

COLUMBIA COUNTY BOARD OF EDUCATION

INSURANCE BENEFITS

The Columbia County Board of Education is pleased to offer the following benefits designed to meet the needs of you and your family. These benefits include term and permanent life insurance, short term disability, long term disability, vision, medical, dental, credit union, workers' compensation, retirement, cancer, annuities, and flexible spending accounts. The cost of some of these benefits will be paid by the Columbia County Board of Education. Also, the insurance premiums may be placed under a cafeteria plan which will decrease your taxes and increase your take home pay.

Please review this summary of the benefits offered and if you have any questions, please contact Sandra L. Lewis at (706)541-2723, Ext. 5102.

Some insurance benefits not applied for by a new employee can only be applied for or changed during an open enrollment period, which is a thirty day period between the first of October and the last of November. Certain changes can be made within 31 days of a qualifying event.

LIFE INSURANCE

Basic Life The Columbia County Board of Education will provide \$10,000 of coverage at no cost to all eligible employees (15 hours or more a week).

Supplemental Life You may choose additional coverage up to five times your annual salary (rounded to the next ten thousand). The maximum coverage is \$500,000 in coverage. coverage over three times the annual salary will require a health questionnaire. The coverage now includes portability, waiver of premium for disability and an accelerated benefits option.

<u>AGE</u>	<u>COST PER THOUSAND</u>
Under 30	.10
30-34	.11
35-39	.12
40-44	.13
45-49	.18
50-54	.24
55-59	.42
60-64	.58
65-69	.94
70 & over	1.24

Dependent Life	Spouse	\$10,000 - \$100,000	
	Subject to insurability. Rates are based on the employee's age.		
	Children, over 14 days but less than 19 years, student dependent age, 19, but less than 25	\$10,000	
	Cost	Children	\$10,000 \$1.28

Spouse coverage is based on the employee's age:

Under 30	\$.10
30-34	\$.11
35-39	\$.12
40-44	\$.13
45-49	\$.18
50-54	\$.24
55-59	\$.42
60-64	\$.58
65-69	\$.94

SHORT-TERM DISABILITY

Disability Insurance
(Hartford-effective 1/1/07)

Coverage is available to all full-time and half-time employees who work 15 hours or more a week. Coverage limits are based on an employee's annual income. (See rate sheet below)

Accident - The weekly benefit selected will be paid beginning on the 1st full day of disability and not exceed 180 calendar days. Work related accidents are not covered.

Sickness - The weekly benefit selected will be paid beginning on the 8th full day of disability and not to exceed 180 calendar days.

To initiate a claim, please call 1-800-445-9057 or <https://www.thehartfordatwork.com>. (Please see the front office at your school or department for a brochure). The local representative is Mr. Richard Poythress. He can be reached at (706) 650-5500.

SHORT TERM DISABILITY PREMIUMS

Effective January 1, 2010 – December 31, 2010

An eligible person may participate in the Plan under any one of the benefit levels outlined below, provided the Weekly Disability Benefit of the level selected does not exceed 66 2/3% of your weekly salary from the Board of Education. If the weekly benefit is more that 66 2/3% of the weekly salary at the time you become disabled, the weekly benefit will be reduced to 66 2/3% of that weekly salary.

If your gross annual salary is at least	You are eligible for maximum weekly accident and sickness benefit of:	Monthly premium as of January 1, 2010
\$3,900.00	\$50.00	\$ 3.90
\$7,800.00	\$100.00	\$ 7.80
\$11,700.00	\$150.00	\$11.70
\$15,600.00	\$200.00	\$15.60
\$19,500.00	250.00	\$19.50
\$23,400.00	\$300.00	\$23.40
\$27,300.00	\$350.00	\$27.30
\$31,200.00	\$400.00	\$31.20
\$35,100.00	\$450.00	\$35.10
\$39,000.00	\$500.00	\$39.00
\$42,900.00	\$550.00	\$42.90
\$46,800.00	\$600.00	\$46.80
\$50,700.00	\$650.00	\$50.70
\$54,600.00	\$700.00	\$54.60

Accident - The weekly benefit selected will be paid beginning on the 1st full day of disability and not exceed 180 calendar days. Work related accidents are not covered.

Sickness - The weekly benefit selected will be paid beginning on the 8th full day of disability and not to exceed 180 calendar days.

To enroll in Short-Term disability, please complete the "Short Term Enrollment Form" on Doc-e-fill. If you are enrolled in Short-Term disability and wish to file a claim, please see "Short Term Filing a Claim" in Doc-e-fill. The local representative is Mr. Richard Poythress. He can be reached at (706)650-5500.

Short term disability coverage does not increase automatically with a salary increase. To increase coverage, an employee must complete a Statement of Health Form (Evidence of Insurability) that can be obtained by contacting Sandra Lewis, Business Department at slewis@ccboe.net.

LONG-TERM DISABILITY

Hartford Insurance Company

This coverage becomes effective after 180 days of being disabled. The benefit is 60% of the employee's monthly gross at the date of disability.

Benefits are reduced if an employee has been approved for retirement, social security or workers' compensation benefits.

Please contact Sandra L. Lewis at (706)541-2723, Ext. 5102 for a claim form. The local representative is Mr. Richard Poythress. He can be reached at (706)650-5500.

FLEXIBLE SPENDING ACCOUNT

This is an enhancement to the cafeteria plan. It provides for two separate benefit plans that allow you to direct a part of your salary, on a pretax basis, into an account that can be used throughout the year to reimburse yourself for certain out-of-pocket health care expenses or work-related dependent care expenses. Because this money goes into your health care or dependent care flexible spending account before federal income or social security taxes are withheld, you pay less in taxes and, ultimately, have more disposable income.

The maximum amount you can contribute for your health care Flexible Spending Account will be \$5,000.00 for the plan year. Extended grace period - two months and 15 days immediately following the plan year (January 1 - December 31). During this period claims can continue to be incurred against money left over at the end of the plan year.

The maximum amount you can deposit in your dependent care flexible spending account is \$5,000.00. Extended grace period - two months and 15 days immediately following the plan year (January 1 – December 31). During this period claims can continue to be incurred against money left over at the end of the plan year. If you are married and file a separate income tax return, the maximum annual contribution is \$2,500.00. **Unused funds are not reimbursable to you.** For a list of qualifying medical and dependent care expenses please refer to the flexible spending account brochure. The local representative is Don Starrett. He can be reached at (706)738-7774. You may also contact the Ameriflex Administrator at 1-888-868-3539. The IRS web address is: ameriflex@flex125.com

PERMANENT LIFE

The permanent life policy provides both life insurance protection and cash values. It is affordable, convenient, and portable. Employees can purchase coverage up to \$150,000.00, or five times their salary whichever is less. You can purchase up to \$25,000.00 of coverage for your spouse and each child on a conditional basis. Please contact Don Starrett at (706)738-7774 for additional information.

AMERITAS DENTAL OPTIONS FOR COLUMBIA COUNTY BOARD OF EDUCATION
For additional information please visit – www.ccboe.net – Administration – Business
Operations – Employee Benefits – Dental – Dental Plan
Effective January 1, 2010 – December 31, 2010

Highlights:

- ✓ Choose from three plans (Low, Middle or High)
- ✓ All plans allow patient to use any dentist
- ✓ All plans include Dental Rewards (maximum rollover feature)
- ✓ All plans include Adult and Child Orthodontia (12 month wait period – new hires only)
- ✓ All plans include a \$50 deductible on Basic and Major Services
- ✓ All plans include a \$1,000 annual maximum on Preventive, Basic and Major Procedures
- ✓ All plans include a \$1,000 lifetime maximum on orthodontia

Low Plan

Sample Procedures	Allowance
0120 Periodic Oral Evaluation (Twice in a Benefit Period).	21.00
1110 Prophylaxis – adult (Twice in a Benefit Period).	45.00
0272 Bitewings – two films (Twice in a Benefit Period).	19.00
2140 Amalgam restoration – one surface, primary or permanent.	30.00
3310 Endodontics – root canal, anterior.	185.00
2792 Crown – full cast noble metal.	150.00
Employee	\$16.16
Employee & One Dependent	\$31.16
Employee & 2 or more Dependents	\$52.24

Middle Plan

Sample Procedures	Allowance
0120 Periodic Oral Evaluation (Twice in a Benefit Period).	23.00
1110 Prophylaxis – adult (Twice in a Benefit Period).	50.00
0272 Bitewings – two films (Twice in a Benefit Period).	21.00
2140 Amalgam restoration – one surface, primary or permanent	39.00
3310 Endodontics – root canal, anterior.	241.00
2792 Crown – full cast noble metal.	200.00
Employee	\$20.84
Employee & One Dependent	\$39.80
Employee & 2 or more Dependents	\$65.56

High Plan

Coinsurance (Plan Pays)

Preventive Procedures.....	100%
<i>Cleaning, Exams, Space Maintainers, Fluoride for Children under age 19, X-Rays, Sealants</i>	
Basic Procedures.....	80%
<i>Fillings, Anesthesia, Simple Extractions, Oral Surgery, Root Canals, Gum Disease, Denture Repair</i>	
Major Procedures.....	50%
<i>Crowns, Dentures, Bridges, Onlays</i>	

Employee	\$ 36.84
Employee & One Dependent	\$ 74.52
Employee & 2 or more Dependents	\$120.68

VISION CARE

For additional information please visit – www.ccboe.net – Administration – Business Operations – Employee Benefits – Vision Care

This plan covers all routine eye care, including eye exams and eyeglasses (lenses and frame) or contacts.

Rates for Vision Care:	High Plan Only
✓ Employee only:	\$ 7.32
✓ Employee + one:	\$14.64
✓ Employee + family:	\$20.96

STATE HEALTH BENEFIT PLAN RATES

Please visit www.dch.georgia.gov for current State Health Benefit plan rates.

Other information is available at this site by visiting <http://dch.georgia.gov>.

CANCER COVERAGE

Cancer Coverage is available to employees on a payroll deduction basis. Employees who are interested in the coverage should visit the website at www.aflac.com, or our representative:

Diane McCollum
(706) 738-7171

SECTION 125, CAFETERIA BENEFIT PLAN

The Section 125 Cafeteria Plan provides for all benefit payroll deductions (except short term disability) to be exempt from federal, state and FICA taxes, thereby providing participating employees with additional take home pay. Anyone participating will have their payroll deductions locked in until the next open enrollment period.

CREDIT UNION

The Columbia County Board of Education participates with the Health Center Credit Union. There are two main locations: MCG and HCCU, Kroger Shopping Center, Evans, GA. For additional information you may contact the Credit Union (MCG) (706)721-2040 or the Credit Union (Columbia County) (706)855-3456. Please visit a branch location to become a member.

WORKERS' COMPENSATION

This coverage is provided for all employees of the school system and it covers all legitimate cost (doctors and hospital) related to an accident incurred by an employee while on the job or in a job-related situation.

Please report any accident or injury to your supervisor immediately. The law requires that all claims must be submitted within ten days of the injury or accident. If you feel you need medical attention, you must first go to an approved physician or medical facility. Please refer to the (PINK) OFFICIAL NOTICE poster posted in your school or department.

All employees who are claiming a workers' compensation injury and seeking medical attention will be subject to a drug screening.

PAGE DUES

The Professional Association of Georgia Educators (PAGE) annual membership dues are payroll deductible for employees who choose to join and request payroll deduction. The professional membership fee is \$125.00 and may be deducted in 12 equal installments. Support personnel (auxiliary staff members) fee is \$60.00 (1-800-334-6861)

CCAE

The Columbia County Association of Educators (CCAE) annual membership dues is payroll deductible for employees who choose to join and request payroll deduction. The professional membership fee is \$440.00 (does not include local) and may be deducted in 12 equal installments. Support personnel (auxiliary staff members) fee is \$231.00 (does not include local). (1-800-282-7142)

TEACHERS RETIREMENT

All teachers and certain auxiliary employees are required by Georgia Law to be members of the Teachers Retirement System of Georgia. Teachers will have 5.25% deducted from their monthly gross salaries for the employee's contribution to the system. The Board of Education contributes 9.74% of the monthly gross salary for each employee. You will automatically be enrolled in the Teacher Retirement System once you receive your first pay check. The following employee is eligible for this benefit:

1. A new teacher
2. A teacher who has previous service but has withdrawn contributions, or has been out of service in Georgia over two years.
3. Security Officers
4. Secretarial/Clerical
5. Paraprofessionals
6. Supervisors
7. Public School Nurse

PUBLIC SCHOOL EMPLOYEES RETIREMENT

Auxiliary employees not eligible for membership in the Teachers Retirement System will be members of the Public School Employees Retirement System. Members will have \$4.00 per month (nine months) deducted from their monthly gross salaries for the employee's contribution to the system. The following auxiliary employees must complete a membership application at the time of employment.

1. School Bus Driver
2. Food Service Employees
3. Maintenance or Custodial Employees
4. Shop Personnel

SUPPLEMENTAL RETIREMENT PLAN

The Board of Education provides a supplemental retirement plan for employees who currently participate in the Public School Employees Retirement System. The Board will match up to 3% of the employee's monthly gross. However, an employee may contribute more than 3% but not more than what is allowed by the IRS. Eric Swierski is the agent and can be contacted at (803)279-7172. An employee is eligible to participate after 1 year of employment. It is the employee's responsibility to contact the representative to initiate the paperwork after 1 year of employment.

SOCIAL SECURITY

All employees of the Columbia County Board of Education are covered by Social Security, and deductions are made from the monthly gross salary at the rate of 6.2%. The Columbia County Board of Education matches the employee's contribution rate.

MEDICARE

All employees of the Columbia County Board of Education are covered by Medicare, and deductions are made from the monthly gross salary at the rate of 1.45%. The Columbia County Board of Education matches the employee's contribution rate.

UNITED WAY

Contributions can be made through a payroll deduction. Each employee will be notified of the United Way Drive at a later date.

COLUMBIA COUNTY SCHOOL SYSTEM
 FOR BENEFIT INFORMATION
 CONTACT
SANDRA L. LEWIS, EMPLOYEE BENEFITS ACCOUNTANT
(706)541-2723 EXT. 5102

COLUMBIA COUNTY SCHOOL SYSTEM INSURANCE AGENTS
FOR EMPLOYEE BENEFITS

CANCER AND INTENSIVE CARE (AMERICAN FAMILY LIFE ASSURANCE COMPANY)

Diane McCollum 706-738-7171

DENTAL INSURANCE (AMERITAS)

Mr. Don Starrett 706-738-7774
 P. O. Box 2622
 Augusta, GA 30914

DISABILITY- SHORT & LONG TERM (HARTFORD INSURANCE COMPANY)

Mr. Richard Poythress 706-650-5500
 2916 Professional Parkway, Suite 108
 Augusta, GA 30907

HEALTH INSURANCE (STATE HEALTH BENEFIT PLAN-SHBP)

Summary Plan Descriptions at <http://dch.georgia.gov>.

<u>Vendor</u>	<u>Member Services</u>	<u>Pharmacy</u>	<u>Web Site</u>
UnitedHealthcare			
Definity HRA	800-396-6515		http://welcometouhc.com/shbp
OAP, HDHP, HMO	877-246-4189 TDD 800-255-0056	call vendor	http://welcometouhc.com/shbp
CIGNA Healthcare			
HRA, OAP, HMO, HDHP	800-633-8519 TDD 800-576-1314	call vendor	http://www.mycigna.com/shbp
Pharmacy		Contact your respective vendor	
SHBP Eligibility	404- 656-6322 800- 610-1863		www.dch.georgia.gov/shbp_plans

LIFE INSURANCE (OneAmerica) (Group Policy #608913)

Mr. David Alalof (706)860-6787
davida@achsinsurance.com
or
Mr. Mike Carraway
mcarraway@achsinsurance.com

VISIONCARE

Mr. Don Starrett 706-738-7774
P. O. Box 2622
Augusta, GA 30914

**FLEXIBLE SPENDING ACCOUNT
AND UNIVERSAL LIFE**

Mr. Don Starrett 706-738-7774
P. O. Box 2622
Augusta, GA 30912

TAX SHELTERED PLANS (VALIC)

www.aigretirement.com

Mr. Eric Swierski 803-279-7172

**TAX SHELTERED PLANS (PlanMember)
formerly FOUR SEASONS**

www.planmember.com/cfowers

Mr. Chad Fowers 706-825-3120

TAX SHELTERED PLANS (FIDELITY)

www.fidelity.com

Self Service plan – enrollment packets
or contact Sandra Lewis, Business Dept. at
CCBOE has packets, please e-mail at
slewis@ccboe.net

1-800-343-0860

TAX SHELTERED PLANS

Section 403(b) of the Internal Revenue Code permits employees of schools to accumulate retirement saving on a tax-favored basis. These plans help you in several ways:

- Your gross taxable income is reduced.
- Your money grows on a tax-deferred basis.
- You continue through the convenience of payroll deduction.

	<u>After-tax Plan</u>	<u>Pre-tax Plan</u>
Your income	\$40,000	\$40,000
403(b) contributions	0	- 2,400
Taxable income	40,000	37,600
Estimated federal income taxes	-11,200	-10,528
After-tax contributions	- 2,400	0
<hr/>		
Net income	\$26,400	\$27,072

The difference --\$672--- shows the added value of contributing "pre-tax" dollars.
