Ben Hill County

Ben Hill County Schools

2026-2027 Benefit Guide

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New Hires

- New hire enrollment must take place within 30 days of first day of service.
  - New Hires need to review and understand Guaranteed Issue Options.

There are 2 separate benefit enrollments!

1

How to Enroll in Voluntary Benefits

1) You will receive an email from Employee Navigator with a link to register or you can visit onesource.employeenavigator.com (steps to register are on page 6 of this guide)
2) Once registered please follow guided steps OR contact Your OneSource @ 229-896-3436
3) Annual Open Enrollment occurs in the fall

2

How to Enroll in State Health (SHBP)

1) Visit www.mySHBPga.adp.com
2) Refer to the SHBP section of this guide for additional details OR contact SHBP @ 1-800-610-1863
3) Annual Open Enrollment occurs in the fall

Casey Hampton
Payroll & Benefits
casey.hampton@benhillschools.org
(229)409-5500

Introduction

Your OneSource Solution Benefits Specialist at 229-896-3436

Please Note :

BHCS pays into Social Security Taxes.

Eligibility:

- Full-time Employees working 20+ hours per week.
- Specific plan eligibility is listed at the top of each benefit election for employee and dependents. Rules are governed by each carrier specific certificate/policy.

Enrollment:

- New Hires must enroll within 30 days from hire date.
- Annual SHBP and Voluntary Benefit open enrollment is held in the fall between the months of October and November each year.

Benefits Begin Date:

- Plan year runs 1/1 –12/31.
- Benefits begin first of the month following your first paycheck from the district, typically 30 days from your hire date.
- Employees must be actively at work on the effective date of coverage for desired coverage to be active.

Benefits End Date:

- Coverage as an active employee ends the month after your last payroll deduction month. Ex: If your last deduction was in June, your benefits end July 31st. Flexible Spending Account(s) coverage stops at the end of your final month of payroll deductions.
- Please note your benefits end date may differ from end of contract. Please Contact Your OneSource Solution with any questions regarding portability at 229-896-3436.

Benefits Changes:

- Benefit Changes for you or your dependents, outside of open enrollment, may only be made due to a qualifying life event (such as marriage, child birth, etc.). Life Events must be completed through the HR & Benefits portal within thirty (30) days of the event.
- To submit a life event please contact Your OneSource Solution at 229-896-3436.

Introduction

Benefits are an integral part of the overall compensation package provided by your employer**.** We understand that your benefits package is important to you and your family. The benefits offered are intended to provide you with the best possible coverage at the best possible price with the goal of ensuring your family's financial security. Please take time to review each item carefully and discuss any questions you may have with a benefits counselor.

This guide is for illustrative purposes only and is not intended to offer benefits advice. It is important to review each benefit summary and plan description carefully before making any selections.

This benefits guide summarizes the benefits you can elect. A more detailed explanation of benefit provisions is provided in each benefit summary plan document. Every attempt has been made to ensure that the information in this booklet is accurate. Coverages are governed by legal documentation and insurance contracts. **In the event of a conflict between this benefits guide and the official plan documents and/or contracts, the terms of the official plan documents and contracts shall prevail.**

Your benefits included in this guide:

- Short Term Disability
- Long Term Disability
- Voluntary Term Life/AD&D
- Permanent Life
- Dental
- Vision
- Critical Illness/Cancer
- Traditional Cancer
- Accident
- Hospital Indemnity
- Flexible Spending Accounts
- Retirement (403B/457 match)

How to File a Claim:

1. Contact Your OneSource Solution at 229-896-3436 or email mybenefits@youronesourcesolution.com
2. Work with benefits specialist to retrieve all needed documents which can include:
    - Employee Portion
    - Physician Portion
    - Employer Portion
    - Itemized Bills/UBO4/Medical Records/etc.
3. Submit documents to Your OneSource Solution via mybenefits@youronesourcesolution.com or fax to 229-896-3452.
4. Your OneSource Solution will work with the carrier until final decision/payout has been made.

Your OneSource Solution, nor its associates represent Teachers Retirement System of Georgia, PSERS, Social Security, or State Health (SHBP).

To discuss your personal situation with a benefits counselor at Your OneSource Solution, please call (229) 896-3436 to set up an appointment or email

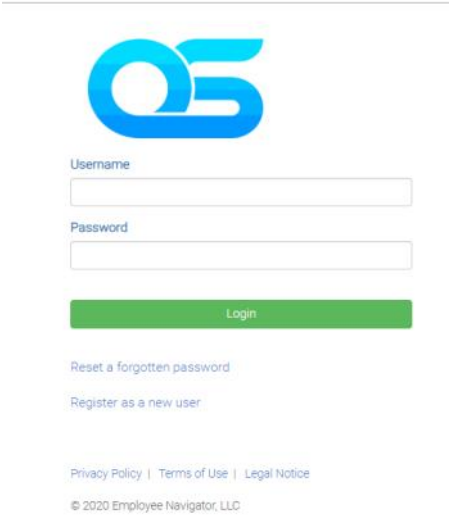
mybenefits@YourOneSourceSolution.com

Accessing Your Portal

You can access your Employee Benefits information provided through Your OneSource Solution 24/7 365 days a year by accessing the HR and Benefits Portal!

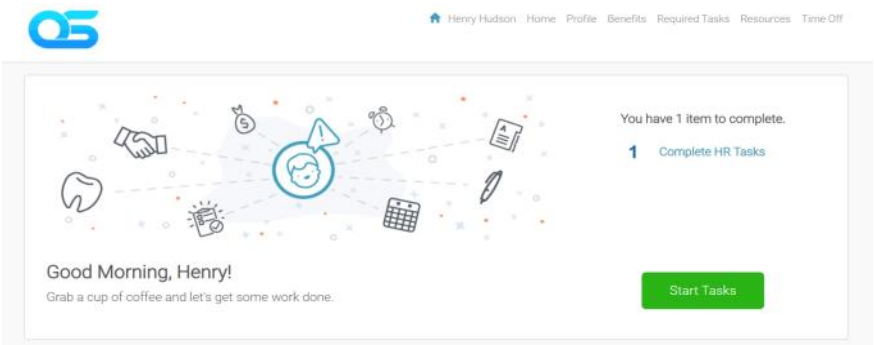
Step 1. Visit OneSource.EmployeeNavigator.com

(NO WWW)



Step 2: Login using the credentials you set from your registration email or click new user registration!

Your company identifier is Ben-Hill



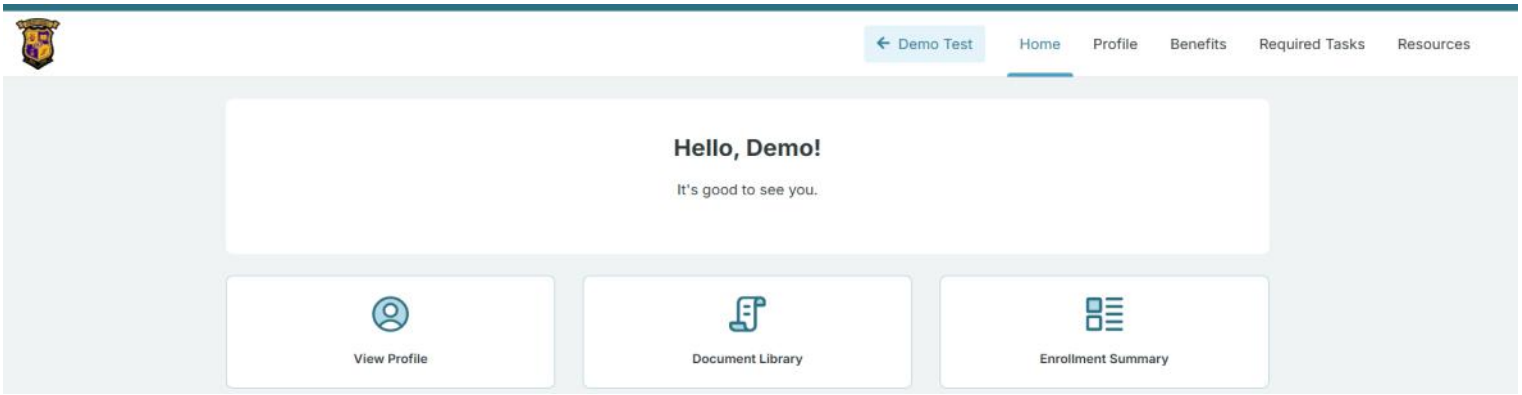
Step 3: COMPLETE!

Once logged into your portal you can access many features such as:

- View and edit your profile
- See your current elections
- Adjust coverage due to a life event
- View common documents

Need technical assistance? Give us a call at (229) 896-3436 or email us MyBenefits@YourOneSourceSolution.com

Employee Navigator



Login to the Employee Navigator Benefits Portal by scanning the QR code above. Once registered, you will have access to your personalized benefits portal to:

- Enroll in/Manage Benefits
- Update Beneficiaries
- Notify about Qualifying Life Events
- Find EOI/Health Forms
- Find Claim Forms
- See Provider Listings

And much more!!!

FAQs

- **What do I do if I need technical support?**
    - Please contact a member from OneSource either at mybenefits@youronesourcesolution.com or (229) 896-3436.
- **How do I request a duplicate dental or vision card?**
    - Please contact a member from OneSource either at mybenefits@youronesourcesolution.com or (229) 896-3436.
    - If emailing, please indicate if the request is urgent (i.e. your appointment is the same day) and provide the best mailing address for physical cards to be sent to.
- **How do I locate an in-network provider?**
    - You can find those listed in-network within the portal. Under the "Resources" tab you will find a PDF of dental and vision providers.
- **What is the process of filing a claim?**
    - Your OneSource Solution is available to assist you in the filing of your claim(s). Each coverage and carrier's process differs but generally speaking there will be a claim form to complete including information from your physician. The insurance carrier, and not OneSource, is responsible for the review, approval/denial, and if applicable payment of your claim. Our goal is to serve as a resource to you in this process.
- **How do I confirm my current benefits?**
    - You may view your current benefit elections provided by Your OneSource Solution 24 hours a day, 7 days a week, 365 days a year in the online Benefits Portal. You may also contact our office at (229) 896-3436 or mybenefits@youronesourcesolution.com to request a paper copy via email or mail.
- **What is a life event? How do I process a life event?**
    - A life event, otherwise known as a qualifying event, occurs under certain events as defined by the IRS under code 125. A life event allows an employee to make changes to their coverages when they otherwise could not. A common example is the addition of a spouse to your coverage after a recent marriage. It is important to note that life events must be processed timely as the IRS restricts the amount of time you have from the event to process the new coverage.
    - To process a life event, you may contact our office at (229) 896-3436 or mybenefits@youronesourcesolution.com and a team member can assist.
- **How do I verify my current beneficiaries?**
    - You can view your beneficiaries at any time within your OneSource benefits portal. After logging in, click on enrollment summary and then beneficiaries. **How do I verify my current beneficiaries?**
- **What if I forgot my benefits portal username?**
    - Contact Your OneSource Solution and we can verbally tell you after employee verification.

Your OneSource Solution

We are real people who offer real solutions to real problems.
We want to partner in your success!

Dental

Vision

Life Insurance

Disability

Much More!

YOUR OneSource SOLUTION

(229) 896-3436 | www.YourOneSourceSolution.com125 S. Burwell Ave | Adel, Georgia 31620
MyBenefits@YourOneSourceSolution.com

Your OneSource Solution, nor its associates represent Teachers Retirement System of Georgia, PSERS, Social Security, or State Health (SHBP).

Benefits Checklist

- [ ] **Confirm your access to the benefits portal**
- [ ] **Update/Confirm your beneficiaries and dependents within the Benefits Portal annually for all benefits, including but not exclusively, Voluntary Term Life/AD&D and Permanent Life and Long Term Disability policies**
- [ ] **Complete Enrollment within the Benefits Portal with a benefits counselor or online**
- [ ] **Compare your paystub to the benefits shown within the Benefits Portal**

Important Notes

Open Enrollment

1. Confirm your access to the enrollment portal in advance of the start of the Open Enrollment dates.
2. If applicable attend educational sessions and then enroll either online or with a benefits counselor.
3. After Open Enrollment check your payroll deductions to verify that the correct amount was withheld. Contact your payroll department **immediately** if your deductions are not correct.

During Open Enrollment you may:

- Enroll in the benefits coverage
- Change plan options
- Enroll eligible dependents
- Drop covered dependents
- Decrease/Increase coverage
- Discontinue enrolled coverage
- Make demographic changes
- And much more…

IMPORTANT NOTE:

The elections made during Open Enrollment will be the coverage you will have for the entire plan year, unless you have a qualifying life event that allows a change to your coverage.

Important Notes

Confirming your choices:

It is important that you verify your elections prior to the end of your enrollment period. The benefits elected will be in effect for the entire plan year.

Review and print your "Benefits Summary" page within the portal. Report any discrepancies immediately to your Payroll department.

The Internal Revenue Service (IRS) prohibits you from changing coverage elections, enrolling in or cancelling coverage outside of Open Enrollment. However, the IRS does permit you to change coverage, enroll or cancel coverage in certain limited circumstances. Please promptly contact a OneSource Solution Benefit's Team Member should you or a dependent have a life event.

If you have a life event, the **IRS** generally only allows **30 days** to make changes to your available benefit plans!

Additional Information:

This benefits guide summarizes the benefits you can elect for the plan year. A more detailed explanation of benefit provisions is provided in each benefit summary plan document. Every attempt has been made to ensure that the information in this booklet is accurate.

Your benefits offered through your employer in partnership with Your OneSource Solution is governed by legal documentation and insurance contracts. **In the event of conflict between this benefits guide and the official plan documents and/or contracts, the terms of the official plan documents and contracts shall prevail.**

Benefits Package

Post Employment Resources

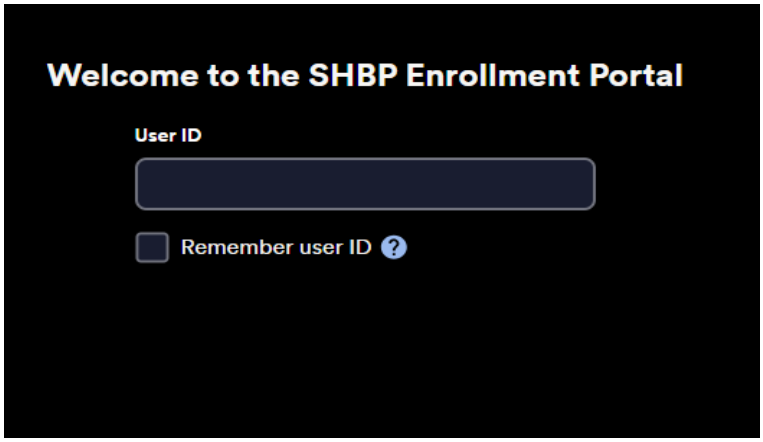
What happens when I separate from the District?

Product	Carrier	Options
Short-Term Disability	Mutual of Omaha	**Coverage Terminates**
Long-Term Disability	Mutual of Omaha	**Coverage Terminates**
Voluntary Term Life/AD&D	Standard Life	**May port or convert**— Standard portability or conversion forms are in the benefits portal
Dental	Metlife	**May keep coverage on COBRA** for up to 18 months at district rates + 2% Consolidated Admin Services (CAS) will mail out instructions **TakeAlong Dental**—to port dental call Metlife at 800-638-5433
Vision	Ameritas	**May keep coverage on COBRA** for up to 18 months at district rates + 2% Consolidated Admin Services (CAS) will mail out instructions
• Critical Illness/Cancer • Accident • Hospital	Aflac Group	**May port coverage within 31 days** at the same price and benefit—Portability form is in the benefits portal
Cancer	Aflac	**May port coverage within 31 days** at the same price and benefit —Portability form is in the benefits portal or call Aflac at 1-800-992-3522
Flexible Spending	iSolved	**Coverage Terminates**
Permanent Life	Trustmark	**May take coverage to bank draft at the same price and benefit amount**— please call Trustmark at 877-201-9373
Retirement (403B/457)	Orion	**229-896-3436**

State Health Insurance

State Health Benefit Plan

As a full time employee, the State Health Benefit Plan available to you represents a significant component of your compensation package. **Your employer pays a significant portion of the premium towards your state health insurance!**



Enroll during the Fall at:

https://myshbpga.adp.com

Registration Code: **SHBP-GA**

All qualifying life events & enrollment must be submitted through the SHBP Portal or via phone with SHBP!

SHBP Wellness Portal

https://bewellshbp.com

SHBP Phone Number

(800) 610-1863

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

SHBP Decision Guide

https://shbp.georgia.gov

Your OneSource Solution, nor its associates, represent Teachers Retirement System of Georgia, Social Security, or State Health (SHBP).

Benefits Comparison Summary:

HRA Plans | January 1 - December 31, 2026

	Anthem Gold HRA Option		Anthem Silver HRA Option		Anthem Bronze HRA Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Covered Services	You Pay		You Pay		You Pay	
Deductible						
• You	$1,500	$3,000	$2,000	$4,000	$2,500	$5,000
• You + Spouse	$2,250	$4,500	$3,000	$6,000	$3,750	$7,500
• You + Child(ren)	$2,250	$4,500	$3,000	$6,000	$3,750	$7,500
• You + Family	$3,000	$6,000	$4,000	$8,000	$5,000	$10,000
	HRA credits will reduce 'You Pay' amounts					
Out-of-Pocket Maximum						
• You	$4,000	$8,000	$5,000	$10,000	$6,000	$12,000
• You + Spouse	$6,000	$12,000	$7,500	$15,000	$9,000	$18,000
• You + Child(ren)	$6,000	$12,000	$7,500	$15,000	$9,000	$18,000
• You + Family	$8,000	$16,000	$10,000	$20,000	$12,000	$24,000
	HRA credits will reduce 'You Pay' amounts					
HRA Credits	The Plan Pays		The Plan Pays		The Plan Pays	
• You	$400		$200		$100	
• You + Spouse	$600		$300		$150	
• You + Child(ren)	$600		$300		$150	
• You + Family	$800		$400		$200	

	Anthem / UnitedHealthcare Statewide HMO Option	UnitedHealthcare HDHP Option		KP Regional HMO Option
	In-Network Only	In-Network	Out-of-Network	In-Network Only
Covered Services	You Pay	You Pay		You Pay
Deductible				
• You	$1,300	$3,500	$7,000	$0
• You + Spouse	$1,950	$7,000	$14,000	$0
• You + Child(ren)	$1,950	$7,000	$14,000	$0
• You + Family	$2,600	$7,000	$14,000	$0
Out-of-Pocket Maximum				
• You	$4,000	$6,450	$12,900	$6,350
• You + Spouse	$6,500	$12,900	$25,800	$12,700
• You + Child(ren)	$6,500	$12,900	$25,800	$12,700
• You + Family	$9,000	$12,900	$25,800	$12,700
HRA Credits	The Plan Pays	The Plan Pays		The Plan Pays
• You • You + Spouse • You + Child(ren) • You + Family	N/A	N/A		N/A

State Health Insurance

How to Make Your 2026 Health Benefit Election Online

Go to the SHBP Enrollment Portal: **mySHBPga.adp.com**

Step 1: Log on to the SHBP Enrollment Portal.

- If you are a first-time user, you must first register using the registration code SHBP-GA and set up a password before making your 2026 election.
- If you are a returning user but have not accessed the website in 45 days, you must first reset your pass word before making your 2026 election.

Step 2: Under the Open Enrollment window, click on Enroll Now to proceed with your 2026 Plan Year enrollment.

Step 3: If you have not provided a Tobacco Surcharge response in the past, you must first answer the Tobacco Surcharge questions before going to Review Your Benefits.

Step 4: Click on Review Your Info (if applicable). Verify that each dependent has a valid Social Security Number (SSN) or other Taxpayer Identification Number (TIN).

Step 5: To start your Election Process, click on Enroll in Benefits tab.

Step 6: Select Change. After you select Change, the Decision Support box will display.

Step 7: Click on Health Coverage or Dependent Health Coverage to choose your medical claims administrator(s), your plan option(s), and coverage tier(s).

Step 8: Make Your Elections.

NOTE: When adding a dependent, scroll down and check the "Include in Coverage" box located next to your newly added dependent. For existing dependents, confirm that all dependents requiring benefits have a check in the "Include in Coverage" box. If you choose NOT to enroll in a Plan Option you must click the radio option for No Coverage. A pop-up box will then display Reason for Waive. You will need to use the drop-down box of populated responses to select a reason for waiving. The Reason for Waive must be populated to move to the next step.

Step 9: Click on Save and Return to All Benefits. "Your Elections" will display on the screen and show the elections you made. You should carefully review your elections before confirming.

Step 10: Click I Agree and Confirm Elections. If I Agree and Confirm Elections is NOT clicked, your enrollment process has not been completed, which means you have decided to make no changes for 2026.

Short Term Disability

Eligibility:

- Full time employees working 20+ hours per week
- Must be actively at work on effective date of coverage
- NO HEALTH QUESTIONS– GUARANTEE ISSUE EVERY YEAR! (Pre-existing conditions will apply to new coverage)
- Pays in addition to sick leave. MOO will not offset your disability earnings unless you have an additional individual policy AND you are earning more than you were pre disability.

Short-Term Disability

Elimination Period (How long before benefits start?)	14 Days injury, 14 Days sickness	30 Days injury, 30 Days sickness
Benefit Duration (How long will it pay?)	Up until no longer disabled OR 90 Days from date of disability (whichever occurs first)	
Benefit Amount (How much will it pay?)	60% of your gross weekly salary	
Maximum Benefit Amount (What is the cap?)	$1,000 (Weekly)	
Minimum Benefit Amount	$25 (weekly)	
Pre-Existing Condition (What isn't covered?)	3 months / 6 months Any condition you receive medical attention for in the 3 months prior to your effective date of coverage that results in a disability during the first 6 months of coverage **WILL NOT be covered.**	

Short-Term Disability Monthly Rates

Age Category	14/14 Monthly Rate	30/30 Monthly Rate
All Ages	$0.49	$0.32

Rate Calculator:

Short-Term Disability	Long-Term Disability
1. Divide Annual Salary by 52	1. Divide Annual Salary by 12
2. Multiply by Benefit Percentage (60%)	2. Divide by 100
3. Divide by 10 and Multiply by Rate	3. Multiply by Rate (Based on Age)

Plan Rates

The Benefits Portal will calculate your premiums based on your age and annual salary.

Coverage Carrier: Mutual of Omaha

Long Term Disability

Eligibility:

- Full time employees working 20+ hours per week
- Must be actively at work on effective date of coverage
- Evidence of Insurability form (EOI), health questions, will be required if electing outside of new hire election
- Employees can choose to start and stop sick leave. However this payment **will be** reduced proportionally to any type of sick leave, salary continuance, Social Security Disability, Retirement , etc.

Long-Term Disability

Elimination Period (How long before benefits start?)	90 Days - Benefits begin on day 91
Benefit Duration (How long will it pay?)	Up until **normal** Social Security retirement age or no longer disabled (whichever occurs first)
Benefit Amount (How much will it pay?)	60% of your gross monthly salary
Maximum Benefit Amount (What is the cap?)	$6,000 (Monthly)
Minimum Benefit Amount	$100 (Monthly)
Pre-Existing Condition (What isn't covered?)	3 months /3 months/ 12 months Any condition for which you received medical attention in the 3 months before your coverage start date will not be covered until you have been insured under this policy for 12 months or have gone 3 consecutive months without treatment (ie cancer treatments).

Plan Rates

The Benefits Portal will calculate your premiums based on your age and annual salary.

Rate Calculator:
Long-Term Disability
1. Divide Annual Salary by 12
2. Divide by 100
3. Multiply by Rate (Based on Age)

Please Note :

BHCS pays into Social Security Taxes.

Long-Term Disability Monthly Rates	
Age Category	**Monthly Payroll Rate**
<20	$0.11
20 - 24	$0.12
25 - 29	$0.17
30 - 34	$0.26
35 - 39	$0.32
40 - 44	$0.37
45 - 49	$0.51
50 - 54	$0.72
55 - 59	$0.84
60 - 64	$0.91
65 - 69	$0.95
70 - 99	$1.00

Life Insurance

Life insurance is a pillar of financial advising as an untimely death can be catastrophic to your family - not only emotionally but financially.

1

Voluntary Term Life/ AD&D

2

Permanent Life Insurance

OneSource recommends combining the power of inexpensive voluntary term life insurance with a permanent life insurance contract to ensure coverage upon separation from service and in which premiums should not increase at retirement!

Life Insurance 101

Voluntary Term Life /AD&D and **Permanent Life** when combined can provide a well-rounded approach to life insurance coverage that addresses both short-term and long-term needs.

- **Voluntary Term Life/ AD&D:** Best for employees seeking low-cost, temporary coverage during your working years.
- **Permanent Life:** Best for employees seeking lifelong coverage.

Feature	Voluntary Term Life/ AD&D	Permanent Life
Duration	Working years	Lifetime (as long as premiums are timely paid)
Cost	Lower initial premiums but premiums increase as you age.	Higher initial premiums but premiums do not increase as you age
Death Benefit	Only during the term	Permanent
Portability	Limited (port or convert to individual policy at increased rates)	Fully portable at same price and benefit amount for life *
Purpose	Temporary protection	Permanent Protection

Example:

Age 35, married, with two children and a mortgage.

Term Life:

$150,000 coverage to protect the family while children are young and mortgage is active. Affordable premium during your working years ensures significant coverage without straining the budget.

Permanent Life:

$50,000 stable permanent coverage ensures financial support for the family, even in retirement years.

There is the possibility that you could potentially outlive this coverage

Voluntary Term Life/AD&D

Eligibility:

- Full time employees working 20+ hours per week
- Must be actively at work on effective date of coverage
- Spouse and Children up to age 26 who are not an employee of the district
- Guaranteed Issue options for First time eligible employees and spouses
- Evidence of Insurability form (EOI), health questions, will be required if electing outside of new hire election
- Employees must elect coverage in order for dependents to elect coverage
- **This benefit requires a beneficiary— Please remember to elect and update beneficiaries as needed**

Voluntary Term Life and AD&D Rate	
Age	**Rates per $1,000**
All Ages	**$0.207**

Dependent Children Rate	
$10,000	**$2.91**

Spouse rate is based on Employee Age

Voluntary Term Life Insurance Amounts	
Employee	In increments of $10,000 up to the lesser of $300,000 or 7x Salary
Spouse	$5,000 increments for up to 50% of Employee Option, or lesser of $150k
Child(ren)	$10,000
Guarantee Issue - First Time Eligible	
Employee	Up to $100,000
Dependent Spouse	Up to $25,000
Dependent Child(ren)	$10,000
Additional Coverage	During Open Enrollment the Employee Can Elect an additional $20K EE only not to exceed the Guaranteed Issued Amount

***Please note the Voluntary Term Life Contract has certain criteria determining the definition of a child**

*****IMPORTANT: IF YOU AND YOUR SPOUSE ARE BOTH EMPLOYED BY THE SAME EMPLOYER PLEASE NOTE EACH INDIVIDUAL IS ONLY ELIGIBLE FOR ONE POLICY. THEREFORE IF YOU AND YOUR SPOUSE EACH WANT COVERAGE YOU MUST BE COVERED UNDER YOUR OWN INDIVIDUAL POLICY AND NOT COVERED UNDER YOUR SPOUSES POLICY. IN THE EVENT THERE ARE TWO POLICIES, ONLY YOUR OWN INDIVIDUAL POLICY WOULD BE PAID.*****

*****ADDITIONALLY, IF TWO EMPLOYEES OF THE SAME EMPLOYER HAVE A CHILD(REN) IN COMMON, SAID CHILD(REN) CANNOT BE COVERED UNDER TWO SEPARATE POLICIES. IF THE CHILD(REN) HAVE TWO POLICIES, ONLY ONE CLAIM WOULD BE PAID.*****

Trustmark
benefits beyond benefits

Permanent Life

Eligibility:

- Full time employees working 20+ hours per week
- Spouse and Children (up to age 23) (Marital status does not affect child coverage)
- Must be actively at work on effective date of coverage
- Guaranteed Issue options for First time eligible employees and spouses
- Evidence of Insurability form (EOI)/health questions will be required if electing outside of new hire enrollment period
- **This benefit requires a beneficiary—please remember to elect and update beneficiaries as needed.**

Trustmark Permanent Life Insurance	
Employee	**$5,000-$300,000**
Dependent Spouse	**$5,000-$300,000**
Dependent Child(ren)	**Based on weekly purchase amount and age**
Guarantee Issue (First Time Eligible)	
Employee	**Up to $100,000 under age 64**

Trustmark Universal LifeEvents® with Long-term Care benefits gives you more.

- Provides permanent life insurance with benefits that can help with the high cost of long-term care services.
- Provides benefits for up to 50 months of long-term care services. The full death benefit remains even if benefits for long-term care are paid.
- Guaranteed Issue for employees up to a certain benefit amount.[3]
- You can take your coverage with you and pay the same premium if you change jobs or retire.
- Coverage is available for your spouse and children.

*****IMPORTANT: IF YOU AND YOUR SPOUSE ARE BOTH EMPLOYED BY THE SAME EMPLOYER PLEASE NOTE EACH INDIVIDUAL IS ONLY ELIGIBLE FOR ONE POLICY. THEREFORE IF YOU AND YOUR SPOUSE EACH WANT COVERAGE YOU MUST BE COVERED UNDER YOUR OWN INDIVIDUAL POLICY AND NOT COVERED UNDER YOUR SPOUSES POLICY. IN THE EVENT THERE ARE TWO POLICIES, ONLY YOUR OWN POLICY WOULD BE PAID.*****

*****ADDITIONALLY, IF TWO EMPLOYEES OF THE SAME EMPLOYER HAVE A CHILD(REN) IN COMMON, SAID CHILD(REN) CANNOT BE COVERED UNDER TWO SEPARATE POLICIES. IF THE CHILD(REN) HAVE TWO POLICIES, ONLY ONE CLAIM WOULD BE PAID.*****

There is the possibility that you could potentially outlive this coverage

MetLife

Dental

Eligibility:

- Full time employees working 20+ hours per week, part-time working 49%
- Spouse and Children (up to age 26) (Marital status does not affect child coverage)
- Claims must be submitted within 90 days of service
- 2 cleanings per year
- Please find in-network providers in the Employee Navigator benefits portal and you must confirm with your provider at each visit as providers can move in and out of network at will

Benefits	Low Plan	High Plan	Value Plan*
Preventive (Type 1)	100%	100%	100%
Basic (Type 2)	60%	80%	80%
Major (Type 3)	N/A	50%	50%
Deductible (Only Type 2 & 3)	$50 per individual $150 per family	$50 per individual $150 per family	$50 per individual $150 per family
Max (per person)	$1,250	$2,000	$2,500

Orthodontia (Adult & Child)	Low Plan	High Plan	Value Plan*
Coinsurance	N/A	50%	50%
Lifetime Maximum	N/A	$2,000	$2,000

***Value Plan : YOU MUST GO IN NETWORK OR IT WILL PAY $0**

Confirm Provider

Confirm the dentist's network status every time you schedule an appointment, as participation can change as your dentist can change participation throughout the year.

MetLife

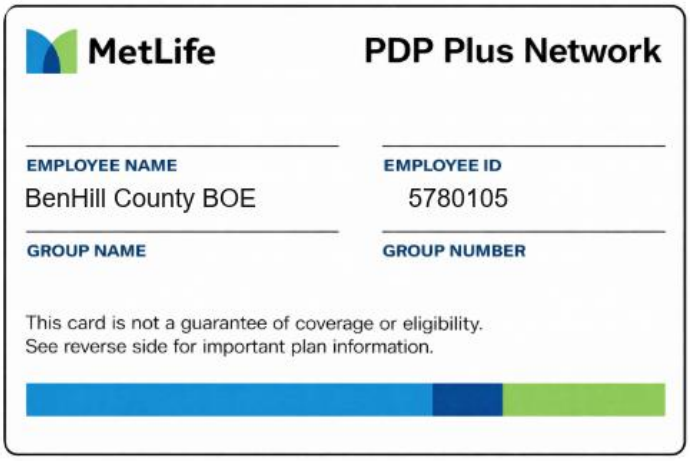
Dental

Dental Plan Summary*	High	Low	Value**
Type 1 preventative	• Examinations (2 per benefit period) • Bitewing x-rays (2 per benefit period) • Cleaning (2 per benefit period) • Fluoride for children ≤17 (2 per benefit period) • Sealants age 3-17 (1 in 3 years per molar)	• Examinations (2 per benefit period) • Bitewing x-rays (2 per benefit period) • Cleaning (2 per benefit period) • Fluoride for children ≤17 (2 per benefit period) • Sealants age 3-17 (1 in 3 years per molar)	• Examinations (2 per benefit period) • Bitewing x-rays (2 per benefit period) • Cleaning (2 per benefit period) • Fluoride for children ≤17 (2 per benefit period) • Sealants age 3-17 (1 in 3
Type 2 Basic	• Fillings • Surgical/Simple Extractions • Root canals • General Anesthesia • Periodontal Surgery	• Filings • Surgical/Simple Extractions • Root canals • Prefabricated Crowns • General Anesthesia	• Filings • Surgical/Simple Extractions • Root canals • Crowns (1 in 5 years per tooth) • Prosthodontics (Bridges/ Dentures 1 in 5 years)
Type 3 Major	• Crowns (1 in 10 years per tooth) • Inlays/Onlays/Crowns • Dentures • Implant Services	• none	• Inlays/Onlays/Crowns • Crown Buildups • Dentures (1 in 10 years) • Implant Services
Orthodontia Per Person	50% Adult or Child with $2,000 Lifetime Maximum	**NONE**	50% Adult or Child with $2,000 Lifetime Maximum

***This is not an exhaustive list of services**

****Value Plan : YOU MUST GO IN-NETWORK OR IT WILL PAY $0**

Rates	Low Plan	High Plan	Value Plan*
Employee	$35.75	$49.50	$45.13
Employee +	$65.88	$103.10	$84.52
Employee + 2 or more	$101.82	$161.07	$131.46



MetLife

Dental

What steps do I need to take when I got to the dentist?

Verify Network Participation

- Contact your dental insurance provider to confirm your dentist is in-network.
- Visiting https://providers.online.metlife.com/findDentist online directory for the most up-to-date list of in-network providers.
- Confirm the dentist's network status every time you schedule an appointment, as your dentist can change participation throughout the year.
- ***Call the dental office directly and ask, "Are you in-network with [Metlife]?***

Bring Your Insurance Information

- Always bring your current dental insurance ID card to your appointment. If you need a replacement call 1-229-896-3436.
- Verify that your insurance information is up-to-date with the dental office to avoid billing issues.

Know the Balance Billing Policy

- Understand that out-of-network providers can charge you the difference between their fees and what your insurance pays. This is known as balance billing.
- Staying in-network minimizes the risk of balance billing, as in-network providers agree to contracted rates.

Request a Pre-Treatment Estimate

- Ask the dental office to submit a pre-treatment estimate to your insurance company for all services.
- This will help you understand what your insurance will cover and your potential out-of-pocket costs.

Ask About Additional Fees

- Inquire if the dentist charges for services not covered by insurance, such as upgraded materials, infection control fees, or out-of-network lab work.
- Request an itemized estimate of all charges before proceeding with treatment.

Keep Records of All Communications

- Document the name of the person you spoke with, the date, and the information provided when verifying network status or coverage details.

Vision

Eligibility:

- Full time employees working 20+ hours per week
- Spouse and Children (up to age 26) (Marital status does not affect child coverage)
- Claims must be submitted within 90 days of service
- Please find in-network providers in the Employee Navigator benefits portal

Benefit	EyeMed	EyeMed Out of Network
Annual Eye Exam	Covered in full after copayment	Up to $35 after copayment
Single Vision Lenses	Covered in full after copayment	Up to $25 after copayment
Bifocal Lenses	Covered in full after copayment	Up to $40 after copayment
Trifocal Lenses	Covered in full after copayment	Up to $55 after copayment
Lenticular Lenses	20% Discount	No Benefit
Frames	$130	$65
Contacts—Elective *	Up to $130	Up to $104

*If you choose contact lenses, no benefits will be available for covered eyeglass lenses during that period

Co-Payments:
$10 for exams
$25 for Materials

Exams/Lens/Frames:
Every 12/12/24 months

Please view the list of in-network providers in the HR Portal!

Employee	Employee + 1 Dependent	Family
$5.45	$10.35	$15.19

Critical Illness/Cancer

Eligibility:

- Full time employees working 20+ hours per week
- Spouse and Children (up to age 26) (Children lose coverage once married)
- Issue Age Rates are locked in and will not increase
- No Health questions every year, pre-existing conditions apply
- Portable at same rates

Fully Guaranteed Issue Benefit Amounts	
Employee	In increments of $5,000 up to $30,000
Spouse	In increments of $5,000 up to 100% of face amount elected by Employee
Child(ren)	Automatically covered at 50% of Employee for no cost if listed as a dependent in the portal

Notes:

Critical Illness provides cash benefits when you're diagnosed with a covered critical illness. These benefits are paid directly to you and are intended to help cover your medical out of pocket costs and the living expenses that can accompany a covered critical illness. **This plan is guaranteed issue and has no pre-existing condition other than a 12 month look back for cancer claims. Also, be sure to fill out your $50 wellness benefit for getting your health screening!**

Guaranteed Issue!
12 Month Pre-existing condition

$50 Wellness Benefit

Critical Illness/Cancer

Benefit Type	Coverage
Base Benefits	
Heart Attack (Myocardial Infarction)	100%
Sudden Cardiac Arrest	100%
Coronary Artery Bypass Surgery	25%
Major Organ Transplant	100%
Bone Marrow Transplant (Stem Cell Transplant)	100%
Kidney Failure (End-Stage Renal Failure)	100%
Stroke (Ischemic or Hemorrhagic)	100%
Cancer	
Cancer (Internal or Invasive)	100%
Non-Invasive Cancer	25%
Skin Cancer	$250 per calendar year
Wellness	
Health Screening (Employee & Spouse)	$50 per calendar year
Additional Benefits	
Coma	100%
Severe Burns	100%
Paralysis	100%
Loss of Sight	100%
Loss of Speech	100%
Loss of Hearing	100%

Non-Tobacco Monthly Premiums

Age	$5,000	$10,000	$15,000	$20,000	$25,000	$30,000
18-29	$3.62	$5.89	$8.15	$10.42	$12.68	$14.95
30-39	$5.16	$8.95	$12.75	$16.55	$20.35	$24.14
40-49	$8.91	$16.47	$24.02	$31.57	$39.13	$46.68
50-59	$16.19	$31.01	$45.84	$60.67	$75.49	$90.32
60+	$29.94	$58.52	$87.10	$115.68	$144.26	$172.84

Traditional Cancer

Benefit Type	Leve 1	Level 2	Level 3
Cancer Screening Benefit	$25 per Calendar Year	$75 per Calendar Year	$100 per Calendar Year
Prophylactic Surgery (Due to a Positive Genetic Test Result) Benefit	$125 once per Covered Person, per lifetime	$250 once per Covered Person, per lifetime	$350 once per Covered Person, per lifetime
Initial Diagnosis Benefit	$1,250 (Insured/Spouse), $2,500 (Child)	$5,000 (Insured/Spouse), $10,000 (Child)	$7,500 (Insured/Spouse), $15,000 (Child)
Additional Opinion Benefit	$150 once per Covered Person, per lifetime	$300 once per Covered Person, per lifetime	$400 once per Covered Person, per lifetime
Nonsurgical Treatment Benefits (Chemotherapy, Immunotherapy, Radiation Therapy, Experimental Chemotherapy)	$150 per month (Self-administered) $800 (Physician)	$375 per month (Self-administered) $1,600 (Physician)	$600 per month (Self-administered) $2,000 (Physician)
Hormonal Therapy Benefit	$15 once per Calendar Month	$25 once per Calendar Month	$40 once per Calendar Month
Topical Chemotherapy Benefit	$100 once per Calendar Month	$150 once per Calendar Month	$200 once per Calendar Month
Antinausea Benefit	$50 once per Calendar Month	$100 once per Calendar Month	$150 once per Calendar Month
Stem Cell Transplantation Benefit	Benefits combined	Benefits combined	Benefits combined
Bone Marrow Transplantation Benefit	$3,500 lifetime max per Covered Person, $500 Bone Marrow Donor, $50 Stem Cell Donor	$7,000 lifetime max per Covered Person, $750 Bone Marrow Donor, $100 Stem Cell Donor	$10,000 lifetime max per Covered Person, $1,000 Bone Marrow Donor, $150 Stem Cell Donor
Blood and Plasma Benefit	Inpatient: $50 times number of days confirmed, Outpatient: $140 per day, $50-$1,700	Inpatient: $50 times number of days confirmed, Outpatient: $175 per day, $100-$3,400	Inpatient: $75 times number of days confirmed, Outpatient: $250 per day, $140-$5,000
Surgical/Anesthesia Benefit	Anesthesia: additional 25% of surgical benefit, $20â€“$200	Anesthesia: additional 25% of surgical benefit, $35â€“$400	Anesthesia: additional 25% of surgical benefit, $50â€“$600
Skin Cancer Surgery Benefit	$125 once per Covered Person, per lifetime	$250 once per Covered Person, per lifetime	$350 once per Covered Person, per lifetime
Prophylactic Surgery (With Correlating Internal Cancer Diagnosis) Benefit (New)	$100 (Insured/Spouse), $250 (Child)	$200 (Insured/Spouse), $500 (Child)	$300 (Insured/Spouse), $750 (Child)
Hospitalization (30 days or more)	$125 (Child)	$250 (Child)	$375 (Child)
Hospitalization (31 days or more)	$100 (Insured/Spouse), $250 (Child)	$200 (Insured/Spouse), $500 (Child)	$300 (Insured/Spouse), $750 (Child)
Outpatient Hospital Surgical Room Charge Benefit	$100 (in addition to Surgical/Anesthesia Benefit)	$200 (in addition to Surgical/Anesthesia Benefit)	$300 (in addition to Surgical/Anesthesia Benefit)
Extended-Care Facility Benefit	$75/day, up to 30 days per Calendar year, per Covered Person	$100/day, up to 30 days per Calendar year, per Covered Person	$150/day, up to 30 days per Calendar year, per Covered Person
Home Health Care Benefit	$50 per day	$100 per day	$150 per day
Hospice Care Benefit	$1,000 once (1st day), $50/day thereafter, $12,000 lifetime max	$1,000 once (1st day), $50/day thereafter, $12,000 lifetime max	$1,000 once (1st day), $50/day thereafter, $12,000 lifetime max
Nursing Services Benefit	$50 per day max	$100 per day max	$150 per day max
Surgical Prosthesis Benefit	$1,000; lifetime max $2,000 per Covered Person	$2,000; lifetime max $4,000 per Covered Person	$3,000; lifetime max $6,000 per Covered Person
Nonsurgical Prosthesis Benefit	$90 per occurrence; Lifetime max $180 per Covered Person $50-$1,000 (Breast) $250 (Other)	$175 per occurrence; Lifetime max $350 per Covered Person $100-$2,000 (Breast) $500 (Other)	$250 per occurrence; Lifetime max $500 per Covered Person $150-$3,000 (Breast) $700 (Other)
Reconstructive Surgery Benefit	Anesthesia: 25% of this Benefit	Anesthesia: 25% of this Benefit	Anesthesia: 25% of this Benefit
Egg Harvesting, Storage (Cryopreservation) and Implantation Benefit	$500; $100 (storage); $100 (Embryo transfer) lifetime max $700	$1,000; $200 (storage); $200 (Embryo transfer) lifetime max $1,400	$1,500; $250 (storage); $250 (Embryo transfer) lifetime max $2,000
Annual Care Benefit (New)	$250/anniversary date of cancer diagnosis; lifetime max 5 years	$500/anniversary date of cancer diagnosis; lifetime max 5 years	$750/anniversary date of cancer diagnosis; lifetime max 5 years
Ambulance Benefit	$250 ground or $2,000 air	$250 ground or $2,000 air	$250 ground or $2,000 air
Transportation Benefit	$.35 per mile; max $1,050	$.40 per mile; max $1,200	$.50 per mile; max $1,500
Lodging Benefit	$50/day; max 30 days per Calendar Year	$65/day; max 30 days per Calendar Year	$80/day; max 30 days per Calendar Year

Traditional Cancer

Level	Plan	Price
Employee	1	$16.59
Employee + Spouse	1	$26.35
Employee + Children	1	$16.59
Family	1	$26.35

Level	Plan	Price
Employee	2	$33.50
Employee + Spouse	2	$57.64
Employee + Children	2	$33.50
Family	2	$57.64

Level	Plan	Price
Employee	3	$47.37
Employee + Spouse	3	$80.86
Employee + Children	3	$47.37
Family	3	$80.86

Accident

Eligibility:

- Full time employees working 20+ hours per week
- Spouse and Children (up to age 26) (Marital status **DOES** affect child coverage)
- Must be active at work on the effective date
- No Health questions every year
- Portable at same price if you retire or leave

Benefit Description	Benefit Payout
INJURIES	
Fractures	**$200-$5,000**
Dislocations	**$160-$4,000**
Second & Third Degree Burns	**$50 - $10,000**
Concussions	**$350**
Cuts/Lacerations	**$38 - $300**
Eye Injuries	**$175**
MEDICAL SERVICES AND TREATMENT	
Ambulance (Ground & Air)	**$300 | $900**
Accident Follow-Up	**$35**
Therapy Services	**$35**
Medical Appliances	**$50**
Inpatient Surgery	**$750**
HOSPITAL COVERAGE (ACCIDENT)	
Admission	**$750 per accident**
Confinement	**$225 a day (non-ICU) $450 (ICU)**
Inpatient Rehab	**$75 a day**

Monthly Premiums	
Employee	$12.43
Employee + Spouse	$20.18
Employee + Child	$24.20
Family	$31.95

Example: Ashley's daughter, Brittany, plays soccer on the varsity high school team. During a recent game, she collided with an opposing player, was knocked unconscious and taken to the local emergency room by ambulance for treatment with a broken tooth and concussion.

Covered Event	Benefit Amount
Ambulance (Ground)	$300
Emergency Room	$125
Accident Follow-Up (2 x $35)	$70
Medical Testing	$150
Concussion	$350
Broken Tooth (Repaired by Crown)	$120
Total Benefits Paid by AFLAC	**$1,115**

$50 WELLNESS BENEFIT

Hospital Indemnity

$50 WELLNESS BENEFIT

Eligibility:

- Full time employees working 20+ hours per week
- Spouse and Children (up to age 26) (Children lose coverage once married)
- Must be actively at work on the effective date
- No Health questions every year, pre-existing conditions apply
- Portable at same price if you retire or leave

Guaranteed Issue!

	High	Low
Hospital Admission (per confinement) (Once per covered sickness or accident per calendar year)	$1,000	$1,000
Hospital Confinement (per day) (Maximum confinement period: high plan: 10 days per covered sickness or covered accident - low plan:31 days per covered sickness or covered accident)	$200	$100
Hospital Intensive Care (per day) (Maximum confinement period: 10 days per covered sickness or covered accident)	$200	$200
Outpatient Doctor's Visits (per day) (Maximum: 1 visit per calendar year)	$50	N/A
Hospital Emergency Room Visit (per day) (Maximum: 1 visit per calendar year)	$150	N/A
Major Diagnostic Exams (Once per covered sickness or accident per calendar year)	$200	N/A
Inpatient Surgery Anesthesia (per day)	$500	N/A
Outpatient Surgery Anesthesia (per day)	$400	N/A
Doctor's Office Surgery (per day) (Maximum: 2 visit per calendar year)	$50	N/A

Must be admitted for a minimum of 24 consecutive hours

	High	Low
Employee	$40.12	$13.96
Employee + Spouse	$77.44	$28.12
Employee + Child	$61.96	$21.98
Family	$99.28	$36.14

Wellness Benefit

Eligibility:

- If you or a covered dependent complete one of the eligible screenings under the Aflac plans you can file a wellness claim
- Once approved you will receive a reimbursement
- The wellness benefit can be filed annually as long as your plans are in force

Available Wellness Incentivcs	
Critical Illness/Cancer (group)	$50 per covered person per year
Hospital Indemnity (group)	$50 per covered person per year
Accident (group)	$50 per policy per year
Cancer (individual)	$50-125 per person per year, depending on your plan

What Qualifies for Wellness

Aflac Group

- Annual Physical
- Biometric Screening
- Blood Screening B
- lood Test for Triglycerides
- Bone Marrow Testing
- Breast Ultrasound
- CA 125
- CA 15-3
- CEA
- Chest X-Ray
- Colonoscopy
- DNA Stool Analysis
- Eye Examinations
- Fasting Blood Glucose
- Flexible Sigmoidoscopy
- Hemoccult Stool Analysis
- HIV (Human Immunodeficiency)
- HPV (Human Papillomavirus)
- HSN Strains
- Human Coronavirus Testing
- Immunizations
- Mammograms
- Non-Diagnostic Vascular Screening
- Pap Smears
- PSA Test
- Serum Cholesterol Test
- Serum Protein
- Skin Cancer Screening
- Spinal CT Screening
- Stress Test on Bicycle or Treadmill
- Thermography
- Ultrasounds
- Urinalysis

Aflac

- Genetic Testing
- Chest X-ray
- Scopes (Oscopies)
- Scans/MRI
- Pap Smear/Pap Smear-ThinPrep
- HPV Screening
- Mammogram
- Bone Marrow Screening
- Cervical Cancer Screening
- Cancer Vaccine Treatment
- Serum protein Electrophoresis
- Hemoccult stool specimen
- CEA (blood test for colon cancer)
- CA125 (blood test for ovarian cancer)
- P32 uptake test
- CA 153 (blood test for Breast cancer)
- Thermography
- PSA (blood test for Prostate cancer)
- Ultrasounds
- Breast Ultrasound
- Biopsy

Flexible Spending Accounts

Please be aware that if you are currently contributing to a Flexible Spending Account, your annual election will not roll over into the new plan year. You must make a new election during Open Enrollment if you want to contribute to the Flexible Spending Accounts for the next plan year.

Eligibility:

Medical Flexible Spending Account

- Full time employees working 20+ hours per week
- Spouse and Children (up to age 26)

Eligibility:

Dependent Care Flexible Spending Account

- Full time employees working 20+ hours per week
- Children up to age 13 (Unless Disabled)
- Adult relatives for Adult Daycare.
- Married and not filing jointly participants limited to $2500 deferral for dependent care.

Medical Flexible Spending Account	
Minimum Contribution	$300 annually
Maximum Contribution	$3,400 annually
Rollover	$660 annually
Dependent Care Flexible Spending Account	
Minimum Contribution	$300 annually
Maximum Contribution	$7,500 annually PER HOUSEHOLD
Rollover	$0 annually

Notes: Plan Year is Jan 1—Dec 31 | There is a $660 carry over balance on the Medical FSA but any balance over the $660 is forfeited| There is no rollover balance on the Dependent Care Flexible Spending Account and any money left on the Dependent Care FSA is forfeited| Total Medical FSA Contribution is available at the beginning of the plan year | Dependent Care FSA election is only available as deposited monthly | Medical and Dependent Care Flexible Spending Accounts have a Visa Debit Card available for use

The IRS rules and the rules of your employer designate eligible expenses.

Information About Flexible Spending Accounts:

- Deductions for spending accounts are made on a pre-tax basis every pay period.
- Your spending account elections are binding for the plan year. You may be able to make limited changes if you have a qualified status change.
- When you enroll in a Medical Flexible Spending Account, you'll receive a VISA ® spending account card for purchases of eligible health care.
- Remember, you may want to keep your receipts since some transactions may require validation by iSolved.

Important Note:

Please be aware that if you are currently contributing to a Flexible Spending Account, your annual election will not roll over into the new plan year. You must make a new election during Open Enrollment if you want to contribute to a Flexible Spending Account(s) for the next plan year.

$2.00 Flex Fee

Flexible Spending

HELPFUL FSA RESOURCES

What is covered under a Medical FSA Account?

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

Who is covered under a Dependent Care Account?

- Children up to 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

Retirement

As a benefits-eligible employee, you may qualify to receive income from three sources in retirement:

1. **A pension from TRS/PSERS/ERS** (if vested)
2. **Social Security**
3. The money you save for yourself in a **403(b) or 457 Supplemental Retirement Plan**

Understanding how these accounts all work together and affect each other is vital to successful retirement planning. The experienced professionals at Your OneSource Solution are available to help you. *Their services are offered to you as an employee benefit.*

Wealth Management & Retirement Planning Services Available to You

Retirement Planning

- Personalized investment allocations based on your situation
- Available to answer questions on an individual basis

Relationship-Based Approach

- Approachable and accessible professionals
- Local office, local service
- Online accessibility and in-office service
- No call centers, no long hold times

Educational Programs

- Retirement Readiness Program
- Seminars, educational publications, advising, and webinars about TRS and Social Security

Tax Planning

- Use of Retirement Plan to help lower taxable income
- Methods to access funds prior to age 59 1/2 without penalty

Pension Consulting

- Personalized TRS Plan reviews
- Explanation of pension options

Social Security Optimization

- Determination of the optimal age to begin drawing Social Security
- Spousal benefits explained

ORION

Already started? Access your Orion 403(b) or 457 account

Have questions? Scan here to start the conversation

229-896-3436 wealthmanagment@youronesourcesolution.com

Retirement

Teachers' Retirement System of Georgia, or **TRS**, offers a defined benefit plan to members, guaranteeing a monthly benefit upon retirement. Member benefits are based on the member's highest two consecutive years of salary and are payable for the life of the member, and when applicable, transferable to a member's spouse or beneficiary(ies).

6% of your salary is contributed to your TRS Pension from your check. In addition, your employer contributes approximately 20% of your salary to TRS on your behalf. However, it is important to realize that TRS will only provide a pension equal to **60% of your pre-retirement salary** *if you contribute to TRS for 30 years*. The percentage is lower for those that serve fewer than 30 years.

TRS is a wonderful benefit to public educators in Georgia, but because it does not fully replace your income, a supplemental retirement plan is something we can help you with.

Public School Employees Retirement System, or **PSERS**, members include bus drivers, food service workers, and maintenance or custodial personnel. Some managers in these positions are members of TRS. Each member contributes $4 each month (or $10/month if membership started on our after July 1, 2012).

These contributions are deducted from your paycheck nine months of the year (September through May). This means each member only contributes only $36 per year ($90 if after July 1, 2012). To receive a benefit, you must have at least ten years of credible service and you must be age 65 for Normal Retirement or Age 60 for Early Retirement (you will receive a reduced benefit). To calculate your benefit amount, you multiply your years of Creditable Service by a Specific Dollar Amount set by the Georgia General Assembly. The current dollar amount is $16.50.

However, even if you participate in PSERS over a 30 year career, PSERS will only provide $465/month. *PSERS is not intended to serve as your sole retirement plan. As such, a supplemental retirement plan is something we can help you with.*

Vested members of **Employer's Retirement System (ERS)** may be eligible for a separate monthly ERS pension once you reach retirement age. If you have *10 or more years* of credited ERS service, you are a vested member. ERS service is common for employees who previously held certain state-level positions (e.g., in a state agency) before joining the school system. **Vested members of ERS can choose to continue contributing to ERS instead of TRS.** They must notify HR of this request within their first 30 days of employment to maintain ERS or elect to switch to TRS. Vested ERS benefits can be drawn in addition to any TRS, PSERS, Social Security, or supplemental 403(b)/457 savings you accumulate.

Unsure about past ERS service? Contact ERSGA (1-800-805-4609) or your HR office to verify your status and review payout options.

Retirement

Social Security (FICA) Withholding

All Ben Hill employees—both full- and part-time—have Social Security and Medicare (FICA) taxes automatically withheld from every paycheck.

- 6.2 % of covered wages goes to Social Security
- 1.45 % of covered wages goes to Medicare
- The school system contributes the same amounts on your behalf.

These contributions earn you "credits" toward future Social Security retirement, survivor, and disability benefits. Keep good earnings records and speak with a financial professional to understand how your pension and Social Security work together.

Supplemental Retirement Plans are independent retirement accounts opened by employees to save additional funds for retirement. The funds are typically invested in the market. They can be employee-sponsored, such as 403(b), 457, or 401(k) accounts, or opened individually, such as IRA's. The education sector primarily utilizes 403(b) and 457 accounts.

The primary difference between 403(b) and 457 accounts is that 457 accounts are not subject to IRS age restrictions for withdrawals (age 59 1/2). Funds from a 457 can be accessed without penalty as soon as an employee separates from service. Both types of accounts are subject to rules set by the plan and the IRS.

An employer match is an additional contribution made by your employer, "matching" funds that you contribute. You must contribute at least the amount of the match to receive the match. For example, **you must contribute 1% of your salary in order to receive a 1% match.**

1% is a great place to start - *but is it enough*?

Important Details

- The Employer 1% Match will have an **annual enrollment option** during the yearly Open Enrollment period.
  -This means you can opt-in at Open Enrollment, even if you'd previously opted out.
- Employee contributions may go into a **403(b) OR a 457** account and receive up to a 1% match in a 403(b).
  -This means you can take advantage of either type of account and still receive an Employer match.
- *457 accounts are not subject to the same age restrictions that 403(b) accounts are.*

Questions about 403(b) or 457 retirement accounts? Why choose a 457 account over a 403(b)?
Reach out to the team at Your OneSource Solution. Their services are available to you as an employee benefit.

229-896-3436 wealthmanagment@youronesourcesolution.com

Carrier Information

Plan	Carrier	Phone Number
Short-Term Disability	Mutual of Omaha	800-877-5176
Long-Term Disability	Mutual of Omaha	800-877-5176
Voluntary Term Life/AD&D	The Standard	800-628-8600
Universal Life	Trustmark	877-201-9373
Dental	Metlife	800-638-5433
Vision	Ameritas	800-289-0614
Critical Illness/Cancer	Aflac	800-433-3036
Traditional Cancer	Aflac	800-992-3522
Accident	Aflac	800-433-3036
Hospital Indemnity	Aflac	800-433-3036
Flexible Spending Accounts	iSolved	800-796-7910
Retirement (403B/457)	Orion	229-896-3436

General Notices

General Notices

The Benefits Plan is offered by your employer. It is governed by the Internal Revenue Code, section 125, and rules issued by your employer. This section is intended to provide you with general notices and disclosures.

1. This benefits guide summarizes the benefits you can elect. A more detailed explanation of benefit provisions is provided in each benefit summary plan document. Every attempt has been made to ensure that the information in this booklet is accurate. Coverages are governed by legal documentation and insurance contracts. **In the event of conflict between this benefits guide and the official plan documents and/or contracts, the terms of the official plan documents and contracts shall prevail.**
2. This Notice describes how the Plan(s) may use and disclose your protected health information (PHI) and how you can get access to your information. The privacy of your protected health information that is created, received, used or disclosed by the Plan(s) is protected by the Health Insurance Portability and Accountability Act of 1996 (HIPPA). A paper copy is also available, free of charge, by calling your employer or Your OneSource Solution at (229) 896-3436. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan.
3. Section 125 Pre-Tax Benefit Authorization Notice: Before-tax deductions will lower the amount of income reported to the federal government. This may result in slightly reduced Social Security benefits. If you do not enroll eligible dependents at this time, you may not enroll them until the next open enrollment period. You may not drop the coverage you elected until the next open enrollment period. You may only make a change or drop coverage elections before the next open enrollment period under a qualifying life event.
4. On April 7, 1986, a federal law was enacted (Public Law 99272, Title X) requiring that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called “continuation coverage”) at group rates in certain instances where coverage under the plan would otherwise end. If you or your eligible dependents enroll in the group health benefits available through your Employer you may have access to COBRA continuation coverage under certain circumstances. Therefore, your plan makes available to you and your dependents the General Notice of COBRA Continuation Coverage Rights. This notice contains important information about your right to COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. A paper copy is also available, free of charge, by calling your employer or Your OneSource Solution at (229) 896-3436.
5. For dependent and/or spousal coverage, it is your responsibility to notify Your OneSource Solution if the person is ineligible or ceases to be eligible to participate in the Plan. There will be no refund of premiums paid into the Plan, when a timely notice is not made.
6. If you do not change the agreement, your benefit choices will rollover in the next Plan year or default to a specified coverage **except for the Flexible Spending Accounts.**
7. If you choose not to participate or choose not to continue coverages, your ability to enroll at a later date will be subject to contractual provisions, which may include medical proof of insurability or limited coverages.
8. If you failed to enroll in options requiring medical underwriting when first eligible and you choose new or increased levels of coverage, you must complete the medical underwriting process and be approved.
9. If on any policy a beneficiary is not named, the beneficiary will follow the order stated in the policy or the insurance carriers standard protocol.
10. If you have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices in your prescription drug plan.

Notes

Notes

YOUR
OneSource
SOLUTION

We are real people who offer real solutions to real problems.

Disclaimer: This benefit guide
offered. All benefits, terms, and
carrier's contract and this guide o