



# 2024 New Hire Benefits Guide

**Benefits for the 2024 Plan Year**

  
**benefits  
service center**

Visit us online to enroll or call the  
Effingham County School District Benefits Service Center.  
[www.effinghamschoolsbenefits.com](http://www.effinghamschoolsbenefits.com)  
(844) 249-ECSD (3273)

# INTRODUCTION

This guide provides a brief overview of your Effingham County Schools benefits and the enrollment process. We encourage you to review this booklet carefully prior to completing your elections. Benefit plan documents contain complete plan details and can be requested through the Benefits Service Center or located on the benefits website: [www.effinghamcountyschoolsbenefits.com](http://www.effinghamcountyschoolsbenefits.com).

Our extensive benefits package provides financial protection and peace of mind for you and your family. Effingham County Schools provides a significant financial contribution towards your State Health Benefit Plan (SHBP) premiums. The district also provides basic life insurance coverage for you, your spouse, and your child(ren) at no cost. For the plans in which you have a contribution, your contribution will be payroll deducted.

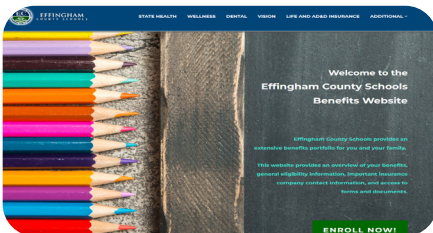
Your elections during your enrollment are valid for the entire plan year unless you have a qualifying life event or change in family status, such as marriage, divorce, birth of a child, or loss/gain of other coverage (documentation required).

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## Your Benefits Resources



### Benefits Website

Access plan documents, benefit summaries, forms, premium information, benefits presentations and guides, links to carrier websites (including SHBP), and more:

[www.effinghamcountyschoolsbenefits.com](http://www.effinghamcountyschoolsbenefits.com)



### State Health Benefit Plan (SHBP)

Access the Decision Guide, premium information, wellness program information, links to the enrollment portal and vendor websites, and more.

- <https://shbp.georgia.gov>
- Call (800) 610-1863



### Benefits Service Center

Contact the Effingham County Schools Benefits Service Center for benefits questions, claims inquiries, assistance with voluntary plan enrollment, and general SHBP inquiries. The Benefits Service Center can also assist you with your voluntary benefits enrollment.

**(844) 249-ECSD (3273)**

Monday through Thursday: 8am - 6pm  
Friday: 8am - 5pm

## New Employee Eligibility

As a new Effingham County Schools employee, you are eligible for benefits on the first of the month following 30 days of employment. No enrollment changes to your benefits are allowed during the plan year unless you experience a qualifying life event.

Several of your benefit plan premiums are pre-tax. This means the amount of your taxable income is reduced by your annual cost of these benefits, reducing the net out-of-pocket costs for your benefits.

### Qualifying Life Events

**Qualifying life events that could result in changes to your benefit coverage include, but are not limited to, the following:**

- Marriage or divorce
- Birth or adoption of a child
- Loss of a dependent or other group coverage
- Medicare entitlement

If you have a qualifying life event, please contact the Benefits Service Center and SHBP to complete your new elections and update your life insurance beneficiary(ies). You must also provide the supporting documentation to the Benefits Service Center and SHBP within 31 days of the change. If you do not do so within 31 days, you must wait until the next open enrollment to make any benefit plan changes.



## How to Enroll

### State Health Benefit Plan (SHBP) – ADP Portal

1. Access <https://myshbpga.adp.com/shbp> to review your health coverage elections. The Registration Code is “SHBP-GA” for new users. Employees may also enroll by phone by calling (800) 610-1863.
2. If you are covering dependents, ADP will provide instructions for submitting required documentation for the added dependents. Be sure to provide documentation in the format required by the deadline provided by ADP. Your dependents will not have coverage until the documentation is received and approved.

### How to Reset Your SHBP Password

- Step 1: Go to [www.myshbpga.adp.com](http://www.myshbpga.adp.com) and click “Forgot your user ID?”.
- Step 2: Enter the requested demographic information.
- Step 3: Follow the instructions to answer security questions (contact SHBP if you are unable to answer the questions).
- Step 4: Create a new password and click “Continue.”

### Voluntary Benefits – Online or By Phone

#### Enrollment Online

**Step 1:** Visit [www.effinghamcountyschoolsbenefits.com](http://www.effinghamcountyschoolsbenefits.com), review the plan options, and then click “Enroll Now!”.

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

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

#### Enrollment by Phone

Call the Effingham County Schools Benefits Service Center at **(844) 249-ECSD (3273)** to complete your voluntary benefits enrollment by phone. The Benefits Specialist will confirm your personal information, review your plan options, and confirm your elections.

For online and phone enrollment, you will receive a Confirmation Statement via email following your enrollment.

## Medical Coverage

### State Health Benefit Plan (SHBP)

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

### SHBP Contribution

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

#### District Contribution for Certified and Classified Employees

Certified: \$1,580 per month | Classified: \$1,195 per month

Note: The employee rates are the same for each classification regardless of the employer portion.

### Medical Plan Overview

Preventive care is covered at 100% for all plan options.

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

### Pharmacy Information

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

### Online Resources

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

#### Anthem

[www.anthem.com/shbp](http://www.anthem.com/shbp)

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

#### UnitedHealthcare

[www.whyuhc.com/shbp](http://www.whyuhc.com/shbp)

Select “Search for a Provider” under the Benefits drop down. Select “Choice HMO” or “HDHP with HSA” and follow search instructions.

### Telemedicine Virtual Visits

The medical plans include a telemedicine benefit that allows you to speak to a participating doctor from home or work through your mobile device, tablet, or computer. You must use in-network providers for coverage to apply. HMO members pay a copay and HRA members pay coinsurance for virtual visits. High Deductible Health Plan members can access this benefit subject to the health plan deductible. Consider this convenient benefit for non-complex medical conditions. Download the LiveHealth Online mobile app (Anthem) or the Virtual Visits mobile app (UHC) today!

### Dependent Documentation

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

# Medical Plan Designs and Premiums



	Anthem HRA						Anthem OR UHC	UHC	
	Gold		Silver		Bronze		HMO	HDHP	
	In	Out	In	Out	In	Out	In	In	Out
<b>Deductible</b>									
You	\$1,500	\$3,000	\$2,000	\$4,000	\$2,500	\$5,000	\$1,300	\$3,500	\$7,000
You + Child(ren)/Spouse	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500	\$1,950	\$7,000	\$14,000
You + Family	\$3,000	\$6,000	\$4,000	\$8,000	\$5,000	\$10,000	\$2,600	\$7,000	\$14,000
<b>Medical OOPM*</b>									
You	\$4,000	\$8,000	\$5,000	\$10,000	\$6,000	\$12,000	\$4,000	\$6,450	\$12,900
You + Child(ren)/Spouse	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000	\$6,500	\$12,900	\$25,800
You + Family	\$8,000	\$16,000	\$10,000	\$20,000	\$12,000	\$24,000	\$9,000	\$12,900	\$25,800
<b>Coinsurance (Plan Pays)</b>	85%	60%	80%	60%	75%	60%	80%	70%	50%
<b>HRA</b>									
You	\$400		\$200		\$100		N/A	N/A	
You + Child(ren)/Spouse	\$600		\$300		\$150		N/A	N/A	
You + Family	\$800		\$400		\$200		N/A	N/A	
<b>Medical</b>									
ER	Coinsurance after ded		Coinsurance after ded		Coinsurance after ded		\$200 copay	Coinsurance after ded	
Urgent Care	Coinsurance after ded		Coinsurance after ded		Coinsurance after ded		\$35 copay	Coinsurance after ded	
PCP Visit	Coinsurance after ded		Coinsurance after ded		Coinsurance after ded		\$35 copay	Coinsurance after ded	
Specialist Visit	Coinsurance after ded		Coinsurance after ded		Coinsurance after ded		\$45 copay	Coinsurance after ded	
Preventive Care	100%	None	100%	None	100%	None	100%	100%	None
<b>Retail Pharmacy</b>									
Tier 1	15%, Min \$20, Max \$50		15%, Min \$20, Max \$50		15%, Min \$20, Max \$50		\$20 copay	Coinsurance after deductible	
Tier 2	25%, Min \$50, Max \$80		25%, Min \$50, Max \$80		25%, Min \$50, Max \$80		\$50 copay	Coinsurance after deductible	
Tier 3	25%, Min \$80, Max \$125		25%, Min \$80, Max \$125		25%, Min \$80, Max \$125		\$90 copay	Coinsurance after deductible	
<b>Mail Order Pharmacy</b>									
Tier 1	15%, Min \$50, Max \$125		15%, Min \$50, Max \$125		15%, Min \$50, Max \$125		\$50 copay	Coinsurance after deductible	
Tier 2	25%, Min \$125, Max \$200		25%, Min \$125, Max \$200		25%, Min \$125, Max \$200		\$125 copay	Coinsurance after deductible	
Tier 3	25%, Min \$200, Max \$312.50		25%, Min \$200, Max \$312.50		25%, Min \$200, Max \$312.50		\$225 copay	Coinsurance after deductible	

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

\*OOPM refers to the Out-of-Pocket Maximum. This amount is the most you will be expected to pay in a plan year for services.

## Wellness Program



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

You and your covered spouse are each eligible to receive up to 480 well-being incentive points (960 family total) when you complete the activities between January 1 and November 30. Enrolled members choose to redeem well-being incentive points in the Sharecare Redemption Center for either 1) a \$150 Sharecare Rewards Visa Prepaid Card or 2) 480 incentive points to apply towards eligible medical / pharmacy expenses.

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

Please refer to the State Health Benefit Plan Decision Guide or access [www.bewellshbp.com](http://www.bewellshbp.com) for additional details. Download the Sharecare app today to complete activities or redeem well-being incentive points.

## TRICARE

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



Who is eligible for the TRICARE Supplement Plan?

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

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

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



## Attention Families – PeachCare

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





## Dental Plans

There are three dental PPO plan options: Base Plan, Core Plan, and Buy-Up Plan. All options include preventive care at 100% (no deductible) and two cleanings every 12 months. The Base Plan has the lowest premiums and lowest annual maximum benefit, but only includes coverage for preventive and basic services. The Core Plan has higher premiums and a higher annual maximum, but does not include orthodontia coverage. The Buy-Up Plan is the richest plan option with the highest annual maximum and orthodontia coverage for children to age 19.

To reduce your out-of-pocket costs and prevent balance billing, you are encouraged to use in-network dentists. Visit [www.metlife.com/dental](http://www.metlife.com/dental) to locate participating dentists. Select "PDP Plus" dental network. You can also download the mobile app to view plan information, find a provider, or view your ID card. Please refer to the Benefits Summaries for complete details.

Dental Monthly Premiums	Base Plan	Core Plan	Buy-Up Plan
Employee Only	\$33.30	\$48.49	\$61.92
Employee + Spouse	\$53.76	\$78.19	\$99.29
Employee + Child(ren)	\$40.20	\$58.44	\$87.35
Family	\$90.01	\$130.91	\$187.08

Dental Summary of Benefits	Base Plan	Core Plan	Buy-Up Plan
Calendar Year Deductible	\$50 Individual / \$150 Family	\$75 Individual / \$225 Family	\$75 Individual / \$225 Family
Calendar Year Maximum	\$500	\$1,250	\$1,500
Orthodontia Lifetime Maximum	N/A	N/A	\$2,500
Type A Services (Preventive)	100%	100%	100%
Type B Services (Basic Restorative)	80% after deductible	80% after deductible	80% after deductible
Type C Services (Major Restorative)	Not Covered	50% after deductible	50% after deductible
Orthodontia Services (Below age 19)	Not Covered	Not Covered	50% after deductible

## Vision Plan



The Effingham County Schools MetLife Vision plan provides coverage for exams, frames, or lenses (either contacts or eyeglass lenses). If you visit a participating MetLife vision provider, you will have a higher benefit and lower out-of-pocket costs, and you will receive the benefit at the time of service (no need to file claims). If you go out-of-network, you will need to pay at the time of service and file a claim for reimbursement.

**Frequency Limitations:** The exam benefit and lens benefit are once per 12 months. The frame benefit is one pair per 24 months. Either eyeglass lenses or contact lenses are allowed per frequency.

Vision Monthly Premiums		Vision Summary of Benefits	In-Network
Employee Only	\$8.82	Eye Exam	\$20 copay
Employee + Spouse	\$14.71	Retinal Imaging	Up to \$39 copay
Employee + Child(ren)	\$15.40	<b>Lenses</b>	
Family	\$24.04	Single	Covered in full after \$20 copay
		Bifocal	
		Trifocal	
		Lenticular	
		<b>Contacts</b>	
		Fit and Follow-up	Up to \$60 copay
		Electives Lenses	\$130 allowance
		Medically Necessary	Covered in full after \$20 copay
		<b>Frames</b>	\$130 allowance after \$20 copay





## Flexible Spending Accounts (FSA)

There are two types of Flexible Spending Accounts (FSA's) available: **1) Healthcare FSA** for medical, dental, vision, pharmacy, and other related expenses and **2) Dependent Care FSA** primarily dependent day care expenses. Medcom is the administrator for your FSA plans. An FSA allows you to pay for these expenses with pre-tax dollars, saving you money. Your taxable income is reduced by your annual FSA contributions. Plus, the reimbursements are tax-free.

### Healthcare Flexible Spending Account

You can contribute up to \$3,200 during 2024 into a Healthcare FSA. Eligible Healthcare FSA expenses include deductibles, copays, coinsurance, prescription drugs, over-the-counter drugs and supplies (no prescription required), dental, and vision expenses.

A limited purpose FSA is also available for UnitedHealthcare HDHP participants. The limited purpose FSA can be used for dental and vision expenses for members with a Health Savings Account.

### Dependent Care Flexible Spending Account

The Dependent Care FSA allows you to pay for certain dependent care expenses using before-tax dollars. You may contribute up to \$5,000 in a Dependent Care FSA for 2024. Eligible dependent care expenses include day care and after-school care for children up to age 13 and certain adult day care expenses for incapacitated adult dependents.

#### Child Daycare:

- Includes daycare facilities, babysitters inside or outside the household, before and after-school care, and more
- For children, step-children, and children eligible for a tax exemption on your federal tax return.

#### Adult Daycare for:

- Disabled children age 13+
- Spouses physically or mentally unable to care for him/herself
- Any adult you can claim as a dependent on your tax return who is physically or mentally unable to care for him/herself and lives in your home



Medcom offers a free mobile app for convenient account access.

### Other Account Features

Participants in the FSAs receive a debit card so that many expenses can be paid at the time of service, eliminating the reimbursement process. The funds are debited from the account and paid to the doctor's office, pharmacy, or day care facility directly at the time of purchase. When the debit card is not accepted, you are required to pay for the expense and submit a claim for reimbursement. As a reminder, you only receive new debit cards upon card expiration.



### Use It or Lose It

Claims must be incurred by December 31, 2024 to be eligible for reimbursement for the 2024 plan year. The IRS requires that any unused money in your account at the end of the plan year be retained by your employer and forfeited by the employee. However, the IRS allows **Healthcare FSA** plan members to roll over up to \$640 of unused funds for future use. The \$640 roll over option does not apply to the Dependent Care FSA.

IRS regulations require appropriate documentation to ensure your claims are valid expenses. You will be asked to provide receipts as documentation for most expenses. Retain receipts and provide them promptly upon request.

### Plan Year

The FSA plan year for 2024 is January 1 through December 31.

### Important Separation Information

Please note if you terminate employment or retire, eligible FSA claims must be incurred prior to your benefits end date, regardless of your FSA balance.





# Term Life Insurance

## Basic Group Life Insurance and AD&D Insurance

Effingham County Schools provides Basic Life Insurance and Accidental Death & Dismemberment (AD&D) in the amount of \$25,000 for you, \$10,000 for your spouse, and \$10,000 for child(ren). Basic Life Insurance is provided at no cost to you and pays a benefit to your beneficiary(ies) should you die as a result of an illness or an accident. It also pays an additional AD&D benefit in the event of death or loss of limbs, speech, hearing and more caused by a covered accident.

## Voluntary Life and AD&D Insurance

You may elect voluntary life insurance for yourself and your dependents through payroll deduction to supplement the basic life benefit. The voluntary life plan also includes AD&D coverage. Refer to the Certificate of Coverage for complete details.

Voluntary Life and AD&D Insurance Options	
<b>Employee</b>	- \$10,000 increments to \$100,000 - \$25,000 increments from \$100,000 to \$200,000 - \$50,000 increments from \$200,000 to \$500,000
<b>Spouse</b>	- \$5,000 increments to \$50,000 - \$25,000 increments from \$50,000 to \$200,000 - \$50,000 increments from \$200,000 to \$500,000 - Not to exceed 100% of employee amount
<b>Child(ren)</b>	\$10,000 or \$20,000

**Beneficiary Information:** Your beneficiary is the person(s) who will receive your life insurance benefits in the event of your death. Your beneficiary can be one person or multiple people, charitable institutions, or your estate. Once named, your beneficiary remains on file until you make a change. If your family situation changes, please review your beneficiary on file and make updates if needed. If you don't name a beneficiary, your life insurance benefits will automatically go to your estate. You are required to designate your beneficiary during your enrollment, but you can change it at any time.

**As a new hire, you can elect coverage for yourself, your spouse, and your child(ren) with no health questions.** If you waive coverage, all future elections will require health questions. Reminder: We encourage you to enroll in the plan because as long as you are enrolled, future elections up to the guarantee issue amounts during Open Enrollment do not require health questions. **Now is the time to enroll!**

The below elections do not require health questions during this special enrollment opportunity.

- Employee Guarantee Issue: Up to \$350,000
- Spouse Guarantee Issue: Up to \$75,000
- Child(ren) Guarantee Issue: Up to \$20,000

Should you elect an amount that exceeds the above guarantee issue amounts, an Evidence of Insurability (EOI) will be required. The EOI Form is available on the benefits website. You will not be deducted for the pending coverage amount unless you are approved by Unum.

Employee and Spouse Voluntary Life and AD&D Monthly Premiums						
Age	\$10,000	\$50,000	\$100,000	\$150,000	\$250,000	\$350,000
<b>25</b>	\$0.60	\$3.00	\$6.00	\$9.00	\$15.00	\$21.00
<b>35</b>	\$0.94	\$4.70	\$9.40	\$14.10	\$23.50	\$32.90
<b>45</b>	\$2.49	\$12.45	\$24.90	\$37.35	\$62.25	\$87.15
<b>55</b>	\$6.60	\$33.00	\$66.00	\$99.00	\$165.00	\$231.00

Child Voluntary Life and AD&D Monthly Premiums		
	\$10,000	\$20,000
<b>To Age 26</b>	\$1.90	\$3.80

## Universal Life Insurance

Trustmark’s portable Universal Life products address varying employee needs for permanent life insurance and peace of mind for a lifetime. Universal Life Insurance is a voluntary product that you may elect in addition to Voluntary Life & AD&D, which is a term product described on the prior page. You have two Universal Life insurance options from which to choose: Universal Life & Universal LifeEvents with Long Term Care. The following apply to both options:

- Convenient payroll deduction
- Flexibility to adjust the death benefit, premiums, and cash value as your needs change
- Ability to surrender coverage for the cash value or draw premiums from the cash value once accumulated
- Accelerated death benefit of 75% when life expectancy is 24 months or less
- Maturity date is age 100

### Option 1: Universal Life Insurance

This option includes a death benefit that remains constant as long as premiums are paid, but it does not include a long term care benefit. Premiums are higher for this option because the death benefit does not reduce due to age. Cash value accumulation is also higher with this permanent life option.

### Option 2: Universal LifeEvents Insurance with Long Term Care

This option provides a higher death benefit during working years when the need for life insurance is typically the highest. Option 2 also includes a long term care benefit for home care, assisted living, adult day care, and nursing home care. The monthly long term care benefit equals 4% of the face amount for up to 25 months. Today’s population is more in need of long term care than ever before. Annually, more than 8.5 million people receive support for long term care services. A private room in a nursing home can cost \$225 per day or \$6,965 per month.

Item	1) Universal Life	2) Universal LifeEvents with Long Term Care
<b>Level Life Insurance Benefit Regardless of Age</b>	Yes	No Death benefit reduces to 1/3 at the latter of age 70 or the 15th policy anniversary.
<b>Cash Value</b>	Higher Cash Value	Lower Cash Value
<b>Long Term Care Benefit</b>	Not Included	Included
<b>Premiums</b>	Higher than Universal LifeEvents with LTC	Lower than Universal Life

### Coverage Options

Employee and spouse coverage is available in \$10,000 increments, up to \$300,000. Child coverage is available up to \$35,000 (depending on child age). Employees are not able to elect both Universal Life and Universal LifeEvents with Long Term Care.

### Issue Age Eligibility

	1) Universal Life	2) Universal LifeEvents with Long Term Care
<b>Employee</b>	Ages 18 to 75	Ages 18 to 64
<b>Spouse</b>	Ages 18 to 70	Ages 18 to 64
<b>Children</b>	To Age 23	



## Universal Life Insurance

### Monthly Premium Example - \$25,000

Female, Age 45 Non-Smoker	1) Universal Life	2) Universal LifeEvents with Long Term Care
Approximate Monthly Premium	\$37.53	\$27.39
Approximate Cash Value at age 65	\$5,380	\$1,745
Death Benefit at age 45	\$25,000	\$25,000
Death Benefit at age 75	\$25,000	\$8,333
Maximum Long Term Care Benefit	N/A	\$25,000

### Monthly Premium Example - \$50,000

Female, Age 45 Non-Smoker	1) Universal Life	2) Universal LifeEvents with Long Term Care
Approximate Monthly Premium	\$71.50	\$51.13
Approximate Cash Value at age 65	\$11,370	\$4,086
Death Benefit at age 45	\$50,000	\$50,000
Death Benefit at age 75	\$50,000	\$16,667
Maximum Long Term Care Benefit	N/A	\$50,000

### How Are Trustmark’s Permanent Universal Life Options Different from Traditional Whole Life?

- With Trustmark’s permanent universal life policies, you may change your premiums and death benefit at any time. With traditional whole life insurance, premiums remain level, and entire premiums are required to keep the policy in force.
- Premiums are generally higher for traditional whole life than for Trustmark’s permanent universal life options.
- Traditional whole life has higher guaranteed cash values than Trustmark’s permanent universal life options.
- Because the Trustmark permanent universal life premiums are generally lower, you can purchase a higher death benefit with the same premium dollars than traditional whole life.



*Benefit amounts shown are samples and not a guarantee. Underwriting conditions may vary, and determine eligibility for the offer of insurance. Benefits, availability, exclusions and limitations may vary by state and may be named differently. Pre-existing condition limitations may apply. Your policy/certificate will contain complete information. Trustmark® and LifeEvents® are registered trademarks of Trustmark Insurance Company.*

## Sick Leave Bank

Employees accrue 1.25 days of sick leave per month for the number of months you work. You can bank up to 45 days of sick leave.

### Sick Leave Donation to Help Employees in Need

You can donate one (1) sick leave day to help other employees in need. In the event an employee or dependent suffers a catastrophic illness and has exhausted personal sick leave, the bank is available for additional days. Catastrophic is defined as a disabling injury, illness, or surgery requiring a disability period of longer than 20 continuous work days. Sick leave bank eligibility begins at the end of the 20-day period. This is a one time only donation unless the sick leave bank is depleted. At that time, another day may be requested for participating employees to replenish the bank.

Benefits-eligible employees may participate in the sick leave bank. You must be employed for at least 1 year, and have accrued at least 6 sick leave days at the time of membership. Requests to join are only accepted during Open Enrollment and if approved, would be effective on the first working day in January. Please refer to the Effingham County Schools Employee Handbook for details.



## Disability Insurance

Disability coverage provides an income replacement benefit in the event you are unable to work due to an accident or illness. When making a benefit election, it is recommended that you consider how long you would be able to pay your bills without a continuous income should you be unable to work. Short Term Disability provides an income replacement benefit for a short period of time (up to 11 weeks). If you remain disabled and unable to work upon Short Term Disability exhaustion, Long Term Disability would begin on the 91st day of disability and continue to age 65 should you remain disabled.

### Pre-Existing Conditions Exclusion

Both Short Term Disability and Long Term Disability plans include a pre-existing conditions exclusion to manage future premiums.

**Short Term Disability:** You have a pre-existing condition if you received medical treatment, consultation, or services, including prescription drugs, in the 3 months just prior to your effective date of coverage; and the disability begins in the first 6 months after your effective date of coverage. Once you have been insured on the Short Term Disability plan for 6 months, no limitation applies.

**Long Term Disability:** You have a pre-existing condition if you received medical treatment, consultation, or services, including prescription drugs, in the 3 months just prior to your effective date of coverage; and the disability begins in the first 12 months after your effective date of coverage. Once you have been insured on the plan for 12 months, no limitation applies.

Disability Summary of Benefits		
	Short Term Disability	Long Term Disability
<b>Benefit Amount</b>	50% of weekly earnings	30%, 40%, or 50% of monthly earnings
<b>Benefit Start Date</b>	15th day after accident or illness begins	91st day after accident or illness begins
<b>Benefit Duration</b>	11 weeks	Social Security Normal Retirement Age
<b>Maximum Benefit</b>	\$750 per week	\$6,000 per month

**You may elect Short Term Disability and Long Term Disability at this time with no health questions.** Your specific benefit options and premiums are available in the benefit enrollment system or by calling the Benefits Service Center.

Short Term Disability		Long Term Disability - 50% Benefit				
Annual Salary / Weekly Benefit	Monthly Premium	Annual Salary / Monthly Benefit	Age 25	Age 35	Age 45	Age 55
\$10,000 / \$96.15	\$4.65	\$10,000 / \$416.67	\$2.65	\$6.23	\$11.99	\$16.35
\$20,000 / \$192.31	\$9.31	\$20,000 / \$833.33	\$5.30	\$12.45	\$23.98	\$32.70
\$40,000 / \$384.62	\$18.62	\$40,000 / \$1,666.67	\$10.60	\$24.90	\$47.97	\$65.40
\$50,000 / \$480.77	\$23.27	\$50,000 / \$2,083.33	\$13.25	\$31.13	\$59.96	\$81.75
\$70,000 / \$673.08	\$32.58	\$70,000 / \$2,916.67	\$18.55	\$43.58	\$83.94	\$114.45



## Critical Illness

Effingham County Schools offers voluntary Critical Illness coverage, which provides a lump sum benefit in the event of a diagnosis of a covered illness. The plan is insured by Voya Financial and employees may elect coverage for yourself, your spouse, and your child(ren) with no health questions.

### Covered Diagnoses and Conditions

- Cancer (see certificate definition)
- Carcinoma in situ (limited benefit)
- Heart attack
- Stroke
- Major organ transplant
- End state renal (kidney) failure
- Coronary artery bypass surgery (limited benefit)
- Skin cancer and malignant melanoma (limited benefit)
- Transient Ischemic Attacks
- Abdominal aortic aneurysm
- Open heart surgery (valve replacement / repair)
- Benign brain tumor
- And more

### Benefit Options

**Employees:** From \$5,000 to \$20,000 in increments of \$5,000

**Spouses:** \$5,000 or \$10,000

- Employees must be enrolled to elect spouse coverage.

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

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

Employee Critical Illness Monthly Premiums				
Age	\$5,000	\$10,000	\$15,000	\$20,000
20 - 29	\$2.80	\$4.35	\$5.90	\$7.45
30 - 39	\$3.40	\$5.55	\$7.70	\$9.85
40 - 49	\$5.70	\$10.15	\$14.60	\$19.05
50 - 59	\$9.45	\$17.65	\$25.85	\$34.05
60 - 64	\$14.20	\$27.15	\$40.10	\$53.05
65 - 69	\$20.50	\$39.75	\$59.00	\$78.25
70 +	\$27.60	\$53.95	\$80.30	\$106.65

### Wellness Benefit Included

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

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

### Wellness Benefit Amount

- Employee: \$50
- Spouse \$50
- Child(ren): \$25 (maximum of \$100 for all covered children)

### How to File a Claim

- Go to [voya.com/claims](http://voya.com/claims).
- Scroll down to the “Have a Wellness Benefit Claim?” section and click the “Submit your claim” button.
- Select Critical Illness Insurance.
- Click “Continue” and follow the screen prompts. Once all questions are answered, click “Submit”.
- Your Group Name and Number are: Effingham County Board of Education | 0071230-2

Spouse Critical Illness Monthly Premiums		
Age	\$5,000	\$10,000
20 - 29	\$2.80	\$4.35
30 - 39	\$3.40	\$5.55
40 - 49	\$5.70	\$10.15
50 - 59	\$9.45	\$17.65
60 - 64	\$14.20	\$27.15
65 - 69	\$20.50	\$39.75
70 +	\$27.60	\$53.95

## Accident



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

<b>Hospital Care</b>	
Surgery – Open abdominal, thoracic	\$1,000
Blood, plasma, platelets	\$500
Admission	\$1,125
Confinement	\$350 / day up to 365 days
Transportation	\$650 / trip up to 3 per accident
Lodging	\$150 / day up to 30 days
<b>Accident Care</b>	
Initial doctor visit	\$75
Urgent care	\$200
Follow-up doctor treatment	\$75
Medical equipment	\$100
Speech & physical therapy	\$40 up to 6 per accident
X-Ray	\$40
<b>Common Injuries</b>	
2nd degree and 3rd degree burns	\$1,125 to \$12,500
Emergency dental work	\$75 to \$300
Eye injury	\$80 to \$275
Torn knee cartilage	\$175 to \$650
Lacerations	\$25 to \$400
Tendon, ligament, rotator cuff	\$350 to \$1,000
Concussion	\$175
Paralysis	\$13,500 to \$20,000
<b>Injuries - Dislocations</b>	
	Non-Surgical / Surgical
Hip Joint	\$3,200 / \$6,400
Knee	\$2,000 / \$4,000
Ankle or foot bones (other than toes)	\$1,200 / \$2,400
Shoulder	\$1,500 / \$3,000
Elbow, wrist	\$900 / \$1,800
Finger / Toe	\$250 / \$500
Hand bones, lower jaw, collarbone	\$900 / \$1,800
Partial Dislocations	25% of the non-surgical benefit
<b>Injuries - Fractures</b>	
	Non-Surgical / Surgical
Hip	\$2,500 / \$5,000
Leg	\$1,800 / \$3,600
Ankle, forearm, hand, wrist	\$1,500 / \$3,000
Collarbone	\$1,200 / \$2,400
Rib(s)	\$350 / \$700
Shoulder	\$1,500 / \$3,000
<b>Sports Accident Benefit</b>	
Covers accidents as a result of an organized sporting activity	Pays an additional 25% of the Hospital Care, Accident Care, or Common Injuries to a maximum benefit of \$1,000

### Accident Monthly Premiums

<b>Employee</b>	\$9.63
<b>Employee + Spouse</b>	\$15.75
<b>Employee + Child(ren)</b>	\$18.73
<b>Family</b>	\$24.85

Note: Spouses age 70 and older are not eligible to elect coverage. Employees are eligible regardless of age.



## Hospital Indemnity

The Voya Financial hospital indemnity plan pays a confinement benefit, plus daily benefits which are paid directly to you and can be used for any purpose. A summary of the benefits schedule is below. Please refer to the Voya Summary of Benefits or certificate of coverage for complete details. Pregnancy is covered under this benefit with no pre-existing condition exclusion. This plan is portable at time of separation. You may continue by paying premiums directly to Voya Financial.

### Wellness Benefit Included

The hospital indemnity plan includes a wellness benefit for covered preventive screenings including but not limited to:

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



### Wellness Benefit Amount

- Employee: \$50
- Spouse \$50
- Child(ren): \$25 (maximum of \$100 for all covered children)

### How to File a Claim

- Go to [voya.com/claims](https://voya.com/claims).
- Scroll down to the “Have a Wellness Benefit Claim?” section and click the “Submit your claim” button.
- Select hospital indemnity insurance.
- Click “Continue” and follow the screen prompts. Once all questions are answered, click “Submit”.

Your Group Name and Number are: Effingham County Board of Education | 0071230-2

#### Schedule of Benefits

Initial Confinement Benefit	\$1,000
Daily Hospital Confinement Benefit	\$100 / day up to 30 days per confinement
Critical Care Unit Confinement Benefit	\$200 / day up to 15 days per confinement

#### Hospital Indemnity Monthly Premiums

<b>Employee</b>	\$23.92
<b>Employee + Spouse</b>	\$40.71
<b>Employee + Child(ren)</b>	\$35.02
<b>Family</b>	\$51.81



## Group Legal Plan

The ARAG legal plan helps cover the costs of legal expenses associated with a variety of needs, and includes office and telephonic advice with an attorney for personal legal problems.

The ARAG legal plan includes coverage for divorce in both contested and uncontested proceedings, and allows members to go directly to a participating attorney for services with 100% coverage for certain services. Emergency service with an attorney is available 24 hours a day / 7 days a week.

Legal Plan Monthly Premium
\$18.25

Telephonic and office consultations are available on a variety of matters, including:

- Family law
- Real Estate and estate planning
- Financial issues
- Traffic offenses
- And more

If you are not enrolled, we encourage you to take the time to evaluate your current needs and learn more about the ARAG legal plan. Complete plan information is located on the Effingham County Schools benefits website.

### Legal Resources for All Employees

- How-To Resources: caregiving, debt collection, estate planning, hiring / working with a contractor, managing legal / financial responsibilities surrounding the death of a loved one, tenant's guidebook to renting property
- Law guide: collection of articles on legal topics
- LawExpresso Newsletter, Legal Glossary, Legal Links, and Personal Information Organizer



## Identity Theft

Every 2 seconds, thieves steal another identity. Your identity includes more than your Social Security Number and bank accounts. The Allstate Identity Protection Pro Plus Plan does more than monitor your credit reports and scores. It safeguards your personal information and the data you share.

Allstate Identity Protection gives you the tools and protection to monitor activity, stop identity theft early, and resolve it quickly. Most victims only discover they have a problem when they are denied credit or receive bills for items never ordered. We encourage you to consider this benefit as a proactive step to help protect your personal information.

The Allstate Identity Protection plan has extensive protection for you and your family. Benefits include but are not limited to:

- 100% Fully Managed Resolution up to \$1M
- Proactive Credit Monitoring
- Credit Score Tracking
- Social Media & Dark Web Monitoring
- Student Loan Activity Alerts
- Lost Wallet Protection
- Data Breach Notifications
- Credit Freeze & Dispute Assistance
- Stolen Fund Reimbursement
- IP Address Monitoring
- Deceased Dependent Protection
- 24 / 7 Remediation Support

Coverage Level	ID Theft Monthly Premiums
Employee Only	\$9.95
Family	\$17.95





## Retirement

### Teachers Retirement System (TRS)

The following personnel are required to participate in TRS, a state retirement plan: certified teacher, administrator, clerical staff, paraprofessional, lead custodian, supervisor, and school nutrition manager. Your TRS account is funded by you and the district. Employees contribute 6% of earnings and the district contributes 19.98% of earnings. Employees are vested after 10 years of service.

### Public School Employees Retirement System (PSERS)

The following personnel are required to participate in PSERS, a state retirement plan: school nutrition, transportation, maintenance, and custodial staff. The employee contribution for employees hired before July 1, 2012 is \$4 per month for 9 months (\$36 per year). For employees hired on or after July 1, 2012, it is \$10 per month for 9 months (\$90 per year). Your retirement benefit will be \$16.50 per month multiplied by your number of years of service. Employees are vested after 10 years of service.

The Effingham County Board of Education offers a 403(b) plan through Corebridge Financial in addition to the state's retirement plan. They match 50% of your contributions up to 6%. More information is available by calling Corebridge at (800) 448-2542.

### State Health Benefit Plan (SHBP)

In order to continue your SHBP coverage as a retiree, you and any dependents you wish to cover must be enrolled in the plan at the time you retire. If you are not enrolled in SHBP and wish to carry coverage as a retiree, you will need to enroll during Open Enrollment the year prior to your retirement. Please refer to the Retiree Decision Guide for additional information regarding your SHBP coverage and retiree options. More information is available here: <https://shbp.georgia.gov/>.

### Third Party Administrator for Supplemental Retirement Plan

Arista Consulting Group is our Third Party Administrator for the Supplemental Retirement Plan. We have three preferred vendors that offer 403b / 457 plans, and Arista is available to assist with retirement and financial planning education, inquiries, and transactions. Contact information for Arista Consulting Group and the three preferred retirement vendors are available on page 20.





## Employee Assistance Program

We've all experienced some type of personal problem, concern, or emotional crisis at one time or another. Unum's EAP + Work / Life program gives you access to counselors\* and services for help with personal, family, and work issues.

With your Employee Assistance Program and Work / Life Balance services, confidential assistance is as close as your phone or computer.

Unum's Employee Assistance Program is designed to help employees lead happier and more productive lives at home and at work. When you have issues arise, you can work with Licensed Counselors to define the problem and obtain appropriate assistance. The Licensed Professional Counselor will either address concerns during a few initial sessions or refer you to other appropriate counselors or community resources for long-term help.

Through the Employee Assistance Program, you can get help with personal, family, and work issues, such as:

- Stress
- Depression
- Anxiety
- Relationship Issues
- Divorce
- Job Stress / work conflicts
- Family and parenting problems
- Anger
- Grief and loss
- Addiction
- Eating Disorders
- Mental Illness

### Who Is Covered?

Unum's EAP services are available to you, your spouse, your children, and your parents and parents-in-law.

## Always By Your Side

Help is easy to access:

**Online / phone support:** Unlimited, confidential, 24/7

**1-800-854-1446 | [www.unum.com/lifebalance](http://www.unum.com/lifebalance)**

**In-person:** You can get up to 3 visits with a Licensed Professional Counselor at no cost to you. Your counselor may refer you to resources in your community for ongoing support.



\* The consultants must abide by federal regulations regarding duty to warn of harm to self or others. In these instances, the consultant may be mandated to report a situation to the appropriate authority.

## Work / Life Balance Services

Employees can also reach out to Unum's Work / Life Specialists for help with balancing the demands of home, family, and the workplace. The Specialists can answer questions, as well as put you in touch with outside resources.

### Work / Life Specialists Can Help With:

#### Childcare Services

- Childcare centers
- Babysitter tips
- Family-run child care homes
- Community resources
- Nanny agencies
- Pre-schools

#### Eldercare Services

- Assisted living facilities
- Nursing homes
- Independent living options
- Adult day-care services
- Geriatric care managers
- Services for adults with disabilities

#### Financial Services

- Debt management solutions
- Budgeting assistance
- Credit report assistance

#### Legal Services

- Personal / family and elder law
- Real Estate
- Identity Theft



#### Additional Features

- 24/7 access to master's level staff clinicians for information, assessment, short-term problem resolution, and referrals.
- Up to 3 face-to-face counseling sessions. Sessions are conducted by a network of qualified EAP consultants.
- In lieu of face-to-face sessions, HIPAA compliant video counseling sessions are available for those in rural communities, those with transportation concerns, or those that may prefer the use of technology to receive the service.
- Access to a national network of over 60,000 licensed EAP affiliates. All EAP providers have a master's degree or higher with state licensure.
- Medical Bill Saver service that can help negotiate out-of-pocket medical and dental expenses over \$400.

## Commonly Used Healthcare Terms

**Carrier** – Insurance company insuring your benefits.

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

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

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

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

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

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

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

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

**Primary Care Provider (PCP)** – Doctor that you typically visit first with health issues; they manage your overall care.

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

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

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

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

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

### Plan types

- High Deductible Health Plan (HDHP) – Typically has individual deductible of at least \$1,400. Many qualified HDHP plans do not have copays, and all care is subject to the deductible and coinsurance.
- Health Maintenance Organization (HMO) – Network plans require a PCP to be responsible for care (referrals required for specialist). There is no out-of-network coverage, and HMOs usually have more plan restrictions.
- Health Reimbursement Arrangement (HRA): An employer funded health plan that reimburses employees for qualified medical expenses. Reimbursement dollars received by employees are generally tax free.

### Medical Savings Account Types

- Healthcare and Dependent Care Flexible Spending Accounts (FSA) – Accounts in which pre-tax income is put aside to pay for IRS-qualified medical / dependent care expenses. The FSA is “use it or lose it”: funds must be used by end of plan year or be forfeited.



### Definition of Dependent

- Legally married spouse
- Natural or legally adopted child(ren) or stepchild(ren), under age 26
- Child(ren) due to Legal Guardianship
- Natural or legally adopted child(ren) or stepchild(ren) 26 or older who are physically or mentally disabled prior to age 26, and who are primarily dependent on the enrolled member for support

**Medical**

**Anthem**

(855) 641-4862  
www.anthem.com/shbp

**United Healthcare**

(888) 364-6352  
www.welcometouhc.com/shbp

**Sharecare**

(888) 616-6411  
www.bewellshbp.com

**CVS Caremark**

(844) 345-3241  
http://info.caremark.com/shbp

**SHBP Eligibility**

(800) 610-1863  
www.dch.georgia.gov/shbp  
www.myshbpga.adp.com

**TRICARE Supplement**

(866) 637-9911  
https://info.selmanco.com/ga\_shbp

**Dental**

**MetLife**

(800) 942-0854  
www.metlife.com/dental

**Vision**

**MetLife**

(855) 638-3931  
www.metlife.com/vision

**Flexible Spending Accounts**

**Medcom**

(800) 523-7542  
www.medcombenefits.com

**Term Life**

**Unum**

(800) 445-0402  
www.unum.com

**Universal Life**

**Trustmark**

(800) 918-8877  
www.trustmarksolutions.com

**Short and Long Term Disability**

**Unum**

(800) 858-6843  
www.unum.com

**Critical Illness**

**Voya Financial**

(877) 236-7564  
www.voya.com

**Accident**

**Voya Financial**

(877) 236-7564  
www.voya.com

**Hospital Indemnity**

**Voya Financial**

(877) 236-7564  
www.voya.com

**Legal Plan**

**ARAG**

(800) 247-4184  
www.araglegal.com

**ID Theft**

**Allstate Identity Protection**

(800) 789-2720  
www.allstateidentityprotection.com

**Employee Assistance Program**

**Unum**

(800) 854-1446  
www.unum.com/lifebalance

**Retirement Plans**

• **Teachers Retirement (TRS)**

www.trsga.com • (800) 352-0650

• **PSERS**

www.ers.ga.gov • (800) 805-4609

• **Arista Consulting Group**

**Supplemental Retirement Administrator**

(877) 434-7786 | first@aristacg.com

- Horace Mann (403b)

Craig Jenkins | (912) 515-5202

[craig.jenkins@horacemann.com](mailto:craig.jenkins@horacemann.com)

- Corebridge Financial (457 & 403b)

Dan Silva | (912) 660-5641

[dan.silva@corebridgefinancial.com](mailto:dan.silva@corebridgefinancial.com)

- Vision Financial (457 & 403b)

Talbert Edenfield | (912) 295-2222

[talbert@vision-ga.com](mailto:talbert@vision-ga.com)

**Effingham County Schools Payroll and Benefits Office**

**Mark Rahn**

(912) 754-2512

[srahn@effingham.k12.ga.us](mailto:srahn@effingham.k12.ga.us)

**Vonda McDonald**

(912) 754-5618

[vmcdonald@effingham.k12.ga.us](mailto:vmcdonald@effingham.k12.ga.us)

**Effingham County Schools Benefits Service Center**

(844) 249-ECSD (3273)

Monday - Thursday 8am - 6pm

Friday 8am - 5pm

[help@effinghamschoolsbenefits.com](mailto:help@effinghamschoolsbenefits.com)









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