



# Summary of Benefits

July 1, 2024 - June 30, 2025 Plan Year (Non-Medical Benefits)

January 1, 2024 - December 31, 2024 Plan Year (Medical Benefits)

## PUTNAM COUNTY SCHOOLS BENEFITS

There are **three ways** to enroll for benefits

1. Face-to-Face with a Benefits Counselor
2. Call Center 800-523-7135 Mon-Fri, 9AM – 4:30PM
3. Self service from [houze.org/putnam](https://houze.org/putnam)



LOGIN with your User ID/Password if you have created an account.

OR

REGISTER with the Company Identifier: putnam

The PIN CODE is the last 4 digits of your Social Security Number

Use the website to find benefits/plan information,

### • Employees must re-enroll and verify benefits every annual enrollment period.

Verify the correct beneficiary and dependents, including elected coverage(s).

It is encouraged that all employees review all benefits and plans each year so you are aware and acknowledge updates in rates, plan details and carriers.

### • What happens if you take no action?

Medical and Dependent Day Care Flexible Spending Account will not be re-enrolled.

All other elected benefits (along with any rate/plan/carrier change) will rollover to the same election for the next Plan Year.

This is an outline of employee benefits provided for full-time employees of the Putnam County Charter School System. The summaries shown are for illustration only. Employees should consult the actual certificate/booklets or policies of each plan for the exact specifications and limitations. Employees are offered the opportunity to enroll in these benefits during the first 30 days of employment or to make changes to their current benefits prior to the beginning of each Plan Year. Employees not electing to enroll in a benefit when first eligible, may be required to provide evidence of insurability if they enroll as “late entrants”. For additional information about these benefits refer to [houze.org/putnam](https://houze.org/putnam).

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800-523-7135



# Health and Wellness Plans



Employees may enroll in one of several health plans offered. Please review the Decision Guide for details of the various plans offered, on [houze.org/putnam](http://houze.org/putnam). The Medical Plan Year enrolls in October for the January 1 - December 31 Plan Year.

Enrollment is available through [myshbpga.adp.com/shbp/](http://myshbpga.adp.com/shbp/)

Employee Tier	HRA Anthem Gold	HRA Anthem Silver	HRA Anthem Bronze	HMO Anthem	HMO UHC	HMO Kaiser	HDHP UHC
Employee Only	\$188.56	\$125.19	\$77.69	\$148.53	\$177.91	\$169.54	\$63.36
Employee/ Spouse	\$464.72	\$331.65	\$231.90	\$380.66	\$442.36	\$430.64	\$201.80
Employee/Children	\$343.04	\$235.32	\$154.57	\$274.99	\$324.94	\$311.96	\$130.20
Family	\$619.20	\$441.78	\$308.78	\$507.12	\$589.39	\$573.06	\$268.64

Anthem = Anthem/BlueCrossBlueShield | UHC = United HealthCare | HDHP = High Deductible Health Plan

Tobacco Surcharge: Additional \$80 monthly surcharge will be added to your monthly premium if you or any of your covered dependents have used tobacco products in the previous 60 days.

## PLAN DESCRIPTIONS [myshbpga.adp.com](http://myshbpga.adp.com)



**Qualifying Event Changes** – are allowable during the year if completed within 31 days of the event and proper documentation is received within that time period. Qualifying Events include birth/adoption/death, marriage/divorce/legal separation, gaining/losing employment, gaining/losing eligibility for benefits, etc. and must be initiated with State Health for Medical and Putnam County for non-medical benefits.

## Dental

MetLife—Employees can elect to enroll in one of two options. The “High Option” plan pays 100% preventative, 80% basic services, 50% major & adult/child orthodontic. The “Low Option” plan pays 100% preventative, 60% basic services, 50% major. Children can be covered to age 26. A \$50 per person deductible applies to all fees except preventative. Employees who enroll after they are first eligible are considered “late entrants” but will have no penalty. Putnam Schools contributes \$2.50/monthly rates below are the employee paid portion only.

Plan	High	Low
Employee Only	\$38.37	\$33.02
Employee + Spouse	\$73.97	\$63.86
Employee + 1	\$96.13	\$75.55
Full Family	\$130.56	\$106.43

## Vision

Avisis—The Vision Plan provides vision examinations, lenses and frames (or contact lenses) at participating providers. Participants pay a co-pay and the insurance plan pays the difference up to specified limits. The co-pays are \$10.00 for the vision examination and \$25.00 for materials (frames and lenses or contacts in lieu of frames and lenses). Benefits include one exam every 12 months, one pair of lenses every 12 months and one pair of frames every 24 months. The monthly rates are as follows:

Plan	Monthly Payroll Deduction
Employee Only	\$7.30
Employee + 1	\$14.16
Family	\$21.08

## Medical & Dependent Care Flexible Spending Account

MedCom—Employees may set aside dollars, on a “pre-tax” basis into a Flexible Spending Account to pay for medical and childcare related expenses.

The maximum for Medical Flex Spending is \$3,200. The maximum deposit into the Dependent Day Care Account is \$5,000 for the Plan Year but limited to \$2,500 if the employee is married and filing separate tax returns.

For unused amounts, there is a one year \$640 rollover for Medical FSA .

The IRS dictates a ‘use-it-or-lose-it’ provision for Daycare Accounts.

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## Basic Group Life

VOYA—Each full time employee is provided \$30,000 of Group Life Insurance, paid for by Putnam County Charter School System. There is a reduction schedule for benefits of 50% at age 70 and to 35% at age 75. There is an accelerated death benefit option of 50% if diagnosed with a terminal illness. In case of total disability prior to age 60, premiums may be waived. This coverage can be ported (with proof of good health) when employment terminates before age 70.

## Employee/Spouse Group Life Insurance

VOYA—Employees may elect to increase supplemental life insurance benefits from \$10,000 to \$500,000 not to exceed five (5) times earnings. Spouse coverage is available from \$10,000 to \$500,000. Accidental Death can be elected in the same amount up to \$250,000.

New Hires/initial enrollments have Guarantee Issue of \$100,000/Employee and \$30,000/Spouse - amounts above will require a medical questionnaire be approved for coverage to be issued. Employee may increase by \$10,000 at Annual Enrollment to \$100,000. All other Employee/Spouse increases will require Proof of Good Health. Coverage includes riders for an accelerated death benefit, waiver of premium if totally disabled and portability (with proof of good health) to age 70.



## Dependent Group Life Insurance

VOYA—Employees may elect Dependent Group Life Insurance on their dependents age 6 months to 19 or 25 if a full time student. Children 15 days to 6 months receive 10% of the elected benefit.

Dependents can't be double covered by two Putnam County Employee Parents, nor can the dependent also be a Putnam County Employee.

## Sick Leave Bank

Employees with one year of employment with Putnam County Schools may elect to become a member during Annual Enrollment. Membership requires donating one day of accumulated sick leave to the Leave Bank. Members who have exhausted their own leave time and who have been approved for leave under the FMLA can make application to the leave bank committee for days from the "Leave Bank". The request may be used for the employee's illness (serious or catastrophic) or the illness of an immediate family member, to include spouse, child, or parent in life threatening situations.

## Short-Term Disability

VOYA—Short-term disability is a plan that provides up to 60% of pre-disability earnings up to \$1000 per week. Employees choose either a 15 or 30 day elimination (waiting) period before benefits are payable. If hospitalized, disability benefits will start on the first day. Benefits will continue as long as disabled up to 26 weeks. Maternity benefits are paid the same as for an illness. Disabilities are subject to a 3/6 pre-existing condition. Any condition treated 3 months prior to the effective date will be covered only if the disability starts more than 6 months after the effective date. Benefits cannot be received in addition to any "sick leave" pay.

## Long-Term Disability

VOYA—The long term disability plan provides 60% of earnings beginning the 181st day of disability and continuing as long as disabled up to age 65. The maximum monthly benefit is \$5,000. The plan is subject to a 3/12 pre-existing condition. Any condition treated 3 months prior to the effective date will be covered only if it starts more than 12 months after the effective date. Benefits coordinate with any other disability benefits from Workers' Compensation Insurance, Teachers Retirement System of Georgia, and Public School Employees Retirement System.





## Whole Life Insurance

VOYA—Employees are offered permanent Whole Life insurance coverage. Premiums remain level for the life of the contract. Policies can be continued at the same level of benefits and at the same premium after employment ends or at retirement. Enrollment is only available during annual enrollment periods with certain amounts available. Policies include an optional Long Term Care Rider that provides coverage for qualified home health or facility care if 2 of the 6 activities of daily living be lost.

## Accident Insurance

VOYA—Provides off the job accident coverage for everyday accidents, including initial care benefits, accident hospital care benefits, follow-up care benefits, common injuries and an accidental death benefit. The plan pays in addition to your primary health insurance and is designed to supplement payments direct to the policy holder. Accident claims must be filed within 30 days of the incident.

## Hospital Indemnity Insurance

VOYA—Employees can elect a plan that will pay a daily benefit of \$100, \$200 or \$300 if hospitalized. There is an initial confinement benefit of five (5) times the daily benefit. Other benefits include critical care (2x) rehabilitation facility (1/2) and a \$50 annual wellness benefit. There is no pre-existing limitation or waiting period, and plans are Guarantee Issue.



## Cancer Insurance

AllState—The plan provides supplemental benefits, in addition to group medical benefits. Benefits are paid direct to employees for cancer or 29 other dreaded diseases. A high and low plan are offered.

## Cancer Guardian

Genomic Life—This program empowers employees to identify your genetic risk for certain hereditary cancers, cardiac abnormalities and other conditions. This program provides services that are not typically available through medical insurance. Preventative Hereditary Risk Screening Test, with genetic counselors available to review the results. Post diagnosis Advance DNA testing of the cancer specific to your genetic makeup. The program includes a Medical Records Platform, dedicated cancer support specialists, follow-up testing, and cancer information line for family members.

## Critical Illness

Allstate—This group plan allows employees to choose from two options that will pay benefits to the insured for a diagnosis or onset of a defined critical illness. This plan includes reoccurrence of critical illness and includes a \$50 annual wellness benefit.

## Cafeteria / Section 125 Plan

Employees pay for certain benefits on a “pre-tax” basis, as authorized by the Internal Revenue Service, therefore, recognizing immediate tax savings. Premiums that qualify are Medical, Dental, Vision, Flex Spending, Accident, and Cancer Insurance.

## Employee Assistance Program

ComPsych Guidance Resources—offers confidential emotional support through trained clinicians by calling 877-533-2363; quick referrals to in-person counselors; and online resources are available through [guidanceresources.com](http://guidanceresources.com) WebID 5848i. Employees have access to: referrals for work-life needs (Family Source), staff attorneys for legal issues (LegalConnect), financial experts for money management and financial planning (FinancialConnect), Will and Last Testament creation (EstateGuidance), and legal and financial professionals to assist with credit repair if your identity has been stolen (IDResources).

The information in this guide describes the employee benefit plans in general terms. This information is not intended to replace the legal plan documents, summary plan descriptions, group policies or certificates of coverage that describe specific benefits, limitations or exclusions.

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