



Dalton Public Schools



2024

**NEW EMPLOYEE
BENEFITS**



WE'RE SO GLAD YOU'RE HERE.

We understand that managing your benefits can be overwhelming, but we are committed to making the process as simple and straightforward as possible. This guide is designed to provide you with all of the information you need to understand your benefits, and how to take advantage of them.

This guide provides an overview of Dalton Public Schools' benefits for the 2024 plan year and the new employee enrollment process. You'll find important benefits resources and contact information throughout the guide. Additional benefits information is available online at www.daltonpublicschoolsbenefits.com.

The enrollment deadline is your benefits effective date. If you don't enroll by your effective date, your new employee benefits will be waived.



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This brochure summarizes the benefit plans that are available to Dalton Public Schools eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.

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ENROLLMENT



ELIGIBILITY

Employees working 20 or more hours per week and eligible family members can participate in the voluntary benefits package. Coverage is effective the first of the month following 30 days of employment.

About Your Payroll Deductions:

- Equal payroll deductions will be taken from each paycheck.
- Your Flexible Spending Account (FSA), dental, and vision premiums are deducted on a pre-tax basis.
- Your life, disability, and critical illness benefits are deducted on a post-tax basis.

SECTION 125 PLANS

No changes are allowed to your benefits during the plan year unless you have a qualifying life event. Qualifying life events that could result in changes to your coverage include:

- Marriage or divorce
- Birth or adoption of a child
- Death of a dependent
- Medicare entitlement
- A change in your spouse's employment that affects benefits
- Loss of other group coverage

If you have a qualifying life event, please notify Human Resources as soon as possible. Supporting documentation will be required within 31 days of the event.

To enroll in your voluntary (non-medical) benefits, please call the Benefits Service Center at (866) 481-4920 or enroll online at www.daltonpublicschoolsbenefits.com.

ENROLLMENT

Medical

Dalton Public Schools participates in the State Health Benefit Plan (SHBP), and you must elect medical coverage separately through the SHBP ADP Portal, explained on the following page.

Voluntary Benefits

Dalton Public Schools offers an extensive voluntary benefits package for our valued employees.

Information You Will Need to Enroll

- Your name, date of birth, and Social Security Number.
- The name(s), date(s) of birth, and Social Security Number(s) of your dependent children up to age 26.
- The name, date of birth, and Social Security Number of your spouse (if applicable).
- Your current address, so that we can update our records if applicable. This will also ensure that your ID cards and other important information are sent to the correct address.
- The full name and relationship of your life insurance beneficiary (your beneficiary must be at least 18 years old or you will be required to name a guardian for them).



To enroll in your voluntary (non-medical) benefits, please call the Benefits Service Center at (866) 481-4920 or enroll online at www.daltonpublicschoolsbenefits.com.

ENROLLMENT

HOW TO ENROLL

Voluntary Benefits – Online or By Phone

Enrollment Online

Step 1: Visit www.daltonpublicschoolsbenefits.com and then click “Enroll Now!”

Step 2: Click on “Get Started Now” to begin. You will be prompted to enter your email address on file, the last four digits of your Social Security Number, and your Date of Birth. The system will identify you by these credentials and allow you to create a password.

Step 3: Once you have logged in, you will be able to complete your enrollment. You can complete your benefit elections by clicking “Begin Enrollment” and following the prompts.

Enrollment by Phone

Call the Dalton Public Schools Benefits Service Center at (866) 481-4920 to complete your voluntary benefits enrollment by phone. The Benefits Specialist will confirm your personal information, review your plan options, and confirm your elections. For online and phone enrollment, you will receive a Confirmation Statement via email following your enrollment.

State Health Benefit Plan (SHBP) – ADP Portal

1. Access <https://myshbpga.adp.com/shbp> to elect your health insurance coverage. Your Registration Code is “SHBP-GA”. Employees may also enroll by phone by calling (800) 610-1863.

2. If you wish to elect coverage for your dependent(s), ADP will provide instructions for submitting required documentation for the new dependents. Be sure to provide documentation in the format required by the deadline provided by ADP. Your dependents will not have coverage until the documentation is received and approved.

How to Reset Your SHBP Password

Step 1: Go to www.myshbpga.adp.com and click “Forgot Your Password.”

Step 2: Enter your User ID.

Step 3: Follow the instructions to answer security questions (contact SHBP if you are unable to answer the questions).

Step 4: Create a new password and click “Continue.”

To enroll in your voluntary (non-medical) benefits, please call the Benefits Service Center at (866) 481-4920 or enroll online at www.daltonpublicschoolsbenefits.com.

BENEFITS OVERVIEW

QUALIFYING LIFE EVENTS

Should you have a qualifying event during the year (including a spouse gaining eligibility for their own employer's health plan), please notify the Benefits Service Center at (866) 481-4920. You must submit necessary documentation to the Benefits Service Center within 31 days of your event for the change to be approved.

These elections are valid for the entire 2024 year. No changes are allowed during the year without a Qualifying Life Event.



BENEFITS OVERVIEW

YOUR BENEFITS

Your benefits are designed to help you stay healthy, feel secure, and maintain a work/life balance. Offering a competitive benefits package is just one way we strive to provide our employees with a rewarding workplace.

Please read the information provided in this guide carefully. For full details about our plans, please refer to the summary plan descriptions. Listed below are the Dalton Public Schools benefits available to you:

- Medical
- Flexible Spending Accounts
- Dental
- Vision
- Voluntary Life Insurance
- Disability
- Critical Illness
- Employee Assistance Program
- Retirement
- Auto, Homeowner's and Renter's Insurance



BENEFITS SERVICE CENTER

WE'RE THERE WHEN YOU NEED US MOST.

Connect with the Benefits Service Center

Call/Text: (866) 481-4920

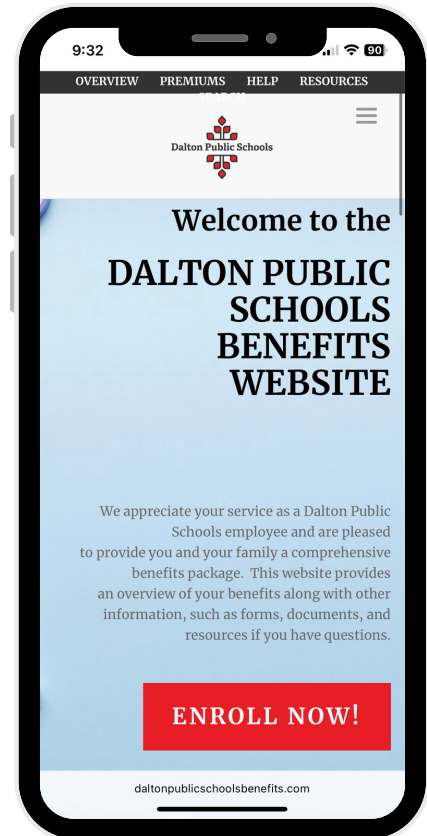
www.daltonpublicschoolsbenefits.com

Monday - Thursday: 8am - 6pm EST

Friday: 8am - 5pm EST

Contact for assistance with:

- Benefits questions, including general SHBP questions
- Plan enrollment
- Finding a physician
- How to file a claim
- Understanding your benefits



MEDICAL PLAN OVERVIEW

MEDICAL COVERAGE



State Health Benefit Plan (SHBP)

Dalton Public Schools participates in the State Health Benefit Plan. Refer to the Active Member Decision Guide for details.

SHBP Employer Contribution

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

State Health Benefit Plan Overview

Anthem Options	
HRA Gold HRA Silver HRA Bronze	The Gold, Silver, and Bronze HRA plans have different HRA credits, deductibles, coinsurance levels, and out-of-pocket limits. Most services are subject to a deductible. Then you pay coinsurance up to the out-of-pocket maximum. For prescription drugs, you pay a percentage of the retail cost. The HRA plans include a SHBP-funded Health Reimbursement Account (HRA) to help you pay for medical and pharmacy expenses. Unused HRA credits roll over to future years.
HMO	This plan has the lowest deductible and provides in-network coverage only. Some services (office visits, ER and prescription drugs) are covered at 100% after a copay. For most other services, you are responsible for a deductible and coinsurance until you meet your out-of-pocket maximum. Copays and the deductible apply to the out-of-pocket maximum.
UnitedHealthcare Options	
HMO	Same benefits as the Anthem HMO; United Healthcare provider network.
High Deductible Health Plan (HDHP)	Lowest premiums, highest deductible and out-of-pocket maximum. All services including pharmacy are subject to deductible and coinsurance. A Health Savings Account (HSA) is available with this plan.

MEDICAL PLAN OVERVIEW

MEDICAL COVERAGE

Online Resources

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

Anthem | www.anthem.com/shbp

Select “Find Care” from the Main Menu and then follow instructions to find a doctor.

UnitedHealthcare | www.whyuhc.com/shbp

Select “Search for a Provider” from the homepage. Select “Choice HMO” or “HDHP with HSA” and follow search instructions.

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

Your registration code is “SHBP-GA”.

Telemedicine Virtual Visits

The medical plans include telemedicine that allows you to speak to participating doctors from home or work through your smartphone, tablet, or computer 24 hours a day / 7 days a week. You must use in-network providers for coverage to apply. HMO members pay a copay and HRA members pay coinsurance for telemedicine. This benefit is subject to the deductible for High Deductible Health Plan members. Consider this convenient benefit for non-complex medical conditions. Download the LiveHealth Online (Anthem) or the Virtual Visits mobile app (UHC) today!

Dependent Documentation

- If you wish to add dependent(s) to your health plan at this time, ADP will contact you to request appropriate verification documents. This communication from ADP will include a personalized fax cover sheet with a bar code that must be used when submitting documentation.
- Appropriate documentation must be attached to the fax cover page.
- If you do not receive the request, contact SHBP at (800) 610-1863 to have the request sent to you. Your dependents will not be covered until the documentation is received and approved.

Pharmacy Information

CVS Caremark administers the pharmacy benefits for HRA, HMO, and HDHP members. The CVS Caremark pharmacy network is extensive (not limited to CVS pharmacies), and participating pharmacy information is available at info.caremark.com/shbp. Your pharmacy benefit includes retail, mail order, and specialty prescription drugs. For your convenience, you may purchase a 90-day supply via retail at participating in-network pharmacies. Certain drug costs are waived if SHBP is primary and you actively participate in one of the Disease Management programs for diabetes, asthma, ALS, cystic fibrosis, Parkinson’s Disease, or coronary artery disease.

MEDICAL PLAN DESIGN & PREMIUMS



	Anthem HRA						Anthem/ UHC	UHC	
	Gold		Silver		Bronze		HMO	HDHP	
	In	Out	In	Out	In	Out	In	In	Out
Deductible									
You	\$1,500	\$3,000	\$2,000	\$4,000	\$2,500	\$5,000	\$1,300	\$3,500	\$7,000
You + Child(ren)/Spouse	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500	\$1,950	\$7,000	\$14,000
You + Family	\$3,000	\$6,000	\$4,000	\$8,000	\$5,000	\$10,000	\$2,600	\$7,000	\$14,000
Medical OOPM*									
You	\$4,000	\$8,000	\$5,000	\$10,000	\$6,000	\$12,000	\$4,000	\$6,450	\$12,900
You + Child(ren)/Spouse	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000	\$6,500	\$12,900	\$25,800
You + Family	\$8,000	\$16,000	\$10,000	\$20,000	\$12,000	\$24,000	\$9,000	\$12,900	\$25,800
Coinsurance (Plan Pays)	85%	60%	80%	60%	75%	60%	80%	70%	50%
HRA									
You	\$400		\$200		\$100		N/A	N/A	
You + Child(ren)/Spouse	\$600		\$300		\$150		N/A	N/A	
You + Family	\$800		\$400		\$200		N/A	N/A	
ER	Coins after ded		Coins after ded		Coins after ded		\$200 copay	Coins after ded	
Urgent Care	Coins after ded		Coins after ded		Coins after ded		\$35 copay	Coins after ded	
PCP Visit	Coins after ded		Coins after ded		Coins after ded		\$35 copay	Coins after ded	
Specialist Visit	Coins after ded		Coins after ded		Coins after ded		\$45 copay	Coins after ded	
Preventive Care	100%	None	100%	None	100%	None	100%	100%	None

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

	Anthem HRA						Anthem/ UHC	UHC	
	Gold		Silver		Bronze		HMO	HDHP	
	In	Out	In	Out	In	Out	In	In	Out
Retail Pharmacy									
Tier 1	15%, Min \$20, Max \$50		15%, Min \$20, Max \$50		15%, Min \$20, Max \$50		\$20 copay	Coins after ded	
Tier 2	25%, Min \$50, Max \$80		25%, Min \$50, Max \$80		25%, Min \$50, Max \$80		\$50 copay	Coins after ded	
Tier 3	25%, Min \$80, Max \$125		25%, Min \$80, Max \$125		25%, Min \$80, Max \$125		\$90 copay	Coins after ded	

2024 MEDICAL EMPLOYEE PREMIUMS

Monthly Premiums	Anthem HRA			Anthem/ UHC		UHC
	Gold	Silver	Bronze	HMO		HDHP
You	\$188.56	\$125.19	\$77.69	\$148.53	\$177.91	\$63.36
You + Child(ren)	\$343.04	\$235.32	\$154.57	\$274.99	\$324.94	\$130.20
You + Spouse	\$464.72	\$331.65	\$231.90	\$380.66	\$442.36	\$201.80
You + Family	\$619.20	\$441.78	\$308.78	\$507.12	\$589.39	\$268.64



WELLNESS PROGRAM

Sharecare, your wellness program vendor, provides comprehensive well-being and incentive programs for SHBP members. As you complete wellness activities, you earn points in your Health Incentive Account to help you pay for your medical expenses. HDHP members must meet a portion of the deductible before well-being points may be used.

You and your covered spouse are each eligible to receive up to 480 well-being incentive points (960 family total) when you complete the activities between January 1 and December 2. Enrolled members choose to redeem well-being incentive points in the Sharecare Redemption Center for either 1) a \$150 Sharecare Rewards Visa Prepaid Card or 2) 480 incentive points to apply towards eligible medical / pharmacy expenses.

Step 1:	Complete the RealAge Test	Earn 120 well-being incentive points
Step 2:	Complete a Biometric Screening	Earn 120 well-being incentive points
Step 3:	Complete one or a combination of: <ul style="list-style-type: none"> • Telephonic Well-Being Coaching Pathway • Online Challenges Pathway 	Earn up to 240 well-being incentive points

Please refer to the State Health Benefit Plan Decision Guide or access www.bewellshbp.com for additional details. Download the Sharecare App today to complete activities or redeem well-being incentive points.

TRICARE

The TRICARE Supplement Plan is an alternative to the State Health Benefit Plan that is offered to members and dependents who are eligible for SHBP coverage and enrolled in TRICARE.

Who is eligible for the TRICARE Supplement Plan?

- Retired military receiving retired, retainer, or equivalent pay
- Retired Reservists between ages 60 and 65
- Retired Reservists under age 60 and enrolled in TRICARE Retired Reserve (TRR)
- Qualified National Guard and Reserve Members enrolled in TRICARE Reserve Select (TRS)
- Spouses/surviving spouses of any of the above

TRICARE Supplement Plan Premiums	
You	\$60.50
You + Child(ren)	\$119.50
You + Spouse	\$119.50
You + Family	\$160.50

ATTENTION FAMILIES - PEACHCARE

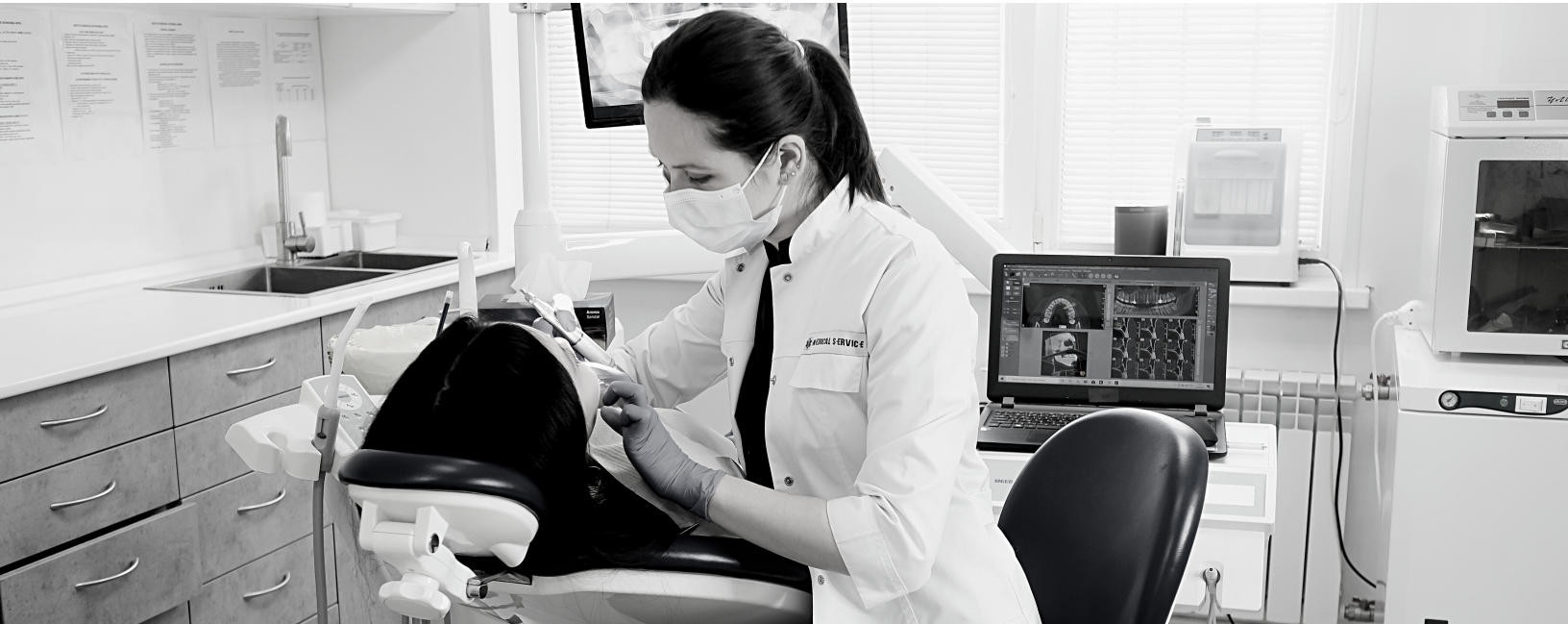
Your dependents, up to age 19, may be eligible for PeachCare (instead of SHBP), offered through the state of Georgia. Income and other qualifications must be met. Visit www.peachcare.org for more info. Not available through payroll deductions.



DENTAL BENEFITS



Ameritas | www.ameritasgroup.com



MORE THAN JUST A NICE SMILE.

Dalton Public Schools offers a choice of a Standard or a Limited Dental Plan with Ameritas, and you may choose any licensed dentist for your care. However, if you obtain care from participating Ameritas dentists, you will maximize your plan benefits and keep your out-of-pocket costs as low as possible.

Access <https://dentalnetwork.ameritas.com/> and choose Classic PPO Network to locate participating dental provider information.

Please review the brief summary of dental plan benefits.

Dental Monthly Premiums	Standard Plan	Limited Plan
Employee Only	\$43.92	\$24.96
Employee + Spouse	\$112.48	\$64.00
Employee + Child(ren)	\$98.72	\$56.16
Family	\$151.12	\$85.96

Children are eligible up to age 26.

Dental Summary of Benefits	Standard Plan	Limited Plan
Annual Deductible (Individual)	\$50	\$50
Preventive Care	After a \$5 office copay, 100%	After a \$5 office copay, 100%
Basic Services (Includes Endodontics and Periodontics)	80%	80%
Major Services (Crowns, bridges, dentures)	50%	Not Covered
Orthodontia (Children and adults)	50% (no deductible)	Not Covered
Orthodontia Lifetime Maximum	\$1,000	Not included
Annual Maximum	\$1,000 per person	\$750 per person

Note: All charges are subject to the usual and customary schedule.

Carryover Benefit	Standard Plan	Limited Plan
Plan Threshold Minimum amount of unused maximum in a calendar year in order to qualify for carryover and PPO Bonus	\$500	\$250
Annual Carryover Amount Amount that is added to the following year's maximum	\$250	\$125
PPO Bonus Additional amount awarded for seeing a PPO provider	\$100	\$50
Maximum Carryover Highest possible maximum including carryover and PPO Bonus	\$1,000	\$500

VISION BENEFITS

EyeMed | www.eyemedvisioncare.com



MAINTAIN OPTIMAL VISION

The Dalton Public Schools EyeMed Vision plan provides coverage for exams, frames, and lenses. Either the eyeglass benefit or the contact benefit may be used in the same benefit period.

If you visit a participating EyeMed Vision provider, you will have a higher benefit and lower out-of-pocket costs.

In order to obtain information regarding participating vision providers, access www.eyemedvisioncare.com.

Next, click on “Find an Eye Doctor” under Members & Consumers. Select the “Insight” Network and follow search instructions.

How it Works:

If you go to a participating EyeMed provider, you will receive the benefits at the time of service (no filing of claims). If you have services from a non-participating provider, you will need to pay at the time of service and file a claim with EyeMed for reimbursement.

Vision Monthly Premiums

Employee Only	\$6.39
Employee + Spouse	\$12.14
Employee + Child(ren)	\$12.78
Family	\$18.78

Vision Summary of Benefits	In-Network	Out-of-Network Reimbursement
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Eye Exams (once every 12 months)	\$10 copay	Up to \$40
Lenses (once every 12 months)		
Single	Covered in full after \$25 copay	Up to \$30
Bifocal		Up to \$50
Trifocal		Up to \$70
Lenticular		Up to \$70
Contacts		
Fit and Follow-up Exams	\$40 copay	
Conventional	\$130 allowance, then 15% off balance	Up to \$130
Disposable	\$130 allowance, then balance	Up to \$130
Medically Necessary	Covered in full	Up to \$210
Frames (once every 24 months)	\$130 allowance	Up to \$91

Please refer to Benefits Summary for complete details

FLEXIBLE SPENDING

ACCOUNTS (FSA)



TASC | www.tasconline.com

With an FSA, a portion of your paycheck is withheld before taxes and put into a special account to pay for eligible healthcare and dependent care expenses. Examples of common eligible healthcare expenses are deductibles, doctor visit copays, prescription copays, dental and vision expenses and more. Because you do not receive the money in your paycheck, you do not pay taxes on this money. Plus, the reimbursements are tax-free.

2024 Plan Maximums

- Healthcare FSA: \$3,200
- Dependent Care FSA: \$5,000

Administrative Fee

The monthly administrative fee for the FSA plan is assessed to the participants. Should you participate in the FSA, you will incur a \$5.09 per month post-tax deduction for the FSA plan.

USE IT OR LOSE IT

The IRS requires that any unused money in your account at the end of the plan year must be retained by your employer. It cannot be used by you for future expenses. If you have any balance, try to make purchases before the end of the grace period (by March 15, 2024). Purchases can be made for items like eyeglasses, prescription sunglasses, and over-the-counter medications and supplies.

Note: You can file the claim within 15 days after the end of the grace period.

HOW IT WORKS

All FSA plan members receive a Welcome Kit and your TASC debit card. This debit card can be used at the point-of-service to pay for your health and dependent care expenses. Using a debit card is a convenient way to use your FSA plan. The funds are debited from the account and paid to the doctor's office, pharmacy or day care facility directly at the time of purchase. When the debit card is not accepted, you are required to pay for the expense and submit a claim form for reimbursement. We encourage you to retain all receipts, even for debit card purchases which may be requested in the event of a personal tax audit.

GRACE PERIOD

If you have not spent all of the funds in your Healthcare or Dependent Care FSA prior to the end of the plan year, you may continue to incur claims for expenses during the grace period. The grace period for incurred claims is 2 ½ months after the end of the plan year.

FLEXIBLE SPENDING ACCOUNTS (FSA)

ELIGIBLE HEALTHCARE FSA EXPENSES

- Are incurred during your FSA plan year
- Are not eligible for reimbursement from any other source
- Require documentation from the provider of the services or supplies which shows the amount of each expense and the date it was incurred
- Include deductibles, copays, out-of-pocket dental and vision expenses, and more

ELIGIBLE DEPENDENT CARE FSA EXPENSES

- Include licensed daycare expenses (children up to age 13)
- Include adult day care expenses
- Include Before and After-school care, nanny/aupair expenses
(Special requirements must be met to be reimbursable.)

MYTASC: ONLINE ACCOUNT MANAGEMENT

As an FSA member, you have the ability to manage various functions of your account online through MyTASC Online Account Management. Some of the member capabilities include:

- Viewing current benefits, claims, and account balances
- Viewing payroll contributions
- Receiving email and text notifications of balance information, reimbursement requests, and payments
- Submitting claims and viewing requests for reimbursements

ABOUT MANUAL FSA CLAIM FILING

If your provider/vendor doesn't accept the debit card, and you need to file a claim for reimbursement, please follow the instructions below:

- Make the medical or dependent care purchase
- Pay for expense with cash, check or credit card. Retain the receipt for your records
- Go to www.tasconline.com, login to access your account, and click Request for Reimbursement Wizard
- Follow the instructions to enter your request
- Obtain/complete claim form (VeriFlex Coversheet). Attach receipts
- Mail or Fax to FlexSystem

MYBENEFITS AND MYCASH

TASC has enhanced technology to provide additional convenience and expedite your FSA claim reimbursements. If you are not registered for direct deposit, TASC provides your FSA claim reimbursements directly onto your debit card. You will have a MyCash fund on your debit card for reimbursements of manual claims only. (If you use your debit card for all of your FSA claims, you will not have MyCash funds on your card.)

You have two buckets of money on your debit card once you begin receiving manual reimbursements from your FSA plan.

MyBenefits:

This bucket is used for eligible healthcare and/or dependent care expenses.

MyCash:

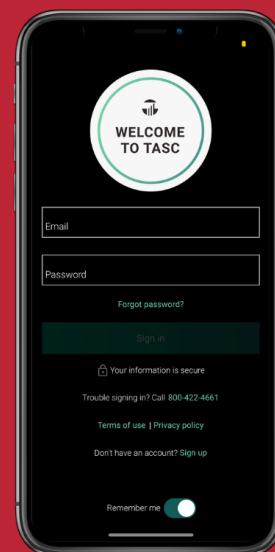
This bucket of money may be used for any purpose of your choice. Again, this will only be for manual FSA claim reimbursements. When you receive claim reimbursements from your FSA plan if you are not registered for direct deposit, the funds are deposited into the MyCash account on your debit card. You have a few ways to retrieve your money from your MyCash account:

- Use it at an ATM (upon request of a PIN) to withdraw your money.
- Transfer money into your personal bank account.
- Use the card at vendors who accept Visa – for any purchases.

Contact TASC at (800) 422-4661 for detailed questions about your FSA plan.

TASC Mobile Tools

TASC Mobile offers a free mobile app and text messaging option for FSA participants to access your accounts from anywhere at any time. You will enjoy convenient mobile options to check balances, view transaction details, request a reimbursement, and submit documentation on the go.



TERM LIFE INSURANCE

Reliance Standard | www.reliancestandard.com



PROTECTING THOSE YOU LOVE MOST.

As a Dalton Public Schools employee, you have the opportunity to elect voluntary term life insurance for yourself, your spouse and your children. The Voluntary Life Plan includes Accidental Death & Dismemberment (AD&D). Should you pass away as a result of an accident, the benefit amount doubles. The plan also includes a benefit for loss of limbs, sight, hearing, and more.

You may elect up to \$150,000 for yourself and \$50,000 for your spouse at this time with no health questions. All future elections or increases will require medical underwriting. If you are electing an amount in excess of \$150,000 for yourself and/or \$50,000 for your spouse, Evidence of Insurability is required.

You may obtain an Evidence of Insurability form from the Benefits Service Center or access it on the Voluntary Benefits Enrollment Portal. Simply complete the form and submit it to Reliance Standard for review and approval.

Beneficiary Information:

It is important that the Benefits Service Center has your updated life insurance beneficiary(ies). A beneficiary is the person(s) who receive the benefit in the event of your death.

Voluntary Term Life Summary of Benefits

	Employee	Spouse (up to age 70)	Children (Aged 14 days to 26 years)
Benefit Amount	\$10,000 increments	\$5,000 increments	\$10,000 (employee must be enrolled)
Benefit Maximum	Lesser of 10x annual earnings or \$500,000	Lesser of 10x employee's annual earnings or \$500,000	\$10,000

SAMPLE MONTHLY PAYROLL DEDUCTIONS

Below are sample payroll deductions. Your Benefits Specialist will review your specific costs based on your age and desired benefit level.

Employee					
Benefit Amount	Age 25	Age 35	Age 45	Age 55	Age 65
\$50,000	\$3.10	\$4.85	\$11.65	\$31.20	\$52.30
\$150,000	\$9.30	\$14.55	\$34.95	\$93.60	\$156.90

Spouse (based on spouse's age)					
Benefit Amount	Age 25	Age 35	Age 45	Age 55	Age 65
\$30,000	\$1.86	\$2.91	\$6.99	\$18.72	\$31.38
\$50,000	\$3.10	\$4.85	\$11.65	\$31.20	\$52.30

Child Cost
\$2.20 per month for \$10,000 of coverage

Included in the Voluntary Term Life policy is an Accidental Death and Dismemberment (AD&D) benefit in the amount of the life insurance benefit. Should you (or your dependents if covered) die as a result of an accident, the policy will pay two times your life insurance benefit amount.

For spouse life coverage, the dependent must be below age 70 on the date of the application. Coverage continues to age 75. Spouses can have coverage without employee coverage.

DISABILITY INSURANCE

Reliance Standard | www.reliancestandard.com



Disability coverage provides an income replacement benefit in the event you miss work due to an accident or illness, and are unable to work due to a temporary or permanent disability. When you are making your benefit election, it is recommended that you consider how long you would be able to pay your bills without a continuous income should you not be able to work.

PRE-EXISTING LIMITATION

The disability plan includes a pre-existing conditions limitation. A pre-existing condition is a condition for which the employee has received treatment, consultation, care or services during the 3 months immediately prior to the employee’s effective date of disability insurance. Benefits are not paid for a disability caused by/contributed to by a pre-existing condition until the end of 12 months from the employee’s effective date of insurance.

DISABILITY SUMMARY OF BENEFITS

	Short Term Disability	Long Term Disability
Benefits Begin	15th day after accident or sickness begins	91st day after accident or sickness begins
Maximum Benefit Period	90 days	To age 65 or Normal Retirement Age
Benefit Amount	Weekly benefit amount up to 60% of earnings (in \$100 increments)	Monthly benefit amount up to 60% of earnings (in \$100 increments)
Maximum Benefit	\$1,250 per week (in \$100 increments)	\$5,000 per month (in \$100 increments)
Minimum Benefit	\$25 per week	\$100 per month

DISABILITY INSURANCE

Reliance Standard | www.reliancestandard.com

**RELIANCE
STANDARD**
LIFE INSURANCE COMPANY

SHORT TERM DISABILITY CLAIM EXAMPLE

Please note that sick leave must be exhausted before the Short Term Disability Plan pays a benefit.

Example of Short Term Disability (STD) for Pregnancy – Normal Delivery: In this example, the employee has had STD coverage for over a year, and the employee has 18 sick days.

- Delivery Date: November 1
- Approved Short-Term Disability Benefit: 6 weeks
- Elimination Period (no STD benefit): November 1 – November 14
- Sick Days Used: November 1 – November 24
- STD Benefit Begins: November 27
- Benefit Duration: Through December 13



CRITICAL ILLNESS

Voya Financial | www.voya.com



Dalton Public Schools provides its employees with the option to purchase critical illness insurance. This benefit pays a lump sum (to cover your deductible or make up for lost income) if you are diagnosed with a serious illness, such as:

- Cancer (see certificate definition)
- Malignant Melanoma
- Carcinoma in Situ (limited benefit)
- Heart Attack
- Stroke
- Major Organ Transplant
- End Stage Renal (Kidney) Failure
- Coronary Artery Bypass Surgery (limited benefit)
- Type 1 Diabetes
- Infectious Disease
- and more

Enroll now with no health questions

This plan is portable at time of termination. You may continue coverage by paying premiums directly to Voya Financial.

Wellness Benefit Included

The voluntary Critical Illness plan includes a wellness benefit for covered preventive screenings including but not limited to:

- Annual physical exam, biometric screening, or stress test on bicycle or treadmill
- Blood test for triglycerides, CEA, bone marrow, CA 15-3 (breast cancer), fasting glucose, Hemoglobin A1C
- Chest x-ray, mammograms, breast ultrasound, sonogram, MRI
- Routine dental or vision exam
- Electrocardiogram or ultrasound screening for abdominal aortic aneurysms
- Colonoscopy, prostate-specific antigen testing, or pap smear

Wellness Benefit Amount

- Employee: \$75
- Spouse \$75
- Child(ren): \$25 (maximum of \$100 for all covered children)

CRITICAL ILLNESS



Voya Financial | www.voya.com

	Benefit Options
Employees	From \$5,000 to \$25,000 in increments of \$5,000
Spouses	Up to 100% of employee amount, to a max of \$12,500 <ul style="list-style-type: none"> • Spouses up to age 70 are eligible to elect this coverage. • Employees must be enrolled to elect spouse coverage.
Children	25% of employee coverage for all children (automatic) Covers all children

Employees may elect up to the maximum amount of coverage for yourself and your spouse with no health questions. The benefit amount reduces by 50% for employees and spouses at age 70. (Premium does not reduce.)

Employee Critical Illness Monthly Deductions					
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000
20-29	\$2.70	\$4.15	\$5.60	\$7.05	\$8.50
30-39	\$3.30	\$5.35	\$7.40	\$9.45	\$11.50
40-49	\$5.70	\$10.15	\$14.60	\$19.05	\$23.50
50-59	\$12.30	\$23.35	\$34.40	\$45.45	\$56.50
60-64	\$19.95	\$38.65	\$57.35	\$76.05	\$94.75
65-69	\$27.70	\$54.15	\$80.60	\$107.05	\$133.50
70+	\$33.45	\$65.65	\$97.85	\$130.05	\$162.25

EMPLOYEE ASSISTANCE PROGRAM

Hamilton Employee Assistance Program (EAP)



TAKING CARE OF YOU.

We are pleased to provide an Employee Assistance Program for all employees and your dependents. The Hamilton EAP is a confidential resource to help deal with life's challenges. To obtain an assessment, call (706) 272-6558. You may contact the EAP yourself, or you may be referred by a supervisor, personal representative or other company official. The initial assessment is free of charge, and your insurance may cover some or all of the services cost.

The Hamilton Health Care System EAP provides individual counseling sessions to help you feel better as quickly as possible. Don't let problems overwhelm your life. If you have been dealing with concerns alone and the solutions aren't working, reach out for help.

What Kind of Problems are Treated?

- Alcohol or drug dependency
- Stress
- Marital issues
- Family difficulties
- Financial problems
- Grief, loss of a job, depression
- Coping with change
- Post-trauma counseling services

ACCESSING YOUR EAP

Hamilton Health Care System's EAP is located at 1109 Burleyson Road Suite 100 (Lower Floor), Dalton, GA.

RETIREMENT

Corebridge Financial

403(b) Retirement Plan

Dalton Public Schools has taken the steps to help you plan for your retirement by providing a Section 403(b) Retirement plan for you. Section 403(b) plans are created for non-profit organizations such as schools, universities, charities, and religious groups.

Why is a 403(b) Plan Good for You?

- No tax is paid on the money deposited.
- No tax is paid on growth while money is in the account.
- You get to choose where to invest the money.
- The money you deposit is 100% vested at all times.
- If you leave employment you can transfer the money to your new employer's plan or to an individual IRA.
- At retirement, you can get a monthly check— tax is due on each payment at that time.

Below is a chart showing how much money you will have to invest each year—depending on your age when you start saving in order to have at least one million dollars when you retire at age 65. These figures assume that you'll get a 9% average annual return and that you put the money into your 403(b).

For more information, please call Randy Russell (706-271- 6177) or Terry Akin (706-313-3850) at Corebridge Financial.

Investments		
Age	Per Month	Per Year
20 Years	\$136	\$1,902
25 Years	\$214	\$2,960
30 Years	\$340	\$4,636
35 Years	\$547	\$7,337
40 Years	\$892	\$11,807
45 Years	\$1,498	\$19,547

AUTO, HOMEOWNER'S & RENTER'S



Farmer's Insurance

Most people are required to maintain auto and homeowners insurance. Premiums for these coverages can be expensive and difficult to budget. Dalton Public Schools has partnered with Farmer's Insurance to offer discounts up to 35% (depending on your length of employment with Dalton Public Schools) and premium payments through the convenience of payroll deduction.

Why Switch to Farmer's Auto & Home?

- Special group rates could save you money because you're part of a participating group. Plus, you may even qualify for a variety of policy discounts to help increase your savings.
- Superior service with one easy-to-remember toll-free number to call for all your needs: (800) 438-6381.
- The Farmer's Insurance benefits line is available Monday through Saturday for quotes, to apply for coverage, and for customer service. Claims can be reported 24 hours a day, 7 days a week.
- Convenient payment options that take the hassle out of paying for your insurance. There are several options, so you can choose the one that's best for you.

You may contact Farmer's directly at (800) 438-6381. Farmer's can advise you as to whether it makes sense to change insurance companies prior to your renewal date.



COMMONLY USED HEALTHCARE TERMS

Carrier – Insurance company providing you with your benefits.

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

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

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

Employee Assistance Program (EAP) – Program with services to assist with handling life’s problems (stress, mental illness, addiction, workplace issues, etc.)

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

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

Out-of-Network – Providers that have not contracted with your carrier. Going out-of-network will result in reduced coverage, or no coverage at all. Potential balance billing can occur when you go out-of-network.

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

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

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

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

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

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

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

PLAN TYPES

High Deductible Health Plan (HDHP) – Typically has individual deductible of at least \$1,400. Many qualified HDHP plans do not have copays, and all care is subject to the deductible and coinsurance.

Health Maintenance Organization (HMO) – Network plans require a PCP to be responsible for care. There is no out-of-network coverage, and HMOs usually have more plan restrictions.

Health Reimbursement Arrangement (HRA) – An employer funded health plan that reimburses employees for qualified medical expenses. Reimbursement dollars received by employees are generally tax-free.

CONTACT SHEET

Important Contact Information

Vendor	Website or Email	Phone Number
<p>Dalton Public Schools Benefit Service Center Mon- Thurs 8am to 6pm Fri 8am to 5pm EST</p>	<p>www.daltonpublicschoolsbenefits.com info@daltonpublicschoolsbenefits.com</p>	<p>(866) 481-4920</p>
<p>State Health Benefit Plan (SHBP) Medical</p>	<p>https://myshbpga.adp.com/shbp</p>	<p>(800) 610-1863</p>
<p>TASC Flexible Spending Account Administrator</p>	<p>www.tasconline.com</p>	<p>(800) 422-4661</p>
<p>Ameritas Dental</p>	<p>www.ameritasgroup.com</p>	<p>(800) 487-5553</p>
<p>EyeMed Visioncare Vision</p>	<p>www.eyemedvisioncare.com</p>	<p>(866) 289-0614</p>
<p>Reliance Standard Life Insurance Company Life Insurance & Disability</p>	<p>www.reliancestandard.com</p>	<p>(800) 351-7500</p>
<p>Voya Financial Critical Illness</p>	<p>www.voya.com</p>	<p>(877) 236-7564</p>
<p>Corebridge Financial Randy Russell & Terry Akin Retirement</p>	<p>www.corebridgefinancial.com</p>	<p>(706) 271-6177 (706) 313-3850</p>
<p>Farmer's Insurance Auto, Homeowner's & Renter's</p>	<p>www.myautohome.farmers.com</p>	<p>(800) 438-6381</p>
<p>Hamilton Employee Assistance Program (EAP)</p>	<p>1109 Burleyson Road, Suite 100, Lower Floor Dalton, GA</p>	<p>(706) 272-6558</p>

