



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

2027 MetLife Dental Plan & Rates (Network: PDP Plus)

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

Dental In-Network Benefits Quick Summary (see highlight sheets and certificates for full list of services and frequencies)			
Coinsurance	High Plan	Middle Plan In-Network Only	Low Plan
Network	Any Provider	In-Network Only	Any Provider
Preventive (Type A)	100%	100%	100%
Basic (Type B)	80%	80%	60%
Major (Type C)	50%	60%	0%
Calendar Year Maximum	\$750	\$2,000	\$750
Orthodontia (Adult & Child)	None	50%	None
Orthodontia (Lifetime Maximum)	None	\$1,500	None
Preventive Advantage	Preventive Services do not apply to the annual maximum		
Calendar Year Deductible (Excludes Preventive)	\$50/person (\$150 family maximum)		
Reimbursement Allowances	90 th UCR	Contracted Fee	90 th UCR
Services	High Plan	Middle Plan In-Network Only	Low Plan
Routine Exam & Cleanings, Bitewing X-Rays (2 per calendar year)	100%	100%	100%
Amalgam/Resin Composite Fillings (1 in 24 mos)	80%	80%	60%
Simple & Surgical Extractions	50%	80%	60%
Endodontics/Root Canal	50%	80%	60%
Periodontics	50%	80%	60%
Crowns, Bridges & Dentures	50%	60%	None
Prosthodontics	50%	60%	None
Implants	None	60%	None

Dental Plan (Monthly Rates)			
Tier	High Plan	Middle Plan In-Network Only	Low Plan
Employee Only	\$48.44	\$36.73	\$27.37
Employee + One	\$94.41	\$72.91	\$54.40
Employee + Family	\$186.38	\$132.84	\$87.09

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

2027 MetLife Vision Plan & Rates (Network: VSP Choice)

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

Vision In-Network Benefits Quick Summary (see highlight sheets and certificates for full list of services and frequencies)	
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 (based on date of service)
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

Tier	Vision Plan (Monthly Rates)
Employee Only	\$12.34
Employee + One	\$17.91
Employee + Family	\$32.06

2027 Enrollment Form - Retiree Dental & Vision

Printed Name			
Benefit Effective Date	*First of the month after benefits end as an active employee.		
Home Address			
Social Security Number			
Personal Email Address			
Phone Number			
Date of Birth			

Dependent Information (must be listed for coverage)

Name	Relationship	Social Security Number	Date of Birth

Benefit

Dental ☐ Low Plan ☐ MAC Plan ☐ High Plan	Vision ☐ Vision Plan
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Coverage Tier

Dental ☐ Employee Only ☐ Employee + One ☐ Employee + Family	Vision ☐ Employee Only ☐ Employee + One ☐ Employee + Family
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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.*