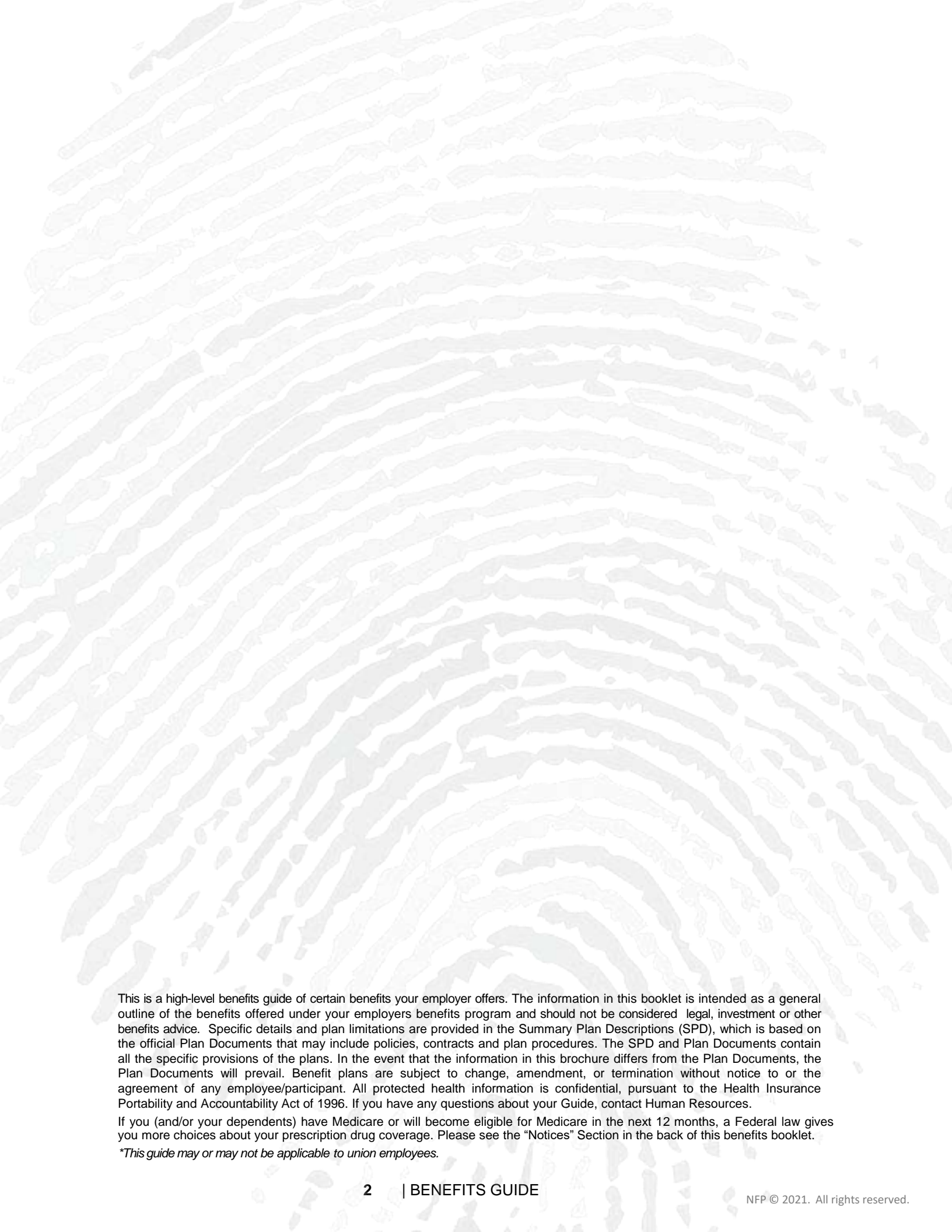




HELPING YOU UNDERSTAND Your Benefit Choices

2023



This is a high-level benefits guide of certain benefits your employer offers. The information in this booklet is intended as a general outline of the benefits offered under your employers benefits program and should not be considered legal, investment or other benefits advice. Specific details and plan limitations are provided in the Summary Plan Descriptions (SPD), which is based on the official Plan Documents that may include policies, contracts and plan procedures. The SPD and Plan Documents contain all the specific provisions of the plans. In the event that the information in this brochure differs from the Plan Documents, the Plan Documents will prevail. Benefit plans are subject to change, amendment, or termination without notice to or the agreement of any employee/participant. All protected health information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see the “Notices” Section in the back of this benefits booklet.

**This guide may or may not be applicable to union employees.*

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OPEN ENROLLMENT

OPEN ENROLLMENT MEMO

ENROLLMENT & BENEFIT INFORMATION (Plan Year: 01/01/2023 -12/31/2023):

Enrollment opens at 12:00 a.m. on 10/17/2022 and closes at 11:59 p.m. on 11/04/2022. An Open Enrollment Presentation, informational videos on all of the benefits offered, and the Decision Guides for State Health are conveniently located on the [Benefit Resource Center](#).

The State Health Benefit Plan enrollment website www.myshbpga.adp.com will be available for your health coverage selections. It is encouraged that each employee access this website and enroll or waive coverage for you and your dependents. If you are currently enrolled and do not go online and make an election you will be default enrolled in your current plan, coverage tier and tobacco status. If you are currently declined and you do not go online and make an election, you will remain as “declined”. All employees must verify dependent social security numbers, dependent dates of birth, and demographic information on the State Health enrollment website.

All changes to non-medical benefits will be made on the NFP bswift Enrollment Website at www.forsyth.bswift.com. You MUST enroll or waive the FSA /Section 125 plans (Flexible Spending Accounts) online as well as verify your dependent social security numbers, dependent dates of birth, demographic information, and review your dental, vision, life and disability coverage elections and verify or update your beneficiaries for life insurance.

Medical (State Health): The FCBOE will continue to pay \$49.38 toward your health premium. The Decision Guide is available at www.dch.georgia.gov. *It is highly recommended you review the State Health Decision Guide in detail.* All newly enrolled spouses or children on the State Health Benefit Plan will be required to return the barcoded cover sheet along with documentation for proof of dependent eligibility. The barcoded cover sheet will be provided by State Health and must be returned as directed within the communication.

Dental (MetLife): The FCBOE will continue to pay the full single/employee only portion of your dental premium under the CORE plan (applied across all dental plans and coverage tiers). Members enrolled in the high plan, are eligible for replacements of crowns, inlays, onlays, partial and complete dentures, veneers, implants, and bridges once every ten years. All dental participants are eligible for prophylaxis once every six months. Deductions on the high plan have increased slightly.

Vision (EyeMed): The vision carrier and plans will remain the same for the new plan year. Members will have access to plan enhancements via a contact lens booster and Freedom Pass. Please review the benefit summary in detail and review the flyers listed on the BRC site for more information pertaining to the benefit enhancements.

Group Life/AD&D, Voluntary Life, Short Term Disability (STD), Long Term Disability (LTD) (MetLife): *You must review/update your beneficiaries for Life Insurance every year.* The FCBOE continues to provide you with \$30,000 in Group Life/AD&D and with Long Term Disability Insurance. You have the option to purchase additional Voluntary Life Insurance and Short Term Disability Insurance. Please review carefully the plan features located in the NFP Benefit & Enrollment Guide and online. Please note that there will no longer be age reductions on Basic Life.

Flexible Spending Accounts (FSA-Health/Medical Care Reimbursement & Dependent Care): The Flexible Spending Accounts will continue to be offered for the new plan year for the health/medical care or dependent care reimbursement accounts. However, you are REQUIRED to enroll/waive the FSA plans ONLINE through the NFP Enrollment Website at www.forsyth.bswift.com. The plan year will start January 1, 2023. Please note the maximum contribution for the medical reimbursement FSA is **\$2,850.00** for the 2023 plan year and the \$570 roll-over feature will continue but will be limited to one plan year if you do not choose to participate in the flexible spending account in the subsequent year. If you are enrolled in the State Health UnitedHealth Care High Deductible Health Plan with the Health Savings Account, you are NOT eligible to participate in the Health/Medical Care Flexible Spending Account.

OPEN ENROLLMENT

OPEN ENROLLMENT MEMO

Accident Insurance (MetLife): The Accident Insurance will continue to be administered by MetLife. MetLife's Accident coverage provides a lump sum benefit based on the type of injury (or covered incident) you sustain (**On-Or-Off the Job**) or the type of treatment you need. **Examples of covered injuries include:** broken bones; eye injuries; burns; ruptured discs; torn ligaments; concussion; cuts repaired by stitches; and coma due to a covered injury. **Some covered expenses include:** emergency room treatment; occupational therapy; outpatient surgery facility; speech therapy; doctor office visit; chiropractic visit; hospitalization; physical therapy. **Enrollment is simple - You can enroll online via the enrollment website.** A full schedule of benefits is also available online on the [Benefit Resource Center](#).

Long Term Care Insurance (Unum): [Long Term Care insurance will no longer be offered](#). If you have a Long Term Care policy, you will be notified of your option to continue coverage by paying Unum directly.

Critical illness (MetLife): MetLife Critical Illness Insurance can supplement existing medical coverage and help provide financial support to pay for out-of-pocket expenses such as mortgage payments, college tuition, hiring household help, or treatment not covered by your medical plan. Benefits are paid regardless of what is covered by medical insurance. Payments are made directly to covered employees to spend as they choose.

NewBenefits (Telemedicine): A comprehensive discount benefits program remains available through NewBenefits. Employees are able to enroll in one of three packages that include benefits such as TelaDoc, Legal Care Direct, ID Sanctuary, and many other discount programs for things like lab testing, pet care, etc. There will be a slight increase to the cost of coverage for the 2023 plan year.

Universal Life (Aflac): [Universal Life insurance will no longer be offered](#). If you have a Universal Life policy, you will receive a letter towards the end of January 2023 including information on updating their billing preference to direct bill. Employees with questions will be able to call Customer Care at (800) 918-8877 or email Customercare@trustmarkbenefits.com.

Permanent Life (Chubb): Permanent Life will be offered through Chubb. This life insurance policy features a Long Term Care rider that, along with your retirement benefit and Social Security, can assist with your long term care needs. All employees will have the ability to elect up to \$250,000 of coverage.

Pet Insurance (Nationwide): Offers comprehensive coverage for dogs and cats. Covers medical, accidents, injuries, surgeries, and more. Cash back on eligible vet bills after \$250 deductible up to \$7,500 annually.

Questions:

If you have any non-medical benefit and/or enrollment related questions that cannot be answered through the enrollment guide, please contact the **NFP Benefit Center directly at (800) 994-7429**. If you have any State Health (medical) benefit and/or enrollment related questions that cannot be answered through the State Health Decision Guide, this guide or the State Health enrollment website, please contact **Katie Beusse at (770) 887-2461 Ext. 202136 or Jamie Coleman at (770) 887-2461 Ext. 202141**.

WELCOME

BENEFITS MENU | ENROLLMENT

BENEFITS OFFERED

MY HEALTH

Medical | **State Health**

Dental | **MetLife**

Vision | **EyeMed**

Flexible Spending Accounts | **Navia**

MY LIFE

Life and AD&D | **MetLife**

Disability | **MetLife**

Accident | **MetLife**

Critical Illness | **MetLife**

Universal Life | **Chubb**

MY EXTRAS

Telemedicine | **New Benefits**

Pet Insurance | **Nationwide**

Your Open Enrollment Period

OCTOBER 17, 2022 – NOVEMBER 4, 2022

ENROLLMENT INSTRUCTIONS

1. Review the information in this guide and benefit plan summaries.
2. Please go online or meet with a NFP Benefit Counselor to elect or decline coverage by November 4th.
3. Please contact NFP at (800) 994-7429 to speak with a Benefit Counselor if you need assistance with your enrollment.
4. You will not be allowed to make changes after the open enrollment window closes, unless you experience a qualifying life event.

NOTE: All employees are encouraged to log into bswift and the State Health ADP enrollment portal to confirm their demographic information, dependent information, student status information, and beneficiary information. For reporting purposes, Social Security numbers and date of birth information must be provided and accurate. During the annual open enrollment, you MUST enroll or waive the FSA/Section 125 plans online.



Helpful Tips To Consider Before You Enroll

1. **Do you plan to enroll an *eligible dependent(s)*?**
If so, make sure to have their social security numbers and birthdates available. You cannot enroll your dependent(s) without this information.
2. **Have you recently been *married/divorced or had a baby*?**
If so, remember to add or remove any dependent(s) and/or update your beneficiary designation.
3. **Did any of your covered children reach their *26th birthday this year*?**
If so, they may no longer be eligible for benefits, unless they meet specific criteria.

WELCOME

BENEFITS MENU | ENROLLMENT GUIDE

BENEFITS OFFERED

MY HEALTH

Medical | **State Health**

Dental | **MetLife**

Vision | **EyeMed**

Flexible Spending Accounts | **Navia**

MY LIFE

Life and AD&D | **MetLife**

Disability | **MetLife**

Accident | **MetLife**

Critical Illness | **MetLife**

Universal Life | **Chubb**

MY EXTRAS

Telemedicine | **New Benefits**

Pet Insurance | **Nationwide**

Your Open Enrollment Period

OCTOBER 17, 2022 – NOVEMBER 4, 2022

STATE HEALTH ENROLLMENT INSTRUCTIONS:

1. Go to www.mySHBPga.adp.com
2. Under the OE window, click on **Continue** to proceed with your 2023 Plan Year enrollment.
3. Click on the **Terms and Conditions message** to review Terms and Conditions before accepting. **You must click Accept Terms and Conditions to continue to the next step of enrollment.**
4. To start your Election Process, click on **Go to Make your Elections.**
5. Click on **Go To Tobacco Surcharge question.** You **MUST** answer the Tobacco Surcharge question using the radial buttons.
6. Click on **Go to Health Benefits** to choose your medical claim administrator and plan options.
7. Make your elections.
8. Click on **Go to Review and Confirm Changes.**
9. Click **Finish.**

NOTE: If Finish is NOT clicked, your enrollment process has not been completed.

BSWIFT ENROLLMENT INSTRUCTIONS:

1. Go to www.forsyth.bswift.com
2. Enter your Username: **Last Name + Last 4 of your SSN** e.g. John Smith = Smith4567
3. Enter your Password: **Last 4 of your SSN**
4. Follow instructions and enroll in your benefits
5. Make sure to complete your enrollment and email yourself a confirmation statement.



Helpful Tips For Enrolling

1. It is **MANDATORY** for each employee to access the State Health website and enroll or waive coverage for you and your dependents.
2. If you are currently enrolled and do not go online and make an election, you will be default enrolled in your current plan, at your current coverage tier and tobacco status.
3. If you have waived coverage and you do not go online and make an election, you will remain with a waiver of coverage.
4. If you experience any technical difficulties with State Health, please contact SHBP Member Services at 800-610-1863. If you experience any issues with bswift, please contact the NFP Service Center at (800) 994-7429

ELIGIBILITY

RULES | REQUIREMENTS

EMPLOYEE ELIGIBILITY

You are eligible to participate if you are full-time. Your coverage will be effective 1st of the month following your first full calendar month of employment.

DEPENDENT ELIGIBILITY

You may also enroll eligible dependents for benefits coverage. A **'dependent'** is defined as the **legal spouse** and/or **'dependent child(ren)'** of the plan participant or the spouse.



The term 'child' refers to any of the following:

- A natural (biological) child;
- A stepchild;
- A legally adopted child;
- A foster child;
- A child for whom legal guardianship has been awarded to the participant or the participant's spouse/domestic partner; or
- Disabled dependents may be eligible if requirements set by the plan are met.

The chart provided below explains who is eligible for coverage under each benefit plan type:

Line of Coverage	When coverage ends
Medical, Vision, Dental	The last day of the month the child turns age 26
Child Life Insurance	The last day of the month the child turns age 26
Spouses are Eligible for:	Medical, dental, vision, life, accident, critical illness, and permanent life

Qualifying Life Events

If you have a Qualifying Life Event and want to request a mid-year change, you must notify the Benefits Department and complete your election changes within 30 days following the event. Be prepared to provide documentation to support the Qualifying Life Event.

Common life events include; Marriage, Divorce, New Dependent, Loss/gain of available coverage by you or any of your dependents.

Please contact NFP at (800) 994-7429 to speak with a benefits counselor regarding enrollment in non-medical coverage due to a Qualifying Event. For enrollment in medical coverage due to a Qualifying Event please contact State Health at (800) 610-1863.

IMPORTANT

You cannot make changes to these elections during the year unless you experience a qualified family status change, which must be reported to the Benefits Department within 30 days of the event.

If you separate from employment, COBRA continuation of coverage may be available as applicable by law. COBRA Continuation details can be found in the notices section of this employee benefit guide.

HEALTH

STATE HEALTH BENEFIT PLAN RATE SHEET

JANUARY 2023 – DECEMBER 2023

Forsyth County Schools pays \$49.38 for all employees participating in the health insurance program through the State Health Benefit Plan. **Any premiums in excess of the \$49.38 are listed below and will be deducted from your monthly paycheck.**

Anthem BlueCross and BlueShield	Employee	Employee + Child(ren)	Employee + Spouse	Family
HRA GOLD	\$126.30	\$270.73	\$386.95	\$531.38
HRA GOLD with Tobacco Charge	\$206.30	\$350.73	\$466.95	\$611.38
HRA SILVER	\$64.94	\$166.42	\$258.09	\$359.57
HRA SILVER with Tobacco Charge	\$144.94	\$246.42	\$338.09	\$439.57
HRA BRONZE	\$27.20	\$102.26	\$178.84	\$253.90
HRA BRONZE with Tobacco Charge	\$107.20	\$182.26	\$258.84	\$333.90
HMO	\$93.92	\$215.23	\$318.38	\$439.96
HMO with Tobacco Charge	\$173.92	\$295.23	\$398.38	\$519.96
United Healthcare				
HMO	\$125.11	\$268.71	\$384.45	\$528.05
HMO with Tobacco Charge	\$205.11	\$348.71	\$464.45	\$608.05
High Deductible	\$12.45	\$77.19	\$147.86	\$212.60
High Deductible with Tobacco	\$92.45	\$157.19	\$227.86	\$292.60
Kaiser Permanente				
HMO (Regional HMO)	\$104.75	\$234.22	\$342.11	\$471.58
HMO with Tobacco Charge	\$184.75	\$314.22	\$422.11	\$551.58
TRI-CARE Supplement	\$11.12	\$70.12	\$70.12	\$111.12

State Health Benefits (800) 610-1863 www.dch.georgia.gov/shbp	Anthem BlueCross & BlueShield (855) 641-4862 www.anthem.com/shbp/	United HealthCare (888) 364-6352 www.shbp.welcometouhc.com	Kaiser Permanente (855) 512-5997 my.kp.org/shbp/
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PeachCare for Kids (877) 427-3224 www.peachcare.org	Tri-Care Supplement (866) 637-9911 www.selmantricareresource.com/ga_shbp	CVS Caremark (844) 345-3241 http://info.caremark.com/shbp
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If an employee and spouse are both employed with the Forsyth County School System, please ask about our discounted rates for family coverage.

Katie Beusse	(770) 887-2461 ext. 202136
Jamie Coleman	(770) 887-2461 ext. 202141
FAX	(770) 888-1221

FLEXIBLE SPENDING ACCOUNT

FSA | TAX SAVING VEHICLE

IMPORTANT FSA RULES

Flexible Spending Accounts (FSA) allow you to reduce your taxable income by setting aside pre-tax dollars from each paycheck to pay for eligible out-of-pocket health care and dependent care expenses* for yourself, your spouse and your dependent children.

In order to participate in the FSA, you must enroll each year. Your annual contribution stays in effect during the entire year (**January 1st through December 31st**). The only time you can change your election is during the enrollment period or if you experience a change-in-status event. Also, you must elect this benefit within **30 days** of your hire date or first date of benefits eligibility.

ELIGIBLE EXPENSES

- A full list of qualified FSA expenses can be found in IRS Publication 502 at www.irs.gov.
- You can learn more about FSA qualified expenses and also make purchases by visiting the FSA Store at www.fsastore.com.

HEALTH CARE FSA ROLLOVER

Health Care FSAs have a **\$570 roll over** feature, which allows any amount of \$570 or less remaining in your account at the end of the plan year to roll over into the new plan year.

MULTIPLE METHODS FOR ACCOUNT MANAGEMENT

Navia Online:

<https://naviabenefits.com>

Wealthcare Manager: within Navia at www.wealthcareadmin.com

Navia Mobile App: search Navia Benefits in Google Play or Apple App Store or download from website

HEALTH CARE & LIMITED PURPOSE FSA

MAXIMUM ANNUAL CONTRIBUTION | \$2,850

All eligible health care expenses – such as deductibles, medical and prescription copays, dental expenses, and vision expenses – can be reimbursed from your general purpose FSA account.

With the Health Care FSA or Limited Purpose FSA, you can spend up to the full amount of your annual election as soon as your account has been set up.

DEPENDENT CARE FSA

The Dependent Care FSA allows you to pay for eligible dependent care expenses with tax-free dollars so that you and your spouse can work or attend school FT.

Unlike the Health Care FSA, funds in a Dependent Care FSA are only available once they have been deposited into your account and you cannot use the funds ahead of time.

- You may set aside up to **\$5,000** annually in pre-tax dollars, or **\$2,500** if you are married and file taxes separately from your spouse.
- If you participate in a Dependent Care FSA, you cannot apply the same expenses for a dependent care tax credit when you file your income taxes.

*ELIGIBLE DEPENDENT CARE EXPENSES INCLUDE:

1. 'Care' for your dependent child who is under the age of 13 that you can claim as a dependent on your federal tax return;
2. 'Care' for your dependent child who resides with you and who is physically or mentally incapable of caring for themselves; or
3. 'Care' for your spouse, parent or grandparent who is physically or mentally incapable of caring for themselves and spends at least eight hours a day in your home.

'Care' is defined as: In-home baby-sitting services (not by an individual you claim as a dependent); care of a preschool child by a licensed nursery or day care provider; before and after-school care; summer day camp (provided it is not overnight); and in-home dependent day care.

FLEXIBLE SPENDING ACCOUNT

FSA | TAX SAVING VEHICLE

HERE'S HOW IT WORKS

An employee earning \$30,000 elects to place \$2,650 into a Health Care FSA. The payroll deduction is \$110.42 based on a 24 pay period schedule. As a result, the insurance premiums and health care expenses are paid with tax-free dollars, giving the employee a tax savings of \$574.

	Without FSA	With FSA
Gross Income	\$30,000	\$30,000
FSA Contributions	\$0	-\$2,650
TAXABLE INCOME	\$30,000	\$27,350
Estimated Taxes		
Federal	\$3,090*	-\$2,817*
State	\$1,104**	\$1,106**
FICA	\$2,295	\$2,092
AFTER TAX EARNINGS	\$23,511	\$21,435
Eligible Out-Of-Pocket Expenses	\$2,650	\$0
AVAILABLE/SPENDABLE INCOME	\$20,861	\$21,435

That's a savings of \$574 for the year!

This example is for illustrative purposes only. Every situation varies and it is recommended you consult a tax advisor for all tax advice.

*Varies, assumes 10.30%;

**Varies, assumes 3.68%

OVER-THE-COUNTER (OTC) MEDICATION REMINDER

Effective for purchases on or after January 1, 2020, thousands of items, including pain relievers, cold and flu medications, antacids, acne remedies, and allergy medicines are now reimbursable from an FSA, Section 213 HRA, or HSA without a prescription.

In addition to eliminating the prescription requirement on OTC drugs and medicine, the new CARES Act has added hundreds of menstrual products to the list of approved expenses, including tampons, pads, liners, cups, sponges and similar items. As was the case prior to the passage of the ACA, vitamins and supplements will continue to require a physician's "prescription" indicating that they are being taken to treat a diagnosed medical condition (e.g., anemia) rather than for general health and wellness.

ELIGIBLE HEALTH FSA EXPENSES*

- Acupuncture
- Alcoholism treatment
- Artificial teeth/dentures
- Blood pressure monitors
- Braces
- Braille-books & magazines
- Breast pumps & lactation supplies
- Chiropractors
- Co-insurance, co-pay & deductibles
- Cost of operations & related treatments
- Crutches
- Diabetic supplies
- Drug addiction treatment
- Eye exams, eyeglasses, contacts
- Hearing devices & batteries
- Hospital services
- Operations
- Pregnancy tests
- Radial keratotomy & lasik eye surgery
- Smoking cessation programs
- Speech therapy
- Surgical fees
- Vaccines
- Walkers & wheelchairs
- X-rays and more.

***A full list of qualified expenses can be found in IRS Publication 502 at www.irs.gov.**

IMPORTANT: PAYING FOR ELIGIBLE SERVICES & EXPENSES

Visit the FSA Store at www.FSAstore.com, where you can purchase FSA-eligible products without a prescription online.

Although you do not need to file for reimbursement when using your FSA debit card, you may be required to submit documentation, so be sure to save your receipts.

If you use a personal form of payment to pay for eligible expenses out-of-pocket, you can submit an FSA claim form along with your original receipts for reimbursement.

DENTAL

COVERAGE OVERVIEW

PRE-TREATMENT ESTIMATE

If your dental care is extensive and you want to plan ahead for the cost, you can ask your dentist to submit a pre-treatment estimate. While it is not a guarantee of payment, a pre-treatment estimate can help you predict your out-of-pocket costs.

MISSING TOOTH EXCLUSION

The plan will not replace a tooth that was extracted before the person was insured by a Forsyth County Schools dental plan.

BENEFITS

Members enrolled in the high plan, are eligible for replacements of crowns, inlays, onlays, partial and complete dentures, veneers, implants, and bridges once every ten years. All dental participants are eligible for prophylaxis once every six months.

PREVENTION FIRST

Your dental health is an important part of your overall health. Make sure you take advantage of your preventive dental visits.

Preventive care services are covered at 100% if you visit an In-Network provider. They are also not subject to the annual deductible.

How do I find an In-Network Provider?

This dental plan offers deeper discounts when you visit a provider that is In-Network. In-Network providers can be found on www.metlife.com under "I Want To Find A Network Dentist".

Enter your zip code and select the PDP Plus network. Enter your search criteria and click on the SUBMIT button.

For additional assistance contact: (800) 942-0854

Maintaining our dental health is a large component in our overall health. While brushing and flossing daily is important, routine dental exams and cleanings are necessary to remove bacteria, plaque, and tartar and detect early signs of gum disease. In addition, regular dental visits may reveal other health issues.

Forsyth County Schools offers dental coverage as summarized below.

	Core Plan	Buy-Up Plan
PLAN FEATURES		
Benefit Period	Calendar Year	
DEDUCTIBLE		
Single	\$50	\$50
Family	\$150	\$150
When does it apply?	When receiving Basic or Major services (Does not apply for Preventive or Orthodontia services)	
COVERED SERVICES		
CLASS I: Preventive Services <i>Periodic oral evaluation; Prophylaxis (cleanings), Bitewing X-rays – four films; Topical fluoride application</i>	Covered at 100%	Covered at 100%
CLASS II: Basic Services <i>Filling, amalgam, e.g., silver-colored, two surfaces; sealants, Extractions, Endodontics, Periodontics</i>	Covered at 50%	Covered at 80%
CLASS III: Major Services <i>Crowns, implants, dentures, fixed bridges</i>	Not Covered	Covered at 50%
ORTHODONTIA (Children only up to age 19)	Not Covered	Covered at 50%; up to a lifetime maximum benefit of \$1,500
ANNUAL MAXIMUM		
Maximum Benefit <i>Allowed per Benefit Period</i>	\$1,250 per covered individual	\$1,750 per covered individual
PER PAY PERIOD DENTAL PLAN DEDUCTIONS		
Coverage Tier	Core Plan	Buy-Up Plan
Employee Only	\$0.00	\$31.24
Employee + 1 Dependent	\$36.97	\$73.34
Employee + Family	\$70.62	\$136.13

VISION

COVERAGE OVERVIEW

Good visual health can play an important role in our overall health. For those of us with eye care needs, having a Vision plan available from Forsyth County Schools can ultimately help offset some of those associated costs in preserving our eye health and ongoing wellness. Becoming a member of the Vision plan available through the district will enable you to take advantage of substantial savings on your eye care and eyewear needs.

	IN-NETWORK	OUT-OF-NETWORK
PLAN FEATURES		
Vision Exam	\$10 copay	Up to \$52
COVERED SERVICES – LENSES / FRAMES		
Single Lenses	\$20 copay	Up to \$55
Bifocals	\$20 copay	Up to \$75
Trifocals	\$20 copay	Up to \$95
Frames	\$150 allowance; 20% discount of additional cost	Up to \$45
COVERED SERVICES		
Contact Lenses - Elective	\$150 allowance	Up to \$130
Contact Lens – Medically Necessary	Covered in full	Up to \$250
BENEFIT FREQUENCY		
Exams	Once every 12 Months	Once every 12 Months
Lenses	Once every 12 Months	Once every 12 Months
Frames	Once every 24 Months	Once every 24 Months
Contacts	Once every 12 Months <i>(contacts in lieu of frames/lenses)</i>	Once every 12 Months

PER PAY PERIOD VISION PLAN DEDUCTIONS		Need to locate a participating In-Network provider? For a complete list of providers near you use our Provider Locator on www.eyemed.com and choose the INSIGHT network or call 866-804-0982. For Lasik providers call (800) 988-4221 or visit eyemedlasik.com .
Coverage Tier	Deduction	
Employee Only	\$8.58	
Employee + 1 Dependent	\$14.98	
Employee + Family	\$22.28	

BASIC LIFE

COVERAGE OVERVIEW

BENEFICIARY(IES)

It's very important to designate beneficiaries. Taking a few minutes to designate your beneficiaries now will help ensure that your assets will be distributed according to your direction.

A **Beneficiary** is the person you designate to receive your life insurance benefits in the event of your death. It is important that your beneficiary designation is clear so there is no question as to your intentions.

It is also important that you name a **Primary** and **Contingent (Secondary) Beneficiary**. A contingent beneficiary will receive the benefits of your life insurance if the primary beneficiary cannot. You can change beneficiaries at any time.

You should review your beneficiary elections on a regular basis to ensure they are updated as life changes. Even if you are single, your beneficiary can use your Life Insurance to pay off your debts, such as: credit cards, mortgages, and other expenses.

**You designate your beneficiary(ies) when enrolling for your benefits.*

BASIC LIFE INSURANCE

Basic Term Life and Accidental Death & Disability (AD&D) insurance provides valuable financial protection for your family. Forsyth County Schools is pleased to provide **\$30,000** of Basic Life & AD&D insurance to all full-time employees **at no cost to you**.

BASIC LIFE COVERAGE - METLIFE

Coverage Amount Flat **\$30,000** Benefit

Accidental Death and Dismemberment (AD&D) Amount equal to your Life benefit

Benefit Reduction Schedule There will no longer be any reductions to your benefits based on your age.

ADDITIONAL PLAN PROVISIONS

Portability If your employment ends or you retire, you may be eligible to continue your term insurance at group rates.

Conversion When coverage ends under the plan, you can convert to an individual permanent life policy without evidence of insurability.



WHAT WILL MY BENEFICIARY RECEIVE?

In The Event That Death Occurs:

- Your Basic Life insurance is paid to your beneficiary.
- **If death occurs from an accident:** 100% of the AD&D benefit would be payable to your beneficiary(ies) in addition to your Basic Life insurance.

VOLUNTARY LIFE

COVERAGE OPTIONS FOR YOU & THE FAMILY

VOLUNTARY LIFE INSURANCE

Employees have the opportunity to enroll in additional Life/AD&D insurance. If you choose to enroll in employee coverage, this will be in addition to your employer provided Basic Life/AD&D coverage. Coverage is also available for your spouse and/or child dependents. You must elect coverage for yourself in order to enroll in coverage for your child(ren) and to enroll in more than \$30,000 of coverage for your spouse.

PLAN OPTIONS

Cost of Coverage	Premiums are based on age-rated tables and paid by the employee every pay period through a payroll deduction. These premiums are post-tax and benefits payable are tax-free.		
Coverage Options	<u>Employee Coverage</u> Choose in \$10,000 increments up to the lesser of 5x your annual salary or \$500,000	<u>Spouse Coverage</u> Choose in \$5,000 increments up to \$100,000. You can elect up to \$30,000 of coverage without enrolling in employee coverage.	<u>Dependent Coverage</u> Choose in \$2,000 increments up to \$10,000
Do I have to take a health exam to get coverage?	If you and your dependents enroll in coverage at your initial eligibility date, you may apply for up to the Guaranteed Issue amounts without medical questions.		
Guaranteed Issue	<u>Employee</u> \$350,000 up to 5x your annual salary	<u>Spouse</u> \$50,000 (not to exceed \$30,000 if not enrolled in employee coverage)	<u>Dependent</u> \$10,000

PLAN PROVISIONS

Cost Calculation	Age Rated Benefit (Spouse Life based on spouse's age)
Benefit Reduction Schedule	There are no reductions to your benefits based on your age.
Portability	If your employment ends or you retire, you may be eligible to continue your term insurance at group rates.
Conversion	When coverage ends under the plan, you can convert to an individual permanent life policy without evidence of insurability.



***Guaranteed Issue (GI) and Evidence of Insurability (EOI)**

When you are first eligible (at hire) for Voluntary Life and AD&D, you may purchase up to the Guaranteed Issue (GI) for yourself and your spouse without providing proof of good health (EOI). Annually, you are able to increase elections 2 increments up to GI without proof of good health.

Any amount elected over the GI will require EOI. If you elect voluntary life coverage, and are required to complete an EOI, it is your responsibility to complete the EOI and send to the provider (address will be listed on your form). In addition, your spouse will need to provide EOI to be eligible for coverage amounts over GI, or if coverage is requested at a later date.

DISABILITY

SHORT-TERM | LONG-TERM

SHORT-TERM DISABILITY (STD)

Everyday illnesses or injuries can interfere with your ability to work. Even a few weeks away from work can make it difficult to manage household costs.

Short Term Disability coverage provides financial protection for you by paying a portion of your income, so you can focus on getting better and worry less about keeping up with your bills.

LONG-TERM DISABILITY (LTD)

Serious illnesses or accidents can come out of nowhere. They can interrupt your life, and your ability to work for months – even years.

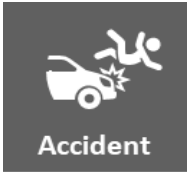
Long Term Disability provides financial protection for you by paying a portion of your income, so you have financial support to manage your disability and your household.

PLAN FEATURES	SHORT-TERM DISABILITY (STD)	LONG-TERM DISABILITY (LTD)
Cost of Coverage	Voluntary Benefit Employee is responsible for 100% of the cost	Voluntary Benefit Employer covers 100% of the cost
Elimination Period <i>This is the number of days that must pass between your first day of a covered disability & the day you can begin to receive your disability benefits.</i>	Benefits begin the later of your accumulated Sick Leave or 14 days	Your elimination period is 120 days (if elected, this will be the benefit duration of Short Term Disability)
Benefit Duration <i>The maximum number of weeks you can receive benefits while you are sick or disabled.</i>	Payments may last up to 17 weeks You must be sick or disabled for the duration of the waiting period before you can receive a benefit payment.	Payments will last for as long as you are disabled, or until you reach Normal Social Security Retirement Age whichever is sooner You must be sick or disabled for the duration of the elimination period before you can receive a benefit payment.
Coverage Amount	Covers 60% of your weekly income , up to a maximum benefit of \$1,730 per week .	Covers 60% of your monthly income , up to a maximum benefit of \$7,000 per month .
What's covered?	A variety of conditions and injuries. Typical claims would include: pregnancy, injuries, joint, back and digestive disorders.	A variety of conditions and injuries. Typical claims would include: cancer, back disorders, injuries and poison, cardiovascular, joint disorders.
Definition of Earnings	Base Salary <i>(excludes commissions and bonuses)</i>	Base Salary <i>(excludes commissions and bonuses)</i>
ADDITIONAL PLAN PROVISIONS		
Benefit Payment Frequency	Weekly benefit may be reduced or offset by other sources of income.	Monthly benefit may be reduced or offset by other sources of income.
Cost Calculation	Composite Rate per \$10 of coverage Benefit Payroll deductions are based on salary and age. Note: Rates are age banded and will change at policy anniversary if you move into a new age band.	This benefit is provided by Forsyth County Schools at no cost to you.
Waiver of Premium	If you're disabled and receiving benefit payments, your cost may be waived until you return to work.	If you're disabled and receiving benefit payments, your cost may be waived until you return to work.
Pre-Existing Condition Limitation	Pre-Existing Conditions are those conditions which you received medical treatment, care or consultation, including diagnostic measures or took prescribed drugs or medications during the 3 months preceding the effective date of this policy. Pre-Existing Conditions are not covered during the first 12 months of coverage.	Pre-Existing Conditions are those conditions which you received medical treatment, care or consultation, including diagnostic measures or took prescribed drugs or medications during the 3 months preceding the effective date of this policy. Pre-Existing Conditions are not covered during the first 12 months of coverage.

Certain exclusions and any pre-existing condition limitations may apply. Please refer to the Provider's detailed benefit summary for details.

VOLUNTARY BENEFITS

ACCIDENT | CRITICAL ILLNESS



Accident - MetLife

A serious injury can cost you a lot of money – not only in medical bills but in things like income from lost work hours. Some injuries are minor, but others are debilitating and require significant medical care. If you get hurt, accident insurance pays you money that you can use to cover personal expenses, bills, and out-of-pocket medical costs.

Who Gets Paid?

You get paid. When you have a covered accident or injury, your health insurance company pays your doctor or hospital, but your accident insurance company pays you.

What's Covered?

Not all accidents are “qualifying injuries.” The kinds of accidents that are covered can vary by plan but accident insurance plans typically cover things like:



If you have a covered injury, accident insurance can reimbursement you for things like:

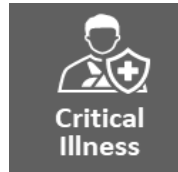
- Emergency Room Treatment
- Ambulance Transportation
- Burns
- Hospital Admissions & Hospital Confinement
- Dislocations
- Diagnostic Exams
- Initial Doctor's Office Visit
- Dental Work

How do I submit a claim?

Log into mybenefits.metlife.com, register for an account, and then initiate the claim **OR** download the MetLife Mobile App and initiate a claim from the app.

What is the Cost of Accident Insurance?

PER PAY PERIOD ACCIDENT DEDUCTIONS	
Coverage Tier	Deduction
Employee Only	\$10.73
Employee + Spouse	\$17.30
Employee + Child(ren)	\$19.13
Employee + Family	\$25.70

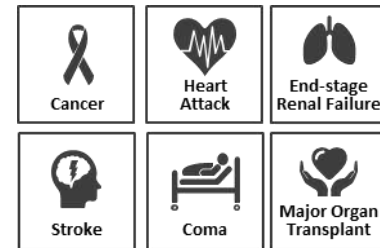


Critical Illness - MetLife

How would you pay your bills if you were suddenly diagnosed with cancer and couldn't work? Critical illness insurance doesn't pay your medical bills. It pays you if you're diagnosed with a covered illness. The benefit is paid directly to you and is your choice how to spend it.

What's Covered?

Critical illness can vary widely from one another. This offering provides you with coverage for a range of possible diagnoses, such as:



EMPLOYEE COVERAGE OPTIONS

Choose up to \$50,000 in \$10,000 increments

DEPENDENT COVERAGE OPTIONS

50% of Employee Coverage Amount

What is the Cost of Critical Illness Insurance?

Depending on your age, and how much coverage you want, the cost of critical illness insurance can vary significantly. To view the cost of Critical Illness coverage, please log into bswift.

More Details

Guarantee Issue Amounts: Employee \$50,000; Spouse \$25,000

How do I submit a wellness claim?

For wellness claims specifically, employees can call MetLife directly at 800-438-6388 and a representative will transfer them to the Health Screening Benefits line where the claim will be filed via telephone, rather than submitting a paper claim.



\$50 WELLNESS BENEFIT
Per Covered Individual

For Screenings such as: blood tests, Chest X-rays, Stress tests, Colonoscopies, Mammograms, and other tests listed in your policy.

BENEFIT RESOURCE CENTER

ONLINE BENEFIT RESOURCE WEB PAGE



Forsyth County Schools offers a Benefit Resource Center. The site was developed to create an interactive, centralized resource for you to visit both during open enrollment and throughout the year.

The Benefit Resource Center will serve as your go-to resource for benefits related questions. You'll be able to access enrollment information, important benefit documents, links to resources, and a link to enrollment sites.

Forsyth County Schools Benefit Resource Center site:

✓ **Open Enrollment Materials**

- Enrollment Guide, Open Enrollment Memo, link to enrollment sites

✓ **Full Benefit Summaries**

- More details about your coverage

✓ **Educational Videos**

- Learn about your benefits and how they work

✓ **Carrier Links and Member Resources**

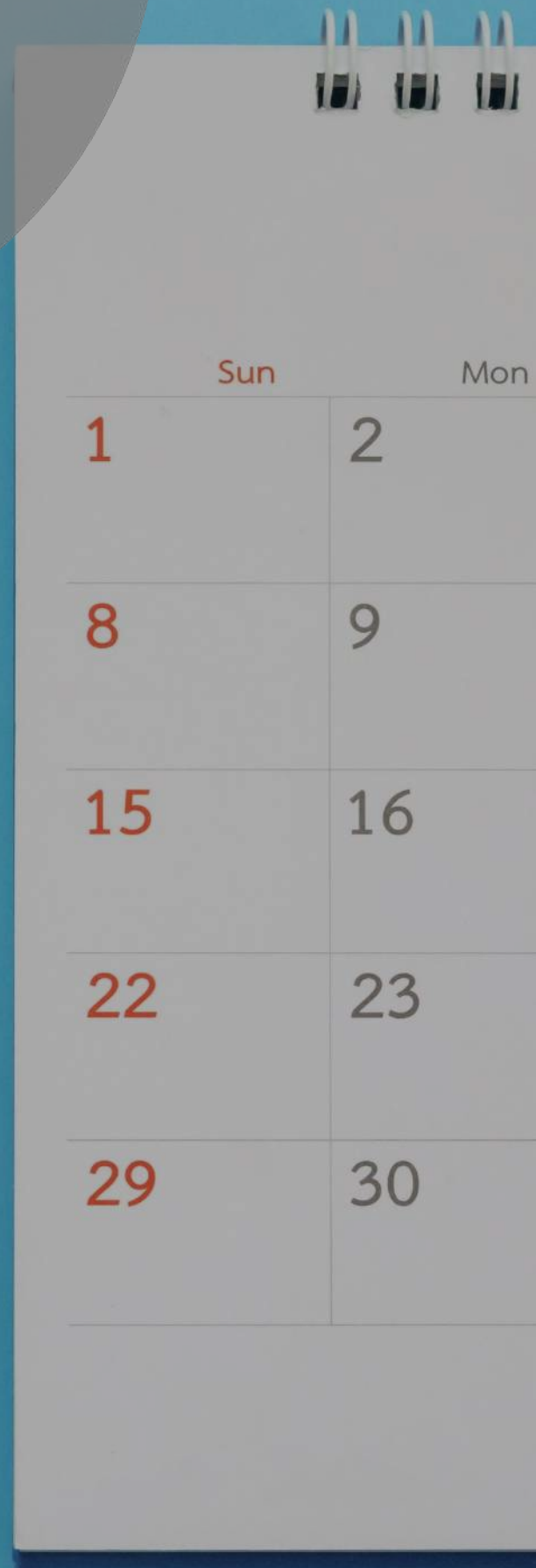
- Easily find in-network providers and additional resources specific to your benefit plan

✓ **Contact Information**

- Web address, email, and phone numbers to all vendors

View the Benefit Resource Center at www.shawhankinsbenefits.net/fcs.

SUPPLEMENTAL BENEFITS INFORMATION



SUPPLEMENTAL BENEFITS

TELEMEDICINE – NEW BENEFITS

New Benefits Discount Packages

This is a discount benefits program offering significant savings from thousands of providers across the nation. All of the benefits include the employee and his/her immediate family.

The membership is simple to use. Employees can search for providers on [MyBenefitsWork.com](https://www.mybenefitswork.com).

Package	Benefits	Cost	
NFP Advantage	<ul style="list-style-type: none">• Teladoc• Health Advocacy• Medical Bill Saver	<ul style="list-style-type: none">• Nurseline• Doctors Online• Pharmacy	\$11.87
NFP Advantage Plus	<ul style="list-style-type: none">• Teladoc• Health Advocacy• Medical Bill Saver• Nurseline• Doctors Online• Vision	<ul style="list-style-type: none">• Dental• Pharmacy• Pet Care• Lab Testing• MRI & CT Scans• Hearing Aids	\$15.17
NFP Premier	<ul style="list-style-type: none">• Teladoc• Health Advocacy• Medical Bill Saver• Nurseline• Doctor's Online• Vision• Dental• Pharmacy	<ul style="list-style-type: none">• Pet Care• Lab Testing• MRI & CT Scans• Hearing Aids• Legal Care Direct• ID Sanctuary Enhanced (family)• Roadside Assistance	\$21.90

*Cost shown is monthly and covers all immediate family members living in your household.

Teladoc

73% of Americans have trouble receiving timely medical care without having to visit the emergency room. Help employees save time and money with 24/7 access to a doctor by phone or online video consult – anytime, anywhere in the U.S. with no copay. Doctors offer diagnosis, treatment options and prescription if necessary. By using Teladoc instead of going to an urgent care clinic or ER, employees cut unnecessary out-of-pocket costs and time wasted in crowded waiting rooms.

Legal Care Direct

With a national average hourly rate of \$381, contacting an attorney may seem out of reach. Give employees access to free and discounted rates on services from experienced lawyers. Attorneys help with traffic tickets, bankruptcy, divorce, spousal and child support. Additional services are also available at no cost.

ID Sanctuary Enhanced

Keep employees one step ahead of identity theft. If they are online, have a bank account or use a credit card, personal information can be stolen at any time. ID Sanctuary provides the proactive tools and recovery assistance your employees need to quickly respond to an identity or fraud crisis.

For additional information on all benefits available under each benefit package, please visit the Benefit Resource Center site.

Following your enrollment in the plan, you will receive a packet of information containing an ID card. You will be instructed to go online and register your account and list all eligible family members. Registering before receiving services will greatly reduce the wait time upon initial use.

SUPPLEMENTAL BENEFITS

PET INSURANCE - NATIONWIDE

Forsyth County Schools offers Pet Insurance through Nationwide. Nationwide's Pet Insurance offers comprehensive coverage for dogs and cats to help you when you need it most.

Examples of coverage include:

Discounts for multi-pets

Medical

Injuries

Hereditary Issues

Surgeries

Examples of covered benefits include:

Up to \$250 cash back on vet bills

Choice of reimbursement (50% or 70%)

\$7,500 annual benefit

If you are interested in the Nationwide Pet Insurance, please visit the BSwift enrollment site to be directed to the plan details and costs.



SUPPLEMENTAL BENEFITS

PERMANENT LIFE INSURANCE - CHUBB

Voluntary permanent life insurance can be an ideal complement to the group term and optional term your employer provides. This voluntary life product is yours to keep, even when you change jobs or retire, as long as you pay the necessary premium. The policy offered is underwritten by Chubb, and it has the following features:

Employee Eligibility

- Minimum Coverage Limit – The greater of \$5,000 or the amount of coverage \$3.00/week will purchase
- Maximum Coverage Limit – \$250,000
- Guarantee Issue Amount (no medical questions asked) - \$100,000 for ages 19 - 70
- Conditional Guarantee Issue Amount (based on satisfactorily answering three medical questions) - \$150,000 for ages 19-70

Spouse Eligibility

- Minimum Coverage Limit – The greater of \$5,000 or the amount of coverage \$3.00/week will purchase
- Maximum Coverage Limit - \$125,000
- Conditional Guarantee Issue Amount (based on satisfactorily answering three medical questions) - \$75,000 for ages 19 - 70
- Simplified Guarantee Issue Amount (based on satisfactorily answering eight medical questions) - \$112,500 for ages 19-70

Dependent Child Eligibility

- Minimum Coverage Limit - The greater of \$5,000 or the amount of coverage \$3.00/week will purchase
- Maximum Coverage Limit - \$25,000

Accelerated Death Benefit Rider for Terminal Illness

After coverage has been in force for two years, employees can receive 50% of their death benefit immediately, up to \$100,000, if they are diagnosed as terminally ill.

Accelerated Death Benefit for Long Term Care

When employees need LTC, death benefits can be paid early for home health care, assisted living, adult day care and nursing home care. Early payments equal 4% of the death benefit per month for up to 25 months. Premiums are waived while this benefit is being paid.

Restoration of Death Benefit (50%)

Accelerating the life coverage for LTC benefits can reduce the death benefit to \$0. This rider restores the life coverage to 50% of the death benefit, up to a maximum of \$50,000 on which the LTC benefits were based, therefore assuring a death benefit available up to the insured's age 121.

Waiver of Premium Rider

Waives premium if employee becomes totally disabled.

Payor Waiver of Premium Rider

Waives Spouse/Dependent Child premium if employee becomes totally disabled.

Full Portability

Employees can keep their coverage at the same rate if they change jobs or retire.

Level Premium

Life insurance premium will never increase and are guaranteed through age 100. After age 100 no premium is due.

[To view the deduction for this valuable coverage and/or enroll in coverage please visit www.forsyth.bswift.com.](http://www.forsyth.bswift.com)

To file a claim, please choose one of the options below:

- Employees can call 855 241-9891 to file a claim
- Claims can be faxed to 603-352-1179
- Claims can be sent by email to CLAIMS@gotoservice.chubb.com

NOTICES

Important Notice from Forsyth County Schools About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Forsyth County Schools and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Forsyth County Schools has determined that the prescription drug coverage offered by the State Health Benefit plans is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Forsyth County Schools coverage will not be affected.

If you drop your current prescription drug coverage and enroll in Medicare prescription drug coverage, you may enroll back into the **Forsyth County Schools** benefit plan during an open enrollment period under the Forsyth County Schools benefit plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Forsyth County Schools and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Forsyth County Schools changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

Visit www.medicare.gov

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

From: January 1, 2023 to December 31, 2023

Name of Entity/Sender: Forsyth County Schools

Contact Person: Katie Beusse

NOTICES

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2021. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ALASKA – Medicaid	FLORIDA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268
ARKANSAS – Medicaid	GEORGIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
CALIFORNIA – Medicaid	INDIANA – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584

NOTICES

<p>IOWA – Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p>MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>
<p>KANSAS – Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884</p>	<p>NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p>KENTUCKY – Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov</p> <p>KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p>NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>
<p>LOUISIANA – Medicaid</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>
<p>MAINE – Medicaid</p> <p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711</p>	<p>NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>
<p>MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa Phone: 1-800-862-4840</p>	<p>NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p>MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p>NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>
<p>MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>	<p>NORTH DAKOTA – Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>

NOTICES

OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
OREGON – Medicaid	VERMONT– Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medicaid/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
RHODE ISLAND – Medicaid and CHIP	WASHINGTON – Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid and CHIP
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

NOTICES

Unless otherwise noted, a paper copy is available, free of charge, by calling NFP at 800-994-7429.

NOTICE OF YOUR HIPAA SPECIAL ENROLLMENT RIGHTS:

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards you or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contribution toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself or your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

SECTION 125 PRE-TAX BENEFIT AUTHORIZATION NOTICE:

Before-tax deductions will lower the amount of income reported to the federal government. This may result in slightly reduced Social Security benefits. If you do not enroll eligible dependents at this time, you may not enroll them until the next open enrollment period. You may not drop the coverage you elected until the next open enrollment period. You may only make a change or drop coverage elections before the next open enrollment period under the following circumstances:

A change in marital status, or

A change in the number of dependents due to birth, adoption, placement for adoption or death of a dependent, or

A change in employment status for myself or my spouse, or

Open enrollment elections for my spouse, or

A change in dependents eligibility, or

A change in residence or worksite.

Any change being made must be appropriate and consistent with the event and must be made within 30 days of when the event occurred. All changes are subject to approval by your Employer/Plan.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 ANNUAL NOTICE:

The Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breast, prostheses, and complications resulting from a mastectomy, including lymph edema.

NEWBORNS' ACT DISCLOSURE:

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96) hours.

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION: This Notice describes how the Plan(s) may use and disclose your protected health information ("PHI") and how you can get access to your information. The privacy of your protected health information that is created, received, used or disclosed by the Plan(s) is protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). This Notice is available on the web at: www.forsyth.bswift.com. A paper copy is also available, free of charge, by calling your Employer or NFP at 800-994-7429. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan."

GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS: On April 7, 1986, a federal law was enacted (Public Law 99272, Title X) requiring that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end. If you or your eligible dependents enroll in the group health benefits available through your Employer you may have access to COBRA continuation coverage under certain circumstances. Therefore, your plan makes available to you and your dependents the General Notice Of COBRA Continuation Coverage Rights. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. The full Notice is available on the web at: www.forsyth.bswift.com. A paper copy is also available, free of charge, by calling your Employer or NFP at 800-994-7429. Please note the participant is responsible for providing a copy to their spouse/dependents covered under the group health plan.

SUMMARY OF BENEFITS AND COVERAGE (SBC): As an employee, the group health (medical) benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC) which summarizes important information about any health coverage option in a standard format to help you compare across options. The SBC is available on the web at www.forsyth.bswift.com. A paper copy is also available, free of charge, by calling your Employer or NFP at 800-994-7429. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan.

HEALTH INSURANCE MARKETPLACE NOTICE (a.k.a. Exchange Notice): When key parts of the health care law took effect in 2014, a new way to buy health insurance became available through the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, the Marketplace notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer. This notice is available on the web at www.forsyth.bswift.com. A paper copy is also available, free of charge, by calling your Employer.

IMPORTANT CONTACT INFORMATION

PROVIDER	CONTACT INFORMATION
Benefit Enrollment Questions	NFP (800) 994-7429 nfpSEcustomerservice@nfp.com
Medical/State Health Benefit Plan	State Health (800) 610-1863 www.myshbga.adp.com
Dental	MetLife (800) 858-6506 www.metlife.com
Vision	EyeMed (866) 800-5457 www.eyemedvisioncare.com
Basic Life & AD&D Voluntary Life & AD&D	MetLife (800) 858-6506 www.metlife.com
Short Term Disability Long Term Disability	MetLife (800) 858-6506 www.metlife.com
Flexible Spending Accounts (FSA) (Healthcare FSA & Dependent Care FSA)	Navia (800) 669-3539 www.naviabenefits.com
Group Accident	MetLife (800) 858-6506 www.metlife.com
Group Critical Illness	MetLife (800) 858-6506 www.metlife.com
Permanent Life Insurance	Chubb (855) 241-9891 csmail@gotoservice.chubb.com
Telemedicine	New Benefits (800) 800-8304 www.newbenefits.com
Pet Insurance	Nationwide (877) 738-7874 https://benefits.petinsurance.com/forsyth-k12

Why Would I Contact the NFP Service Center?

Order ID Cards: We can contact the insurance carrier directly and have your replacement card in ten to fifteen business days.

Claim Resolution and Research: We can help you understand your Explanation of Benefits (EOB) as well as contact the insurance carriers on your behalf. We can assist in appealing a denied claim or help you request a Prior Authorization (PA) from your physician as may be required by your medical carrier. We can also help you file out-of-network claims and assist with reimbursement if you require medical assistance while traveling outside of the United States.

Locate In-Network Providers: Staying in network saves everyone money. Our Service Center can help you locate In-Network Providers for medical, dental and vision coverage whether you are at home or away.

Request Copies of Any Necessary Forms: Medical claim forms, out-of-network claim forms, evidence of insurability forms, short and long term disability claim forms and any other applicable forms are always available if the need should arise.

Understanding Your Benefits: We can assist you with questions regarding deductibles, copayments and coinsurance. We can explain waiting periods, elimination periods and eligibility rules.

Explain Qualifying Events: Most benefit plans require that you have a Qualifying Event (like marriage, birth of a child or other life event) to make a change in your election anytime other than during open enrollment. We work with your employer to ensure that your change follows the rules of the plan, that your request is allowed within the appropriate timeframes, and that you give proper documentation of the event.

Annual Enrollment Information: We can provide details about when open enrollment begins and ends and if your plan designs or payroll deductions are changing.

Enrollment Assistance: The Service Center representative can walk you through every step of the enrollment process. Whether it's an online enrollment or paper enrollment form, your Service Center representative is available to help.

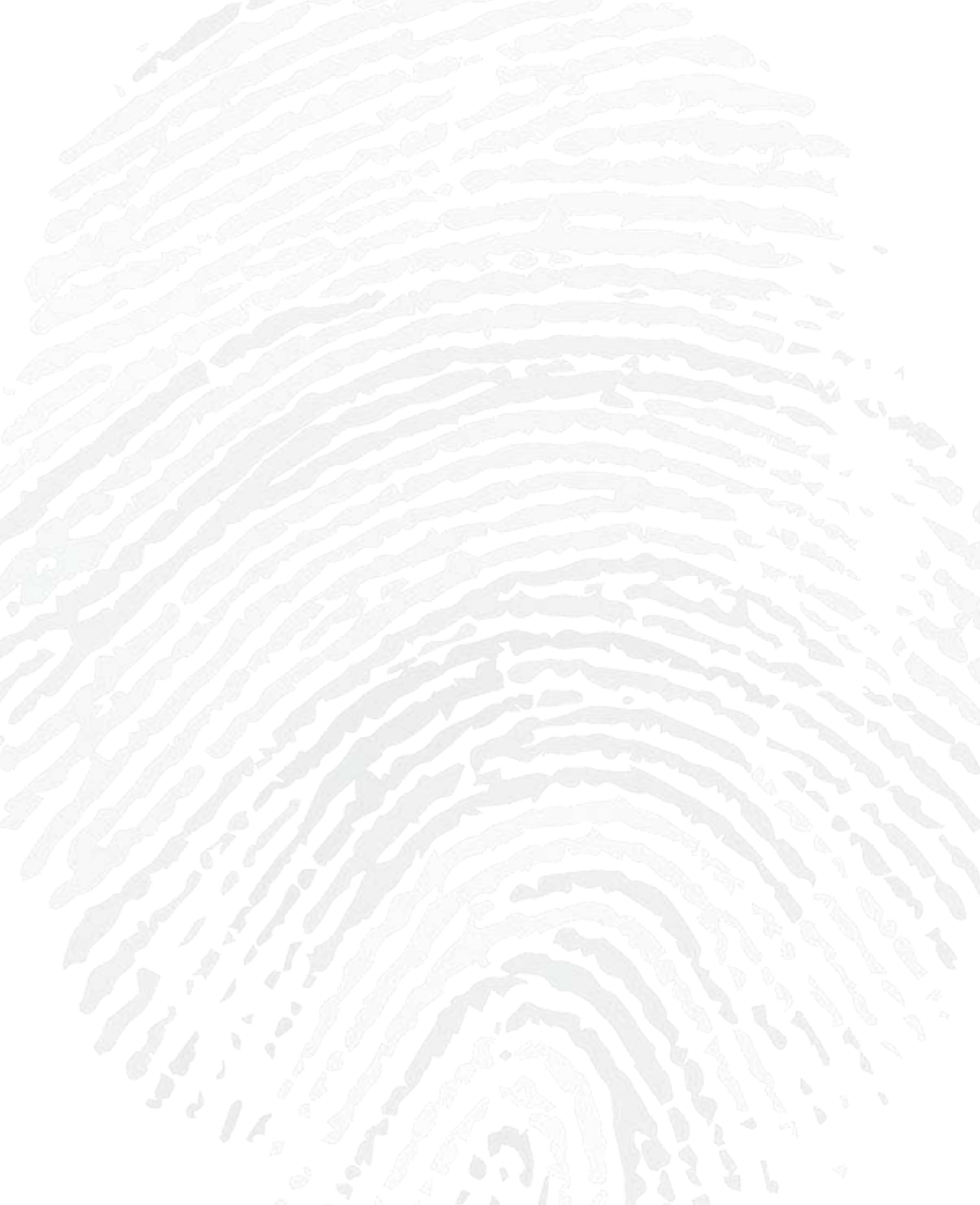
Confirmation Statements: We can provide copies of your online enrollment confirmation statement or a copy of your paper enrollment form at any time.

The Service Center is available from 8:30 a.m. to 5:00 p.m. Monday through Friday to assist you. We have an after-hours voice mailbox and your call will be returned the next business day.



(800) 994-7429

NFPsecustomerservice@nfp.com





NFP Corp. and its subsidiaries do not provide legal or tax advice. Compliance, regulatory and related content is for general informational purposes and is not guaranteed to be accurate or complete. You should consult an attorney or tax professional regarding the application or potential implications of laws, regulations or policies to your specific circumstances.

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