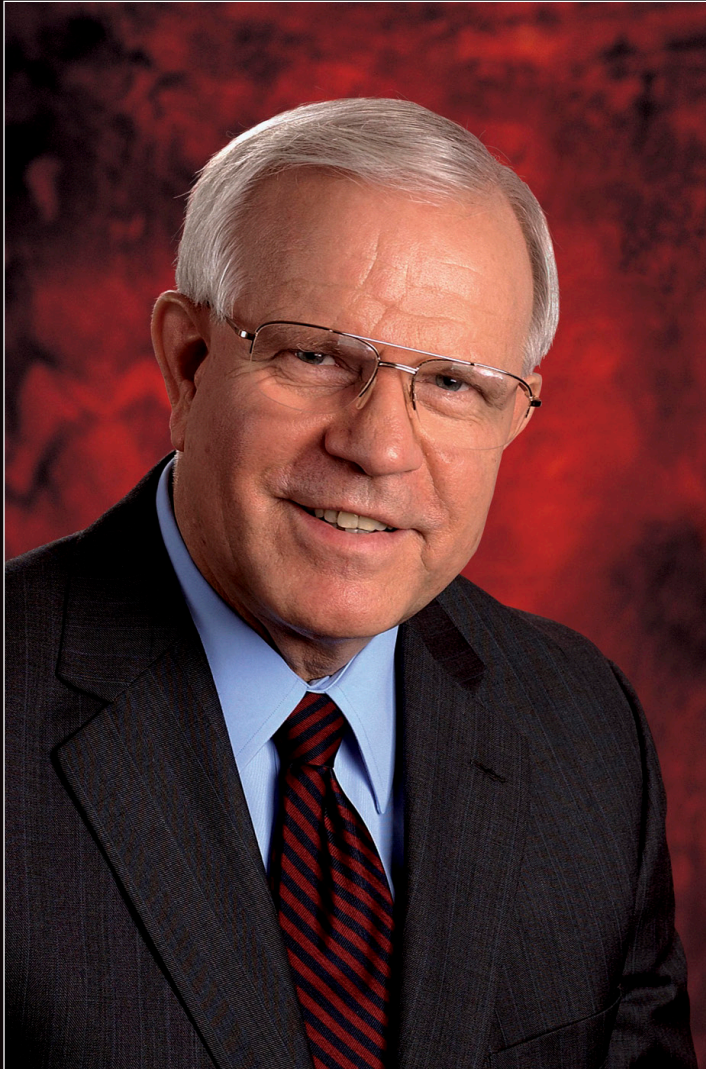


Employee Benefit Highlights

2014 Plan Year



Dear New Employee:

As CEO/Superintendent, I would like to welcome you to Gwinnett County Public Schools (GCPS), and congratulate you on being selected to become a part of this outstanding school district. GCPS has garnered national attention in many areas, including recognition as the winner of the 2010 Broad Prize for Urban Education. We are proud of all that we have accomplished to date and look forward to working with you to make our good school system even better.

The largest school system in Georgia, GCPS serves more than 169,000 students and employs more than 20,000 people, and we're still growing. The school system is the centerpiece of a vibrant community, and contributes greatly to the economic, cultural, and social vitality of Gwinnett County.

Much of the credit for our success goes to our employees. These dedicated professionals work tirelessly to make our schools and community better. They provide students with rewarding academic experiences and ensure each child is successful. As a new employee, you will play an important role in continuing our strong tradition of excellence.

In addition to having high standards for our students, our teachers, support staff, and administrators continually raise the bar for themselves in terms of professionalism and performance. As a result, our students, staff, and schools are recognized regularly for outstanding achievement. We nurture this "performance culture" through an ongoing commitment to personal and professional development.

I encourage you, as a new employee, to become familiar with our Strategic Priorities, especially the one that focuses on Employees. In doing so, you will learn more about the school system, its direction, and the qualities and characteristics that our stakeholders have indicated are desirable for different components of GCPS, including our workforce. You see, our vision is to become a system of world-class schools. As a GCPS employee, you will now play a vital role as we work to turn that vision into reality. I am pleased that you are part of our team.

Sincerely,

J. Alvin Wilbanks
CEO/Superintendent
Gwinnett County Public Schools

Dear Colleague:

Welcome to Gwinnett County Public Schools! The Gwinnett County Board of Education provides a comprehensive benefits package for all eligible employees. This benefits package complements the excellent financial compensation offered at GCPS, and provides additional support to employees as they work to accomplish the school system's vision, mission, and goals. Benefits include medical, dental, vision, life, critical illness, disability insurance coverage, and flexible spending accounts.

This Benefits Guide is designed to give you the information and details you need to better understand your benefit choices. It is also designed to be used in conjunction with our website, www.gwinnett.k12.ga.us/benefits, and the Georgia Department of Community Health's *State Health Benefit Plan Active Employee Decision Guide*. I encourage you to become familiar with these resources and to follow up with members of the Benefits and Leave Administration team for clarification and answers to any questions you have during your benefits election process.

Sincerely,



Kellie Beaver
Director, Benefits and Leave Administration



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GCPS Benefits Center Website

The GCPS Benefits Center website is available to you 24 hours a day, seven days a week with benefits information. Please go online to www.gwinnett.k12.ga.us/benefits.

Gwinnett County Public Schools Benefits and Leave Administration

437 Old Peachtree Road, NW
Suwanee, GA 30024-2978
Fax: 678-301-6054

If you have questions, contact: benefits@gwinnett.k12.ga.us

Important Reminders

The Plan Year for all GCPS Benefits is January 1 through December 31 of each year.

Insurance benefits become effective on the first day of the calendar month after you have completed one full calendar month of service. (Example: Employees beginning employment for the new school year by August 1 will have premiums deducted from the August 31 paycheck with benefits effective on September 1).

Some benefits can only be changed during Open Enrollment and/or when a “qualifying event” occurs. These benefits are medical, dental, vision, short-term disability, group legal, flexible spending accounts, and Critical Illness/Cancer Plus.

Qualifying events may allow you to enroll, change rate tier, or discontinue the insurance **in which you are currently enrolled outside the Open Enrollment period**, if applicable to the event or benefit. **You have 31 days from a qualifying event to complete the necessary forms and make benefit changes.**

For health insurance plans, a dependent child may be covered to age 26. For dental and vision plans, a dependent child may be covered to age 19, or to age 26 if a full-time student and unmarried. Dependent life plans include children up to age 19 or to age 26 if a full time student.



Examples of qualifying events include:

- Acquisition of coverage under a new spouse’s group plan
- Acquisition of dependent by marriage, birth, or adoption
- Acquisition of coverage under your spouse’s new employment
- Change of coverage due to spouse’s Open Enrollment
- Loss of eligible dependents
- Loss of benefit coverage because of spouse’s job termination

Remember that you have 31 days following the qualifying event to file a request for change of coverage. If you miss the “window of opportunity,” you must wait until Open Enrollment to make your change(s).

Anytime Benefits (Life Insurance and Auto/Home Insurance) can be changed at any time in the year.

Make your selections carefully. **New hires have 31 days from their hire date to elect/change benefits.**

Medical

Medical Coverage

Health Reimbursement Arrangement (HRA) Option

The HRA is a consumer driven health care plan whose design offers a different approach for managing your health care needs. State Health Benefit Plan (SHBP) funds dollar credits to your HRA account to provide first dollar coverage for eligible health care and pharmacy expenses. After satisfying your deductible, you will pay your co-insurance amount until you reach your out-of-pocket maximum, at which time SHBP will pay 100% of eligible expenses for the remainder of the Plan Year, with the exception of pharmacy expenses.

For more information on both options, please see the [SHBP Active Employee Decision Guide](#).

Eligibility of Dependents

SHBP requires documentation verifying the eligibility of dependents covered under the health plan options. You must submit documentation, such as marriage certificate and/or birth certificate(s), in order to cover any dependent. No health claims will be paid until documentation is received and approved by SHBP. However, do not delay submission of your enrollment form if the required documentation is not readily available, as the enrollment form must be completed and signed within 31 days of hire or a qualifying event and submitted to the Benefits and Leave Administration Office.

For more information, please see the [SHBP Active Employee Decision Guide](#).

SHBP Surcharges

- A \$80-per-month Tobacco Surcharge will be added to your monthly premium if you or any of your covered dependents use tobacco products.



Medical Monthly Payroll Deductions

Plan Options	You	You + Child(ren)	You + Spouse	You + Family
Gold	\$166.08	\$300.38	\$405.52	\$539.84
Silver	\$108.64	\$202.74	\$284.90	\$379.00
Bronze	\$66.28	\$130.74	\$195.96	\$260.40
TRICARE Supplement	\$60.50	\$119.50	\$119.50	\$160.50

Excludes \$80 tobacco surcharge.

Dental Coverage – MetLife

MetLife offers a Preferred Dentist Program (PDP) network to help maximize your dental benefits. By selecting a participating network dentist or specialist, you increase your savings, allowing your dental benefit dollars to go further. You can obtain a list of PDP dentists online at www.metlife.com/mybenefits (enter “Gwinnett County Public Schools” for Company Name) or by calling 1-800-942-0854. If you find your current dentist is not in the network, you can still continue to use the dentist of your choice. There is no penalty for not using a PDP, as this is a direct reimbursement plan. If you have a dentist you would like to become a network provider, the dentist can apply online at www.metdental.com or call 1-877-MET-DDS9. (This website and phone number are designed for **dental professionals only**.)

Dental benefits are available to you and your eligible family members to cover routine care, such as exams, x-rays, cleanings, fillings, dentures, bridge work, and periodontal care. Orthodontia is included in the Premium Dental Plan only.

Be sure to contact MetLife or the Benefits and Leave Administration Office for procedural instructions before beginning orthodontic procedures.

You will receive an identification card which includes plan information, the toll-free phone number for customer service, and the mailing address for claims.

For more information, contact MetLife at 1-800-942-0854 or visit the website at www.metlife.com/mybenefits (enter “Gwinnett County Public Schools” for Company Name).

Late Entrant: If you do not enroll in the dental plan when you are first hired and elect to enroll during Open Enrollment, or if you discontinue dental coverage and re-enroll during Open Enrollment, you will be considered a late entrant. Benefits will be reduced by 50% for the first year unless proof of prior coverage can be provided.

Dental Monthly Payroll Deductions

	Basic	Premium
Single	\$10.81	\$17.51
Family	\$42.64	\$69.22



Basic Dental Plan Benefits

Eligible Dental Expenses	Plan pays 100% of the first \$175, then 50% after \$75 deductible
Annual Maximum	\$750 per person per plan year
Orthodontia	Not included

Premium Dental Plan Benefits

Eligible Dental Expenses	Plan pays 100% of the first \$200, then 50% after \$75 deductible
Annual Maximum	\$1,500 per person per plan year
Orthodontia	Covered for adults and children

Vision

Vision Coverage – EyeMed

GCPS offers a vision plan with a vision care network that includes major vision care providers, such as LensCrafters, most Pearle Vision, Sears Optical, Target, JCPenney, and includes a network of private practitioners. Using an in-network provider allows you to receive care at no cost or minimal out-of-pocket expense. The plan includes an out-of-network benefit that allows you to use any eye care professional. Please see the schedule of benefits in the Vision Care Services chart on the next page.

The plan covers portions of the costs of eye exams, lenses, and frames. Periodic exams and appropriate corrective lenses are important to maintaining eye health.

For more information, contact EyeMed at 1-866-723-0514 or visit the EyeMed website at www.eyemedvisioncare.com. To find a provider on the website, click the drop-down menu under “Locate a Provider,” choose “Select,” enter your zip code, and click the “Submit” button.



Vision Monthly Payroll Deductions

Single	\$6.94
Family	\$19.43



Vision Care Services – “Select” Network

Service	In-Network Member Cost	Out-of-Network
Exam (with Dilation as Necessary)	\$0 Copay	
Exam Options		
Standard Contact Lens Fit and Follow-Up	Up to \$40	
Premium Contact Lens Fit and Follow-Up	10% off Retail Price	
Frames <i>(Any available frame at provider location)</i>	\$0 Copay; \$130 Allowance, 20% off balance over \$130	
Standard Plastic Lenses		
Single Vision	\$0 Copay	
Bifocal	\$0 Copay	
Trifocal	\$0 Copay	
Lenticular	\$0 Copay	
Standard Progressive	\$65	
Premium Progressive	\$65, 80% of Charge less \$120 Allowance	
Lens Options		
UV Coating	\$0	
Tint (Solid and Gradient)	\$0	
Standard Scratch-Resistance	\$0	
Standard Polycarbonate	\$0	
Standard Anti-Reflective Coating	\$45	
Other Add-Ons and Services	20% off Retail Price	
Contact Lenses <i>(Contact lens allowance includes materials only)</i>		
Conventional	\$0 Copay; \$130 Allowance, 15% off balance over \$130	
Disposable	\$0 Copay; \$130 Allowance, plus balance over \$130	
Medically Necessary	\$0 Copay, Paid-in-Full	
Frequency		
Examination	Once per calendar year	
Frame	Once per calendar year	
Lenses or Contact Lenses	Once per calendar year	50% up to \$300 Allowance

Life Insurance

Basic Life Insurance – MetLife

Basic Term Life and Accidental Death & Dismemberment (AD&D) Insurance coverage for benefit-eligible employees is \$15,000. This coverage is provided by the Board of Education at no charge to employees.

Supplemental Life Insurance – MetLife

As a benefit-eligible employee, you may elect Supplemental Life Insurance coverage up to three times your annual salary as guaranteed issuance. You may also apply for up to six times your annual salary by completing the Statement of Health form. Based on your answers, MetLife may require additional information. Once MetLife completes the underwriting process, you will be notified of MetLife’s approval or denial of your application.

If you do not enroll when initially eligible, you may apply for coverage at a later date by completing a Statement of Health form.

Premium is calculated, based on your age, per \$1,000 of coverage.

Ages	Cost per \$1,000
<25	\$0.075
25-29	\$0.080
30-34	\$0.100
35-39	\$0.110
40-44	\$0.120
45-49	\$0.155
50-54	\$0.215
55-59	\$0.370
60-64	\$0.545
65-69	\$1.045
70+	\$1.674

Example: An employee, age 55, earning \$31,000 elects coverage at three times salary (\$93,000 in life insurance). The rate per \$1,000 is \$0.370 multiplied by 93 (\$93,000 divided by 1,000) = \$34.41 premium per month.

Will Preparation – Hyatt Legal Plans

If you are enrolled in the Supplemental Life Insurance, as an employee of GCPS, you have access to a Will Preparation Service offered by Hyatt Legal Plans, a MetLife Company. This service provides employees and their spouses with access to participating plan attorneys for preparing or updating a will. This service covers these legal fees when using a participating attorney at no cost. Contact Hyatt Legal Plans at 1-800-821-6400 and reference the GCPS Group Number (109945).

Dependent Life Insurance – MetLife

Gwinnett County Public Schools offers the choice of three options for Dependent Life Insurance. Benefit-eligible employees may enroll their eligible dependents for \$5,000, \$10,000, or \$15,000 Dependent Life Insurance.

If you and your spouse are both employed with Gwinnett County Public Schools, you may each elect Dependent Life Insurance coverage for your eligible dependents and each other.

Eligible dependents include your spouse and children to age 19 (or up to age 26 if a full-time student).

Benefit	Monthly Payroll Deductions
\$5,000	\$1.40
\$10,000	\$2.80
\$15,000	\$4.20

Long-Term and Short-Term Disability

Long-Term Disability

All benefit-eligible employees contribute 1% of their salary to the Gwinnett Retirement System (GRS) fund for this mandatory benefit. It is a pre-tax deduction. The benefit is 60% of the employee's salary at the time of disability. If eligible, benefits may begin six months from the actual date of disability. Additional requirements may apply. Please contact GRS at 678-301-6269 for further information.

Short-Term Disability

Short-Term Disability coverage provides a weekly benefit to replace a portion of your income while you are disabled and unable to perform your job. Benefits are paid up to a maximum of 180 calendar days.

Benefit-eligible employees may elect coverage that provides up to 2/3's of your salary when you are disabled from working due to a certified disability. Short-Term Disability is guarantee issue if elected as a new hire.

Participants must contribute to the plan and have six payroll deductions in order to be eligible for benefits.



Short-Term Disability Benefits

	Basic	Plan A	Plan B
Benefit Amount	Up to 2/3 salary	Up to 2/3 salary	Up to 2/3 salary
Maximum Weekly Benefit	\$225	\$300	\$500
Maximum Benefit Period	180 calendar days	180 calendar days	180 calendar days
Minimum Salary for Maximum Benefit	\$17,550	\$23,400	\$39,000
Benefits Begin	15th day of disability	15th day of disability	15th day of disability

Short-Term Disability Monthly Payroll Deductions

Basic	Plan A	Plan B
\$8.00	\$14.00	\$20.00

Flexible Spending Accounts

Health Care Flexible Spending Accounts (HCFSA)

You should consider using a HCFSA if you have predictable out-of-pocket health care expenses, such as insurance co-pays and orthodontia expenses. The money you have set aside from your paycheck in a HCFSA is not subject to federal, state, or Medicare taxes, allowing you to use tax-free money to pay for qualifying expenses.

Annual Enrollment Required

Internal Revenue Service (IRS) regulations require individuals who seek to utilize a HCFSA to enroll each year, even if the amount elected does not change.

Use It or Lose It Rule

HCFSA's are strictly governed by the IRS. Under current regulations, amounts set aside in HCFSA's must be spent for qualified expenses incurred during the plan year, which begins on your benefits effective date and runs through December 31. Funds remaining in your HCFSA for which you did not incur an allowable expense on or before December 31 are forfeited. You have until March 31 of the following year to claim remaining funds for expenses incurred no later than December 31 of the prior calendar year. HCFSA funds do not roll over year to year.

Flex Convenience MasterCard

The Flex Convenience MasterCard works just like a debit card, and allows you to directly pay for your eligible HCFSA expenses at the point of services. This allows you to avoid having to pay out-of-pocket and file a claim for reimbursement. Your card can be used at any authorized provider who accepts MasterCard. The payment that you make to the provider will be deducted directly from your HCFSA account. Your Flex Convenience MasterCard can only be used to pay for eligible expenses, such as:

- Eligible medical, dental, and/or vision expenses not covered under your plan;
- Prescription co-pays and co-insurance;
- Contact lenses, eyeglasses, and other vision expenses not covered by your vision plan;
- Chiropractic services; and/or
- Corrective laser eye surgery.



You must retain all receipts for goods and services that are purchased with your Flex Convenience MasterCard. Medcom will request receipts and/or supporting documentation for charges which cannot be determined to be an exact co-payment match or previously substantiated recurring expense. If you cannot provide appropriate documentation, you will be asked to reimburse your HCFSA for the amount of the purchase.

How the HCFSA Works

- Estimate what you think you will spend for predictable health care expenses in the Plan Year (your benefits effective date through December 31).
- Elect your desired annual contribution. The annual maximum contribution is \$2,500.
- HCFSA's are pre-funded, allowing you access to the entire election amount at any time during the year, beginning with your benefits effective date. You can use your pre-funded Flex Convenience MasterCard or pay out-of-pocket and submit receipts and completed claim forms. If you submit a claim, you can elect to be reimbursed by a check mailed to your home address, or elect to have your reimbursements posted directly to your bank account through a direct deposit option.



Flexible Spending Accounts

Dependent Care Flexible Spending Accounts (DCFSA)

A DCFSA is used to reimburse you for expenses you have for dependent daycare. Do not use the DCFSA for anticipated medical expenses for your dependents, as those expenses are reimbursed through the Health Care FSA. To be eligible to use a DCFSA, the IRS requires the following conditions be met:

- The dependent care expenses must be necessary because you (and your spouse if married) work or attend school on a full-time basis;
- The expenses must be for children under the age of 13, or for other dependents you report for federal income tax purposes who are incapable of self-care;
- Your dependent care provider must be an organization or an individual not claimed as a dependent by you on your federal income taxes, who provides the care either in your home or outside your home; and
- Expenses are for dependent care, and not for educational programs (i.e. Georgia Pre-K).

Annual Enrollment Required

IRS regulations require individuals who seek to utilize a DCFSA to enroll each year, even if the amount elected does not change.

Use It or Lose It Rule

DCFSA's are strictly governed by the IRS. Under current regulations amounts set aside in DCFSA's must be spent for qualified expenses incurred during the plan year, which begins on your benefits effective date and runs through December 31. Funds remaining in your DCFSA for which you did not incur an allowable expense on or before December 31 are forfeited. You have until March 31 of the following year to claim remaining funds for expenses incurred no later than December 31 of the prior calendar year. DCFSA funds do not roll over year to year.

Flex Convenience MasterCard

The Flex Convenience MasterCard works just like a debit card, and allows you to directly pay for your eligible DCFSA expenses at the point of service. This allows you to avoid having to pay out of pocket and file a claim for reimbursement. Your card can be used at any authorized provider who accepts MasterCard. The payment that you make to the provider will be deducted directly from your DCFSA account. Your Flex

Convenience MasterCard can only be used to pay for eligible expenses.

You must retain all receipts services that are purchased with your Flex Convenience MasterCard. Medcom will request receipts and/or supporting documentation for charges which cannot be determined to be an exact match or previously substantiated recurring expense. If you cannot provide appropriate documentation, you will be asked to reimburse your DCFSA for the amount of the purchase.

How the DCFSA Works

- Estimate what you think you will spend for predictable dependent care expenses in this Plan Year (your benefits effective date through December 31).
- Elect your desired annual contribution. The annual maximum contribution is \$5,000 if you are single or married and file taxes jointly, or \$2,500 if you are married and file taxes separately.
- DCFSA's are NOT pre-funded, meaning you can be reimbursed only to the level of contributions that you have made through payroll deduction. When you submit a claim, you can elect to be reimbursed by a check mailed to your home address, or elect to have your reimbursements posted directly to your bank account through a direct deposit option.

Some services, such as nursing home expenses and overnight camps, do not qualify for DCFSA reimbursement. Contact Medcom at 1-800-523-7542, or www.emedcom.net.



Cancer Plus/Critical Illness

Cancer Plus/Critical Illness – HM Life Insurance

Benefit-eligible employees may enroll in the Cancer Plus/Critical Illness insurance plan through HM Life Insurance. Cancer Plus/Critical Illness Insurance supplements your health care and disability plans by helping with costs associated with a critical illness. Benefits are paid directly to you in a lump sum when diagnosed with one of the covered illnesses. The specified critical illnesses include heart attack, stroke, major organ transplant, end-stage renal failure, and internal cancer.

You can receive up to \$15,000 guarantee issue coverage for yourself and \$7,500 guarantee issue coverage for your spouse regardless of your responses to the medical questions. Dependent children are automatically covered at 10% of the employee amount at no additional charge. This group plan offers initial occurrence, additional occurrence, and re-occurrence benefits if diagnosed with one or more of the specified critical illnesses.

This plan includes a Health Screening Benefit that pays you \$50 once per calendar year for any of the covered health screenings, such as a pap smear or PSA test. More information is available on the GCPS Benefits Center website, at www.gwinnett.k12.ga.us/benefits.

The premium is based on the current age at enrollment. The monthly premium will not change once you are enrolled unless you elect to increase your benefit after initial enrollment.

For questions or assistance with your application, contact HM Life Insurance Customer Service at 1-866-849-2954, available Monday through Friday from 8 a.m. to 5 p.m.

Non-Tobacco Monthly Payroll Deductions

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.60	\$5.45	\$7.30	\$9.15	\$11.00	\$12.85	\$14.70	\$16.55	\$18.40	\$20.25
30-39	\$5.15	\$8.55	\$11.95	\$15.35	\$18.75	\$22.15	\$25.55	\$28.95	\$32.35	\$35.75
40-49	\$8.65	\$15.55	\$22.45	\$29.35	\$36.25	\$43.15	\$50.05	\$56.95	\$63.85	\$70.75
50-59	\$14.22	\$26.68	\$39.15	\$51.62	\$64.08	\$76.55	\$89.02	\$101.48	\$113.95	\$126.42
60-69	\$21.75	\$41.75	\$61.75	\$81.75	\$101.75	\$121.75	\$141.75	\$161.75	\$181.75	\$201.75

Tobacco Monthly Payroll Deductions

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$4.85	\$7.95	\$11.05	\$14.15	\$17.25	\$20.35	\$23.45	\$26.55	\$29.65	\$32.75
30-39	\$7.60	\$13.45	\$19.30	\$25.15	\$31.00	\$36.85	\$42.70	\$48.55	\$54.40	\$60.25
40-49	\$16.25	\$30.75	\$45.25	\$59.75	\$74.25	\$88.75	\$103.25	\$117.75	\$132.25	\$146.75
50-59	\$26.75	\$51.75	\$76.75	\$101.75	\$126.75	\$151.75	\$176.75	\$201.75	\$226.75	\$251.75
60-69	\$41.75	\$81.75	\$121.75	\$161.75	\$201.75	\$241.75	\$281.75	\$321.75	\$361.75	\$401.75

Group Legal Plan – ARAG Group

Benefit-eligible employees have the opportunity to enroll in the group legal plan. This plan provides access to professional legal assistance for you and your family members. There are two plan options.

The **UltimateAdvisor Plan** is a comprehensive plan that provides a full range of legal services and protection. Benefits include legal representation — over the phone or face-to-face, telephone legal advice and consultation, reduced fee services, online legal tools and resources, identity theft services, immigration assistance, and financial education and counseling services. Attorney fees for most covered matters are 100% paid-in-full when you work with a network attorney. You will have coverage for such legal services as standard and complex wills, divorce, contested and uncontested guardianship, consumer protection, property transfers, property protection, name changes, and much more.

The **LawPhone Plan** provides affordable basic legal coverage. Members receive toll-free telephone access to an attorney within the ARAG Nationwide Attorney Network for their legal questions. Attorneys help members understand how the law relates to their personal legal questions, which actions may be taken, and how to proceed. Coverage also includes simple will preparation, review of short legal documents, and assistance with small claims and debt collection — all via toll-free telephone access to an attorney. Enrollment in the LawPhone Plan covers your entire household.

For more information about the plans, please contact ARAG at 1-800-247-4184 between 8 a.m. and 8 p.m. Eastern Standard Time, Monday through Friday, or visit www.ARAGLegalCenter.com.



Sample Situations for Legal Assistance

- Dispute with a landlord
- Victim to identity theft
- Change your legal name
- Adopt a child
- Lose your driver's license due to a traffic violation
- Buy or sell a house
- Will preparation
- Resolve a dispute with a contractor
- Assume guardianship of your grandchild
- Collect inheritance
- Experience an issue with a manufacturer not honoring a warranty
- Need to file bankruptcy

Group Legal Monthly Payroll Deductions

	LawPhone	UltimateAdvisor
Single Premium	\$6.90	\$17.20
Family Premium		\$22.12

Anytime Benefits

Universal Life Insurance – AIG

Universal Life is available to benefit-eligible employees. Universal Life Insurance provides a benefit to your beneficiary in the event of your death, but also builds cash value that can be used while you are still alive. This benefit is based on a fixed monthly contribution. Whole Life is a permanent policy that offers you flexibility in deciding how much premium to pay.

For more information or to enroll, please contact J. Smith Lanier & Co. at 770-295-1037.

AAA Auto Club South

GCPS employees have the opportunity to become a member of AAA Auto Club South at a discounted rate. This is not payroll deducted. You pay the membership fee directly to AAA. Contact Lyn Williams at 770-476-2987 or visit the AAA website at www.aaasouth.com/lyn.williams.

Storey Morrow Company

All GCPS employees can take advantage of the partnership with Storey Morrow Company to meet real estate and relocation needs. This benefit offers reduced real estate commissions, free home inspections or home warranties, discounted rates for moving companies and loan origination fees, as well as home sale, and home finding, and rental search assistance. Contact Storey Morrow at 678-584-5435 or toll-free at 877-325-1010. You can also visit www.storeymorrow.com.

Auto/Home Insurance – Choice Program

Employees of GCPS are eligible for automobile, homeowner's, and other personal property insurance through the Choice Auto/Home Program. To discuss coverage options for this payroll deducted benefit, call 1-855-212-4277 for more information.



Long-Term Care Insurance – Whelpley & Associates Insurance

Group discounts are available to all employees of GCPS for Long-Term Care Insurance. This coverage may include home health care, assisted living, and nursing home care. Contact Whelpley & Associates at 770-977-1242 for additional information.

Contact Information

Medical Insurance Eligibility

State Health Benefit Plan (SHBP)

Toll-Free: 1-800-610-1863

Website: www.dch.georgia.gov/shbp

Medical

Blue Cross Blue Shield

Customer Service: 1-855-641-4862

Website: www.bcbsga.com/shbp

Healthways

Customer Service: 1-888-616-6411

Website: www.bewellshbp.com

Express Scripts

Customer Service: 1-877-841-5227

Website: www.express-scripts.com/georgiashbp

Dental: MetLife

Customer Service: 1-800-942-0854

Website: www.metlife.com/mybenefits

Vision: EyeMed "Select" Network

Customer Service: 1-866-723-0514

Website: www.eyemedvisioncare.com

Flexible Spending Account: Medcom

Customer Service: 1-800-523-7542

Website: www.emedcom.net

Life Insurance: MetLife

Customer Service for Claims: 1-800-638-6420

Website: www.metlife.com

Universal Life Insurance Company

Customer Service: 770-295-1037

Long-Term Care Insurance

Whelpley & Associates, Inc.: 770-977-1242

Cancer Plus/Critical Illness: HM Life Insurance

Customer Service: 1-866-849-2954

Website: www.hminsurancegroup.com

Group Legal: ARAG

Customer Service: 1-800-247-4184

Website: www.araglegalcenter.com (Access Code: 11307gps)

Personal Property Insurance

Choice Auto/Home: 1-855-212-4277

AAA Auto Club

Customer Service: 770-476-2987 (Lyn Williams)

Website: www.aaasouthern.com/lyn.williams

Relocation Assistance

Storey Morrow Company: 1-877-325-1010

Website: www.storeymorrow.com



Please note: This guide is a general summary of benefit plans. For specific details, you may refer to each carrier's Summary Plan Description. Every effort has been made to ensure that this booklet accurately represents the benefits. However, if there are any discrepancies between the terms in this booklet and the terms in the plan document, the plan document will prevail. For more information, visit the GCPS Benefits Center website at www.gwinnett.k12.ga.us/benefits or contact the Benefits and Leave Administration Office.

Benefits Plans and Privacy

Employee Benefit Plans and Privacy

This notice describes how medical information about you may be used and disclosed and your rights and duties regarding this information. Please review it carefully.

Gwinnett County Public Schools is Committed to Your Privacy

Gwinnett County Public Schools (GCPS) sponsors and runs an Employee Benefits Plan (the Plan). We understand that your information is personal and private and GCPS is not allowed to use or disclose it without your permission or unless permitted by law. Some GCPS employees and companies hired by GCPS collect your personal health information to run the Plan. The information is called “Protected Health Information” or “PHI.” This notice tells how your PHI is used and shared. We follow and are subject to the information privacy rules of the Health Insurance Portability and Accountability Act of 1996, (“HIPAA”).

Plan Enrollment Information and Claims Information is Used in Order to Run the Plan

PHI includes two kinds of information. “Enrollment Information” includes: 1) your name, address, and social security number; 2) your enrollment choices; 3) how much you have paid in premiums; and 4) other insurance you have. “Claims Information” includes information your health care providers send to the Plan. It also may include diagnoses, statements, x-rays, progress notes, or lab test results. It also includes information you send to the Plan. For example, it may include your claim applications, enrollment forms, letters, e-mails, and telephone calls. Lastly, it includes information about you that is created by the Plan. For example, it includes claims payment information and Explanation of Benefit statements.

Your PHI is Protected by Law

GCPS employees and employees of outside companies hired by GCPS to advise and run the Plan. These individuals are known as “Plan Representatives.” They must protect your PHI. They may only use it as allowed by HIPAA.

GCPS Must Ensure the Plan Complies with HIPAA

As the Plan sponsor, GCPS must make sure the Plan complies with HIPAA. We must give you this notice. We must follow its terms. We must review and update it as needed. GCPS is the employer of Plan Members. GCPS must name the GCPS employees who are Plan Representatives. No GCPS employee is ever allowed to use PHI for employment decisions.

Plan Representatives Regularly Use and Share Your PHI in Order to Pay Claims and Run the Plan

Plan Representatives are authorized under HIPAA to use and share your PHI for payment purposes and to run the Plan. For example, they make sure you are allowed to be in the Plan. They decide how much the Plan should pay you as a benefit. The plan may utilize or contract for the service of outside companies or vendors. By law, these companies must also protect your PHI and must sign “Business Associate” agreements with the Plan. Here are some examples of what they do:

- **Claims Administrators:** Process all claims, communicate with Members and their health care providers to provide customer service and to give extra help to Members with some health conditions.
- **Data Analysis, Actuarial Companies:** Maintain health information in computer systems, study it, and create reports from it.
- **Board Attorney, Auditing Firms, Outside Law Firms:** Provide legal and auditing help to the Plan.
- **Information Technology Companies:** Improve and check on the GCPS information systems used to run the Plan.

Some Plan Representatives work for GCPS. By law, all employees of GCPS must protect PHI. They only use the information they need to do their work. Some Plan Representatives in the Human Resources and Talent Management Division work full-time running the Plan. They use and share PHI with each other and with Business Associates in order to help pay claims and run the Plan. In general, they can see your Enrollment Information and the information you give the Plan(s).

Plan Representatives May Make Special Uses or Disclosures Permitted by Law

HIPAA has a list of special times when the Plan may use or share your PHI without your authorization. At these times, the Plan must keep track of the use or disclosure.

- **To Comply 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, in a judicial or administrative proceeding, in response to a court order or other process authorized by law, to comply with Worker’s Compensation laws or to prevent a serious threat to safety and health of others.
- **For Public Health Activities:** The Plan may give PHI to government agencies that perform public health activities if authorized by law.

Employee Benefit Plans and Privacy (continued)

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 with your legal personal representative. However, the Plan may inform the employee about whether the Plan paid or denied a claim for a family member covered under the policy.

You May Authorize Other Uses of Your PHI

You may give a written authorization for the Plan to use or share your PHI for a reason not listed in this notice. If you do, you may take away the authorization later by writing to the contact below. The old authorization will not be valid after the date you take it away. You may also specify an expiration date for your authorization.

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

- Right to See and Obtain a Copy of your Information, Right to Ask for a Correction: Except for some reasons listed in HIPAA, you have the right to see and get a copy of your PHI and any information used to make decisions about you. You may be required to pay a reasonable fee for duplication and mailing expenses. If you think the information is incorrect or incomplete, you may ask the Plan to correct it. All requests should be in writing and should specify the reason you think the information should be changed.
- Right to Ask for a List of Special Uses and Disclosures: You have the right to ask for a list of special uses and disclosures that were made after April 2003.
- 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. The plan is not required to agree to the restrictions, but will consider them carefully. You also may ask the Plan to communicate with you via a specific manner.
- Right to a Paper Copy of this Notice, Right to be Notified of a Breach of Privacy, Right to File a Complaint Without Getting in Trouble: You have the right to a paper copy of this notice. Please contact the GCPS HIPAA Privacy Unit or print it from www.gwinnett.k12.ga.us/benefits. If you think your privacy rights have been violated, you may file a complaint. You may file the complaint with the Plan and/or the Department of Health and Human Services. There are no consequences for filing a complaint by the Plan or your employer.

We reserve the right to change the terms of this notice and have the changes apply to any of your PHI in our possession. If we change the terms of this notice, we will update the notice on our website, and we will send you the new notice if you are currently enrolled in our plan at the time of the change.

Addresses for Complaints:

GCPS HIPAA Privacy Unit
Kellie Beaver, Director
Benefits and Leave Administration
437 Old Peachtree Road, NW
Suwanee, GA 30024-2978

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