RETIREMENT BENEFIT OPTIONS / BILLING PROCESSES

Must enroll in options within 30 days of when benefits end as an active employee.

Dental

As a retiree, you are eligible to continue your dental plans, if you were previously enrolled as an active employee. Coverage must be elected within 30 days of your benefits end date as an active employee. Coverage can include dependent spouses and children up to age 26. Review the enclosed material for dental plan options.

Vision

As a retiree, you are eligible to continue your vision plans, if you were previously enrolled as an active employee. Coverage must be elected within 30 days of your benefits end date as an active employee. Coverage can include dependent spouses and children up to age 26. Review the enclosed material for vision plan options.

Steps to Elect

Review Options

Review the benefit options. This will be your only opportunity to add the retiree dental and vision.

Complete the Enrollment Form

Complete the enclosed form and submit it to Campus Benefits. Email to: mybenefits@campusbenefits.com

Have questions?

Need assistance with the plans, please contact Campus Benefits.
Phone: 866-433-7661, opt. 5
Email: mybenefits@campusbenefits.com

GET IN TOUCH

866-433-7661, opt. 5 | mybenefits@campusbenefits.com | pickenscountybenefits.com

Pickens County School District
Retiree Benefits Process and Billing

As a recent retiree of Pickens County School District, you have an option to elect Retiree Dental and Vision insurance. Interactive Medical Systems/IMS is the billing administrator for elected retiree benefits (and COBRA benefits).

After termination, employees also have the option to utilize COBRA to continue coverage on several benefits for up to 18 months which includes dental and vision insurance.

All terminated employees will receive COBRA paperwork directly from IMS; However, COBRA paperwork doesn't need to be completed if electing retiree benefits. Below outlines the process for electing retiree benefits.

Enrollment Steps

1. Go to pickenscountybenefits.com/retiree-benefits and choose the Retiree Benefits tab to review benefit options for Retiree Dental and Retiree Vision.
2. Complete Retiree Enrollment Packet & return to Campus Benefits for processing (Email to mybenefits@campusbenefits.com).
3. After Retiree Coverage Effective Date, Interactive Medical Systems/IMS (Retiree Billing Administrator) will mail out Billing Options letter to the retiree. If a letter is not received within 7-14 days of Retiree Benefits Effective Date contact Campus Benefits at 1.866.433.7661, option 5.
4. Employees have within 30 days from Retiree Effective Date to set up billing option with IMS.
    a. Payment Options:
        i. Check By Mail: Mail check utilizing Coupon Book (Monthly, Quarterly, Semi-annually, or Annually).
        ii. Bank Draft: Create an account with IMS and submit ACH Draft Form.
        iii. Submit Payment Online.

Important Reminders

1. Payments cannot be made over the phone with IMS.
2. Benefits Provider is not notified of retiree coverage election until approximately five workdays from when IMS receives first premium payment.

Billing Contact Information

Interactive Medical Systems/IMS
P.O. Box 1349
Wake Forest, NC 27588
1.800.426.8739 or 919.877.9933, opt 5054
Web: IMS-tpa.com
Email: cobradept@ims-tpa.com
Online: Contact Form (bottom of webpage)
https://www.ims-tpa.com/members/

IMS/My RSC Login: myrsc.com
My RSC Login Q&As: myrsc.com/login.asp

Campus Benefits Contact Information

Campus Benefits
Phone: 1.866.433.7661, opt 5
Email: mybenefits@campusbenefits.com
Online: www.pickenscountybenefits.com/contact-campus

2026 MetLife Dental Plan and Rates (Network - PDP Plus):

Please visit https://www.pickenscountybenefits.com/retiree-benefits for full plan details. Below is high-level overview.

Benefits	High Plan	Middle Plan	Low Plan
Network	PDP Plus (Go to any provider)		
Preventive (Type A)	100%	100%	100%
Basic (Type B)	80%	50%	80%
Major (Type C)	50%	50%	Not Covered
Orthodontia (Type D) Adults & Children	50%	50%	Not Covered
Calendar Year Deductible	$50/person, $150/family max (waived for diagnostic & preventive)		
Orthodontia Maximum (Lifetime)	$1,000	$1,000	Not Covered
Calendar Year Maximum/Person	$1,500	$1,250	$750
Out of Network Coverage	All plans - 90th UCR		
Covered Services	**High Plan**	**Middle Plan**	**Low Plan**
Routine Exam & Cleanings (2 per calendar year)	100%	100%	100%
Bitewing X-Rays (2 per calendar year)	100%	100%	100%
Full mouth/panoramic x-rays (1 per 60 months)	100%	100%	100%
Amalgam Fillings (1 replacement per surface in 24 months)	80%	50%	80%
Scaling & Root Planing (1 per quadrant in any 24-month period)	80%	50%	80%
General Anesthesia	80%	50%	80%
Resin Composite Fillings	80%	50%	80%
Periodontics (Non-surgical)	80%	50%	80%
Oral Surgery: Simple Extractions	80%	50%	80%
Root Canal; Prefabricated Crowns (1 per tooth in 24 months)	50%	50%	Not Covered
Periodontal Surgery (1 per quadrant in 36-month period)	50%	50%	Not Covered
Dentures (1 in 60 months)	50%	50%	Not Covered
Oral Surgery: Surgical Extractions	50%	50%	Not Covered
Implant Services/Repairs (1 per tooth position in 60 months)	50%	50%	Not Covered
Tier	**High Plan**	**Middle Plan**	**Low Plan**
Employee Only	$42.96	$28.46	$26.00
Employee + Spouse	$90.63	$60.21	$54.96
Employee + Child(ren)	$87.31	$57.75	$52.72
Employee + Family	$156.11	$103.26	$94.25

2026 MetLife Vision Plan and Rates (Network - Superior Vision):

Please visit https://www.pickenscountybenefits.com/retiree-benefits for full plan details.
Below is high-level overview.

Covered Benefits	High Plan	Low Plan
Network	Superior Network	
Exam	$10 Copay	
Retinal Imaging	Up to $39 Copay	
Frames ($10 Material Copay; Included in lens copay)	$175 allowance + 20% off balance (Additional discount not available at Walmart, Sam's, & Costco)	$130 allowance + 20% off balance (Additional discount not available at Walmart, Sam's, & Costco)
Lenses and Lens Options		
Single/Lines Bifocal & Trifocal/Lenticular	$15 Copay	
Progressive Lens	Covered in Full (Standard, Premium -Ultra, Ultimate)	
Ultraviolet Coating	Up to $12 Copay	
Standard Polycarbonate	Children (age to 18): Covered in Full & Adults: $40 Copay	
Tint	Solid/Blue Light: $15 Copay Gradient: $18 Copay	
Scratch-Resistant Coating	Up to $15 - $30 Copay	
Anti-Reflective Coating	Up to $50 - $120 Copay	
Photochromic Lenses	Up to $80 Copay	
Contact Lenses		
Elective Contacts - Conventional	$175 allowance + 20% off balance	$130 allowance + 20% off balance
Elective Contacts - Disposable	$175 allowance + 10% off balance	$130 allowance + 10% off balance
Medically Necessary Contacts	Covered in Full after eyewear copay	
Frequencies		
Exams/Lenses or Contact Lenses/Frames	Every 12 Months (based on date of service)	
2nd Pair Benefit (2nd pair allowance must be submitted on two separate invoices)	Each covered person can get one of the options below: - 2 pairs of prescription eyeglasses, OR - 1 pair of prescription eyeglasses and an allowance toward contacts, OR - Double the contact lens allowance	Not Covered
Tier	**High Plan**	**Low Plan**
Employee Only	$9.41	$7.09
Employee + One	$17.87	$13.47
Employee + Family	$26.25	$19.78

Enrollment Form: Next page

2026 Enrollment Form – Retiree Dental & Vision			
Printed Name			
Benefit Effective Date	*First of the month after benefits end as an active employee.		
Home Address			
Phone Number			
Personal Email Address			
SSN			
Date of Birth			
Dependents			
Relationship	**Name**	**SSN**	**Date of Birth**
Benefit			
Dental ☐ Low Plan ☐ Middle Plan ☐ High Plan		**Vision** ☐ Low Plan ☐ High Plan	
Coverage Tier			
Dental ☐ Employee Only ☐ Employee + Spouse ☐ Employee + Child(ren) ☐ Employee + Family		**Vision** ☐ Employee Only ☐ Employee + One ☐ Employee + Family	
Primary Insured Signature			
Date			

**Note: Billing will be through Interactive Medical Systems (IMS). IMS will collect a monthly admin fee ($4.50) which will be paid in addition to your premium amount.*