

2025

Jasper County Charter System Benefits Guide



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, 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 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*

1

How to Enroll in Campus Benefits Voluntary Benefits

1. Visit <https://www.jasperbenefits.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 is 1/1 - 12/31
 - **Annual open enrollment occurs in the Fall (October/November)**
 - FSA Plan Year: 7/1 - 6/30

2

How to Enroll in your State Health Benefit Medical Plan

1. Visit <https://www.jasperbenefits.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 is 1/1 - 12/31
 - **Annual open enrollment occurs in the Fall (October/November)**

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JASPER COUNTY CHARTER SYSTEM CONTACT

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Need Help? Start Here:

mybenefits@campusbenefits.com

866.433.7661, opt 5

**Jasper County Charter School System
Benefit Plan Information Available At:**

<https://www.jasperbenefits.com/>

Eligibility

- Generally, full-time employees working more than 20 hours/week 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.

When Do Benefits Begin

- The effective date of benefits coverage depends on your hire date. Typically, benefits will begin the first of the month following 30 days of employment. You must be actively at work on the effective date of coverage for all benefits listed within the guide.

When to Enroll

- Campus Benefits Enrollment: October - November
- SHBP Open Enrollment: October - November
- FSA Enrollment: In the Spring (April)
- New Hire: Enroll within 30 days of your date of hire

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.
- Please contact Campus Benefits or SHBP for qualifying life event changes.

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EMPLOYEE ASSISTANCE PROGRAMS

What is an EAP? Programs offered to eligible Jasper County Charter System employees to provide guidance with personal issues, planning for life events or simply managing daily life which can affect your work, health and family.

The Hartford / Ability Assist EAP

Eligibility: Eligible Jasper County Charter System employees and their household members who are enrolled in a The Hartford benefit (disability or life insurance)

- Coverage through The Hartford at no cost to employee
- Provides support, resources, and information for personal and work-life challenges
- **Receive up to three session per year per occurrence per family member**
- Call 800.96.HELPS (800.964.3577) or visit [Guidanceresources.com](https://www.guidanceresources.com) Web ID: HLF902

Emotional or Work-Life Counseling

- Helps address stress, relationship and other personal issues for you and your family may face
- Sessions with highly trained master's and doctoral level clinicians
 - Stress anxiety and depression
 - Relationship/marital conflicts
 - Work/school disagreements
 - Job pressures
 - Child and elder care referral services
 - Substance abuse

Financial Information and Resources

Provides unlimited telephonic support for the complicated financial decisions you or your dependents may face. Speak by phone with a Certified Public Accountant and Certified Financial Planners on a wide range of financial issues. Topics may include:

- Managing a budget
- Guardianship
- Buying a home
- Tax Questions
- Retirement planning
- Saving for college

Legal Support and Resources

Offers unlimited telephonic assistance if legal uncertainties arise. Talk to an attorney by phone about the issues that are important to you or your dependents. If you require representation, you'll be referred to a qualified attorney in your area with a 25% reduction in customary legal fees thereafter.

Topics may include:

- Debt and Bankruptcy
- Guardianship
- Buying a home
- Power of attorney
- Divorce

Health Care Navigation Services

HealthChampionSM is a service that supports you through all aspects of your health care issues.

HealthChampion is staffed by both administrative and clinical experts who understand the nuances of any given health care concern. Situations may include:

- One-on-one review of our health concerns
- Preparation for upcoming doctor's visits/lab work/tests/surgeries
- Answers regarding diagnosis and treatment options
- Coordination with appropriate health care plan provider(s)
- An easy-to-understand explanation of your benefits—what's covered and what's not
- Cost estimation for covered/non-covered treatment
- Guidance on claims and billing issues
- Fee/payment plan negotiation

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SERVICE HUB/ SUPPORT CENTER

Campus Benefits is your dedicated advocate for all your voluntary benefits.

When to contact the Campus Benefits Service Hub?

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

The Campus Benefits team understands the claims process and leverages the necessary carrier relationships to expedite the paperwork efficiently to ensure claims are not delayed due to improper paperwork completion.

How to File a Claim:

1. Contact Campus Benefits via Phone or Email
2. Work with Campus Benefits' claims specialist to complete the necessary paperwork
 - Employee Portion
 - Physician Portion
 - Employer Portion
3. Submit the Necessary Paperwork to Campus Benefits via the secure upload
 - Secure upload located at: <https://www.jasperbenefits.com/contact-campus>

Frequently Asked Questions (FAQs):

Q: When must a qualifying life event change be made?

A: Please notify Campus Benefits within 30 days of the life event date. All SHBP life events must be made directly through the SHBP website.

Q: Am I required to contact Campus Benefits to file a claim?

A: No. However, in our experience the number one reason for claim denial or delay is due to incomplete or inaccurate paperwork. By working with Campus Benefits' claim specialist, we can advocate on your behalf.

Q: How can I access my dental card or vision card quickly?

A: Your group dental and vision plan information is available at: <https://www.jasperbenefits.com/>



Phone: 866.433.7661, Opt 5

Email: mybenefits@campusbenefits.com

Website: <https://www.jasperbenefits.com/>

CAMPUS BENEFITS ENROLLMENT

Jasper County Charter System

Company Identifier: JCCS16



1 <https://www.jasperbenefits.com/>

New User Registration

1. On Login page click on "Register as a new user" and enter information below
 - First Name
 - Last Name
 - **Company Identifier: JCCS16**
 - 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

2 Select "Campus Connect" to login

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

FAQ'S

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

STILL NEED HELP?

Contact Campus Benefits

Email mybenefits@campusbenefits.com
Call 1-866-433-7661, opt 5

Record Login Information Below

Username: _____

Password: _____

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SHORT-TERM DISABILITY



What is Short-Term Disability Insurance? A type of coverage that replaces a portion of your income, for a short period of time, if injury or illness prevents you from working. 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 more than 20 hours/week

- **Coverage through The Hartford**
- Must be actively at work on the effective date
- Must exhaust all sick leave prior to using benefit
- Disability benefits do not pay in-addition to sick leave
- Annual Open Enrollment – **No Health Questions Every Year!**
- **Paid Parental Leave: Must use in conjunction with FMLA. Will not pay in-addition to short-term disability**

Short-Term Disability Quick Summary

Elimination Period	14 Days
Benefit Duration	11 weeks
Benefit Percentage (weekly)	60% of Earnings
Maximum Benefit Amount Weekly	\$500
Pre-existing Condition Limitation	3/3/12 Illness or injury for which you received treatment the 3 months prior to your effective date will not be covered for the first 12 months, unless you go treatment free for 3 consecutive months.

STD Rates/\$10 Weekly Benefit

Age	0 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 +
Rates	\$0.713	\$0.713	\$0.627	\$0.470	\$0.441	\$0.500	\$0.529	\$0.587	\$0.617

***Enrollment system will calculate based on payroll information provided by your employer**



Rate Calculator:

Short-Term Disability

$Annual\ Salary / 52 \times 0.60 / 10 \times STD\ Rate\ Factor$

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LONG-TERM DISABILITY



What is Long-Term Disability Insurance? A type of coverage that replaces a portion of your income, for a longer period of time, if injury or illness prevents you from working. 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 more than 20 hours/week

- **Coverage through The Hartford**
- Must be actively at work on the effective date
- Must exhaust all sick leave prior to using benefit
- Disability benefits do not pay in-addition to sick leave
- Annual Open Enrollment – **No Health Questions Every Year!**

Long-Term Disability Quick Summary	
Elimination Period	90 Days
Benefit Duration	Social Security Normal Retirement Age (Please note exclusions or limitations may apply, see plan certificate for details)
Benefit Percentage (monthly)	60% of Earnings
Maximum Benefit Amount Monthly	\$5,000
Pre-existing Condition Limitation	3/3/12 Illness or injury for which you received treatment the 3 months prior to your effective date will not be covered for the first 12 months , unless you go treatment free for 3 consecutive months.

LTD Rates/\$100 Covered Pay											
Age	0-29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 99
Rates	\$0.10	\$0.17	\$0.28	\$0.40	\$0.59	\$0.72	\$0.81	\$0.77	\$0.70	\$0.70	\$0.70
*Enrollment system will calculate based on payroll information provided by your employer											

Rate Calculator:
Long-Term Disability
<i>Monthly Salary / 100 x LTD Rate Factor</i>



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LIFE INSURANCE 101

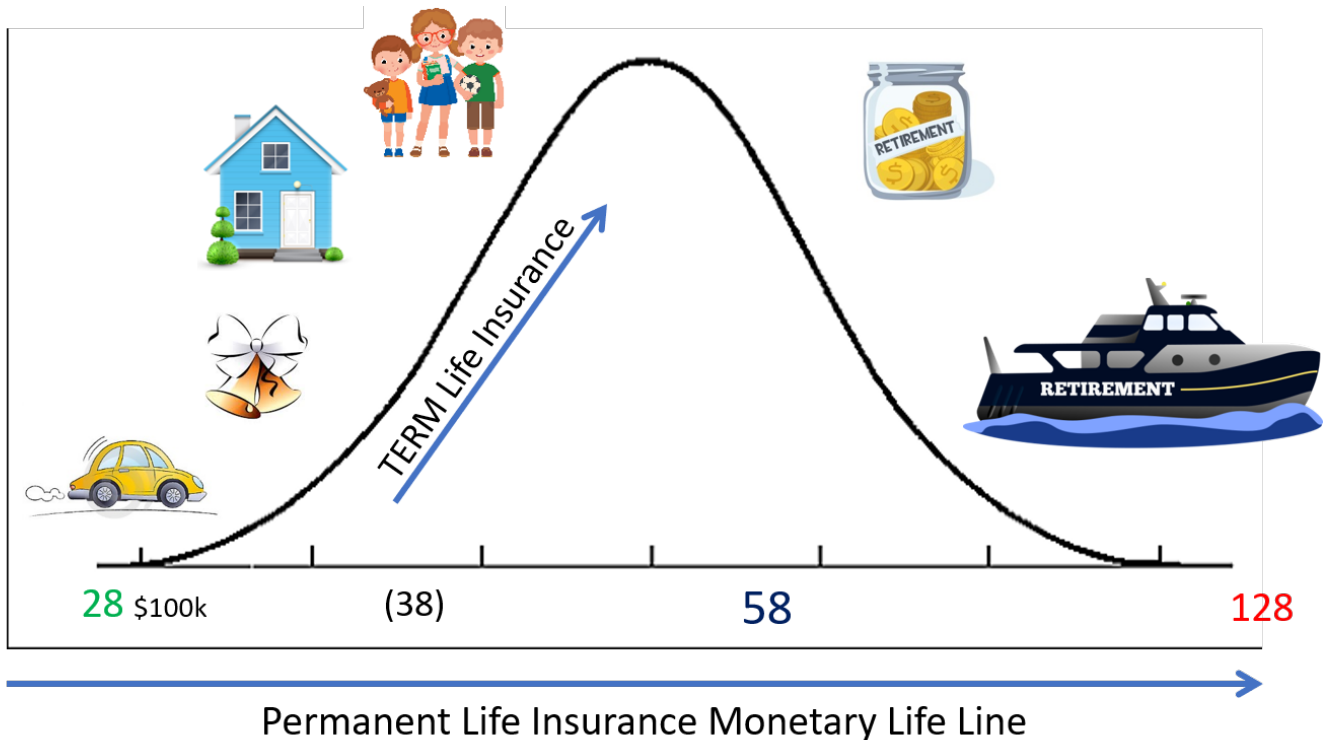
The need for life insurance depends on each individual life situation. If loved ones are financially dependent on you, then buying life insurance coverage can absolutely be worth it. Even if you don't have financial dependents yet, life insurance can be a valuable solution for making death easier on 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.

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)
- 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 your age when the policy is issued
- This is an individual plan you can take with you regardless of where you work

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BASIC TERM LIFE & AD&D INSURANCE



What is Basic Life Insurance and AD&D? A financial and family protection plan which provides a lump-sum payment, known as a death benefit, to a beneficiary upon the death of the insured. AD&D coverage is included as a part of life insurance benefits, and will pay out a lump-sum death benefit in the event you or a covered loved one dies accidentally or passes away later as the direct result of an accident. This plan also has a dismemberment benefit which provides an additional lump sum payment if an insured employee becomes dismembered in an accident.

Eligibility: Eligible full-time employees working more than 20 hours/week, spouse & children up to age 26

- **Coverage through The Hartford**

- Must be actively at work on the effective date
- Employee must elect coverage to cover Spouse and/or Children
- If electing outside initial enrollment period or adding a dependent for the first time evidence of insurability is required

Basic Life Quick Summary	
LIFE AMOUNT	
Employee Coverage	\$50,000
Dependent Coverage	\$10,000 - Spouse \$5,000 - Child(ren)
AD&D AMOUNT	
Employee	Equal to Life Amount
Spouse and Child(ren)	None
BENEFITS	
Guaranteed Issue (for first time enrollees)	\$50,000
Age Reduction	None
Portability Provision (Must elect prior to Age 70)	Included (Rates increase when ported)
Conversion	Included (Rates increase when converted)
Accelerated Life Benefit	75% up to \$50,000
Waiver of Premium	Included
Basic Life & AD&D	
Employee Coverage	\$9.25
Dependent Coverage	\$2.00

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VOLUNTARY TERM LIFE & AD&D INSURANCE



What is Voluntary-Term Life and Accidental Death & Dismemberment Insurance? A financial protection plan which provides a cash benefit to a beneficiary upon the 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 still be met. AD&D coverage is included as a part of life insurance benefits, and will pay out a lump-sum death benefit in the event you or a covered loved one die accidentally or pass away later as the direct result of an accident. This plan also has a dismemberment benefit which provides an additional lump sum payment if an insured becomes dismembered in an accident.

Eligibility: Eligible full-time employees working more than 20 hours/week, spouse & children* up to age 26

- **Coverage through The Hartford**
 - Must be actively at work on the effective date
 - If electing for the first time outside of the initial enrollment period, health questions will be required
 - Employee must elect coverage for themselves in order to cover spouse and/or children
- * *Child marital status does not impact benefits eligibility*

Voluntary Life and AD&D Quick Summary	
LIFE AMOUNT	
Employee	Up to \$500,000 (7x Salary)
Spouse	Up to \$250,000 (not to exceed 100% of employee amount)
Child(ren)	Choice of \$5,000 or \$10,000
Child > 6 months	\$1,000
AD&D AMOUNT MATCH LIFE AMOUNT	
GUARANTEED ISSUE (GI)	
Employee	\$300,000
Spouse	\$50,000
Child(ren)	\$10,000
ADDITIONAL FEATURES	
GUARANTEED INCREASE IN BENEFIT	Employee: Increase up to GI limit with no health questions if currently enrolled
Age Reduction	None
Portability Provision	Included (\$250,000 max; premium will increase at the time of port)
Conversion	Included
Living Benefit Option	80% of Life Benefit (Up to \$500,000)
Waiver of Premium	Included (6 month elimination period)

Plan Rates

Cost of coverage depends on your age and the amount of coverage. Please consult with a Campus Benefits Counselor or log into the enrollment system for rate details.

PERMANENT LIFE INSURANCE



What is Permanent Life Insurance? Coverage that provides lifelong protection and the ability to maintain a level premium.

Eligibility: Eligible full-time employees working more than 20 hours/week, spouse & children up to age 26

- Coverage through UNUM
- Upon termination or retirement, coverage can be ported on bank draft

Permanent Life Insurance Quick Summary	
LIFE AMOUNTS	
Employee	\$2,000 - \$300,000
Spouse	\$2,000 - \$75,000
Child	\$5,000 - \$50,000 (increments of \$5,000)
Paid Up Option	Payable to age 120 Paid up option at age 70 Child always Paid Up at age 70
Issue Age	Employee & Spouse: 15-80 Child: 14 days - 26 years
Evidence of Insurability	Required for most policies
GUARANTEED ISSUE (NEW HIRE; INITIAL ENROLLMENT)	
Employee	Up to \$12.00 of weekly cost (no health questions)
Spouse	Up to \$3.00 of weekly cost (one health question)
Child	Up to \$50,000

Plan Rates

Cost of coverage depends on your age and the amount of coverage.
Please consult with a Campus Benefits Counselor or log into the enrollment system for rate details.

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DENTAL INSURANCE



What is Dental Insurance? A health and wellness plan designed to pay a portion of dental costs associated with preventive, basic, some major dental care, as well as orthodontia.

- Eligibility:** Eligible full-time employees working more than 20 hours/week, spouse & children up to age 26
- Coverage provided by Ameritas
 - Claims must be submitted within 90 days of date of service
 - In-Network Provider Directory: <https://dentalnetwork.ameritas.com/> (Network: **Classic PPO**)
 - Orthodontia available for Adult employees & spouse and children up to age 26 (subject to takeover provision)
 - No waiting periods
 - *The chart below is a sample of covered services. Please see Plan Certificate for a detailed listing of services in their entirety. Plan certificate available at <https://www.jasperbenefits.com/>*

Coinsurance	High Plan	Low Plan
Preventive (Type 1)	100%	100%
Basic (Type 2)	80%	80%
Major (Type 3)	50%	Not Covered
Orthodontia	50%	Not Covered

Dental Benefits Quick Summary	
Calendar Year Deductible (Excludes Preventive)	\$50/person, \$150/family
Reimbursement Allowances	90th percentile U&C
Calendar Year Plan Maximum	\$1,000
Orthodontia (Lifetime)	\$1,500

Plan Rates	High	Low
Employee	\$43.34	\$30.70
Employee + Family	\$120.74	\$91.94

Services	High	Low
Type 1: Preventive		
Routine Exam	100%	100%
Bitewing X-rays	100%	100%
Cleaning	100%	100%
Fluoride (Child Only<18yrs)	100%	100%
Panoramic X-rays (1 in 3 yrs)	100%	100%
Type 2: Basic		
Restorative Amalgams/composites	80%	80%
Denture Repair	80%	80%
Simple Extractions	80%	80%
Complex Extractions	80%	80%
Anesthesia	80%	80%
Endodontics	80%	80% (non-surgical)
Periodontics	80%	80% (non-surgical)
Type 3: Major		
Onlays/Crowns	50%	Not covered
Prostodontics	50%	Not covered
Missing Tooth<12 months	Covered	Covered

Register for your secure member account at [ameritas.com](https://www.ameritas.com).

The one-time set up is quick and easy:

- Go to [ameritas.com](https://www.ameritas.com)
- Sign in to your Customer (Member) Account under the Dental/Vision/Hearing drop down
- On the Login page select "Register Now"
- Complete the New User Registration form

DENTAL ID CARD Ameritas

JASPER COUNTY CHARTER SCHOOL SYSTEM
JOHN DOE
GROUP ID #52409

Questions call: 800.487.5553. Visit [ameritas.com](https://www.ameritas.com) to register for account access.

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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 eyewear (eyeglasses and contact lenses).


Eligibility: Eligible full-time employees working more than 20 hours/week, spouse & children up to age 26

- Coverage through NVA
- Claims must be submitted within 90 days of date of service.
- In-network Provider Directory www.e-nva.com
- Log in information: **Username:** jaspercountrysd **Password:** vision1

Vision Benefits Quick Summary	
Eye Exam	\$10 Co-pay
Frames	\$160 Allowance + 20% off balance
Single/Bifocal/Trifocal/Lenticular Lenses (12 Months)	\$15 Co-pay
Elective Contacts	Up to \$160 Allowance
Medically Necessary Contacts	Covered in Full
Frequencies	Exams and Lens - every 12 months Frames - every 24 months
Lasik or PRK	Discount Arrangement

Rates	
Employee	\$6.20
Employee + Spouse	\$12.38
Employee + Children	\$19.81
Employee + Family	\$22.90

VISION COVERAGE VERIFICATION



JASPER COUNTY CHARTER SCHOOLS
GROUP #: 8849000001

Providers and members can call 1.800.672.7723 to verify coverage and benefits.

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CRITICAL ILLNESS INSURANCE



What is Critical Illness Insurance? A health and wellness plan in which you receive a lump sum cash payment if diagnosed with one of the specific illnesses on the predetermined list of critical illnesses.

Eligibility: Eligible full-time employees working more than 20 hours/week, spouse & children up to age 26

- Coverage through Cigna
- Elect Critical Illness with or without Cancer coverage based on your individual needs
- Issue Age - Rates lock-in at age you are and will never increase
- **No health questions - EVERY YEAR!!**
- *The chart below is a sample of covered services. Please see the Plan Certificate for a detailed listing of services in their entirety. Plan certificate available at <https://www.jasperbenefits.com/>*

Critical Illness Benefits Quick Summary	Critical Illness WITHOUT Cancer	Critical Illness WITH Cancer
Employee	\$5,000 - \$20,000	
Spouse	50% of EE Amount	
Dependent Children	25% of EE Amount	
COVERED SPECIFIED CRITICAL ILLNESSES	Pays % of Face Amount	
Heart Attack (Myocardial Infarction)	100%	
Stroke, Major Organ Failure	100%	
End Stage Renal Failure (Kidney)	100%	
Permanent Paralysis	100%	
Loss of Hearing, Speech, or Blindness	100%	
Coronary Artery Disease, Coma	25%	
Advanced Alzheimer's Disease	25%	
ALS (Lou Gehrig's Disease)	25%	
Parkinson's; Multiple Sclerosis	25%	
Benign Brain Tumor	100%	
Invasive Cancer	None	100%
Carcinoma in Situ	None	25%
Skin Cancer	None	\$250
GUARANTEED ISSUE (No Health Questions)	Employee: \$20,000 / Spouse: \$10,000	
ANNUAL WELLNESS INCENTIVE	\$50 - See wellness incentives page	
Age Reduction	50% at age 70	
Pre-existing Condition	None	
Re-occurrence Benefit	Payments available for a second covered condition after 180 days Receive a second payout for the same condition after 12 months	

Plan Rates

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

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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 more than 20 hours/week, spouse & children up to age 26

- Coverage through Allstate
- Payments made directly to you and do not offset with medical insurance
- Keep your coverage, at the same cost, even if you retire or change employers
- Health questions will be required if enrolling for the first time outside of new hire enrollment, increasing coverage, or adding a dependent. Guarantee Issue with no health questions for new hires during their initial enrollment period (pre-existing condition will apply)

Cancer Benefits Quick Summary	High Plan	Low Plan
HOSPITAL AND RELATED BENEFITS		
Continuous Hospital Confinement (daily)	\$300	\$200
Private Duty Nursing Services/extended care facility (daily)	\$300	\$200
At Home Nursing/Hospice Care (daily)	\$300	\$200
RADIATION, CHEMOTHERAPY & RELATED BENEFITS		
Radiation, Chemo for Cancer (every 12 months)	\$15,000	\$10,000
Blood, Plasma, Platelets (every 12 months)	\$15,000	\$10,000
Medical Imaging	\$750	\$500
Hematological Drugs	\$300	\$200
SURGERY AND RELATED BENEFITS		
Surgery	\$4,500	\$3,000
Anesthesia (% of surgery)	25%	25%
Second Opinion	\$600	\$400
Bone Marrow or Stem Cell Transplant	\$1,500-\$7,500	\$1,000-\$5,000
MISCELLANEOUS BENEFITS		
Inpatient Drugs and Medicine (daily)	\$25	\$25
Ambulance (per confinement)	\$100	\$100
Outpatient Lodging	\$50	\$50
Physical or Speech Therapy (Daily)	\$50	\$50
New or Experimental Treatment (every 12 months)	\$5,000	\$5,000
Anti-Nausea Benefit	\$200	\$200
ADDITIONAL BENEFITS		
Cancer Initial Diagnosis (one-time benefit)	\$3,000	\$1,000
Wellness Incentive	\$50 - See wellness incentives page	
Age Reduction	None	
Pre-Existing Condition Limitation	12/12	
<i>Please visit www.jasperbenefits.com for a listing of 29 additional covered diseases.</i>		

Monthly Rates	High Plan	Low Plan
Employee	\$31.56	\$20.88
Employee + Spouse	\$48.32	\$31.96
Employee + Child(ren)	\$45.11	\$29.58
Employee + Family	\$61.86	\$40.64

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WELLNESS INCENTIVES

GET REWARDED FOR PREVENTIVE CARE

What are Wellness Incentives? An annual reimbursement for covered members who complete one of the eligible screening procedures on your critical illness and cancer insurance plans.

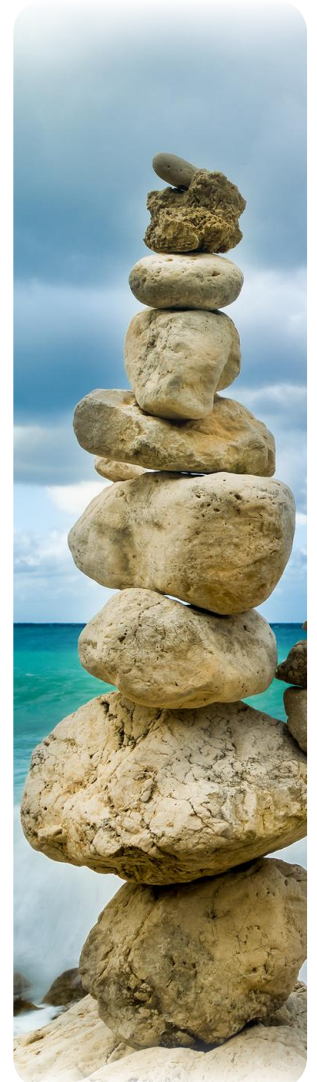
Eligibility: You, spouse and dependents who are covered on the critical illness or cancer plans

How it works:

- If you or a covered dependent get one of the eligible screenings, you can file a wellness claim
- Once approved, you will receive a check for the wellness benefit amount
- The wellness benefit can be filed annually as long as your critical illness and cancer plans are in force

Available Wellness Incentives	High Plan	Low Plan
Critical Illness Plans with or without Cancer- Cigna		\$50
Cancer Plan - Allstate		\$50

What Qualifies as Wellness?	
Critical Illness - Cigna	Cancer - Allstate
<p>What Qualifies as wellness?</p> <ul style="list-style-type: none"> • Mammography • Pap Smear for women over Age 18 • Flexible Sigmoidoscopy • Hemocult Stool Specimen • Colonoscopy • Prostate Specific Antigen (for prostate cancer) • Stress test on a bicycle or treadmill • Fasting blood glucose test • Blood test for triglycerides • Serum cholesterol test to determine levels of HDL and LDL • Bone marrow testing • Breast ultrasound • CA 15-3 (blood test for breast cancer) • CA125 (blood test for ovarian cancer) • CEA (blood test for colon cancer) • Chest X-ray • Serum Protein Electrophoresis (blood test for myeloma) • Thermography 	<ul style="list-style-type: none"> • Biopsy for skin cancer • Blood test for triglycerides • Bone Marrow Testing • CA125 (cancer antigen 125 - blood test for ovarian cancer) • CA15-3 (cancer antigen 15-3 - blood test for breast cancer) • CEA (carcinoembryonic antigen – blood test for colon cancer) • Chest X-ray • Colonoscopy • Doppler screening for carotids • Doppler screening for peripheral vascular disease • Echocardiogram • EKG (Electrocardiogram) • Flexible sigmoidoscopy • Hemocult stool analysis • HPV (Human Papillomavirus) Vaccination • Lipid Panel (total cholesterol count) • Mammography, including Breast Ultrasound • Pap Smear, including ThinPrep Pap Test • PSA (prostate specific antigen – blood test for prostate cancer) • Serum Protein Electrophoresis (test for myeloma) • Stress test on bike or treadmill • Thermography • Ultrasound screening of the abdominal aorta for abdominal aortic aneurysms
How to submit a claim?	
<ul style="list-style-type: none"> • Call 800.754.3207 • Fax completed documents to 860.730.6460 • Email completed documents to supphealthclaims@cigna.com • Mail completed documents to: Cigna Phoenix Claim Services P.O. Box 55290 Phoenix, AZ 85078 • Visit www.supphealthclaims.com 	<ul style="list-style-type: none"> • Call 800.348.4489 • Fax completed documents to 800.430.4188 • Mail completed documents to: American Heritage Life Insurance Company 1776 American Heritage Life Drive, Jacksonville, FL 32224 • Visit www.allstatebenefits.com for other information
<p>Visit www.jasperbenefits.com for claim forms and additional information.</p>	



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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 more than 20 hours/week, spouse & children up to age 26

- Coverage through Cigna
- **No health questions - EVERY YEAR!!**
- Payments made directly to you and benefits do not offset with medical coverage
- *The chart below is a sample of covered services. Please see the Plan Certificate for a detailed listing of services in their entirety. Plan certificate available at <https://www.jasperbenefits.com/>*

High Plan Rates
Employee \$15.71
Employee + Spouse \$23.66
Employee + Child(ren) \$27.34
Employee + Family \$35.29

Low Plan Rates
Employee \$8.62
Employee + Spouse \$12.90
Employee + Child(ren) \$14.80
Employee + Family \$19.08

Accident Benefits Quick Summary	High Plan	Low Plan
INJURIES		
Fractures	\$100 - \$8,000	\$50 - \$4,000
Dislocations	\$100 - \$8,000	\$50 - \$4,000
Second and Third Degree Burns	\$300 - \$10,000	\$100 - \$750
Concussions	\$150	\$100
Cuts/Lacerations	\$100 - \$600	\$50 - \$400
Eye injuries	\$200 - \$400	\$100 - \$200
MEDICAL SERVICES & TREATMENT		
Ambulance (Ground)	\$400	\$300
Emergency Room Visit	\$200	\$100
Abdominal or Thoracic Surgery	\$1,250	\$1,000
Physician Office Visit	\$100	\$50
Medical Testing Benefit	\$150	\$50
ACCIDENTAL DEATH & DISMEMBERMENT*		
Accidental Death	\$50,000 - \$100,000	\$25,000 - \$75,000
Dismemberment	\$15,000 - \$30,000	\$10,000 - \$20,000
<i>*Employee, spouse and dependent AD&D benefit is payable at 100% of the benefit amount shown depending on the incident.</i>		
Hospital Coverage (Accident)		
Admission	\$1,000 (non-ICU) \$400 (ICU) per accident	\$500 (non-ICU) \$200 (ICU) per accident
Confinement	\$200 /day (non-ICU)	\$100 / day (non-ICU)
Pre-existing Condition	None	
Age Reduction	None	

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MEDCARECOMPLETE

THE SMART WAY TO REDUCE YOUR HEALTHCARE COSTS



What is MedCareComplete? Provides a bundle of services constructed to save you time, money, and hassle while simplifying your life.

- Eligibility:** Eligible full-time employees working more than 20 hours/week, spouse & children up to age 26
- This is a supplemental benefit and does not replace health insurance.
 - Register @ MCC: medcarecomplete.com/members to access the full range of benefits
 - Register @ 1800MD: 1800md.com or 800.388.8785 to access telemedicine benefits
 - Information Needed: Group Name, Group #, Member ID (on MCC Card)

Included With the MedCareComplete Membership:



Medical Bill Negotiator



Restoration Expert



Medication Management



Expense Reimbursement



Telemedicine



Social Media Tracking



Medical & ID Theft Monitoring



Sex Offender Alerts

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.

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 CO-PAY	

Acute Illnesses include but are not limited to the following:

Asthma
Fever
Headache
Infections

Migraines
Rashes
Bacterial Infections
Diarrhea

Heartburn
Sinus Conditions
Urinary Tract
Infections

Bronchitis
Ear Infection
Gout
Joint Aches

Pink Eye
Sore Throat
Cold & Flu
Nausea & Vomiting

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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LEGAL PLAN



What is a 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)
 - *Plan Certificate available on your Employee Benefits Website (<https://www.jasperbenefits.com/>)*

	Low Plan Quick Summary	High Plan Quick Summary							
Money Matters	<ul style="list-style-type: none"> • Identity Theft Defense • Negotiations with Creditors • Promissory Notes • Debt Collection Defense • Tax Collection Defense 	<ul style="list-style-type: none"> • Identity Theft Defense • Negotiations with Creditors • Promissory Notes • Debt Collection Defense • Tax Collection Defense 	<ul style="list-style-type: none"> • Personal Bankruptcy • LifeStages Identity Management • Tax Audit Representation • Financial Education Workshops 						
Home & Real Estate	<ul style="list-style-type: none"> • Deeds • Mortgages • Foreclosure • Tenant Negotiations • Eviction Defense • Security Deposit Assistance 	<ul style="list-style-type: none"> • Deeds • Mortgages • Foreclosure • Tenant Negotiations • Eviction Defense • Security Deposit Assistance 	<ul style="list-style-type: none"> • Sale or Purchase (Primary or Vacation Home) • Refinancing & Home Equity • Property Tax Assessments • Boundary & Title Disputes • Zoning Applications 						
Estate Planning	<ul style="list-style-type: none"> • Simple and Complex Wills • Healthcare Proxies • Living Wills • Codicils • Powers of Attorney (Healthcare, Financial, Childcare, Immigration) 	<ul style="list-style-type: none"> • Simple and Complex Wills • Healthcare Proxies • Living Wills • Codicils • Powers of Attorney (Healthcare, Financial, Childcare, Immigration) 	<ul style="list-style-type: none"> • Revocable & Irrevocable Trusts 						
Family & Personal	<ul style="list-style-type: none"> • Guardianship • Conservatorship • Name Change • Review of ANY Personal Legal Document • School Hearings • Demand Letters • Affidavits • Personal Property Issues • Garnishment Defense • Domestic Violence Protection 	<ul style="list-style-type: none"> • Guardianship • Conservatorship • Name Change • Review of ANY Personal Legal Document • School Hearings • Demand Letters • Affidavits • Personal Property Issues • Garnishment Defense • Domestic Violence Protection 	<ul style="list-style-type: none"> • Juvenile Court Defense (Including Criminal Matters) • Parental Responsibility Matters • Review of Immigration Documents • Prenuptial Agreement • Adoption 						
Civil Lawsuits	<ul style="list-style-type: none"> • Disputes over Consumer Goods & Services • Administrative Hearings • Incompetency Defense 	<ul style="list-style-type: none"> • Disputes over Consumer Goods & Services • Administrative Hearings • Incompetency Defense 	<ul style="list-style-type: none"> • Civil Litigation Defense & Mediation • Small Claims Assistance • Pet Liabilities 						
Elder Care Issues	Consultation & Document review for issues related to your (or spouses) parents: <ul style="list-style-type: none"> • Medicare • Medicaid • Prescription Plans • Nursing Home Agreements • Leases • Promissory Notes • Deeds • Wills • Power of Attorney 	Consultation & Document review for issues related to your (or spouses) parents: <ul style="list-style-type: none"> • Medicare • Medicaid • Prescription Plans • Nursing Home Agreements • Leases • Promissory Notes • Deeds • Wills • Power of Attorney 	<table border="1"> <thead> <tr> <th>Low Plan</th> <th>High Plan</th> </tr> </thead> <tbody> <tr> <td>\$8.00</td> <td>\$16.50</td> </tr> <tr> <td>Per Month</td> <td>Per Month</td> </tr> </tbody> </table>	Low Plan	High Plan	\$8.00	\$16.50	Per Month	Per Month
Low Plan	High Plan								
\$8.00	\$16.50								
Per Month	Per Month								
Vehicle & Driving	<ul style="list-style-type: none"> • Repossession • Defense of Traffic Tickets • Driving Privileges Restoration • License Suspension due to DUI 	<ul style="list-style-type: none"> • Repossession • Defense of Traffic Tickets • Driving Privileges Restoration • License Suspension due to DUI 	<table border="1"> <tbody> <tr> <td>NO COPAY</td> </tr> </tbody> </table>	NO COPAY					
NO COPAY									

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FLEXIBLE SPENDING ACCOUNTS



What are Medical Flexible Spending Accounts? A pre-tax benefit account used to pay for out-of-pocket healthcare costs such as deductibles, co-pays, prescribed medication, and other medical costs.

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 daycare.

Eligibility: Eligible full-time employees working more than 20 hours/week, spouse & taxable dependent children up to age 26 for medical and ages 12 and under for dependent care or qualifying adults for adult care

- Coverage through Medcom
- **Plan Year: July 1 - June 30**
- Employees must actively enroll each 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 prohibited
- Please visit <https://medcombenefits.com/> for a complete listing of eligible expenses and qualifying dependent care services.
- **NOTE: Enrollment for FSA occur in the Spring**

FSA Benefits Quick Summary	
MEDICAL FSA ACCOUNT	
Minimum Contribution	\$120
Maximum Contribution	\$3,200
DEPENDENT CARE ACCOUNT	
Minimum Contribution	\$120
Maximum Contribution	\$5,000

Plan Rules	
RUNOUT PERIOD (Time to turn in receipts for services rendered during the plan year).	30 days after the plan year ends to file claims
CARRY OVER MAXIMUM	N/A
All receipts should be kept to submit if verification is requested	
Any balance remaining at the end of the year will be forfeited	

Rates	
FSA/DCAP Fee Per Participant Per Month	\$3.75
Replacement Card Fee	\$5.00

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 account.

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HELPFUL FSA RESOURCES



What is covered under Medical FSA Account?

- Medical coinsurance and deductible
- Doctor's office visit co-pays
- Emergency Room costs
- Dental co-pays and out-of-pocket costs
- Vision co-pays 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.aspx>

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).

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/>

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 account.

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STATE HEALTH BENEFIT PLAN

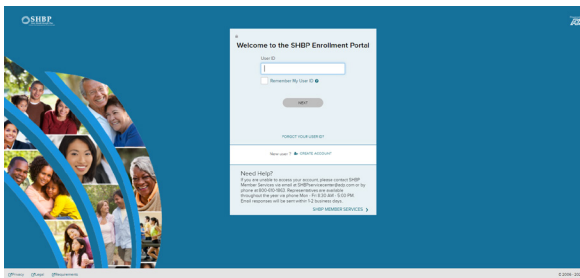


Eligibility: Please review the SHBP Decision Guide for plan eligibility rules.

- **Coverage through Anthem, United Healthcare, or Kaiser Permanente.**
- All qualifying life events must be submitted via the SHBP Portal.
- **Notice:** Your employer offers all eligible employees health insurance through the Georgia State Health Benefit Plan. During the annual open enrollment, you have the opportunity to review all available options and make elections for the upcoming plan year.

SHBP Enrollment Portal:

<https://myshbpga.adp.com>



SHBP Wellness Portal:

<https://bewellshbp.com>

SHBP Decision Guide:

In this guide, you will find a brief explanation about each health benefit option, a benefit comparison guide, and a list of things to consider before making your election decision.

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

SHBP Phone Number: 800.610.1863

SHBP 2025 Wellness Incentives Overview:

Wellness Credits	Anthem HMO MyIncentive Account (MIA)	Anthem Health Reimbursement Arrangement (HRA)	Kaiser Permanente (KP) Regional HMO	UHC HMO & HDHP Health Incentive Account (HIA)
	Up to	Up to		Up to
Member	480 credits	480 credits	\$500*	480 credits
Spouse	480 credits	480 credits	\$500*	480 credits
Reward Card credits for member/spouse	N/A	N/A	N/A	\$250 Reward Card (covered member & spouse)
Potential Total credits/dollars	960 credits	960 credits	\$1,000*	1,460 credits

Please review the Active Decision Guide for full incentive program details and requirements.

*Kaiser members will receive a \$500 gift card after satisfying KP's Wellness Program requirements.

**Members and their covered spouses enrolled in UHC can earn a 240 well-being incentive credit match with a maximum combined up to 480 well-being incentive credits. The credits will be added to your HIA.

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2025 STATE HEALTH



The table below is a high-level overview, for official details and plan information please review the SHBP Decision Guide.

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	
Deductible											
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
Medical OOPM (Out of Pocket Maximum)											
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
Coinsurance (Plan Pays)											
	85%	60%	80%	60%	75%	60%	80%	80%	70%	50%	100%
HRA (Health Reimbursement Arrangement) Credits											
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
Medical											
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%
Retail Rx											
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
Mail Order Rx											
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					
Monthly Premiums											
	Anthem Gold Plan HRA		Anthem Silver Plan HRA		Anthem Bronze Plan		Anthem HMO	UHC HMO	UHC HDHP		Kaiser HMO*
Employee	\$194.67		\$131.17		\$82.67		\$157.53	\$196.58	\$72.69		\$157.53
Employee + CH	\$355.26		\$247.31		\$164.86		\$292.12	\$358.50	\$147.89		\$292.12
Employee + SP	\$482.76		\$349.41		\$247.56		\$404.77	\$486.77	\$226.60		\$404.77
Family	\$643.35		\$465.55		\$329.75		\$539.36	\$648.69	\$301.80		\$539.36
An \$80 tobacco surcharge will be added to all rates for tobacco users.											

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

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SHBP DISCLOSURE NOTICES



The following important legal notices are posted on the State Health Benefit Plan (SHBP) website at www.shbp.georgia.gov under Plan Documents. Please review these notices in their entirety.

Penalties for Misrepresentation: If an SHBP participant misrepresents eligibility information when applying for coverage during change of coverage or when enrolling in benefits, the SHBP may take adverse action against the participants, including, but not limited to terminating coverage (for the participant and his or her dependents) or imposing liability to the SHBP for fraud indemnify (requiring payment for benefits to which the participant or his or her beneficiaries were not entitled). Penalties may include a lawsuit, which may result in payment of charges to the Plan or criminal prosecution in a court of law. To avoid enforcement of the penalties, the participant must notify the SHBP immediately if a dependent is no longer eligible for coverage or if the participant has questions or reservations about the eligibility of a dependent. This policy may be enforced to the fullest extent of the law.

Federal Patient Protection and Affordable Care Act (Choice of Primary Care Physician): The Plan generally allows the designation of a Primary Care Physician/Provider (PCP). You have the right to designate any PCP who participates in the Claims Administrator's network, and who is available to accept you or your family members. For children, you may also designate a pediatrician as the PCP. For information on how to select a PCP, and for a list of participating PCP's, call the telephone number on the back of your Identification Card.

Access to Obstetrical and Gynecological (OB/GYN) Care: You do not need prior authorization from the Plan or from any other person (including a PCP) in order to obtain access to obstetrical or gynecological care from a health care professional in the Claims Administrator's network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, call the telephone number on the back of your Identification Card.

HIPAA Special Enrollment Notice: If you decline 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 if you or your Dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your Dependents' other coverage). However, you must request enrollment within 31 days after your or your Dependents' other coverage ends (or after the employer stops contributing 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 and your new Dependents. However, you must request enrollment within thirty-one (31) days after the marriage or adoption, or placement for adoption (or within 90 days for a newly eligible dependent child). Eligible Covered Persons and Dependents may also enroll under two additional circumstances:

- The Covered Person's or Dependent's Medicaid or Children's Health Insurance Program (CHIP) coverage is terminated as a result of loss of eligibility; or
- The Covered Person or Dependent becomes eligible for a subsidy (State Premium Assistance Program).

NOTE: The Covered Person or Dependent must request Special Enrollment within sixty (60) days of the loss of Medicaid/CHIP or of the eligibility determination. To request Special Enrollment or obtain more information, call SHBP Member Services at 1-800-610-1863 or visit the SHBP Enrollment Portal: mySHBPga.adp.com.

Women's Health and Cancer Rights Act of 1998: The Plan complies with the Women's Health and Cancer Rights Act of 1998. Mastectomy, including reconstructive surgery, is covered the same as other medical and surgical benefits under your Plan Option. Following cancer surgery, the SHBP covers:

- All stages of reconstruction of the breast on which the mastectomy has been performed
- Reconstruction of the other breast to achieve a symmetrical appearance
- Prostheses and mastectomy bras
- Treatment of physical complications of mastectomy, including lymphedema

NOTE: Reconstructive surgery requires prior approval, and all inpatient admissions require prior notification. For more detailed information on the mastectomy-related benefits available under your Plan option, call the telephone number on the back of your Identification Card.

Newborns' and Mothers' Health Protection Act of 1996: This The Plan complies with the Newborns' and Mothers' Health Protection Act of 1996. 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 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 Provider obtain authorization from the Plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours, as applicable).

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT NOTICE OF INFORMATION PRIVACY PRACTICES
Georgia Department of Community Health State Health Benefit Plan Notice of Information Privacy Practices

The purpose of this notice is to describe how medical information about you, which includes your personal information, may be used and disclosed and how you can get access to this information. Please review it carefully.

The Georgia Department of Community Health (DCH) and the State Health Benefit Plan Are Committed to Your Privacy.

DCH understands that your information is personal and private. Certain DCH employees and companies hired by DCH to help administer the Plan (Plan Representatives) use and share your personal and private information in order to administer the Plan. This information is called "Protected Health Information" (PHI), and includes any information that identifies you or information in which there is a reasonable basis to believe can be used to identify you and that relates to your past, present, or future physical or mental health or condition, the provision of health care to you, and payment for those services. This notice tells how your PHI is used and shared by DCH and Plan Representatives. DCH follows the information privacy rules of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

Only Summary Information is Used When Developing and/or Modifying the Plan. The Board of Community Health, which is the governing Board of DCH, the Commissioner of DCH and the Executive Director of the Plan administer the Plan and make certain decisions about the Plan. During those processes, they may review certain reports that explain costs, problems, and needs of the Plan. These reports never include information that identifies any individual person. If your employer is allowed to leave the Plan entirely, or stop offering the Plan to a portion of its workforce, DCH may provide Summary Health Information (as defined by federal law) for the applicable portion of the workforce. This Summary Health Information may only be used by your employer to obtain health insurance quotes from other sources and make decisions about whether to continue to offer the Plan. Please note that DCH, Plan Representatives, and your employer are prohibited by law from using any PHI that includes genetic information for underwriting purposes.

Plan "Enrollment Information" and "Claims Information" are Used in Order to Administer the Plan. PHI includes two kinds of information, "Enrollment Information" and "Claims Information". "Enrollment Information" includes, but is not limited to, the following types of information regarding your plan enrollment: (1) your name, address, email address, Social Security number and all information that validates you (and/or your Spouse and Dependents) are eligible or enrolled in the Plan; (2) your Plan enrollment choice; (3) how much you pay for premiums; and (4) other health insurance you may have in effect. There are certain types of "Enrollment Information" which may be supplied to the Plan by you or your personal representative, your employer, other Plan vendors or other governmental agencies that may provide other benefits to you.

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.

SHBP DISCLOSURE NOTICES



This "Enrollment Information" is the only kind of PHI your employer is allowed to obtain. Your employer is prohibited by law from using this information for any purpose other than assisting with Plan enrollment. "Claims Information" includes information your health care providers submit to the Plan. For example, claims information may include medical bills, diagnoses, statements, x-rays or lab test results. It also includes information you may submit or communicate directly to the Plan, such as health questionnaires, biometric screening results, enrollment forms, leave forms, letters and/or telephone calls. Lastly, it includes information about you that may be created by the Plan. For example, it may include payment statements and/or other financial transactions related to your health care providers.

Your PHI is Protected by HIPAA. Under HIPAA, employees of DCH and employees of outside companies and other vendors hired or contracted either directly or indirectly by DCH to administer the Plan are "Plan Representatives," and therefore must protect your PHI. These Plan Representatives may only use PHI and share it as allowed by HIPAA, and pursuant to their "Business Associate" agreements with DCH to ensure compliance with HIPAA and DCH requirements.

DCH Must Ensure the Plan Complies with HIPAA. DCH must make sure the Plan complies with all applicable laws, including HIPAA. DCH and/or the Plan must provide this notice, follow its terms and update it as needed. Under HIPAA, Plan Representatives may only use and share PHI as allowed by law. If there is a breach of your PHI, DCH must notify you of the breach.

Plan Representatives Regularly Use and Share your PHI in Order to Administer the Plan. Plan Representatives may verify your eligibility in order to make payments to your health care providers for services rendered. Certain Plan Representatives may work for contracted companies assisting with the administration of the Plan. By law, these Plan Representative companies also must protect your PHI. HIPAA allows the Plan to use or disclose PHI for treatment, payment, or health care operations. Below are examples of uses and disclosures for treatment, payment and health care operations by Plan Representative Companies and PHI data sharing.

Claims Administrator Companies: Plan Representatives process all medical and drug claims; communicate with the Plan Members and/or their health care providers.

Wellness Program Administrator Companies: Plan Representatives administer Well-Being programs offered under the Plan; and communicate with the Plan Members and/or their health care providers.

Actuarial, Health Care and /or Benefit Consultant Companies: Plan Representatives may have access to PHI in order to conduct financial projections, premium and reserve calculations, and financial impact studies on legislative policy changes affecting the Plan.

State of Georgia Attorney General's Office, Auditing Companies and Outside Law Firms: Plan Representatives may provide legal, accounting and/or auditing assistance to the Plan.

Information Technology Companies: Plan Representatives maintain and manage information systems that contain PHI. Enrollment Services Companies: Plan Representatives may provide the enrollment website and/or provide customer service to help Plan Members with enrollment matters.

NOTE: Treatment is not provided by the Plan but we may use or disclose PHI in arranging or approving treatment with providers. Under HIPAA, all employees of DCH must protect PHI and all employees must receive and comply with DCH HIPAA privacy training. Only those DCH employees designated by DCH as Plan Representatives for the SHBP health care component are allowed to use and share your PHI.

DCH and Plan Representatives May Make Uses or Disclosures Permitted by Law in Special Situations. HIPAA includes a list of special situations when the Plan may use or disclose your PHI without your authorization as permitted by law. The Plan must track these uses or disclosures. Below are some examples of special situations where uses or disclosures for PHI data sharing are permitted by law. These include, but are not limited to, the following:

Compliance with a Law or to Prevent Serious Threats to Health or Safety: The Plan may use or share your PHI in order to comply with a law or to prevent a serious threat to health and safety.

Public Health Activities: The Plan may give PHI to other government agencies that perform public health activities.

Information about Eligibility for the Plan and to Improve Plan Administration: The Plan may give PHI to other government agencies, as applicable, that may provide you or your dependents benefits (such as state retirement systems or other state or federal programs) in order to get information about your or your dependent's eligibility for the Plan, to improve administration of the Plan, or to facilitate your receipt of other benefits.

Research Purposes: Your PHI may be given to researchers for a research project, when the research has been approved by an institutional review board. The institutional review board must review the research project and its rules to ensure the privacy of your information.

Plan Representatives Share Some Payment Information with the Employee. Except as described in this notice, Plan Representatives are allowed to share your PHI only with you and/or with your legal personal representative. However, the Plan may provide limited information to the employee about whether the Plan paid or denied a claim for another family member.

You May Authorize Other Uses of Your PHI. Plan Representatives may not use or share your PHI for any reason that is not described in this notice without a written authorization by you or your legal representative. For example, use of your PHI for marketing purposes or uses or disclosures that would constitute a sale of PHI are illegal without this written authorization. If you give a written authorization, you may revoke it later.

You Have Privacy Rights Related to Plan Enrollment Information and Claims Information that Identifies You.

Right to Inspect and Obtain a Copy of your Information, Right to Ask for a Correction: You have the right to obtain a copy of your PHI that is used to make decisions about you. If you think it is incorrect or incomplete, you may contact the Plan to request a correction.

Right to Ask for a List of Special Uses and Disclosures: You have the right to ask for a list of all special uses and disclosures.

Right to Ask for a Restriction of Uses and Disclosures or for Special Communications: You have the right to ask for added restrictions on uses and disclosures, but the Plan is not required to agree to a requested restriction, except if the disclosure is for the purpose of carrying out payment or health care operations, is not otherwise required by law, and pertains solely to a health care item or service that you or someone else on your behalf has paid in full. You also may ask the Plan to communicate with you at a different address or by an alternative means of communication in order to protect your safety.

Right to a Paper Copy of this Notice and Right to File a Complaint: You have the right to a paper copy of this notice. Please contact the SHBP Member Services at 1-800-610-1863 or you may download a copy at shbp.georgia.gov. If you think your HIPAA privacy rights may have been violated, you may file a complaint. You may file the complaint with the Plan and/or the U.S. Department of Health & Human Services, Office of Civil Rights, Region IV. You will never be penalized by the Plan or your employer for filing a complaint.

Summaries of Benefits and Coverage Summaries of benefits and coverage describe each Plan Option in the standard format required by the Affordable Care Act. These documents are posted here: shbp.georgia.gov. To request a paper copy, please contact SHBP Member Services at 800-610-1863.

Georgia Law Section 33-30-13 Notice: SHBP actuaries have determined that the total cost of coverage (which includes the cost paid by the State and the cost paid by members) under all options is 0% higher than it would be if the Affordable Care Act provisions did not apply.

Address to File HIPAA Complaints:
Georgia Department of Community Health
SHBP HIPAA Privacy Unit
P.O. Box 1990
Atlanta, GA 30301
1-800-610-1863

U.S. Department of Health & Human Services Office for Civil Rights
Region IV
Atlanta Federal Center
61 Forsyth Street SW Suite 3B70
Atlanta, GA 30303-8909
1-877-696-6775

For more information about this Notice, contact:
Georgia Department of Community Health
State Health Benefit Plan
P.O. Box 1990
Atlanta, GA 30301
1-800-610-1863

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The Service Hub Helps With:

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- Benefits Education
- Evidence of Insurability
- Qualified Life Event Changes
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- Card Requests
- Benefit Questions
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Phone: 866.433.7661, opt 5

Email: mybenefits@campusbenefits.com

Benefits website address: <https://www.jasperbenefits.com>

The 2025 Benefits Enrollment Guide is provided for illustrative purposes only. Actual 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 www.jasperbenefits.com. These should be reviewed fully prior to electing any benefits.