2026

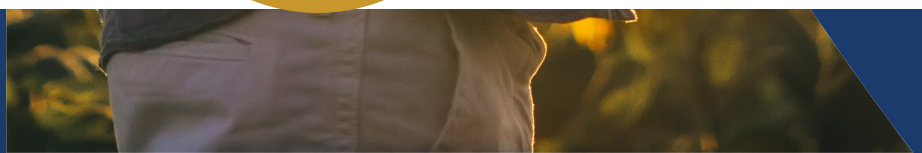
Employee Benefits Guide

Forsyth County Schools

Let Forsyth County Schools help protect what is most important to you.

Need Support?
Call 1-877-201-0487

Monday - Friday, 9am - 6pm EST



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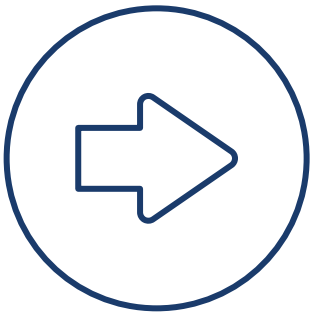
Looking for Plan Details?

Visit the Forsyth County Schools Benefits Site:
https://www.benefitsdetails.com/forsyth
or text "benefits" to 1-877-201-0487

Open Enrollment

EyeMed



Enrollment opens at 12:00 a.m. on October 20, 2025 and closes at 11:59 p.m. on November 7th, 2025. Open Enrollment help, information on all of the benefits offered, and the Decision Guides for State Health are conveniently located on the Forsyth County Schools Benefits Site.

The State Health Benefit Plan enrollment website http://myshbpga.adp.com will be available for your health coverage selections. All employees are encouraged to access this website and enroll or waive coverage for you and your dependents. If you are currently enrolled and do not go online and make an election, you will be default enrolled in your current plan, coverage tier and tobacco status. If you are currently declined and you do not go online and make an election, you will remain as "declined". All employees must verify dependent Social Security Numbers, dependent dates of birth, and demographic information on the State Health enrollment website.

All changes to non-medical benefits will be made at https://chubb.benselect.com/forsyth. You MUST enroll or waive the FSA/Section 125 plans (Flexible Spending Accounts) online. It is highly recommended that you verify your dependent social security numbers, dependent dates of birth, demographic information. Additionally, we suggest you review your dental, vision, life and disability coverage elections. Finally, please verify or update your beneficiaries for life insurance.

Medical (State Health): The FCBOE will continue to pay $49.38 toward your health premium. The Decision Guide is available at https://shbp.georgia.gov/. It is highly recommended you review the State Health Decision Guide in detail. All newly enrolled spouses or children on the State Health Benefit Plan will be required to return the barcoded cover sheet along with documentation for proof of dependent eligibility. The barcoded cover sheet will be provided by State Health and must be returned as directed within the communication.

Dental (Aflac): Beginning January 1, 2026, dental coverage will be offered through Aflac. The FCBOE will continue to pay the full single/employee only portion of your dental premium under the Core plan (applied across all dental plans and coverage tiers). Plan designs will remain the same. There will be a slight increase to dental deductions for the new plan year.

Vision (EyeMed): Vision will continue to be offered through EyeMed, however the frame frequency has increased to once every 12 months. Please review the benefit summary in detail and review the flyers listed on the Forsyth County Schools Benefits Site.

Group Life/AD&D, Voluntary Life, Short Term Disability (STD), Long Term Disability (LTD) (Aflac): Effective January 1, 2026 life and disability insurance will be offered through Aflac. You must review/update your beneficiaries for Life Insurance every year. The FCBOE continues to provide you with $30,000 in Group Life/AD&D and with Long Term Disability Insurance. You have the option to purchase additional Voluntary Life Insurance and Short Term Disability Insurance. This year only, all employees may purchase Voluntary Life Insurance up to the guarantee issue amounts without answering health questions. Additionally, this year all employees are able to enroll in the Voluntary STD without answering health questions. Please review carefully the plan features located in the Alliant Benefit & Enrollment Guide and online. Your enrollment in the current MetLife Voluntary Life and/or Voluntary STD plan(s) will automatically roll into the newly offered Aflac plan at the same coverage amount you are currently enrolled at.

Flexible Spending Accounts (FSA-Health/Medical Care Reimbursement & Dependent Care): The Flexible Spending Accounts will continue to be offered for the new plan year for the health/medical care or dependent care reimbursement accounts. However, you are REQUIRED to enroll each plan year, if you intend to participate in the Flexible Spending Accounts. The plan year will start January 1, 2026. Please note the maximum contribution for the medical reimbursement FSA is $3,300.00 for the 2026 plan year and the $660 rollover

Open Enrollment

Memo

feature will continue but will be limited to one plan year if you do not choose to participate in the flexible spending account in the subsequent year. Additionally, the Dependent Care FSA maximum will increase to $7,500. If you are enrolled in the State Health UnitedHealth Care High Deductible Health Plan with the Health Savings Account, you are NOT eligible to participate in the Health/ Medical Care Flexible Spending Account.

Accident Insurance (Aflac): The Accident Insurance will be administered by Aflac beginning January 1, 2026. Aflac's Accident coverage provides a lump sum benefit based on the type of injury (or covered incident) you sustain (On/Off the Job) or the type of treatment you need. Examples of covered injuries include: broken bones; eye injuries; burns; ruptured discs; torn ligaments; concussion; cuts repaired by stitches; and coma due to a covered injury. Some covered expenses include: emergency room treatment; occupational therapy; outpatient surgery facility; speech therapy; doctor office visit; chiropractic visit; hospitalization; physical therapy. Enrollment is simple: you can enroll online via the enrollment website. Aflac's Accident plan offers many benefit enhancements over the previously offered Accident plan. A full schedule of benefits is also available online on the Forsyth County Schools Benefits Site. If you and/or your spouse receive an approved preventive service, you can notify Aflac and receive a check for $75, once each plan year. Your enrollment in the current MetLife Accident plan will automatically roll into the newly offered Aflac plan at the same level of coverage you are currently enrolled at.

Critical illness (Aflac): Critical Illness Insurance will move to Aflac beginning January 1, 2026. Critial Illness can supplement existing medical coverage and help provide financial support to pay for out-of-pocket expenses such as mortgage payments, college tuition, hiring household help, or treatment not covered by your medical plan. Benefits are paid regardless of what is covered by medical insurance. Payments are made directly to covered employees to spend as they choose. If you and/or your spouse receive an approved preventive service, you can notify Aflac and receive a check for $75, once each plan year. Your enrollment in the current MetLife Critical Illness plan will automatically roll into the newly offered Aflac plan at the same benefit amount you are currently enrolled in.

Permanent Life (Chubb): Permanent Life will be offered through Chubb. This life insurance policy features a Long Term Care rider that, along with your retirement benefit and Social Security, can assist with your long term care needs. All employees will have the ability to elect up to $250,000 of coverage. Effective January 1, 2026, the Guarantee Issue Amount is $150,000. During open enrollment, all employees will be eligible to enroll in coverage, up to the Guarantee Issue Amount, without answering any health questions.

Pet Insurance (MetLife): Pet Insurance will continue to be offered through MetLife on a direct bill basis. Offers comprehensive coverage for dogs and cats. Covers medical, accidents, injuries, surgeries, and more. Cash back on eligible vet bills after $250 deductible up to $7,500 annually.

Genetic Screening Benefit (Genomic Life): Forsyth County Schools is continuing to offer a Genetic Screening benefit through Genomic Life. Genomic Life can help you and your care team identify health risks early and better personalize prevention, diagnosis, and treatment based on your genetics, health and family history. For more information, please visit the Forsyth County Schools Benefits Site.

Questions:
If you have any non-medical benefit and/or enrollment related questions that cannot be answered through the enrollment guide, please contact the Forsyth County Schools Benefits Service Center directly at 1-877-201-0487. If you have any State Health (medical) benefit and/or enrollment related questions that cannot be answered through the State Health Decision Guide, this guide or the State Health enrollment website, please contact Katie Beusse at (770) 887-2461 Ext. 202136 kbeusse@forsyth.k12.ga.us or Paula Whitley (770) 887-2461 Ext. 202141 pwhitley@forsyth.k12.ga.us.

Hey There!

Welcome.

Forsyth County Schools has worked hard to put together a benefits package that will help you thrive and will support your financial stability.

Each year, Forsyth County Schools strives to offer comprehensive benefit plans to our employees. In the employee benefit guide you will learn more about the benefits offered for the 2026 plan year and how to use them.

Throughout this guide, you will find interactive QR codes that will take you deeper into your employee benefit plan information and give you quick access to needed documents. To access, scan with a camera on your personal device, cell phone, or by clicking, if viewing electronically.

The benefits you elect during this period will be effective from January 1st, 2026 until December 31st, 2026. Please review your open enrollment materials thoroughly before making your elections.

Your Open Enrollment Period:
October 20, 2025 - November 7, 2025

3 Ways to Enroll

Scan or click to sign up for in-person enrollment.

Face-to-Face

In-person enrollment will be available *from 8:30am until 4:30pm* on the following dates:

October 20 - Room 380
1120 Dahlonega Hwy, Cumming, GA

October 28 - Room 457
1130 Dahlonega Hwy, Cumming, GA

October 30 - ACE Media Center
1160 Dahlonega Hwy, Cumming, GA

November 3 - ACE Media Center
1160 Dahlonega Hwy, Cumming, GA

Self-Service

You can self-enroll in your State Health medical insurance at: http://mySHBPga.adp.com. Directions are available on page 7.

You can enroll in all other benefits at https://chubb.benselect.com/forsyth. Follow the directions on page 8 to enroll online.

Service Center

Speak to a benefits counselor who can answer questions or enroll you by calling **1-877-201-0487**.

Enrollment Instructions

State Health Benefits

1. Go to **http://mySHBPga.adp.com**

2. Under the OE window, click on Continue to proceed with your 2026 Plan Year enrollment.

3. Click on the **Terms and Conditions message** to review Terms and Conditions before accepting. **You must click Accept Terms and Conditions to continue to the next step of enrollment.**

4. To start your Election Process, click on **Go to Make your Elections**.

5. Click on **Go To Tobacco Surcharge question**. You MUST answer the Tobacco Surcharge question using the radial buttons.

6. Click on **Go to Health Benefits** to choose your medical claim administrator and plan options.

7. Make your elections.

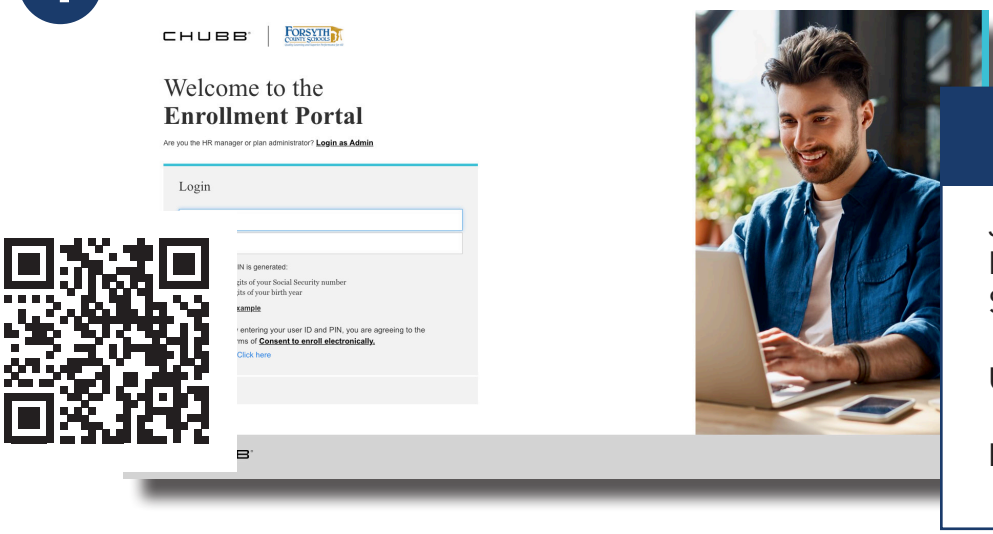
8. Click on **Go to Review and Confirm Changes**.

9. Click **Finish**. ***NOTE: If "Finish" is not clicked, your enrollment process has not been completed.***

All Other Benefits

How to Self-Enroll

1. Register for the portal by logging on to: https://chubb.benselect.com/forsyth



Example

Joe Smithson
DOB: 1/1/1980
SSN: 123456789

Username: 123456789

Password: 678980

2. Your **Username** is your full Social Security Number without hyphens. Your **Pin** is the last four digits of your SSN and the last 2 digits of your birth year.

3. Follow the prompts to complete the registration process. Review the personal demographic data and update as needed. Then click next to advance through each screen.

4. Next, you will be asked to enter Dependent/ Beneficiary information. To add a dependent, click the + sign and enter the dependent's information. To edit an existing dependent, click the pencil icon on the right side of the dependent. After making any changes, click save on the bottom of the page. Once you are finished with this section, click next.

5. Once you are at the dental screen, verify your dental plan election or waive the coverage, click next.

6. Once on the "Sign and Submit" page, you will be able to review your elections. If you need to make changes, click on the link for that coverage. You will then unlock, make your change, and click next. This returns you to the "Sign and Submit" page. If everything is correct, click next.

7. On the "Confirmation" page, enter your PIN / Password used to log in. This will finalize your enrollment. You can print the confirmation form, save it as a downloadable PDF, and e-mail a confirmation summary to the e-mail address on file.

Key Terms

Deductible

The amount you pay for covered healthcare services before your insurance plan starts to pay. For example, with a $2,000 deductible, you pay the first $2,000 of covered services yourself. After you pay your deductible, you usually pay only a co-payment or coinsurance for covered services. Your insurance company pays the rest.

Co-pay

The set amount you pay for a covered service at the time you receive it. The amount can vary based on the type of service.

Coinsurance

The percentage of costs of a covered healthcare service you pay after you've paid your deductible.

Out-of-Pocket Maximum/Limit

The maximum dollar amount you have to pay for covered services in a plan year. After you spend this amount on deductibles, co-payments, and coinsurance for in-network care and services, your health plan pays 100% of the costs of covered benefits.

Eligibility

Forsyth County Schools encourages the health and financial well-being of its employees by providing access to quality and affordable healthcare. The group insurance coverage described in this guidebook is available to all full-time employees. The coverage effective date will begin on the 1st day of the month following your first full calendar month of employment. All benefit elections must be made within 31 calendar days from your date of hire. The insurance plan year is from January 1st - December 31st. You have until one day before your effective date to enroll in benefits. Once your enrollment window has closed, you may not make any changes to your elections unless you experience a Qualifying Life Event (QLE).

Dependent Eligibility

If you apply for coverage for yourself, you may also elect coverage for any of your eligible dependents. Eligible Dependents include one or more of the following:

- Your legal spouse
- A child through the age of 26. You can only make changes to the specific plans where dependents will be affected
- A child is defined as your natural child, legally adopted child, stepchild, a grandchild who is a Dependent of the Participant for federal income tax purposes and resides full time with Participant, and any child for whom you are the court-appointed guardian
- A child of any age who is medically certified as disabled and dependent on the parent for support and maintenance

Important Dependent Benefit Information

Medical, Vision, Dental	Coverage for dependent children ends the last day of the month the child turns age 26
Child Life Insurance	Coverage for dependent children ends the last day of the month the child turns age 26
Spouses are Eligible for:	Medical, dental, vision, life, accident, critical illness, permanent life and Genomic Life

Qualifying Life Event

Generally, benefit changes are limited to open enrollment.

If you have a Qualifying Life Event and want to request a mid-year change, you must notify the Benefits Department and complete your election changes within 30 days following the event. Be prepared to provide documentation to support the Qualifying Life Event.

- Benefit Elections must be consistent with the event
- You can only make changes to the specific plans where dependents will be affected
- For Birth, Adoptions or Death, benefit changes and new rates become effective on date of event.
- For Marriage, Divorce or Loss of Coverage, benefit changes and new rates become effective 1st of the following month.
- The event date must be consistent with the information in the Supporting Documentation

Qualifying Event	Supporting Documentation	Dependent Documentation
Marriage	Marriage Certificate	Birth Certificates are required if adding spouse's children
Death	Death Certificate	No additional documentation required
Divorce	Certified copy of Divorce Decree	Birth Certificates are required if adding children not currently enrolled in benefits
Adoption	Placement for adoption paperwork Legal documentation of adoption	No additional documentation required
Birth	Birth Certificate Verification of Birth Facts issued by hospital	No additional documentation required
Loss or Gain of Coverage	Proof of enrollment or termination of benefit coverage from spouse's employer. Proof must contain effective or termination dates of coverage, type of coverage (medical, dental, vision, etc.) and the names of dependents affected	Adding Spouse - Marriage Certificate Adding Children - Birth Certificate
Gain of Medicare or Medicaid	Proof of enrollment of benefit coverage. Proof must contain effective or termination dates of coverage, type of coverage (medical, dental, vision, etc.), and the names of the dependents affected (has 60-day window)	Adding Spouse - Marriage Certificate Adding Children - Birth Certificate

Need to report a Qualifying Life Event?

Call the Forsyth County Schools Benefits Service Center:

1-877-201-0487

Medical

State Health Benefit Plan Rates

Forsyth County Schools pays $49.38 for all employees participating in the health insurance program through the State Health Benefit Plan. ***Any premiums in excess of the $49.38 are listed below and will be deducted from your monthly paycheck.***

Plan Type				
Anthem BlueCross and BlueShield	Employee	Employee + Children	Employee + Spouse	Family
HRA Gold	$164.33	$341.30	$482.44	$659.41
HRA Gold with Tobacco Charge	$244.33	$421.30	$562.44	$739.41
HRA Silver	$96.73	$226.38	$340.48	$470.13
HRA Silver with Tobacco Charge	$176.73	$306.38	$420.48	$550.13
HRA Bronze	$42.74	$134.59	$227.10	$318.95
HRA Bronze with Tobacco Charge	$122.74	$214.59	$307.10	$398.95
HMO	$127.83	$279.25	$405.79	$557.21
HMO with Tobacco Charge	$207.83	$359.25	$485.79	$637.21
United Healthcare				
HMO	$167.81	$347.21	$489.75	$669.15
HMO with Tobacco Charge	$247.81	$427.21	$569.75	$749.15
High Deductible	$31.73	$115.88	$203.98	$288.13
High Deductible with Tobacco Charge	$111.73	$195.88	$283.98	$368.13
Kaiser Permanente				
HMO (Regional HMO)	$127.83	$279.25	$405.79	$557.21
HMO with Tobacco Charge	$207.83	$359.25	$485.79	$637.21
Tri-Care Supplement	$11.12	$70.12	$70.12	$111.12

State Health Benefits
1-800-610-1863
www.dch.georgia.gov/shbp

Anthem BlueCross & BlueShield
1-855-641-4862
www.anthem.com/shbp/

United Healthcare
1-888-364-6352
http://myuhc.com/shbp

Kaiser Permanente
1-855-512-5997
my.kp.org/shbp/

PeachCare for Kids
1-877-427-3224
www.peachcare.org

CVS Caremark
1-844-345-3241
http://info.caremark.com/shbp

Tri-Care Supplement
1-866-637-9911
www.selmantricareresource.com/ga_shbp

If an employee and spouse are both employed with the Forsyth County School System, please ask about our discounted rates for family coverage. Contact the benefits department.

Flexible Spending Account

Navia Benefits

Signing up for a Flexible Spending Account (FSA) with Navia can save your family hundreds of dollars every year. When you enroll in the program, you set aside some of your pay before taxes to use on eligible expenses. The more you put in, the more you save on your tax bill. You can cover your co-pays, deductibles, dental care, vision care, and prescriptions with your healthcare FSA. Not only that, but it's good for hundreds of over-the-counter items such as bandages, contact lens solution, and many other items and services.

Maximum Annual Election for 2026

Healthcare FSA - $3,300
Dependent Care FSA - $7,500

Qualified Medical Expenses Include:

- Co-pays, deductibles, co-insurance
- Dental expenses
- Eyeglasses, laser surgery, contact lenses
- Prescription drugs
- Over-the-counter medicine and supplies
- Chiropractic care

Up to $660 of your unused funds can be carried over into the next plan year.

Qualified Dependent Care Expenses Include:

- Daycare
- Babysitting
- Before & after school care
- Pre-K
- Summer day camps
- Care for older dependents in need of assistance

Want more info?

Scan or click.

Dental

Aflac

Plan summary	Low Plan		High Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible				
Deductible	Individual: $50 Max 3 per family		Individual: $50 Max 3 per family	
Calender Year Maximum	$1,250		$1,750	
Coverage for Dental Services				
Coverage A: Preventive	100%		100%	
Coverage B: Basic	50%		80%	
Coverage C: Major	Not Covered		50%	
Coverage D: Orthodontics	Not Covered		50%; max $1500	

Dental Coverage	Low Plan	High Plan
Monthly Cost		
Employee Only	$0.00	$36.57
Employee & 1 Dependent	$45.14	$83.42
Employee & Family	$82.51	$153.30

Preventive Services

- Exams
- Cleanings
- Sealants
- Fluoride
- Space Maintainers
- X-Rays

Basic Services

- Oral Surgery
- Periodontic Services
- General Anesthesia
- Restorations
- Endodontic Services
- Fillings

Major Services

- Pontics
- Retainer
- Inlays/Onlays
- Sedative Filling
- Crowns
- Bridges
- Dentures

Want more info?

Scan or click.

Vision

EyeMed

Vision Care Services	In-Network	Out-of-Network
Annual Eye Exam (Once every 12 months)	$10 copay	Up to $52
Standard Plastic Lenses (once every 12 months)		
Single Vision Lenses	$20 copay	Up to $55
Bifocal Lenses	$20 copay	Up to $75
Trifocal Lenses	$20 copay	Up to $95
Frames (Once every 12 months)	$150 allowance	Up to $105
Contact Lenses (Once every 12 months in lieu of frames)		
Contact Lenses (Elective)	$150 allowance	Up to $130
Contact Lenses (Medically Necessary)	100% covered	Up to $250

How do I find an In-Network Provider?

For a complete list of providers near you use our Provider Locator on www.eyemed.com and choose the INSIGHT network or call (866) 804-0982.

For Lasik providers call (800) 988-4221 or visit eyemedlasik.com.

Monthly Premium	
Employee	$9.98
Employee + 1 Dependent	$17.42
Employee + Family	$25.91

Want more info?

Scan or click.

Life and AD&D Insurance

Aflac

This Benefit is Paid for by Your Employer!

Basic Life and AD&D - Employer Paid

Forsyth County Schools provides **$30,000** of Basic Life Insurance and Accidental Death and Dismemberment (AD&D) insurance through Aflac at no cost to you.

The AD&D insurance provides a monetary benefit to an employee or beneficiary when the employee experiences certain bodily injuries or death resulting from a covered accident while insured. The company provides a guaranteed issue amount equal to the basic life insurance amount.

Supplemental Life and AD&D - Employee Paid

Forsyth County Schools gives you the opportunity to elect additional life insurance through Aflac. Supplemental Life and AD&D coverage is portable/convertible upon separation of service from the district.

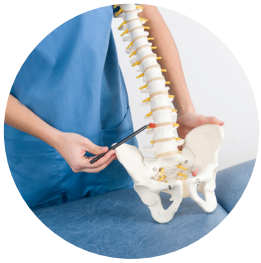
Supplemental Life and AD&D Benefit Summary	
Employee Life Amount	$10,000 increments up to $500,000
Employee Guaranteed Issue Amount	$350,000
Employee AD&D Amount	$10,000 increments up to $500,000
Spouse	$5,000 increments up to $100,000
Spouse Guaranteed Issue Amount	$50,000
Dependent Child	$2,000 increments up to $10,000

Want more info?

Scan or click.

Disability

Aflac



You and your loved ones depend on your regular income. That's why Forsyth County Schools offers disability coverage through Aflac, to protect you financially in the event you cannot work as a result of a debilitating injury or illness.

Short-Term Disability - Employee Paid

After you are out of work the later of your accumulated sick leave or 14 days after an injury/illness, you will be paid 60% of your base monthly salary for up to 120 days or until Long-Term Benefits become payable.

Weekly Maximum Benefit	$1,730
Elimination Period	The later of your accumulated sick leave or 14 days
Maximum Benefit Period	Up to 120 days
Pre-Existing Condition	Pre-Existing Conditions are those conditions which you received medical treatment, care or consultation, including diagnostic measures or took prescribed drugs or medications during the 3 months preceding the effective date of this policy. Pre-Existing Conditions are not covered during the first 12 months of coverage.

Long-Term Disability - Employer Paid

Long Term Disability benefits are available to you. This insurance replaces 60% of your income if you become partially or totally disabled for an extended time. See your plan document for additional details.

This Benefit is Paid for by Your Employer!

Monthly Maximum Benefit	$7,000
Elimination Period	120 days (if elected, this will be the benefit duration of short-term disability)
Maximum Benefit Period	Payments will last for as long as you are disabled, or until you reach Normal Social Security Retirement Age whichever is sooner
Pre-Existing Condition	Pre-Existing Conditions are those conditions which you received medical treatment, care or consultation, including diagnostic measures or took prescribed drugs or medications during the 3 months preceding the effective date of this policy. Pre-Existing Conditions are not covered during the first 12 months of coverage.

Want more info?

Scan or click.

Aflac

Accident

Nobody plans to have an accident - and most people don't budget for one, either. Accident insurance pays benefits directly to you for treatment you receive due to an accident. It helps cover your out-of-pocket costs like medical deductibles and co-pays.

Plan Type	Accident Plan
Health Screening Benefit	$75
24 Hour / On/Off Job	24 Hour
Accident Injury	
Hospital Emergency Room	With X-Ray: $350 Without X-Ray: $250
Urgent Care Facility	With X-Ray $350 Without X-Ray: $250
Doctor's office or facility (other than ER or Urgent Care)	With X-Ray: $250 Without X-Ray: $150
Ambulance	Ground: $400 Air: $1,500
Hospital Emergency Admission	$1,500
Hospital Daily Confinement	$350
ICU Supplemental Confinement (up to 15 days per accident)	$700 per day
Physician Follow-Up Office Visit	$100
Therapy Services	$25
Fracture	Up to $16,000
Dislocation	Up to $9,000
Laceration	Stitches: Up to $800 No Stitches: $65
Burns	Second Degree 10%: $100 10-25%: $200 25-35%: $500 35% plus: $1,000 Third Degree 10%: $1,000 10-25%: $5,000 25-35%: $10,000 35% plus: $20,000
Coma	$10,000
Major Diagnostic Testing	$400
Lodging	$200 per day
Medical Appliance	Up to $400
Prosthesis	One device only: $750 More than one device: $1,500
Surgery	Up to $2,000
Transportation	Plane or Ground: $150

Plan Type	Accident Plan
Accidental Death & Dismemberment (AD&D)	
Employee	$75,000
Spouse	$37,500
Child(ren)	$15,000
Accidental Death Common-Carrier	200% of Accidental Death Benefit
Accidental Dismemberment	Up to $75,000
Guaranteed Issue	Yes
Portable Coverage	Yes

Plan Type	Accident Plan
Monthly Premiums	
Employee	$10.09
Employee + Spouse	$16.26
Employee + Child(ren)	$17.99
Employee + Family	$24.16

Want more info?

Scan or click.

Aflac

Critical Illness

A major illness can blindside anyone, even an employee with medical insurance. Co-pays, deductibles, alternative treatments and other out-of-pocket expenses can add up quickly. Critical Illness insurance pays cash benefits directly to you to help reduce the financial burden that can come with a serious illness.

Benefit Amounts		
Employee	Up to $50,000 in $5,000 increments	
Spouse	Up to 50% of employee's elected amount	
Child	Up to 50% of employee's elected amount	
Guarantee Issue	Employee: Up to $50,000 Spouse: Up to $25,000	
Benefit Type		
Occurrences	**Initial**	**Recurrence**
Invasive Cancer	100%	100% of initial amount
Heart Attack	100%	100% of initial amount
Stroke	100%	100% of initial amount%
Coronary Artery Disease w/ Bypass	100%	100% of initial amount
Major Organ Transplant	100%	None
Paralysis	100%	None
Benefit Waiting Period	None	
Portable Coverage	Yes	
Pre-Existing Condition Limitation	None	
Health Screening Benefit	$75	

Age	Rate per $10,000
18-25	$3.30
26-30	$3.90
31-35	$4.80
36-40	$5.90
41-45	$8.10
46-50	$11.10
51-55	$15.30
56-60	$20.60
61-65	$28.20
66-69	$38.70
70+	$52.80

Note: The rates shown above are for illustrative purposes only. Please look up your age-based rates in the plan summary.

Want more info?

Scan or click.

Permanent Life Insurance

Chubb

Forsyth County Schools offers permanent life insurance through Chubb, providing a life coverage option that is simple and affordable. This benefit is available to help keep your loved ones financially secure, even if you can no longer provide for them.

This voluntary life product is yours to keep, even when you change jobs or retire, as long as you pay the necessary premiums.

Benefit Details	
Employee	Up to $250,000
Spouse	Up to $125,000
Children	Up to $25,000
Guaranteed Issue	Yes. This is a true open enrollment. All employees are eligible to enroll in up to $150,000 of coverage without answering any medical questions.
What riders are attached?	Accelerated Death Benefit Rider for Terminal Illness, Accelerated Death Benefit for Long Term Care, Restoration of Death Benefit (50%), Waiver of Premium Rider, Payor Waiver of Premium Rider

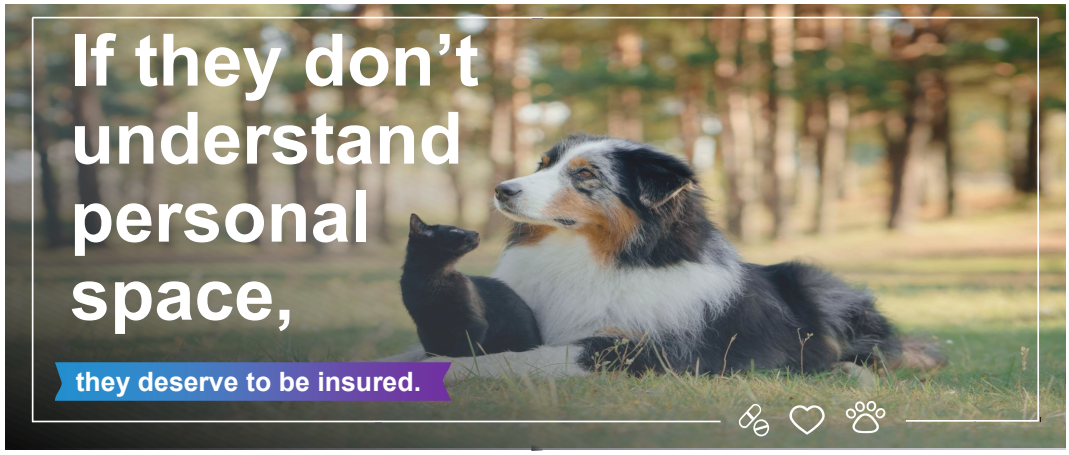
How LifeTime Benefit Term Can Be Used					
Three Options:	Life Situation	Death Benefit	Long Term Care	Long Term Care Extension	Total Benefits
1. Life Insurance	You lead a full life and do not need Long Term Care (LTC)	$100,000	---	---	$100,000
2. Long Term Care (LTC) insurance	You lead a full life and need assisted living or nursing home care	---	$100,000	---	
3. Split your Death Benefit for LTC & life insurance	You lead a full life but also need some LTC funds (Example: 4% of $100,000 for 12 months)	$52,000	$48,000	---	
Additional Coverage for Long Term Care and Death Benefits					
Extra Long Term Care for up to 25 additional months	You lead a full life and need extended benefits for assisted living or nursing home care	---	---	$100,000	$100,000
Restore your Death Benefit	If you deplete your entire Death Benefit due to LTC, we restore your Death Benefit to 25% of your original death benefit	$25,000	---	---	$25,000
Option 1, 2 or 3 + Extra LTC Coverage + Restoration of Death Benefit = TOTAL COVERAGE					**$225,000**

Want more info?

Scan or click.

Pet Insurance

MetLife



We care about all your dependents — even the four-legged ones. As part of your employer benefits, you can access MetLife Pet Insurance.

Key Benefits

Flexible product offerings with straightforward pricing and options, discounts up to 30%[1], customizable limits, and deductible savings[2]

Quick 3-step enrollment and hassle-free claims experience with most claims processed within 10 days

An experienced team of pet advocates and multi-channel support options

2023 PET INNOVATION AWARD

You may be able to cover up to 90%[3] of covered veterinary expenses at any licensed veterinarian, specialist or emergency clinic in the U.S.

Get a quote or enroll today.
Visit www.metlife.com/getpetquote
Call 1-800-GET-MET8
Scan the QR code

1. When using multiple discounts, discounts cannot exceed 30%. Each discount may not be available in all states. Please contact MetLife Pet for further details.
2. Your pet's deductible automatically decreases by $25 (IAIC policies) or $50 (MetGen policies) each policy year that you don't receive a claim reimbursement. May not be available in all states.
3. Reimbursement options include: 70%, 80% and 90% and a 50% option for MetGen policies and a 65% option for IAIC policies only. Pet age restrictions may apply.

Coverage issued by Metropolitan General Insurance Company ("MetGen"), a Rhode Island insurance company, headquartered at 700 Quaker Lane, Warwick, RI 02886, and Independence American Insurance Company ("IAIC"), a Delaware insurance company, headquartered at 11333 N Scottsdale Rd, Ste 160, Scottsdale, AZ 85454. Coverage subject to restrictions, exclusions and limitations and application is subject to underwriting review. See policy or contact MetLife Pet Insurance Solutions LLC ("MetLife Pet") for complete details. MetLife Pet is the policy administrator. The entity may operate under an alternate, assumed, or fictitious name in certain jurisdictions, including MetLife Pet Insurance Services LLC (New York and Minnesota) and MetLife Pet Insurance Solutions Agency LLC (Illinois).

Genomic Life

Genomics-Based Healthcare Navigation

Three-in-One Benefit

DNA Screenings. Personalized Health Guidance. Cancer Navigation.

Genomic Life helps identify health risks, supports prevention, and provides expert 1-on-1 support for appropriate genetics-driven, guideline-recommended care – today and for years to come.

DNA Screenings

Helps identify health risks using your DNA.

Genetic Health Screen for certain types of cancer, heart conditions, and additional genetic conditions.

Pharmacogenomic Testing to inform how you might respond to medications and reduce side effects.

Carrier Screening to inform family planning decisions.

- Conditions screened have medical interventions available
- Quality, medical-grade testing
- At-home saliva sample collection with no bloodwork required

Personalized Health Guidance

Supports prevention and early detection. Expert navigators and genetic counselors help you understand your results and take health actions that benefit you and your family — ***newly expanded in 2025***.

- Care coordination for genetic counseling when appropriate
- Personal health actions
- Decision-making support

Cancer Navigation

Provides expert 1-on-1 support for appropriate cancer care, working alongside your healthcare team to provide access to genetics-driven and guideline-recommended care. We work compassionately from initial diagnosis, through treatment decisions, survivorship, and beyond.

- Support for cancer patients, survivors, and caregivers
- Decision-making support and coordination of care
- Diagnostic testing when appropriate
- Virtual telehealth support

~1 in 5

~1 in 5 people carry a genetic risk for diseases with available interventions[1]

50%

50% of cancers are thought to be preventable by lifestyle changes[2]

99%

Localized breast cancer when found early has a 99% survival rate over five years[3]

Have questions? Visit genomiclife.com/learn or call (844) 694-3666

[1]Data on file, [2]Islami et al, 2024, [3]American Cancer Society. (2022). Breast Cancer Facts & Figures 2022-2024.

Visit the Forsyth County Schools Benefits Site:

www.benefitsdetails.com/forsyth

Scan or Click Here

- Enrollment Instructions
- Full Benefit Summaries
- Claim Forms and Other Documents
- Carrier Links and Resources
- Contact Information

Notices

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator at (770) 887-2461 Ext. 202136.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a 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). If you would like more information on maternity benefits, call your plan administrator at (770) 887-2461 Ext. 202136.

HIPAA Notice of Special Enrollment Rights

If you decline enrollment in Forsyth County Schools' health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in Forsyth County Schools' health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in Forsyth County Schools' health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this

change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

Availability of Privacy Practices Notice

We maintain the HIPAA Notice of Privacy Practices for Forsyth County Schools Group Health Plan describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy Practices by contacting the Plan Administrator at (770) 887-2461 Ext. 202136.

The 'No Surprises' Rules

The "No Surprises" rules protect you from surprise medical bills in situations where you can't easily choose a provider who's in your health plan network. This is especially common in an emergency situation, when you may get care from out-of-network providers. Out-of-network providers or emergency facilities may ask you to sign a notice and consent form before providing certain services after you're no longer in need of emergency care. These are called "post-stabilization services." You shouldn't get this notice and consent form if you're getting emergency services other than post-stabilization services. You may also be asked to sign a notice and consent form if you schedule certain non-emergency services with an out-of-network provider at an in-network hospital or ambulatory surgical center.

The notice and consent form informs you about your protections from unexpected medical bills, gives you the option to give up those protections and pay more for out-of-network care, and provides an estimate of what your out-of-network care might cost. You aren't required to sign the form and shouldn't sign the form if you didn't have a choice of health care provider or facility before scheduling care. If you don't sign, you may have to reschedule your care with a provider or facility in your health plan's network.

View a sample notice and consent form (PDF).

This applies to you if you're a participant, beneficiary, enrollee, or covered individual in a group health plan or group or individual health insurance coverage, including a Federal Employees Health Benefits (FEHB) plan.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2024. Contact your State for more information on eligibility—

ALABAMA – Medicaid
Website: http://myalhipp.com/ | Phone: 1-855-692-5447
ALASKA – Medicaid
The AK Health Insurance Premium Payment Program | Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid
Website: http://myarhipp.com/ | Phone: 1-855-MyARHIPP (855-692-7447)
CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIPP) Program website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 | Fax: 916-440-5676 | Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943 | State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991 | State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid
Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra | Phone: 678-564-1162, press 2
INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ | Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ | Phone 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)
Medicaid Website: https://dhs.iowa.gov/ime/members | Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki | Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp | HIPP Phone: 1-888-346-9562
KANSAS – Medicaid
Website: https://www.kancare.ks.gov/ | Phone: 1-800-792-4884 | HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx | Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov | Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms
LOUISIANA – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 | TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 800-977-6740 | TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP
Website: https://www.mass.gov/masshealth/pa | Phone: 1-800-862-4840 | TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739
MISSOURI – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm | Phone: 573-751-2005
MONTANA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 | email: HHSHIPPProgram@mt.gov
NEBRASKA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov

Phone: 1-855-632-7633 | Lincoln: 402-473-7000 | Omaha: 402-595-1178
NEVADA – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid
Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 | Toll-free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ | Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html | Phone: 1-800-701-0710
NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/ | Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid
Website: https://medicaid.ncdhhs.gov/ | Phone: 919-855-4100
NORTH DAKOTA – Medicaid
Website: https://www.hhs.nd.gov/healthcare | Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org | Phone: 1-888-365-3742
OREGON – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx | Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) | CHIP Phone: 1-800-986-KIDS (5437)
RHODE ISLAND – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/ | Phone: 1-855-697-4347 or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid
Website: https://www.scdhhs.gov | Phone: 1-888-549-0820
SOUTH DAKOTA – Medicaid
Website: http://dss.sd.gov | Phone: 1-888-828-0059
TEXAS – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493
UTAH – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ | CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP
Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select or https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid
Website: https://www.hca.wa.gov/ | Phone: 1-800-562-3022
WEST VIRGINIA – Medicaid and CHIP
Website: https://dhhr.wv.gov/bms/ or http://mywvhipp.com/ Medicaid Phone: 304-558-1700 | CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm | Phone: 1-800-362-3002
WYOMING – Medicaid
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ | Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Notes

Benefit	Administrator	Phone	Website
Medical/State Health Benefit	State Health	1-800-610-1863	http://myshbpga.adp.com
Dental	Aflac	1-800-206-8826	www.aflac.com
Vision	EyeMed	1-866-800-5457	www.eyemedvisioncare.com
Basic Life and AD&D Voluntary Life and AD&D	Aflac	1-800-206-8826	www.aflac.com
Short Term Disability Long Term Disability	Aflac	1-800-206-8826	www.aflac.com
Flexible Spending Accounts (FSA)	Navia	1-800-669-3539	www.naviabenefits.com
Accident	Aflac	1-800-206-8826	www.aflac.com
Critical Illness	Aflac	1-800-206-8826	www.aflac.com
Permanent Life Insurance	Chubb	1-855-241-9891	www.chubb.com
Pet Insurance	MetLife	1-800-438-6388	www.metlife.com
Genomic Navigation	Genomic Life	1-844-694-3666	genomiclife.com
Forsyth County Schools Benefits Service Center	Alliant	1-877-201-0487	www.benefitsdetails.com/forsyth

Contact Us

If you have any questions about your benefits, please reach out to speak to a dedicated benefits counselor

1-877-201-0487
Monday - Friday
9:00am-6:00pm EST