

Welcome to Peach County Board of Education's 2021 New Employee Benefits Orientation

Presented by

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Available Benefits

- State Health Benefit Plan
- Board Paid Basic Life Insurance
- Voluntary Life Insurance (Employee and Dependents)
- Disability Insurance
- Dental
- Vision
- AFLAC Supplemental Plans
 - Accident
 - Critical Illness
 - Whole Life Insurance

The information included in this presentation is only a brief summary of the plans. Please refer to actual certificates/booklets or policies of each plan for exact specifications and limitations.

Benefits Eligibility

- Benefits for New Employees will begin on the 1st of the month following 30 days of employment (i.e. hire date 07/25/2021 means Benefits will be effective 09/01/2021)
- Benefits for Transfer Employees (transferring from another Georgia School District):
 - Transfers receiving their last payroll check from their previous school district on 07/31/2021 will receive 1st PCBOE payroll check on 08/31/2021 and PCBOE Benefits will be effective 09/01/2021
 - Transfers receiving their last payroll check from their previous school district on 08/31/2021 will receive 1st PCBOE payroll check on 09/30/2021 and PCBOE Benefits will be effective 10/01/2021
- Monthly payroll deductions are made one month in advanced of coverage

Plan Changes

- Plan Changes are not allowed until Open Enrollment (unless you experience a Qualifying Life Event)
- Qualifying Life Events (i.e. marriage, divorce, birth, adoption, loss or gain of other coverage) - changes allowed within 31 days of event
- If you have a qualifying life event, you must notify the HR Department and provide the necessary documentation.

- Open Enrollment is held mid October through early November for January 1st coverage

State Health Benefit Plan (SHBP) / Enrollment

Transfers from another school district:

Health Plans offered are the same in all Georgia public school systems. If you are transferring from another district, your current health plan election will transfer with you. Changes to your plan can only be made at the next open enrollment.

New enrollees:

Can enroll in one of six plans offered through Anthem Blue Cross Blue Shield and United Healthcare

Anthem BCBS HRA'S – Gold, Silver and Bronze

Anthem BCBS HMO

United Healthcare HMO

United Healthcare High Deductible Health Plan (HDHP)

A SHBP Decision Guide, with much more detailed information, is available at www.myshbpga.adp.com. You should carefully review the Decision Guide before making your medical coverage election.

State Health Benefit Plan (SHBP) / Enrollment

- *The SHBP information included in this presentation is only a summary of the benefits. It does not describe all the benefits and does not include exclusions and limitations.*
- *Plan documents with full details are posted on <http://dch.georgia.gov/state-health-benefit-plan-shbp>. The SHBP Decision Guide can be found at www.myshbpga.adp.com. In the event of any conflict, the information in the Plan Documents and Decision Guide prevails.*

State Health Benefit Plan (SHBP) Overview

- *Anthem Blue Cross Blue Shield HRA Plans*

- Three HRA plans to choose from – Gold, Silver and Bronze
- Same coverage but HRA funding, deductibles and coinsurance vary
- Medical services are subject to a deductible first, then coinsurance until out of pocket maximum is reached
- HRA Plans do not have copays
- For Prescription drugs, you pay a percentage of the retail cost
- HRA Plans include a SHBP funded Health Reimbursement Account (HRA) to reduce / offset your deductible and pharmacy expenses
- Preventive care is covered at 100% before the deductible.

State Health Benefit Plan (SHBP) Overview

- *Anthem Blue Cross Blue Shield & United Healthcare HMO Plans*

- Plan designs are the same for both companies / Premiums differ
- In-network coverage only
- Copays for Physician and Specialist Office visits, Emergency Room, Urgent Care and Prescriptions
- Most other services are subject to the deductible and coinsurance until the out of pocket maximum is reached
- Preventive care is covered at 100% before the deductible

State Health Benefit Plan (SHBP) Overview

- *United Healthcare High Deductible Health Plan (HDHP)*

- **Lowest monthly premium**
- **Highest out of pocket costs**
- **All medical and pharmacy services are subject to a deductible first, then coinsurance until out of pocket maximum is reached**
- **No Copays**
- **Preventive care is covered at 100% before the deductible**

State Health Benefit Plan (SHBP) Overview

- Pharmacy Benefits

- CVS Caremark is the pharmacy vendor
- Pharmacy benefits vary between SHBP plans
- Retail, mail order and specialty pharmacy services
- Extensive retail network – includes retail and chain pharmacies (not limited to CVS stores)

SHBP Benefit Comparison

2021 STATE HEALTH BENEFIT PLAN COMPARISON					
	Anthem Blue Cross Blue Shield			Anthem BCBS / UnitedHealthcare	UnitedHealthcare
	Gold Plan	Silver Plan	Bronze Plan	HMO	HDHP
	In-Network / Out-of-Network	In-Network / Out-of-Network	In-Network / Out-of-Network	In-Network Only	In-Network / Out-of-Network
Deductible					
You	\$1,500 / \$3,000	\$2,000 / \$4,000	\$2,500 / \$5,000	\$1,300	\$3,500 / \$7,000
You + Child(ren) or Spouse	\$2,250 / \$4,500	\$3,000 / \$6,000	\$3,750 / \$7,500	\$1,950	\$7,000 / \$14,000
You + Family	\$3,000 / \$6,000	\$4,000 / \$8,000	\$5,000 / \$10,000	\$2,600	\$7,000 / \$14,000
Out-of-Pocket Maximum					
You	\$4,000 / \$8,000	\$5,000 / \$10,000	\$6,000 / \$12,000	\$4,000	\$6,450 / \$12,900
You + Child(ren) or Spouse	\$6,000 / \$12,000	\$7,500 / \$15,000	\$9,000 / \$18,000	\$6,500	\$12,900 / \$25,800
You + Family	\$8,000 / \$16,000	\$10,000 / \$20,000	\$12,000 / \$24,000	\$9,000	\$12,900 / \$25,800
Base HRA Contribution					
You	\$400	\$200	\$100	N/A	N/A
You + Child(ren) or Spouse	\$600	\$300	\$150		
You + Family	\$800	\$400	\$200		
Co-insurance (Plan Pays)	85% / 60%	80% / 60%	75% / 60%	80%	70% / 50%
Medical					
Primary Care Physician	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance	\$35	Deductible / Coinsurance
Specialist				\$45	
Urgent Care				\$35	
Emergency Room				\$150	
Wellness / Preventive Care	100% / Not Covered	100% / Not Covered	100% / Not Covered	100%	100% / Not Covered
Telemedicine/Virtual Visits	85% / Not Covered	80% / Not Covered	75% / Not Covered	\$35	70% / Not Covered
Pharmacy Benefits					
Tier 1 (31 day supply)	15% (Min \$20/Max \$50)	15% (Min \$20/Max \$50)	15% (Min \$20/Max \$50)	\$20 Co-pay	Deductible / Coinsurance
Tier 2 (31 day supply)	25% (Min \$50/Max \$80)	25% (Min \$50/Max \$80)	25% (Min \$50/Max \$80)	\$50 Co-pay	
Tier 3 (31 day supply)	25% (Min \$80/Max \$125)	25% (Min \$80/Max \$125)	25% (Min \$80/Max \$125)	\$90 Co-pay	
Tier 1 (90 day supply)	15% (Min \$50/Max \$125)	15% (Min \$50/Max \$125)	15% (Min \$50 / Max \$125)	\$50 Co-pay	Deductible / Coinsurance
Tier 2 (90 day supply)	25% (Min \$125/Max \$200)	25% (Min \$125/Max \$200)	25% (Min \$125/Max \$200)	\$125 Co-pay	
Tier 3 (90 day supply)	25% (Min \$200/Max \$312.50)	25% (Min \$200/Max \$312.50)	25% (Min \$200/Max \$312.50)	\$225 Co-pay	

SHBP 2021 Monthly Premiums

Monthly Premiums	Gold Plan	Silver Plan	Bronze Plan	HMO		HDHP
You	\$175.68	\$114.32	\$76.58	\$143.03	\$174.49	\$61.83
You + Spouse	\$436.33	\$307.47	\$228.22	\$367.76	\$433.83	\$197.24
You + Children	\$320.11	\$215.80	\$151.64	\$264.61	\$318.09	\$126.57
You + Family	\$580.76	\$408.95	\$303.28	\$489.34	\$577.43	\$261.98

Rates shown above DO NOT include the \$80 per month surcharge for tobacco users

Additional SHBP Plan Information

Wellness Program

All SHBP Plans offer Well-Being Incentive Credits for Employees and Spouses

- As you complete wellness activities through Sharecare, the wellness program vendor, you will earn credits in your HRA to help offset your medical expenses. HDHP members must meet a portion of the deductible before well-being credits may be used.
- Employee and a covered spouse are each eligible to receive up to \$480 well-being incentive credits for completion of certain activities as long as you complete the activities between January 1, 2019 and November 30, 2019.
- Information regarding the Wellness Incentives can be found at www.bewellshbp.com

Other Medical Options - TriCare

- TriCare Supplement is available through SHBP for retired and active military employee.
- Supplements current TriCare benefits
- Contact www.asicorporation.com/ga_shbp for benefits information

Coverage Level	Premium
Employee	\$60.50
Employee + Spouse	\$119.50
Employee + Children	\$119.50
Employee + Family	\$160.50

SHBP / Medical Benefit Election

Medical benefit elections are made via the SHBP/ADP online enrollment system – www.myshbpga.adp.com

Dependents:

- Your legal spouse, children/step-children (to age 26) are eligible for health insurance
- Dependent Social Security numbers are required for enrollment
- Spouse/dependent documentation is required - Make sure you submit documentation to ADP in the format requested by the deadline provided by ADP
- Failure to submit documents requested by ADP will result in dependents not being covered under the plan

Basic and Voluntary Term Life

- Basic Term Life/AD&D is provided by PCBOE at no cost to employees.
- Voluntary Group Term Life Coverage is available for Employee, Spouse and Dependent Children. Employees must purchase coverage in order to purchase coverage for spouse and children.
 - Employees - Coverage available in increments from \$10,000 up to \$300,000 or 6 times your annual earnings. Guarantee Issue as a new hire is up to \$150,000. Medical approval required for amounts in excess of \$150,000.
 - Spouse - Coverage available in increments from \$10,000 to a max of \$100,000, not to exceed 50% of the employees benefit. Medical approval required for amounts in excess of \$20,000.
 - Dependent Children (to age 26) - Coverage available for either \$5,000 or \$10,000, not to exceed 50% of the employees benefit.
- You cannot be covered as an employee and as a dependent of another employee
- Medical approval is required if coverage is not added as a new hire

Basic and Supplemental Term Life

Partial Rate Sheet -
Refer to Employee
Benefit Package for
full rate sheet

Employee Life/AD&D		Spouse Life (No AD&D)		Children Life (No AD&D)	
Coverage	Premium	Coverage	Premium	Coverage	Premium
\$10,000	\$1.90	\$5,000	\$1.00	\$5,000	\$1.00
\$20,000	\$3.80	\$10,000	\$2.00	\$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		

Disability Income Protection

Disability coverage offers partial income replacement in the event you are unable to work due to an illness or injury

- **Choose Monthly Disability Benefit** – Elect from \$200 to \$10,000 (not to exceed 66 2/3% of your monthly salary)
- **Choose Elimination (waiting) Period** – Choose from 5 waiting periods: 14, 30, 60, 90 or 180 days – this is the number of days you must be out of work before you become eligible to receive benefits
- **Benefit Duration** – plan pays to your normal social security retirement age
- **Note:** Plan pays in addition to sick leave for the first 6 months of a disability. After 6 months, benefits are reduced by any other sources of income
- **Pre-Existing Condition:** The plan does not pay for any condition for which you received medical advice or treatment, including taking medication, 3 months before your effective date, until you have been covered for 12 months.

Disability Income Protection Monthly Premiums

Partial Rate Sheet -
Refer to Employee
Benefit Package for full
rate sheet

Annual Earnings	Monthly Earnings	Monthly Benefit	Sickness / Accident Elimination Period in Days				
			14 / 14	30 / 30	60 / 60	90 / 90	180 / 180
\$3,600	\$300	\$200	\$6.58	\$5.30	\$3.96	\$2.32	\$1.60
\$5,400	\$450	\$300	\$9.87	\$7.95	\$5.94	\$3.48	\$2.40
\$7,200	\$600	\$400	\$13.16	\$10.60	\$7.92	\$4.64	\$3.20
\$9,000	\$750	\$500	\$16.45	\$13.25	\$9.90	\$5.80	\$4.00
\$10,800	\$900	\$600	\$19.74	\$15.90	\$11.88	\$6.96	\$4.80
\$12,600	\$1,050	\$700	\$23.03	\$18.55	\$13.86	\$8.12	\$5.60
\$14,400	\$1,200	\$800	\$26.32	\$21.20	\$15.84	\$9.28	\$6.40
\$16,200	\$1,350	\$900	\$29.61	\$23.85	\$17.82	\$10.44	\$7.20
\$18,000	\$1,500	\$1,000	\$32.90	\$26.50	\$19.80	\$11.60	\$8.00
\$19,800	\$1,650	\$1,100	\$36.19	\$29.15	\$21.78	\$12.76	\$8.80
\$21,600	\$1,800	\$1,200	\$39.48	\$31.80	\$23.76	\$13.92	\$9.60
\$23,400	\$1,950	\$1,300	\$42.77	\$34.45	\$25.74	\$15.08	\$10.40
\$25,200	\$2,100	\$1,400	\$46.06	\$37.10	\$27.72	\$16.24	\$11.20
\$27,000	\$2,250	\$1,500	\$49.35	\$39.75	\$29.70	\$17.40	\$12.00
\$28,800	\$2,400	\$1,600	\$52.64	\$42.40	\$31.68	\$18.56	\$12.80
\$30,600	\$2,550	\$1,700	\$55.93	\$45.05	\$33.66	\$19.72	\$13.60
\$32,400	\$2,700	\$1,800	\$59.22	\$47.70	\$35.64	\$20.88	\$14.40
\$34,200	\$2,850	\$1,900	\$62.51	\$50.35	\$37.62	\$22.04	\$15.20
\$36,000	\$3,000	\$2,000	\$65.80	\$53.00	\$39.60	\$23.20	\$16.00
\$37,800	\$3,150	\$2,100	\$69.09	\$55.65	\$41.58	\$24.36	\$16.80
\$39,600	\$3,300	\$2,200	\$72.38	\$58.30	\$43.56	\$25.52	\$17.60
\$41,400	\$3,450	\$2,300	\$75.67	\$60.95	\$45.54	\$26.68	\$18.40
\$43,200	\$3,600	\$2,400	\$78.96	\$63.60	\$47.52	\$27.84	\$19.20
\$45,000	\$3,750	\$2,500	\$82.25	\$66.25	\$49.50	\$29.00	\$20.00
\$46,800	\$3,900	\$2,600	\$85.54	\$68.90	\$51.48	\$30.16	\$20.80
\$48,600	\$4,050	\$2,700	\$88.83	\$71.55	\$53.46	\$31.32	\$21.60
\$50,400	\$4,200	\$2,800	\$92.12	\$74.20	\$55.44	\$32.48	\$22.40

Dental Plans (Anthem Blue Cross Blue Shield)

Benefits	High Option	Low Option
Calendar Year Deductible	\$50 Individual / \$150 Family	\$75 Individual / \$225 Family
Annual Benefit Maximum	\$1,000 Per Person	\$750 Per Person
Preventive Care Benefits (Cleanings, exams, sealants, x-rays, fluoride treatments)	100% (Fluoride age limit – none)	100% (Fluoride age limit – Under age 14)
Basic Services:		
Anesthesia / Fillings / Extractions	80%	80%
Periodontal Surgery	80%	50%
Periodontal Maintenance	80%	80%
Periodontal Frequency	Every 3 Months	Every 6 months
Root Canals	80%	50%
Surgical Extractions	80%	50%
Major Services:		
Crowns, Bridges, Dentures, Implants	50%	50%
Orthodontia – Adults and Children	50%	50%
Lifetime Benefit Maximum	\$1,000	\$750
Monthly Premiums:		
Employee	\$39.52	\$31.99
Employee + 1 Dependent	\$79.00	\$63.43
Employee + 2 or More Dependents	\$114.31	\$91.75

Vision Plan (Anthem Blue Cross Blue Shield)

Plan Benefits	Frequency	In-Network	Out-of-Network
Eye Exam	Once every calendar year	\$10 Copay	\$30 Allowance
Lenses (Single/Bifocal/Trifocal) Lens Enhancements/Upgrades	Once every calendar year	\$10 Copay Discounted Prices	\$25/\$40/\$55 Allowance No Allowance
Frames	Once every two calendar years	\$150 Allowance 20% Off Balance	\$45 Allowance
Contacts (In Lieu of Frames/Lenses)	Once every calendar year	\$150 Allowance 15% Off Balance	\$105 Allowance
Monthly Premiums:			
Employee		\$7.16	
Employee + 1 Dependent		\$14.36	
Employee + 2 or More Dependents		\$19.66	

To search for in-network providers please visit the website www.anthem.com and search for "Blue View Vision" providers or call 866-723-0515

Vision Plan Network (Partial List)

- **Warner Robins:**

- America's Best
- Advanced Eye Care
- Browns Eye Center
- Downtown Opticians
- My Eye Doctor Optometry
- Robins Eye Care
- Vision Savers
- Vision Center in Walmart (Watson Blvd.)

- **Perry:**

- My Eye Doctor Optometry
- Advanced Eye Care
- Crossroads Family Eye Care

- **Macon:**

- America's Best
- Browns Eye Center
- Chambless Eye Care
- Depoe Eye Care
- Downtown Opticians
- Eye Designs Optical
- Georgia Eye Care Center
- LensCrafters
- Midtowne Vision Center
- My Eye Doctor Optometry
- Oldham's Opticians
- Vision Savers
- Vision Center in Walmart (Gray Hwy. Only)

AFLAC Accident Plan

- In case of an Accident, the AFLAC Accident policy pays cash benefits directly to you regardless of any other insurance you have
- Pays benefits for the treatment of injuries such as fractures, burns, concussions, lacerations, etc.
- 24 hour (on and off the job) coverage
- \$50 Annual Wellness Benefit

Monthly Premiums	
Employee	\$16.20
Employee/Spouse	\$23.16
Employee/Children	\$30.90
Employee/Family	\$37.86

AFLAC Critical Illness Plan

- Lump sum benefit payment upon diagnosis of:
 - Cancer
 - Heart Attack
 - Stroke
 - Major Organ Transplant
 - End Stage Renal Failure
 - Carcinoma In Situ
 - Coronary Artery Bypass Surgery

- Benefit amounts:
 - Employee - \$5,000 to \$50,000
 - Spouse - \$5,000 to \$25,000
 - Dependent Children – 25% of primary insured amount
- Guarantee issue amounts:
 - Employee - \$10,000
 - Spouse - \$5,000

\$50 Annual Wellness Benefit

AFLAC Group Critical Illness Plan

AFLAC Critical Illness Monthly Premiums										
EMPLOYEE ONLY OR EMPLOYEE & CHILDREN (NON-TOBACCO)										
AGE	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.60	\$5.45	\$7.30	\$9.15	\$11.00	\$12.85	\$14.70	\$16.55	\$18.40	\$20.25
30-39	\$5.15	\$8.55	\$11.95	\$15.35	\$18.75	\$22.15	\$25.55	\$28.95	\$32.35	\$35.75
40-49	\$8.65	\$15.55	\$22.45	\$29.35	\$36.25	\$43.15	\$50.05	\$56.95	\$63.85	\$70.75
50-59	\$14.22	\$26.68	\$39.15	\$51.62	\$64.08	\$76.55	\$89.02	\$101.48	\$113.95	\$126.42
60-69	\$21.75	\$41.75	\$61.75	\$81.75	\$101.75	\$121.75	\$141.75	\$161.75	\$181.75	\$201.75
SPOUSE (NON-TOBACCO)										
AGE	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000	
18-29	\$3.60	\$4.53	\$5.45	\$6.38	\$7.30	\$8.23	\$9.15	\$10.08	\$11.00	
30-39	\$5.15	\$6.85	\$8.55	\$10.25	\$11.95	\$13.65	\$15.35	\$17.05	\$18.75	
40-49	\$8.65	\$12.10	\$15.55	\$19.00	\$22.45	\$25.90	\$29.35	\$32.80	\$36.25	
50-59	\$14.22	\$20.45	\$26.68	\$32.92	\$39.15	\$45.38	\$51.62	\$57.85	\$64.08	
60-69	\$21.75	\$31.75	\$41.75	\$51.75	\$61.75	\$71.75	\$81.75	\$91.75	\$101.75	
EMPLOYEE ONLY OR EMPLOYEE & CHILDREN (TOBACCO)										
AGE	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$4.85	\$7.95	\$11.05	\$14.15	\$17.25	\$20.35	\$23.45	\$26.55	\$29.65	\$32.75
30-39	\$7.60	\$13.45	\$19.30	\$25.15	\$31.00	\$36.85	\$42.70	\$48.55	\$54.40	\$60.25
40-49	\$16.25	\$30.75	\$45.25	\$59.75	\$74.25	\$88.75	\$103.25	\$117.75	\$132.25	\$146.75
50-59	\$26.75	\$51.75	\$76.75	\$101.75	\$126.75	\$151.75	\$176.75	\$201.75	\$226.75	\$251.75
60-69	\$41.75	\$81.75	\$121.75	\$161.75	\$201.75	\$241.75	\$281.75	\$321.75	\$361.75	\$401.75
SPOUSE (TOBACCO)										
AGE	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000	
18-29	\$4.85	\$6.40	\$7.95	\$9.50	\$11.05	\$12.60	\$14.15	\$15.70	\$17.25	
30-39	\$7.60	\$10.53	\$13.45	\$16.38	\$19.30	\$22.23	\$25.15	\$28.08	\$31.00	
40-49	\$16.25	\$23.50	\$30.75	\$38.00	\$45.25	\$52.50	\$59.75	\$67.00	\$74.25	
50-59	\$26.75	\$39.25	\$51.75	\$64.25	\$76.75	\$89.25	\$101.75	\$114.25	\$126.75	
60-69	\$41.75	\$61.75	\$81.75	\$101.75	\$121.75	\$141.75	\$161.75	\$181.75	\$201.75	

AFLAC Whole Life Plan

- Level Premium
- Builds Cash Value
- Rates are based on Age, Amount of Coverage and Tobacco Status

Contacts

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