

Peach County Board of Education

Benefits Open Enrollment Information

<i>Important Dates to Remember</i>	
Open enrollment period	October 11 – November 10, 2011
Coverage/change effective date	January 1, 2012
SHBP Website opens	October 11, 2011
SHBP Website closes	November 10, 2011 at 4:30 p.m.
<i>2012 SHBP Web address: www.myshbp.ga.gov</i>	

About Open Enrollment:

Open enrollment is the once a year opportunity to review your benefit elections and make changes to your health insurance and the other voluntary insurance plans for 2012.

Enclosed you will find a summary of your current benefit elections. Please review this summary to ensure that your enrollments and deductions are accurate. Every effort has been taken to ensure the information is accurate. In the event of an error, the coverage you have on file with the various insurance carriers prevails.

Please remember that changes outside of open enrollment are limited to qualifying event changes (marriage, divorce, birth or adoption, death and gain or loss of coverage). Qualifying event changes must be reported in writing to Human Resources within 31 days of the qualifying event.

Informational Meetings

Representatives from McNeal Insurance Agency will be holding informational meetings at each location to provide an overview of each of the benefits and answer any questions you may have.

Due to the changes in the State Health Benefit Plan as well as changes to some of the voluntary insurance plans, it is **mandatory** that you attend one of these meetings.

Location/Department	Date	Time
Byron Elementary School School Nutrition/Custodians Faculty	10/04/2011	2:00 pm 3:30 pm
Byron Middle School School Nutrition/Custodians Faculty	10/05/2011	2:00 pm 4:30 pm
Central Office Central Office Staff/ Transportation	10/07/2011	9:00 am
Kay Road Elementary School Nutrition/Custodians Faculty	10/06/2011	2:00 pm 3:30 pm
Hunt Elementary School School Nutrition/Custodians Faculty	10/11/2011	2:00 pm 3:30 pm
Fort Valley Middle School School Nutrition/Custodians Faculty	10/12/2011	2:00 pm 4:30 pm
Peach County High School School Nutrition/Custodians Faculty	10/13/2011	2:00 pm 4:30 pm

This summary is for informational purposes only. Please refer to the various plans certificates for complete details.

Plan Highlights:

1. State Health Benefit Plan (SHBP)

The 2012 SHBP Decision Guides are available at www.dchgeorgia.gov/shbp. Printed copies are not available. Due to the number of benefit changes you should carefully read the Decision Guide before making your election for 2012.

Note: Each year, members must access the State Health Benefit Plan website in order to continue or discontinue their health insurance.

If you are enrolling in coverage for the first time or if you have not been covered by SHBP during 2011, you may only enroll in either the HRA or the HDHP Plans.

SHBP Plan Changes for 2012:

- **Premiums will increase for all plans**
 - Wellness Plans – 11%
 - Standard Plans – 17%
- **New Wellness Program:**
The new Wellness program includes “Wellness Plans” as well as a “Wellness Promise” that **must** be made by the member and any covered spouse who chooses to enroll in any of the Wellness Plans.

The Wellness Plans:

The current HRA, HMO and HDHP Plans will now be referred to as the Wellness Plans. This includes the deductibles, coinsurance, out of pocket maximums and HRA Credits.

The Wellness Plan Promise:

Members and spouses who choose to enroll in any of the Wellness plans must make a “Wellness Promise” which consists of the member and covered spouse completing an online health assessment as well as a Physician performed biometric screening (body mass index, blood pressure, blood glucose, and cholesterol). The biometric screenings must be received by your health care vendor by June 30, 2012. If a member and/or his/her covered spouse does not honor the Wellness Promise they will not be

allowed to enroll in any of the wellness plans the following year.

Refer to the Decision Guide for more details.

• **New Standard Plans:**

- Includes the HRA, HMO and HDHP Plan Options
- These plans cover the same services as the Wellness Plans EXCEPT:
 - No wellness promise
 - Higher Premiums
 - Higher out of pocket costs through co-payments, deductibles, coinsurance and out of pocket maximums
 - No preventive care incentive for the HRA Plan (\$125 credit)
 - No pharmacy co-pay waiver for those members enrolled in the Disease Management Program.

• **HRA Plan Changes (Standard & Wellness)**

- The Pharmacy benefit will **no longer** apply to the deductible or out of pocket limit – instead members will pay coinsurance amounts. There will be a three tier structure with a minimum and maximum out of pocket cost.
 - Tier 1 – 15% (min \$20 – max \$50)
 - Tier 2 – 25% (min \$50 – max \$80)
 - Tier 3 – 25% (min \$80 – max \$125)

If the cost of a drug is less than the minimum coinsurance amount you will pay the lower amount. If the cost is more then you will pay the maximum coinsurance amount.

Any HRA credits used for prescriptions will not be available to help offset your deductible or out of pocket limit.

Comparison of HRA Credits for 2012:

Coverage Tier	HRA Wellness	HRA Standard
Employee	\$500	\$375
Employee/Spouse	\$1000	\$650
Employee/Children	\$1000	\$650
Employee/Family	\$1500	\$1000

• **HMO Plan Changes (Standard & Wellness)**

- Physician Office Visit Co-Payments for the Standard plan will be \$45 for Primary Care Physician and \$55 for Specialist.
- Deductibles and out of pocket maximums did not change.
- **The \$200 Annual Vision Benefit for glasses and contacts will no longer be offered.**

• **High Deductible (HDHP) Plan Changes (Standard & Wellness Plans)**

- Deductibles, Coinsurance and Out of Pocket Maximums have been **increased**. Refer to the SHBP Decision Guide for these changes.

• **New Tricare Supplement**

- A Tricare Supplement, administered by Association & Society Insurance Corporation, is now available to SHBP eligible members who are also eligible for TRICARE.
- The supplemental plan works with TRICARE to pay the balance of covered medical expenses after TRICARE pays. The plan helps to pay 100% of members' TRICARE outpatient deductible, cost share, co-payments plus 100% of covered excess charges.

Refer to the Decision Guide for more details.

• **Additional Changes - ALL Plans**

- Bariatric (weight loss) surgery will **NO** longer be covered (as of 12/31/2011).
- Certain Tobacco Cessation Medications will be covered when prescribed as a part of a Tobacco Cessation program. Contact each vendor for details.
- **Peach Care for Kids** will be offered as a voluntary program to children eligible for SHBP coverage who meet Peach Care requirements. Benefits under Peach Care include, medical, dental, and vision. Eligibility information can be found at www.peachcare.org or by calling 1-877-427-3224.
- Spousal Surcharge Verification – SHBP will request verification from members not paying the spousal surcharge who cover an actively working spouse. **The Surcharge will be added to your premiums if you fail to provide the requested documentation.**

Members who do not go on-line during Open Enrollment will default to the new Standard Plan and will be charged the tobacco and spousal surcharges (if the member covers his/her spouse).

REMEMBER TO ANSWER THE SURCHARGE QUESTIONS. If you fail to do so, surcharges will be added to your premiums for the entire 2012 Plan Year!

Make sure to print two copies of your SHBP confirmation page which contains a confirmation number. A copy should be given to your Principal/Supervisor by November 3rd.

SHBP Vendor Contact Information:

Company	Phone	Web Site
CIGNA – HRA, HMO, HDHP	800-633-8519	www.mycigna.com/shbp
UnitedHealthcare HRA	800-396-6515	www.welcometouhc.com/shbp
UnitedHealthcare HMO, HDHP	800-246-4189	www.welcometouhc.com/shbp

You will also need to see a benefits representative if you have a dependent under age 26 that needs to be added back to your plan.

The rates for the dental plan are as follows:

COVERAGE	HIGH OPTION	LOW OPTION
Employee	\$35.44	\$28.64
Employee + 1 Dependent	\$70.84	\$56.84
Employee + 2 or More Dependents	\$102.48	\$82.24

2. Voluntary Life Insurance – Employee, Spouse, Dependent Children (Fort Dearborn Life)

No Changes in benefits or cost.

To add or increase coverage, a statement of health must be completed and approved by the insurance company.

3. Disability Income Protection Plan (UNUM)

Due to continued adverse claims history, there will be two changes to the disability plan.

- The 0/7 day elimination period plan will no longer be offered.
- A 10% increase in premiums for the 14/14 and 30/30 day elimination period plans.

Any employee with the 0/7 day elimination period plan must choose a new plan. If a new plan is not chosen, you will automatically be enrolled in the 14/14 day elimination period plan.

Since disability coverage is based on salary, we recommend that you review your coverage to make sure your benefit amount is up to date.

No medical questions are asked for anyone adding or increasing coverage, however, pre-existing condition limitations will apply.

4. Dental Plan **NEW COMPANY******

Ameritas replaces Guardian as the Dental carrier effective January 1, 2012.

Ameritas will takeover rollover amounts any insured has as of 12/31/2011 with Guardian.

Choice of two Plans: High Option and Low Option

New for 2012:

- **Three tier coverage/premium option for you to choose from**
- **Dependent Children can be covered to age 26 regardless of student status.**

If you are currently covered for dental with Guardian, you will be automatically be enrolled in the new Ameritas plan. If you wish to add, drop or change your coverage you will need to see a benefits representative.

5. Vision Plan **NEW COMPANY******

Ameritas/Eye Med replaces Davis Vision as the Vision carrier effective January 1, 2012.

New for 2012:

- **Higher plan allowance for frames and contacts - \$150 versus the current \$135**
- **Three tier coverage/premium option for you to choose from.**
- **Dependent Children can be covered to age 26 regardless of student status**

There are also differences in the providers that are covered – you should review the provider list to make sure you use one of the covered providers. Lenscrafters, Downtown Opticians and Vision Savers are three providers that were not covered by Davis but are covered under the Eye Med plan.

If you are currently covered for vision with Guardian/Davis Vision, you will be automatically be enrolled in the new Ameritas/Eye Med plan. If you wish to add, drop or change your coverage you will need to see a benefits representative.

You will also need to see a benefits representative if you have a dependent under age 26 that needs to be added back to your plan.

The rates for the Vision Plan are as follows:

COVERAGE	RATES
Employee	\$7.28
Employee + 1 Dependent	\$14.60
Employee + 2 or More Dependents	\$20.00

6. AFLAC Supplemental Plans

AFLAC plans supplement and enhance your other benefits. AFLAC pays benefits directly to you rather than the medical providers, allowing you to use the money for your most pressing financial concerns.

There are three AFLAC Plans available:

1. Accident Indemnity Plan
2. Cancer Plan
3. Hospital Intensive Care Plan

Brochures for each of the AFLAC plans are enclosed for your review.

If you are interested in enrolling or changing coverage on an existing policy you will need to meet with the AFLAC Representative.

7. Whole Life Insurance (Unum)

Enrollment in the Whole Life Plan is only offered during the annual Open Enrollment Period.

New employees hired on or after 1/1/2011 will have a one-time opportunity to take advantage of a "Guarantee Issue" amount of coverage. Anyone else applying for coverage will be required to answer medical questions and be approved by the insurance company.

Coverage can be purchased on an employee, spouse, children or even grandchildren.

With Whole Life policies the premiums and benefits are guaranteed to be level for the life of the contract and do not go up based on age.

The policies are completely portable, which means the policies can be continued after termination or retirement at the same rates.

If you are interested in enrolling or changing coverage on an existing policy you will need to meet with a benefits representative.

Coverage and premium summaries for each of the plans referenced in this summary are attached (except State Health Benefit Plan).

Representatives from McNeal Insurance Agency and AFLAC will be available on the following dates to assist with any enrollments/changes or questions you may have.

2011 Benefit Enrollment Schedule

Location/Department	Date	Time
Byron Elementary School	10/18/2011	7am – 5 pm
Byron Middle School	10/19/2011	7am – 5 pm
Transportation – Bus Shop	10/20/2011	7am – 5 pm
Kay Road Elementary	10/21/2011	7am – 5 pm
Hunt Elementary School	10/25/2011	7am – 5 pm
Fort Valley Middle School	10/26/2011	7am – 5 pm
Peach County High School	10/27/2011 10/28/2011	7am – 5 pm 7am – 5 pm
Central Office	11/01/2011	7am – 5 pm

**ALL OPEN ENROLLMENT PAPERWORK
MUST BE RECEIVED IN THE
HUMAN RESOURCES OFFICE BY:
NOVEMBER 3, 2011**

PEACH COUNTY BOARD OF EDUCATION 2012 PREMIUM SUMMARY

STATE HEALTH BENEFIT PLANS

	HMO WELLNESS PLAN	HMO STANDARD PLAN	HDHP WELLNESS PLAN	HDHP STANDARD PLAN	HRA WELLNESS PLAN	HRA STANDARD PLAN
EMPLOYEE ONLY	\$122.56	\$129.18	\$66.54	\$70.14	\$76.46	\$80.58
EMPLOYEE + CHILDREN	\$293.88	\$309.72	\$221.32	\$233.26	\$239.26	\$252.18
EMPLOYEE + SPOUSE	\$289.30	\$304.90	\$215.90	\$227.54	\$233.64	\$246.24
EMPLOYEE + SPOUSE + CHILDREN	\$316.86	\$333.96	\$234.48	\$247.14	\$253.86	\$267.54

TOBACCO SURCHARGE	HMO WELLNESS PLAN	HMO STANDARD PLAN	HDHP WELLNESS PLAN	HDHP STANDARD PLAN	HRA WELLNESS PLAN	HRA STANDARD PLAN
EMPLOYEE ONLY	\$202.56	\$209.18	\$146.54	\$150.14	\$156.46	\$160.58
EMPLOYEE + CHILDREN	\$373.88	\$389.72	\$301.32	\$313.26	\$319.26	\$332.18
EMPLOYEE + SPOUSE	\$369.30	\$384.90	\$295.90	\$307.54	\$313.64	\$326.24
EMPLOYEE + SPOUSE + CHILDREN	\$396.86	\$413.96	\$314.48	\$324.14	\$333.86	\$347.54

SPOUSE SURCHARGE	HMO WELLNESS PLAN	HMO STANDARD PLAN	HDHP WELLNESS PLAN	HDHP STANDARD PLAN	HRA WELLNESS PLAN	HRA STANDARD PLAN
EMPLOYEE ONLY	N/A	N/A	N/A	N/A	N/A	N/A
EMPLOYEE + CHILDREN	N/A	N/A	N/A	N/A	N/A	N/A
EMPLOYEE + SPOUSE	\$339.30	\$354.90	\$265.90	\$277.54	\$283.64	\$296.24
EMPLOYEE + SPOUSE + CHILDREN	\$366.86	\$383.96	\$284.48	\$297.14	\$303.86	\$317.54

TOBACCO/SPOUSE SURCHARGE	HMO WELLNESS PLAN	HMO STANDARD PLAN	HDHP WELLNESS PLAN	HDHP STANDARD PLAN	HRA WELLNESS PLAN	HRA STANDARD PLAN
EMPLOYEE ONLY	N/A	N/A	N/A	N/A	N/A	N/A
EMPLOYEE + CHILDREN	N/A	N/A	N/A	N/A	N/A	N/A
EMPLOYEE + SPOUSE	\$419.30	\$434.90	\$345.90	\$357.54	\$363.64	\$376.24
EMPLOYEE + SPOUSE + CHILDREN	\$446.86	\$463.96	\$364.48	\$377.14	\$383.86	\$397.54

DENTAL AND VISION RATES

	HIGH OPTION DENTAL PLAN	LOW OPTION DENTAL PLAN	VISION PLAN
EMPLOYEE	\$35.44	\$28.64	\$7.28
EMPLOYEE + 1 DEPENDENT	\$70.84	\$56.84	\$14.60
EMPLOYEE + 2 OR MORE DEPENDENTS	\$102.48	\$82.24	\$20.00

PEACH COUNTY BOARD OF EDUCATION 2012 PREMIUM SUMMARY

VOLUNTARY LIFE INSURANCE

Employee Life & AD&D		Spouse (Life Only) Coverage cannot exceed 50% of Employee Amount	
Coverage	Premium	Coverage	Premium
\$10,000	\$1.90	\$5,000	\$ 1.00
\$20,000	\$3.80	\$10,000	\$ 2.00
\$30,000	\$5.70	\$15,000	\$ 3.00
\$40,000	\$7.60	\$20,000	\$ 4.00
\$50,000	\$9.50	\$25,000	\$ 5.00
\$60,000	\$11.40	\$30,000	\$ 6.00
\$70,000	\$13.30	\$35,000	\$ 7.00
\$80,000	\$15.20	\$40,000	\$ 8.00
\$90,000	\$17.10	\$45,000	\$ 9.00
\$100,000	\$19.00	\$50,000	\$ 10.00
\$110,000	\$20.90	\$55,000	\$ 11.00
\$120,000	\$22.80	\$60,000	\$ 12.00
\$130,000	\$24.70	\$65,000	\$ 13.00
\$140,000	\$26.60	\$70,000	\$ 14.00
\$150,000	\$28.50	\$75,000	\$ 15.00
\$160,000	\$30.40	\$80,000	\$ 16.00
\$170,000	\$32.30	\$85,000	\$ 17.00
\$180,000	\$34.20	\$90,000	\$ 18.00
\$190,000	\$36.10	\$95,000	\$ 19.00
\$200,000	\$38.00	\$100,000	\$ 20.00
\$210,000	\$39.90		
\$220,000	\$41.80		
\$230,000	\$43.70		
\$240,000	\$45.60		
\$250,000	\$47.50		
\$260,000	\$49.40	Children (Life Only) - Employee must have coverage to purchase	
\$270,000	\$51.30		
\$280,000	\$53.20		
\$290,000	\$55.10	\$5,000	\$1.00
\$300,000	\$57.00	\$10,000	\$2.00

AFLAC PERSONAL ACCIDENT POLICY MONTHLY PREMIUMS

Revised 8/29/2011

Without Accidental Death Benefit

Level 1

Issue Age	Employee Only	Employee/Children	Employee/Spouse	Family
18-64	\$17.68	\$28.60	\$25.09	\$37.31

Level 2

Issue Age	Employee Only	Employee/Children	Employee/Spouse	Family
18-64	\$21.58	\$34.97	\$30.55	\$45.50

AFLAC PERSONAL ACCIDENT POLICY MONTHLY PREMIUMS

Revised 8/29/2011

With Accidental Death Benefit

Level 1

Issue Age	Employee Only	Employee/Children	Employee/Spouse	Family
18-64	\$21.97	\$33.41	\$31.07	\$44.07

Level 2

Issue Age	Employee Only	Employee/Children	Employee/Spouse	Family
18-64	\$25.87	\$39.78	\$36.53	\$52.26

AFLAC MAXIMUM DIFFERENCE CANCER MONTHLY PREMIUMS

Level 2 -First Occurrence of \$2,500/Five (\$500) units of Building Benefit Rider

Issue Age	Employee Only	Employee/Children	Employee/Spouse	Family
18-35	\$28.21	\$28.21	\$53.95	\$53.95
36-45	\$40.17	\$40.17	\$73.71	\$73.71
46-55	\$53.56	\$53.56	\$100.62	\$100.62
56-70	\$65.65	\$65.65	\$126.88	\$126.88

Level 3 -First Occurrence of \$5,000/Five (\$500) units of Building Benefit Rider

Issue Age	Employee Only	Employee/Children	Employee/Spouse	Family
18-35	\$29.64	\$29.64	\$57.33	\$57.33
36-45	\$42.77	\$42.77	\$78.91	\$78.91
46-55	\$57.59	\$57.59	\$108.68	\$108.68
56-70	\$71.24	\$71.24	\$137.93	\$137.93

AFLAC INTENSIVE CARE MONTHLY PREMIUMS

Issue Age	Employee Only	Employee/Children	Employee/Spouse	Family
18-35	\$10.40	\$20.41	\$20.80	\$24.57
36-45	\$11.31	\$20.41	\$20.80	\$24.57
46-55	\$13.65	\$22.36	\$25.35	\$27.43
56-70	\$15.47	\$28.86	\$30.94	\$34.06