RETIREMENT BENEFIT OPTIONS

Must enroll in options within 30 days of when benefits end as an active employee.

Dental

As a retiree, you are eligible to continue your dental plans, if you were previously enrolled as an active employee. Coverage must be elected within 30 days of your benefits end date as an active employee. Coverage can include dependent spouses and children up to age 26. Review the enclosed material for dental plan options.

Vision

As a retiree, you are eligible to continue your vision plans, if you were previously enrolled as an active employee. Coverage must be elected within 30 days of your benefits end date as an active employee. Coverage can include dependent spouses and children up to age 26. Review the enclosed material for vision plan options.

Steps to Elect

Review Options

Review the benefit options. This will be your only opportunity to add the retiree dental and vision.

Complete the Enrollment Form

Complete the enclosed form and submit it to Campus Benefits. Email to: mybenefits@campusbenefits.com

Have questions?

Need assistance with the plans, please contact Campus Benefits.
Phone: 866-433-7661, opt. 5
Email: mybenefits@campusbenefits.com

GET IN TOUCH

866-433-7661, opt. 5 | mybenefits@campusbenefits.com | bufordcitybenefits.com

Buford City Schools
Retiree Benefits Process and Billing

As a recent retiree of Buford City Schools, you have an option to elect Retiree Dental and Vision insurance. Interactive Medical Systems/IMS is the billing administrator for elected retiree benefits (and COBRA benefits).

After termination, employees also have the option to utilize COBRA to continue coverage on several benefits for up to 18 months which includes dental and vision insurance.

All terminated employees will receive COBRA paperwork directly from IMS; However, COBRA paperwork doesn't need to be completed if electing retiree benefits. Below outlines the process for electing retiree benefits.

Enrollment Steps

1. Go to bufordcitybenefits.com/retiree-benefits and choose the Retiree Benefits tab to review benefit options for Retiree Dental and Retiree Vision.
2. Complete Retiree Enrollment Packet & return to Campus Benefits for processing (Email to mybenefits@campusbenefits.com).
3. After Retiree Coverage Effective Date, Interactive Medical Systems/IMS (Retiree Billing Administrator) will mail out Billing Options letter to the retiree. If a letter is not received within 7-14 days of Retiree Benefits Effective Date contact Campus Benefits at 1.866.433.7661, option 5.
4. Employees have within 30 days from Retiree Effective Date to set up billing option with IMS.
    a. Payment Options:
        i. Check By Mail: Mail check utilizing Coupon Book (Monthly, Quarterly, Semi-annually, or Annually).
        ii. Bank Draft: Create an account with IMS and submit ACH Draft Form.
        iii. Submit Payment Online.

Important Reminders

1. Payments cannot be made over the phone with IMS.
2. Benefits Provider is not notified of retiree coverage election until approximately five workdays from when IMS receives first premium payment.

Billing Contact Information
Interactive Medical Systems/IMS
P.O. Box 1349
Wake Forest, NC 27588
1.800.426.8739 or 919.877.9933, opt 5054
Web: IMS-tpa.com
Email: cobradept@ims-tpa.com
Online: Contact Form (bottom of webpage)
https://www.ims-tpa.com/members/

IMS/My RSC Login: myrsc.com
My RSC Login Q&As: myrsc.com/login.asp

Campus Benefits Contact Information
Campus Benefits
Phone: 1.866.433.7661, opt 5
Email: mybenefits@campusbenefits.com
Online: www.bufordcitybenefits.com/contact-campus

2026 MetLife Dental Plan and Rates (Network – PDP Plus):

Please visit https://www.bufordcitybenefits.com/retiree-benefits for full plan details. Below is high-level overview.

Benefits	High Plan	Middle Plan	Low Plan
Network	Any Provider	In-Network Only	Any Provider
Preventive (Type 1)	100%	100%	100%
Basic (Type 2)	80%	80%	60%
Major (Type 3)	50%	60%	0%
Deductible	$50 per person (Max 3 per family)		
Orthodontia (Lifetime Max)	Not Covered	50% up to $1,500	Not Covered
Calendar Year Max	$750	$2,000	$750
Preventive Services do not apply to annual maximum (only applies to Basic and Major services)			
Allowance	90th UCR	Contracted Fee	90th UCR

Sample Covered Services*	High Plan	Middle Plan	Low Plan
(2 per calendar year) Routine Exam & Cleaning Bitewing X-Rays	100%	100%	100%
Fluoride (Children < 19)	100%	100%	100%
Full Mouth/Periapical X-Rays	100%	100%	100%
Space Maintainers	100%	100%	100%
Sealants (children < 17)	80%	80%	60%
Amalgam & Resin Composite Fillings	80%	80%	60%
General Anesthesia	80%	80%	60%
Simple Extractions	50%	80%	60%
Complex Extractions	50%	80%	60%
Root Canal	50%	80%	60%
Scaling & Root Planing	50%	80%	60%
Periodontics	50%	80%	60%
Pulpotomy/Pulp Capping/Pulp Therapy	50%	80%	60%
Inlays/Onlays/Crowns	50%	60%	-
Dentures & Fixed Bridges	50%	60%	-
Implants	-	60%	-

**Please review the plan highlight sheets and certificates for full coverage details.*

Tier	High Plan	Middle Plan	Low Plan
EE Only	$48.44	$36.73	$27.37
EE + One	$94.41	$72.91	$54.40
EE + Family	$186.38	$132.84	$87.09

***If you are willing to go to an in-network provider, the Middle plan would offer lower premiums and higher coverage amounts.*

2026 MetLife Vision Plan and Rates (Network – VSP Choice):

Please visit https://www.bufordcitybenefits.com/retiree-benefits for full plan details. Below is high-level overview.

Sample Covered Benefits*	In-Network Coverage
Plan Benefits	
Exam	$10 Copay
Contact Lens Fit and Follow-Up	Covered in Full with a max copay of $60
Retinal Imaging	Up to $39 Copay
Lasik or PRK	15% Discount off Retail and 5% off Promotional
Frames	$15 Copay - $175 Allowance + 20% off Balance $85 Allowance at Walmart, Costco, Sam's Club
Lenses and Lens Options	
Single/Lines Bifocal & Trifocal/Lenticular	$15 Copay
Standard Progressive Lens	Covered in Full
Ultraviolet Coating	Covered in Full
Polycarbonate (child up to age 18)	Covered in Full
Tint (variable by type)	Up to $17 - $44 Copay
Scratch-Resistant Coating	Up to $17 - $33 Copay
Anti-Reflective Coating (variable by type)	Up to $41 - $85 Copay
Contact Lenses	
Elective Contacts	$175 Allowance
Medically Necessary Contacts	Covered in Full after eyewear copay
Frequencies	
Exams/Lenses or Contact Lenses/Frames	Every 12 Months
2nd Pair Benefit *(Advise provider to submit two pair of glasses on separate invoices)*	Each covered person can get one of the options below: 2 pairs of prescription eyeglasses, OR 1 pair of prescription eyeglasses and an allowance toward contacts, OR Double the contact lens allowance

**Please review the plan highlight sheets and certificates for full coverage details.*

Tier	Vision Plan
EE Only	$12.34
EE + One	$17.91
EE + Family	$32.06

2026 Enrollment Form – Retiree Dental and Vision			
Printed Name			
Benefit Effective Date	*First of the month after benefits end as an active employee.		
Home Address			
Phone Number			
Personal Email Address			
SSN			
Date of Birth			
Dependents			
Relationship	**Name**	**SSN**	**Date of Birth**
Benefit			
Dental ☐ Low Plan ☐ MAC Plan ☐ High Plan		**Vision** ☐ Low Plan ☐ High Plan	
Coverage Tier			
Dental ☐ Employee Only ☐ Employee + One ☐ Employee + Family		**Vision** ☐ Employee Only ☐ Employee + One ☐ Employee + Family	
Primary Insured Signature			
Date			

**Note:* Billing will be through Interactive Medical Systems (IMS). The Monthly Admin Fee ($4.50) is being paid for by Buford City Schools.