

2025

Middle GA RESA Benefits Guide





IMPORTANT REMINDERS - TAKE ACTION

- Eligibility for benefits enrollment must take place within 30 days of your hire date.
- Remember: Please review and/or update beneficiaries annually for all benefits including, Basic Life, Voluntary Term Life & AD&D and Permanent Life policies.
- Important: Review and Understand Guaranteed Issue Options (New Hires).
- Life Events - You are required to submit any life event changes for you and eligible dependents within 30 days of an event.
- This Guide - This guide is presented for illustrative purposes only and is not intended to offer insurance advice. It is important you review each benefit's summary plan description (SPD) and other carrier materials before making any selections.

There are two separate benefit enrollments:

1. Campus Benefits Voluntary Benefits

2. State Health Benefit Plan Medical Insurance

**Benefits enrollment must take place within 30 days of hire date*

1

How to Enroll in Campus Benefits Voluntary Benefits

1. Visit <https://www.middlegabenefits.com/>
2. Select the "Enroll" tab or the "Campus Connect" tab
3. Follow the on-screen instructions OR
4. **Contact Campus Benefits at 866.433.7661, opt 5**
 - All Benefits (Except FSA) Plan year is 1/1-12/31
 - **Annual open enrollment occurs in the Fall (October)**
 - FSA Plan Year is 7/1 - 6/30
 - **Annual open enrollment occurs in the Spring**

2

How to Enroll in your State Health Benefit Medical Plan

1. Visit <https://www.middlegabenefits.com/>
2. Select the "State Health" tab
3. Select "SHBP Enrollment Link" (Refer to the SHBP section of this guide for additional details) OR
4. **Contact SHBP at 800.610.1863**
 - Plan year is 1/1 - 12/31
 - **Annual open enrollment occurs in the Fall (October/November)**

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Need Help? Start Here:
mybenefits@campusbenefits.com
 866.433.7661 opt 5

MIDDLE GA RESA CONTACTS

Melissa Smith
 Benefits/Payroll Contact
 478.988.7175
msmith@mgresa.us

Christina Pearson
 New Hire Contact
 478.988.7163
cpearson@mgresa.us

Eligibility

- Generally, full-time employees working 20 or more hours per week are eligible to enroll in the various benefits described throughout the guide (Certain rules may apply per benefit).
- Specific plan eligibility is listed on the top of each page. Specific employee and dependent eligibility rules are governed by each plan’s policy document/certificate, which is available on your employee benefits website, or by contacting Campus Benefits.

Enrollment

- New Hire: Enroll within 30 days of your date of hire.

When do Benefits Begin?

- The effective date of coverage for benefits depends on your hire date. Typically, benefits will begin the first of the month following 30 days of employment.
- Employees must be actively at work on the effective date of coverage.

When do Benefits End?

- Coverages as an active employee end the month after your last payroll deduction month. For example, if your last payroll deductions are in March, benefits will end on April 30th. FSA ends at the end of your last month of payroll deduction.
- Please note: Your benefits end date will vary for employees leaving at the end of a contract year. Contact Campus Benefits for benefit portability questions.

How to Make Changes?

- Once you make your benefit elections as a new hire or during Open Enrollment, you cannot make changes to those elections until the next Open Enrollment period.
- The only exception is a qualifying life event which allows you to make eligible changes to your benefit elections during the plan year.
- To submit a qualifying life event, please email mybenefits@campusbenefits.com or call 866.433.7661, opt 5.

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BENEFITS PORTAL

<https://www.middlegabenefits.com/>



Home

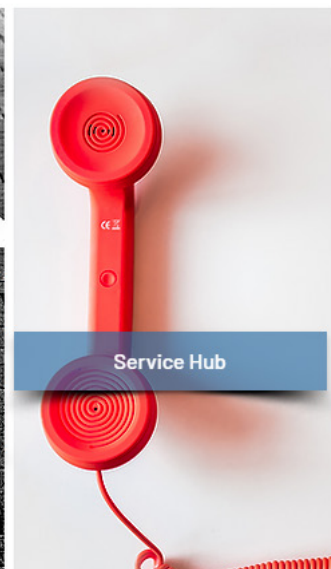
Benefits

Enroll

Contact Campus

Qualifying Life Events

Welcome to the Middle Georgia RESA
BENEFITS PORTAL



What can you find on the Benefits Portal?

- Plan Highlight Sheets
- Policy Documents and Certificates
- Claim Forms
- Links to Carrier Websites

What can the Service Hub assist you with?

- Claims
- Card Requests
- Benefit Questions
- Qualified Life Events

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CAMPUS BENEFITS ENROLLMENT INSTRUCTIONS

Company Identifier: MGA18

[Website: MiddleGaBenefits.com](http://MiddleGaBenefits.com)

1 Visit MiddleGaBenefits.com

2 Select “Campus Connect” to log in

3 Existing User Login

1. Enter your username
2. Enter your password
3. Click “LOGIN”
4. Click on the “Start Benefits” button and begin the enrollment process

Frequently Asked Questions

What is my username?

- Work email address OR
- Email address you provided to HR when hired OR
- Email address you used to previously change your username

What is my password?

To create or reset a forgotten password follow the steps on the login page using tips below.

- Password must be at least 6 characters
- It must contain a symbol and a number
- Using uppercase, numbers and symbols greatly improves security

New User Registration

1. On Login page click on “Register as a new user” and enter information below
 - First Name
 - Last Name
 - Company Identifier: **MGA18**
 - PIN: Last 4 Digits of SSN
 - Birthdate
2. Click “Next”
3. Username: Work email address or one you have provided to HR when you were hired
4. Password: Must be at least 6 characters and contain a symbol and a number
5. Click on “Register”
6. On the next page, it will show your selected Username. Click on “Login”
7. Enter Username and Password
8. Click “Start Benefits” to begin the enrollment

Need Help? Start Here:
mybenefits@campusbenefits.com
866.433.7661 opt 5

Login Information

Username: _____

Password: _____

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SERVICE HUB/ SUPPORT CENTER

Campus Benefits is your dedicated advocate for all your voluntary benefits.

When to contact the Campus Benefits Service Hub?

- Portability/Conversion
- Benefits Education
- Evidence of Insurability
- Qualified Life Event Changes
- Claims
- Card Requests
- Benefit Questions
- COBRA Information

How to File a Claim ?

1. Contact Campus Benefits via Phone or Email
2. Work with Campus Benefits' claims specialist to complete the necessary paperwork
 - Employee Portion
 - Physician Portion
 - Employer Portion
3. Submit the Necessary Paperwork to Campus Benefits via the secure upload
 - Secure upload located at <https://www.middlegabenefits.com/contact-campus>

The Campus Benefits team understands the claims process and leverages the necessary carrier relationships to expedite the paperwork efficiently to ensure claims are not delayed due to improper paperwork completion.

Frequently Asked Questions (FAQs):

Q: When must a qualifying life event change be made?

A: Please notify Campus Benefits within 30 days of the life event date. All SHBP life events must be made directly through the SHBP website.

Q: Am I required to contact Campus Benefits to file a claim?

A: No. However, in our experience the number one reason for claim denial or delay is due to incomplete or inaccurate paperwork. By working with Campus Benefits' claim specialist, we can advocate on your behalf.

Q: How can I access my dental card or vision card quickly?

A: Your group dental and vision plan information is available at: [MiddleGaBenefits.com](https://www.middlegabenefits.com)



Phone: 866.433.7661, Opt 5
Email: mybenefits@campusbenefits.com
Website: [MiddleGaBenefits.com](https://www.middlegabenefits.com)

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GLOSSARY OF TERMS

Definitions Disclaimer: The definitions below are for illustrative purposes only. Actual plan definitions are governed exclusively by the provider contract and associated Summary Plan Description (SPD).

Please visit www.middlegabenefits.com/ for each plans policy document/certificates and actual benefit definitions.

Age Reduction – A reduction of the face amount of your group insurance policy when you reach a certain age.

Beneficiary - A life insurance beneficiary is the person or entity that will receive the money from your policy's death benefit when you pass away. When you purchase a life insurance policy, you choose the beneficiary of the policy. Please update your beneficiaries as needed for your Basic Life, Voluntary Term Life Insurance, and/or Permanent Life Insurance.

Conversion - The option on your term life policies to convert your term life insurance policy into a permanent life insurance policy. Please refer to the plan certificate for detail on converting your term life coverage. Note: converting your term life policy will change the rate.

Dependents – The definition of eligible dependents vary by insurance carrier. Eligible dependents may include your spouse and taxable dependent children who are under the age of 26. Child marital status will impact benefit eligibility. Please refer to each plans policy document for verification of dependent eligibility.

Elimination Period - Elimination period is a term used to refer to the time period between an injury and the receipt of benefit payments. In other words, it is the length of time between the beginning of an injury or illness and receiving benefit payments from an insurer.

Flexible Spending Accounts - An employee benefit which allows you to set aside money from your paycheck, pre-tax, to pay for healthcare and dependent care expenses. There are two types of flexible spending accounts: A Health Care FSA can cover medical, dental or vision expenses that you would otherwise pay for out of pocket. A Dependent Care FSA, also known as a Dependent Care Assistance Program (DCAP), covers employment-related expenses for child care. Please review the FSA pages for additional details.

Guaranteed Issue - A plan's guaranteed issue (GI) is the amount of life insurance available to an employee without having to provide Evidence of Insurability, or EOI/ no health questions. This is particularly helpful if you have health issues which may make you otherwise uninsurable. Many of the benefits offered have GI amounts for new hires. Please review these within your new hire window.

Portability – The portability provision allows you to take coverage with you when you leave your place of employment. The portability rate will differ from current plan rates and are determined by the plan carrier at the time of portability. Portability must be completed with a specific time frame. Please refer to the plans policy certificate for details on portability.

Pre-existing Condition - An illness or injury experienced before enrollment in a insurance plan may be considered a pre-existing condition. Pre-existing conditions can include health issues such as cancer, diabetes, lupus, depression, acne, pregnancy, or just about any other health condition you can imagine. Refer to each plans document for pre-existing condition limitations.

Qualifying Life Event Change - A change in your situation — like getting married, having a baby, or losing benefit coverage — that can make you eligible for a Special Enrollment Period, allowing you to enroll in insurance outside the yearly Open Enrollment Period.

SHBP - The State Health Benefit Plan (SHBP) is a division of the Georgia Department of Community Health (DCH). It serves as the state's administrator of health insurance coverage for state employees, teachers, public school employees, retirees, and former employees, and covered dependents.

Term Insurance VS. Permanent Life Insurance -There are two basic life insurance options offer through your employer: term and permanent. The term life offered is a group policy which allows you to get more benefit for less premium. Permanent lasts your entire lifetime. Term Life and Permanent Life work best when used in conjunction with one another. Term Life can protect your family in your younger working years and Permanent Life can protect your family in your retirement years. Please review the Life Insurance 101 pages for more details.

Voluntary Benefits - Products offered by your employer but paid by employees via payroll deductions. The voluntary benefits within this guide are life insurance, disability insurance, vision insurance, dental insurance, critical illness insurance, accident insurance, telemedicine insurance, and legal insurance.

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EMPLOYEE ASSISTANCE PROGRAM



What is an EAP? A program offered to all Middle Georgia RESA employees to provide guidance with personal issues, planning for life events or simply managing daily life which can affect your work, health and family.

Eligibility: Eligible Middle GA RESA employees

- Coverage through OneAmerica at no cost to employee
- Provides support, resources, and information for personal and work-life challenges
- CALL 1.855.387.9727 or visit [Guidanceresources.com](https://www.guidanceresources.com), Web ID: ONEAMERICA3

Confidential Counseling

- Helps employees address stress, relationship and other personal issues for you and your family
- Sessions with highly trained master's and doctoral level clinicians
- **Receive 3 Sessions per issue per year (includes dependents) for:**
 - Stress anxiety and depression
 - Relationship/marital conflicts
 - Problems with children
 - Job pressures
 - Grief and loss
 - Substance abuse

Financial Information and Resources

- Speak by phone with a Certified Public Accountants and Certified Financial Planners on a wide range of financial issues, including:
 - Getting out of debt
 - Credit card or loan problems
 - Tax questions
 - Retirement planning
 - Estate planning
 - Saving for college

Work-Life Solutions

- Work-Life Specialists will do the research for you, providing qualified referrals and customized resources for:
 - Child and elder care
 - Moving and relocation
 - Making major purchases
 - College planning
 - Pet care
 - Home repair

GuidanceResources Online

- One stop for expert information on relationships, work, school, children, wellness, financial, and more
- Timely articles, HelpSheets, tutorials, streaming videos and self-assessments
- "Ask the Expert" personal responses to your questions
- Child care, elder care, attorney and financial planner searches

Free Online Will Preparation

- EstateGuidance lets you quickly and easily write a will on your computer
- Go to [GuidanceResources.com](https://www.guidanceresources.com) and click on EstateGuidance link
- Follow the prompts to create and download your will at no COST
 - Name an executor to manage your estate
 - Choose a guardian for your children
 - Specify your wishes for your property
 - Provide funeral and burial instructions

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SHORT-TERM DISABILITY (INCOME PROTECTION PLAN)



What is Short-Term Disability Insurance? A type of coverage that replaces a portion of your income, for a short period of time, if injury or illness prevents you from working. It provides financial security for you and any loved ones who may depend on your ability to earn a paycheck. You may also hear disability insurance referred to as disability income insurance or income protection.

Eligibility: Eligible full-time employees, regardless of position, working 32 hours or more per week (Part-time and 49% employees are not eligible to enroll)

- Coverage through One America
- Employee must be actively at work on the effective date
- **Annual Open Enrollments with no health questions; pre-existing condition limitation will apply to new enrollees**
- **Employees can choose to start/stop their sick leave to get through the elimination period. This decision must be made at the beginning of leave.**

Review the Service Hub Page for important claims information

Short-Term Disability Quick Summary

Elimination Period	Benefits begin either on the 15th or 31st day of an injury or illness
Benefit Duration	Covers accidents and sicknesses up to either 11 or 9 weeks
Benefit Percentage (weekly)	60% of your gross weekly salary
Maximum Benefit Amount Weekly	\$1,000
Pre-Existing Condition	3/12 Any illness or injury for which you received treatment the 3 months prior to your effective date will not be covered for the first 12 months (applies to new enrollees only)



Rate Calculator:

Short-Term Disability
Divide Annual Salary by 52
Multiple by Benefit Percentage (60%)
Divide by 10 and Multiply by Rate (Based on Age)
*Enrollment system will calculate based on payroll information provided by employer

Short-Term Disability Monthly Rates

Age Category	Option 1 (14 day)	Option 2 (30 day)
<19 - 24	\$.84	\$.45
25-29	\$.96	\$.51
30-34	\$.84	\$.46
35-39	\$.55	\$.32
40-44	\$.39	\$.24
45-49	\$.36	\$.23
50-54	\$.42	\$.26
55-59	\$.52	\$.32
60-64	\$.60	\$.37
65-69	\$.66	\$.41
70+	\$.70	\$.43

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LONG - TERM DISABILITY (INCOME PROTECTION PLAN)



What is Long-Term Disability Insurance? A type of coverage that replaces a portion of your income if injury or illness prevents you from working for a longer period of time. It provides financial security for you and any loved ones who may depend on your ability to earn a paycheck. You may also hear disability insurance referred to as disability income insurance or income protection.

Eligibility: Eligible full-time employees, regardless of position, working 32 hours or more per week (Part-time and 49% employees are not eligible to enroll)

- Coverage through One America
- Employee must be actively at work on the effective date
- **Annual Open Enrollments with no health questions; pre-existing condition limitation will apply to new enrollees**
- **Employees can choose to start/stop their sick leave to get through the elimination period. This decision must be made at the beginning of leave.**



Long-Term Disability Quick Summary	
Elimination Period	Benefits begin on the 91st day of an injury or illness
Benefit Duration	Covers accidents and sicknesses up to normal age of retirement (Please note exclusions or limitations may apply, see plan certificate for details)
Benefit Percentage (monthly)	60% of your gross monthly salary
Maximum Benefit Amount Monthly	\$6,000
Pre-Existing Condition	3/12 Any illness or injury for which you received treatment the 3 months prior to your effective date will not be covered for the first 12 months (applies to new enrollees only)

Long-Term Disability Monthly Rates			
Age Category	Option 1 (90 day)	Age Category	Option 1 (90 day)
<19	\$.076	45-49	\$.587
20-24	\$.117	50-54	\$.759
25-29	\$.138	55-59	\$.925
30-34	\$.235	60-64	\$.814
35-39	\$.317	65-69	\$.407
40-44	\$.455	70+	\$.283

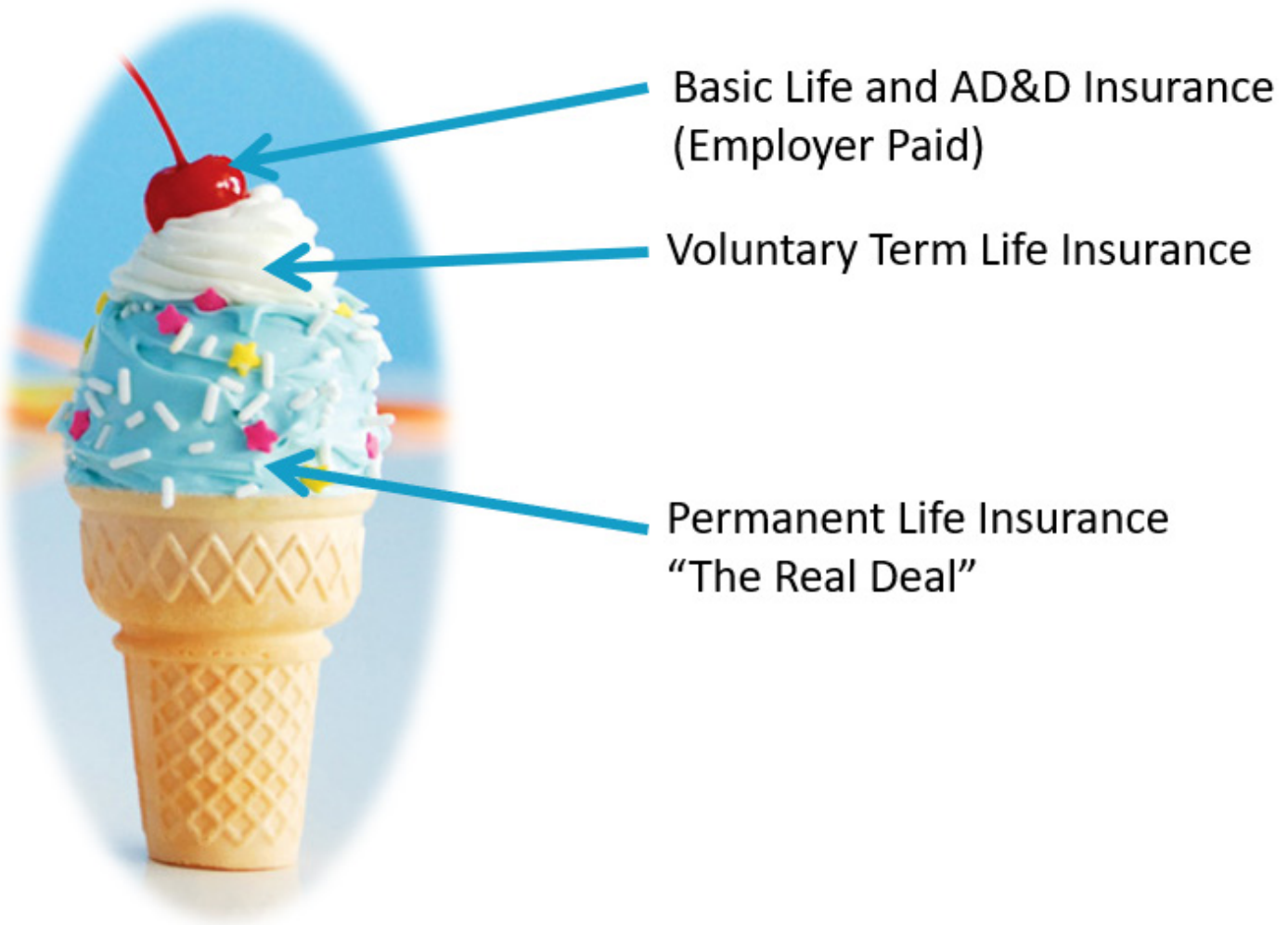
Rate Calculator:
Long-Term Disability
Divide Annual Salary by 12
Divide by 100
Multiply by Rate (Based on Age)
*Enrollment system will calculate based on payroll information provided by employer

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LIFE INSURANCE

The need for life insurance depends on each individual life situation. If loved ones are financially dependent on you, then buying life insurance coverage can absolutely be worth it. Even if you don't have financial dependents yet, life insurance can be a valuable solution for making death easier on a family (at least financially.) There are two voluntary life insurance options offered through your employer: Term Life Insurance and Permanent Life Insurance. Below is an overview of differences.

Term Life and Permanent Life work best used in conjunction with one another. Term Life can protect your family in your younger working years and Permanent Life can protect your family in your retirement years.

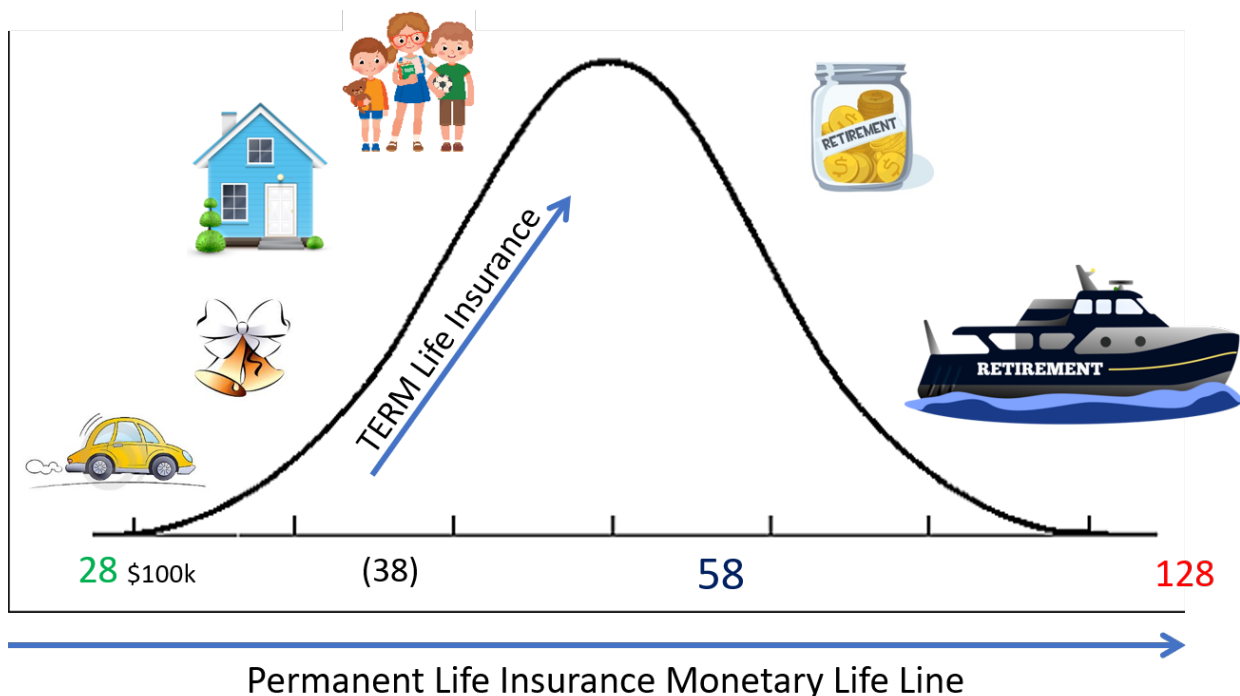


RANCE 101

TERM LIFE INSURANCE

Term Life insurance is illustrated on the bell curve below. The term life offered is a group policy which allows you to get more benefit for less premium.

- Term life insurance is for the unexpected death
- Includes an Accidental Death & Dismemberment Benefit
- Term life insurance is flexible and allows changes to your benefit amount each year depending on life changes. For example, as you get married and have children the need for term insurance often increases. As you near retirement, the need for term life insurance often decreases.
- Coverage is portable at retirement or if you leave the employer (**premium will increase when ported**)
- Premiums are based on age and increase as you get older



PERMANENT LIFE INSURANCE

- Permanent Life Insurance is illustrated above along the bottom of the graph with a straight blue arrow.
- Permanent life insurance offers a stable premium along the lifetime of the policy
- Permanent life offers a level premium and is meant to take into retirement
- Permanent life is an issue age policy is based on the age when the policy is issued
- This is an individual plan you can take with you regardless of where you work

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BASIC LIFE AND AD&D INSURANCE



What is Basic Life Insurance? A financial and family protection plan paid for by Middle Georgia RESA which provides a lump-sum payment, known as a death benefit, to a beneficiary upon the death of the insured.

What is Accidental Death & Dismemberment Insurance? AD&D coverage is included as part of life insurance benefits and will pay out a lump-sum death benefit if the insured dies accidentally or passes away later as the direct result of the accident. The dismemberment benefit provides an additional lump sum payment if an insured becomes dismembered in an accident.

Eligibility: Eligible full-time employees working 20 or more hours per week

- Coverage through OneAmerica
- Must be actively at work on the effective date
- No cost to employee. Premiums paid for by Middle GA RESA
- **It is important to review your beneficiaries every year!**
- Upon termination or retirement, continuation of coverage may apply

Basic Life and AD&D Quick Summary	
49% Employees	\$10,000
Full-Time Employees	\$20,000
AD&D coverage is included and matches the Life Amount	
Age Reduction	None
Additional Plan Features	Accelerated Death Benefit up to 75%

Coverage is provided at no cost to you, courtesy of Middle Georgia RESA.



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VOLUNTARY TERM LIFE & AD&D INSURANCE



What is Voluntary Term Life Insurance? A financial protection plan which provides a cash benefit to the beneficiary upon death of the insured. Proceeds can be used to replace lost potential income during working years and help ensure your family's financial goals will be met; goals like paying off a mortgage, keeping a business running, and paying for college. AD&D coverage is included as part of life insurance benefits and will pay out a lump-sum death benefit if the insured dies accidentally or passes away later as the direct result of the accident. The dismemberment benefit provides an additional lump sum payment if an insured becomes dismembered in an accident.

Eligibility: Eligible full-time employees working 20 or more hours per week, spouse & unmarried children up to age 26

- Coverage through OneAmerica
- Employee must elect coverage in order to cover spouse and/or children
- If electing for the first time outside of the initial open enrollment period, health questions will be required
- It is important to review your beneficiaries every year!

Voluntary Term Life Quick Summary	
LIFE AMOUNT	
Employee	Up to \$500,000 (not to exceed 5 times annual salary), in increments of \$1,000 (minimum amount of \$10,000)
Spouse	Up to \$100,000 (not to exceed 100% of the employee amount), in increments of \$500 (minimum amount of \$5,000)
Child(ren)	\$2,500, \$5,000, \$7,500, \$10,000
Child < 6 months	\$1,000
AD&D AMOUNT	
AD&D Matches Life Amounts for Employee, Spouse, and Child	
GUARANTEED ISSUE (INITIAL ENROLLMENT, FIRST TIME ELIGIBLE)	
Employee	\$200,000
Spouse	\$50,000
Child(ren)	\$10,000
GUARANTEED INCREASE IN BENEFIT	If currently enrolled, employee and spouse can increase coverage up to the guaranteed issue amount with no health questions during annual open enrollment
Age Reduction	None
Additional Plan Features:	
Portability (Prior to age 70) and Conversion Privilege (Rates will increase when employment ends)	
Accelerated Life Benefit, Waiver of Premium (terms at 65)	

Employee and Spouse Rates	
Age	Life and AD&D per \$10,000
0-29	\$0.58
30-34	\$0.76
35-39	\$1.10
40-44	\$1.50
45-49	\$2.13
50-54	\$3.13
55-59	\$4.98
60-64	\$6.44
65-69	\$10.38
70+	\$16.55
Spouse rates are calculated based on the employee's age	

Child(ren) Life and AD&D Rates	
\$2,500	\$0.7275
\$5,000	\$1.455
\$7,500	\$2.1825
\$10,000	\$2.91

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PERMANENT LIFE INSURANCE



What is Permanent Life Insurance? Coverage that provides lifelong protection, and the ability to maintain a level premium.

Eligibility: Eligible full-time employees working 20 or more hours per week, spouse & children up to age 26

- Coverage through Colonial Life
- Must be actively at work on the effective date
- Underwriting may be required. Coverage is not guaranteed
- Permanent life offers the flexibility to meet a variety of personal needs while allowing employees the choice of benefit and premium amounts which fit their paycheck and lifestyle
- Keep your coverage, at the same cost, even if you retire or change employers

Permanent Life Quick Summary	
PLAN MAXIMUMS	
Employee (Ages 15 - 79)	Up to \$500,000
Spouse (Ages 15 - 79)	Up to \$50,000
Child (0 - 17) Juvenile Policy Child (18-26 if a full-time student) Adult Policy	Up to \$25,000
GUARANTEED ISSUE (FIRST TIME ELIGIBLE/NEW HIRE)	
Employee	Ages 18-50: Up to \$30,000 Ages 51-79: Up to \$15,000
Spouse & Child Simplified Issue Amounts (One Health Question) may be available. Contact Campus Benefits for Additional Questions.	
ADDITIONAL FEATURES	
<p style="text-align: center;"><i>Options for Paid up to age 70 or age 100 Terminal Illness accelerated death benefit for up to 75% (Up to \$150,000)</i></p>	

Plan Rates

Cost of coverage is based on the level of benefit you choose and your age.
Please consult with a Campus Benefits Counselor or log into the enrollment system for rate details.

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VISION INSURANCE



What is Vision insurance? A health and wellness plan designed to reduce your costs for routine preventive eye care including eye exams and prescription eyewear (eyeglasses and contact lenses).

Eligibility: Eligibility full-time employees working 20 or more hours per week, spouse & children up to age 26

- Coverage through MetLife
- Claims must be submitted within 90 days of service
- Provider Network: <https://www.metlife.com/insurance/vision-insurance/#find-a-provider>
- **Network: VSP Choice**
- *The chart below is a sample of covered services. Please see Plan Certificate for a detailed listing of services in their entirety.*

In-Network Quick Summary	High Plan	Low Plan
Exam (with dilation as necessary)	\$10 Copay	
Contact Lens Fit and Evaluation (Standard/Premium)	Up to \$60 Copay	
Lasik or PRK	15% off retail or 5% off promotional	
Frames (See plan certificate for featured frames allowance)	\$200 allowance plus 20% off balance \$220 allowance on featured frames (\$110 allowance at Costco, Walmart, Sams)	\$150 allowance plus 20% off balance \$170 allowance on featured frames (\$85 allowance at Costco, Walmart, Sams)
Lenses		
Single Vision, Lined Bifocal & Trifocal, Lenticular	\$10 Copay	
Progressive Lenses (Standard)	Up to \$55 Copay	
Progressive (Premium / Custom)	Premium: Up to \$105 Copay / Custom: Up to \$175 Copay	
Additional Lens Options		
Standard UV Treatment	Cover in Full	
Standard Scratch Resistant	Up to \$17 - \$33 Copay	
Standard Polycarbonate	Children (<age 18): Covered in Full / Adults: Up to \$35 Copay	
Standard Anti-Reflective Coating	Up to \$41 - \$85 Copay	
Photochromic (varies by type)	Up to \$47 - \$82 Copay	
Contact Lenses		
Elective Contacts	\$200 Allowance	\$150 Allowance
Medically Necessary	Covered in Full after eyewear Copay	
Frequencies		
Exams, Lenses, Contact Lenses and Frames	Every 12 months	Exams, Lenses, Contacts: Every 12 months Frames: Every 24 months
2nd Pair Benefit (Allowance must be purchased on two separate invoices)	Each covered person can get: <ul style="list-style-type: none"> • 2 pairs of prescription eyeglasses OR • 1 pair of prescription eyeglasses & an allowance toward contacts OR • Double the contact lens allowance 	2nd Pair Benefit - N/A

Rates	High Plan	Low Plan
Employee	\$9.48	\$6.02
Employee + Spouse	\$18.01	\$11.45
Employee + Child	\$18.96	\$12.06
Family	\$27.88	\$17.72

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DENTAL INSURANCE



What is Dental Insurance? A health and wellness plan designed to pay a portion of dental costs associated with preventive, basic, and some major dental care, as well as orthodontia.

Eligibility: Eligible full-time employees working 20 or more hours per week, spouse & dependent children up to age 26 *Orthodontia - child only (up to age 19)

- Coverage through Guardian
- Claims must be submitted within 90 days of service
- In-Network Provider Directory: <https://www.guardianlife.com/find-a-provider>
- **Network: DentalGuard Preferred**
- Orthodontics available for Children Only < 19 years old (subject to takeover provision)
- Cleanings available 2 per calendar year and do not need to be separated by 6 months
- No waiting periods
- *The chart below is a sample of covered services. Please see Plan Certificate for a detailed listing of services in their entirety.*

Coinsurance Quick Summary	
Preventive (Type 1)	100%
Basic (Type 2)	80%
Major (Type 3)	50%
Deductible	\$25 per Individual (up to 3 per family, waived for preventive)
Max (per person)	\$1,000 per Calendar Year
Out of Network Allowance	
Preventive (Type 1), Basic (Type 2), Major (Type 3)	90th U&C
Orthodontia	
Coinsurance	50% (Children up to age 19)
Lifetime Max (per child < 19)	\$1,000
Additional Benefits	
Early Smiles Program	
100% coverage for children up to age 12 for Preventive, Basic, & Major Services (does not include orthodontia)	

Rates	
Employee	\$40.35
Employee + Spouse	\$75.52
Employee + Child	\$92.55
Family	\$142.38

Employee Name	Employee ID
Middle Georgia RESA	00070756
Group Name	Policy Number

This card is not a guarantee of coverage or eligibility.
Access specific plan information at [guardianlife.com/](https://www.guardianlife.com/).
1.888.600.1600

Preventative Plus Advantage

Members have an unlimited preventive care maximum (frequency/age limitations still apply). Members obtain preventive care, including exams, cleanings, x-rays and fluoride treatments, without having the benefit deducted from their annual maximum. The entire annual maximum amount is preserved for basic and major services. Preventive care will continue to be covered even after the annual maximum is met. Preventive Advantage promotes preventive care to help keep members healthy and productive while extending the value of their annual maximum.

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DENTAL INSURANCE



Sample Procedure Listing Quick Summary			
	Preventive (Type 1)	Basic (Type 2)	Major (Type 3)
Plan <ul style="list-style-type: none"> • 100/80/50 • \$25/ Calendar Year Type 1,2,3 (up to 3 per family) • Maximum \$1,000 	<ul style="list-style-type: none"> • Routine Exam (2 per calendar year) • Bitewing X-rays (1 per calendar year) • Cleanings (2 per calendar year) • Fluoride - Up to age 19 (1 per calendar year) • Space Maintainers 	<ul style="list-style-type: none"> • Full Mouth/Panoramic X-rays (1 in 60 months) • Periapical X-rays • Sealants - Up to age 16 (1 in 36 months) • Restorative Amalgams • Restorative Composites • Simple & Complex extractions • Anesthesia 	<ul style="list-style-type: none"> • Onlays • Crowns • Crown repair • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Periodontics (surgical) • Implants • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years) • Denture Repair

Maximum Rollover

If during a benefit year, a covered person has a paid claim (not just a visit) and does not exceed the paid claims Threshold Amount, then the Rollover Amount (or the Rollover Bonus Amount, if included) will be rolled over for use in future years. The Maximum Rollover Account Limit is the most money that can be kept in the Maximum Rollover account. The covered person's personal Maximum Rollover account is used for additional coverage when his or her annual maximum is exhausted.

Rollover Quick Summary		
Threshold	\$500	Dental benefits received for the year cannot exceed this amount
Rollover Amount	\$250	Dental rollover amount is added to the following year's maximum
Maximum Carryover	\$1,000	Maximum possible accumulation for Dental Rollover

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CRITICAL ILLNESS



What is Critical Illness Insurance? A health and wellness plan in which you receive a lump sum cash payment if diagnosed with one of the specific illnesses on the predetermined list of critical illnesses.

- Eligibility:** Eligible full-time employees working 20 or more hours per week, spouse & children up to age 26
- Coverage through Colonial Life
 - **Issue Age: Rates lock-in at the age you are and do not increase**
 - Keep your coverage, at the same cost, even if you retire or change employers
 - *The chart below is a sample of covered in-network services. Please see the Plan Certificate on your Employee Benefits website for a detailed listing of services.*

Critical Illness Quick Summary	Critical Illness Only
Employee	\$5,000 - \$100,000
Spouse	\$5,000 - \$40,000
Dependent Children	25% of Employee Amount
COVERED SPECIFIED CRITICAL ILLNESSES	Pays % of Face Amount
Heart Attack (Myocardial Infarction)	100%
Stroke	100%
Major Organ Failure	100%
End Stage Renal Failure (Kidney)	100%
Permanent Paralysis	100% - Due to a covered accident
Coronary Artery Disease	25%
Coma	100%
Blindness	100%
Occupational infectious HIV	100%
Occupational infection Hepatitis B, C, or D	100%
Maximum Payout	3 x benefit amount for all covered persons combined
GUARANTEED ISSUE (No Health Questions)	Employee: \$20,000 & Spouse: \$20,000
ANNUAL WELLNESS EXAM	\$50 (view Wellness Incentive page for details)
SECOND OCCURRENCE (DIFFERENT ILLNESS)	25% of face amount, up to the max - 30 days after the initial diagnosis
RE-OCCURRENCE BENEFIT (SAME ILLNESS)	25% of face amount, up to the max - 180 days after the initial diagnosis
PRE-EXISTING CONDITION	12/12 Illness or injury for which you received treatment the 12 months prior to your effective date will not be covered for the first 12 months. (Applies to new enrollees only)
Age Reduction	50% at age 75

Plan Rates
 Cost of coverage is based on the level of benefit you choose and your age.
 Please consult with a Campus Benefits Counselor or log into the enrollment system for rate details.

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CANCER INSURANCE



What is Cancer Insurance? Cancer insurance is a form of supplemental insurance meant to offset cancer-related expenses so you can focus on recovery.

Eligibility: Eligible full-time employees working 20 or more hours per week, spouse & children up to age 26

- Coverage through Colonial Life
- Keep your coverage, at the same cost, even if you retire or change employers
- Payments made directly to you and do not offset with medical insurance
- *The chart below is a sample of covered in-network services. Please see the Plan Certificate on your Employee Benefits website for a detailed listing of services.*

Cancer Benefit Quick Summary	Level 2	Level 3
HOSPITAL AND RELATED BENEFITS		
Initial Cancer Diagnosis	Choice of \$1,000 or \$5,000	
Hospital Confinement (30 days or less)	\$150	\$250
Hospital Confinement (31 days or more)	\$300	\$500
Air Ambulance (2 per confinement)	\$2,000	
Hospice, Initial	\$1,000	
RADIATION, CHEMOTHERAPY & RELATED BENEFITS		
Radiation/Chemotherapy for Cancer	\$100 - \$500	\$150 - \$750
Blood, Plasma, Platelets per day (max \$10,000 per year)	\$150	\$175
Medical Imaging (max per year)	\$250	\$350
SURGERY AND RELATED BENEFITS		
Surgical Procedures - per unit	\$50	\$60
Surgical Procedures max per procedure	\$3,000	\$5,000
Anesthesia (% of surgery)	25% of surgical procedure	
Surgery (outpatient) per day	\$200	\$300
Surgery (outpatient) annual max	\$600	\$900
Bone Marrow or Stem Cell Transplant (2 transplant max)	\$4,000	\$7,000
MISCELLANEOUS BENEFITS		
Bone Marrow/Stem Cell Donation	\$500	\$750
Experimental Treatment - Max Lifetime	\$12,500	\$15,000
Second Medical Opinion (1)	\$200	\$300
Prosthetic Limb - Max Lifetime	\$3,000	\$4,000
ANNUAL WELLNESS EXAM	\$50 (view Wellness Incentive page for details)	
PRE-EXISTING CONDITION	None - Must be 5 years cancer free	
WAITING PERIOD	30 Days - Waived for Takeover	

Plan Rates

Cost of coverage is based on the level of benefit you choose and your age.
Please consult with a Campus Benefits Counselor or log into the enrollment system for rate details.

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WELLNESS INCENTIVES

GET REWARDED FOR PREVENTIVE CARE

What are Wellness Incentives? An annual reimbursement for covered members who complete one of the eligible screening procedures on your critical illness and cancer insurance plans.

Eligibility: You, spouse and dependents who are covered on the critical illness or cancer plans

How it works:

- If you or a covered dependent get one of the eligible screenings, you can file a wellness claim
- Once approved, you will receive a check for the wellness benefit amount
- The wellness benefit can be filed annually as long as your critical illness and cancer plans are in force

Available Wellness Incentives	
Colonial - Critical Illness and Cancer	\$50/person/year
What Qualifies as Wellness?	
Critical Illness and Cancer	
<ul style="list-style-type: none"> • Blood test for triglycerides • Bone marrow testing • Breast ultrasound • CA 15-3 (blood test for breast cancer) • CA 125 (blood test for ovarian cancer) • Carotid Doppler • CEA (blood test for colon cancer) • Chest X-ray • Colonoscopy • Echocardiogram (ECHO) • Electrocardiogram (EKG, ECG) • Fasting blood glucose test • Flexible sigmoidoscopy • Hemocult stool analysis • Mammography • Pap smear • PSA (blood test for prostate cancer) • Serum cholesterol test for HDL and LDL levels • Serum protein electrophoresis (blood test for myeloma) • Skin cancer biopsy • Stress test on a bicycle or treadmill • Thermography • ThinPrep pap test • Virtual colonoscopy • *Cancer Wellness includes an additional invasive diagnostic test or procedure benefit. 	
How to submit a claim?	
<ol style="list-style-type: none"> 1. Complete your wellness 2. File your claim online at coloniallife.com and click on "File a Claim" button OR 3. Fax your claim form to 1.800.880.9325 OR 4. Mail your claim form to Colonial Life Wellness P.O. Box 100195 Columbia, SC 29202 <ul style="list-style-type: none"> • Wellness forms are located on your benefits portal, middlegabenefits.com 	
<p>Visit MiddleGaBenefits.com for claim forms and additional information.</p>	

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LEGAL PLAN



What is Legal Plan? A plan which provides valuable legal and financial educational resources for a variety of life events and needs.

- Eligibility:** Eligible full-time employees working 20+ hours/week, spouse and dependent children* (up to age 26)
- Coverage through MetLife
 - Elder Care extends to parents and in-laws
 - Visit <https://www.legalplans.com/why-enroll> or call 800.821.6400 for additional information
 - Non-Members & Members create an account and select Employer for plan information (creating an account doesn't enroll you in plans)
 - Additional information available on your Employee Benefits Website (<https://www.middlegabenefits.com/>)

	Low Plan Quick Summary	High Plan Quick Summary
Money Matters	<ul style="list-style-type: none"> • Identity Theft Defense • Negotiations with Creditors • Promissory Notes • Debt Collection Defense • Tax Collection Defense 	<ul style="list-style-type: none"> • Identity Theft Defense • Negotiations with Creditors • Promissory Notes • Debt Collection Defense • Tax Collection Defense • Personal Bankruptcy • LifeStages Identity Management • Tax Audit Representation • Financial Education Workshops
Home & Real Estate	<ul style="list-style-type: none"> • Deeds • Mortgages • Foreclosure • Tenant Negotiations • Eviction Defense • Security Deposit Assistance 	<ul style="list-style-type: none"> • Deeds • Mortgages • Foreclosure • Tenant Negotiations • Eviction Defense • Security Deposit Assistance • Sale or Purchase (Primary or Vacation Home) • Refinancing & Home Equity • Property Tax Assessments • Boundary & Title Disputes • Zoning Applications
Estate Planning	<ul style="list-style-type: none"> • Simple and Complex Wills • Healthcare Proxies • Living Wills • Codicils • Powers of Attorney (Healthcare, Financial, Childcare, Immigration) 	<ul style="list-style-type: none"> • Simple and Complex Wills • Healthcare Proxies • Living Wills • Codicils • Powers of Attorney (Healthcare, Financial, Childcare, Immigration) • Revocable & Irrevocable Trusts
Family & Personal	<ul style="list-style-type: none"> • Guardianship • Conservatorship • Name Change • Review of ANY Personal Legal Document • School Hearings • Demand Letters • Affidavits • Personal Property Issues • Garnishment Defense • Domestic Violence Protection 	<ul style="list-style-type: none"> • Guardianship • Conservatorship • Name Change • Review of ANY Personal Legal Document • School Hearings • Demand Letters • Affidavits • Personal Property Issues • Garnishment Defense • Domestic Violence Protection • Juvenile Court Defense (Including Criminal Matters) • Parental Responsibility Matters • Review of Immigration Documents • Prenuptial Agreement • Adoption
Civil Lawsuits	<ul style="list-style-type: none"> • Disputes over Consumer Goods & Services • Administrative Hearings • Incompetency Defense 	<ul style="list-style-type: none"> • Disputes over Consumer Goods & Services • Administrative Hearings • Incompetency Defense • Civil Litigation Defense & Mediation • Small Claims Assistance • Pet Liabilities
Elder Care Issues	Consultation & Document review for issues related to your (or spouses) parents: <ul style="list-style-type: none"> • Medicare • Medicaid • Prescription Plans • Nursing Home Agreements • Leases • Promissory Notes • Deeds • Wills • Power of Attorney 	Consultation & Document review for issues related to your (or spouse's) parents: <ul style="list-style-type: none"> • Medicare • Medicaid • Prescription Plans • Nursing Home Agreements • Leases • Promissory Notes • Deeds • Wills • Power of Attorney
Vehicle & Driving	<ul style="list-style-type: none"> • Repossession • Defense of Traffic Tickets • Driving Privileges Restoration • License Suspension due to DUI 	<ul style="list-style-type: none"> • Repossession • Defense of Traffic Tickets • Driving Privileges Restoration • License Suspension due to DUI

Low Plan	High Plan
\$8.00 Per Month	\$16.50 Per Month
NO COPAY	

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MEDCARECOMPLETE

THE SMART WAY TO REDUCE YOUR HEALTHCARE COSTS











What is MedCareComplete? A bundle of services constructed to save you time, money, and hassle while simplifying your life.

Eligibility: Eligible full-time employees working 20 or more hours per week, spouse & unmarried children up to age 26

- Coverage through MedCareComplete (MCC)
- This is a supplemental benefit and does not replace health insurance
- Register @ [MCC: Medcarecomplete.com/members](https://mcc.medcarecomplete.com/members) to access the full range of benefits
- Register @ 1800MD: <https://1800md.com/> or 800.388.8785 to access telemedicine benefits
- Information Needed: Group Name, Group #, Member ID (on your MCC Card)

Included with the MedCareComplete Membership:

- | | |
|---|---|
|  Medical Bill Negotiator |  Restoration Expert |
|  Medication Management |  Identity Loss Expense Reimbursement |
|  Telemedicine |  Social Media Tracking |
|  Medical & ID Theft Monitoring |  Sex Offender Alerts |

Medical Bill Negotiator

A medical bill advocate will identify and appeal common billing errors and overcharges on your behalf. Advocates provide continuous support throughout the appeal that typically results in an average savings of 40% on 80% of the bills reviewed.

Telemedicine

Get 24/7/365 on-demand telephone access to Board-certified physicians for diagnosis, and prescriptions for common and acute illnesses. **There are no copays and no limit to how many times you can utilize this feature.**

Individual Rate	Family Rate
\$10.50 Per Month	\$12.50 Per Month
NO COPAY	

Acute Illnesses include but are not limited to the following:

- | | | | | |
|------------|----------------------|------------------|---------------|-------------------|
| Asthma | Migraines | Heartburn | Bronchitis | Pink Eye |
| Fever | Rashes | Sinus Conditions | Ear Infection | Sore Throat |
| Headache | Bacterial Infections | Urinary Tract | Gout | Cold & Flu |
| Infections | Diarrhea | Infections | Joint Aches | Nausea & Vomiting |

Medical & ID Theft Protection

Service monitors the internet for instances of your personal health and financial information to protect you from becoming a victim of identity theft. The security of your personal health information (PHI) can have a large impact on the medical care you receive.

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MEDCARECOMPLETE

THE SMART WAY TO REDUCE YOUR HEALTHCARE COSTS



Medication Management

Medication Management is for members and their families who suffer from poly-chronic or chronic conditions (take 4 or more medications daily – typically 15% of an employer population). Members are paired with Patient Care Coordinators who improve the lives of chronically ill patients. As an added convenience, medications are often sorted, labeled, organized, and delivered to the member's home at no additional cost.

Restoration Expert

A Restoration Expert is available if you become a victim of identity theft. The service provides a concierge level of identity resolution. A dedicated and Certified Identity Theft Risk Management Specialist (CITRMS) will work with the victim to assess their ID theft situation, and move forward with a fully managed resolution.

Sex Offender Alerts

Members can request text and email alerts and reports of registered sex offenders for a specific address. Reports highlight the location of the offender, a photo ID, and the offense they committed. You may review the saved report in your online account at any time. Additionally, users can select an address to continuously monitor and receive alerts when new offenders move in or out of that neighborhood.



Expense Reimbursement

Restoring one's name and good credit is a time-consuming and expensive process. In response, \$25,000 expense reimbursement coverage is included in the member ID theft protection plan. This ensures you are covered in those instances when expenses compound. A Certified Identity Theft Risk Management Specialist (CITRMS) representative can assist with filing these expense reimbursement claims.

Social Media Tracking

The Social Media Tracking tool allows you to receive alerts on your social media accounts including Facebook, LinkedIn, Twitter, and Instagram if reputation-damaging items are posted. As we utilize social media platforms, we are creating a permanent online trail of our personal history, including photos, geo-location data, employment data, birthday, email, address, and phone number details. Over-sharing can lead to an increased risk for reputation damage, fraud, and identity theft. Reputation-damaging items including racist, violent, derogatory, vulgar, or inappropriate comments directed at you or your family.

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FLEXIBLE SPENDING ACCOUNTS

What are Medical Flexible Spending (FSAs) Accounts? A pre-tax benefit account used to pay for out-of-pocket healthcare costs such as deductibles, co-pays, prescribed medication, and other medical costs.

What are Dependent Care Accounts? A pre-tax benefit account used to pay for dependent care services such as preschool, summer day camp, before or after school programs, and child or elder daycare.

Eligibility: Eligible full-time employees working 20 or more hours per week, spouse & children (up to age 26 for Medical FSA and under age 13 for Dependent Care Account)

- Coverage provided by Consolidated Admin Services
- **Open Enrollment for your FSA occurs in the Spring**
- **Plan year is July 1st - June 30th**
- Only family status changes will allow you to change your annual election. The altered election must be consistent with the status change
- Married and not filing jointly participants limited to \$2,500 deferral for Dependent Care
- Transfer of funds between the Dependent Care and Medical Care accounts are not allowed
- *Please contact visit your employee benefits website for a complete listing of eligible expenses and qualifying dependent care services.*

Flexible Spending Account Benefit Quick Summary	
MEDICAL FSA ACCOUNT	
Minimum Contribution	\$300 annually
Maximum Contribution (As of 7.1.2024)	\$3,200 annually
CARRYOVER MAX- Amount of funds carried over to the next year (Must re-elect the plan to access after the runout period)	\$640
Funds are available at the beginning of the plan year.	
DEPENDENT CARE FSA ACCOUNT	
Minimum Contribution	\$300 annually
Maximum Contribution	\$5,000 annually
CARRYOVER MAX	\$0 (Any unused amounts over \$0 will be forfeited)
Funds are available as they are payroll deducted.	
Plan Rules	
RUNOUT PERIOD- The amount of time to turn in receipts for services rendered during the plan year.	30 days after end date to turn in receipts
All receipts should be kept to submit if verification is requested	

Admin Fee	
Replacement Card Fee	\$10.00

IMPORTANT NOTE:

Dependent Care FSA is for eligible expenses related to the care of your child, disabled spouse, elderly parent, or other dependent who is physically or mentally unable for self-care (i.e. day care, adult day care) or is disabled. Medical expenses for your dependent are not eligible for reimbursement under the Dependent Care account.

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HELPFUL FSA RESOURCES



What is covered under a Medical FSA Account?

- Medical coinsurance and deductible
- Doctor's office visit co-pays
- Emergency Room costs
- Dental co-pays and out-of-pocket costs
- Vision co-pays and out-of-pocket costs
- Contacts and Glasses
- Prescriptions
- *Please see the full eligibility list for other covered expenses*

FSA Eligibility List

<https://www.consolidatedadmin.com/fsa-hsa-eligible-expenses/>

FSA Calculator

(estimates how much you can save with an FSA)
<https://fsastore.com/fsa-calculator>

Who is covered under a Dependent Care Account?

- Children up to age 13 (including stepchildren, grandchildren, adopted or foster children, and children related to you who are eligible for a tax exemption on your federal tax return).
- Tax dependents residing with you and incapable of self-care (this could include your spouse, a child age 13 and over, and elderly parents).

The CARES Act permanently reinstates over-the-counter products, and adds menstrual care products for the first time, as eligible expenses for your FSA funds WITHOUT A PRESCRIPTION!

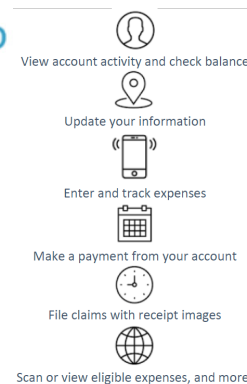
Eligible items for purchase without a prescription now include, but are not limited to:

- Pain relief medications, e.g., acetaminophen, ibuprofen, naproxen sodium
- Cold & flu medications
- Allergy medications
- Acne treatments
- Eye drops
- Stomach & digestive aids
- Pads, Tampons and Menstrual sponges
- Sleep aids
- Children's pain relievers, allergy medicines, and digestive aids

Imagine what you could do with CAS' mobile app



In the App Store go to: Consolidated Admin Services
Online Portal and Access to information:
<https://www.consolidatedadmin.com/>



IMPORTANT NOTE:

Dependent Care FSA is for eligible expenses related to the care of your child, disabled spouse, elderly parent, or other dependent who is physically or mentally unable for self-care (i.e. day care, adult day care) or is disabled. Medical expenses for your dependent are not eligible for reimbursement under the Dependent Care account.

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STATE HEALTH BENEFIT PLAN

Notice: Middle GA RESA offers eligible employees health insurance through the Georgia State Health Benefit Plan. During the annual open enrollment, employees have the opportunity to review all available options and make elections for the upcoming plan year.

- **Coverage through Anthem BCBS of GA, United Healthcare, or Kaiser Permanente**
- All qualifying life events must be submitted via the SHBP Portal.
- Kaiser Permanente is only available in the Atlanta Metro area.
- Plan year is January 1- December 31, with enrollment in the fall of each year.
- **Attention to participants approaching age 65 and/or retirement:** Please review: <https://shbp.georgia.gov/retirees-0/turning-age-65>

SHBP Enrollment Portal:

<https://myshbpga.adp.com>

How to Enroll:

1. Go to <https://myshbpga.adp.com>
2. Enter your Username and Password and click Login
If you need assistance, click on "Forgot User ID?" or "Forgot Your Password?"
3. If you have not registered, click "Register Here"
4. Your registration code is **SHBP-GA**



SHBP Wellness Portal:

<https://bewellshbp.com>

SHBP Decision Guide:

This Guide provides a brief explanation about each health benefit option, a benefit comparison guide, and a list of things to consider before making plan decisions.

Access the decision guide at:
<https://shbp.georgia.gov/>

SHBP Phone Number: 800.610.1863

Wellness Credits	Anthem HMO MyIncentive Account (MIA)	Anthem Health Reimbursement Arrangement (HRA)	Kaiser Permanente (KP) Regional HMO	UHC HMO & HDHP Health Incentive Account (HIA)
	Up to	Up to		Up to
Member	480 credits	480 credits	\$500*	480 credits
Spouse	480 credits	480 credits	\$500*	480 credits
Reward Card credits for member/spouse	N/A	N/A	N/A	\$250 Reward Card (covered member & spouse)
Potential Total credits/dollars	960 credits	960 credits	\$1,000*	1,460 credits

Please review the Active Decision Guide for full incentive program details and requirements.
 Anthem: Members enrolled in an Anthem HRA Plan Option will receive SHBP-funded base credits at the beginning of the Plan Year. The amount funded will be based on your elected coverage tier. If you enroll in a HRA during the Plan Year, these credits will be prorated based on the elected coverage tier and the months remaining in the current Plan Year.
 *KP: Members enrolled in the KP Regional HMO Plan Option and their covered spouses will each receive a \$500 reward card after they each satisfy KP's Wellness Program requirements.
 **UnitedHealthcare: Members and their covered spouses enrolled in an UnitedHealthcare Plan Option can each earn a 240 well-being incentive credit match with a maximum combined up to 480 well-being incentive credits matched by UnitedHealthcare for completing wellness requirements under the plan. After credits are added to your HIA, any remaining credits will rollover to the next plan year.

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2025 SHBP PLANS & PRICING



The table below is a high level overview, for official details and plan information please review the SHBP Decision Guide.

Plan Designs for 2025												
	Anthem Gold Plan HRA		Anthem Silver Plan HRA		Anthem Bronze Plan HRA		Anthem HMO	UHC HMO	UHC HDHP		Kaiser HMO*	
	In	Out	In	Out	In	Out	In	In	In	Out	In	
Deductible												
You	\$1,500	\$3,000	\$2,000	\$4,000	\$2,500	\$5,000	\$1,300	\$1,300	\$3,500	\$7,000	N/A	
You + Spouse	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500	\$1,950	\$1,950	\$7,000	\$14,000	N/A	
You + Child(ren)	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500	\$1,950	\$1,950	\$7,000	\$14,000	N/A	
You + Family	\$3,000	\$6,000	\$4,000	\$8,000	\$5,000	\$10,000	\$2,600	\$2,600	\$7,000	\$14,000	N/A	
Medical OOPM (Out of Pocket Maximum)												
You	\$4,000	\$8,000	\$5,000	\$10,000	\$6,000	\$12,000	\$4,000	\$4,000	\$6,450	\$12,900	\$6,350	
You + Spouse	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000	\$6,500	\$6,500	\$12,900	\$25,800	\$12,700	
You + Child(ren)	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000	\$6,500	\$6,500	\$12,900	\$25,800	\$12,700	
You + Family	\$8,000	\$16,000	\$10,000	\$20,000	\$12,000	\$24,000	\$9,000	\$9,000	\$12,900	\$25,800	\$12,700	
Coinsurance (Plan Pays)												
	85%	60%	80%	60%	75%	60%	80%	80%	70%	50%	100%	
HRA (Health Reimbursement Arrangement) Credits												
You	\$400		\$200		\$100		N/A	N/A	N/A		N/A	
You + Spouse	\$600		\$300		\$150		N/A	N/A	N/A		N/A	
You + Child(ren)	\$600		\$300		\$150		N/A	N/A	N/A		N/A	
You + Family	\$800		\$400		\$200		N/A	N/A	N/A		N/A	
Medical												
ER	Coins after ded		Coins after ded		Coins after ded		\$150 copay	\$150 copay	Coins after ded		\$150 copay	
Urgent Care	Coins after ded		Coins after ded		Coins after ded		\$35 copay	\$35 copay	Coins after ded		\$35 copay	
PCP Visit	Coins after ded		Coins after ded		Coins after ded		\$35 copay	\$35 copay	Coins after ded		\$35 copay	
Specialist Visit	Coins after ded		Coins after ded		Coins after ded		\$45 copay	\$45 copay	Coins after ded		\$45 copay	
Preventative	100%	N/A	100%	N/A	100%	N/A	100%	100%	100%	N/A	100%	
Retail Rx												
Tier 1	15%, Min \$20, Max \$50		15%, Min \$20, Max \$50		15%, Min \$20, Max \$50		\$20 copay	\$20 copay	Coins after ded		\$20 copay	
Tier 2	25%, Min \$50, Max \$80		25%, Min \$50, Max \$80		25%, Min \$50, Max \$80		\$50 copay	\$50 copay	Coins after ded		\$50 copay	
Tier 3	25%, Min \$80, Max \$125		25%, Min \$80, Max \$125		25%, Min \$80, Max \$125		\$90 copay	\$90 copay	Coins after ded		\$80 copay	
Mail Order Rx												
Tier 1	15%, Min \$50, Max \$125		15%, Min \$50, Max \$125		15%, Min \$50, Max \$125		\$50 copay	\$50 copay	Coins after ded		\$50 copay	
Tier 2	25%, Min \$125, Max \$200		25%, Min \$125, Max \$200		25%, Min \$125, Max \$200		\$125 copay	\$125 copay	Coins after ded		\$125 copay	
Tier 3	25%, Min \$200, Max \$313		25%, Min \$200, Max \$313		25%, Min \$200, Max \$313		\$225 copay	\$225 copay	Coins after ded		\$200 copay	
Rx OOPM	All Plans Combined with Medical											
Monthly Premiums	Anthem Gold Plan HRA	Anthem Silver Plan HRA	Anthem Bronze Plan	Anthem HMO	UHC HMO	UHC HDHP	Kaiser HMO*					
Employee	\$194.67	\$131.17	\$82.67	\$157.53	\$196.58	\$72.69	\$157.53					
Employee + CH	\$355.26	\$247.31	\$164.86	\$292.12	\$358.50	\$147.89	\$292.12					
Employee + SP	\$482.76	\$349.41	\$247.56	\$404.77	\$486.77	\$226.60	\$404.77					
Family	\$643.35	\$465.55	\$329.75	\$539.36	\$648.69	\$301.80	\$539.36					
An \$80 tobacco surcharge will be added to all rates for tobacco users.												

*The Kaiser HMO plan is only available in the Atlanta Metro area.

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SHBP DISCLOSURE NOTICES



The following important legal notices are posted on the State Health Benefit Plan (SHBP) website at www.shbp.georgia.gov under Plan Documents. Please review these notices in their entirety.

Penalties for Misrepresentation: If an SHBP participant misrepresents eligibility information when applying for coverage during change of coverage or when enrolling in benefits, the SHBP may take adverse action against the participants, including, but not limited to terminating coverage (for the participant and his or her dependents) or imposing liability to the SHBP for fraud indemnify (requiring payment for benefits to which the participant or his or her beneficiaries were not entitled). Penalties may include a lawsuit, which may result in payment of charges to the Plan or criminal prosecution in a court of law. To avoid enforcement of the penalties, the participant must notify the SHBP immediately if a dependent is no longer eligible for coverage or if the participant has questions or reservations about the eligibility of a dependent. This policy may be enforced to the fullest extent of the law.

Federal Patient Protection and Affordable Care Act (Choice of Primary Care Physician): The Plan generally allows the designation of a Primary Care Physician/Provider (PCP). You have the right to designate any PCP who participates in the Claims Administrator's network, and who is available to accept you or your family members. For children, you may also designate a pediatrician as the PCP. For information on how to select a PCP, and for a list of participating PCP's, call the telephone number on the back of your Identification Card.

Access to Obstetrical and Gynecological (OB/GYN) Care: You do not need prior authorization from the Plan or from any other person (including a PCP) in order to obtain access to obstetrical or gynecological care from a health care professional in the Claims Administrator's network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, call the telephone number on the back of your Identification Card.

HIPAA Special Enrollment Notice: If you decline enrollment for yourself or your Dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your Dependents if you or your Dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your Dependents' other coverage). However, you must request enrollment within 31 days after your or your Dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new Dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new Dependents. However, you must request enrollment within thirty-one (31) days after the marriage or adoption, or placement for adoption (or within 90 days for a newly eligible dependent child).

Eligible Covered Persons and Dependents may also enroll under two additional circumstances:

- The Covered Person's or Dependent's Medicaid or Children's Health Insurance Program (CHIP) coverage is terminated as a result of loss of eligibility; or
- The Covered Person or Dependent becomes eligible for a subsidy (State Premium Assistance Program).

NOTE: The Covered Person or Dependent must request Special Enrollment within sixty (60) days of the loss of Medicaid/CHIP or of the eligibility determination. To request Special Enrollment or obtain more information, call SHBP Member Services at 1-800-610-1863 or visit the SHBP Enrollment Portal: mySHBPga.adp.com.

Women's Health and Cancer Rights Act of 1998: The Plan complies with the Women's Health and Cancer Rights Act of 1998. Mastectomy, including reconstructive surgery, is covered the same as other medical and surgical benefits under your Plan Option. Following cancer surgery, the SHBP covers:

- All stages of reconstruction of the breast on which the mastectomy has been performed
- Reconstruction of the other breast to achieve a symmetrical appearance
- Protheses and mastectomy bras
- Treatment of physical complications of mastectomy, including lymphedema

NOTE: Reconstructive surgery requires prior approval, and all Inpatient admissions require prior notification. For more detailed information on the mastectomy-related benefits available under your Plan option, call the telephone number on the back of your Identification Card.

Newborns' and Mothers' Health Protection Act of 1996: This The Plan complies with the Newborns' and Mothers' Health Protection Act of 1996. Group health plans and health insurance issuers generally may not, under Federal law, restrict Benefits for any hospital length of stay in connection with childbirth for the mother or newborn to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending Provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). In any case, plans and issuers may not, under Federal law, require that a Provider obtain authorization from the Plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours, as applicable).

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT NOTICE OF INFORMATION PRIVACY PRACTICES
Georgia Department of Community Health State Health Benefit Plan Notice of Information Privacy Practices

The purpose of this notice is to describe how medical information about you, which includes your personal information, may be used and disclosed and how you can get access to this information. Please review it carefully.

The Georgia Department of Community Health (DCH) and the State Health Benefit Plan Are Committed to Your Privacy.

DCH understands that your information is personal and private. Certain DCH employees and companies hired by DCH to help administer the Plan (Plan Representatives) use and share your personal and private information in order to administer the Plan. This information is called "Protected Health Information" (PHI), and includes any information that identifies you or information in which there is a reasonable basis to believe can be used to identify you and that relates to your past, present, or future physical or mental health or condition, the provision of health care to you, and payment for those services. This notice tells how your PHI is used and shared by DCH and Plan Representatives. DCH follows the information privacy rules of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

Only Summary Information is Used When Developing and/or Modifying the Plan. The Board of Community Health, which is the governing Board of DCH, the Commissioner of DCH and the Executive Director of the Plan administer the Plan and make certain decisions about the Plan. During those processes, they may review certain reports that explain costs, problems, and needs of the Plan. These reports never include information that identifies any individual person. If your employer is allowed to leave the Plan entirely, or stop offering the Plan to a portion of its workforce, DCH may provide Summary Health Information (as defined by federal law) for the applicable portion of the workforce. This Summary Health Information may only be used by your employer to obtain health insurance quotes from other sources and make decisions about whether to continue to offer the Plan. Please note that DCH, Plan Representatives, and your employer are prohibited by law from using any PHI that includes genetic information for underwriting purposes.ack of your Identification Card.

Plan "Enrollment Information" and "Claims Information" are Used in Order to Administer the Plan. PHI includes two kinds of information, "Enrollment Information" and "Claims Information". "Enrollment Information" includes, but is not limited to, the following types of information regarding your plan enrollment: (1) your name, address, email address, Social Security number and all information that validates you (and/or your Spouse and Dependents) are eligible or enrolled in the Plan; (2) your Plan enrollment choice; (3) how much you pay for premiums; and (4) other health insurance you may have in effect. There are certain types of "Enrollment Information" which may be supplied to the Plan by you or your personal representative, your employer, other Plan vendors or other governmental agencies that may provide other benefits to you.

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SHBP DISCLOSURE NOTICES



This “Enrollment Information” is the only kind of PHI your employer is allowed to obtain. Your employer is prohibited by law from using this information for any purpose other than assisting with Plan enrollment. “Claims Information” includes information your health care providers submit to the Plan. For example, claims information may include medical bills, diagnoses, statements, x-rays or lab test results. It also includes information you may submit or communicate directly to the Plan, such as health questionnaires, biometric screening results, enrollment forms, leave forms, letters and/or telephone calls. Lastly, it includes information about you that may be created by the Plan. For example, it may include payment statements and/or other financial transactions related to your health care providers.

Your PHI is Protected by HIPAA. Under HIPAA, employees of DCH and employees of outside companies and other vendors hired or contracted either directly or indirectly by DCH to administer the Plan are “Plan Representatives,” and therefore must protect your PHI. These Plan Representatives may only use PHI and share it as allowed by HIPAA, and pursuant to their “Business Associate” agreements with DCH to ensure compliance with HIPAA and DCH requirements.

DCH Must Ensure the Plan Complies with HIPAA. DCH must make sure the Plan complies with all applicable laws, including HIPAA. DCH and/or the Plan must provide this notice, follow its terms and update it as needed. Under HIPAA, Plan Representatives may only use and share PHI as allowed by law. If there is a breach of your PHI, DCH must notify you of the breach.

Plan Representatives Regularly Use and Share your PHI in Order to Administer the Plan. Plan Representatives may verify your eligibility in order to make payments to your health care providers for services rendered. Certain Plan Representatives may work for contracted companies assisting with the administration of the Plan. By law, these Plan Representative companies also must protect your PHI. HIPAA allows the Plan to use or disclose PHI for treatment, payment, or health care operations. Below are examples of uses and disclosures for treatment, payment and health care operations by Plan Representative Companies and PHI data sharing.

Claims Administrator Companies: Plan Representatives process all medical and drug claims; communicate with the Plan Members and/or their health care providers.

Wellness Program Administrator Companies: Plan Representatives administer Well-Being programs offered under the Plan; and communicate with the Plan Members and/or their health care providers.

Actuarial, Health Care and/or Benefit Consultant Companies: Plan Representatives may have access to PHI in order to conduct financial projections, premium and reserve calculations, and financial impact studies on legislative policy changes affecting the Plan.

State of Georgia Attorney General's Office, Auditing Companies and Outside Law Firms: Plan Representatives may provide legal, accounting and/or auditing assistance to the Plan.

Information Technology Companies: Plan Representatives maintain and manage information systems that contain PHI. Enrollment Services Companies: Plan Representatives may provide the enrollment website and/or provide customer service to help Plan Members with enrollment matters.

NOTE: Treatment is not provided by the Plan but we may use or disclose PHI in arranging or approving treatment with providers. Under HIPAA, all employees of DCH must protect PHI and all employees must receive and comply with DCH HIPAA privacy training. Only those DCH employees designated by DCH as Plan Representatives for the SHBP health care component are allowed to use and share your PHI.

DCH and Plan Representatives May Make Uses or Disclosures Permitted by Law in Special Situations. HIPAA includes a list of special situations when the Plan may use or disclose your PHI without your authorization as permitted by law. The Plan must track these uses or disclosures. Below are some examples of special situations where uses or disclosures for PHI data sharing are permitted by law. These include, but are not limited to, the following:

Compliance with a Law or to Prevent Serious Threats to Health or Safety: The Plan may use or share your PHI in order to comply with a law or to prevent a serious threat to health and safety.

Public Health Activities: The Plan may give PHI to other government agencies that perform public health activities.

Information about Eligibility for the Plan and to Improve Plan Administration: The Plan may give PHI to other government agencies, as applicable, that may provide you or your dependents benefits (such as state retirement systems or other state or federal programs) in order to get information about your or your dependent's eligibility for the Plan, to improve administration of the Plan, or to facilitate your receipt of other benefits.

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Research Purposes: Your PHI may be given to researchers for a research project, when the research has been approved by an institutional review board. The institutional review board must review the research project and its rules to ensure the privacy of your information.

Plan Representatives Share Some Payment Information with the Employee. Except as described in this notice, Plan Representatives are allowed to share your PHI only with you and/or with your legal personal representative. However, the Plan may provide limited information to the employee about whether the Plan paid or denied a claim for another family member.

You May Authorize Other Uses of Your PHI. Plan Representatives may not use or share your PHI for any reason that is not described in this notice without a written authorization by you or your legal representative. For example, use of your PHI for marketing purposes or uses or disclosures that would constitute a sale of PHI are illegal without this written authorization. If you give a written authorization, you may revoke it later.

You Have Privacy Rights Related to Plan Enrollment Information and Claims Information that Identifies You.

Right to Inspect and Obtain a Copy of your Information, Right to Ask for a Correction: You have the right to obtain a copy of your PHI that is used to make decisions about you. If you think it is incorrect or incomplete, you may contact the Plan to request a correction.

Right to Ask for a List of Special Uses and Disclosures: You have the right to ask for a list of all special uses and disclosures.

Right to Ask for a Restriction of Uses and Disclosures or for Special Communications: You have the right to ask for added restrictions on uses and disclosures, but the Plan is not required to agree to a requested restriction, except if the disclosure is for the purpose of carrying out payment or health care operations, is not otherwise required by law, and pertains solely to a health care item or service that you or someone else on your behalf has paid in full. You also may ask the Plan to communicate with you at a different address or by an alternative means of communication in order to protect your safety.

Right to a Paper Copy of this Notice and Right to File a Complaint: You have the right to a paper copy of this notice. Please contact the SHBP Member Services at 1-800-610-1863 or you may download a copy at shbp.georgia.gov. If you think your HIPAA privacy rights may have been violated, you may file a complaint. You may file the complaint with the Plan and/or the U.S. Department of Health & Human Services, Office of Civil Rights, Region IV. You will never be penalized by the Plan or your employer for filing a complaint.

Summaries of Benefits and Coverage Summaries of benefits and coverage describe each Plan Option in the standard format required by the Affordable Care Act. These documents are posted here: shbp.georgia.gov. To request a paper copy, please contact SHBP Member Services at 800-610-1863.

Georgia Law Section 33-30-13 Notice: SHBP actuaries have determined that the total cost of coverage (which includes the cost paid by the State and the cost paid by members) under all options is 0% higher than it would be if the Affordable Care Act provisions did not apply.

Address to File HIPAA Complaints:
Georgia Department of Community Health
SHBP HIPAA Privacy Unit
P.O. Box 1990
Atlanta, GA 30301
1-800-610-1863

U.S. Department of Health & Human Services Office for Civil Rights
Region IV
Atlanta Federal Center
61 Forsyth Street SW Suite 3B70
Atlanta, GA 30303-8909
1-877-696-6775

For more information about this Notice, contact:
Georgia Department of Community Health
State Health Benefit Plan
P.O. Box 1990
Atlanta, GA 30301
1-800-610-1863



The Service Hub Helps With:

- Portability/Conversion
- Benefits Education
- Evidence of Insurability
- Qualified Life Event Changes
- Claims
- Card Requests
- Benefit Questions
- COBRA Information

Phone: 866.433.7661 opt 5

Email: mybenefits@campusbenefits.com

Benefits website address: MiddleGaBenefits.com

The 2025 Benefits Enrollment Guide is provided for illustrative purposes only. Actual benefits, services, premiums, claims processes and all other features and plan designs for coverage offered is governed exclusively by the insurance contract and associated Summary Plan Description (SPD). In case of discrepancies between this document and the insurance contract and SPD, the contract and SPD will prevail. We reserve the right to change, modify, revise, amend or terminate these plan offerings at any time. Updates, changes and notices are all located at MiddleGaBenefits.com. These should be reviewed fully prior to electing any benefits.