

2026 Employee Benefits Open Enrollment Guide



**Monday, October 20 through
Friday, November 7, 2025**

**benefits
service center**



To enroll, access www.daltonpublicschoolsbenefits.com or call the
Dalton Public Schools Benefits Service Center at (866) 481-4920.

INTRODUCTION

We're So Glad You're Here

It's Annual Open Enrollment for your Dalton Public Schools benefits! We're committed to making the process easy for you and your family. The benefits resources provide you with all of the information you need to understand your benefits, and how to take advantage of them.

This guide includes an overview of the Dalton Public Schools benefits for the 2026 plan year and the Open Enrollment process. You'll find important benefits resources and contact information throughout the guide, and additional information is available online at www.daltonpublicschoolsbenefits.com.

Complete your elections for 2026 by Friday November 7 at 5pm EST if enrolling by phone, or by 11:59pm EST if enrolling online.



Updates for 2026

MEDICAL BENEFITS

- For 2026, the medical plan premiums will have an increase of approximately 10%.
- To help medical plan members save more by using Tier 1/Generic prescriptions, the Tier 1 copays will be reduced and the copays for Tiers 2 and 3 will have a slight increase for the HMO and HRA plans.

VOLUNTARY BENEFITS

- **Dental**
 - The plan options are renamed to the Basic and the Enhanced options.
 - There is a 6% rate increase, based on plan performance.
- **Vision**
 - Two EyeMed plans will be offered: Basic and the Enhanced options.
 - The Enhanced option is an additional plan with higher benefits.
 - The Basic Plan will have a slight premium increase.
- **New Accident and Hospital Indemnity plan options**
 - These plans provide financial benefits for accidents and hospitalizations.
- **Dependent Care Flexible Spending Account (FSA)**
 - The annual maximum contribution is \$7,500.
- **Healthcare Flexible Spending Account (FSA)**
 - The annual maximum contribution is \$3,400.
- **Permanent Life Insurance with Long Term Care**
 - This plan provides permanent life insurance protection with a long term care benefit.

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How to Enroll

Voluntary Benefits - Online or By Phone

Enrollment Online

Step 1: Visit www.daltonpublicschoolsbenefits.com and 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. If you have already created an account, click “Login” and enter your credentials to get started.

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 review your health coverage elections. Your Registration Code is “SHBP-GA” for new users. Employees may also enroll by calling **(800) 610-1863**.

2. If you are covering a new dependent(s), ADP will provide instructions for submitting required documentation for the added 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 “Need help signing in?”.

Step 2: Enter the requested demographic information.

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.”

Important Enrollment Information

Open Enrollment is from **Monday October 20 through Friday November 7**. **Even if you are not changing your elections, you are strongly encouraged to complete an active enrollment for 2026.** All benefits, with the exception of the Flexible Spending Accounts (FSA), will continue to 2026 if no action is taken. **If you would like to elect or continue the FSA for 2026, an active election is required.** The first deductions for 2026 are taken in December 2025.

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 spouse / dependent children up to age 26 (if applicable).
- Your current 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).

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 medical, Flexible Spending Account (FSA), dental, and vision premiums are deducted on a pre-tax basis.
- Your life insurance, disability, critical illness, hospital indemnity, and accident 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.

WE'RE THERE WHEN YOU NEED US MOST

Connect with the Benefits Service Center

(866) 481-4920

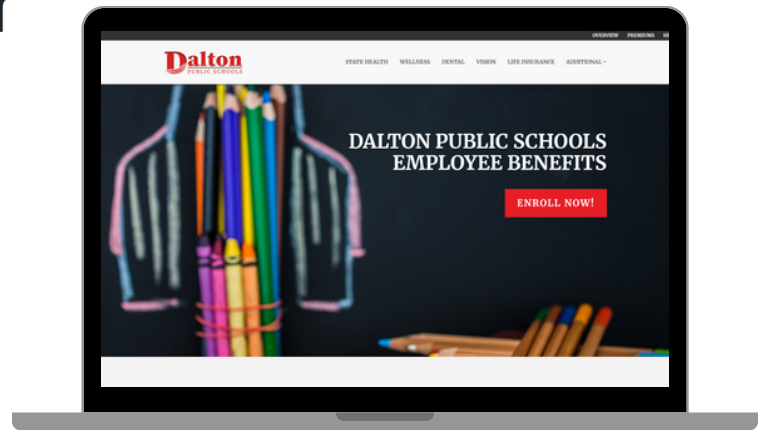
www.daltonpublicschoolsbenefits.com

Monday – Thursday: 8am – 6pm EST

Friday: 8am – 5pm EST

Contact for assistance with:

- Benefits questions, including general SHBP questions
- Enrollment
- Finding a physician
- How to file a claim
- Understanding your benefits
- And more



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 district funds a significant portion of your 2026 health insurance premiums: **\$1,885 per month / \$22,620 per year**. This financial contribution allows you to receive quality medical plan coverage at a competitive cost.

State Health Benefit Plan Overview

Anthem	
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, subject to a minimum and maximum amount. The HRA plans include a SHBP-funded Health Reimbursement Account (HRA) to provide first-dollar 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, such as 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.
UnitedHealthcare	
HMO	Same benefits as the Anthem HMO, but utilizes the UnitedHealthcare 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.

Pharmacy Information

- CVS Caremark administers the pharmacy benefits for all of the medical plan options.
- You are not limited to CVS pharmacies for your retail prescription needs. The CVS Caremark pharmacy network is extensive, and participating pharmacy information is available (<https://info.caremark.com/oe/shbp>).
- For your convenience, you may purchase a 90-day supply at participating in-network pharmacies through the retail benefit or via mail order.
- Certain drug costs are waived if SHBP is primary and you actively participate in the Coronary Artery Disease (CAD), Diabetes, Asthma Disease Management Programs and/or Medication for Addiction Treatment Programs.

Online Resources

Access the plan websites to view participating providers, health and wellness tools, plan details, and more.

Anthem

www.anthem.com/shbp

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

United Healthcare

www.whyuhc.com/shbp

Select "Search for network providers" in the Health plans drop down. Then select your plan and follow search instructions.

Telemedicine Virtual Visits

The medical plans include a telemedicine benefit that allows you to speak to a participating doctor from home or work through your mobile device, tablet, or computer. You must use in-network providers for coverage to apply. HMO members pay a copay and HRA members pay coinsurance for virtual visits. High Deductible Health Plan members can access this benefit subject to the health plan deductible. 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 are covering a new dependent(s), SHBP/ADP will provide instructions for submitting required documentation for the added 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.
- 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.** Timely submission is important to avoid retro premium deductions.

Medical Plan Designs and Premiums



	Anthem HRA						Anthem & UHC	UHC	
	Gold		Silver		Bronze		HMO	HDHP	
	In	Out	In	Out	In	Out	In-Network Only	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 Out-of-Pocket									
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	
Medical									
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
Retail Pharmacy									
Tier 1	15%, Min \$5, Max \$10		15%, Min \$5, Max \$10		15%, Min \$5, Max \$10		\$5 copay	Coinsurance after deductible	
Tier 2	25%, Min \$55, Max \$85		25%, Min \$55, Max \$85		25%, Min \$55, Max \$85		\$55 copay	Coinsurance after deductible	
Tier 3	25%, Min \$85, Max \$130		25%, Min \$85, Max \$130		25%, Min \$85, Max \$130		\$95 copay	Coinsurance after deductible	
Mail Order Pharmacy									
Tier 1	15%, Min \$12.50, Max \$25		15%, Min \$12.50, Max \$25		15%, Min \$12.50, Max \$25		\$12.50 copay	Coinsurance after deductible	
Tier 2	25%, Min \$137.50, Max \$212.50		25%, Min \$137.50, Max \$212.50		25%, Min \$137.50, Max \$212.50		\$137.50 copay	Coinsurance after deductible	
Tier 3	25%, Min \$212.50, Max \$325		25%, Min \$212.50, Max \$325		25%, Min \$212.50, Max \$325		\$237.50 copay	Coinsurance after deductible	

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

2026 Plan Update: Tier 1/Generic copays for the HMO and HRA plans have a reduction, and Tiers 2 and 3 copays have a slight increase, saving you more money when using Tier 1/Generic medications.

5 | Questions? Call the Dalton Public Schools Benefits Service Center at (866) 481-4920.

Wellness Program



Sharecare, your wellness program vendor, provides comprehensive well-being and incentive programs for SHBP members. As you complete wellness activities, you earn incentive points 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 (a family total of 960) when you complete the activities between January 1 and November 30. Enrolled members choose to redeem well-being incentive points in the Sharecare Redemption Center for either 1) 480 incentive points/ dollars to apply towards eligible medical / pharmacy expenses or 2) a \$150 Sharecare Rewards Visa Prepaid Card.

Step 1	Complete the RealAge Test	Earn 120 in well-being incentive points
Step 2	Complete a Biometric Screening	Earn 120 in well-being incentive points
Step 3	Complete one of or a combination of: • Telephonic Coaching Pathway • Online Challenges Pathway	Earn up to 240 in 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.

Other Medical Plan Options

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

You	\$60.50
You + Spouse / Child(ren)	\$119.50
You + Family	\$160.50

For information about eligibility and benefits, contact (866) 637-9911 or visit <https://shbp.georgia.gov/tricare-supplement-plan>.



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 information
- Not available through payroll deduction



Dental Benefits



Dalton Public Schools offers a choice of an Enhanced Plan (formerly named Standard Plan) or a Basic Plan (formerly named Limited 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. There are no changes to the benefits for the 2026 dental plan options, however there is a **6% rate increase**.

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

Dental Summary of Benefits	Enhanced Plan	Basic Plan
Annual Deductible (Individual)	\$50	\$50
Preventive Care (Includes cleanings, exams, x-rays, and more)	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	Enhanced Plan	Basic 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

Dental Monthly Premiums	Enhanced Plan	Basic Plan
Employee Only	\$46.64	\$26.52
Employee + Spouse	\$119.48	\$68.00
Employee + Child(ren)*	\$104.85	\$59.68
Family	\$160.52	\$91.32
*Children are eligible up to age 26.		



Vision Benefits

The Dalton Public Schools EyeMed Vision plan provides coverage for exams, frames, and lenses (either contacts or eyeglass lenses). **There is a new additional Enhanced Plan offered for 2026.** 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 pay your portion of the bill 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 Summary of Benefits	Basic Plan (current plan)	Enhanced Plan (new option for 2026)
Eye Exam (once every 12 months)	\$10 copay	\$10 copay
Lenses (once every 12 months)		
Single	Covered in full after \$25 copay	Covered in full after \$25 copay
Bifocal		
Trifocal		
Lenticular		
Contacts (once every 12 months)		
Fit and Follow-up Exams	\$40	\$40 copay
Conventional	\$130 allowance, then 15% off balance	\$150 allowance, then 15% off balance
Disposable	\$130 allowance, then balance	\$150 allowance, then balance
Medically Necessary	Covered in full	Covered in full
Frames Basic Plan - once every 24 months Enhanced Plan - once per 12 months	\$130 allowance	\$150 allowance
<i>Please refer to Benefits Summary for complete details.</i>		

Vision Monthly Premiums	Basic Plan (current plan) <i>Slight premium increase for 2026</i>	Enhanced Plan (new option for 2026)
Employee Only	\$7.36	\$11.49
Employee + Spouse	\$13.99	\$21.83
Employee + Child(ren)	\$14.72	\$22.98
Family	\$21.63	\$33.77

FLEXIBLE SPENDING ACCOUNTS (FSA)



Flexible Spending Accounts (FSA)

An active election is required for 2026 enrollment. 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. Visit www.tasconline.com to learn more.

How It Works

All FSA plan members receive a Welcome Kit and 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.

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 a balance, try to make purchases before the end of the grace period, by March 15, 2026. Purchases can be made for items like eyeglasses, prescription sunglasses, and over-the-counter medications and supplies.

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

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.

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

- Licensed daycare expenses (children up to age 13)
- Adult day care expenses
- Before and after-school care, nanny/au pair expenses

Special requirements must be met for expenses to be reimbursable using the Dependent Care FSA.

MYTASC: Online Account Management

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

- Viewing your current account balance, claims, and benefits
- Viewing your payroll contributions
- Subscribing to email and text notifications for balance information, reimbursement requests, and payments
- Submitting claims and viewing reimbursement requests

2026 Plan Maximums

- Healthcare FSA: \$3,400
- Dependent Care FSA: \$7,500

Monthly 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 **\$4.40** per month post-tax deduction for the FSA plan.



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:

- Pay for the expense with cash, check or credit card. Important: Retain the receipt for your records.
- Login to your account at www.tasconline.com, and click Request for Reimbursement Wizard.
- Follow the instructions to enter your reimbursement request.
- Complete claim form (VeriFlex Coversheet) and attach the receipt(s).
- Claims may be mailed, faxes, or submitted online on the portal or mobile app.

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.

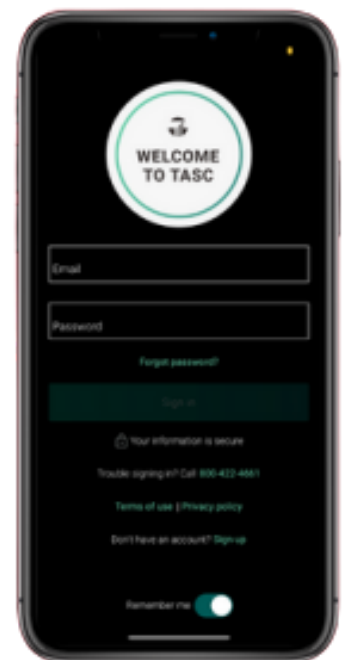
MyCash: This bucket of money may be used for any purpose of your choice. Again, this will only be for manual FSA claim reimbursements. When you receive claim reimbursements from your FSA plan if you are not registered for direct deposit, the funds are deposited into the MyCash account on your debit card.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

- Use your debit card at an ATM (upon request of a PIN) to withdraw your money.
- You may transfer money into your personal bank account from your MyCash fund.
- You may use your MyCash fund with your debit 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.



VOLUNTARY TERM LIFE & AD&D INSURANCE

Voluntary Term Life & AD&D Insurance

RELIANCE STANDARD
LIFE INSURANCE COMPANY

As a Dalton Public Schools employee, you have the opportunity to elect voluntary term life insurance for yourself, your spouse and your children. This life insurance 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.

If you are currently enrolled in voluntary term life and have not been previously denied coverage, you are able to increase your election by \$10,000 not to exceed \$150,000 at Annual Open Enrollment with no health questions.

All other elections, including new and additional spouse coverage, require Evidence of Insurability (EOI). However, child coverage may be elected at this time with no health questions. Employees must be enrolled to elect child life insurance coverage.

You may obtain an Evidence of Insurability form from the Benefits Service Center or access it on the benefits website.

Beneficiary Information: The beneficiary is the person who would receive the life insurance benefit in the event of your death. It is very important for the Benefits Service Center to have your current life insurance beneficiary(ies), and you are required to confirm this information during your enrollment.

Voluntary Term Life Insurance Summary of Benefits			
	Employee	Spouse (up to age 70)	Children (to age 26)
Benefit Amount	\$10,000 increments	\$5,000 increments	Less than 14 days: None 14 days but less than 6 months: \$1,000 6 months to age 26: \$10,000
Benefit Maximum	Lesser of 10x annual earnings or \$500,000	Lesser of 10x employee's annual earnings or \$500,000	\$10,000

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 insurance, the coverage must be elected prior to age 70, and life insurance coverage continues to age 75. Spouses can have coverage without employee coverage. However, employee coverage is required in order to have child life coverage.

Sample Monthly Premiums

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

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

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

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

Disability Insurance

RELIANCE STANDARD
LIFE INSURANCE COMPANY

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. Visit www.reliancestandard.com to learn more.

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

Pre-Existing Limitation

The disability plan includes a pre-existing conditions limitation. A pre-existing condition is a condition for which you have 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.

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 26
- STD Benefit Begins: November 27
- Benefit Duration: Through December 13



No Health Questions

You may newly elect Short Term Disability and/or Long Term Disability at this time with no health questions.

Your monthly premium is based on the monthly benefit amount you elect and your age. All of your options are available during your enrollment.

Critical Illness

Dalton Public Schools provides offers critical illness insurance, which pays a lump sum to help you cover miscellaneous expenses or make up for lost income if you are diagnosed with a serious illness. Covered conditions include but are not limited to:

- Heart attack
- Cancer (see certificate definition)
- Stroke
- Sudden cardiac arrest (limited benefit)
- Major organ transplant
- Coronary artery bypass (limited benefit)
- Carcinoma in situ (limited benefit)
- Type 1 Diabetes
- Benign brain tumor
- Skin cancer (limited benefit)
- Paralysis
- Infectious diseases (limited benefit)
- Child conditions as defined in the certificate, and more...

Refer to the certificate for full coverage details

This plan is portable at time of termination. You may continue coverage by paying premiums directly to Voya Financial. Open Enrollment is a great time to consider electing this benefit — you can enroll with no health questions.

Wellness Benefit

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
- Serum testing for cholesterol levels (HDL & LDL) or protein electrophoresis (myeloma)
- 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): \$75 per child

Refer to the certificate for the extensive list of eligible covered screenings

Benefit Options

Employees: From \$5,000 to \$25,000 in increments of \$5,000

Spouses: Up to 50% of employee amount, to a max of \$12,500

- Employees must be enrolled to elect spouse coverage.

Children: 25% of employee coverage for all children (automatic)

- Covers all children.



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

Employees may elect up to the maximum amount of coverage for yourself and your spouse with no health questions.

Hospital Indemnity



We are excited to offer a new hospital indemnity plan insured by Voya Financial. This plan provides a hospital confinement benefit plus daily benefits which are paid directly to you and can be used for any purpose. A summary of the benefits schedule is below. Please refer to the Summary of Benefits for complete details. Pregnancy is covered under this benefit with no pre-existing condition exclusion. This plan is portable at time of employment separation.

Hospital Indemnity Plan Schedule of Benefits

Initial Confinement Benefit	\$1,500
Daily Hospital Confinement Benefit	\$200 / day up to 30 days per confinement
Critical Care Unit Confinement Benefit	\$400 / day up to 30 days per confinement
Rehabilitation Facility	\$100 / day up to 30 days per confinement Includes substance abuse and mental health treatment facilities

Plan Description

The hospital indemnity plan pays when you are admitted to the hospital, whether it is a planned or unplanned admission. This includes emergencies and unexpected admissions as well as planned or scheduled surgeries and procedures. The fixed indemnity benefits may be used as you choose to help offset deductibles, coinsurance, and other expenses.

Wellness Benefit

The hospital indemnity 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
- Serum testing for cholesterol levels (HDL & LDL) or protein electrophoresis (myeloma)
- 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: \$50
Spouse: \$50
Child(ren): \$50 per child

Refer to the certificate for the extensive list of eligible covered screenings

Hospital Indemnity Monthly Premiums

Employee Only	\$20.44
Employee + Spouse	\$40.90
Employee + Child(ren)	\$43.96
Family	\$64.42

ACCIDENT

Accident



The new Voya Financial accident plan provides financial protection in the event of an unexpected accident. A summary of the benefits schedule is below. Please refer to the Voya Summary of Benefits or certificate of coverage for complete details. This plan is portable at time of separation. You may continue by paying premiums directly to Voya Financial.

Hospital Care Surgery - Open abdominal, thoracic Blood, plasma, platelets Admission Confinement Transportation Lodging	\$1,500 \$625 \$1,750 \$325/day up to 365 days \$800/trip up to 3 per accident \$200/day up to 30 days
Accident Care Initial doctor visit Urgent care Follow-up doctor treatment Medical equipment Speech & physical therapy X-ray	\$125 \$250 \$125 \$275 \$60 (up to 10 per accident) \$90
Common Injuries Burns - 2nd and 3rd degree Emergency dental work Eye injury Torn knee cartilage Lacerations Tendon, ligament, rotator cuff Concussion Paralysis	\$1,500 to \$20,000 \$125 to \$400 \$110 to \$400 \$250 to \$900 \$50 to \$750 \$600 to \$1,400 \$350 \$12,500 to \$27,000
Injuries - Dislocations Hip Joint Knee Ankle or foot bones (other than toes) Shoulder Elbow, Wrist Partial dislocations	Non-Surgical Surgical \$4,000 \$8,000 \$2,500 \$5,000 \$1,700 \$3,400 \$2,000 \$4,000 \$1,250 \$2,500 25% of the non-surgical benefit
Injuries - Fractures Hip Leg Ankle, Forearm, Hand, Wrist Collarbone	Non-Surgical Surgical \$5,000 \$10,000 \$2,700 \$5,400 \$2,250 \$4,500 \$1,750 \$3,500
Accidental Death and Dismemberment	Employee: \$50,000 Spouse: \$25,000 Child: \$10,000
Additional Covered Benefits	Paralysis, pet boarding, induced coma, general anesthesia, home health care, prescriptions, outpatient IV, lab, traumatic brain injury
Sports Accident Benefit Covers accidents as a result of an organized sporting activity	Pays an additional 25% of the Hospital Care, Accident Care, or Common Injuries benefit to a maximum of \$1,000

Accident Monthly Payroll Premiums	
Employee Only	\$9.78
Employee + Spouse	\$19.57
Employee + Child(ren)	\$21.04
Family	\$30.83

Wellness Benefit Amount

Employee: \$50

Spouse: \$50

Child(ren): \$50 per child

Permanent Life Insurance with Long Term Care



CHUBB®

Chubb's Lifetime Benefit Term product provides life insurance protection with a long term care benefit.

Guaranteed Life Insurance Protection with Death Benefits

This plan provides term life insurance and a death benefit when they are needed most. The death coverage is 100% guaranteed for the longer of 25 years or through age 70. After age 70, the death benefit will never be reduced to less than 50% of the original death benefit.

Paid Up Death Benefit

After 10 years, paid-up benefits begin to accrue. At any point thereafter, if you stop paying the premium, a reduced paid-up benefit is available and can never lapse. That means at retirement you can stop paying premiums and have a death benefit for the rest of your life - guaranteed.

Guaranteed Premiums

Life insurance premiums will never increase and are guaranteed through age 100. After age 100, no additional premium is due while the coverage can continue to age 121.

Benefits for Long Term Care (LTC)

Long Term Care is costly and averages \$8,821 per month for a semi-private room in a nursing home. The Chubb Lifetime Benefit Term plan can pay death benefits in advance of death if you require long term care. You can use these benefits for home health care, assisted living, adult day care, and nursing home care. The long term care benefit is 4% of the death benefit for up to 50 months. Long term care benefits could reduce in the event of a life insurance benefit reduction.

How It Works

Age 45 employee elects a \$25,000 policy.

- Employee needs Long Term Care at age 57.
- Plan provides \$1,000 / month benefit for up to 50 months*.
- Employee uses 13 months of the Long Term care benefit for a total payment of \$13,000.
- Employee passes away at age 67. Death Benefit Amount is \$12,000.

Age 45 employee elects a \$100,000 policy.

- Employee needs Long Term Care at age 57.
- Plan provides \$4,000 / month benefit for up to 50 months*.
- Employee uses 13 months of the Long Term care benefit for a total payment of \$52,000.
- Employee passes away at age 67. Death Benefit Amount is \$48,000.

* Once the full death benefit has been paid in advance for LTC, payments can be extended. Extension of Benefit may extend the same monthly LTC benefit for up to an additional 25 months, doubling the value.

Benefits for Long Term Care (LTC)

Ordinarily, using your life insurance coverage for Long Term Care benefits can reduce your death benefit to \$0. While in force, this benefit restores your life coverage to not less than 50% of the death benefit on which your LTC benefits were based. This feature assures a death benefit is available for the insured at time of death.

EMPLOYEE ASSISTANCE PROGRAM

Hamilton Employee Assistance Program (EAP)

We are pleased to provide an employer-paid 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.



We are committed to supporting your financial future. In addition to state retirement benefits through the **Teachers Retirement System (TRS)** or the **Public School Employees Retirement System (PSERS)**, we offer a **403(b) tax-deferred retirement savings program** to help you plan for a secure retirement.



Teachers Retirement System (TRS)

The Teachers Retirement System (TRS) is a defined benefit plan providing a guaranteed monthly retirement income. Eligible employees include those working half-time or more in positions such as teachers, administrators, paraprofessionals, clerical staff, public school nurses, and certain supervisors or managers.

Your TRS account is funded by you and Dalton Public Schools. Employees contribute 6% of earnings and the district contributes **21.91%** of earnings to the account (effective July 1, 2025).



Public School Employees Retirement System (PSERS)

The Public School Employees Retirement System (PSERS) is a defined benefit plan that provides guaranteed monthly retirement income for public school employees not eligible for the Teachers Retirement System (TRS). PSERS covers non-supervisory positions in Maintenance, Food Service, Transportation, and Custodial functions. Employees hired before July 1, 2012, contribute \$4 per month for 9 months annually (\$36 per year), while those hired on or after July 1, 2012, contribute \$10 per month for 9 months annually (\$90 per year). Retirement benefits are calculated as **\$17.00** per month for each year of service, and employees become vested after 10 years of service. Dalton Public Schools will make a 1% base contribution and match 50% of the first 4% of salary into a supplemental 403b retirement plan for those employees covered under PSERS.

Corebridge Financial - Supplemental Retirement - 403b / Roth 403b / 457 Options

Dalton Public Schools has taken the steps to help you further plan for your retirement by providing a Section 403b, Roth 403b, and 457 retirement plans for you. Section 403(b) plans are created for non-profit organizations such as schools, universities, charities, and religious groups. 457 plans are for governmental entities.

- There are tax benefits 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 and 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).

Investments		
Age	Per Month	Per Year
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

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



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.



IMPORTANT CONTACT INFORMATION

Vendor	Website / Email / Address	Phone Number
Dalton Public Schools Benefit Service Center Mon- Thurs 8am to 6pm EST Fri 8am to 5pm EST	www.daltonpublicschoolsbenefits.com info@daltonpublicschoolsbenefits.com	(866) 481-4920
State Health Benefit Plan (SHBP) Medical	https://myshbpga.adp.com/shbp	(800) 610-1863
TASC Flexible Spending Account Administrator	www.tasconline.com	(800) 422-4661
Ameritas Dental	www.ameritas.com	(800) 487-5553
EyeMed Visioncare Vision	www.eyemedvisioncare.com	(866) 289-0614
Reliance Standard Life Insurance Company Life Insurance & Disability	www.reliancestandard.com	(800) 351-7500
Chubb Permanent Life Insurance with Long Term Care	claims@gotoservice.chubb.com	(855) 241-9891
Voya Financial Critical Illness, Hospital Indemnity, and Accident	www.voya.com	(877) 236-7564
Corebridge Financial Randy Russell & Terry Akins Retirement	www.corebridgefinancial.com	(706) 271-6177 (706) 313-3850
Farmers Insurance Auto, Homeowner's & Renter's	www.myautohome.farmers.com	(800) 438-6381
Hamilton Employee Assistance Program (EAP)	1109 Burleyson Road, Suite 100, Lower Floor Dalton, GA	(706) 272-6558





This guide is a general summary of your benefit options. For specific details, refer to each plan's Certificate or Summary Plan Description (SPD). SPDs for your health insurance can be found on the State Health Benefit Plan (SHBP) website at www.myshbpga.adp.com. All other plan documents can be found at www.daltonpublicschoolsbenefits.com. Every effort has been made to ensure that this document accurately represents the benefits being offered. However, if there are any discrepancies between the terms in this document and the terms of the plan documents, the plan documents will prevail.