

# 2025

# Okefenokee RESA

## Benefits Guide



*Summary for Review Purposes Only*

# WELCOME TO OKEFENOKEE RESA!

Okefenokee RESA offers a comprehensive and valuable benefits program to all eligible employees. Our benefits package is designed to provide security and assistance during a time of need. Please become familiar with the various options and select the best coverage for the upcoming plan year.

## 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 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 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*



### How to Enroll in Campus Benefits Voluntary Benefits

1. Visit <https://www.okresabenefits.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**



### How to Enroll in your State Health Benefit Medical Plan

1. Visit <https://www.okresabenefits.com/>  
Select the "State Health" tab
2. Select "SHBP Enrollment Link" (Refer to the SHBP page of this guide for additional details) **OR**
3. **Contact SHBP at 800.610.1863**

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## OKEFENOKEE RESA CONTACTS:

**Iris Collins**

CFO

**Phone:** 912.285.6151

**Email:** [icollins@okresa.org](mailto:icollins@okresa.org)

**Need Help? Start Here:**

[MyBenefits@CampusBenefits.com](mailto:MyBenefits@CampusBenefits.com)

866.433.7661 Opt 5

## Eligibility

- Generally, employees working at least 21 hours per week are eligible to enroll in the benefits described in this guide.
- 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.

## When to Enroll

- New Hire: Enroll within 30 days of your date of hire
- Campus Benefits: Annual enrollment is held in the Fall (December)
- SHBP: Annual enrollment is held in the Fall (October – November)

## 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.

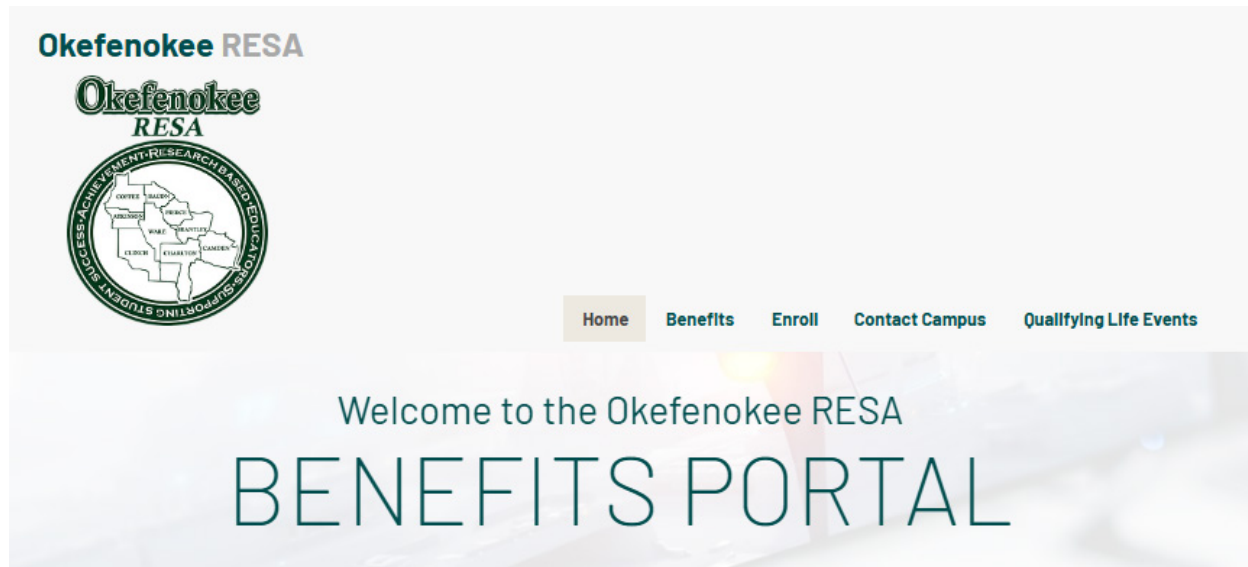
## How to Make Changes

- Once your benefit elections as a new hire or during Open Enrollment are finalized, 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.
- Visit the web portal for current plan offerings, enrollment information and access to the enrollment system. [www.okresabenefits.com](http://www.okresabenefits.com)

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# EMPLOYEE BENEFITS PORTAL!

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



## 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

Employee Benefits Website: [www.okresabenefits.com](http://www.okresabenefits.com)

**1** Visit [www.okresabenefits.com](http://www.okresabenefits.com)

**2** Select the “Enroll” tab or the “Campus Connect” tab

**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

### What can I find on the portal?

- Plan highlight sheets
- Policy Documents and Certificates
- Claim forms
- Links to Carrier Websites

**Company Identifier: OKR17**

## New User Registration

1. On Login page click on “Register as a new user” and enter information below

- First Name
- Last Name
- **Company Identifier: OKR17**
- 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

## What can the Service Hub assist you with?

- Claims
- Card requests
- Benefits Questions
- Qualified Life Events

### Need Help? Start Here:

[mybenefits@campusbenefits.com](mailto: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.okresabenefits.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 the group dental card or vision card quickly?

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



**Phone:** 866.433.7661, Opt 5  
**Email:** [mybenefits@campusbenefits.com](mailto:mybenefits@campusbenefits.com)  
**Website:** [OKRESAbenefits.com](http://OKRESAbenefits.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.OKRESAbenefits.com](http://www.OKRESAbenefits.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 Voluntary Term Life Insurance and/or Basic Life Insurance Policies.

**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 pages 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 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, and telemedicine insurance.

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# EMPLOYEE ASSISTANCE PROGRAM



**What is an EAP?** A program offered to eligible Okefenokee 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.

## Mutual of Omaha EAP

- **Eligibility:** Eligible Okefenokee RESA employees, their household members and unmarried children (up to age 26)
- Coverage through Mutual of Omaha
- Provides support, resources, and information for personal and work-life challenges
- **Receive up to three face to face visit(s)**
- CALL 1.800.316.2796 or visit [mutualofomaha.com/eap](https://mutualofomaha.com/eap)

## Face to Face Visits

• Enhanced with 3 face to face visit(s) – An in-house team of master’s level EAP professionals are available 24/7/365 to provide individual assessments. Employees may substitute a face to face session for a legal or financial referral. Access to EAP services is obtained by calling 1-800-316-2796 or by using an online submission form for employee convenience. Online there are valuable resources and links for additional assistance, including: current events, family and relationships, emotional well-being, financial wellness, substance abuse and addiction, legal assistance and work and career.

## 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
  - Stress anxiety and depression
  - Relationship/marital conflicts
  - Problems with children
  - Job pressures
  - Grief and loss
  - Substance abuse

## 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

## 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

## Online Resources

- Timely articles, HelpSheets, tutorials, streaming videos and self-assessments
- Child care, elder care, attorney and financial planner searches

**Plan Rates**  
Coverage provided at no cost to you.

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# DISABILITY INSURANCE



**What is Disability Insurance?** A type of coverage that replaces a portion of your income 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 employees working at least 21 hours per week

- Coverage through Mutual of Omaha
- Must be actively at work on the effective date
- **Must exhaust all sick leave prior to receiving benefit**
- Short-Term Disability: Annual Open Enrollments with no health questions
- Long-Term Disability: If electing outside of the initial open enrollment period, health questions will be required

## Short Term Disability Quick Summary

|                               |  |
|-------------------------------|--|
| Elimination Period            | Benefits begin on the 15th day or after the expiration of all accumulated sick leave days; whichever is greater.   |
| Benefit Duration              | Covers accidents and sicknesses up to 11 weeks   |
| Benefit Percentage (weekly)   | 60% of your gross weekly salary  |
| Maximum Benefit Amount Weekly | \$1,500  |
| Pre-existing condition        | 3 months/6 months<br>Illness or injury for which you received treatment the 3 months prior to your effective date will not be covered for the first 6 months |

## Long Term Disability Quick Summary

|                                |  |
|--------------------------------|--|
| Elimination Period             | Benefits begin on the 91st day or after expiration of all short-term disability or all accumulated sick leave days; whichever is greater.                        |
| Benefit Duration               | Up to Social Security Normal Retirement Age (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         | 12 months/12 months<br>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 |
| Own occupation definition      | 2 years  |

### STD: Rates based on \$10 of weekly benefit

| Short-Term Disability Monthly Rates |
|-------------------------------------|
| \$0.33                              |

$$\text{STD Monthly Payment} = \text{Annual Salary} / 52 \times 0.60 / 10 \times \$0.33$$

### LTD: Rates based on \$100 of covered payroll

| Long-Term Disability Monthly Rates |
|------------------------------------|
| \$0.90                             |

$$\text{LTD Monthly Payment} = \text{Monthly Salary} / 100 \times \$0.90$$

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# LIFE INSU

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.**



Basic Life and AD&D Insurance  
(Employer Paid)

Voluntary Term Life Insurance

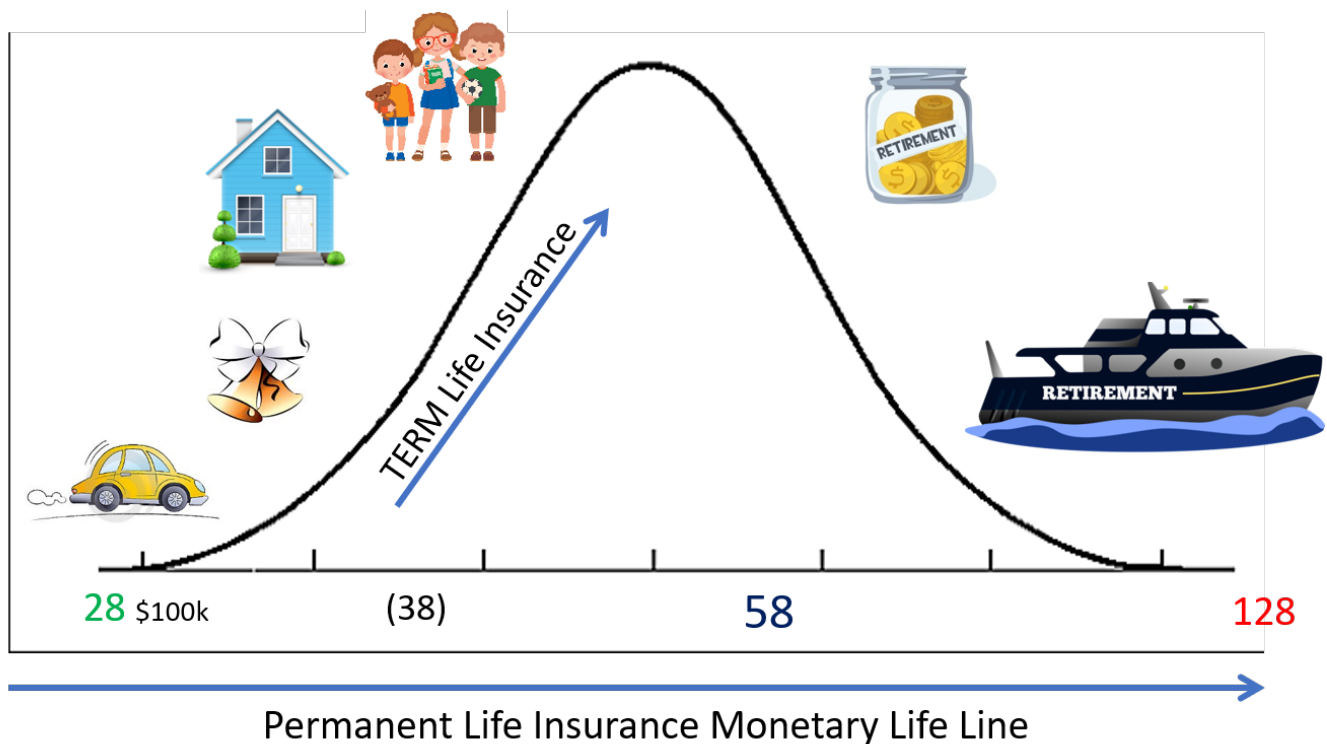
Permanent Life Insurance  
"The Real Deal"

# 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)
- 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 your age when the policy is issued
- This is an individual plan you can take with you regardless of where you work
- Please contact Campus Benefits if you have a need for Permanent Life Insurance

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# BASIC TERM LIFE & AD&D INSURANCE



**What is Basic Life Insurance?** A financial and family protection plan paid for by Okefenokee 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 employees working at least 21 hours per week, spouse and unmarried children up to age 26 (regardless of student status)

- Coverage through Mutual of Omaha
- Must be actively at work on the effective date
- It is important to review your beneficiaries every year
- THE AMOUNT OF LIFE INSURANCE FOR A DEPENDENT WILL NOT BE MORE THAN 100% OF YOUR AMOUNT OF LIFE INSURANCE
- Employees must elect coverage for Spouse and/or Child Life. Dependents are not covered automatically and must be entered into the system for coverage.

| Basic Life and AD&D Quick Summary         |   |
|---|---|
| <b>Employee Benefit Amount</b>            | 1x Annual Salary up to \$50,000<br>(AD&D Matches Life Amount) |
| <b>Employee Age Reduction</b>             | Reduces to 65% at age 65, 50% at age 70                       |
| <b>Spouse Life Amount</b>                 | \$10,000<br>(AD&D Not Included)                               |
| <b>Spouse Age Reduction</b>               | Reduces to 65% at age 65, 50% at age 70                       |
| <b>Child Life: Live birth to 6 months</b> | \$1,000<br>(AD&D Not Included)                                |
| <b>Child Life: 6 months - age 26</b>      | \$10,000<br>(AD&D Not Included)                               |

## Plan Rates

Coverage provided at no cost to you.

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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 employees working at least 21 hours per week, spouse and children up to age 26 (regardless of student status)

- Coverage through Mutual of Omaha
- Must be actively at work on the effective date
- If electing for the first time outside of the initial open enrollment period, health questions will be required
- Employee must elect coverage on themselves in order to cover spouse and/or children
- **It is important to review your beneficiaries every year**

| Voluntary Life and AD&D Quick Summary                                   |  |
|---|--|
| <b>LIFE AMOUNT</b>  |  |
| Employee  | \$300,000 maximum, Increments of \$10,000 (up to 5x salary)  |
| Spouse  | \$150,000 maximum, Increments of \$5,000 (Spouse coverage terminates when employee attains age 80) |
| Child(ren) (up to age 26)   | \$10,000 maximum, Increments of \$1,000  |
| Child < 6 months  | \$1,000  |
| <b>AD&amp;D AMOUNT</b>  |  |
| AD&D Amount matches the life amount for employee, spouse and dependents |  |
| <b>GUARANTEED ISSUE; FIRST TIME OFFERING; INITIAL ENROLLMENT</b>        |  |
| <b>Employee</b>   | \$100,000 (up to 5x salary)  |
| <b>Spouse</b>   | \$30,000   |
| <b>Child(ren)</b>   | \$10,000   |
| <b>GUARANTEED INCREASE IN BENEFIT</b>                                   | Employee: if enrolled, can increase by \$20,000 up to the Guaranteed Issue Amount.                 |
| <b>Age Reduction</b>  | Reduces to 65% at age 65, 50% at age 70  |
| <b>Additional Features</b>  | Included: Portability, Conversion, Accelerated Benefit, Waiver of Premium                          |

| Employee and Spouse                |                                |
|------------------------------------|--------------------------------|
| Age                                | Life / AD&D Rates per \$10,000 |
| < 24                               | \$1.10                         |
| 25-29                              | \$1.25                         |
| 30-34                              | \$1.55                         |
| 35-39                              | \$1.70                         |
| 40-44                              | \$2.08                         |
| 45-49                              | \$2.95                         |
| 50-54                              | \$4.33                         |
| 55-59                              | \$7.79                         |
| 60-64                              | \$11.76                        |
| 65-69                              | \$22.31                        |
| 70-74                              | \$35.97                        |
| 75+                                | \$35.97                        |
| Child Life / AD&D Rate per \$1,000 | \$2.19                         |

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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 employees working at least 21 hours per week, spouses, and children up to age 26

- Coverage through MetLife
- Claims must be submitted within 90 days of service
- In-Network Provider Directory: [www.metlife.com](http://www.metlife.com) (**Network: PDP Plus**)
- Orthodontics available for Adults & Children (up to age 26) (subject to takeover provision)
- No waiting periods
- Exam and Cleanings 2 per calendar year
- The chart below is a sample of covered services. Please see Plan Certificate for a detailed listing of services in their entirety, located on your employee benefits website.

| Coinsurance                                       |                           |
|---|---------------------------|
| Preventive (Type 1)                               | 100%                      |
| Basic (Type 2)                                    | 80%                       |
| Major (Type 3)                                    | 50%                       |
| Orthodontia                                       | 50%                       |
| Calendar Year Plan Maximum                        | \$1,250                   |
| Services  |                           |
| Routine Exam                                      | 100%                      |
| Bitewing X-rays                                   | 100%                      |
| Cleaning  | 100%                      |
| Fluoride (children < 14)                          | 100%                      |
| Full Mouth Panoramic X-rays                       | 100%                      |
| Restorative Amalgams/<br>Composites               | 80%                       |
| Simple Extractions                                | 80%                       |
| Complex Extractions                               | 80%                       |
| Anesthesia  | 80%                       |
| Endodontics                                       | 80%                       |
| Periodontics                                      | 80%                       |
| Inlays / Onlays                                   | 50%                       |
| Crowns & Repairs                                  | 50%                       |
| Reimbursement Allowances                          | 99th U&C                  |
| Dental Benefits Quick Summary                     |                           |
| Calendar Year Deductible<br>(Excludes Preventive) | \$50/person, \$150/family |
| Orthodontia (Lifetime per person)                 | \$1,000                   |

| Employee Plan Rates** |          |
|-----------------------|----------|
| Employee              | \$0.00   |
| Employee + Spouse     | \$44.61  |
| Employee + Child(ren) | \$60.31  |
| Employee + Family     | \$116.12 |

\*\*OK RESA pays the employee cost

| MetLife  | PDP Plus Network   |
|--|--|
| Employee Name  | Employee SSN   |
| Okefenokee Regional Service Agency   | Employee ID  |
| Group Name   | 5949620  |
|  | Group Number   |
| <p><i>This card is a sample of the information needed by your dental provider.</i></p> |  |
| 1.800.942.0854   | <a href="http://metlife.com/mybenefits">metlife.com/mybenefits</a> |

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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:** Eligible employees working at least 21 hours per week, spouses, and children up to age 26

- Coverage through MetLife
- Claims must be submitted within 90 days of the date of service
- Provider Network: <https://www.metlife.com/insurance/vision-insurance/#find-a-provider>
- **(Network: VSP Choice)**

| In-Network Vision Quick Summary  | High Plan  | Low Plan  |
|--|--|---|
| Exam<br>(with dilation as necessary)                                       | \$10 Copay   | \$10 Copay  |
| Materials Copay  | Included in Lens Copay   |   |
| Contact Lens Fit and Follow-Up (Standard)                                  | Up to \$60 Copay   |   |
| Lasik or PRK   | 15% off retail or 5% off promotional   |   |
| Frames<br>(See plan certificate for featured frames allowance)             | \$200 allowance plus 20% off balance<br>\$220 allowance on featured frames<br>(\$110 allowance at Costco, Walmart, Sams)   | \$150 allowance plus 20% off balance<br>\$170 allowance on featured frames<br>(\$85 allowance at Costco, Walmart, Sams) |
| <b>Lenses</b>  |  |   |
| Single Vision, Bifocal, Trifocal, Lenticular                               | \$10 Copay   | \$25 Copay  |
| Progressive Lenses   | Up to \$55 Copay (Standard)  |   |
| <b>Additional Lens Options</b>   |  |   |
| Standard UV Treatment  | Cover in Full  |   |
| Standard Scratch Resistant   | Up to \$17 - \$33 Copay  |   |
| Standard Polycarbonate   | Children: Covered in Full<br>Adults: Up to \$35 Copay  |   |
| Standard Anti-Reflective Coating   | Up to \$41 - \$85 Copay  |   |
| Transition Lenses  | Up to \$47 - \$82 Copay  |   |
| <b>Contact Lenses</b>  |  |   |
| Elective Contacts  | \$200 Allowance  | \$150 Allowance   |
| Medically Necessary  | Covered in Full after eyewear Copay  |   |
| <b>Frequencies</b>   |  |   |
| Exams, Lenses, Contact Lenses and Frames                                   | Every 12 months  | Exams, Lenses, & Contact Lenses:<br>Every 12 Months<br>Frames: Every 24 months  |
| 2nd Pair Benefit<br>(Allowance must be purchased on two separate invoices) | Each covered person can get: <ul style="list-style-type: none"> <li>• 2 pairs of prescription eyeglasses <b>OR</b></li> <li>• 1 pair of prescription eyeglasses &amp; an allowance toward contacts <b>OR</b></li> <li>• Double the contact lens allowance</li> </ul> | 2nd Pair Benefit - N/A  |

| High Plan Rates     |         |
|---------------------|---------|
| Employee            | \$12.37 |
| Employee+Spouse     | \$23.50 |
| Employee + Children | \$24.72 |
| Family              | \$36.41 |

| Low Plan Rates      |         |
|---------------------|---------|
| Employee            | \$7.43  |
| Employee+Spouse     | \$14.12 |
| Employee + Children | \$14.86 |
| Family              | \$21.85 |

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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 employees as described in this guide, spouse and tax dependent children (up to age 26; Dependent Care children up to age 13 and adults for adult daycare)

- Coverage through Consolidated Admin Services
- **Plan year is January 1 - December 31 and employees must re-enroll each year**
- 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

| Flexible Spending Account Benefits Quick Summary  |   |
|---|---|
| <b>MEDICAL FSA ACCOUNT</b>  |   |
| Minimum Contribution  | \$300 annually  |
| Maximum Contribution  | \$3,300 annually  |
| CARRYOVER MAX- Amount of funds carried over to the next year                                      | \$660<br><i>(Must re-enroll to access carryover funds)</i>    |
| Funds are available at the beginning of the plan year.  |   |
| <b>DEPENDENT CARE FSA ACCOUNT</b>   |   |
| Minimum Contribution  | \$300 annually  |
| Maximum Contribution  | \$5,000 annually  |
| CARRYOVER MAX   | \$0<br><i>(Any unused amounts over \$0 will be forfeited)</i> |
| Funds are available as they are payroll deducted.   |   |
| <b>Plan Rules</b>   |   |
| 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                    |
| <b>All receipts should be kept to submit if verification is requested</b>                         |   |

| 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/>  
(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!**

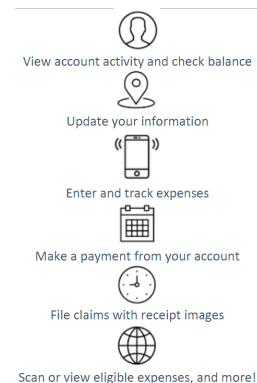
Eligible items for purchase without a prescription now include, but are not limited to:

- 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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# 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 employees working at least 21 hours per week, spouses, and children up to age 26

- Coverage through MedCareComplete
- This is a supplemental benefit and does not replace health insurance.
- Register @ MCC: [medcarecomplete.com/members](https://medcarecomplete.com/members) to access the full range of benefits
- Register @ 1800MD: [1800md.com](https://1800md.com) or 800.388.8785 to access telemedicine benefits

## Included With the MedCareComplete Membership:

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

**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.

| Individual Rate**   | Family Rate **      |
|---------------------|---------------------|
| \$0.00<br>Per Month | \$3.50<br>Per Month |
| NO COPAY            |                     |

\*\*OK RESA pays Individual Rate Portion (\$7.00)

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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](http://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](http://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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# STATE HEALTH BENEFIT PLAN



**Eligibility:** Please review the SHBP Decision Guide for plan eligibility rules.

- **Coverage through Anthem, United Healthcare, or Kaiser Permanente**
- All qualifying life events must be submitted via the SHBP Portal.
- **Notice:** Your employer offers all eligible employees health insurance through the Georgia State Health Benefit Plan. During the annual open enrollment, you have the opportunity to review all available options and make elections for the 2025 Plan 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>



## SHBP Wellness Portal:

<https://bewellshbp.com>

## SHBP Decision Guide:

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 Decision Guide:

In this Guide, is 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://dch.georgia.gov/shbp>

## SHBP Phone Number: 800.610.1863

## SHBP 2025 Wellness Incentives Overview:

| 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.

\*Kaiser members will receive a \$500 gift card after satisfying KP's Wellness Program requirements.

\*\*Members and their covered spouses enrolled in UHC can earn a 240 well-being incentive credit march with a maximum combined up to 480 well-being incentive credits. The credits will be added to you HIA.

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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 2024  |                                 |          |                               |          |                              |          |                   |                 |                 |          |                    |
|--|---------------------------------|----------|-------------------------------|----------|------------------------------|----------|-------------------|-----------------|-----------------|----------|--------------------|
|  | Anthem Gold Plan HRA            |          | Anthem Silver Plan HRA        |          | Anthem Bronze Plan HRA       |          | Anthem HMO In     | UHC HMO In      | UHC HDHP        |          | Kaiser HMO* In     |
|  | In                              | Out      | In                            | Out      | In                           | Out      |                   |                 | In              | Out      |                    |
| <b>Deductible</b>  |                                 |          |                               |          |                              |          |                   |                 |                 |          |                    |
| 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                |
| <b>Medical OOPM (Out of Pocket Maximum)</b>                                    |                                 |          |                               |          |                              |          |                   |                 |                 |          |                    |
| 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           |
| <b>Coinsurance (Plan Pays)</b>   | 85%                             | 60%      | 80%                           | 60%      | 75%                          | 60%      | 80%-100%          | 80%-100%        | 70%             | 50%      | 100%               |
| <b>HRA (Health Reimbursement Arrangement) Credits</b>                          |                                 |          |                               |          |                              |          |                   |                 |                 |          |                    |
| 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                |
| <b>Medical</b>   |                                 |          |                               |          |                              |          |                   |                 |                 |          |                    |
| ER   | Coins after ded                 |          | Coins after ded               |          | Coins after ded              |          | \$200 copay       | \$200 copay     | Coins after ded |          | \$200 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%               |
| <b>Retail Rx</b>   |                                 |          |                               |          |                              |          |                   |                 |                 |          |                    |
| 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         |
| <b>Mail Order Rx</b>   |                                 |          |                               |          |                              |          |                   |                 |                 |          |                    |
| 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 \$312.50    |          | 25%, Min \$200, Max \$312.50  |          | 25%, Min \$200, Max \$312.50 |          | \$225 copay       | \$225 copay     | Coins after ded |          | \$200 copay        |
| Rx OOPM  | All Plans Combined with Medical |          |                               |          |                              |          |                   |                 |                 |          |                    |
| <b>Monthly Premiums</b>  | <b>Anthem Gold Plan HRA</b>     |          | <b>Anthem Silver Plan HRA</b> |          | <b>Anthem Bronze Plan</b>    |          | <b>Anthem HMO</b> | <b>UHC HMO</b>  | <b>UHC HDHP</b> |          | <b>Kaiser HMO*</b> |
| <b>Employee</b>  | <b>\$194.67</b>                 |          | <b>\$131.17</b>               |          | <b>\$82.67</b>               |          | <b>\$157.53</b>   | <b>\$196.58</b> | <b>\$72.69</b>  |          | <b>\$157.53</b>    |
| <b>Employee + CH</b>   | <b>\$355.26</b>                 |          | <b>\$247.31</b>               |          | <b>\$164.86</b>              |          | <b>\$292.12</b>   | <b>\$358.50</b> | <b>\$147.89</b> |          | <b>\$292.12</b>    |
| <b>Employee + SP</b>   | <b>\$482.76</b>                 |          | <b>\$349.41</b>               |          | <b>\$247.56</b>              |          | <b>\$404.77</b>   | <b>\$486.77</b> | <b>\$226.60</b> |          | <b>\$404.77</b>    |
| <b>Family</b>  | <b>\$643.35</b>                 |          | <b>\$465.55</b>               |          | <b>\$329.75</b>              |          | <b>\$539.36</b>   | <b>\$648.69</b> | <b>\$301.80</b> |          | <b>\$539.36</b>    |
| <b>An \$80 tobacco surcharge will be added to all rates for tobacco users.</b> |                                 |          |                               |          |                              |          |                   |                 |                 |          |                    |

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

**Disclaimer:** The *Benefits Guide* is provided for illustrative purposes only and actual benefits and/or premiums may change after printing. Eligibility, benefits, limitations, services, premiums, claims processes and all other features & plan designs are offered and governed exclusively by the insurance provider or vendor contract and associated Summary Plan Description (SPD). All employees should review carrier documents posted on your employer's benefits website or request documents before electing coverage.

# NOTES

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# NOTES

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