$169.
Employee + CH	\$343	3.04	\$23	5.32	\$15	4.57	\$274.99	\$324.94	\$13	0.20	\$311.9
Employee + SP	\$464	1.72	\$33	1.65	\$23	1.90	\$380.66	\$442.36	\$20	1.80	\$430.6
Family	\$619	9.20	\$44 ⁻	1.78	\$30	8.78	\$507.12	\$589.39	\$268.64		\$573.0

*The Kaiser HMO plan is only available in the Atlanta Metro area.

NOTES







The Service Hub Helps With:

- Portability/Conversion
- Benefits Education
- Evidence of Insurability Benefit Questions
- Qualified Life Event Changes COBRA Information
- Claims
- Card Requests

Phone: 866.433.7661, opt 5

Email: mybenefits@campusbenefits.com

Benefits website address: MadisonCountyBenefits.com

The 2024 Benefits Enrollment Guide is provided for illustrative purposes only. Actual benefits, eligibility, services, premiums, claims processes and all other features and plan designs for coverage offered is governed exclusively by the insurance contract and associated Summary Plan Description (SPD). In case of discrepancies between this document and the insurance contract and SPD, the contract and SPD will prevail. We reserve the right to change, modify, revise, amend or terminate these plan offerings at any time.

Updates, changes and notices are all located at <u>madisoncountybenefits.com</u>. These should be reviewed fully prior to electing any benefits.

