

# 2025

## **Buford City Schools Benefits Guide**



# WELCOME TO BUFORD CITY SCHOOLS!

*Buford City Schools 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 and Permanent Life 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 - 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.bufordcitybenefits.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**
- Plan Year: 1/1 - 12/31



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

1. Visit <https://www.bufordcitybenefits.com>
  2. Select the **State Health** tab
  3. Select **SHBP Enrollment Link** (Refer to the SHBP section of this guide for additional details) **OR**
  4. **Contact SHBP at 800.610.1863**
- Plan Year: 1/1 - 12/31

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## BUFORD CITY SCHOOLS CONTACT:

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Fax: 770.271.5848

**Need Help? Start Here:**

[mybenefits@campusbenefits.com](mailto:mybenefits@campusbenefits.com)

866.433.7661 opt 5

### Eligibility

- Generally, full-time employees 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.

### Enrollment

- Verify your personal information and make any changes if necessary.
- Make your benefit elections, and verify your beneficiaries.
- Once you have made your elections, you will not be able to make changes until the next open enrollment period unless you have a qualified life event.

### When to Enroll

- New Hire: Enroll within 30 days of your date of hire.
- The annual SHBP enrollment period is held in the fall (October-November).
- The annual voluntary benefit enrollment is now in the fall (Oct – Nov), with an effective date for any changes made during open enrollment of January 1.

### 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.
- Employees must be actively at work on the effective date of coverage

### How to Make Changes

- Once you make your benefit elections as a new hire or during Open Enrollment, 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.
- To submit a qualifying life event, please email [mybenefits@campusbenefits.com](mailto:mybenefits@campusbenefits.com) or call 866-433-7661.

### Plan Year

- Campus Benefits: January 1 - December 31
- State Health Benefit Plan: January 1 - December 31

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# ELIGIBILITY & QUALIFYING EVENTS

If you are an eligible new employee, you may join the plan effective the 1st of the month following 30 days of employment. Otherwise, your annual enrollment elections are effective January 1st of each year, unless approval is otherwise required.

## Eligible Dependents include:

- **Spouse:** legal spouse as defined by Georgia law. Employees may be required to provide a copy of a certified marriage license or copy of the most recent jointly filed federal tax return with the spouse's signature.
- **Natural Child:** Employees may be required to provide a copy of the certified birth certificate showing parents' names (birth card issued by hospital for newborn is also acceptable).
- **Stepchild:** Employees may be required to provide a copy of the birth certificate showing the spouse as parent, a copy of the certified marriage license for them self and their spouse, **and** a notarized statement that the stepchild lives in the home at least 180 days per year.
- **Disabled Dependent Children:** Children with a mental or physical disability who have attained the limiting age of 26 may continue coverage beyond age 26 if proof of disability is provided within 31 days of attaining age 26.
- **Other Children:** Other children refers to those adopted and for whom employees have temporary or permanent guardianship. Employees may be required to provide a copy of the court decree showing the financial responsibility for the dependent, a copy of the certified birth certificate, and a notarized statement that the dependent lives in the home on a permanent basis.
- *Eligible child can be covered on the life, dental and vision plans to age 26. Please note child marital status does impact eligibility per benefit. Refer to the benefits plan certificate for specific eligibility requirements. If the dependent child is approaching 26 and is disabled, an application for continuation of dependent status must be made within 30 days of the child's 26th birthday.*

## Qualifying Events (refer to your Summary Plan Description - Special Enrollment Rights):

- Once the new plan year elections become effective (January 1st of each year), employees will not be able to change the elections until the next annual enrollment period unless they experience an eligible qualifying event.
- Examples of qualifying events includes: a change in marital status (marriage or divorce); a change in the number of dependents due to birth, adoption, placement for adoption or death of a dependent; a change in employment status for yourself or your spouse; loss or gain of coverage through your spouse; a change in dependent eligibility.
- Employees must enroll within 30 days from the effective date of a qualifying event.
- To submit a qualifying life event:
  - For State Health Insurance, please contact:  
Nicole Woods at [nicole.woods@bufordcityschools.org](mailto:nicole.woods@bufordcityschools.org) or call 770.945.5035 x 6308
  - For all other elected benefits, please email [mybenefits@campusbenefits.com](mailto:mybenefits@campusbenefits.com) or call 866.433.7661

# BOARD PAID BENEFITS



The following benefits are provided for all full-time employees by the Buford City Schools Board of Education.

## Group Basic Life Insurance

- Buford City Schools provides (at no cost to you), a \$50,000 term life insurance policy. The policy also includes an additional \$50,000 if death occurs by accidental means.

## Long-Term Disability

- Buford City Schools provides long-term disability (at no cost to you) in order to provide you with long-term income protection in the event you are unable to work. Benefits begin on the 91st day of a covered disability.

## Dental Insurance

- Buford City Schools contributes \$10.00 towards the monthly dental insurance premium.

## Teacher Retirement

- Buford City Schools contributes 20.78% of your gross salary to your retirement account. Your contribution rate is currently 6%.

## Public Schools Employee Retirement (PSERS)

- Bus drivers, custodians, childcare, and nutrition staff you pay:
  - Old plan PSERS: \$4.00 per month (if enrolled prior to 7/1/2012)
  - New plan PSERS: \$10.00 per month (if enrolled after 7/1/2012)

## Health Insurance

- Buford City Schools contributes \$64.70 per month towards the cost of the employee portion of the health insurance premium.
- The school system pays a monthly rate of \$1,760 per certified member per month and \$1,580 per classified member per month enrolled in the State Health Benefit Plan, as of January 2025.

## FICA

- Buford City Schools pays 7.65% FICA tax.

## Sick and Personal Leave

- Buford City Schools provides 1.25 days per month of sick leave for every month worked, 3 of which may be used for personal leave.

# CAMPUS BENEFITS ENROLLMENT

Website: [BufordCityBenefits.com](http://BufordCityBenefits.com)



## Steps to Log in:

- 1** Visit [BufordCityBenefits.com](http://BufordCityBenefits.com)
- 2** Select "Campus Connect" to log in
- 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

**Company Identifier: BCS2020**

### New User Registration

1. On Login page click on "Register as a new user" and enter information below
  - First Name
  - Last Name
  - Company Identifier: BCS2020
  - 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

**Need Help? Start Here:**  
[mybenefits@campusbenefits.com](mailto:mybenefits@campusbenefits.com)  
866-433-7661 opt 5

### Login Information

Username: \_\_\_\_\_  
Password: \_\_\_\_\_

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# EMPLOYEE ASSISTANCE PROGRAM



**What is an EAP?** A program offered to eligible Buford City Schools employees to provide guidance with personal issues, planning for life events or simply managing daily life which can affect your work, health and family. This coverage is provided at no cost to you.

## OneAmerica EAP

**Eligibility:** All Buford City Schools employees, as described on page 1 of this benefits guide, their household members and unmarried children up to age 26

- **Coverage through OneAmerica**
- Provides support, resources, and information for personal and work-life challenges
- **Receive up to three counseling sessions per issues, per year**
- CALL 1.855.387.9727 or visit [GuidanceResource](#), WEB ID: OneAmerica3

## 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 do the research for you, providing qualified referrals and customized resources:

- 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

## Free Online Will Preparation

- EstateGuidance lets you quickly and easily write a will on your computer
- Go to [GuidanceResources.com](#) and click on EstateGuidance link
- Follow the prompts to create and download your will at no COST
  - Name an executor to manage your estate
  - Choose a guardian for your children
  - Specify your wishes for your property
  - Provide funeral and burial instructions

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

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# SHORT-TERM DISABILITY

**What is Short-Term Disability Insurance?** A type of coverage that replaces a portion of your income if injury or illness prevents you from working for a short period of time. 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 full-time employees working 20 or more hours per week
- Coverage through OneAmerica
  - Employee must be actively at work on the effective date
  - **Employees can start/stop sick leave. Decision must be made at the beginning of leave.**
  - **No health questions - Every Year!**

Short-Term Disability Quick Summary	
<b>Benefit Percentage (Weekly)</b>	40%, 50%, or 60% of Salary
<b>Maximum Benefit Amount (Weekly)</b>	\$1,250
<b>Pre-existing Condition (Applies to new enrollees only)</b>	3/6 Any sickness or injury for which you received medical treatment, consultation, care, or services during 3 months prior to your coverage effective date, will be covered only if it begins after you have performed your regular occupation on a full-time basis for 6 months following the coverage effective date.
<b>Benefits Begin After (Elimination Period)</b>	The latter of your Accumulated Sick Leave or 14 days (For sickness or injury)
<b>Maximum Benefit Duration</b>	11 weeks Your elimination period counts toward your 11 week maximum benefit duration.

Rate Calculation	
<b>Step 1</b>	Divide your Annual Salary by 52. This is your weekly salary.
<b>Step 2</b>	Multiply weekly salary in Step 1 by 40%, 50%, or 60%. If 60% of weekly salary exceeds \$1,250, then enter \$1,250. This is your maximum weekly benefit amount.
<b>Step 3</b>	Divide weekly amount in Step 2 by \$10
<b>Step 4</b>	Multiple Step 3 by the rate of \$0.56. This is your <b>monthly</b> premium.
<i>*Enrollment system will calculate based on payroll information provided by employer.</i>	

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# LONG-TERM DISABILITY

**What is Long-Term Disability Insurance?** A type of coverage that replaces a portion of your income if injury or illness prevents you from working for a long period of time, up to Social Security Normal Retirement Age. 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 full-time Employees working 20 or more hours per week

- Coverage through OneAmerica
- Employee must be actively at work on the effective date
- **Employees can start/stop sick leave. Decision must be made at the beginning of leave.**
- **No health questions - Every Year!**
- **Buford City Schools provides all eligible employees with Long-Term Disability (LTD) coverage at no cost to you- You will be automatically enrolled in this benefit when hired**

## Long-Term Disability Quick Summary

<b>Benefit Percentage (Monthly)</b>	60% of monthly earnings
<b>Maximum Benefit Amount (Monthly)</b>	\$6,000 per month
<b>Pre-existing Condition (Applies to new enrollees only)</b>	3/3/12 Any sickness or injury for which you received medical treatment, consultation, care, or services during the 3 months prior to your coverage effective date will be covered only if it begins after you have performed your regular occupation on a full-time basis for 12 months following the coverage effective date; however, if you are treatment free for 3 consecutive months following the effective date, your sickness or injury is covered in full.
<b>Benefits Begin After (Elimination Period)</b>	The latter of your Accumulated Sick Leave or 90 days (For sickness or injury)
<b>Maximum Benefit Duration</b>	Social Security Normal Retirement Age (SSNRA). Please note, exclusions or limitations may apply, see plan certificate for details.
<b>Definition of Disability</b>	Total Disability means that due to an injury or sickness: <ul style="list-style-type: none"> <li>• You are limited from performing each of the main duties of your own occupation; and</li> <li>• You have 20% or more loss in indexed monthly earnings due to the same sickness or injury.</li> <li>• After benefits have been paid for 24 months, you are disabled when One America determines that due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.</li> </ul>
<b>Specified Illness/Injury Limits</b> <ul style="list-style-type: none"> <li>• <b>Mental/Nervous &amp; Substance Abuse</b></li> <li>• <b>Other Specified Illness</b></li> </ul>	24 months (see certificate booklet for full details)

### Rate Calculation

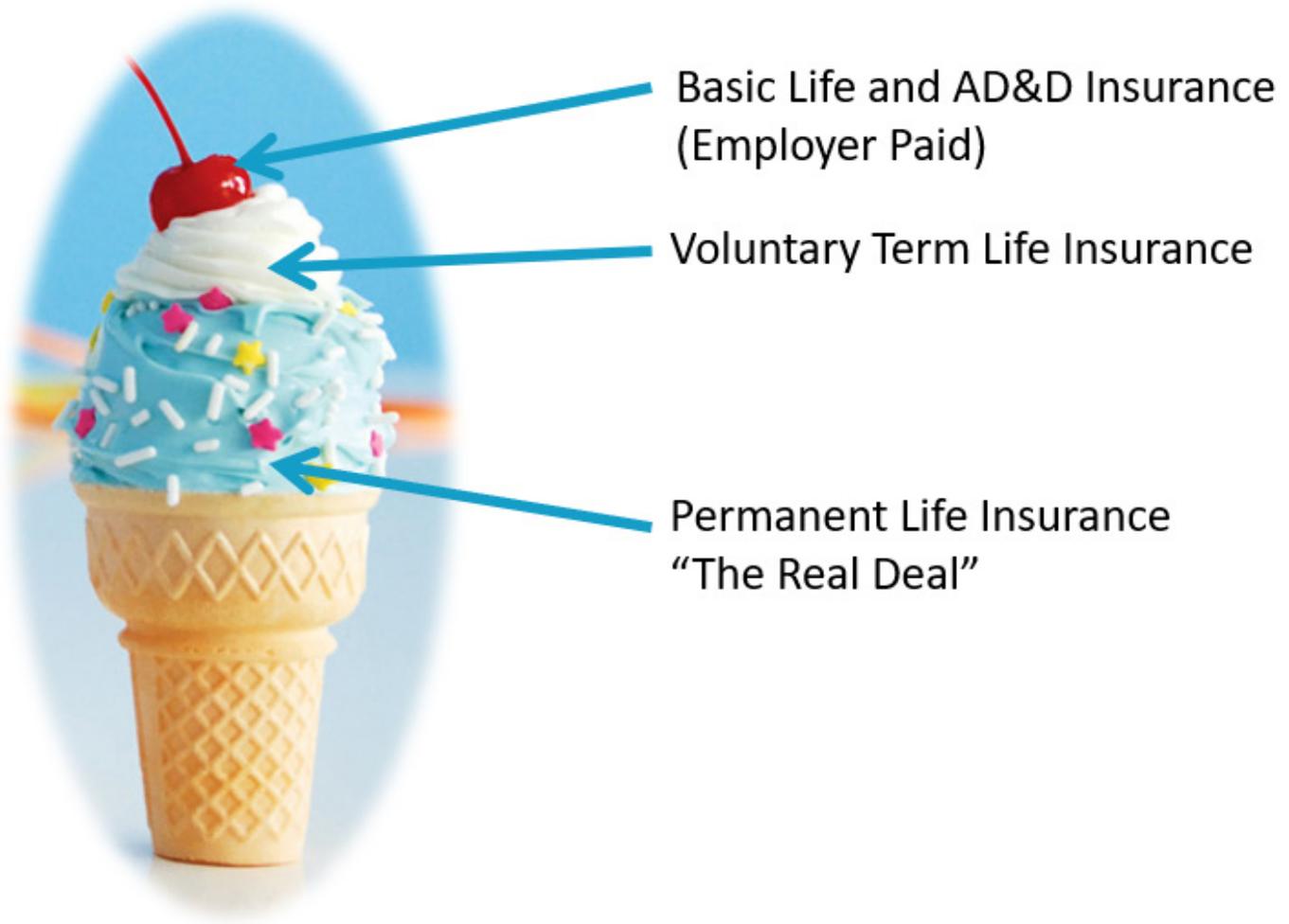
**Buford City Schools provides at no cost to you.**

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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.

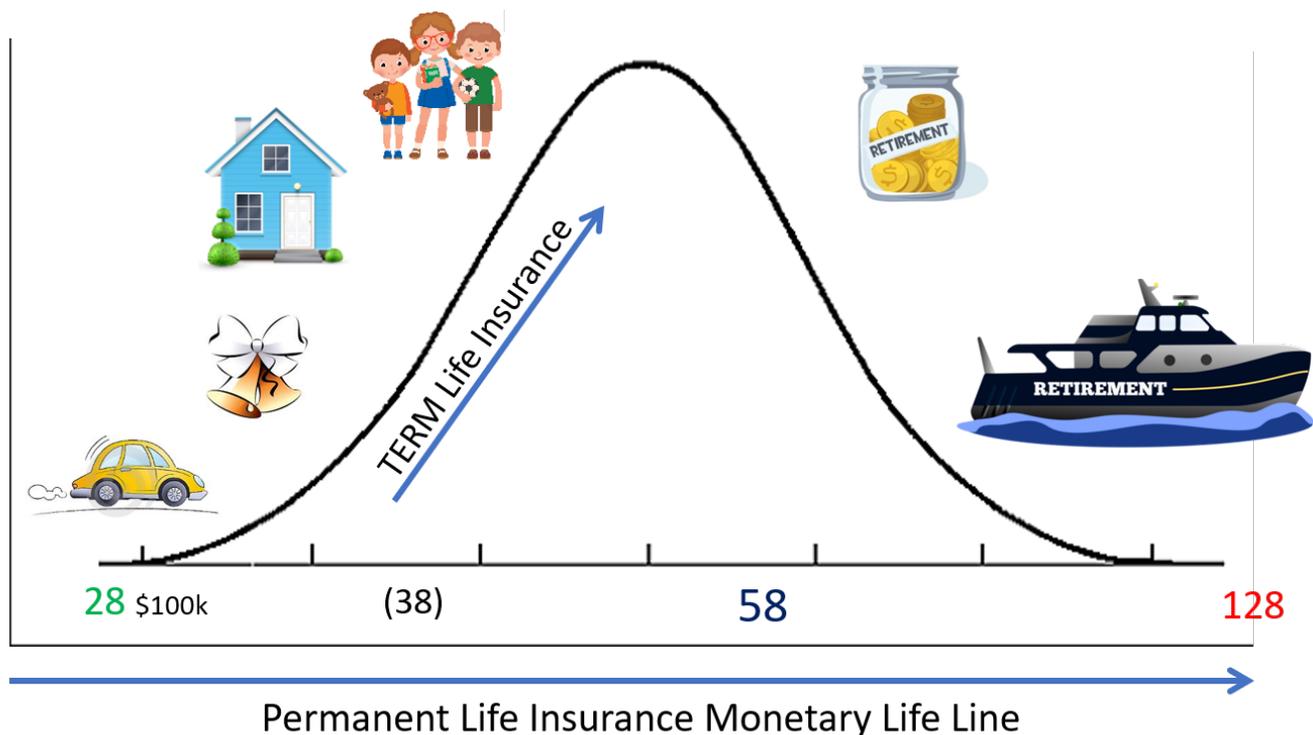


# RANCE 101

## 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 when ported)
- 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 the age when the policy is issued
- This is an individual plan you can take with you regardless of where you work (premium does not change)

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# BASIC LIFE INSURANCE

**What is Basic Life Insurance?** A financial and family protection plan paid for by Buford City Schools 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 full-time employees working 20 or more hours per week

- Coverage through OneAmerica
- Must be actively at work on the effective date of coverage
- **Buford City Schools provides, at no cost to you. You will be automatically enrolled in this benefit when hired - please remember to designate your beneficiaries**

## Basic Life and AD&D Quick Summary

LIFE AMOUNT	
Employee Coverage	All Employees: \$50,000
AD&D AMOUNT	
Employee Coverage	All Employees: \$50,000
BENEFITS	
Age Reduction	None
Portability and Conversion	Included, see policy for details

### Basic Life/AD&D

**Buford City Schools provides at no cost to you.**



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# VOLUNTARY TERM LIFE AND 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 full-time employees working 20 or more hours per week, spouse, and unmarried children (up to age 26)

- **Coverage through OneAmerica**
- Must be actively at work on the effective date of coverage
- If electing for the first time outside of the initial open enrollment period, health questions will be required

Voluntary Life and AD&D Quick Summary	
<b>LIFE AMOUNT</b>	
<b>Employee</b>	Purchase coverage in increments of \$10,000 up to \$500,000 maximum (5x Salary)
<b>Spouse</b>	Purchase coverage in increments of \$5,000; \$500,000 maximum (100% of employee election)
<b>Child(ren)</b>	\$10,000
<b>ACCIDENTAL DEATH &amp; DISMEMBERMENT AMOUNT</b>	
Employee, spouse and children AD&D amounts match the life amounts	
<b>GUARANTEED ISSUE: INITIAL ENROLLMENT/ FIRST TIME OFFERING</b>	
<b>Employee</b>	\$300,000 (5x Salary)
<b>Spouse</b>	\$50,000 (100% of Employee Election)
<b>Child(ren)</b>	\$10,000
<b>Guaranteed Increase in Benefits</b>	<b>Enrolled employee and spouse:</b> Can increase up to the guaranteed issue amount with no health questions during open enrollment
<b>Age Reduction</b>	None
<b>Portability Provision</b>	Prior to Social Security Normal Retirement Age

Employee and Spouse Life and AD&D MONTHLY Rates based on Employee Age (Per \$10,000 of coverage)			
<b>0-29</b>	\$0.76	<b>50-54</b>	\$3.35
<b>30-34</b>	\$0.89	<b>55-59</b>	\$5.61
<b>35-39</b>	\$1.12	<b>60-64</b>	\$7.30
<b>40-44</b>	\$1.51	<b>65-69</b>	\$12.91
<b>45-49</b>	\$2.15	<b>70+</b>	\$39.10

All Covered Children MONTHLY Rates	
<b>Life and AD&amp;D Insurance</b>	\$0.76 for \$10,000

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# PERMANENT LIFE INSURANCE



**What is Permanent Life Insurance?** Coverage that provides lifelong protection, and the ability to maintain a level premium. Permanent Life offers the flexibility to meet a variety of personal needs while allowing employees the choice of benefit and premium amounts which fit their paycheck and life style.

**Eligibility:** Eligible full-time employees working 20 or more hours per week, spouse, and children\* (up to age 26) and grandchildren

- Coverage provided by UNUM
- Must be actively at work on the effective date
- Underwriting is required. Coverage is not guaranteed
- **Keep your coverage even if you retire or change employers**

\* Married children can be covered on standalone UNUM policies and not child term rider policies.

## Permanent Life Benefits Quick Summary

### PLAN MAXIMUMS

Employee	\$2,000 - \$300,000
Spouse	\$5,000 - \$25,000
Child	\$1,000 - \$10,000

### GUARANTEED ISSUE (NEW HIRE OR FIRST TIME ELIGIBLE)

Employee, Spouse & Child	Guaranteed issue amounts are available for new hires. This amount is based off of your age and the weekly premium amount. Please log into the enrollment platform for specific rate details.
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### OTHER FEATURES

<p>Guaranteed Interest rate of 4.25%</p> <p>Build Cash Value</p> <p>Level Premiums deducted from your paycheck</p> <p>Level Death Benefit - Coverage does not decrease with age</p> <p>Long Term Care Rider</p> <p>Living Benefit Option Rider - 100% of the benefit amount if you are terminally ill.</p>
--

### Plan Rates

Cost of coverage is based on the level of benefit you choose and your age with two options for paying premiums. Please log into the enrollment platform or consult with a Benefits Counselor for rate details.

# 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 eye wear (eyeglasses and contact lenses).

**Eligibility:** Eligible full-time employees working 20 or more hours per week, spouse, and dependent children\* (up to age 26)

- Coverage through MetLife
- Claims must be submitted within 90 days of the date of service
- In-Network Provider Directory: <https://mymetlifevision.com/> **Network:** VSP Choice
- *The chart below is a sample of covered services. Please see the plan certificate, located on your employee benefits website, for a detailed listing of services in their entirety.*

\* Child marital status impacts benefit eligibility

## Vision Benefits Summary (In-Network)

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
<b>Lenses and Lens Options</b>	
Single/Lined 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
<b>Contact Lenses</b>	
Elective Contacts	\$150 allowance
Medically Necessary Contacts	Covered in Full after eyewear copay
<b>Frequencies</b>	
Exams/Lenses or Contact Lenses/Frames	Every 12 Months
2nd Pair Benefit <i>(Advise provider to submit two pair of glasses on separate invoices)</i>	Each covered person can get one of the options below: 2 pairs of prescription eyeglasses <b>OR</b> 1 pair of prescription eyeglasses and an allowance toward contacts <b>OR</b> Double the contact lens allowance

Vision Plan Rates	
Employee	\$10.46
Employee + 1	\$15.18
Employee + Family	\$27.17

Visit [metlife.com/mybenefits](https://metlife.com/mybenefits)

- Locate in-network eye doctors
- Print your ID card
- Review benefits information

**MetLife Vision Card**

Group Name: Buford City Schools  
Group Number: 5927509  
1.855.MET.EYE1

\*Click on id card for more information and printable version

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**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 full-time employees working 20 or more hours per week, spouse, and children\* (up to age 26.) Orthodontia for adults and children.

- Coverage through Ameritas
- No waiting periods or late entrant penalties on dental services\*\*
- Claims must be submitted within 90 days of date of service
- Two cleanings per benefit year period (Based on calendar year)
- In-Network Provider Directory: [dentalnetwork.ameritas.com](http://dentalnetwork.ameritas.com) (Network: Classic PPO)
- *The chart below is a sample of covered services. Please see the plan certificate, located on your employee benefits website, for a detailed listing of services in their entirety.*

\* Child marital status does not impact benefit eligibility

\*\* If an employee/dependent enrolls in dental that did not elect coverage when first eligible OR a new employee/dependent enrolls and braces are already in the mouth, there is no orthodontia coverage

Coinsurance Quick Summary	High Plan	MAC Plan (In-Network Only)	Low Plan
Preventive (Type 1)	100%	100%	100%
Basic (Type 2)	80%	80%	50%
Major (Type 3)	50%	60%	Not Covered
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	90th UCR	Contracted Fee	90th UCR
LASIK Advantage	Included	Included	Not Included
Hearing Care Benefit	Included	Included	Not Included
Calendar Year Deductible (All Plans)			
\$50 per person /\$150 max per family (Excludes Preventive)			
<i>Review page 16 for additional dental information</i>			

### LASIK Advantage Benefit (Included on the MAC & High Plan Options)

When enrolled in the MAC or High dental plans, you are automatically enrolled in LASIK coverage. The LASIK benefits increase each year you are on the plan. This is a lifetime benefit and the payment is available only once per person. You must be 18 years of age or older and you can seek services at any facility. A 12-month late entrant period may apply. *Please see plan certificate for additional details.*

Benefit per Eye	
Year One & Two	\$350
Year Three	\$700

### Hearing Care Benefit (Included on the MAC & High Plan Options)

Hearing Care Summary	% Coverage	Maximum per benefit period/benefit amount
Annual Hearing Exam	100%	Up to \$75 allowance
Hearing Aid	50%	Year One: up to \$400 Year Two: up to \$600 Year Three: Up to \$800 (Allowance both ears)
Hearing Aid Maintenance	100%	Up to \$40 allowance
Deductible	None	N/A
<i>Use any provider or facility. Contact Ameritas for questions: 877.359.8346 or visit <a href="http://ameritas.com/listen">ameritas.com/listen</a></i>		

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# DENTAL INSURANCE



Dental Services Quick Summary	High Plan	MAC Plan (In-Network Only)	Low Plan
Routine Exam (2 per benefit period)	100%	100%	100%
Bitewing X-rays (2 per benefit period)	100%	100%	100%
Full Mouth/Panoramic X-rays (1 in 3 years)	100%	100%	100% (1 in 5 years)
Periapical X-rays	100%	100%	100%
Cleaning (2 per benefit period)	100%	100%	100%
Fluoride for children 18 & under (1 per benefit period)	100%	100%	100%
Space Maintainers	100%	100%	100%
Sealants (age 16 & under)	80%	80%	50%
Restorative Amalgams	80%	80%	50%
Restorative Composites (anterior & posterior teeth)	80%	80%	50%
Simple & Complex Extractions	80%	80%	50%
Anesthesia	80%	80%	50%
Endodontics (Nonsurgical & Surgical)	50%	80%	50%
Periodontics (Nonsurgical & Surgical)	50%	80%	50%
Denture Repair	50%	80%	50%
Onlays	50%	60%	N/A
Crowns (1 in 5 years per tooth)	50%	60%	N/A
Crown Repair	50%	60%	N/A
Implants	50%	60%	N/A
Prostodontics (Fixed bridge, removable complete/ partial dentures) (1 in 5 years)	50%	60%	N/A
Orthodontia (\$1,500 lifetime maximum)	50%	50%	N/A

Monthly Plan Rates			
*All rates include a \$10 BCS contribution*	High Plan	MAC Plan	Low Plan
Employee	\$41.86	\$34.34	\$21.60
Employee + 1	\$90.62	\$77.54	\$52.32
Employee + Family	\$188.14	\$149.02	\$89.47
* Retiree rates differ from active employee rates			

### Mock Dental Card

Group Name: **Buford City Schools**  
 Group Number: **53797**  
 Set up an Ameritas account by visiting:  
[www.ameritas.com/service/register.asp](http://www.ameritas.com/service/register.asp)

- Print your Dental ID Card
- Dental Health Score Card
- Rx Savings Card and more!

\*Click on id card for more information and printable version

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# CRITICAL ILLNESS INSURANCE

**What is Critical Illness Insurance?** Supplemental coverage that protects families from additional costs associated with unforeseen catastrophic illnesses. This plan does not coincide with health insurance – payments are made directly to you.

**Eligibility:** Eligible full-time employees working 20 or more hours per week, spouse, and dependent children\* (up to age 26)

- Coverage through MetLife
- Elect Critical Illness with or without Cancer coverage based on your individual needs
- **Issue Age - Rates are locked in and will not increase with age**
- **No health questions – Every Year!**
- Keep your coverage even if you retire or change employers
- *Please see the plan certificate, located on your employee benefits website, for a detailed listing of services in their entirety.*

\* Child marital status impacts benefit eligibility

Critical Illness Benefits Quick Summary	Select Benefit With or Without Cancer
Employee	\$10,000 or \$20,000
Spouse	100% of employee amount
Dependent Children	50% of employee amount
<b>COVERED SPECIFIED CRITICAL ILLNESSES</b>	
Invasive Cancer	100% (if selected)
Non-Invasive Cancer (Carcinoma in Situ)	25% (if selected)
Skin Cancer	5% (not less than \$250) (if selected)
Benign Brain Tumor	100%
Coronary Artery Bypass Graft (CABG)	50%
Heart Attack (Myocardial Infarction)	100%
Stroke	100%
Major Organ Failure	100%
End Stage Renal Failure (Kidney)	100%
<b>ANNUAL WELLNESS EXAM</b>	\$50
Age Reduction	None
Sudden Cardiac Arrest	50%
Transient Ischemic Attack (TIA)	25%
Childhood Diseases (Cerebral Palsy, Cleft Lip or Cleft Palate, Cystic Fibrosis, Diabetes (Type 1), Down Syndrome, Sickle Cell Anemia, Spina Bifida)	100% of child benefit amount
Functional Loss (Coma, Loss of: Ability to Speak; Hearing; or Sight, Paralysis of 2 or more limbs)	100%
Infectious Diseases (Bacterial Cerebrospinal Meningitis, COVID-19, Diphtheria, Encephalitis, Legionnaire's Disease, Malaria, Necrotizing Fasciitis, Osteomyelitis, Rabies, Tetanus, Tuberculosis)	25% (Treated in the hospital for 5 days)
Progressive Diseases (ALS, Alzheimer's Disease, Multiple Sclerosis, Muscular Dystrophy, Parkinson's Disease (Advanced), Systemic Lupus Erythematosus (SLE))	100%
Pre-Existing Condition	None
Max Payout	500% of elected benefit (previously 300%)

### Plan Rates

Cost of coverage is based on the level of benefit you choose and your age. Please log into the enrollment platform or consult with a Benefits Counselor for rate details.

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# ACCIDENT INSURANCE



**What is Accident Insurance?** This coverage is designed to help offset medical and out-of-pocket costs associated with unforeseen accidents. Payments made directly to you and benefits do not offset with medical insurance.

**Eligibility:** Eligible full-time employees working 20+ hours/week, spouse, and dependent children\* (up to age 26)

- Coverage through MetLife
- **No health questions – Every Year!!**
- Keep your coverage even if you retire or change employers
- *The chart below is a sample of covered services. Please see the plan certificate, located on your employee benefits website, for a detailed listing of services in their entirety.*

\* Child marital status impacts benefit eligibility

Accident Benefits Quick Summary	Low Plan	High Plan
<b>INJURIES</b>		
Fractures	\$50-\$3,000	\$100-\$6,000
Dislocations	\$50-\$3,000	\$100-\$6,000
Second and Third Degree Burns	\$50-\$5,000	\$100-\$10,000
Concussions	\$200	\$400
Cuts/Lacerations	\$25-\$200	\$50-\$400
Eye injuries	\$200	\$300
<b>MEDICAL SERVICES &amp; TREATMENT</b>		
Ambulance	\$200 or \$750	\$300 or \$1,000
Emergency Care	\$25-\$50	\$50-\$100
Non-Emergency Care	\$25	\$50
Physician Follow-Up	\$50	\$75
Therapy Services (including physical therapy)	\$15	\$25
Medical Testing Benefit	\$100	\$200
Medical Appliances	\$50-\$500	\$100-\$1,000
Inpatient Surgery	\$100-\$1,000	\$200-\$2,000
<b>Hospital Coverage (Accident)</b>		
Admission	\$500 (non-ICU)-\$1,000 (ICU) per accident	\$1,000 (non-ICU)-\$2,000 (ICU) per accident
Confinement	\$100 a day (non-ICU)-\$200 (ICU) up to 31 days	\$200 a day (non-ICU)-\$400 (ICU) up to 31 days
Inpatient Rehab	\$100 a day up to 15 days	\$200 a day up to 15 days
Age Reduction	25% at age 65-69 50% at age 70 or older	
Health Screening Benefit	\$50	

Low Plan Monthly Rates
Employee \$5.68
Employee + Spouse \$11.90
Employee + Child(ren) \$11.68
Employee + Family \$14.62

High Plan Monthly Rates
Employee \$12.40
Employee + Spouse \$25.90
Employee + Child(ren) \$25.64
Employee + Family \$32.10

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# WELLNESS BENEFITS



If you are currently covered under the MetLife Critical Illness or MetLife Accident Policy, you also receive the “Wellness Benefit” as part of your policy.

The Wellness Benefit Amount is \$50.00 per calendar year for each insured under the Critical Illness Policy and \$50.00 per calendar year under the Accident Policy.

“MetLife will pay Wellness Benefit Amount for one wellness test per calendar year per Insured if the Insured has a wellness test performed while the Insured’s coverage is in force.”

## Wellness test may include:

- Blood test for triglycerides
- Blood test to determine total cholesterol
- Bone marrow aspiration or biopsy
- Breast MRI
- Breast ultrasound
- Breast sonogram
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Carotid Doppler
- Chest x-ray
- Clinical testicular exam
- Colonoscopy
- Doppler screening for cancer
- Doppler screening for peripheral vascular disease
- Echo cardiogram
- Electrocardiogram
- Endoscopy
- Fasting blood glucose test
- Fasting plasma glucose (FPG)
- Hemoglobin A1C (HbA1c)
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Hemoglobin A1C
- Mammography
- Oral cancer screening
- Pap smear
- Physical Exam
- PSA (blood test for prostate cancer)
- Serum cholesterol test to determine HDL and LDL levels
- Serum protein electrophoresis (blood test for myeloma)
- Skin cancer biopsy and screening
- Stress test on a bicycle or treadmill
- Thermography
- Two hour post-load plasma glucose
- Ultrasounds for cancer detection
- Ultrasound screening of the abdominal aorta for abdominal aortic aneurysms
- Virtual Colonoscopy



## How to file your Wellness Benefit Claim:

- You can request a claim form by either calling the Campus Benefits Call Center at 866.433.7661 opt 5 or emailing our Service Team at [MyBenefits@CampusBenefits.com](mailto:MyBenefits@CampusBenefits.com)

# HOSPITAL INDEMNITY



**What is Hospital Indemnity Insurance?** Supplemental coverage that helps offset costs associated with hospital stays, whether for planned or unplanned reasons. Payments made directly to you and benefits do not offset with medical insurance.

**Eligibility:** Eligible full-time employees working 20+ hours/week, spouse, and dependent children\* (up to age 26)

- Coverage through MetLife
  - Employee must be actively at work on the effective date
  - Routine childbirth and complications from pregnancy are covered
  - **No Health Questions Every Year!**
  - *The chart below is a sample of covered services. Please see the plan certificate, located on your employee benefits website, for a detailed listing of services in their entirety.*
- \* Child marital status impacts benefit eligibility

Hospital Indemnity Benefits Quick Summary	Low Plan	High Plan
<b>Hospital Admission</b> (4 times per calendar year max per person) <i>(Must be admitted into the hospital for this benefit - ER admission/Outpatient treatment does not qualify)</i>	\$500 (payable 4 times per year; 90 days apart)	\$1,000 (payable 4 times per year; 90 days apart)
<b>ICU Admission</b> <i>(Benefit pays concurrently with the Hospital Admission Benefit if admitted into the ICU)</i>	\$500 (payable 4 times per year; 90 days apart)	\$1,000 (payable 4 times per year; 90 days apart)
<b>Confinement</b> (15 days per calendar year) <i>(ICU Confinement Benefit pays concurrently with the confinement benefit if admitted into the ICU)</i>	\$100	\$200
<b>ICU Supplemental Confinement</b> <i>(pays concurrently with confinement benefit if admitted into the ICU)</i>	\$100	\$200
<b>Confinement Benefit for Newborn Nursery Care</b> (no more than 2 days per newborn baby)	\$25	\$50
<b>Emergency Room Care Benefit</b> (1 time per person per year)	\$50	\$100
<b>Outpatient/Physical Therapy</b> (Up to 5 times per person per year; 10 times for all covered persons combined per year)	\$25	\$50
<b>Ambulance Benefit</b> (1 time per year per person)	\$25	\$50
<b>Pre-existing Condition</b>	None	
<b>Waiting Periods</b>	None	
<b>Age Reduction</b>	None	
<i>Please note the above is a sample of covered services. Please visit <a href="http://bufordcitybenefits.com">bufordcitybenefits.com</a> to view the plan certificate for actual payment for services.</i>		

Low Plan Monthly Rates
Employee \$12.29
Employee + Spouse \$21.96
Employee + Child(ren) \$19.23
Employee + Family \$28.90

High Plan Monthly Rates
Employee \$22.45
Employee + Spouse \$40.10
Employee + Child(ren) \$35.12
Employee + Family \$52.77

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# CANCER INSURANCE

**What is Cancer Insurance?** Cancer insurance is a form of supplemental insurance meant to offset cancer-related expenses so you can focus on recovery.

**Eligibility:** Eligible full-time employees working 20+ hours/week, spouse, and children\* (up to age 26)

- Coverage through Allstate
  - Payments made directly to you and do not offset with medical insurance
  - Health questions will be required unless enrolling within a new hire period
  - Keep your coverage, at the same cost, even if you retire or change employers
- \* Child marital status does not impact benefit eligibility

Cancer Benefits Quick Summary	Plan	Don't forget your \$50 Wellness!	
<b>HOSPITAL AND RELATED BENEFITS - DAILY BENEFIT</b>		<p>What qualifies as wellness:</p> <ul style="list-style-type: none"> <li>• Biopsy for skin cancer</li> <li>• Blood tests for triglycerides,</li> <li>• CA15-3 (breast cancer)</li> <li>• CA125 (ovarian cancer)</li> <li>• CEA (colon cancer)</li> <li>• PSA (prostate cancer)</li> <li>• Bone Marrow Testing</li> <li>• Chest X-ray</li> <li>• Colonoscopy</li> <li>• Doppler screening for carotids or peripheral vascular disease</li> <li>• Echocardiogram</li> <li>• EKG</li> <li>• Flexible sigmoidoscopy</li> <li>• Hemoccult stool analysis</li> <li>• HPV (Human Papillomavirus) Vaccination</li> <li>• Lipid panel (total cholesterol count)</li> <li>• Mammography, including Breast Ultrasound</li> <li>• Pap Smear, including ThinPrep Pap Test</li> <li>• Serum Protein Electrophoresis (test for myeloma)</li> <li>• Stress test on bike or treadmill</li> <li>• Thermography</li> <li>• Ultrasound screening for abdominal aortic aneurysms</li> </ul> <p>How to file a wellness claim:</p> <ul style="list-style-type: none"> <li>• Call 800.348.4489</li> <li>• Fax completed documents to 800.430.4188</li> <li>• Mail completed documents to: American Heritage Life Insurance Company 1776 American Heritage Life Drive, Jacksonville, FL 32224</li> <li>• Register at <a href="http://www.allstatebenefits.com/mybenefits">www.allstatebenefits.com/mybenefits</a> for additional information</li> </ul>	
Initial Cancer Diagnosis	\$1,000		
Continuous Hospital Confinement	\$200		
Private Duty Nursing Expenses	\$200		
Extended Care Facility	\$200		
At Home Nursing/Hospice Care	\$200		
<b>RADIATION, CHEMOTHERAPY &amp; RELATED BENEFITS</b>			
Radiation, Chemo for Cancer (Every 12 months)	\$10,000		
Blood, Plasma, Platelets (Every 12 months)	\$10,000		
Medical Imaging (Every 12 months)	\$500		
<b>SURGERY AND RELATED BENEFITS</b>			
Surgery (Based on surgery type)	Up to \$3,000		
Anesthesia (% of surgery)	25%		
Ambulatory Surgical Center (Daily)	\$500		
Second Opinion	\$400		
Bone Marrow or Stem Cell Transplant (Once Per Year)			
1. Autologous	\$1,000		
2. Non-autologous (cancer or specified disease treatment)	\$2,500		
3. Non-autologous (Leukemia)	\$5,000		
<b>MISCELLANEOUS BENEFITS</b>			
Ambulance (per confinement)	\$100		
Transportation (Non-local)	\$0.40/mile		
Outpatient or Family Lodging (Daily/12 Mo. Limit)	\$50 (\$2,000 limit)		
Physical or Speech Therapy (Daily)	\$50		
New or Experimental Treatment (Every 12 months)	Up to \$5,000		
Prosthesis	\$2,000		
Wellness Exam (Annual)	\$50		
Waiting Period (Initial Diagnosis)	None		
Pre-existing Condition	12/12		
Age Reduction	None		
Please note the above is a sample of covered services. Please visit <a href="http://bufordcitybenefits.com">bufordcitybenefits.com</a> to view the plan certificate for actual payment for services.			
		<b>Monthly Rates</b>	
		Employee	\$20.88
		Employee + Spouse	\$31.96
		Employee + Child(ren)	\$29.58
		Employee + Family	\$40.64

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# TRAVEL ASSISTANCE

*Emergencies happen, but help is now only a phone call or email away. On Call International® offers a suite of services to help you in your time of need — from small inconveniences like losing your luggage to life-threatening situations — all delivered with a caring, human touch.*

Find comfort in knowing you and your loved ones are protected by the Travel Assistance benefit when traveling more than 100 miles from home for business or leisure. The Travel Assistance benefit protects you when covered under a OneAmerica® company group life insurance policy. It also extends coverage to your spouse, domestic partner and children (under 21 or 25 and living at home as a full-time student) even when they are traveling without you. The Travel Assistance benefit requires no additional premium; however, exclusions do apply.



## 24-hour travel assistance

Travel Assistance is made available through OneAmerica® by an agreement with On Call International®

**1.866.816.2103** (US/Canada)

**1.603.328.1754** (call collect from other locations)

Email: [mail@oncallinternational.com](mailto:mail@oncallinternational.com)

## Medical assistance and transportation services

- **Pre-trip plan** to provide up-to-date information regarding required vaccinations, health risks, travel restrictions and weather conditions.
- **Medical monitoring** and review of documentation utilizing professional case managers and medical professionals to ensure appropriate care is received.
- **24-hour nurse help line** to provide clinical assessment, education and general health information.
- **Replacement of prescriptions and eyeglasses** that have been lost or stolen by consulting with the prescribing provider to transfer prescription to or arranging an appointment with a local provider.
- **Medical, behavioral or mental health, dental and pharmacy referrals** to assist in finding care providers and medical facilities.
- **Coordination of benefits** by requesting health information from the participant and attempting to coordinate benefits during an active travel assistance case.
- **Emergency medical evacuation** to arrange and coordinate air and/or ground transportation and medical care during transportation to the nearest hospital where appropriate care is available.
- **Medical repatriation** to arrange the transport of the participant with a qualified medical attendant, if medically necessary, to their residence or home hospital.
- **Return of remains** to arrange the transportation of a participant's remains to their home in the event of their death while traveling.

## Travel assistance services

- Pre-trip information
- 24/7 emergency travel arrangements
- Translator and interpreter referral
- Emergency travel funds assistance
- Legal consultation and referral
- Lost or stolen travel documents assistance
- Emergency messaging
- Lost luggage assistance

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

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# MEDCARECOMPLETE



## THE SMART WAY TO REDUCE YOUR HEALTHCARE COSTS

**What is MedCareComplete?** A carefully selected bundle of non-insurance products and services designed to save you time, money and hassle while simplifying your life, therefore improving your physical, financial and digital health.

**Eligibility:** Eligible Full-time employees working 20+ hours/week, spouse, and unmarried 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
- Information Needed: Group Name, Group #, Member ID (Info found on MCC Card)

### Included With the MedCareComplete Membership:



Medical Bill Negotiator



Restoration Expert



Medication Management



Identity Loss Expense Reimbursement



Telemedicine



Social Media Tracking



Medical & ID Theft Monitoring



Sex Offender Alerts

### 1. 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.

### 2. Telemedicine

Get 24/7/365 on-demand telephone access to Board-certified physicians for diagnosis and prescriptions for common and acute illnesses.

Individual Rate	Family Rate
\$10.50 Per Month	\$12.50 Per Month
NO COPAY	

#### 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 Infections	Gout	Cold & Flu
Infections	Diarrhea		Joint Aches	Nausea & Vomiting

### 3. 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.

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## What is Legal Plan? A plan which provides valuable legal and financial educational resources for a variety of life events and needs.

**Eligibility:** Eligible full-time employees working 20+ hours/week, spouse and dependent children\* (up to age 26)

- **Coverage through MetLife**
  - Elder Care extends to parents and in-laws
  - Visit <https://www.legalplans.com/why-enroll> or call 800.821.6400 for additional information
  - Non-Members & Members create an account and select Employer for plan information (creating an account doesn't enroll you in plans)
  - *Additional plan information available on your Employee Benefits Website ([www.bufordcitybenefits.com/](http://www.bufordcitybenefits.com/))*
- \* Child marital status impacts benefit eligibility

	Low Plan Quick Summary	High Plan Quick Summary
<b>Money Matters</b>	<ul style="list-style-type: none"> <li>• Identity Theft Defense</li> <li>• Negotiations with Creditors</li> <li>• Promissory Notes</li> <li>• Debt Collection Defense</li> <li>• Tax Collection Defense</li> </ul>	<ul style="list-style-type: none"> <li>• Identity Theft Defense</li> <li>• Negotiations with Creditors</li> <li>• Promissory Notes</li> <li>• Debt Collection Defense</li> <li>• Tax Collection Defense</li> <li>• Personal Bankruptcy</li> <li>• LifeStages Identity Management</li> <li>• Tax Audit Representation</li> <li>• Financial Education Workshops</li> </ul>
<b>Home &amp; Real Estate</b>	<ul style="list-style-type: none"> <li>• Deeds</li> <li>• Mortgages</li> <li>• Foreclosure</li> <li>• Tenant Negotiations</li> <li>• Eviction Defense</li> <li>• Security Deposit Assistance</li> </ul>	<ul style="list-style-type: none"> <li>• Deeds</li> <li>• Mortgages</li> <li>• Foreclosure</li> <li>• Tenant Negotiations</li> <li>• Eviction Defense</li> <li>• Security Deposit Assistance</li> <li>• Sale or Purchase (Primary or Vacation Home)</li> <li>• Refinancing &amp; Home Equity</li> <li>• Property Tax Assessments</li> <li>• Boundary &amp; Title Disputes</li> <li>• Zoning Applications</li> </ul>
<b>Estate Planning</b>	<ul style="list-style-type: none"> <li>• Simple and Complex Wills</li> <li>• Healthcare Proxies</li> <li>• Living Wills</li> <li>• Codicils</li> <li>• Powers of Attorney (Healthcare, Financial, Childcare, Immigration)</li> </ul>	<ul style="list-style-type: none"> <li>• Simple and Complex Wills</li> <li>• Healthcare Proxies</li> <li>• Living Wills</li> <li>• Codicils</li> <li>• Powers of Attorney (Healthcare, Financial, Childcare, Immigration)</li> <li>• Revocable &amp; Irrevocable Trusts</li> </ul>
<b>Family &amp; Personal</b>	<ul style="list-style-type: none"> <li>• Guardianship</li> <li>• Conservatorship</li> <li>• Name Change</li> <li>• Review of ANY Personal Legal Document</li> <li>• School Hearings</li> <li>• Demand Letters</li> <li>• Affidavits</li> <li>• Personal Property Issues</li> <li>• Garnishment Defense</li> <li>• Domestic Violence Protection</li> </ul>	<ul style="list-style-type: none"> <li>• Guardianship</li> <li>• Conservatorship</li> <li>• Name Change</li> <li>• Review of ANY Personal Legal Document</li> <li>• School Hearings</li> <li>• Demand Letters</li> <li>• Affidavits</li> <li>• Personal Property Issues</li> <li>• Garnishment Defense</li> <li>• Domestic Violence Protection</li> <li>• Juvenile Court Defense (Including Criminal Matters)</li> <li>• Parental Responsibility Matters</li> <li>• Review of Immigration Documents</li> <li>• Prenuptial Agreement</li> <li>• Adoption</li> </ul>
<b>Civil Lawsuits</b>	<ul style="list-style-type: none"> <li>• Disputes over Consumer Goods &amp; Services</li> <li>• Administrative Hearings</li> <li>• Incompetency Defense</li> </ul>	<ul style="list-style-type: none"> <li>• Disputes over Consumer Goods &amp; Services</li> <li>• Administrative Hearings</li> <li>• Incompetency Defense</li> <li>• Civil Litigation Defense &amp; Mediation</li> <li>• Small Claims Assistance</li> <li>• Pet Liabilities</li> </ul>
<b>Elder Care Issues</b>	Consultation & Document review for issues related to your (or spouses) parents: <ul style="list-style-type: none"> <li>• Medicare</li> <li>• Medicaid</li> <li>• Prescription Plans</li> <li>• Nursing Home Agreements</li> <li>• Leases</li> <li>• Promissory Notes</li> <li>• Deeds</li> <li>• Wills</li> <li>• Power of Attorney</li> </ul>	Consultation & Document review for issues related to your (or spouses) parents: <ul style="list-style-type: none"> <li>• Medicare</li> <li>• Medicaid</li> <li>• Prescription Plans</li> <li>• Nursing Home Agreements</li> <li>• Leases</li> <li>• Promissory Notes</li> <li>• Deeds</li> <li>• Wills</li> <li>• Power of Attorney</li> </ul>
<b>Vehicle &amp; Driving</b>	<ul style="list-style-type: none"> <li>• Repossession</li> <li>• Defense of Traffic Tickets</li> <li>• Driving Privileges Restoration</li> <li>• License Suspension due to DUI</li> </ul>	<ul style="list-style-type: none"> <li>• Repossession</li> <li>• Defense of Traffic Tickets</li> <li>• Driving Privileges Restoration</li> <li>• License Suspension due to DUI</li> </ul>

Low Plan	High Plan
\$8.00	\$16.50
Per Month	Per Month
NO COPAY	

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# FLEXIBLE SPENDING ACCOUNTS



**What are Medical Flexible Spending Accounts (FSAs)?** A pre-tax benefit account used to pay for out-of-pocket healthcare costs such as deductibles, co-pays, prescribed medication, and some over the counter medications.

**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 day-care.

**Eligibility:** Eligible full-time employees working 20+ hours/week, spouse, and taxable dependent children (up to age 13 for Dependent Care and up to age 26 for Medical FSA)

- Coverage through Medcom
- **Plan Year is from January 1st - December 31st and employees must re-elect each plan 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
- **\*\*NOTE: BCS Childcare eligible to use Dependent Care funds**

## Flexible Spending Accounts Benefit Quick Summary

### MEDICAL FSA ACCOUNT

Minimum Contribution	\$300
Maximum Contribution	\$3,200
CARRYOVER MAXIMUM	\$640 (Maximum amount if re-electing the plan)

Funds are available at the beginning of the plan year

### DEPENDENT CARE ACCOUNT

Minimum Contribution	\$300
Maximum Contribution	\$5,000
CARRYOVER MAXIMUM	None (Any balance remaining at the end of the plan year will be forfeited)
Special Note	Dependent Care is eligible for children going to the BCS childcare facility.

Funds are available as they are payroll deducted

### Plan Rules

RUNOUT PERIOD - <i>the time frame after the plan year ends to turn in receipts for expenses that occurred within the plan year</i>	30 days after plan year ends to file claims
All receipts must be kept in case verification is requested	

### Rates

FSA/DCAP Fee Per Participant Per Month	\$3.70
Replacement Card Fee	\$0.00

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# HELPFUL FSA RESOURCES

## What is covered under Medical FSA Account?

- Medical coinsurance and deductible
- Doctor's office visit copays
- Emergency Room costs
- Dental copays and out-of-pocket costs
- Vision copays and out-of-pocket costs
- Contacts and Glasses
- Prescriptions
- *Please see the full eligibility list for other covered expenses*

### FSA Eligibility List

<https://fsastore.com/fsa-eligibility-list>

### FSA Calculator

(Estimates how much you can save with an FSA)

<https://fsastore.com/fsa-calculator>

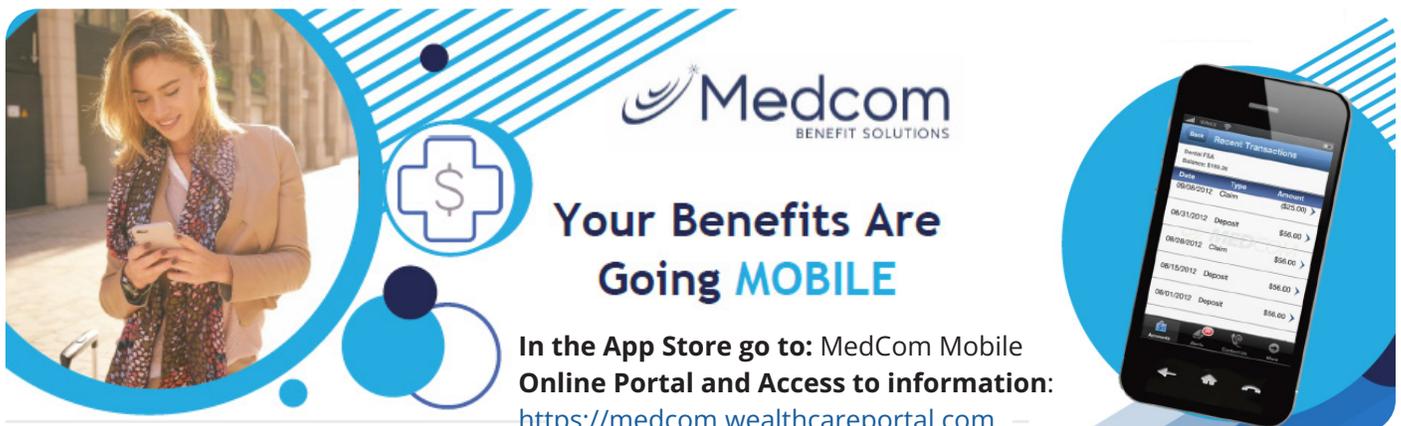
## Who is covered under a Dependent Care Account?

- Children ages 12 and under (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



**Medcom**  
BENEFIT SOLUTIONS

**Your Benefits Are Going MOBILE**

In the App Store go to: MedCom Mobile  
Online Portal and Access to information:  
<https://medcom.wealthcareportal.com>

Date	Type	Amount
08/04/2012	Claim	\$23.00 >
08/08/2012	Deposit	\$56.00 >
08/15/2012	Claim	\$56.00 >
08/15/2012	Deposit	\$56.00 >
08/15/2012	Deposit	\$56.00 >

### 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 FSA.*

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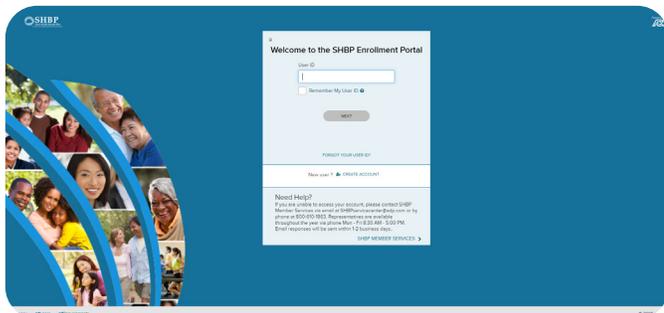
# STATE HEALTH BENEFIT PLAN

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

- Coverage through Anthem BCBS of GA, United Healthcare, or Kaiser Permanente
- All qualifying life events must be submitted via the SHBP Portal
- **Notice:** Your employer offers eligible employees health insurance through the Georgia State Health Benefit Plan. During the Fall annual open enrollment, you have the opportunity to review all available options and make elections
- **The school system pays a monthly rate of \$1,760 per certified member per month and \$1,580 per classified member per month enrolled in the State Health Benefit Plan. As of January 2025.**
- Plan year is January 1- December 31 and open enrollment is held in the fall

## SHBP Enrollment Portal:

<https://myshbpga.adp.com>



## SHBP Wellness Portal:

<https://bewellshbp.com/>

## 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.

You can access the decision guide at <https://shbp.georgia.gov/enrollment/open-enrollment>

**SHBP Phone #: 800.610.1863**

## SHBP 2025 Wellness Incentives Overview:

2025 WELLNESS INCENTIVES AT-A-GLANCE					
Plan Option	Anthem HMO MyIncentive Account (MIA)	Anthem Health Reimbursement Arrangement (HRA)	Kaiser Permanente (KP) Regional HMO	United Healthcare HMO Health Incentive Account (HIA)	United Healthcare HDHP Health Incentive Account (HIA)
	Up to	Up to		Up to	Up to
Member	480	480	\$500 Reward Card	480	480
Covered Spouse	480	480	\$500 Reward Card	480	480
United Healthcare Reward Card for enrolled member and covered spouse	n/a	n/a	n/a	\$250 Reward Card (member) \$250 Reward Card (Covered Spouse)	\$250 Reward Card (member) \$250 Reward Card (Covered Spouse)
Potential Total	960	960	\$1,000	1,460	1,460

**Anthem HRA:** Members enrolled in an Anthem HRA Plan Option will receive SHBP-funded base credits at the beginning of the Plan Year. The amount funded will be based on your elected coverage tier. If you enroll in an HRA during the Plan Year, these credits will be prorated based on the elected coverage tier and the month remaining in the current Plan Year.

**KP:** Members enrolled in the KP Regional HMO Plan Option and their covered spouses will each receive a \$500 reward card after they each satisfy KP's Wellness Program requirements.

**UnitedHealthcare:** Members and their covered spouses enrolled in an UnitedHealthcare Plan Option can each earn up to a 240 well-being incentive credit match with a combined maximum match of up to 480 well-being incentive credits by UnitedHealthcare for completing wellness requirements under the plan. Credits are added to your HIA once the points have been redeemed through the Sharecare Redemption Center, any remaining credits will rollover to the next plan year

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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. Please view the following page for Buford City Schools SHBP Contribution information.

Plan Designs for 2025											
	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%	80%	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		\$150 copay	\$150 copay	Coins after ded		\$150 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 \$313		25%, Min \$200, Max \$313		25%, Min \$200, Max \$313		\$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>
An \$80 tobacco surcharge will be added to all rates for tobacco users. See next page for pricing for Buford City School's employees.											

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

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# 2025 BUFORD CITY SCHOOLS SHBP PRICING



STATE HEALTH BENEFIT MONTHLY PLAN RATES JANUARY 1 - DECEMBER 31, 2025												
	YOU			YOU + CHILD(REN)			YOU + SPOUSE			YOU + FAMILY		
	STATE RATE	BCS PAYS	YOUR MONTHLY DEDUCTION	STATE RATE	BCS PAYS	YOUR MONTHLY DEDUCTION	STATE RATE	BCS PAYS	YOUR MONTHLY DEDUCTION	STATE RATE	BCS PAYS	YOUR MONTHLY DEDUCTION
Anthem Gold HRA	\$194.67	\$64.70	\$129.97	\$355.26	\$64.70	\$290.56	\$482.76	\$64.70	\$418.06	\$643.35	\$64.70	\$578.65
Anthem Silver HRA	\$131.17	\$64.70	\$66.47	\$247.31	\$64.70	\$182.61	\$349.41	\$64.70	\$284.71	\$465.55	\$64.70	\$400.85
Anthem Bronze HRA	\$82.67	\$64.70	\$17.97	\$164.86	\$64.70	\$100.16	\$247.56	\$64.70	\$182.86	\$329.75	\$64.70	\$265.05
Anthem HMO	\$157.53	\$64.70	\$92.83	\$292.12	\$64.70	\$227.42	\$404.77	\$64.70	\$340.07	\$539.36	\$64.70	\$474.66
UHC HMO	\$196.58	\$64.70	\$131.88	\$358.50	\$64.70	\$293.80	\$486.77	\$64.70	\$422.07	\$648.69	\$64.70	\$583.99
UHC HDHP	\$72.69	\$64.70	\$7.99	\$147.89	\$64.70	\$83.19	\$226.60	\$64.70	\$161.90	\$301.80	\$64.70	\$237.10
Kaiser HMO	\$157.53	\$64.70	\$92.83	\$292.12	\$64.70	\$227.42	\$404.77	\$64.70	\$340.07	\$539.36	\$64.70	\$474.66
<b>NOTE: TOBACCO USERS WILL HAVE AN \$80 TOBACCO SURCHARGE ADDED</b>												
TRICARE SUPPLEMENT RATES 2025												
	YOU			YOU + CHILD(REN)			YOU + SPOUSE			YOU + FAMILY		
	STATE RATE	BCS PAYS	YOU PAY	STATE RATE	BCS PAYS	YOU PAY	STATE RATE	BCS PAYS	YOU PAY	STATE RATE	BCS PAYS	YOU PAY
	\$60.50	\$60.50	\$0.00	\$119.50	\$64.70	\$54.80	\$119.50	\$64.70	\$54.80	\$160.50	\$64.70	\$95.80
<b>Remember payroll deductions for State Health will change with your December paycheck. December premiums/payroll deductions pay for your January coverage.</b>												

Buford City Schools offers a Health Saving Account through MedCom for participants enrolled in the United Healthcare High Deductible Health Plan. Please contact Campus Benefits for details, 1.866.433.7661 opt 5.

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# DISCLOSURE NOTICES

Unless otherwise noted, these Notices are available on the web at [bufordcitybenefits.com](http://bufordcitybenefits.com). A paper copy is also available, free of charge by calling the Buford City Schools Board Office at 770.945.5035 .

**NOTICE OF YOUR HIPAA SPECIAL ENROLLMENT RIGHTS:** If you are declining 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 in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards you or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contribution 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 or your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

**NOTICE OF YOUR HIPAA SPECIAL ENROLLMENT RIGHTS:** Before-tax deductions will lower the amount of income reported to the federal government. This may result in slightly reduced Social Security benefits. If you do not enroll eligible dependents at this time, you may not enroll them until the next open enrollment period. You may not drop the coverage you elected until the next open enrollment period. Make a change or drop coverage elections before the next open enrollment period under the following circumstances:

- A change in marital status, or
- A change in the number of dependents due to birth, adoption, placement for adoption or death of a dependent, or
- A change in employment status for myself or my spouse, or
- Open enrollment elections for my spouse, or
- A change in dependents eligibility, or
- A change in residence or work site.

Any change being made must be appropriate and consistent with the event and must be made within 30 days of when the event occurred. All changes are subject to approval by your Employer/Plan

**WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 ANNUAL NOTICE:** The Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breast, prostheses, and complications resulting from a mastectomy, including lymph edema.

**NEWBORNS' ACT DISCLOSURE:** 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 child 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 not in excess of 48 hours (or 96) hours.

**NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION:** This Notice describes how the Plan(s) may use and disclose your protected health information ("PHI") and how you can get access to your information. The privacy of your protected health information that is created, received, used or disclosed by the Plan(s) is protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). This Notice is available on the web at

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**GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS:** On April 7, 1986, a federal law was enacted (Public Law 99272, Title X) requiring that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end. If you or your eligible dependents enroll in the group health benefits available through your employer you may have access to COBRA continuation coverage under certain circumstances. Therefore, your plan makes available to you and you or dependents the General Notice of COBRA Continuation Coverage Rights. This notice contains important information about your right to COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. The full Notice is available on the web at [bufordcitybenefits.com](http://bufordcitybenefits.com). A paper copy is also available, free of charge, by calling your Employer or Campus Benefits at 866.433.7661. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan.

**SUMMARY OF BENEFITS AND COVERAGE (SBC):** As an employee, the group health (medical) benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make a informed choice, your plan makes available a Summary of Benefits and Coverage (SBC) which summarizes important information about any health coverage option in a standard format to help you compare across options. The SBC is available on the State Health website at <https://shbp.georgia.gov/>. A paper copy is also available, free of charge, by calling your Employer. Please note the participant is responsible for providing a copy to their dependents covered under he group health plan.

**HEALTH INSURANCE MARKETPLACE NOTICE (a.k.a. Exchange Notice):** When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, the Marketplace notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer. This notice is available on the web at [bufordcitybenefits.com](http://bufordcitybenefits.com). A paper copy is also available, free of charge, by calling your Employer.

**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.



Don't forget about the benefits portal:  
[BufordCityBenefits.com](https://BufordCityBenefits.com)



## The Service Hub Helps With:

- Portability/Conversion
- Benefits Education
- Evidence of Insurability
- Qualified Life Event Changes
- Claims
- Card Requests
- Benefit Questions
- COBRA Information

**Phone:** 866.433.7661, Opt 5

**Email:** [mybenefits@campusbenefits.com](mailto:mybenefits@campusbenefits.com)

The 2025 Benefits Enrollment Guide is provided for illustrative purposes only. Actual eligibility, benefits, services, premiums, claims processes and all other features and plan designs for coverage offered is governed exclusively by the insurance contract and associated Summary Plan Description (SPD). In case of discrepancies between this document and the insurance contract and SPD, the contract and SPD will prevail. We reserve the right to change, modify, revise, amend or terminate these plan offerings at any time. Updates, changes and notices are all located at [bufordcitybenefits.com](https://bufordcitybenefits.com). These should be reviewed fully prior to electing any benefits.