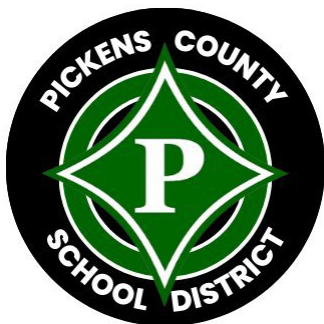


2025

Pickens County School District

Employee Benefits Guide



Board of Education

Tommy Gartrell, Chair

Steve Lowe, Vice Chair

Sue Finley

Amy Gibson

Joe Wigington



Dr. Travis Thomas
Superintendent

Pickens County School District Staff,

I am honored to be the Superintendent of the Pickens County School District.

One of our core beliefs in our system is that recruiting, retaining, and supporting dedicated employees is important to successful educational programs. We want you to experience great success as a member of our school system! If you are successful, our students will be successful; however, our support is needed to insure this happens. Part of our support we provide as a district is this partnership with Campus Benefits as our employee brokerage firm.

The Pickens County School District offers a comprehensive and valuable benefits program to all benefits-eligible employees. Our benefit package is designed to provide security and assistance during a time of need.

Throughout the following pages of the employee benefits guide is vital information designed to empower you as a member of the Pickens County School District. Additionally, we hope you become familiar with the various insurance options geared toward fundamental financial planning tools, products, and decisions to further enhance the future financial successes for you and your family.

Please take the time to familiarize yourself with the content available in the employee benefits guide. Our simple step-by-step enrollment process is designed to help you become familiar and educate yourself with what can sometimes be an unfamiliar subject.

I am proud of our employee benefits package available to you and your family and the services provided by our outstanding school system and Campus Benefits.

We are grateful you are on our Pickens team! Let's go Dragons!

Dr. Travis Thomas
Superintendent
Pickens County Schools



IMPORTANT REMINDERS - TAKE ACTION

- Eligibility for benefits enrollment must take place within 30 days of your hire date.
- Remember: Please review and/or update beneficiaries annually for all benefits including, Basic Life, Voluntary Term Life & AD&D and Permanent Life policies.
- Important: Review and Understand Guaranteed Issue Options (New Hires).
- Life Events - You are required to submit any life event changes for you and eligible dependents within 30 days of an event.
- This Guide - This guide is presented for illustrative purposes only and is not intended to offer insurance advice. It is important you review each benefit's summary plan description (SPD) and other carrier materials before making any selections.

There are two separate benefit enrollments:

1. **Campus Benefits Voluntary Benefits**
2. **State Health Benefit Medical Insurance**

**Benefits enrollment must take place within 31 days of hire date*

1

How to Enroll in Campus Benefits Voluntary Benefits

1. Visit: <https://www.pickenscountybenefits.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/November)**

2

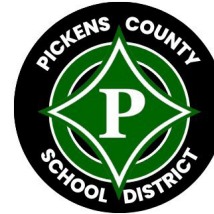
How to Enroll in your State Health Benefit Medical Plan

1. Visit <https://www.pickenscountybenefits.com/>
2. Select the "State Health" tab
3. 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)**

Disclaimer: The *Benefits Guide* is provided for illustrative purposes only and actual benefits and/or premiums may change after printing. Eligibility, benefits, limitations, services, premiums, claims processes and all other features & plan designs are offered and governed exclusively by the insurance provider or vendor contract and associated Summary Plan Description (SPD). All employees should review carrier documents posted on your employer's benefits website or request documents before electing coverage.

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Pickens County School District 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.

Need Help? Start Here:
mybenefits@campusbenefits.com
 866.433.7661, opt 5

Eligibility

- Generally, 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).
- Specific 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 (after 1.1.2025).

Enrollment

- New Hire: Benefits enrollment must take place within 31 days of hire date.

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.
- Employees must be actively at work on the effective date of coverage

When Do Benefits End

- Coverages as an active employee end the month after your last payroll deduction month. For example, if your last payroll deductions are in March, benefits will end on April 30th.
- FSA ends at the end of your last month of payroll deduction.
- Please note: Your benefits end date will vary for employees leaving at the end of a contract year
- Contact Campus Benefits for benefit portability questions

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.
- For Campus Benefits all qualifying life events must be submitted within 30 days of the event date.
- For SHBP Health Plans all qualifying life events must be submitted within 30 days of the event date.

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SERVICE HUB/ SUPPORT CENTER

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

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.pickenscountybenefits.com/contact-campus>

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

Frequently Asked Questions (FAQs):

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

A: For voluntary benefits, please notify Campus Benefits within 30 days of the life event date.

A: For SHBP Health plan life events, please notify SHBP within 30 days of the life event date.

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 my dental card or vision card quickly?

A: After 1.1.2025, your group dental and vision plan information is available at:

<https://www.pickenscountybenefits.com/>



Phone: 866.433.7661, Opt 5

Email: mybenefits@campusbenefits.com

Website: <https://www.pickenscountybenefits.com/>

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BENEFITS PORTAL!

<https://www.pickenscountybenefits.com/>



What can you find on the Benefits Portal?

- Employee Benefits Guide
- Plan Specific Highlight Sheets
- Policy Documents and Certificates
- Claim Forms
- Wellness Forms
- Links to Carrier Websites
- Link to SHBP Information
- Access to the Enrollment System
- Contact the Campus Benefits Service Hub
- Secure Upload Link
- Qualifying Life Event Information and Submission Links



Campus Benefits is your dedicated contact for the voluntary plans included within this benefits guide (excludes SHBP Health and Acentra EAP).

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CAMPUS BENEFITS ENROLLMENT

Website: <https://pickenscountybenefits.com/>

1 <https://www.pickenscountybenefits.com/>

Company Identifier: PCSD2023

2 Select "Campus Connect" to login

Existing User Login

1. Enter your username
2. Enter your password
3. Click "LOGIN"
4. Click on the "Start Benefits" button and 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

Login Information

Username: _____

Password: _____

3 New Use Registration

1. On Login page click on "Register as a new user" and enter information below
 - First Name
 - Last Name
 - **Company Identifier: PCSD2023**
 - 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

STILL NEED HELP?

Contact Campus Benefits

Email: mybenefits@campusbenefits.com

Call 1-866-433-7661, opt 5

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EMPLOYEE ASSISTANCE PROGRAM

MetLife Lifeworks EAP

Eligibility: Eligible employees, their eligible household members and dependent children up to age 26

- **Coverage through MetLife**
- Provides support, resources, and information for personal and work-life challenges
- **Receive up to five phone or video consultations with licensed counselors for you and eligible household members, per issue, per calendar year**
- Call 1.888.319.7819 or visit metliffeap.lifeworks.com User name: metliffeap, password: eap

Life doesn't always go as planned and while you can't always avoid the twists and turns, you can get help to keep moving forward. We can help you and your family, those living at home, get professional support and guidance to make life a little easier.

METLIFE LIFEWORKS



Help is always at your fingertips - Download the Mobile App today!

- Search "LifeWorks" on iTunes App Store or Google Play.
- Log in with the user name: metliffeap and password: eap

Expert advice for work, life, and your well-being

The program's experienced counselors provided through LifeWorks — one of the nation's premier providers of Employee Assistance Program services — can talk to you about anything going on in your life, including:

- **Family**
- **Work**
- **Money**
- **Legal Services**
- **Identity Theft Recovery**
- **Health**
- **Everyday Life**

Convenient and confidential help when you want it, how you want it

1. Call 1.888.319.7819 24/7/365.
 2. Select "Employee Assistance Program" when prompted. You'll immediately be connected to a counselor.
- Easy to use educational tools and resources, online and through a mobile app.
 - Chat feature available so you can talk with a consultant to guide you to the information you are looking for or help you schedule an appointment with a counselor.

Log on to metliffeap.lifeworks.com, user name: metliffeap and password: eap

Plan Rates

Coverage provided at no cost to you.

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SHORT-TERM DISABILITY



What is Short-Term Disability Insurance? A type of coverage that replaces a portion of your income if injury or illness prevents you from working for a shorter period of time. 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: Eligible full-time employees working 20+ hours per week

- **Coverage through Mutual of Omaha**
- Employee must be actively at work on the effective date
- Must use sick leave in conjunction with disability
- **Pays in-addition to sick leave above 100% of pre-disability earnings**
- **No health questions EVERY YEAR!**
- **Paid Parental Leave cannot be used in conjunction with short-term disability benefits**

Short-Term Disability Quick Summary

Elimination Period	Benefits begin after you have been out of work due to an injury or illness for the elimination period Option 1: 14 Calendar days OR Option 2: 30 Calendar days
Benefit Duration	Covers accidents and sicknesses: Up to 9 weeks (30 calendar days) OR Up to 11 weeks (14 calendar days) (Based on elimination period option chosen)
Benefit Percentage (weekly)	40%, 50%, 60% of your gross weekly salary
Maximum Benefit Amount (weekly)	\$1,500
Pre-existing condition	3/6 - Any condition that 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, would not be covered. (Applies to new enrollees only)



Important Notes: Disability benefits offset with other outside sources of income (social security, pensions, etc.). Please consult with a benefits counselor on how this benefit will coordinate.

Plan Rates

Cost of coverage is based on your age, salary and option chosen.
Please log into the enrollment system or call Campus Benefits for premium rates.

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LONG-TERM DISABILITY

What is Long-Term Disability Insurance? A type of coverage that replaces a portion of your income if injury or illness prevents you from working for a long period of time, up to Social Security Normal Retirement Age. 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: Eligible full-time employees working 20+ hours per week

- **Coverage through Mutual of Omaha**
- Employee must be actively at work on the effective date
- **Does not pay in-addition to sick leave**
- **No health questions EVERY YEAR!**

Long-Term Disability Quick Summary

Elimination Period	Benefits begin after you have been out of work due to an injury or illness for 90 calendar days
Benefit Duration	Covers accidents and sicknesses up to Social Security Normal Age of Retirement. There is a 24 month lifetime of drugs & alcohol and mental disorders. (Please note exclusions or limitations may apply, see plan certificate for details).
Benefit Percentage (monthly)	60% of your gross monthly salary
Maximum Benefit Amount (monthly)	\$6,000
Pre-existing condition	6/12 - Any condition that you receive medical attention for in the 6 months prior to your effective date of coverage that results in a disability during the first 12 months of coverage, would not be covered. (Applies to new enrollees only)



Important Notes: Disability benefits offset with other outside sources of income including sick leave. Please consult with a benefits counselor on how this benefit will coordinate.

Plan Rates

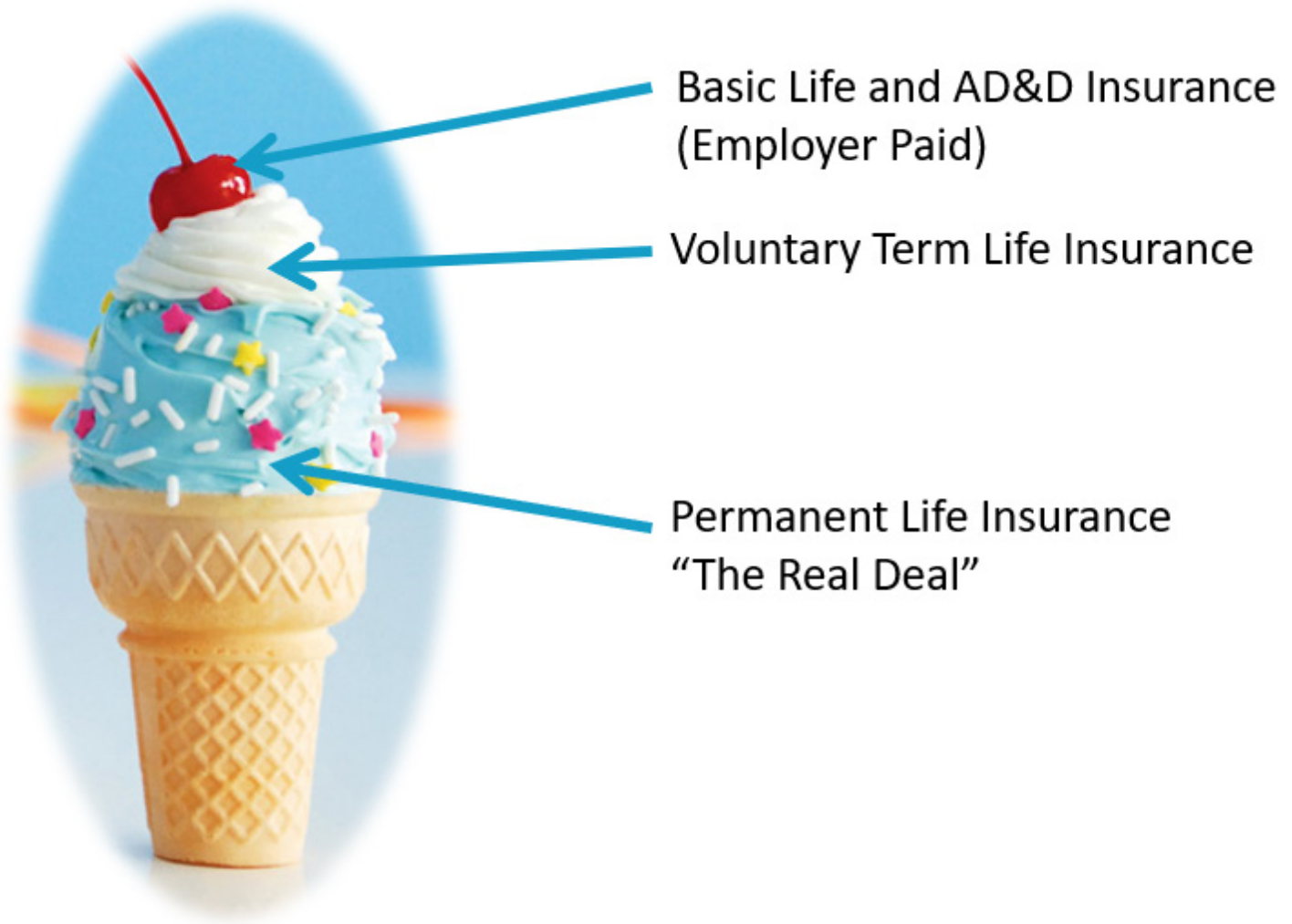
Cost of coverage is based on your age, salary and option chosen.
Please log into the enrollment system or call Campus Benefits for premium rates.

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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. To follow is an overview of 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.

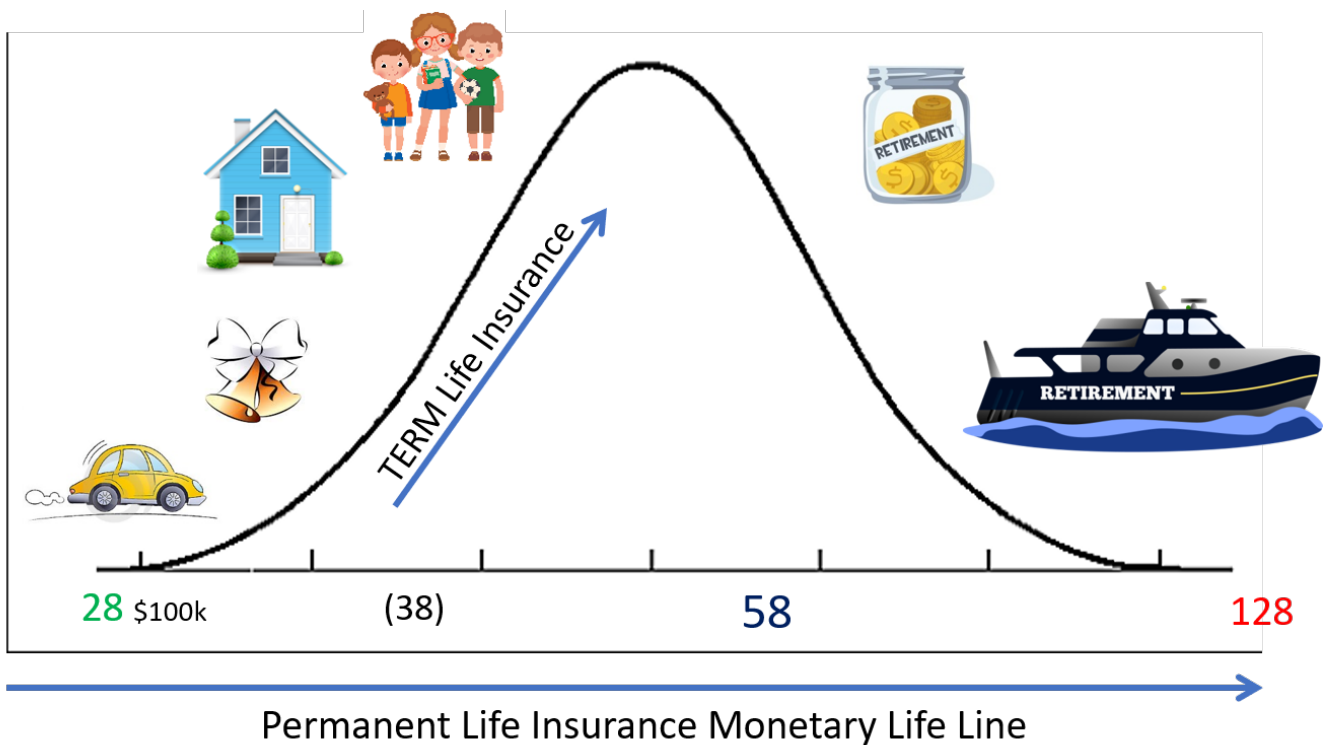


LIFE INSURANCE 101

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

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 your age when the policy is issued
- This is an individual plan you can take with you regardless of where you work

BASIC LIFE AND AD&D INSURANCE

What is Basic Life Insurance and Accidental Death & Dismemberment Insurance? A financial and family protection plan paid for by Pickens County School District, which provides a lump-sum payment, known as a death benefit, to a beneficiary upon the death of employee. 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 are killed accidentally or die later as the direct result of an accident.

Eligibility: Eligible full-time employees working 20+ hours/week

- **Coverage through MetLife**
- Premiums paid by Pickens County School District, at no cost to you. You will be automatically enrolled in this benefit when hired- please remember to designate your beneficiaries

Basic Life Benefits Quick Summary

PLAN MAXIMUMS

Employee	\$20,000 (AD&D matches life amount)
----------	-------------------------------------

GUARANTEED ISSUE (NO HEALTH QUESTIONS)

Age Reduction	50% at age 70
---------------	---------------

ADDITIONAL PLAN INFORMATION/OPTIONS

Waiver of Premium (Disabled prior to 60, waiting period 6 months, coverage continues to 65)

Life: Conversion & Portability option included. **AD&D:** Portability option only

Accelerated Benefit Option: Receive up to 80% of benefit (life expectancy is 12 months or less)



Plan Rates

Premiums paid by Pickens County School District, at no cost to you.

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VOLUNTARY TERM LIFE AND AD&D INSURANCE

What is Voluntary-Term Life and Accidental Death & Dismemberment Insurance? 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 a 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 are killed accidentally or die later as the direct result of an accident.



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

- **Coverage through MetLife**

- Employee must be actively at work on the effective date of coverage
- Only covered employees may elect dependent coverage
- Employee and Spouse cannot be double covered if both work for Pickens County School District
- Children cannot be covered by both parents, if both work for Pickens County School District
- Dependent coverage may not exceed employee coverage amounts
- If electing for the first time outside of the initial open enrollment period or for an amount over the Guaranteed Issue Amount, health questions will be required

* Child marital status may impact benefit eligibility

Voluntary Term Life and Accidental Death & Dismemberment (AD&D) Benefits Quick Summary

LIFE AND AD&D AMOUNT (AD&D amount matches life amount)	
Employee	Increments of \$10,000 up to the lesser of \$500,000 or 6 times annual salary
Spouse	Increments of \$5,000 up to \$150,000 (Minimum \$10,000) (100% of Employee Election)
Child(ren) (up to Age 26)	Increments of \$5,000 up to \$10,000
GUARANTEED ISSUE /NO HEALTH QUESTIONS (NEW HIRE/INITIAL ENROLLMENT)	
Employee	\$200,000
Spouse	\$50,000
Child(ren) > 15 days old	\$10,000
GUARANTEED INCREASE IN BENEFIT	If enrolled: Employees can increase by \$30,000 with no health questions up to the guaranteed issue amount of \$200,000 Spouse can increase by \$5,000 with no health questions up to the guaranteed issue amount of \$50,000
Age Reduction	None
ADDITIONAL FEATURES	
Waiver of Premium (Disabled prior to 60, waiting period 6 months, coverage continues to 65) Life: Conversion & Portability option included. AD&D: Portability option only Accelerated Benefit Option: Receive up to 80% of benefit (life expectancy is 12 months or less)	

Plan Rates

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

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PERMANENT LIFE INSURANCE

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



Eligibility: Eligible full-time employees working 20+ hours/week, spouse and children (up to age 23 if a full-time student)

- **Coverage through Trustmark**
- Offers the flexibility to meet a variety of personal needs while allowing employees the choice of benefit and premium amounts which fit their paychecks and lifestyles
- **No Health Questions up to the guaranteed issue amount if enrolling during the initial enrollment period or as a new hire. Otherwise, health questions will be required.**
- If electing for the first time outside of the initial open enrollment period or for an amount over the Guaranteed Issue Amount, health questions will be required

Permanent Life Benefits Quick Summary

PLAN MAXIMUMS

Employee & Spouse (based on age)

Up to \$300,000

Children (based on age)

Juvenile Policy: Ages 0-17

Full-time Student/Dependent on parent: Ages 18-22

Grandchildren: Ages 0-17

Based on weekly purchase amount and issue age

GUARANTEED ISSUE (NO HEALTH QUESTIONS AT INITIAL/NEW HIRE ENROLLMENT)

Employee (to age 64)

Up to \$100,000

Modified GI (two health questions) up to \$125,000

Spouse (to age 64)

Modified GI (two health questions) based on \$3 per week of premium

Child

Modified GI based on \$4.54 per week of premium

Grandchildren

Simplified Issue (5 Health Questions)

ADDITIONAL PLAN INFORMATION/OPTIONS

Coverage is portable at the same cost.

Accelerated Death Benefit: Receive 75% of benefit (life expectancy is 24 months or less)

Child GI Buy-up Option: Child can increase coverage as an adult with no health questions (up to a max)

Plan Rates

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

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VISION

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

- **Coverage through MetLife**
- In-Network Provider Directory: <https://www.metlife.com/insurance/vision-insurance/#find-a-provider>
- Network: Superior Vision
- *The chart below is a sample of covered services. Please see plan certificate for a detailed listing of services in their entirety, which is available on your Employee Benefits Website.*

Vision Benefits Quick Summary (In-Network)	High Plan	Low Plan
Exam	\$10 Copay	
Retinal Imaging	Up to \$39 Copay	
Frames (\$10 Materials Copay; Included in lens copay)	\$175 allowance + 20% off balance (Additional discount n/a at Walmart, Sam's & Costco)	\$130 allowance + 20% off balance (Additional discount n/a at Walmart, Sam's & Costco)
Single/Bifocal/Trifocal/Lenticular	\$15 Copay	
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
Fit & Follow-up (Standard)	\$15 Copay	
Medically Necessary Contacts	Covered in Full	
UV Treatment	\$12 Copay	
Tint	Solid/Blue Light: \$15 Copay Gradient: \$18 Copay	
Scratch Resistant Coating	\$15 - \$30 Copay	
Polycarbonate	Children: Covered in Full Adults: \$40 Copay	
Progressive (Standard)	Covered in Full (Standard, Premium, Ultra, Ultimate)	
Anti-Reflective	\$50 - \$120 Copay	
Photochromic Lenses	Up to \$80 Copay	
Frequencies (Exam/Frames /Lenses)	Every 12 months	
Second Pair Benefit (2nd pair allowance must be submitted on two separate invoices)	<ul style="list-style-type: none"> • Two pairs of prescription glasses • One pair of prescription glasses and one allowance towards contacts • Double your contact lens allowance 	N/A

Monthly Rates	High Plan	Low Plan
Employee	\$9.41	\$7.09
Employee + One	\$17.87	\$13.47
Employee + Family	\$26.25	\$19.78



MetLife Network: Superior Vision

Pickens County

Board of Education

Group Name

5385684

Group Number

This card is not a guarantee of coverage or eligibility. Access specific plan information at [metlife.com/mybenefits](https://www.metlife.com/mybenefits).

1.800.438.6388

[metlife.com/mybenefits](https://www.metlife.com/mybenefits)

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DENTAL

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

- **Coverage through MetLife**
- In-Network Provider Directory: www.metlife.com (Network: PDP Plus)
- Claims must be submitted within 90 days of date of service
- Orthodontics available for Adults (Employee & Spouse) and Children
- *The chart below is a sample of covered services. Please see plan certificate for a detailed listing of services in their entirety, which is available on your Employee Benefits Website.*

Coinsurance	High Plan	Middle Plan	Low Plan
Preventive - Type A	100%	100%	100%
Basic - Type B	80%	50%	80%
Major - Type C	50%	50%	n/a
Orthodontics - Type D Adults & Children	50%	50%	n/a
Dental Benefits Summary	High Plan	Middle Plan	Low Plan
Calendar Year Deductible	\$50/person, \$150/family max (Waived for diagnostic & preventive)		
Out of Network Coverage	All plans - 90th UCR		
Waiting Period	None		
Calendar Year Plan Maximum	\$1,500	\$1,250	\$750
Orthodontia Maximum (Lifetime)	\$1,000	\$1,000	n/a

Monthly Rates	High Plan	Middle Plan	Low Plan
Employee	\$40.65	\$27.10	\$24.80
Employee + Spouse	\$85.20	\$56.77	\$51.86
Employee + Children	\$82.10	\$54.47	\$49.77
Family	\$146.40	\$97.00	\$88.58



MetLife Network: PDP Plus

Pickens County
Board of Education

5385684

Group Name

Group Number

This card is not a guarantee of coverage or eligibility. Access specific plan information at metlife.com/mybenefits.

1.800.438.6388

metlife.com/mybenefits

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DENTAL

Services	High Plan	Middle Plan	Low Plan
Type A - Preventive			
Examinations (2 times 1 calendar year)	100%	100%	100%
Prophylaxis / Cleanings (2 times 1 calendar year)	100%	100%	100%
Fluoride (2 times 1 calendar year; children < 19)	100%	100%	100%
Full mouth X-rays (1 time every 60 months)	100%	100%	100%
Bitewing X-Rays (2 times 1 calendar year)	100%	100%	100%
Type B - Basic			
Sealants (Child < 16, 1 per molar in 36 months)	80%	50%	80%
Space Maintainers (Child < 14, 1 per lifetime)	80%	50%	80%
Consultations (1 in 12 months)	80%	50%	80%
Amalgam Fillings (1 replacement per surface in 24 months)	80%	50%	80%
Periodontal Maintenance (2 perio in 1 calendar year)	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%
Type C - Major			
Root Canal; Prefabricated Crowns (1 per tooth in 24 months)	50%	50%	n/a
Periodontal Surgery (1 per quadrant in any 36 month period)	50%	50%	n/a
Crown Buildups/Post Core (1 per tooth in 60 months)	50%	50%	n/a
Repairs / Recementations (1 time in 24 months)	50%	50%	n/a
Dentures (1 in 60 months)	50%	50%	n/a
Oral Surgery: Surgical Extractions	50%	50%	n/a
Fixed Bridges (1 in 60 months)	50%	50%	n/a
Inlays / Onlays/ Crowns (1 replacement per tooth in 60 months)	50%	50%	n/a
Implant Services/Repairs (1 per tooth position in 60 months)	50%	50%	n/a

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GET THE MOST OUT OF YOUR DENTAL/VISION PLANS



DENTAL PLAN

Dental insurance pays a portion of the costs associated with dental care.

Tips for utilizing your benefit



Look for participating dentist online at [metlife.com](https://www.metlife.com).
**Your plan allows you to visit any general dentist or specialist. However, you usually save more with a participating dentist.*



Go to [metlife.com/mybenefits](https://www.metlife.com/mybenefits) or download the MetLife Mobile App.
Find providers, view claims and more.
Group name: Pickens County Board of Education



Your dentist can request a pre-treatment estimate for any service that is more the \$300 to help you manage your cost and care

• **In-network discounts apply even after you reach your plan's annual maximum, reducing your out-of-pocket expense.**

VISION PLAN

DID YOU KNOW?

Your vision plan allows you to visit any licensed vision specialist and receive coverage.

Just remember your benefits go further when you go in-network.

- You can price shop your lens & frame providers. Take your prescription from your out of network provider to an in-network provider to receive the most benefit from your vision plan.
- Visit www.metlife.com for a listing of in-network providers. Network: Superior Vision
- Your vision care expenditures qualify as an eligible expense under the available Flexible Spending Account Plan. See FSA page for more information.
- You can access additional plan information on your benefits website:
<https://www.pickenscountybenefits.com/>
- Track your claims and plan usage by registering for a MetLife My Benefit Account (if enrolled in both dental and vision, you will utilize the same user name and password.
 - Visit [metlife.com/mybenefits.com](https://www.metlife.com/mybenefits.com).
 - **Enter Pickens County Board of Education as your employer/organization.**



Use your benefits and shop online.

Visit [eyeconic.com](https://www.eyeconic.com) and click on insurance benefits (under Help menu) to apply your MetLife vision benefits.

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CANCER

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

- **Coverage through Guardian**
- **No health questions – Every Year!!**
- *The chart below is a sample of covered services. Please see plan certificate for a detailed listing of services in their entirety, which is available on your Employee Benefits Website.*

Cancer Benefits Quick Summary	Premier	Advantage
Hospital Related Benefits		
Initial Cancer Diagnosis (30 day waiting period)	Employee, Spouse & Child: \$5,000	Employee, Spouse & Child: \$2,500
Hospital Confinement	\$400 (First 30 days) \$800 (After 30 days)	\$300 (First 30 days) \$600 (After 30 days)
ICU Confinement	\$600 (First 30 days) \$800 (After 30 days)	\$400 (First 30 days) \$600 (After 30 days)
At Home Nursing (Max 30 visits/yr)	\$100/day	\$50/day
Extended Care Facility (Max 90 days/yr)	\$150/day	\$100/day
Air Ambulance (Max 2 trips per confinement)	\$2,000/trip	\$1,500/trip
Hospice Care Benefit (Max 100 days)	\$100/day	\$50/day
Radiation, Chemotherapy & Related Benefits		
Radiation / Chemotherapy for Cancer	Up to \$15,000/year	Up to \$10,000/year
Blood, Plasma, and Platelets	Up to \$10,000/year	Up to \$5,000/year
Medical Imaging (max per year)	\$400	\$200
Surgery & Related Benefits		
Surgical Benefit	Up to \$5,500	Up to \$4,125
Second Surgical Opinion	\$300	\$200
General Anesthesia	25% of surgery benefit	
Bone Marrow or Stem Cell Transplant (Autologous & Non-Autologous)	Bone Marrow: \$10,000 Stem Cell: \$2,500	Bone Marrow: \$7,500 Stem Cell: \$1,500
Miscellaneous Benefits		
Prosthesis (per amputation)	Up to \$6,000/lifetime	Up to \$4,000/lifetime
Experimental Treatment (every year)	Up to \$2,400/month	Up to \$1,000/month
Pre-existing Condition- A pre-existing condition includes any condition for which an employee, in the specified time period prior to coverage in this plan, consults with a physician, receives treatment, or takes prescribed drugs.	12/12 - Anything received treatment for 12 months prior to the effective date of coverage, will not be covered for the first 12 months	
Wellness Incentive	\$50 - See wellness incentives page for details	
Portability	Included (must port prior to age 70)	
Monthly Rates	Premier	Advantage
Employee	\$32.72	\$21.02
Employee + Spouse	\$61.93	\$39.82
Employee + Child	\$36.06	\$23.64
Employee + Family	\$65.27	\$42.44

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CRITICAL ILLNESS

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

- **Coverage through Trustmark**
- **Issue Age - Rates are locked in and will not increase with age**
- No health questions – Every Year!
- *The chart below is a sample of covered services. Additional information can be found on your benefits website.*

Cancer & Disease Benefits Quick Summary

	100% Benefit
Cancer	<ul style="list-style-type: none"> • Multiple Myeloma • Leukemia • Stage 2 involving lymph node involvement, or any Stage 3 or 4 of any cancer • Stage 2 or higher Melanoma • Stage 1 or higher: pancreas, liver, lung, esophagus, biliary tract, head and neck, lymphoma
Coronary Artery Disease	<ul style="list-style-type: none"> • Heart attack • Sudden Cardiac Arrest
Cerebral Vascular Disease	<ul style="list-style-type: none"> • Stroke with at least 30 days impairment
End Stage Renal Failure and Major Organ Failure	<ul style="list-style-type: none"> • When dialysis or kidney transplant is need • Failure of the liver, lung, pancreas or heart
Infectious Disease and Rare Illness Benefit	<ul style="list-style-type: none"> • N/A
Specified Illness Benefit	<ul style="list-style-type: none"> • Permanent blindness • Complications of diabetes requiring lower-limb amputation • Irreversible loss of hearing • Occupational Human Immunodeficiency Virus (HIV) • Permanent Paralysis • Lou Gehrig's Disease (ALS)

Plan Rates

Cost of coverage is based on the level of benefit you choose and your age.
Please contact a Campus Benefits counselor for rate details.

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Critical Illness Benefits Quick Summary	
Employee	\$10,000 - \$30,000 (Guaranteed Issue)
Spouse	50% of employee amount (\$5,000 - \$15,000) (Guaranteed Issue)
Dependent Children	25% of employee amount
Max Payout	Max elected benefit per year
ANNUAL WELLNESS INCENTIVE	\$50 per covered person per year - See wellness incentives page
Re-occurrence Benefit (Same Illness)*	30 Days for Cancer Diagnoses
<i>*Exclusions apply - see plan certificate for details</i>	
Second Occurrence (Different Illness)	No separation period
Age Reduction	None
Pre-existing Condition	None

	50% Benefit	10% Benefit
	<ul style="list-style-type: none"> Melanoma Stage 1 Stage 1 or 2 of any localized cancer without lymph node involvement 	<ul style="list-style-type: none"> Invasive squamous or basel cell skin cancer In-situ cancers Benign tumors of the Central Nervous System Myelodysplastic syndrome
	<ul style="list-style-type: none"> Coronary artery obstruction Heart attack (clinically diagnosed) Thoracic Aorta or Valve Surgery 	<ul style="list-style-type: none"> Initial diagnosis Pulmonary Embolism Pulmonary Fibrosis
	<ul style="list-style-type: none"> Stroke with less than 30 days impairment Stroke when clinically diagnosed 	<ul style="list-style-type: none"> Transient Ischemic Attack (TIA) Reversible Ischemic Neurologic Deficit (RIND)
	<ul style="list-style-type: none"> Addison's Disease Budd-Chiari Syndrome Systemic Sclerosis Walter Payton's Disease-Primary Sclerosing Cholangitis 	<ul style="list-style-type: none"> Advanced Chronic Obstructive Pulmonary Disease (COPD) Including but not limited to: AIDS, Babesiosis, Brucellosis, Cerebrospinal Meningitis, Cholera, Coronavirus Disease 2019 (COVID-19), Diphtheria, Eastern Equine Encephalitis (EEE), Histoplasmosis, Legionnaires' Disease, Leptospirosis, Lyme Disease, Malaria, Necrotizing Fasciitis, Osteomyelitis, Rocky Mountain Spotted Fever, Poliomyelitis, Rabies, Reyes Syndrome, Tetanus, Tuberculosis, Typhoid Fever, Tularemia, West Nile (require hospital admission))
	<ul style="list-style-type: none"> Central nervous condition Lupus Sarcoid Central nervous infection of the brain Neurologic Diseases, such as Huntington's Disease, Multiple Sclerosis, Parkinson's Disease Dementia, such as Alzheimer's Disease 	<ul style="list-style-type: none"> Complications of diabetes requiring hospitalization for hyperglycemia, dehydration Stem cell/bone marrow transplant Acute Respiratory Distress Syndrome Coma Epilepsy Rheumatoid Arthritis Type 1 Diabetes

HOSPITAL INDEMNITY

What is Hospital Indemnity Insurance? A plan which pays you benefits when you are confined to a hospital, whether for planned or unplanned reasons.



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

- **Coverage through MetLife**
- **No health questions – Every Year!**
- Benefits are not offset with health insurance payments and are paid directly to you.
- Routine delivery of a child or children or delivery of a child or children by non-emergency Cesarean section are covered.
- *The chart below is a sample of covered services. Please see plan certificate for a detailed listing of services in their entirety, which is available on your Employee Benefits Website.*

Hospital Indemnity Benefits Quick Summary		
	High Plan	Low Plan
Admission (4 x per year, separated by 90 days)	\$1,000	\$500
Hospital Confinement (Max 365 days per calendar year)	\$200/day	\$100/day
ICU Admission	\$1,000	\$500
ICU Confinement (Max 365 days per calendar year)	\$200/day	\$100/day
Confinement for Newborn Nursery Care (Max 2 per confinement)	\$50/day	\$25/day
Age Reduction	None	
Pre-existing Condition	None	
Benefits Waiting Period	None	
Wellness Incentive	\$50 per covered person See the wellness incentives page for details	
Please see plan certificate for additional plan rules, exclusions and details.		

Monthly Rates	High Plan	Low Plan
Employee	\$21.67	\$12.82
Employee + Spouse	\$40.14	\$23.89
Employee + Child(ren)	\$32.24	\$19.29
Employee + Family	\$50.72	\$30.36

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ACCIDENT

What is Accident Insurance? A financial and family protection plan designed to help pay for the medical and out-of-pocket costs a covered individual may incur after an accidental injury either on or off the job.



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

- **Coverage through MetLife**
- **No health questions – Every Year!!**
- *The chart below is a sample of covered services. Please see plan certificate for a detailed listing of services in their entirety, which is available on your Employee Benefits Website.*

Accident Benefits Quick Summary		
INJURIES	HIGH PLAN	LOW PLAN
Fractures/Dislocations <small>*If multiple fractures/dislocations, max benefit payable is 2 times the highest fracture/dislocation benefit</small>	\$200 - \$10,000	\$100 - \$8,000
Second and Third Degree Burns	\$100 - \$15,000	\$75 - \$10,000
Concussions	\$500	\$250
Cuts/Lacerations	\$75 - \$700	\$50 - \$400
Coma	\$10,000	\$7,500
MEDICAL SERVICES & TREATMENT		
Ambulance (Ground)	\$400	\$300
Emergency Room Treatment	\$200	\$150
Surgery Benefits	\$200 - \$2,000	\$150 - \$1,500
Physician Office Visit (Max 6)	\$100	\$75
Medical Testing Benefit	\$200	\$150
Broken Tooth Benefit (Accident)	\$25 - \$200	\$50 - \$300
Eye Injury	\$400	\$300
ACCIDENTAL DEATH		
Basic Accidental Death	E: \$50,000 S: \$25,000 C: \$10,000	E: \$25,000 S: \$12,500 C: \$5,000
Accidental Death Common Carrier	E: \$150,000 S: \$75,000 C: \$30,000	E: \$75,000 S: \$37,500 C: \$15,000
The accident benefit also includes an accidental dismemberment/functional loss/paralysis benefit. See plan certificate for details.		
HOSPITAL COVERAGE (ACCIDENT)		
Hospital Admission	\$1,500	\$1,000
ICU Admission <small>(pays in addition to Hospital Admission)</small>		
Confinement (Max 365)	\$300/day	\$200/day
ICU Confinement <small>(pays in addition to Hospital Admission)</small>		
Inpatient Rehabilitation <small>(15 days per accident; 30 days per calendar year)</small>	\$200/day	\$150/day
Age Reduction	None	
Pre-existing Condition	None	
Wellness Incentive	\$50 See wellness incentives page for details	

High Plan Monthly Rates

Employee
\$12.08

Employee + Spouse
\$23.75

Employee + Child(ren)
\$28.48

Employee + Family
\$33.64

Low Plan Monthly Rates

Employee
\$9.32

Employee + Spouse
\$18.41

Employee + Child(ren)
\$22.16

Employee + Family
\$26.16

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WELLNESS INCENTIVES

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



Eligibility:

- 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 benefit can be submitted annually as long as your critical illness, hospital indemnity, accident and cancer plans are in force

Available Incentives

Trustmark Critical Illness	\$50/year
Metlife Hospital Indemnity & Accident	\$50/year
Guardian Cancer	\$50/year

What Qualifies as Wellness?

MetLife Hospital Indemnity & Accident	Trustmark Critical Illness	Guardian Cancer
<ul style="list-style-type: none"> • Routine health check-up exam • Biopsies for cancer • Blood chemistry panel • Blood test to determine total cholesterol • Blood test to determine triglycerides • Bone marrow testing • Breast MRI • Breast ultrasound • Breast sonogram • Cancer antigen 15-3 blood test for breast cancer (CA 15-3) • Cancer antigen 125 blood test for ovarian cancer (CA 125) • Carcinoembryonic antigen blood test for colon cancer (CEA) • Carotid doppler • Chest x-rays • Clinical testicular exam • Colonoscopy • Complete blood count (CBC) • Corona virus testing • Dental exam • Digital rectal exam (DRE) • Doppler screening for cancer • Doppler screening for peripheral vascular disease • Echo cardiogram • Electrocardiogram (EKG) • Electroencephalogram (EEG) • Endoscopy • Eye exams 	<ul style="list-style-type: none"> • Fasting blood glucose test • Fasting plasma glucose test • Flexible sigmoidoscopy • Hearing test • Hemocult stool specimen • Hemoglobin A1C • Human papilloma virus (HPV) vaccination • Immunization • Lipid panel • Mammogram • Oral cancer screening • Pap smears or thin prep pap test • Prostate-specific antigen (PSA) test • Serum cholesterol test to determine LDL and HDL levels • Serum protein electrophoresis • Skin cancer biopsy • Skin cancer screening • Skin exam • 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 • Ultrasounds for cancer detection • Ultrasound screening of the abdominal aorta for abdominal aortic aneurysms • Virtual colonoscopy 	<ul style="list-style-type: none"> • 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 • Hemocult 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 Claim?

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Call 1-800-GET-MET8. (800-438-6388) • File your Health Screening Benefit online through the MyBenefits portal at www.metlife.com/mybenefits or by mail with a paper claim form. • Important Note: Must use Pickens County Board of Education when registering for a MetLife MyBenefits Account. | <ul style="list-style-type: none"> • Fax completed documents to 508.471.3208 • Email completed documents to ridercclaims@trustmarkins.com • File online: www.trustmarksolutions.com | <ul style="list-style-type: none"> • Log on to guardianlife.com and select "My Account/Login" to register or access your account |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Additional wellness information and claim forms can be found on your employee benefits website

LEGAL PLAN

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



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

- **Coverage 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
- Non-Members & Members create an account and select Employer for plan information (creating an account doesn't enroll you in plans)
- *Additional information can be found on your benefits website (<https://www.pickenscountybenefits.com/>)*

	Low Plan Quick Summary	High Plan Quick Summary	
Money Matters	<ul style="list-style-type: none"> • Identity Theft Defense • Negotiations with Creditors • Promissory Notes • Debt Collection Defense • Tax Collection Defense 	<ul style="list-style-type: none"> • Identity Theft Defense • Negotiations with Creditors • Promissory Notes • Debt Collection Defense • Tax Collection Defense 	<ul style="list-style-type: none"> • Personal Bankruptcy • LifeStages Identity Management • Tax Audit Representation • Financial Education Workshops
Home & Real Estate	<ul style="list-style-type: none"> • Deeds • Mortgages • Foreclosure • Tenant Negotiations • Eviction Defense • Security Deposit Assistance 	<ul style="list-style-type: none"> • Deeds • Mortgages • Foreclosure • Tenant Negotiations • Eviction Defense • Security Deposit Assistance 	<ul style="list-style-type: none"> • Sale or Purchase (Primary or Vacation Home) • Refinancing & Home Equity • Property Tax Assessments • Boundary & Title Disputes • Zoning Applications
Estate Planning	<ul style="list-style-type: none"> • Simple and Complex Wills • Healthcare Proxies • Living Wills • Codicils • Powers of Attorney (Healthcare, Financial, Childcare, Immigration) 	<ul style="list-style-type: none"> • Simple and Complex Wills • Healthcare Proxies • Living Wills • Codicils • Powers of Attorney (Healthcare, Financial, Childcare, Immigration) 	<ul style="list-style-type: none"> • Revocable & Irrevocable Trusts
Family & Personal	<ul style="list-style-type: none"> • Guardianship • Conservatorship • Name Change • Review of ANY Personal Legal Document • School Hearings • Demand Letters • Affidavits • Personal Property Issues • Garnishment Defense • Domestic Violence Protection 	<ul style="list-style-type: none"> • Guardianship • Conservatorship • Name Change • Review of ANY Personal Legal Document • School Hearings • Demand Letters • Affidavits • Personal Property Issues • Garnishment Defense • Domestic Violence Protection 	<ul style="list-style-type: none"> • Juvenile Court Defense (Including Criminal Matters) • Parental Responsibility Matters • Review of Immigration Documents • Prenuptial Agreement • Adoption
Civil Lawsuits	<ul style="list-style-type: none"> • Disputes over Consumer Goods & Services • Administrative Hearings • Incompetency Defense 	<ul style="list-style-type: none"> • Disputes over Consumer Goods & Services • Administrative Hearings • Incompetency Defense 	<ul style="list-style-type: none"> • Civil Litigation Defense & Mediation • Small Claims Assistance • Pet Liabilities
Elder Care Issues	Consultation & Document review for issues related to your (or spouses) parents: <ul style="list-style-type: none"> • Medicare • Medicaid • Prescription Plans • Nursing Home Agreements • Leases • Promissory Notes • Deeds • Wills • Power of Attorney 	Consultation & Document review for issues related to your (or spouses) parents: <ul style="list-style-type: none"> • Medicare • Medicaid • Prescription Plans • Nursing Home Agreements • Leases • Promissory Notes • Deeds • Wills • Power of Attorney 	<div> <div>Low Plan Monthly Rate</div> <div>High Plan Monthly Rate</div> </div>
Vehicle & Driving	<ul style="list-style-type: none"> • Repossession • Defense of Traffic Tickets • Driving Privileges Restoration • License Suspension due to DUI 	<ul style="list-style-type: none"> • Repossession • Defense of Traffic Tickets • Driving Privileges Restoration • License Suspension due to DUI 	<div> <div>\$8.00</div> <div>\$16.50</div> </div>
		NO CO-PAY if using an In-Network attorney	

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FLEXIBLE SPENDING ACCOUNTS

What are Medical Flexible Spending (FSAs) Accounts? 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:

- **Coverage through Consolidated Admin Services (CAS)**
- **Plan year is from January 1 - December 31st and employees must re-enroll each year**
- Only family status changes will allow you to change 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 the Dependent Care and Medical Care accounts are not allowed
- *Please visit your Employee Benefits website for a complete listing of eligible expenses and qualifying dependent care services.*

FSA Benefits Quick Summary	
MEDICAL FSA ACCOUNT	
Minimum Contribution	\$300 annually
Maximum Contribution	\$3,200 annually
CARRYOVER MAX- Amount of funds carried over to the next year. Must re-enroll to access carryover funds.	\$640
Medical FSA funds are available at the beginning of the plan year.	
DEPENDENT CARE FSA ACCOUNT	
Minimum Contribution	\$300 annually
Maximum Contribution	\$5,000 annually
CARRYOVER MAX	None (Unused funds are forfeited)
Dependent care funds are available as they are payroll deducted.	
Plan Rules	
Runout Period - The amount of time to turn in receipts for services rendered during the plan year.	30 days after end date to turn in receipts
All receipts should be kept to submit if verification is requested	

Admin Fee	
Fee Per Participant Per Month	\$3.50
Replacement Card Fee	\$10.00

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.

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FLEXIBLE SPENDING ACCOUNTS

HELPFUL 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*

FSA Eligibility List

<https://www.consolidatedadmin.com/fsa-hsa-eligible-expenses>

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 ages 12 and under (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

Imagine what you could do with CAS' mobile app



-  View account activity and check balance
-  Update your information
-  Enter and track expenses
-  Make a payment from your account
-  File claims with receipt images
-  *can or view eligible expenses, and more!



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.

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MEDCARECOMPLETE

THE SMART WAY TO REDUCE YOUR HEALTHCARE COSTS



What is MedCare Complete? A bundle of services constructed to save you time and money while simplifying your life.

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

- **Coverage through MedCareComplete**

- This is a supplemental benefit and does not replace health insurance.
- Register @ MCC: [Medcarecomplete.com/members](https://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.**

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.

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

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RETIREMENT INFORMATION

Notice: Pickens County School District retirement program is made up of four parts – Teachers Retirement System of Georgia (TRSga), Public School Employees Retirement System (PSERS), Supplemental Retirement plans and Social Security.

Teachers Retirement System of Georgia

TRS covers all teaching, administrative, clerical and other professional personnel. Teachers Retirement System eligible employees contribute 6% of their gross monthly salary to TRS. In addition, the BOE contributes 20.78% of your gross salary to your TRS account.

- Please click on this link for TRS information: www.trsga.com/active-member

Public Schools Employees Retirement System

PSERS covers all non-TRS employees including bus drivers, food service, maintenance, warehouse and custodial employees. PSERS employees contribute \$10.00 per month September through May (applies to employees hired after 7/1/2012).

- Click on this link for PSERS information: <https://www.ers.ga.gov/public-school-employees-retirement-system>
- Ready to Retire under PSERS? Click on this link and then click Active Members: <https://www.ers.ga.gov/post/psers-forms>

Supplemental Retirement Plans

The following plan options are available for benefits-eligible employees: 403(b), Roth 403(b) and 457(b) plans. Participation in tax-sheltered annuity plans is voluntary and is open to all benefits-eligible employees (those employees who work 20 hours or more per week). The Board has established a voluntary Supplemental Retirement Plan for PSERS employees that will currently match 2% of employee contributions. Since participation in these plans are voluntary, benefits-eligible employees may make changes to their plan(s) at their discretion (subject to IRS rules and regulations) during the calendar year by contacting the plan representatives. Universal Availability requires an employer to give notice to employees of their right to make elective deferrals to tax sheltered annuities. To ensure compliance with this requirement, PCSD benefits-eligible employees may make such elections and/or changes to their tax sheltered annuity plan(s) at any time throughout the year by contacting a Financial Advisor.



CoreBridge Financial (Formerly VALIC)/ Retirement Services Contacts:

Paul Pitkins Financial Advisor

2300 Windy Ridge Parkway SE
Suite 240 S
Atlanta, Ga 30339
T: 770.395.4706
C: 470.512.0018
F: 706.780.5381
E: paul.pitkins@corebridgefinancial.com

Danny Caldwell Financial Advisor

2300 Windy Ridge Parkway SE
Suite 240 S
Atlanta, Ga 30339
T: 770.395.4706
C: 706.455.0532
E: danny.caldwell@corebridgefinancial.com

www.corebridgefinancial.com



Jimmy and Cherri LeBlanc Retired Educators/Retirement Specialists

Jimmy LeBlanc

T: 404-535-0967
E: jimmyleblanc@valuteachers.com

Cherri LeBlanc

T: 770-780-9387
E: cherrileblanc@valuteachers.com

www.valuteachers.com

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STATE HEALTH BENEFIT PLAN



Notice: Pickens County School District offers 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 upcoming plan year.

- **Coverage through Anthem BCBS of GA, United Healthcare, or Kaiser Permanente**
- All qualifying life events must be submitted via the SHBP Portal.
- Kaiser Permanente is only available in the Atlanta Metro area.
- Plan year is January 1- December 31 with enrollment in the fall of each year.
- **Attention to participants approaching age 65 and/or retirement:** Please review: <https://shbp.georgia.gov/retirees-0/turning-age-65>

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 Phone Number: 800.610.1863

SHBP Wellness Portal:

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/>

2025 WELLNESS INCENTIVES AT-A-GLANCE

Plan Option	Anthem HMO MyIncentive Account (MIA)	Anthem Health Reimbursement Arrangement (HRA)	Kaiser Permanente (KP) Regional HMO	United Healthcare HMO Health Incentive Account (HIA)	United Healthcare HDHP Health Incentive Account (HIA)
	Up to	Up to		Up to	Up to
Member	480	480	\$500 Reward Card	480	480
Covered Spouse	480	480	\$500 Reward Card	480	480
United Healthcare Reward Card for enrolled member and covered spouse	n/a	n/a	n/a	\$250 Reward Card (member) \$250 Reward Card (Covered Spouse)	\$250 Reward Card (member) \$250 Reward Card (Covered Spouse)
Potential Total	960	960	\$1,000	1,460	1,460

Please review the Active Decision Guide for full incentive program details and requirements.

Anthem: Members enrolled in an Anthem HRA Plan Option will receive SHBP-funded base credits at the beginning of the Plan Year. The amount funded will be based on your elected coverage tier. If you enroll in a HRA during the Plan Year, these credits will be prorated based on the elected coverage tier and the months remaining in the current Plan Year.

***KP:** Members enrolled in the KP Regional HMO Plan Option and their covered spouses will each receive a \$500 reward card after they each satisfy KP's Wellness Program requirements.

****UnitedHealthcare:** Members and their covered spouses enrolled in an UnitedHealthcare Plan Option can each earn a 240 well-being incentive credit match with a maximum combined up to 480 well-being incentive credits matched by UnitedHealthcare for completing wellness requirements under the plan. After credits are added to your HIA, any remaining credits will rollover to the next plan year.

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2025 SHBP PLANS

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

Plan Designs for 2025											
	Anthem Gold Plan HRA		Anthem Silver Plan HRA		Anthem Bronze Plan HRA		Anthem HMO	UHC HMO	UHC HDHP		Kaiser HMO*
	In	Out	In	Out	In	Out	In	In	In	Out	In
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 (Out of Pocket Maximum)											
You	\$4,000	\$8,000	\$5,000	\$10,000	\$6,000	\$12,000	\$4,000	\$4,000	\$6,450	\$12,900	\$6,350
You + Spouse	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000	\$6,500	\$6,500	\$12,900	\$25,800	\$12,700
You + Child(ren)	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000	\$6,500	\$6,500	\$12,900	\$25,800	\$12,700
You + Family	\$8,000	\$16,000	\$10,000	\$20,000	\$12,000	\$24,000	\$9,000	\$9,000	\$12,900	\$25,800	\$12,700
Coinsurance (Plan Pays)	85%	60%	80%	60%	75%	60%	80%	80%	70%	50%	100%
HRA (Health Reimbursement Arrangement) Credits											
You	\$400		\$200		\$100		N/A	N/A	N/A		N/A
You + Spouse	\$600		\$300		\$150		N/A	N/A	N/A		N/A
You + Child(ren)	\$600		\$300		\$150		N/A	N/A	N/A		N/A
You + Family	\$800		\$400		\$200		N/A	N/A	N/A		N/A
Medical											
ER	Coins after ded		Coins after ded		Coins after ded		\$150 copay	\$150 copay	Coins after ded		\$150 copay
Urgent Care	Coins after ded		Coins after ded		Coins after ded		\$35 copay	\$35 copay	Coins after ded		\$35 copay
PCP Visit	Coins after ded		Coins after ded		Coins after ded		\$35 copay	\$35 copay	Coins after ded		\$35 copay
Specialist Visit	Coins after ded		Coins after ded		Coins after ded		\$45 copay	\$45 copay	Coins after ded		\$45 copay
Preventative	100%	N/A	100%	N/A	100%	N/A	100%	100%	100%	N/A	100%
Retail Rx											
Tier 1	15%, Min \$20, Max \$50		15%, Min \$20, Max \$50		15%, Min \$20, Max \$50		\$20 copay	\$20 copay	Coins after ded		\$20 copay
Tier 2	25%, Min \$50, Max \$80		25%, Min \$50, Max \$80		25%, Min \$50, Max \$80		\$50 copay	\$50 copay	Coins after ded		\$50 copay
Tier 3	25%, Min \$80, Max \$125		25%, Min \$80, Max \$125		25%, Min \$80, Max \$125		\$90 copay	\$90 copay	Coins after ded		\$80 copay
Mail Order Rx											
Tier 1	15%, Min \$50 Max \$125		15%, Min \$50, Max \$125		15%, Min \$50, Max \$125		\$50 copay	\$50 copay	Coins after ded		\$50 copay
Tier 2	25%, Min \$125, Max \$200		25%, Min \$125, Max \$200		25%, Min \$125, Max \$200		\$125 copay	\$125 copay	Coins after ded		\$125 copay
Tier 3	25%, Min \$200, Max \$313		25%, Min \$200, Max \$313		25%, Min \$200, Max \$313		\$225 copay	\$225 copay	Coins after ded		\$200 copay
Rx OOPM											
All Plans Combined with Medical											
Monthly Premiums	Anthem Gold Plan HRA		Anthem Silver Plan HRA		Anthem Bronze Plan		Anthem HMO	UHC HMO	UHC HDHP		Kaiser HMO*
Employee	\$194.67		\$131.17		\$82.67		\$157.53	\$196.58	\$72.69		\$157.53
Employee + CH	\$355.26		\$247.31		\$164.86		\$292.12	\$358.50	\$147.89		\$292.12
Employee + SP	\$482.76		\$349.41		\$247.56		\$404.77	\$486.77	\$226.60		\$404.77
Family	\$643.35		\$465.55		\$329.75		\$539.36	\$648.69	\$301.80		\$539.36
An \$80 tobacco surcharge will be added to all rates for tobacco users.											

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

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2025 SHBP PRICING CERTIFIED PERSONNEL

	YOU	YOU + CHILD(REN)	YOU + SPOUSE	YOU + FAMILY
Anthem Gold SHBP	\$194.67	\$355.26	\$482.76	\$643.35
Anthem Gold PCSD	\$154.67	\$315.26	\$442.76	\$603.35
add \$80.00 tobacco surcharge	\$234.67	\$395.26	\$522.76	\$683.35
Anthem Silver SHBP	\$131.17	\$247.31	\$349.41	\$465.55
Anthem Silver PCSD	\$91.17	\$207.31	\$309.41	\$425.55
add \$80.00 tobacco surcharge	\$171.17	\$287.31	\$389.41	\$505.55
Anthem Bronze SHBP	\$82.67	\$164.86	\$247.56	\$329.75
Anthem Bronze PCSD	\$42.67	\$124.86	\$207.56	\$289.75
add \$80.00 tobacco surcharge	\$122.67	\$204.86	\$287.56	\$369.75
Anthem HMO SHBP	\$157.53	\$292.12	\$404.77	\$539.36
Anthem HMO PCSD	\$117.53	\$252.12	\$364.77	\$499.36
add \$80.00 tobacco surcharge	\$197.53	\$332.12	\$444.77	\$579.36
UHC HMO SHBP	\$196.58	\$358.50	\$486.77	\$648.69
UHC HMO PCSD	\$156.58	\$318.50	\$446.77	\$608.69
add \$80.00 tobacco surcharge	\$236.58	\$398.50	\$526.77	\$688.69
UHC HDHP SHBP	\$72.69	\$147.89	\$226.60	\$301.80
UHC HDHP PCSD	\$32.69	\$107.89	\$186.60	\$261.80
add \$80.00 tobacco surcharge	\$112.69	\$187.89	\$237.24	\$341.80
KAISER HMO SHBP	\$157.53	\$292.12	\$404.77	\$539.36
KAISER HMO PCSD	\$117.53	\$252.12	\$364.77	\$499.36
add \$80.00 tobacco surcharge	\$197.53	\$332.12	\$444.77	\$579.36

White = State Health Benefit Plan Non-Adjusted Rates

Yellow = Employee Rates after \$40.00 contribution from the Pickens County Board of Education

Gray= Employee Rates after the tobacco surcharge has been added

Health Maintenance Organization (HMO)

- Allows you to receive covered medical services from in-network providers only (except for emergency care).
- It is important to verify your current provider is in-network when selecting an HMO Plan Option.
- Plan pays 100% of covered services provided by in-network providers that are properly coded as "preventive care."
- There are co-pays with this plan for certain services and certain services are subject to a deductible and co-insurance.

Health Reimbursement Account (HRA)

- The HRA provides first-dollar coverage for eligible medical and pharmacy expenses and is funded by SHBP.
- When going to the doctor, you will not pay a co-pay. Instead, you pay the applicable deductible and co-insurance.
- Plan pays 100% of covered services provided by in-network providers that are properly coded as "preventive care".
- You must meet separate in-network and out-of-network deductibles and out-of-pocket maximums.

High Deductible Health Plan (HDHP)

- The HDHP offers in-network and out-of-network benefits and provides access to one of the largest network of providers statewide and on a national basis across the United States.
- In addition to a lower monthly premium, you can open a Health Savings Account (HSA) that allows you to save money tax deferred, to help offset your plan costs.
- Plan pays 100% of covered services provided by in-network providers that are properly coded as "preventive care."

Review the SHBP Active Member Decision Guide at
<https://www.pickenscountybenefits.com/state-health-benefit-plan>

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2025 SHBP PRICING CLASSIFIED/ NON-CERTIFIED PERSONNEL

	YOU	YOU + CHILD(REN)	YOU + SPOUSE	YOU + FAMILY
Anthem Gold SHBP	\$194.67	\$355.26	\$482.76	\$643.35
Anthem Gold PCSD	\$114.67	\$275.26	\$402.76	\$563.35
add \$80.00 tobacco surcharge	\$194.67	\$355.26	\$482.76	\$643.35
Anthem Silver SHBP	\$131.17	\$247.31	\$349.41	\$465.55
Anthem Silver PCSD	\$51.17	\$167.31	\$269.41	\$385.55
add \$80.00 tobacco surcharge	\$131.17	\$247.31	\$349.41	\$465.55
Anthem Bronze SHBP	\$82.67	\$164.86	\$247.56	\$329.75
Anthem Bronze PCSD	\$0.00	\$84.86	\$167.56	\$249.75
add \$80.00 tobacco surcharge	\$76.58	\$164.86	\$247.56	\$329.75
Anthem HMO SHBP	\$157.53	\$292.12	\$404.77	\$539.36
Anthem HMO PCSD	\$77.53	\$212.12	\$324.77	\$459.36
add \$80.00 tobacco surcharge	\$157.53	\$292.12	\$404.77	\$539.36
UHC HMO SHBP	\$196.58	\$358.50	\$486.77	\$648.69
UHC HMO PCSD	\$116.58	\$278.50	\$406.77	\$568.69
add \$80.00 tobacco surcharge	\$196.58	\$358.50	\$486.77	\$648.69
UHC HDHP SHBP	\$72.69	\$147.89	\$226.60	\$301.80
UHC HDHP PCSD	\$0.00	\$67.89	\$117.24	\$221.80
add \$80.00 tobacco surcharge	\$61.83	\$147.89	\$197.24	\$301.80
KAISER HMO SHBP	\$157.53	\$292.12	\$404.77	\$539.36
KAISER HMO PCSD	\$77.53	\$212.12	\$324.77	\$459.36
add \$80.00 tobacco surcharge	\$157.53	\$292.12	\$404.77	\$539.36

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Health Maintenance Organization (HMO)

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- When going to the doctor, you will not pay a co-pay. Instead, you pay the applicable deductible and co-insurance.
- Plan pays 100% of covered services provided by in-network providers that are properly coded as "preventive care".
- You must meet separate in-network and out-of-network deductibles and out-of-pocket maximums.

Review the SHBP Active Member Decision Guide at
<https://www.pickenscountybenefits.com/state-health-benefit-plan>

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Visit

<https://www.pickenscountybenefits.com/>



The Service Hub Helps With:

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

Phone: 866.433.7661, Opt 5

Email: mybenefits@campusbenefits.com

Benefits website address: <https://www.pickenscountybenefits.com/>

The 2025 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 <https://www.pickenscountybenefits.com/>.

These should be reviewed fully prior to electing any benefits.