



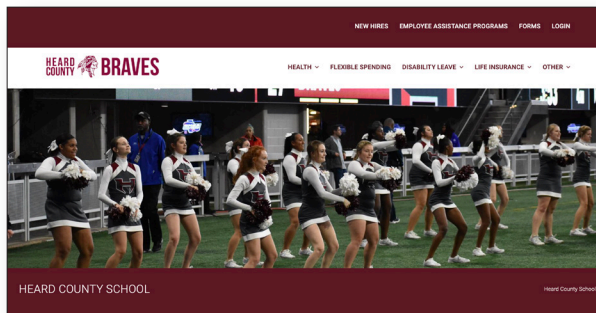
Summary of Benefits

July 1, 2025 - June 30, 2026 Plan Year - Non-Medical Benefits
January 1, 2025 - December 31, 2025 Plan Year - Medical Benefits

HEARD COUNTY SCHOOLS BENEFITS

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

1. Schedule an appointment with a Benefits Counselor: houze.org/heard
2. Call Center 800-523-7135 Mon-Fri, 9AM – 4:30PM
3. Self service from houze.org/heard



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

OR

REGISTER with the Company Identifier: heardco

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

Use the website to find benefits/plan information.

- **Employees should re-enroll and verify benefits every annual enrollment period** to 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 Accounts 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 Heard County 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/heard.

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Health and Wellness Plans



Medical Enrollment is held in the fall, with a January-December Plan Year. Enrollment is required each year through SHBP/ADP site: www.mySHBPga.adp.com. Please review your Decision Guide or Medical Summary for details of the various benefits offered.

To review current rates and plan design, refer to www.dch.ga.gov/shbp Monthly Rates are below:

Employee Tier	HRA Anthem Gold	HRA Anthem Silver	HRA Anthem Bronze	HMO Anthem	HMO UHC	HDHP UHC
Employee Only	\$194.67	\$131.17	\$82.67	\$157.53	\$196.58	\$72.69
Employee/Spouse	\$482.76	\$349.41	\$247.56	\$404.77	\$486.77	\$226.60
Employee/Children	\$355.26	\$247.31	\$164.86	\$292.12	\$358.50	\$147.89
Family	\$643.35	\$465.55	\$329.75	\$539.36	\$648.69	\$301.80

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



Reminder: Changes to benefits during the year are only allowable if due to a *Qualifying Event*. The request must be made within 30 days of the event. Proper documentation must be provided within that time period. Qualifying Events include birth/adoption/death, marriage/divorce/legal separation, gaining/losing employment, gaining/losing eligibility for benefits, etc.

Health Insurance Qualifying Events must be requested through the State Health/ADP Portal.

Medical & Dependent Care Flexible Spending Account

Consolidated Admin Services—The plans run from June 1st through May 31st. Under the Cafeteria Plan employees may set aside dollars, on a “pre-tax” basis into a Flexible Spending Account to pay for certain medical and childcare related expenses.

The Medical Flexible Spending Account maximum is \$3,300 (\$275/month). The Medical FSA has a rollover of 20% of the annual maximum or \$660.

The Dependent Day Care Account maximum is \$5,000 (\$416.66/mo) for the Plan Year but limited to \$2,500 (\$208.33/mo) if the employee is married and filing separate tax returns. Dependent Daycare Accounts are IRS regulated with “use it or lose it” for the amounts elected.

Dental

MetLife—The plan pays 100% preventive; 80% for basic; and 50% for major services. The Maximum payable is \$1,000 per plan year for basic and major services. Adult and child Orthodontia has a \$1,000 lifetime maximum. A \$50 plan year deductible is waived for preventive and orthodontic services. Child(ren) can be covered to age 26. Any dentist can be used. In-Network assures no balance billing, out of network providers will be paid at 90% usual, customary & reasonable.

Plan	Monthly Payroll Deduction
Employee Only	\$0.00/\$33.71 paid by Heard
Employee + 1	\$53.45/\$33.71 paid by Heard
Full Family	\$94.49/\$33.71 paid by Heard

Vision

EyeMed—The plan provides \$10 exam co-pay and \$25 material co-pay. Exams and lenses (or contacts) are available every 12 months and a \$150 frame allowance is available every 24 months. The network is EyeMed Insight and consists of both private practice and retail providers.

Child(ren) can be covered to age 26.

Plan	Monthly Payroll Deduction
Employee Only	\$7.27
Employee + 1	\$13.81
Family	\$20.28

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Basic Group Life

Lincoln Financial—Each regular full-time employee is provided Basic Life Insurance & AD&D insurance. Premiums are paid 100% by Heard County Schools. Amounts of coverage reduce 35% at age 65 and an additional 15% of the original amount at age 70. Employee Life Insurance and AD&D benefit amount is based on years of service:

Years of Service	Life & ADD Amount
Less than 10 years	\$25,000
10 - 19 years	\$40,000
20 + years	\$50,000

Employee Group Supplemental Life

Lincoln Financial—Employees may elect to increase their Group Life insurance benefits in increments of \$10,000 up to \$300,000, limited to 5x earnings. Employees enrolling when first eligible can elect up to \$200,000 Guarantee Issue- without answering any medical questions. Employees can increase up to \$20,000 each Annual Enrollment up to the Guarantee Issue Limits.* This benefit includes an equal amount of Accidental Death & Dismemberment coverage (AD&D), that will pay an additional equal amount in the event of a fatal accident. There is a benefit schedule payable if an accident results in the loss of eyesight, speech, hearing or a limb. *Employee must not have been previously declined or withdrawn.

Age	\$10,000	Age	\$10,000	Age	\$10,000	Age	\$10,000
<25	\$0.83	35 to 39	\$1.32	50 to 54	\$3.87	65 to 69	\$15.02
25 to 29	\$0.90	40 to 44	\$1.74	55 to 59	\$5.77	70 to 74	\$26.53
30 to 34	\$1.04	45 to 49	\$2.57	60 to 64	\$8.80	75 to 79	\$51.65

Spouse Group Supplemental Life Insurance

Lincoln Financial—Spouse Life is available from \$5,000 to \$100,000 not to exceed 100% of the employee's benefit amount. Employees can elect Spouse coverage of \$50,000 without answering any health questions when first eligible. Coverage can be increased 2 increments or \$10,000 at each annual enrollment* not to exceed \$50,000. If the spouse is also employed at Heard County Schools, they may not be covered as both an employee & spouse. *Spouse must not have been previously denied or withdrawn. Employee must have coverage to elect spouse coverage.

Age	\$5,000	Age	\$5,000	Age	\$5,000	Age	\$5,000
<25	\$0.42	35 to 39	\$0.66	50 to 54	\$1.94	65 to 69	\$7.51
25 to 29	\$0.45	40 to 44	\$0.87	55 to 59	\$2.89	70 to 74	\$13.27
30 to 34	\$0.52	45 to 49	\$1.29	60 to 64	\$4.40	75 to 79	\$25.83

Dependent Child(ren) Group Supplemental Life Insurance

Lincoln Financial—Dependent child coverage is \$250 for 14 days to 6 months and increases to \$10,000 for age 6 months to 26 for \$4.43/month. Dependent coverage is only available if the employee is insured for the Employee Group Supplemental Life coverage. If both parents are employees, only one parent can cover the child(ren).

Short Term and Long Term Disabilities

Lincoln Financial—Short Term and Long Term Disabilities caused by pre-existing conditions are not covered, unless the disability begins more than 12 months after the effective date of coverage. A pre-existing condition is any condition, including pregnancy, for which medical advice, care, diagnosis or treatment was recommended or received, or for which prescription drugs were taken, within 3 months before coverage begins or the increased benefit is effective.

Short-Term Disability Plan

Lincoln Financial—Each full-time employee can choose a weekly benefit in increments of \$50 to \$1,250 not to exceed 60% of earnings. Benefits begin the 15th day of disability and continue as long as disabled, up to 11 weeks or 90 days. Benefits are not paid for occupational illness or accident. All sick leave must be exhausted before you can apply for Short Term Disability. New elections or increases during enrollment are subject to a 3/12 pre-x.

Long-Term Disability Plan

Lincoln Financial—Provides a cash benefit after you are out of work for 90 days or more due to injury, illness, or surgery. Monthly benefit amount is equal to 60% of your monthly salary, up to \$5,000 per month. Benefits begin on the 91st day of disability and coverage continues to age 65, or Social Security Normal retirement Age, whichever is later. New elections are subject to a 3/12 pre-x.

Critical Illness/ Cancer

Voya—The policy includes additional enhanced covered critical illnesses and includes updated 2x payment per illness, including Cancer. Employees can elect a lump sum benefit of \$5,000, \$10,000, \$15,000 or \$20,000 that will pay direct to the employee for the diagnosis of a critical illness or cancer. A \$50 Wellness benefit is included (50% for children) up to \$100 total. Rates are based on age, tobacco status and benefit level selected. There is no pre-existing limitation or waiting period and plans are Guarantee Issue.

Genomic Life

Genomic Life—This program helps identify your genetic risk for certain hereditary cancers, cardiac abnormalities and other conditions. This program provides these services: 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; a Medical Records Platform, dedicated cancer support specialists, follow-up testing, and cancer information line for family members. Children, up to age 26, receive benefits at no additional cost.



Hospital Indemnity

Voya—Employees choose to receive a daily benefit of \$100, \$200 or \$300 if hospitalized. There is an initial confinement benefit of five (5) times the daily benefit, and a rehab facility benefit of 50% of the daily benefit. Plans are available on employee, spouse and child(ren). A \$50 Wellness benefit is included (50% for children) up to \$100 total. There is no pre-existing limitation or waiting period and plans are Guarantee Issue. Unmarried child(ren) can be covered to age 26.

Individual Whole Life

Unum—Employees may elect to cover themselves, their spouse and/or children with individual life insurance policies. Whole Life provides guaranteed level premiums and death benefits for the life of the contract. The policy is owned by the employee, and includes an Accelerated Death Benefit with a 12 month life expectancy. GUARANTEED ISSUE policies are available during annual enrollment.



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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