



2016 Plan Year Benefits Annual Open Enrollment Guide

A SUMMARY OF YOUR EMPLOYEE BENEFITS FOR THE 2016 PLAN YEAR



Habersham County Schools



Table of Contents

P2	Important Open Enrollment Information
P2	2016 Benefit Products
P2	Enrollment Instructions
P3	Critical Illness Coverage (Including Cancer)
P3	Dental Reimbursement
P4	Disability Insurance
P4	Flexible Spending Account (FSA)
P5	Life & Accidental Death Insurance
P6	Vision Insurance
P6	Health Insurance



Go Online for More Information about Your New Benefit Choices

- Web address: www.MyHabershamBenefits.com See screen at right
- Click the Green Button, Step 1 “Benefit Information” first for access to the Habersham County Schools Employee Benefits Center. This website provides important benefit product information, plan documents, forms, contacts and more. Use the Home, MyHealth, MyLife, MySavings dropdowns at the top.
- Click the Red Button, Step 2 “State Health Enrollment” next. This will take you to the State Health website where you will make your health insurance choice.
- Click the Blue Button, Step 3 “Voluntary Enrollment” last. This will take you thru the enrollment process for all other benefit products. Please follow instructions

Habersham County Schools Employee Benefits

Step 1
BENEFIT
INFORMATION

Step 2
STATE HEALTH
ENROLLMENT

Step 3
VOLUNTARY
ENROLLMENT

VIDEO HELP

To Speak to a Habersham County Benefits Specialist
Call Toll-Free: 844.268.0646

Important Open Enrollment Information

- Annual Open Enrollment begins at 12:00 am on Monday, October 19th and ends at 11:59 pm on Friday, November 6th.
- Are You Required to Enroll for 2016? YES
 - **Voluntary Benefits:** You are required to complete an enrollment election for all voluntary benefits for 2016. Any coverage you have now will end on December 31, 2015. You must enroll in each new voluntary coverage for 2016.
 - **New For 2016 Plan Year:** Sign up for voluntary benefits of your choice without answering any health questions.
 - **Medical Benefits with State Health Benefit Plan:** We encourage all SHBP members to go on-line and complete an active election, however, if you take no action, you will remain in the same plan option previously selected for 2015.
- **New Enrollment Helpdesk:** Benefit Advisors will be available October 22, October 29 and November 5 from 8 am to 5 pm at the Technology Center located at Ninth Grade Academy, 171 Raider Circle, Mt. Airy, GA 30563. Stop by and let us help you.
- Reminder: The deadline for completing your 2016 benefit elections is Friday, November 6th at 11:59 pm EST.
- First benefit deductions are taken out of your paycheck on December 18, 2015.
- Your new benefit coverages are effective on January 1, 2016.

2016 Benefit Products

Critical Illness Insurance (Including Cancer)

Dental Reimbursement

Disability Insurance

Short Term

Long Term

Flexible Spending Accounts (FSAs)

Health Care

Dependent Care

Life & Accidental Death/Dismemberment Insurance

Basic Life (Premium paid by BOE)

Term Life

Whole Life

Vision Insurance

Health Insurance - State Health Benefit Plan options:

- BlueCross Blue Shield
 - Gold HRA, Silver HRA, Bronze HRA
 - HMO
- United Healthcare
 - HDHP with HSA
 - HMO

Enrollment Instructions

Voluntary: Log on to MyHabershamBenefits.com or call the Habersham County Schools Benefits Call Center toll free at 1-844-268-0646.

- **On-Line Enrollment:** MyHabershamBenefits.com
Click the Blue Button "Enroll Here" on the right side of the homepage to begin. Follow the instructions on the screen to create your Username and Password for the first time. You will then be asked to answer three security questions and create a new password. Continue to follow prompts to the welcome page and then to update personal information and dependents/beneficiaries. After completion, print a copy of the Consolidated Enrollment Form for your records.
- **Telephone Enrollment:** The Habersham County Schools Benefits Call Center is available Monday – Thursday from 8:30 am to 4:30 pm and Friday from 8:30 am to 4:00 pm. Speak with a trained Benefits Specialist who will answer your benefits questions and help you complete your enrollment.

Medical: Log on to www.mySHBPga.adp.com by the enrollment deadline and complete your State Health Benefit Plan (SHBP) elections. Remember to print and keep a copy of the Confirmation page when finished.



Critical Illness (Including Cancer)

Critical illness coverage provides a lump sum benefit upon diagnosis of cancer (internal or invasive), heart attack, stroke, major organ transplant, renal failure (requiring dialysis), carcinoma in situ (limited benefit) and coronary artery bypass surgery (limited benefit).



Coverage Options

This benefit provides financial protection should you have an unexpected serious illness. The plan pays directly to the employee over and above any other insurance coverage you may carry. It also provides an annual health screening benefit of \$50 per covered person.

- Employee: From \$5,000 to \$50,000 (\$10,000 Guaranteed Issue)
- Spouse: From \$5,000 to \$25,000 not to exceed 50% of the employee amount
- Children are covered to age 26 at 50% of the employee amount.

Monthly Payroll Deductions for Non-Tobacco

Ages	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.90	\$6.05	\$8.20	\$10.35	\$12.50	\$14.65	\$16.80	\$18.95	\$21.10	\$23.25
30-39	\$5.75	\$9.75	\$13.75	\$17.75	\$21.75	\$25.75	\$29.75	\$33.75	\$37.75	\$41.75
40-49	\$10.55	\$19.35	\$28.15	\$36.95	\$45.75	\$54.55	\$63.35	\$72.15	\$80.95	\$89.75
50-59	\$17.35	\$32.95	\$48.55	\$64.15	\$79.75	\$95.35	\$110.95	\$126.55	\$142.15	\$157.75
60-69	\$26.75	\$51.75	\$76.75	\$101.75	\$126.75	\$151.75	\$176.75	\$201.75	\$226.75	\$251.75

Dental Coverage

We are pleased to announce that Delta Dental will offer better coverage in both the Basic and Enhanced dental reimbursement plans for 2016. Adult and child orthodontics continue to be covered in the Enhanced Plan.

Basic Plan: 100% of the first \$150 of dental expenses. (Increased from \$100) After that, the plan will pay 50% of the next \$1,700 of eligible dental expenses to a maximum of \$1,000 per covered person per year.

Enhanced Plan: 100% of the first \$250 of dental expenses. (Increased from \$150) After that, the plan pays 50% of the next \$2,500 of any dental expenses to a maximum of \$1,500 per covered person per year.

Monthly Dental Payroll Deductions

Coverage Level	Basic Dental Plan	Enhanced Dental Plan
Employee	\$22.82	\$37.73
Employee + 1	\$45.66	\$75.45
Family	\$73.03	\$120.73





Disability Options

You may elect Short Term Disability and/or Long Term Disability or both.

Short Term Disability Summary of Benefits	
Benefit Percentage	60% of earnings
Waiting Period/Elimination Period	14 days
Weekly Benefit Maximum	\$1,250
Benefit Duration	Up to 11 weeks
Benefit Duration for Pregnancy	Up to 6 weeks including elimination period

Long Term Disability Summary of Benefits	
Benefit Percentage	60% of earnings
Waiting Period/Elimination Period	90 days
Monthly Benefit Maximum	\$8,000
Benefit Duration	To age 65 or Normal Retirement Age

Sample Short Term Disability Monthly Deductions					
Annual Income	Age 25	Age 35	Age 45	Age 55	Age 65
\$20,000	\$21.14	\$13.18	\$11.52	\$15.69	\$21.97
\$35,000	\$36.99	\$23.06	\$20.15	\$27.46	\$38.45
\$45,000	\$47.56	\$29.65	\$25.91	\$35.31	\$49.43
\$60,000	\$63.42	\$39.53	\$34.55	\$47.08	\$65.91

Sample Long Term Disability Monthly Deductions					
Annual Income	Age 25	Age 35	Age 45	Age 55	Age 65
\$20,000	\$1.33	\$2.67	\$5.48	\$9.35	\$11.90
\$35,000	\$2.33	\$4.67	\$9.60	\$16.36	\$20.83
\$45,000	\$3.00	\$6.00	\$12.34	\$21.04	\$26.78
\$60,000	\$4.00	\$8.00	\$16.45	\$28.05	\$35.70

Flexible Spending Account (FSA)



The FSA plan allows you to set aside a portion of your paycheck tax free into a special account that you can later use to pay for certain out-of-pocket health care or dependent care costs.

Health Care Option: funds you set aside can be used for copayments, deductibles, medical, vision, pharmacy and other health related expenses. The IRS has changed the rules for health care FSA plans and you can rollover up to \$500 of unused into the next plan year. Remember to keep all your receipts.

2016 Plan Maximum for Health Care FSA: \$2,550

Dependent Care Option: funds you set aside can be used to pay for eligible expenses related to care for your child, disabled spouse, elderly parent, or other dependent who is physically or mentally incapable of self-care.

2016 Plan Maximum for Dependent Care FSA: \$5,000

Debit Cards: If you sign up for an FSA for the first time, you will be issued a debit card to access the funds you set aside. If you already have an FSA with Habersham County Schools, you will use the same debit card you had in 2015. Debit cards are re-issued upon expiration only.

Basic Life/AD&D

The Habersham County School System Board of Education is proud to announce it will offer \$10,000 in life and accidental death and dismemberment coverage to every school system employee at no cost to the employee. Each employee must complete a beneficiary form during the Open Enrollment process for this coverage. This is an important new benefit because it helps provide financial protection for the loss of income a family may suffer as the result on an employee's untimely death. Coverage will end when an employees is no longer actively employed.



Term Life/AD&D

Group term life and accidental death and dismemberment insurance coverage is available for employees, spouses and children with no medical questions. Employee and spouse insurance is age banded. This term insurance can be ported or converted by the employee upon leaving Habersham County Schools.

Employee: \$10,000 increments to a maximum of the lesser of \$500,000 or 5X earnings

Note: \$200,000 in coverage is guaranteed for employee with no health questions..

Spouse: \$5,000 increments to a maximum of the lesser of \$100,000 of the employee's amount

Note: \$50,000 in coverage is guaranteed for spouse with no health questions.

Child: \$10,000 guaranteed issue



Sample Employee and Spouse Life Insurance Monthly Deductions					
Benefit Amount	Age 25	Age 35	Age 45	Age 55	Age 65
\$20,000	\$1.10	\$1.82	\$3.98	\$8.50	\$23.12
\$50,000	\$2.75	\$4.55	\$9.95	\$21.25	\$57.80
\$100,000	\$5.50	\$9.10	\$19.90	\$42.50	\$115.60

Permanent, Whole Life Insurance

The Habersham County School System Board of Education is proud to announce it will offer a new Permanent, Whole Life Insurance plan option to employees, spouses, children and legally dependent grandchildren. This new plan allows for level rates through the employees' lives, while also building cash value inside the policy. It is a more permanent solution to financial obligations versus the more temporary group term insurance we also offer (see above).

Employee Coverage Options: \$15,000, \$30,000, \$40,000 or \$50,000 (GI).

Spouse Coverage Options: \$10,000 or \$15,000

Child Coverage Options: \$10,000 or \$15,000





Vision Coverage



The current EyeMed vision plan options will be offered again in 2016. The EyeMed vision plan allows participants to have an exam once a year (every 12 calendar months) get lenses (contacts or eyeglass lenses) once a year (every 12 calendar months) and frames every two years (Basic) or every year (Enhanced). Rates are guaranteed for 4 years.

Monthly Vision Payroll Deductions		
Coverage Level	Basic Vision Plan	Enhanced Vision Plan
Employee	\$5.59	\$7.86
Employee + 1	\$10.66	\$14.69
Family	\$15.75	\$21.58

Visit www.eyemedvisioncare.com, choose the “Select” network, and follow the search instructions to locate providers.

State Health Benefit Plan



Visit the website: <https://dch.georgia.gov/state-health-benefit-plan-shbp>

2016 Decision Guides

2016 Rates

2016 Educational Podcasts

2016 Member Presentation Videos

Enroll at www.mySHBPga.adp.com

Remember to print and keep a copy of the Confirmation page when finished.

IMPORTANT REMINDER!

Please Remember Enrollment is Mandatory This Year.

You must complete the enrollment process in order to have voluntary benefits in 2016.

Need additional information about your benefits?

- Access the MyHabershamBenefits.com website or call the Habersham County Schools Benefits Call Center toll free at 1-844-268-0646.

Ready?

- Remember, the enrolment deadline is Friday, November 6th at 11:59 pm EST.
- All voluntary benefit options and premiums are explained on MyHabershamBenefits.com or your Benefits Specialist can review your options by phone.
- Reminder, please review all your Voluntary and Medical benefits and keep a copy of your confirmation sheets for your records.

To Our Employees...

- Thank you for your service to the children of Habersham County School System.
- You are appreciated.



