



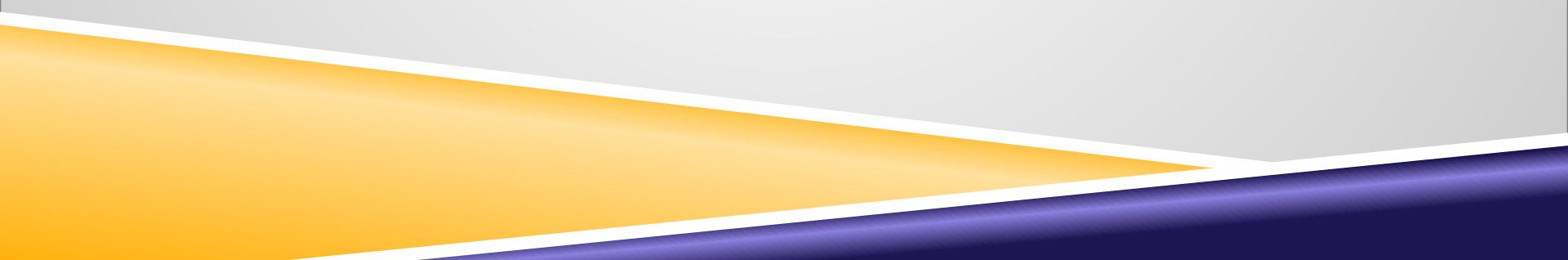
NEW HIRE BENEFIT ORIENTATION

2015-2016

Ensuring Success For Each Student

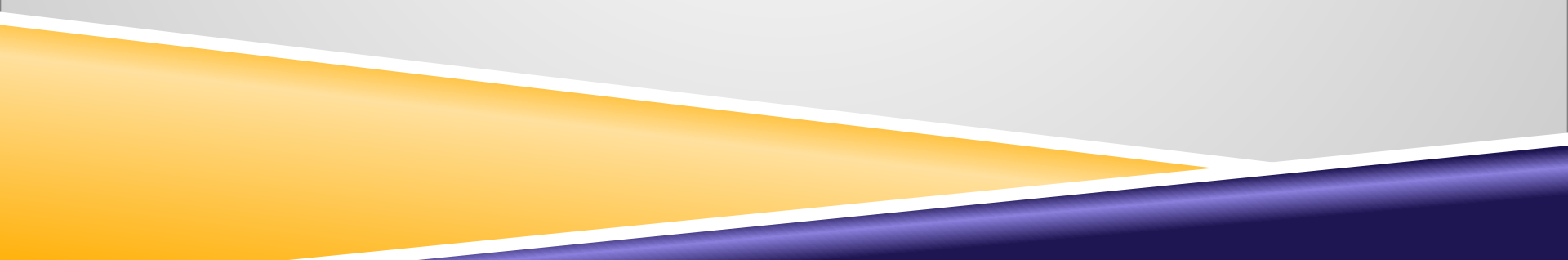


PAY

- ▶ Pay day is the last work day of the month with the exception of November and December.
 - ▶ Pay for new hires will be spread over 13 months, August 2015 through August 2016. Your annual salary divided by 13.
 - ▶ Make sure your years of experience have been verified and submitted to Human Resources.
- 



MISCELLANEOUS

- ▶ You may change your tax withholdings at any time.
 - ▶ To ensure your pay on payday we encourage Direct Deposit.
- 

SICK LEAVE

- ▶ Sick leave is accrued at 1.25 days per month.
- ▶ For an employee who works the full school year, the total sick leave accrual is:
 - ▶ 180 and 184 earn a total of 11.25 days.
 - ▶ 190, 200, and 210 earn a total of 12.50.
 - ▶ 220 earn a total of 13.75.
 - ▶ 244 earn a total of 15.00 plus 10 days of vacation.
- ▶ You may use 3 days of your sick leave as personal days. Personal days must be pre-approved by your supervisor.
- ▶ If you are transferring in from another Georgia Public School System you may transfer up to 45 days from your previous system. Certification is required.

USER NAMES & PASSWORDS

- ▶ To review your pay history and W-2 forms
- ▶ <https://mydocs.henry.k12.ga.us/index.aspx> / or access by www.henry.k12.ga.us
- ▶ Click on Employees (top right corner) / then Scroll down and click on MyDocs
- ▶ Username: Employee number Password: Last four of SSN
- ▶ 2. To enroll, decline or change existing medical coverage during open enrollment and/or to report a qualifying event:
- ▶ <https://myshbpga.adp.com> or 1-800-610-1863
- ▶ Register: Must complete online registration first, using registration code **shbp-ga** (upper or lower case)
- ▶ Username: _____ Password: _____
- ▶ Please note: If you are adding a dependent; additional documentation will be needed
- ▶ Spouse: Marriage Certificate OR last year's tax return (first page and signature page, with amounts blocked out)
- ▶ Children: Birth Certificate – must show parents name
- ▶ Step-Children: Birth Certificate AND marriage certificate or tax return
- ▶ If you have legal guardianship of a child, you must provide signed court guardianship paperwork
- ▶ 3. To enroll, decline or make changes to: dental, vision, disability, life, etc., during open enrollment or within 30 days of a qualifying event and/or to enroll, decline, or make changes anytime to Peach State Reserves (401K) and (457) accounts)
- ▶ www.gabreeze.ga.gov or 1-877-342-7339 / Must complete online registration first
- ▶ Username: _____ Password: _____
- ▶ 4. To access your personal account with Teacher Retirement System (TRS) (certified, paraprofessionals, secretaries etc.)
- ▶ www.trsga.com or 404-352-6500
- ▶ Must complete online registration first
- ▶ Username: _____ Password: _____
- ▶ 5. To access your personal account with, or to access the Public School Retirement (PSERS) (maintenance, school nutrition assistant, bus drivers)
- ▶ www.ers.ga.gov or 404-350-6300
- ▶ Must complete online registration first
- ▶ Username: _____ Password: _____



BENEFITS OFFERED

- ▶ \$10,000 life insurance provided by Henry County Schools
- ▶ Transamerica Life, whole life
- ▶ Health Insurance
- ▶ Dental
- ▶ Vision
- ▶ Short Term Disability
- ▶ Long Term Disability
- ▶ Long Term Care
- ▶ Group Life Insurance, Employee, **Spouse** & Child
- ▶ AD&D
- ▶ Legal
- ▶ Specified Illness
- ▶ Dependent Child Care Spending Account
- ▶ Medical Spending Account
- ▶ Retirement
- ▶ 401K and/or 457

ELIGIBILITY

- ▶ Full Time Employee.
- ▶ Legal Spouse.
- ▶ Dependent children under age 26.
- ▶ Dependent children age 26 or over who are incapable of self-sustaining employment by reason of mental or physical disability.
- ▶ Dependent children are defined as you or your spouse's natural or legally adopted children.
- ▶ Supporting documentation is required; such as:
 - marriage certificate if spouse will be covered.
 - birth certificate or adoption paperwork for children.

When faxing documents to SHBP or GA BREEZE, please put the employee's name and last four digits of their social security number on each page.

WEBSITE

- ▶ There are two websites for insurance selection.
 - ▶ State Health Benefit Plan – <https://mySHBPga.adp.com>
 - ▶ Georgia Breeze – www.gabreeze.ga.gov

The selection you make now will be in force through December 31st .

CHANGES TO YOUR COVERAGE

- ▶ Annual Enrollment or Open Enrollment is held once a year. Generally in November. The coverage(s) you select during Open Enrollment will be effective January 1st with the new premium being deducted from the December paycheck.
- ▶ If you experience a Qualifying Event during the Plan year you may change coverage, enroll in coverage or cancel coverage within 30 days of the Qualifying Event.
- ▶ Qualifying Events include, but are not limited to:
 - ▶ Birth, or adoption of a child.
 - ▶ Death of a **spouse** or child, if the dependent is currently enrolled.
 - ▶ Your **spouse's** or dependent's gain/loss of eligibility for other group health coverage.
 - ▶ Marriage or divorce.
 - ▶ Medicare eligibility.

STATE HEALTH BENEFIT PLAN

- ▶ Access at <https://myshbpga.adp.com>
- ▶ You must register to create a user name and password. Registration code is shbp-ga.
- ▶ New employees (first time working in public education in Georgia): coverage begins the first of the month following 30 days of employment i.e: Hire date: July 27, 2015; coverage is effective September 1, 2015. Premiums will be deducted on the August 31st check.
- ▶ Employees transferring in from another public school system in Georgia, with a hire date July 7th – July 15th, coverage begins August 1, 2014 and we will deduct your premium from your July check. If your hire date is July 15th to July 31st, coverage begins September 1, 2015 and we will deduct your premium from your August 31st check. Make sure you complete and turn in the “New Hire Information Sheet” provided to you in your Benefit packet.
- ▶ Unless you are a transfer from another public school system in Georgia, you must either enroll in or decline coverage with State Health.
- ▶ Please complete your enrollment August 1, 2015 – August 7, 2015.

2015 PLAN DESIGN

Plan Designs for 2015

	Gold Plan			Silver Plan			Bronze Plan			BCBS/UHC HMO	HDHP			Kaiser HMO
	In		Out	In		Out	In		Out	In	In		Out	In
Deductible														
You	\$1,500		\$3,000	\$2,000		\$4,000	\$2,500		\$5,000	\$1,300	\$3,500		\$7,000	None
You + Child(ren)/Spouse	\$2,250		\$4,500	\$3,000		\$6,000	\$3,750		\$7,500	\$1,950	\$7,000		\$14,000	None
You + Family	\$3,000		\$6,000	\$4,000		\$8,000	\$5,000		\$10,000	\$2,600	\$7,000		\$14,000	None
Medical OOPM														
You	\$4,000		\$8,000	\$5,000		\$10,000	\$6,000		\$12,000	\$4,000	\$6,450		\$12,900	\$6,350
You + Child(ren)/Spouse	\$6,000		\$12,000	\$7,500		\$15,000	\$9,000		\$18,000	\$6,500	\$12,900		\$25,800	\$12,700
You + Family	\$8,000		\$16,000	\$10,000		\$20,000	\$12,000		\$24,000	\$9,000	\$12,900		\$25,800	\$12,700
Deductible OOPM Type	Embedded			Embedded			Embedded			Embedded	Family			Embedded
Coinsurance (Plan Pays)	85%		60%	80%		60%	75%		60%	80%	70%		50%	100%
HRA														
You		\$400			\$200			\$100		N/A		N/A		N/A
You + Child(ren)/Spouse		\$600			\$300			\$150		N/A		N/A		N/A
You + Family		\$800			\$400			\$200		N/A		N/A		N/A
Medical														
ER	coins after ded			coins after ded			coins after ded			\$150 copay	coins after ded			\$150 copay
Urgent Care	coins after ded			coins after ded			coins after ded			\$35 copay	coins after ded			\$35 copay
PCP Visit	coins after ded			coins after ded			coins after ded			\$35 copay	coins after ded			\$35 copay
Specialist Visit	coins after ded			coins after ded			coins after ded			\$45 copay	coins after ded			\$45 copay
Preventive Care	100%		No Coverage	100%		No Coverage	100%		No Coverage	100%	100%		No Coverage	100%
Retail Rx														
Tier 1	15%, Min \$20, Max \$50			15%, Min \$20, Max \$50			15%, Min \$20, Max \$50			\$20 copay	coins after ded			\$20 copay
Tier 2	25%, Min \$50, Max \$80			25%, Min \$50, Max \$80			25%, Min \$50, Max \$80			\$50 copay	coins after ded			\$50 copay
Tier 3	25%, Min \$80, Max \$125			25%, Min \$80, Max \$125			25%, Min \$80, Max \$125			\$90 copay	coins after ded			\$80 copay
Mail Order Rx														
Tier 1	15%, Min \$50, Max \$125			15%, Min \$50, Max \$125			15%, Min \$50, Max \$125			\$50 copay	coins after ded			\$50 copay
Tier 2	25%, Min \$125, Max \$200			25%, Min \$125, Max \$200			25%, Min \$125, Max \$200			\$125 copay	coins after ded			\$125 copay
Tier 3	25%, Min \$200, Max \$313			25%, Min \$200, Max \$313			25%, Min \$200, Max \$313			\$225 copay	coins after ded			\$200 copay
Rx OOPM	Combined with Medical			Combined with Medical			Combined with Medical			Medical	Combined with Medical			Medical

STATE HEALTH BENEFIT PLAN
ACTIVE EMPLOYEE AND APPROVED LEAVE WITHOUT PAY (MILITARY, FMLA AND DISABILITY RATES)
JANUARY 1 - DECEMBER 31, 2015

	YOU	YOU + CHILD(REN)	YOU + SPOUSE	YOU + FAMILY
BCBS Gold	\$ 166.08	\$ 300.38	\$ 405.52	\$ 539.84
BCBS Silver	\$ 108.64	\$ 202.74	\$ 284.90	\$ 379.00
BCBS Bronze	\$ 66.28	\$ 130.74	\$ 195.96	\$ 260.40
BCBS HMO	\$ 130.74	\$ 240.88	\$ 333.06	\$ 443.18
UHC HMO	\$ 181.32	\$ 326.86	\$ 439.26	\$ 584.80
UHC HDHP	\$ 53.02	\$ 108.74	\$ 169.84	\$ 225.56
Kaiser HMO	\$ 145.78	\$ 266.44	\$ 364.64	\$ 485.30
TriCare Supplement	\$ 60.50	\$ 119.50	\$ 119.50	\$ 160.50

A tobacco surcharge of **\$80.00** will be added to the above premium if you or any covered dependent uses any type of tobacco products.

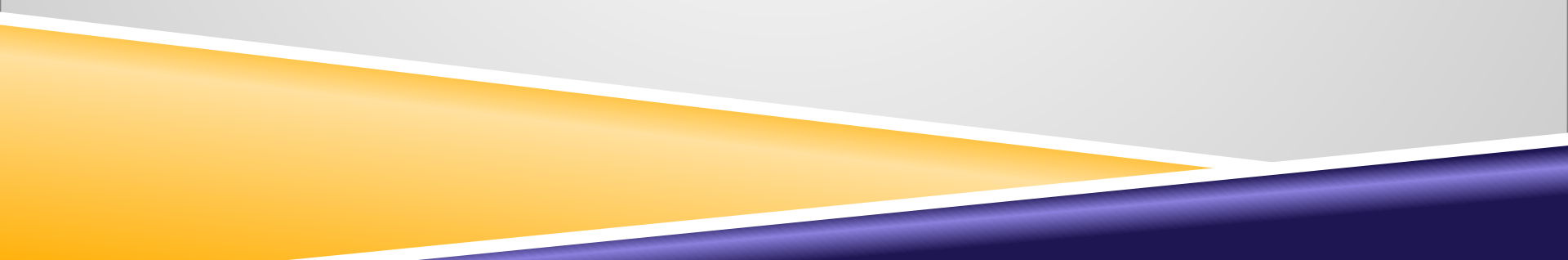


BOARD PAID LIFE

- ▶ \$10,000 policy on the employee.
- ▶ Complete Enrollment Form.
- ▶ Name a beneficiary.
- ▶ Keep your beneficiary updated.
- ▶ If you go into leave without pay, you will be responsible to pay the \$.95 per month premium.
- ▶ If you are age 70 or older, the death benefit is reduced to \$5,000.



TRANSAMERICA LIFE

- ▶ Whole Life Policy.
 - ▶ Contact Transamerica for enrollment, 1.800.523.7135.
- 

GA BREEZE

- ▶ www.gabreeze.ga.gov or call 1.877.342.7339.
- ▶ For web access you must register and create a username and password.
- ▶ Please enroll August 1, 2015 - August 7, 2015.
- ▶ Once your selections are made, and you need to make a change within the enrollment period, you will need to call GA Breeze.



GA BREEZE

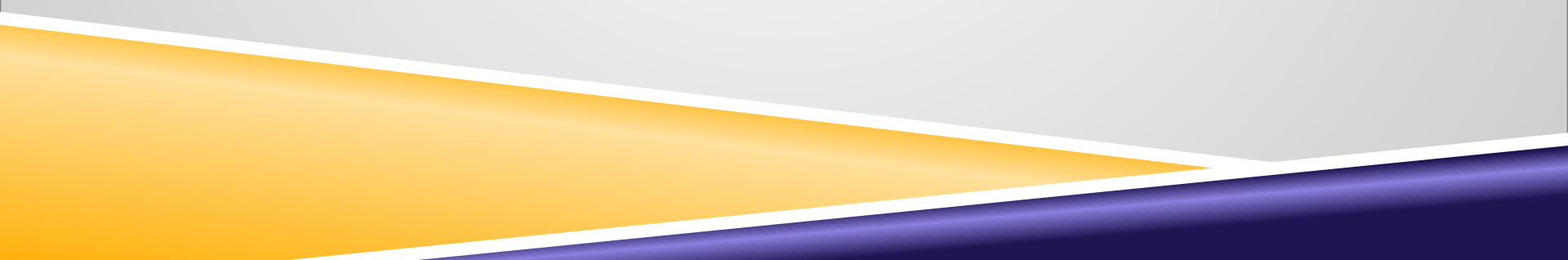
Dental

▶ 3 plans available

1. Delta Dental Select
2. Delta Dental Select Plus
3. CIGNA Dental Health Maintenance Organization (DHMO)

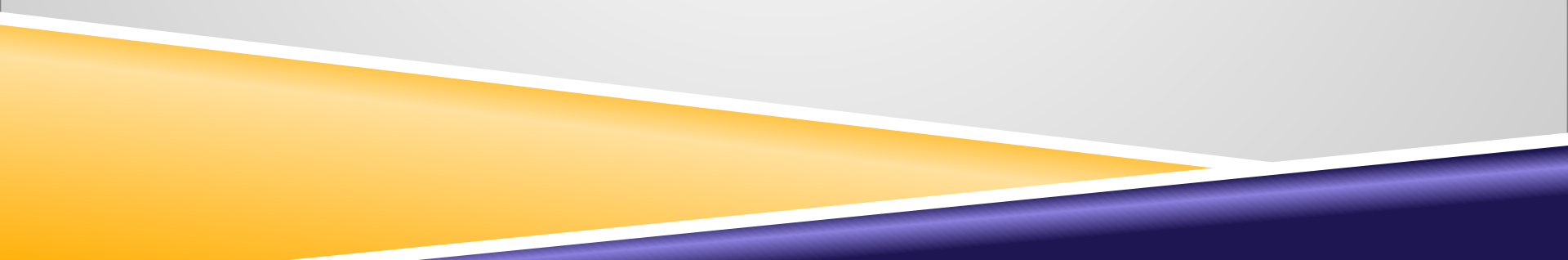


DENTAL-DELTA DENTAL

- ▶ You may go to any dentist.
 - ▶ If you visit a PPO network dentist, they accept reduced fees for covered services.
 - ▶ If you visit a non-Delta Dental dentist, they can balance bill you the difference between the amount of benefits payable by Delta Dental and the dentist charge.
 - ▶ Orthodontia services for adults and dependent children are available through Select Plus Plan only.
 - ▶ 6 month waiting period for major services and orthodontia services.
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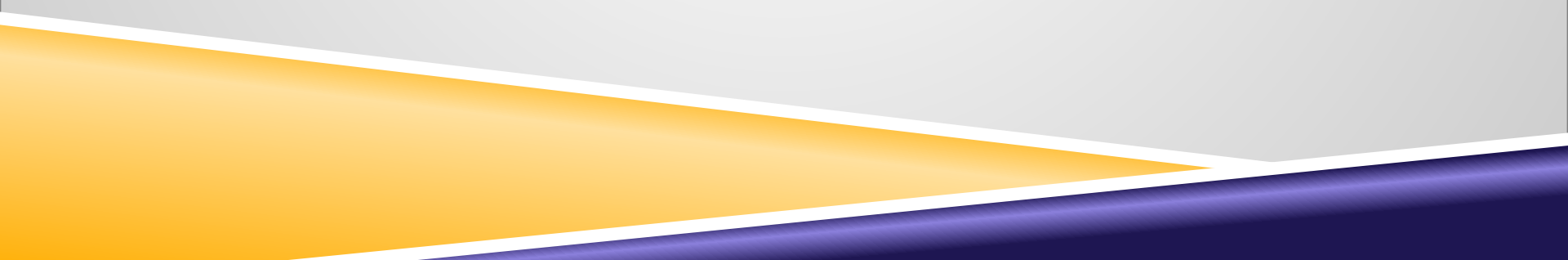


DENTAL-DELTA DENTAL

- ▶ Diagnostic & Preventive Services are covered at 100%.
 - ▶ Other services range from 50% to 80% coverage.
 - ▶ \$50 per person / \$150 per family deductible per calendar year for services other than diagnostic and preventive.
 - ▶ \$500 per person maximum payable by Delta Dental for Dental Select Plan.
 - ▶ \$2000 per person maximum payable by Delta Dental for Dental Select Plus.
 - ▶ Diagnostic & Preventive services are not included in the \$500 or \$2000 maximum.
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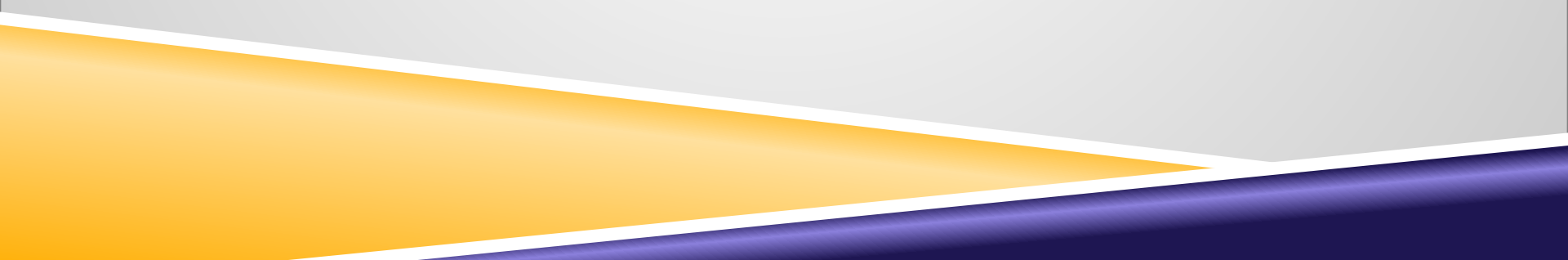


DENTAL-CIGNA DHMO PLAN

- ▶ Available to employees who live or work in the metropolitan Atlanta area. Must select a general dentist from the DHMO network at the time of enrollment.
 - ▶ Covered family members may each choose their own general dentist.
 - ▶ You may change your general dentist anytime after enrollment.
 - ▶ No deductibles.
 - ▶ No annual dollar maximums.
 - ▶ Fixed preset charges vary by type of service performed.
 - ▶ If specialty dentist is needed, you must receive a referral and be approved.
 - ▶ No waiting periods.
- 



VISION

- ▶ Blue Cross & Blue Shield is the vendor.
 - ▶ 2 plan options
 1. Select
 2. Select Plus
 - ▶ Covered exams and materials.
 - ▶ Benefits are available for “out-of-network” providers.
- 



SHORT TERM DISABILITY

- ▶ The Standard is the vendor.
- ▶ All available leave will need to be exhausted before short term disability will pay.
- ▶ Will pay up to 60% of your Benefit Salary if your doctor certifies your disability.
- ▶ Will continue until you recover, cease to be disabled, or are disabled for a maximum of 150 (30 day waiting period) or 173 calendar days (7 day waiting period).
- ▶ Short term disability will coordinate with other income such as workers' compensation, other disability plans, state retirement plans and/or Social Security.
- ▶ If the total of the above income sources is less than 60% of your Henry County salary, then short term disability will pay the difference to bring you to 60%.
- ▶ If you do not select short term disability within 30 days of employment, late enrollment penalty will apply.
- ▶ Penalty means if disabled within 12 months of coverage effective date, payment will not begin until after you have been continuously disabled for 60 days.




LONG TERM DISABILITY

- ▶ The Standard is the vendor.
- ▶ All available leave will need to be exhausted before long term disability will pay.
- ▶ Will pay up to 60% of your Benefit Salary if your doctor certifies your disability for 181 days and longer.
- ▶ Long term disability will coordinate with other income just like short term disability.
- ▶ Long term disability will end when you are no longer disabled or reach your Social Security Normal Retirement Age.
- ▶ If you become disabled after reaching age 61, an age-graded maximum benefit period will apply.
- ▶ If you do not enroll as a New Hire, but at a later date, you will need to complete an Evidence of Insurability form.



LONG TERM CARE

- ▶ Long term care is for a wide range of personal care, health and social services for people of all ages who suffer a chronic disease or long-lasting disability.
 - ▶ Services can be provided in a nursing facility, an adult day care center or at home.
 - ▶ You will choose from three daily benefit levels.
 - ▶ You, your **spouse**, your parents or your parents-in-law may enroll.
 - ▶ Spouses, parents and parents-in-law will be subject to medical underwriting.
 - ▶ Your family members' premiums will be billed directly to the respective home address.
 - ▶ If you do not enroll as a new hire and enroll at a later date, you will be subject to medical underwriting.
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LIFE INSURANCE-EMPLOYEE

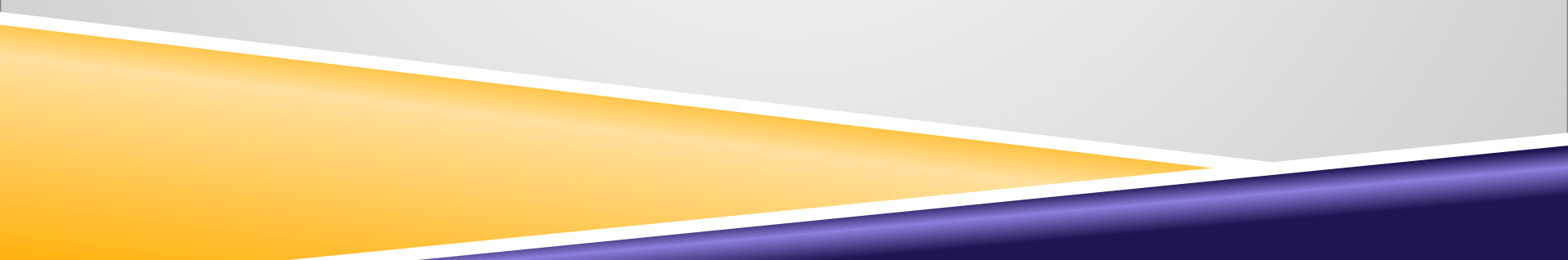
- ▶ You may elect employee coverage at 1 times through 10 times your Benefit Salary, up to a maximum of \$2,000,000.
- ▶ If you apply for an amount of insurance in excess of 1 times your pay, you will be subject to medical underwriting and will need to complete an Evidence of Insurability form.
- ▶ If you are age 65 or older the amount of your life coverage is reduced to 65% of the amount requested. The payout is reduced for every 5 year bracket. Please call 1.877.342.7339 for additional information.
- ▶ If you choose life insurance for yourself, you may also choose life insurance for your **spouse** and/or children.

LIFE INSURANCE-SPOUSE

- ▶ **Spouse** coverage cannot exceed the employees coverage.
- ▶ The employee will be the beneficiary of the **spouse's** coverage.
- ▶ If you are age 65 or older and your spouse is younger, the amount of your **spouse** life coverage is reduced. Please refer to “more information” when you enroll for details.
- ▶ You may select up to \$30,000 or less for **spouse** life insurance without medical underwriting.
- ▶ Available **Spouse** Life Amounts are
 - ▶ \$ 6,000 \$ 12,000 \$ 30,000 \$ 60,000
 - ▶ \$100,000 \$150,000 \$200,000 \$250,000

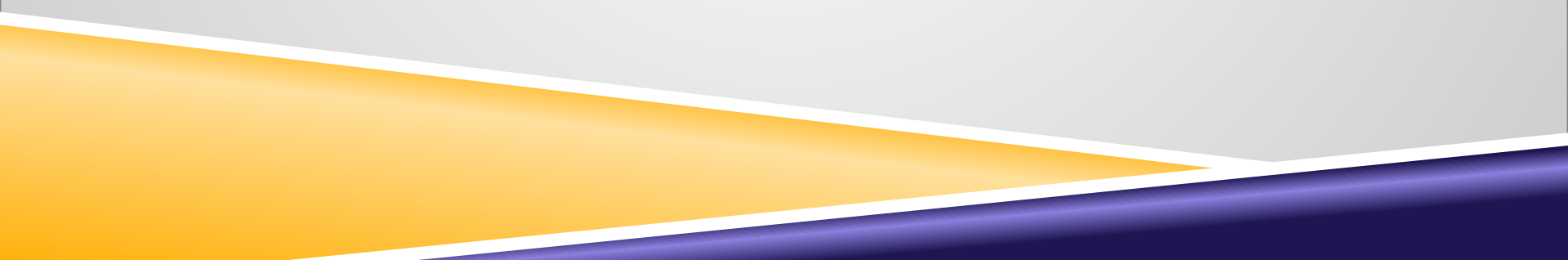


LIFE INSURANCE-CHILD

- ▶ Children are eligible for coverage up to age 26.
 - ▶ There is no medical underwriting for children's coverage.
 - ▶ Children's coverage cannot exceed your amount.
 - ▶ You are the beneficiary of the children's coverage.
 - ▶ Coverage begins at live birth.
 - ▶ Coverage from live birth to 6 months is the lesser of the elected amount or \$6,000.
 - ▶ From 6 months of age to age 26, the full amount elected applies.
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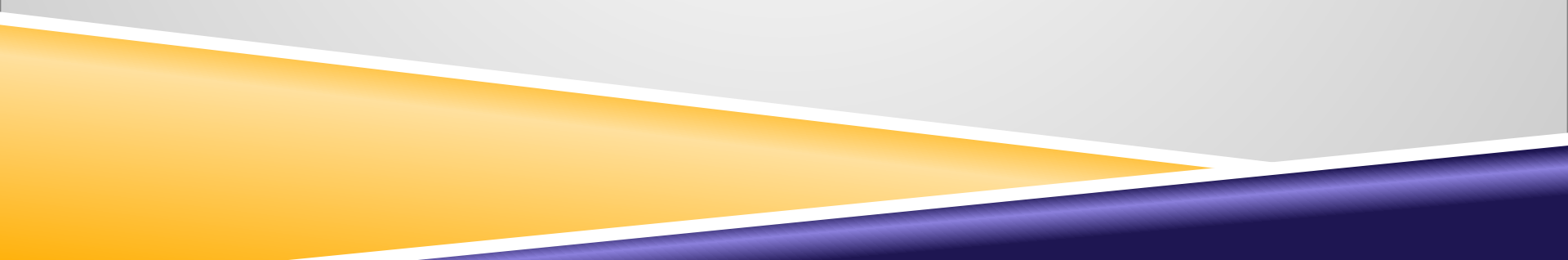


ACCIDENTAL DEATH & DISMEMBERMENT

- ▶ Offers insurance to be paid to you or your beneficiary in the event of injury or death as a result of a covered accident.
 - ▶ You may select 1 times to 10 times your Benefit Salary.
 - ▶ If you are age 75 or older, the value of your coverage is reduced.
- 



LEGAL

- ▶ 2 plans to choose: Select or Select Plus.
 - ▶ You may enroll in either single coverage or coverage for you and your dependents (up to age 26).
 - ▶ The Hyatt Legal Plan provides members with access to a national network of more than 12,000 Plan Attorneys.
 - ▶ The legal plan excludes appeals; class actions and appeals; matters which Hyatt Legal deems frivolous, non-meritorious or unethical; farm and business matters; patent, trademark and copyright matters; fines; and any employment-related matters.
 - ▶ Review the plan information for specific services offered for each plan.
- 

SPECIFIED ILLNESS

- ▶ Coverage levels are: \$5,000, \$10,000, \$20,000, \$30,000, \$40,000 and \$50,000.
- ▶ Lump-sum benefits paid directly to the insured following the diagnosis of each covered specified illness after hospital confinement.
- ▶ No medical underwriting required for up to \$30,000 in coverage.
- ▶ Available to employees age 18-69.
- ▶ Benefits for participants reduced 50% at age 70.
- ▶ **Spouse** coverage levels are: \$5,000, \$10,000, \$20,000, \$30,000, \$40,000 and \$50,000.
- ▶ If you do not enroll for **spouse** coverage as a new hire, and do enroll at a later date, your **spouse** will be subject to medical underwriting.
- ▶ Employee must have coverage for the **spouse** to have coverage.
- ▶ Child coverage automatically included in employee coverage.
- ▶ Child(ren) up to age 26.

SPECIFIED ILLNESS

- ▶ An insured may receive up to 100% of the benefit selected upon the first diagnosis of each covered critical illness.
- ▶ If you collect full benefits for a critical illness and later have one of the other covered illnesses, then you may collect full benefit amount for the additional illness. Occurrences must be separated by at least 6 months.
- ▶ If you receive full benefit for a covered condition and are later diagnosed with the same condition, you may receive full payment again if the two dates of diagnosis is separated by 12 months or 12 months treatment free for internal cancer.
- ▶ You may receive a maximum of \$100 for any covered screening test per calendar year.
- ▶ Please refer to the certificate of coverage for definitions, limitations and exclusions.

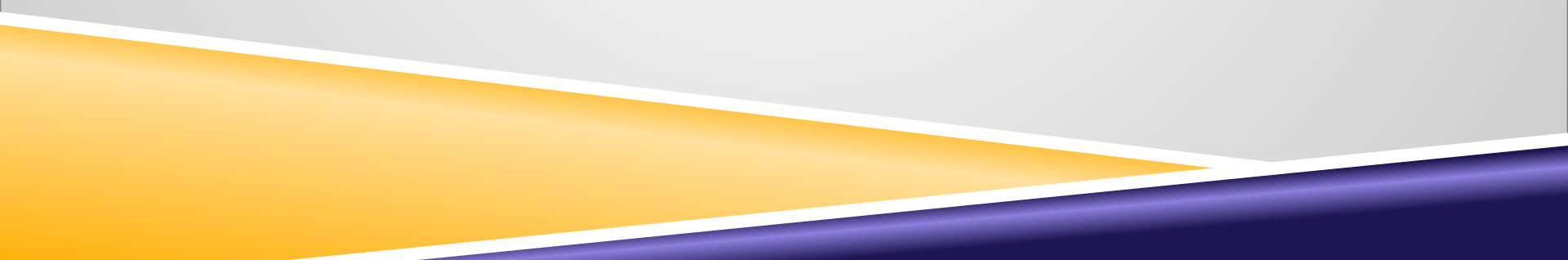


SPECIFIED ILLNESS

- ▶ There are two plans to choose from: Specified Illness Select or Specified Illness Select Plus.
- ▶ Select Plus plan covers accident benefits.
- ▶ Covers medical fees, hospital fees, hospital confinement and intensive care and accident follow-up benefits due to an accident on or off the job.
- ▶ Accidental injuries include fractures, dislocations, lacerations, ruptured disk, torn knee cartilage, burns, etc.
- ▶ For a complete list of benefits and descriptions, please refer to the Critical Illness Select Plus PDF brochure.





HEALTH CARE SPENDING ACCOUNT

- ▶ The annual maximum amount allowed by the IRS for a calendar year is \$2,460.
 - ▶ You specify the monthly amount to be deducted (up to \$205) from your monthly pay check on a pre-tax basis.
 - ▶ As covered expenses are incurred you may use the FISA spending account card.
 - ▶ Some of the eligible expenses include deductibles and co-payments not paid by any health or dental insurance, prescriptions, contact lens and/or glasses; laser eye surgery, etc.
 - ▶ You should keep your receipts since some transactions may require validation by ADP.
 - ▶ Your total contributions are prorated by the number of months you participate up to the maximum monthly amount.
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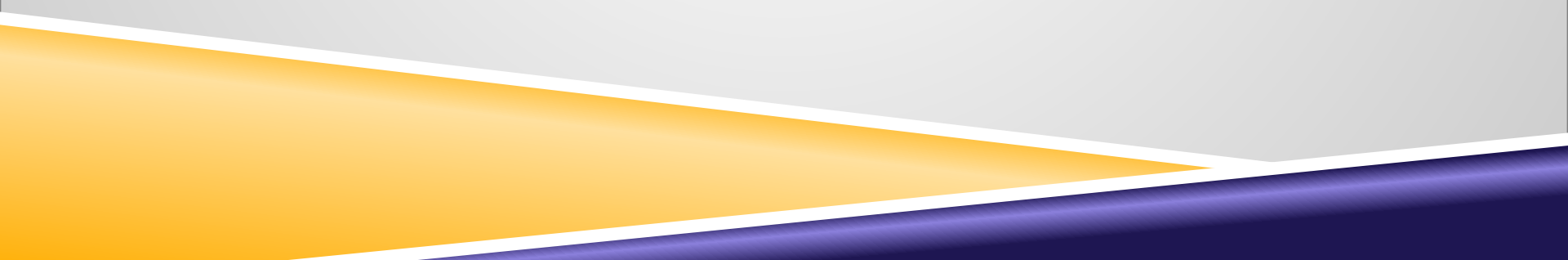


HEALTH CARE SPENDING ACCOUNT

- ▶ Payment from your spending account is for services not covered by any health or dental insurance during a calendar year, January – December.
 - ▶ If you do not use all the money you contributed then you have until the following March 15th to use the remaining funds for qualified expenses.
 - ▶ Any money not used from your spending account by March 15th of the following year will be lost.
 - ▶ The IRS does not allow participation in both the Health Care Spending Accounts and Health Savings Accounts.
 - ▶ There is a \$3.20 monthly charge added to your monthly deduction.
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DEPENDENT CARE SPENDING ACCT

- ▶ Maximum allowance for the year is \$4,992.
 - ▶ Use tax-free dollars to pay for the care of your children under age 13 or other IRS eligible dependents.
 - ▶ Childcare services may include the cost for preschool, after school or nursery school.
 - ▶ Carefully review your options and contact GaBreeze Benefits Center at 1.877.342.7339 for more information.
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TEACHERS RETIREMENT SYSTEM

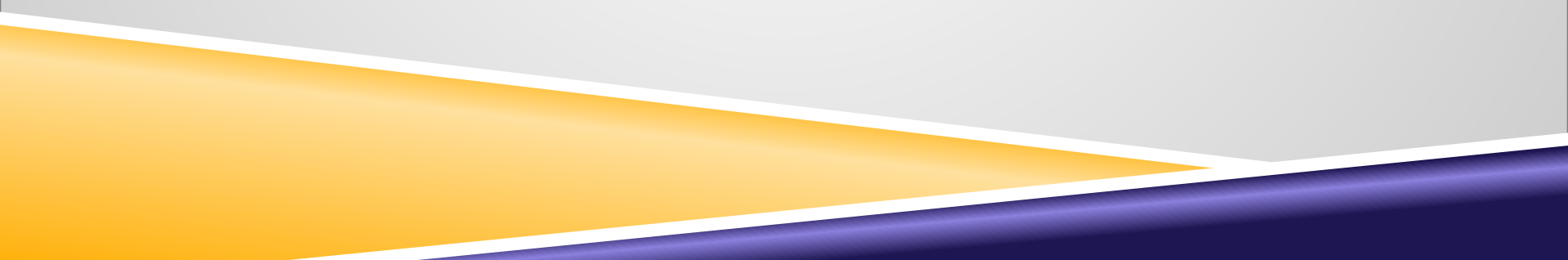
- ▶ All certified personnel, and classified personnel in the following positions are eligible for the Teachers Retirement System.
 - ▶ Paraprofessionals
 - ▶ Clerks
 - ▶ Bookkeepers
 - ▶ Administrative Assistants
 - ▶ Food Service Managers
 - ▶ MIV Personnel
- ▶ You will contribute 6% of your gross monthly salary into the Teachers Retirement System. Henry County Schools contributes 14.27% to fund the retirement system.

TEACHERS RETIREMENT SYSTEM

- ▶ You are eligible for a monthly retirement check from Teachers Retirement System when you have met one of the following:
- ▶ Age 60 with 10 years of creditable service.
- ▶ 30 years of creditable service at any age.
- ▶ 25 years of creditable service or more and not age 60 (a reduced benefit).
- ▶ If you are permanently disabled and have 9½ years of creditable service you may apply for disability retirement.
- ▶ Visit www.trsga.com for additional information.

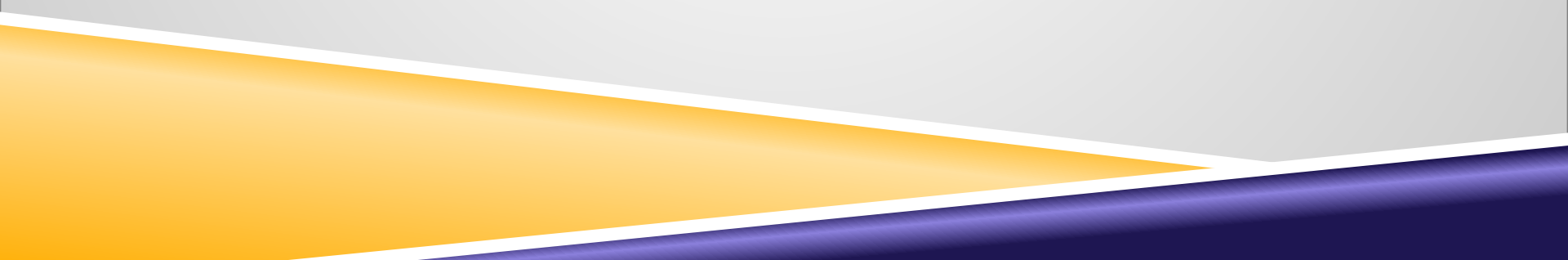


PUBLIC SCHOOL RETIREMENT SYSTEM

- ▶ Bus drivers, food service assistants, maintenance and mechanics are eligible for Public School Retirement System.
 - ▶ You will contribute either \$4 or \$10.
 - ▶ \$4 for those who have an existing account and \$10 for those who are brand new to the Public Schools Retirement System.
 - ▶ Normal retirement is at age 65 with 10 years of creditable service.
 - ▶ Early retirement is at age 60 with 10 years of creditable service.
 - ▶ Disability retirement is with 15 years of creditable service and must be an active employee to apply.
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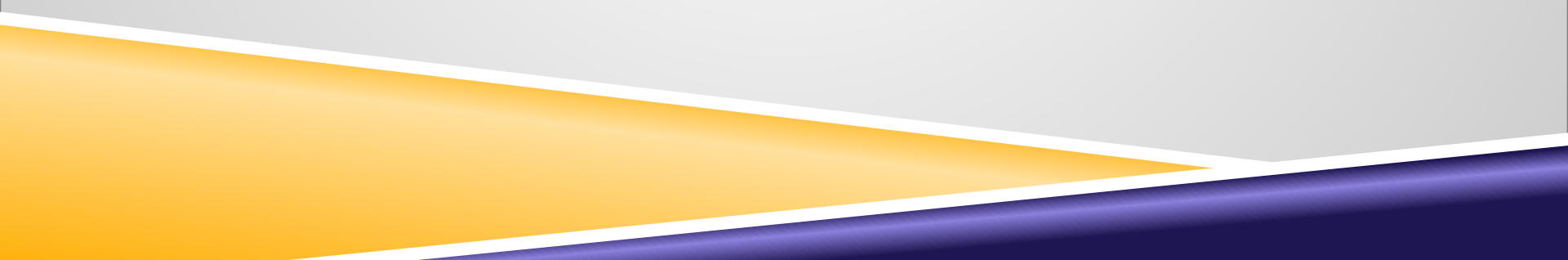


EMPLOYEE'S RETIREMENT SYSTEM

- ▶ If you are a vested member of ERS (Employee's Retirement System) you may elect to remain a member of ERS.
 - ▶ You have 60 days from your hire date to make your election.
 - ▶ Please see a Benefit representative for additional information and a "Member Election Form".
- 



PEACH STATE RESERVES

- ▶ May enroll in one or both the 401K and/or 457.
 - ▶ Enrollment is through the Ga Breeze website.
 - ▶ Not subject to Open Enrollment only.
 - ▶ Contact Peach State Reserves at 1.877.342.7339 for additional information.
 - ▶ For those under Public Schools Retirement, after you have been employed for 6 months and if you contribute to the 401K we will match up to 3% of your contribution.
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CONTACT INFORMATION

- ▶ 770.957.6601
 - ▶ Marjorie.drane@henry.k12.ga.us
 - ▶ Judy.ellis@henry.k12.ga.us
 - ▶ Roxanne.revak@henry.k12.ga.us
 - ▶ We will be located in the small gym today through Friday to answer questions, take paperwork and make ID's
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