



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 the Benefits Department at Buford City Schools. Email to angela.adams@bufordcityschools.org



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



2023 - 2024 Dental Plan and Rates:

Please visit <https://www.bufordcitybenefits.com/retiree-benefits> for full plan details.

Carrier: Ameritas

Benefits	High Plan	MAC Plan	Low Plan
Network	Any Provider	In-Network Only	Any Provider
Preventative (Type 1)	100%	100%	100%
Basic (Type 2)	80%	80%	50%
Major (Type 3)	50%	60%	0%
Orthodontia (Lifetime Max)	50% up to \$1,500	50% up to \$1,500	Not Covered
Calendar Year Max	\$1,500	\$2,000	\$1,000
Allowance	90 th UCR	Contracted Fee	90 th UCR

Covered Services	High Plan	MAC Plan	Low Plan
(2 per benefit year) Routine Exam Bitewing X-rays Cleaning	100%	100%	100%
Fluoride (Children) (1 in 3 years)	100% (18 & Under)	100% (18 & Under)	100% (13 & Under)
Full mount/panoramic x-rays	100%	100%	100% (1 in 5 years)
Periapical X-rays	100%	100%	100%
Space Maintainers	100%	100%	100%
Sealants (children 16 & under)	80%	80%	50%
Restorative Amalgams & Composites	80%	80%	50%
General Anesthesia	80%	80%	50%
Simple & Complex Extractions	80%	80%	50%
Occlusal Guards	80%	80%	50%
Denture Repair	50%	80%	50%
Endodontics/Periodontics	50%	80%	50%
Onlays/Inlays	50%	60%	Not Covered
Crown Repair	50%	60%	Not Covered
Crowns (1 in 5 years/tooth)	50%	60%	Not Covered
Prosthodontics	50% (1 in 5 years)	60% (1 in 5 years)	Not Covered

Tier	High Plan	MAC Plan	Low Plan
EE Only	\$47.38	\$41.74	\$31.10
EE + One	\$92.33	\$82.85	\$61.82
EE + Family	\$182.60	\$150.95	\$98.97



2023 - 2024 Vision Plan and Rates:

Please visit <https://www.bufordcitybenefits.com/retiree-benefits> for full plan details.

Carrier: MetLife

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 - \$150 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	Up to \$55 copay
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	\$150 Allowance
Medically Necessary Contacts	Covered in Full after eyewear copay
Frequencies	
Exams/Lenses or Contact Lenses/Frames	Every 12 Months
2 nd Pair Benefit	Each covered person can get one of the options below: 2 pairs of prescription eyeglasses 1 pair of prescription eyeglasses and an allowance toward contacts Double the contact lens allowance

Tier	Vision Plan
EE Only	\$10.46
EE + One	\$15.18
EE + Family	\$27.17



2024 Election			
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 <input type="checkbox"/> Low Plan <input type="checkbox"/> High Plan		Vision <input type="checkbox"/> Low Plan <input type="checkbox"/> High Plan	
Coverage Tier			
Dental <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + One <input type="checkbox"/> Employee + Family		Vision <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + One <input type="checkbox"/> Employee + Family	
Primary Insured Signature			
Date			

*Payment will be submitted to Buford City Schools.