Marion County School District

2026 Benefits Guide

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New Hires

- New hire enrollment must take place within 30 days of first day of service.
  - New Hires need to review and understand Guaranteed Issue Options.

There are 2 separate benefit enrollments!

1

How to Enroll in Voluntary Benefits

1) You will receive an Email from Employee Navigator with a link to register or you can visit onesource.employeenavigator.com (steps to register are on page 6 of this guide)
2) Once registered please follow guided steps OR contact Your OneSource Solution @ 229- 896-3436
3) Annual Open Enrollment occurs in the Fall.

2

How to Enroll in State Health (SHBP)

1) Visit www.mySHBPga.adp.com
2) Refer to the SHBP section of this guide for additional details OR contact SHBP @ 1-800-610-1863
3) Annual Open Enrollment occurs in the fall (October—November)

Kim Heim
Payroll & Benefits
Heim.Kim@marion.k12.ga.us
(229) 649-2234

Introduction

Your OneSource Solution Benefits Specialist at 229-896-3436

Eligibility:

- Full-time Employees working 20+ hours per week.
- Specific plan eligibility is listed at the top of each benefit election for employee and dependents. Rules are governed by each carrier specific certificate/policy.

Enrollment:

- New Hires must enroll within 30 days from hire date.
- Annual Voluntary Benefit open enrollment is held in the fall between the months of October and November each year.

Voluntary Benefits Begin Date:

- Plan year runs 1/1 through 12/31.
- Benefits begin first of the month following your first paycheck from the district— typically 30 days from your hire date.
- Employees must be actively at work on the effective date of coverage for desired coverage to be active.

Voluntary Benefits End Date:

- Coverage as an active employee ends the month after your last payroll deduction month. Ex: If your last deduction was in June, your benefits end July 31st. Flexible Spending Account(s) coverage stops at the end of your final month of payroll deductions.
- Please note your benefits end date may differ from end of contract. Please contact Your OneSource Solution with any questions regarding portability at 229-896-3436.

Voluntary Benefits Changes:

- Benefit Changes for you or your dependents, outside of open enrollment, may only be made due to a qualifying life event (such as marriage, child birth, etc.). Life Events must be completed through the HR & Benefits portal within thirty (30) days of the event
- To submit a life event please contact Your OneSource Solution at 229-896-3436.

Introduction

Benefits are an integral part of the overall compensation package provided by your employer**.** We understand that your benefits package is important to you and your family. The benefits offered are intended to provide you with the best possible coverage at the best possible price with the goal of ensuring your family's financial security. Please take time to review each item carefully and discuss any questions you may have with a benefits counselor.

This guide is for illustrative purposes only and is not intended to offer benefits advice. It is important to review each benefit summary and plan description carefully before making any selections.

This benefits guide summarizes the benefits you can elect. A more detailed explanation of benefit provisions is provided in each benefit summary plan document. Every attempt has been made to ensure that the information in this booklet is accurate. Coverages are governed by legal documentation and insurance contracts. **In the event of a conflict between this benefits guide and the official plan documents and/or contracts, the terms of the official plan documents and contracts shall prevail.**

Your benefits included in this guide:

- Short Term Disability
- Long Term Disability
- Voluntary Term Life/AD&D
- Permanent Life
- Dental
- Vision
- Critical Illness/Cancer
- Accident
- Hospital Indemnity

How to File a Claim:

1. Contact Your OneSource Solution at 229-896-3436 or email mybenefits@youronesourcesolution.com
2. Work with a benefits specialist to retrieve all needed documents which can include:
   - Employee Portion
   - Physician Portion
   - Employer Portion
   - Itemized Bills/UBO4/Medical Records/etc.
3. Submit documents to Your OneSource Solution via mybenefits@youronesourcesolution.com or fax to 229-896-3452.
4. Your OneSource Solution will work with the carrier until final decision/payout has been made.

To discuss your personal situation with a benefits counselor at Your OneSource Solution, please call (229) 896-3436 to set up an appointment or email

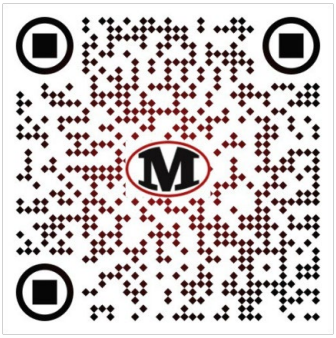
mybenefits@YourOneSourceSolution.com

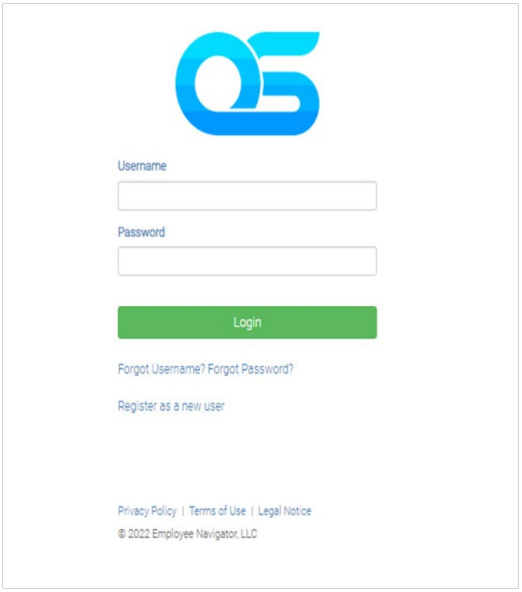
Accessing Your Portal

You can access your Employee Benefits information provided through Your OneSource Solution 24/7 365 days a year by accessing the HR and Benefits Portal!

Step 1. Visit OneSource.EmployeeNavigator.com

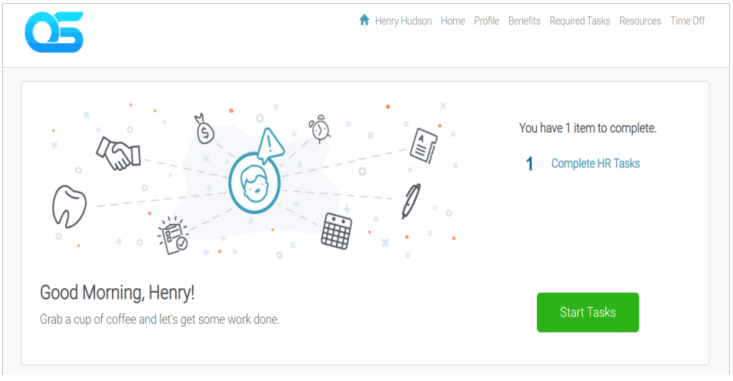
(NO WWW)





Step 2: Login using the credentials you set from your registration email or click new user registration!

Your company identifier is MCBOE



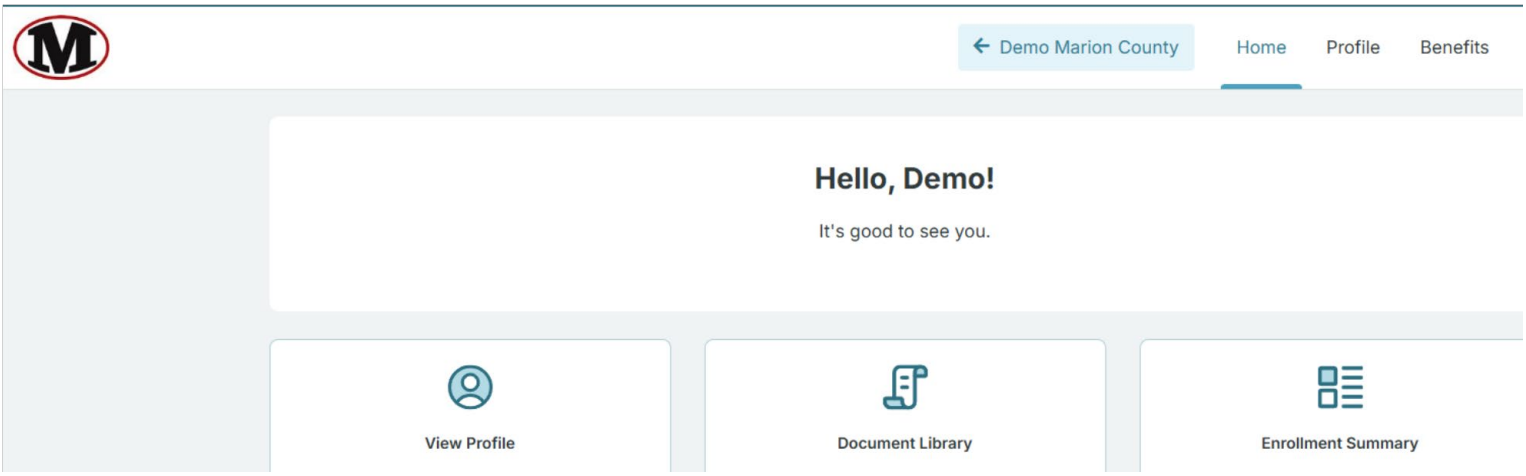
Step 3: COMPLETE!

Once logged into your portal you can access many features such as:

- View and edit your profile
- See your current elections
- Adjust coverage due to a life event
- View common documents

Need technical assistance? Give us a call at (229) 896-3436 or email us atMyBenefits@YourOneSourceSolution.com

Employee Navigator



Login to the Employee Navigator Benefits Portal by scanning the QR code above. Once registered, you will have access to your personalized benefits portal to:

- Enroll in/Manage Benefits
- Update Beneficiaries
- Notify about Qualifying Life Events
- Find EOI/Health Forms
- Find Claim Forms
- See Provider Listings

And much more!!!

Your OneSource Solution

Marion County has partnered with **Your OneSource Solution** to serve as a resource for our employees in benefit counseling! **Your OneSource Solution** has an experienced team of counselors available to discuss all areas of your benefit needs!

Dental

Vision

Life Insurance

Disability

Much More!

We are real people who offer real solutions to real problems.

We want to partner in your success!

YOUR OneSource SOLUTION

(229) 896-3436 | www.YourOneSourceSolution.com | 125 S. Burwell Ave Adel, Georgia 31620

MyBenefits@YourOneSourceSolution.com

Your OneSource Solution, nor its associates represent Teachers Retirement System of Georgia, Social Security, or State Health (SHBP).

FAQs

- **What do I do if I need technical support?**
  - Please contact a member from OneSource either at mybenefits@youronesourcesolution.com or (229) 896-3436.
- **How do I request a duplicate dental or vision card?**
  - Please contact a member from OneSource either at mybenefits@youronesourcesolution.com or (229) 896-3436.
  - If emailing, please indicate if the request is urgent (i.e. your appointment is the same day) and provide the best mailing address for physical cards to be sent to.
- **How do I locate an in-network provider?**
  - You can find those listed in-network within the portal. Under the "Resources" tab you will find a PDF of dental and vision providers. It is imperative you reach out to your provider to verify that they are in-network prior to receiving treatment.
- **What is the process of filing a claim?**
  - Your OneSource Solution is available to assist you in the filing of your claim(s). Each coverage and carrier's process differs but generally speaking there will be a claim form to complete including information from your physician. The insurance carrier, and not OneSource, is responsible for the review, approval/denial, and if applicable payment of your claim. Our goal is to serve as a resource to you in this process.
- **How do I confirm my current benefits?**
  - You may view your current benefit elections provided by Your OneSource Solution 24 hours a day, 7 days a week, 365 days a year in the online Benefits Portal. You may also contact our office at (229) 896-3436 or mybenefits@youronesourcesolution.com to request a paper copy via email or mail.
- **What is a life event? How do I process a life event?**
  - A life event, otherwise known as a qualifying event, occurs under certain events as defined by the IRS under code 125. A life event allows an employee to make changes to their coverages when they otherwise could not. A common example is the addition of a spouse to your coverage after a recent marriage. It is important to note that life events must be processed timely as the IRS restricts the amount of time you have from the event to process the new coverage.
  - To process a life event, you may contact our office at (229) 896-3436 or mybenefits@youronesourcesolution.com and a team member can assist.
- **How do I verify my current beneficiaries?**
  - You can view your beneficiaries at any time within your OneSource benefits portal. After logging in, click on enrollment summary and then beneficiaries.
- **What if I forgot my benefits portal username?**
  - Contact Your OneSource Solution and we can verbally tell you after employee verification.

Benefits Checklist

- [ ] **Confirm your access to the benefits portal**
- [ ] **Update/Confirm your beneficiaries and dependents within the Benefits Portal annually for all benefits, including but not exclusively, Long Term Disability, Voluntary Term Life/AD&D and Permanent Life policies**
- [ ] **Complete Enrollment within the Benefits Portal with a benefits counselor or online**
- [ ] **Compare your paystub to the benefits shown within the Benefits Portal**

Important Notes

Open Enrollment

1. Confirm your access to the enrollment portal in advance of the start of the Open Enrollment dates.
2. If applicable attend educational sessions and then enroll either online or with a benefits counselor.
3. After Open Enrollment check your payroll deductions to verify that the correct amount was withheld. Contact your payroll department **immediately** if your deductions are not correct.

During Open Enrollment you may:

- Enroll in the benefits coverage
- Change plan options
- Enroll eligible dependents
- Drop covered dependents
- Decrease/Increase coverage
- Discontinue enrolled coverage
- Make demographic changes
- And much more…

IMPORTANT NOTE:

The elections made during Open Enrollment will be the coverage you will have for the entire plan year, unless you have a qualifying life event that allows a change to your coverage.

Important Notes

Confirming your choices:

It is important that you verify your elections prior to the end of your enrollment period. The benefits elected will be in effect for the entire plan year.

Review and print your "Benefits Summary" page within the portal. Report any discrepancies immediately to your Payroll department.

The Internal Revenue Service (IRS) prohibits you from changing coverage elections, enrolling in or cancelling coverage outside of Open Enrollment. However, the IRS does permit you to change coverage, enroll or cancel coverage in certain limited circumstances. Please promptly contact a OneSource Solution Benefit's Team Member should you or a dependent have a life event.

If you have a life event, the **IRS** generally only allows **30 days** to make changes to your available benefit plans!

Additional Information:

This benefits guide summarizes the benefits you can elect for the plan year. A more detailed explanation of benefit provisions is provided in each benefit summary plan document. Every attempt has been made to ensure that the information in this booklet is accurate.

Your benefits offered through your employer in partnership with Your OneSource Solution is governed by legal documentation and insurance contracts. **In the event of conflict between this benefits guide and the official plan documents and/or contracts, the terms of the official plan documents and contracts shall prevail.**

Benefits Package

Post-Employment Resources

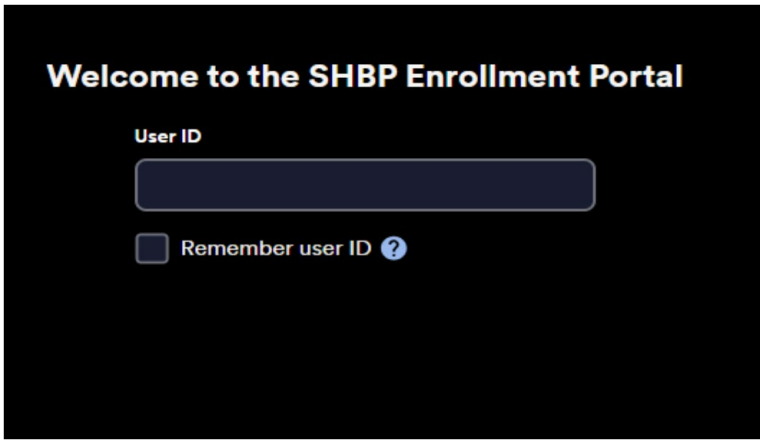
What happens when I separate from the District?

Product	Carrier	Options
Short-Term Disability	Mutual of Omaha	**Coverage Terminates**
Long-Term Disability	Mutual of Omaha	**Coverage Terminates**
Voluntary Term Life/AD&D	Mutual of Omaha	**May port or convert**— Mutual of Omaha portability or conversion forms are in the benefits portal
Permanent Life	Trustmark	**May take coverage to bank draft at the same price and benefit amount**— please call Trustmark at 877-918-8877
• Dental • Vision	Ameritas	**May keep coverage on COBRA** for up to 18 months at district rates + 2% Consolidated Admin Services (CAS) will mail out instructions
• Critical Illness/Cancer • Accident • Med Group	Colonial	**May port coverage within 31 days** at the same price and benefit —Portability form is in the benefits portal

State Health Insurance

State Health Benefit Plan

As a full time employee, the State Health Benefit Plan available to you represents a significant component of your compensation package. **Your employer pays a significant portion of the premium towards your state health insurance!**



Enroll during the Fall at:

https://myshbpga.adp.com

Registration Code: **SHBP-GA**

All qualifying life events & enrollment must be submitted through the SHBP Portal or via phone with SHBP!

SHBP Wellness Portal

https://bewellshbp.com

SHBP Phone Number

(800) 610-1863

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

SHBP Decision Guide

https://shbp.georgia.gov

Your OneSource Solution, nor its associates represent Teachers Retirement System

Benefits Comparison Summary:

HRA Plans | January 1 - December 31, 2026

	Anthem Gold HRA Option		Anthem Silver HRA Option		Anthem Bronze HRA Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Covered Services	You Pay		You Pay		You Pay	
Deductible						
• You	$1,500	$3,000	$2,000	$4,000	$2,500	$5,000
• You + Spouse	$2,250	$4,500	$3,000	$6,000	$3,750	$7,500
• You + Child(ren)	$2,250	$4,500	$3,000	$6,000	$3,750	$7,500
• You + Family	$3,000	$6,000	$4,000	$8,000	$5,000	$10,000
	HRA credits will reduce 'You Pay' amounts					
Out-of-Pocket Maximum						
• You	$4,000	$8,000	$5,000	$10,000	$6,000	$12,000
• You + Spouse	$6,000	$12,000	$7,500	$15,000	$9,000	$18,000
• You + Child(ren)	$6,000	$12,000	$7,500	$15,000	$9,000	$18,000
• You + Family	$8,000	$16,000	$10,000	$20,000	$12,000	$24,000
	HRA credits will reduce 'You Pay' amounts					
HRA Credits	The Plan Pays		The Plan Pays		The Plan Pays	
• You	$400		$200		$100	
• You + Spouse	$600		$300		$150	
• You + Child(ren)	$600		$300		$150	
• You + Family	$800		$400		$200	

	Anthem / UnitedHealthcare Statewide HMO Option	UnitedHealthcare HDHP Option		KP Regional HMO Option
	In-Network Only	In-Network	Out-of-Network	In-Network Only
Covered Services	You Pay	You Pay		You Pay
Deductible				
• You	$1,300	$3,500	$7,000	$0
• You + Spouse	$1,950	$7,000	$14,000	$0
• You + Child(ren)	$1,950	$7,000	$14,000	$0
• You + Family	$2,600	$7,000	$14,000	$0
Out-of-Pocket Maximum				
• You	$4,000	$6,450	$12,900	$6,350
• You + Spouse	$6,500	$12,900	$25,800	$12,700
• You + Child(ren)	$6,500	$12,900	$25,800	$12,700
• You + Family	$9,000	$12,900	$25,800	$12,700
HRA Credits	The Plan Pays	The Plan Pays		The Plan Pays
• You • You + Spouse • You + Child(ren) • You + Family	N/A	N/A		N/A

State Health Insurance

How to Make Your 2026 Health Benefit Election Online

Go to the SHBP Enrollment Portal: **mySHBPga.adp.com**

Step 1: Log on to the SHBP Enrollment Portal.

- If you are a first-time user, you must first register using the registration code SHBP-GA and set up a password before making your 2026 election.
- If you are a returning user but have not accessed the website in 45 days, you must first reset your pass word before making your 2026 election.

Step 2: Under the Open Enrollment window, click on Enroll Now to proceed with your 2026 Plan Year enrollment.

Step 3: If you have not provided a Tobacco Surcharge response in the past, you must first answer the Tobacco Surcharge questions before going to Review Your Benefits.

Step 4: Click on Review Your Info (if applicable). Verify that each dependent has a valid Social Security Number (SSN) or other Taxpayer Identification Number (TIN).

Step 5: To start your Election Process, click on Enroll in Benefits tab.

Step 6: Select Change. After you select Change, the Decision Support box will display.

Step 7: Click on Health Coverage or Dependent Health Coverage to choose your medical claims administrator(s), your plan option(s), and coverage tier(s).

Step 8: Make Your Elections.

NOTE: When adding a dependent, scroll down and check the "Include in Coverage" box located next to your newly added dependent. For existing dependents, confirm that all dependents requiring benefits have a check in the "Include in Coverage" box. If you choose NOT to enroll in a Plan Option you must click the radio option for No Coverage. A pop-up box will then display Reason for Waive. You will need to use the drop-down box of populated responses to select a reason for waiving. The Reason for Waive must be populated to move to the next step.

Step 9: Click on Save and Return to All Benefits. "Your Elections" will display on the screen and show the elections you made. You should carefully review your elections before confirming.

Step 10: Click I Agree and Confirm Elections. If I Agree and Confirm Elections is NOT clicked, your enrollment process has not been completed, which means you have decided to make no changes for 2026

Short Term Disability

Eligibility:

- Full-time employees working 20+ hours per week
- Must be actively at work on effective date of coverage
- NO HEALTH QUESTIONS– GUARANTEE ISSUE EVERY YEAR! (Pre-existing conditions will apply to new coverage)
- Pays in addition to sick leave. MOO will not offset your disability earnings unless you have an additional individual policy AND you are earning more than you were pre disability.

Short-Term Disability

Elimination Period (How long before benefits start?)	0 Days Injury, 7 Days Sickness 14 Days injury, 14 Days sickness
Benefit Duration (How long will it pay?)	Up until no longer disabled OR **180 Days** from date of disability (whichever occurs first)
Benefit Amount (How much will it pay?)	60% of your gross weekly salary
Maximum Benefit Amount (What is the cap?)	$1,000 (Weekly)
Minimum Benefit Amount	$25 (weekly)
Pre-Existing Condition (What isn't covered?)	3 months / 6 months Any condition you receive medical attention for in the 3 months prior to your effective date of coverage that results in a disability during the first 6 months of coverage **WILL NOT be covered.**

Rate Calculator:
Short-Term Disability
1. Divide Annual Salary by 52
2. Multiply by Benefit Percentage (60%)
3. Divide by 10 and Multiply by Rate ($0.70) or ($0.54)

Short-Term DisabilityRates (Per $10 of Weekly Benefit)

Age Category	Weekly Benefit Rate
All Ages Choice 1 (0/7)	$0.70
All Ages Choice 2 (14/14)	$0.54

Plan Rates

The Benefits Portal will calculate your premiums based on your individual salary.

Long Term Disability

Eligibility:

- Full time employees working 20+ hours per week
- Must be actively at work on effective date of coverage
- Evidence of Insurability form (EOI), health questions, will be required if electing outside of new hire election.
- Employees can choose to start and stop sick leave. However this payment **will be** reduced proportionally to any type of sick leave, salary continuance, Social Security Disability, Retirement , etc.

Long-Term Disability

Elimination Period (How long before benefits start?)	Benefits begin after you have been out of work due to a covered Injury or illness for **180 days**
Benefit Duration (How long will it pay?)	Up until **normal** Social Security retirement age OR until no longer disabled (whichever occurs first) (Please note exclusions or limitations may apply)
Benefit Amount (How much will it pay?)	60% of your gross monthly salary
Maximum Benefit Amount (What is the cap?)	$5,000 (Monthly)
Minimum Benefit Amount	$100 (Monthly)
Pre-Existing Condition (What isn't covered?)	**3 months /3 months/ 12 months** Any condition for which you received medical attention in the 3 months before your coverage start date **will not be covered** until you have been insured under this policy for 12 months or have gone **3 consecutive months without treatment** (ie cancer treatments).

Long-Term Disability Rates
(Per $100 of covered payroll)

Age Category	Monthly Payroll Rate
18 - 24	$0.05
25 - 29	$0.07
30 - 34	$0.10
35 - 39	$0.16
40 - 44	$0.25
45 - 49	$0.37
50 - 54	$0.46
55 - 59	$0.50
60 - 100	$0.38

Plan Rates

The Benefits Portal will calculate your premiums based on your age and annual salary.

Rate Calculator:
Long-Term Disability
1. Divide Annual Salary by 12
2. Divide by 100
3. Multiply by Rate (Based on Age)

Life Insurance 101

Voluntary Term Life /AD&D and **Permanent Life** when combined can provide a well-rounded approach to life insurance coverage that addresses both short-term and long-term needs.

- **Voluntary Term Life/ AD&D:** Best for employees seeking low-cost, temporary coverage during your working years.
- **Permanent Life:** Best for employees seeking lifelong coverage.

Feature	Voluntary Term Life/ AD&D	Permanent Life
Duration	Working years	Lifetime (as long as premiums are timely paid)
Cost	Lower initial premiums but premiums increase as you age.	Higher initial premiums but premiums do not increase as you age
Death Benefit	Only during the term	Permanent *
Portability	Limited (port or convert to individual policy at increased rates)	Fully portable at same price and benefit amount for life
Purpose	Temporary protection	Permanent Protection

Example: Age 35, married, with two children and a mortgage.

Term Life:

$150,000 coverage to protect the family while children are young and mortgage is active. Affordable premium during your working years ensures significant coverage without straining the budget.

Permanent Life:

$50,000 stable permanent coverage ensures financial support for the family, even in retirement years.

Voluntary Term Life/AD&D

Eligibility:

- Full time employees working 20+ hours per week
- Spouse and Children up to age 26 who are not an employee of the district
- Must be actively at work on effective date of coverage
- Guaranteed Issue options for First time eligible employees and spouses
- Evidence of Insurability form (EOI) health questions, will be required if electing outside of new hire window
- Employees must elect coverage in order for dependents to elect coverage.
- **This benefit requires a beneficiary– please remember to elect and update beneficiaries as needed**

Your AD&D Benefit will match your Term Life Election

Voluntary Term Life and AD&D Rate	
Age	Rates per $1,000
18 - 29	$0.19
30 - 49	$0.29
50 - 100	$0.49

Dependent Child(ren) Rate	
$10,000	$1.70

Voluntary Term Life Insurance Amounts	
Employee	**In increments of $10,000 up to the lesser of 5X salary or $300,000**
Spouse	**In increments of $5,000 up to the lesser of 100% of employee's amount or $150,000**
Child(ren)	**$10,000**
Guarantee Issue—First Time Eligible	
Employee	**Lesser of $100,000 or up to 5X Salary $10K Increase on Pre Existing Policy**
Spouse	**New Hires - $30,000**
Child(ren)	**New Hires - $10,000**

Benefits Reduction:

- **Spouse rate is based on Employee's age**
- **Employee & Spouse benefits reduce by 35% when Employee turns 65**
- **Employee & Spouse benefits reduce by 50% when Employee turns 70**
- **Spouse benefits term when employee reaches age 85**

***Please note the Voluntary Term Life Contract has certain criteria determining the definition of a child.**

********IMPORTANT: IF YOU AND YOUR SPOUSE ARE BOTH EMPLOYED BY THE SAME EMPLOYER PLEASE NOTE EACH INDIVIDUAL IS ONLY ELIGIBLE FOR ONE POLICY. THEREFORE IF YOU AND YOUR SPOUSE EACH WANT COVERAGE YOU MUST BE COVERED UNDER YOUR OWN INDIVIDUAL POLICY AND NOT COVERED UNDER YOUR SPOUSES POLICY. IN THE EVENT THERE ARE TWO POLICIES, ONLY YOUR OWN INDIVIDUAL POLICY WOULD BE PAID.*****

Trustmark
benefits beyond benefits

Permanent Life

Eligibility:

- Full time employees working 20+ hours per week
- Spouse and Children (up to age 23) (Marital status does not affect child coverage)
- Must be actively at work on effective date of coverage
- Guaranteed Issue options for First time eligible employees and spouses
- Evidence of Insurability form (EOI)/health questions will be required if electing outside of new hire enrollment period

Trustmark Permanent Life Insurance	
Employee	**$5,000-$300,000**
Dependent Spouse	**$5,000-$300,000**
Dependent Child(ren)	**Based on weekly purchase amount and age**
Guarantee Issue (First Time Eligible)	
Employee	**Up to $100,000 under age 70**

Trustmark Universal LifeEvents® with Long-term Care benefits gives you more.

- Provides permanent life insurance with benefits that can help with the high cost of long-term care services.
- Provides benefits for up to 50 months of long-term care services. The full death benefit remains even if benefits for long-term care are paid.
- Guaranteed Issue for employees up to a certain benefit amount.[3]
- You can take your coverage with you and pay the same premium if you change jobs or retire.
- Coverage is available for your spouse and children.

IMPORTANT: IF YOU AND YOUR SPOUSE ARE BOTH EMPLOYED BY THE SAME EMPLOYER PLEASE NOTE EACH INDIVIDUAL IS ONLY ELIGIBLE FOR ONE POLICY. THEREFORE IF YOU AND YOUR SPOUSE EACH WANT COVERAGE YOU MUST BE COVERD UNDER YOUR OWN INDIVIDUAL POLICY AND NOT COVERED UNDER YOUR SPOUSES POLICY. IN THE EVENT THERE ARE TWO POLICIES, ONLY YOUR OWN INDIVIDUAL POLICY WOULD BE PAID.

ADDITIONALLY, IF TWO EMPLOYEES OF THE SAME EMPLOYER HAVE A CHILD(REN) IN COMMON, SAID CHILD(REN) CANNOT BE COVERED UNDER TWO SEPARATE POLICIES. IF THE CHILD(REN) HAVE TWO POLICIES, ONLY ONE CLAIM WOULD BE PAID.

There is the possibility that you could potentially outlive this coverage

Ameritas

Dental

Eligibility:

- Full time employees working 20+ hours per week, part-time working 49%
- Spouse and Children (up to age 26) (Marital status does not affect child coverage)
- Claims must be submitted within 90 days of service
- 2 cleanings per year
- Please find in-network providers in the Employee Navigator benefits portal

	High Plan (Comprehensive)	Low Plan (Preventative)
Preventive (Type 1)	100%	100%
Basic (Type 2)	80%	80%
Major (Type 3)	50%	50%
Deductible (Only Type 2 & 3)	$75/ per person per calendar year	$75/ per person per calendar year
Max (per person)	$2,000/ Calendar Year	$1,250/ Calendar Year
	Orthodontia	
Coinsurance	50% (Child(ren) under 19 Only Coverage)	50% (Child(ren) under 19 Only Coverage)
Lifetime Maximum (per person)	$1,500	$1,000

The above summary assumes in-network provider

Child-only Ortho to age 19: This option does not require the child to be banded by their 17th birthday, however, ***all benefits still end on their 19th birthday***. The payout is different with this option in that 25% of the total eligible benefit is paid up front. The remaining 75% will be paid on the usual schedule until their 19th birthday at which time benefits cease.

Confirm Provider

Confirm the dentist's network status every time you schedule an appointment, as participation can change as your dentist can change participation throughout the year.

Dental

Dental Plan Summary	High	Low
Type 1 prevantative	• Routine exam (2 per benefit year) • Bitewing x-ray (1 per benefit year) • Cleaning (2 per benefit year) • Fluoride for children under 17 (1 per benefit year) • Sealants 15 and under • Full Mouth/Panoramic X-rays (1 in 5 years)	• Routine exam (2 per benefit year) • Bitewing x-ray (1 per benefit year) • Cleaning (2 per benefit year) • Fluoride for children under 17 (1 per benefit year) • Sealants 15 and under • Full Mouth/Panoramic X-rays (1 in 5 years)
Type 2 Basic	• Periapical X-rays • Fillings for Cavities • Restorative Composites • Denture Repair • Simple Extractions • Anesthesia	• Periapical X-rays • Fillings for Cavities • Restorative Composites • Denture Repair • Simple Extractions • Anesthesia
Type 3 Major	• Onlays • Crowns (1 in 5 years per tooth) • Crown Repair • Endodontics (nonsurgical/surgical) • Periodontics (nonsurgical/surgical) • Prosthodontics (fixed bridge and removable complete/partial dentures, 1 in 5 years) • Complex Extractions	• Onlays • Crowns (1 in 5 years per tooth) • Crown Repair • Endodontics (nonsurgical/surgical) • Periodontics (nonsurgical/surgical) • Prosthodontics (fixed bridge and re-movable complete/partial dentures, 1 in 5 years) • Complex Extractions
Orthodontia Per Person	50% Child only with $1,500 Lifetime Maxi-mum	50% Child only with $1,000 Lifetime Maxi-mum

	High	Low
Employee	$48.07	$41.31
Emp + 1	$101.58	$86.50
Family	$148.20	$123.20

Ameritas

Dental

What steps do I need to take when I got to the dentist?

Verify Network Participation

- Contact your dental insurance provider to confirm your dentist is in-network.
- Visiting Ameritas.com online directory for the most up-to-date list of in-network providers.
- Confirm the dentist's network status every time you schedule an appointment, as your dentist can change participation throughout the year.
- ***Call the dental office directly and ask, "Are you in-network with [Ameritas]?***

Bring Your Insurance Information

- Always bring your current dental insurance ID card to your appointment. If you need a replacement call 1-229-896-3436.
- Verify that your insurance information is up-to-date with the dental office to avoid billing issues.

Know the Balance Billing Policy

- Understand that out-of-network providers can charge you the difference between their fees and what your insurance pays. This is known as balance billing.
- Staying in-network minimizes the risk of balance billing, as in-network providers agree to contracted rates.

Request a Pre-Treatment Estimate

- Ask the dental office to submit a pre-treatment estimate to your insurance company for all services.
- This will help you understand what your insurance will cover and your potential out-of-pocket costs.

Ask About Additional Fees

- Inquire if the dentist charges for services not covered by insurance, such as upgraded materials, infection control fees, or out-of-network lab work.
- Request an itemized estimate of all charges before proceeding with treatment.

Keep Records of All Communications

- Document the name of the person you spoke with, the date, and the information provided when verifying network status or coverage details.

Ameritas
fulfilling life

Vision

Eligibility:

- Full time employees working 20+ hours per week
- Spouse and Children (up to age 26) (Marital status does not affect child coverage)
- Claims must be submitted within 90 days of service
- Please find in-network providers in the Employee Navigator benefits portal

	VSP or EyeMed In-Network
Annual Eye Exam	Covered in full
	Lenses (per pair)
Single	Covered in full
Bifocal	Covered in full
Trifocal	Covered in full
Lenticular	VSP—Covered in full |EyeMed—20% discount
Frames	$150
	Contact Lenses *
Elective	Up to $150

*If you choose contact lenses, no benefits will be available for covered eyeglass lenses during that period.

Co-Payments

$10 for exams

$25 for Materials

Exams/Lens/Frames

Every 12/12/24 months

Rates		
	VSP	EyeMed
Employee	$7.64	$7.64
Employee + One	$13.96	$13.96
Family	$23.68	$23.68

Colonial Life

Accident

Eligibility:

- Full time employees working 20+ hours per week
- Spouse and Children (up to age 26) (Marital status **does** affect child coverage)
- Must be active at work on the effective date.
- No Health questions every year
- Portable at same price if you retire or leave.

Benefit Description	Benefit Amount
INJURIES	
Fractures	$200-$7,500
Dislocations	$200-$6,000
Second & Third Degree Burns	$1,000 | $2,000-$15,000
Concussions	$375
Cuts/Lacerations	$150-$600
Eye Injuries (Surgery)	$300
MEDICAL SERVICES AND TREATMENT	
Ambulance (Ground & Air)	$300 | $1,500
Emergency Room Admission	$150
Physician Follow-Up	$50
Therapy Services	$45 per day
Medical Testing Benefit (EKG, CAT, CT, etc.)	$200
Medical Devices	$100
Surgery	$225-$1,500
HOSPITAL COVERAGE (ACCIDENT)	
Admission	$1,000 Hospital | $1,750 ICU
Confinement	$250 per day Hospital|$400 per day ICU
Inpatient Rehab	$150 per day

$50 Wellness Benefit

Monthly Premiums	
Employee	$15.78
Employee + Spouse	$25.78
Employee + Child	$28.04
Family	$38.04

Example: Ashley's daughter, Brittany, plays soccer on the varsity high school team. During a recent game, she collided with an opposing player, was knocked unconscious and taken to the local emergency room by ambulance for treatment with a broken tooth and concussion.

Covered Event	Benefit Amount
Ambulance (Ground)	$300
Emergency Room	$150
Physician Follow-Up (2 x $50)	$100
Medical Testing	$200
Concussion	$375
Broken Tooth (Repaired by Crown)	$300
Total Benefits Paid by Colonial	$1,425

Colonial Life

Critical Illness/Cancer

Eligibility:

- Full time employees working 20+ hours per week
- Spouse and Children (up to age 26) (Children lose coverage once married)
- Issue Age Rates are locked in and will not increase.
- No Health questions every year, pre-existing conditions apply
- Portable at same rates

Critical Illness Condition	Amount Payable
Heart Attack	100%
Stroke	100%
Kidney Failure | Major Organ Failure	100%
Coma	100%
Permanent Paralyis due to an accident	100%
Blindness	100%
Occupational Infectious HIV or Hepatitis B,C, D	100%
Coronary Artery Bypass surgery/disease	25%
Diagnosis of Cancer (internal or invasive)	100% (of the face amount)
Skin Cancer	$400

Notes:

Critical Care provides cash benefits when you're diagnosed with a covered critical illness. These benefits are paid directly to you and help cover your medical out of pocket costs and the living expenses that can accompany a covered critical illness.

Guaranteed Issue!
12 Month Pre-existing condition

$50 Wellness Benefit

Issue Age	Named Insured	Named Insured and Spouse	Named Insured and Dependent Child(ren)	Named Insured, Spouse and Dependent Child(ren)
17-24	$7.00	$10.20	$7.00	$10.20
25-29	$8.60	$12.60	$8.60	$12.60
30-34	$10.10	$15.00	$10.10	$15.00
35-39	$13.90	$20.50	$13.90	$20.50
40-44	$17.50	$26.00	$17.50	$26.00
45-49	$23.40	$35.20	$23.40	$35.20
50-54	$29.30	$44.40	$29.30	$44.40
55-59	$37.50	$57.00	$37.50	$57.00
60-64	$49.90	$75.80	$49.90	$75.80
65-69	$60.50	$91.80	$60.50	$91.90
70-74	$60.50	$91.80	$60.50	$91.90

Colonial Life

Medical Bridge

Eligibility:

- Full time employees working 20+ hours per week
- Spouse and Children (up to age 26) (Children lose coverage once married)
- Must be actively at work on the effective date
- No Health questions every year, pre-existing conditions apply
- Portable at same price if you leave the district

Age	Low Plan Employee	Low Plan Employee & Spouse	Low Plan Single Parent Family	Low Plan Two-Parent Family	High Plan Employee	High Plan Employee & Spouse	High Plan Single Parent Family	High Plan Two-Parent Family
17-49	$16.95	$31.30	$23.70	$38.05	$30.60	$57.15	$50.05	$76.60
50-59	$22.00	$43.20	$28.75	$49.95	$40.45	$78.90	$59.90	$98.35
60-64	$29.55	$60.00	$36.30	$66.75	$51.80	$103.90	$71.25	$123.35
65-99	$44.65	$90.45	$51.40	$97.20	$72.55	$146.10	$92.00	$165.55

Category	Procedures
Breast	Biopsy (incisional, needle, stereotactic)
Cardiac	Angiogram; Arteriogram; Thallium stress test; Transesophageal echocardiogram (TEE)
Diagnostic radiology	Computerized tomography scan (CT scan); Electroencephalogram (EEG); Magnetic resonance imaging (MRI); Myelogram; Nuclear medicine test; Positron emission tomography scan (PET scan)
Digestive	Barium enema/lower GI series; Barium swallow/ upper GI series; Esophagogastroduodenoscopy (EGD)
Ear, nose, throat, mouth	Laryngoscopy
Gynecological	Amniocentesis; Cervical biopsy; Cone biopsy; Endometrial biopsy; Hysteroscopy; Loop electrosurgical excisional procedure (LEEP)
Liver	Biopsy
Lymphatic	Biopsy
Miscellaneous	Bone marrow aspiration/biopsy
Renal	Biopsy
Respiratory	Biopsy; Bronchoscopy; Pulmonary function test (PFT)
Skin	Biopsy; Excision of lesion
Thyroid	Biopsy
Urologic	Cystoscopy

High Plan:

Hospital Confinement—$1,000

Diagnostic Procedure- $250

Outpatient Surgical procedures:

$500/$1,000/$1,500

Low Plan:

Hospital Confinement—$1000

Colonial Life

Wellness Benefit

Eligibility:

- If you or a covered dependent complete one of the eligible screenings under the Colonial Life plans you can file a wellness claim.
- Once approved you will receive a $100 reimbursement.
- The wellness benefit can be filed annually as long as your plans are in force.

Available Wellness Incentives	
Critical Illness/Cancer	$100 per covered person per year
Hospital Indemnity	$100 per covered person per year
Accident	$100 per policy per year

Available Wellness Incentives	
• **Blood glucose**	• **Echo**
• **Bone marrow aspirate/biopsy**	• **Electrocardiogram (EKG/ECG**
• **BRCA 1**	• **Hemoccult stool analysis**
• **BRCA 2**	• **Immunizations (excludes flu and allergy shots**
• **Breast ultrasound**	• **Mammogram (breast)**
• **CA125 (ovarian cancer)**	• **Pap smear/thin prep pap (GYN)**
• **CA 15-3 (breast cancer)**	• **PSA (prostate)**
• **Cancer vaccine**	• **Serum protein (myeloma)**
• **Carotid Doppler**	• **Skin biopsy**
• **CEA (colon cancer)**	• **Sigmoidoscopy**
• **Cholesterol (HDL /LDL /lipids**	• **Stress test (bicycle/treadmill)**
• **Chest X-ray**	• **Thermography**
• **Colonoscopy**	• **Triglycerides**

Carrier Information

Plan	Carrier	Phone Number
Short-Term Disability	Mutual of Omaha	800-877-5176
Long-Term Disability	Mutual of Omaha	800-877-5176
Voluntary Term Life/ AD&D	Mutual of Omaha	800-877-5176
Permanent Life	Trustmark	877-918-8877
Dental	Ameritas	800-487-5553
Vision	Ameritas	800-487-5553
Accident	Colonial	800-325-4368
Critical Illness/Cancer	Colonial	800-325-4368
Medical Bridge	Colonial	800-325-4368

General Notices

General Notices

The Benefits Plan is offered by your employer. It is governed by the Internal Revenue Code, section 125, and rules issued by your employer. This section is intended to provide you with general notices and disclosures.

1. This benefits guide summarizes the benefits you can elect. A more detailed explanation of benefit provisions is provided in each benefit summary plan document. Every attempt has been made to ensure that the information in this booklet is accurate. Coverages are governed by legal documentation and insurance contracts. **In the event of conflict between this benefits guide and the official plan documents and/or contracts, the terms of the official plan documents and contracts shall prevail.**
2. 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 (HIPPA). A paper copy is also available, free of charge, by calling your employer or Your OneSource Solution at (229) 896-3436. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan.
3. 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 a qualifying life event.
4. 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, when it may become available to you and your family, and what you need to do to protect the right to receive it. A paper copy is also available, free of charge, by calling your employer or Your OneSource Solution at (229) 896-3436.
5. For dependent and/or spousal coverage, it is your responsibility to notify Your OneSource Solution if the person is ineligible or ceases to be eligible to participate in the Plan. There will be no refund of premiums paid into the Plan, when a timely notice is not made.
6. If you do not change the agreement, your benefit choices will rollover in the next Plan year or default to a specified coverage **except for the Flexible Spending Accounts.**
7. If you choose not to participate or choose not to continue coverages, your ability to enroll at a later date will be subject to contractual provisions, which may include medical proof of insurability or limited coverages.
8. If you failed to enroll in options requiring medical underwriting when first eligible and you choose new or increased levels of coverage, you must complete the medical underwriting process and be approved.
9. If on any policy a beneficiary is not named, the beneficiary will follow the order stated in the policy or the insurance carriers standard protocol.
10. If you have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices in your prescription drug plan.

Notes

Notes

YOUR
OneSource
SOLUTION

We are real people who offer real solutions to real problems.