



# 2025

## Richmond County School District Benefit Guide

# Richmond County School System



Dear Richmond County Employee,

As an eligible employee, you are entitled to enroll in the Section 125 plan, an IRS approved program designed to help you save money on taxes. Certain insurance products are available for purchase on a pre-tax basis, under Section 125. You have the option of deducting your premiums before tax, resulting in increased take-home pay and reduced income taxes.

Flexible Spending Accounts are also available under Section 125. Each year, you can elect a portion of your paycheck into an account (on a pre-tax basis) to gain reimbursement for out-of-pocket medical expenses.

For 2025, American Fidelity will also be offering the following voluntary benefits:

- Disability Income Insurance
- Accident Insurance
- Cancer Insurance
- Life Insurance
- Hospital GAP PLAN Insurance
- Group Hospital Indemnity Insurance
- Group Critical Illness Insurance
- Dental/Vision/Group Life

Enrollment specialists will be available throughout the school year to assist you in enrolling in all of your benefits and to answer any questions you may have.

Richmond County Schools has developed the following benefit guide to provide you with information about your benefit options for this plan year, explaining the enrollment process, and serve as a valuable resource for information about all the benefits available to you. It's a good idea to take some time to read this guide before completing your enrollment forms.

Thank you in advance for taking the time to review this benefit guide and we look forward to seeing you soon.

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### About this Guide

This benefit guide is a compilation guide of Richmond County School System-sponsored Human Resources. It is intended for informational purposes only. The actual benefits available and the full descriptions of these benefits are governed in all cases by the relevant plan document, insurance contracts, and Ordinances and Resolutions of Richmond County School System, and where applicable, collective bargaining agreements. If there are discrepancies between the benefit guide and the actual plan documents, insurance contracts, and Ordinances and Resolutions, the documents, contracts, and Ordinances and Resolutions will govern.

A photograph of two men, one white and one Black, sitting and looking at a tablet together. The white man is on the left, wearing a grey sweater, and the Black man is on the right, wearing a light blue button-down shirt. They are both smiling and appear to be in a collaborative discussion. The background is a blurred indoor setting with large windows.

# 2025 BENEFITS ENROLLMENT

**Your Enrollment  
Section 125 Plan  
How to Enroll**

# Your Enrollment & Section 125 Plan

## Qualifying Event

A qualifying event provides you an opportunity to change plans and modify dependent coverage. If eligibility changes during the year, you must notify Human Resources within 31 days of the qualifying event.

## Important Points to Consider

- Figure an estimate of out-of-pocket medical expenses. Remember that over-the-counter drugs and medicines now require a prescription to be reimbursed. A worksheet can be found online at [www.americanfidelity.com/RichmondCountySchools](http://www.americanfidelity.com/RichmondCountySchools).
- Review your beneficiaries.
- Review American Fidelity's options of portable insurance plans that you can keep if your employment changes.
- Evaluate your need for life insurance.
- Consider increasing your Disability Income Insurance policy amount to match your current salary.

## Save Money With a Section 125

If there was a program available that could dramatically save money on your taxes, would you take advantage of it? That's exactly what the Section 125 Plan does—reduces your taxes and increases your spendable income! Plus, the Plan is available to you as allowed by law and you're already eligible, all you have to do is enroll.

The Plan works like this: You are allowed to deduct needed benefits from gross earnings before taxes are computed. This means that current after-tax expenses, such as insurance products and benefits, can be paid for with pre-tax dollars.

The advantage of this Plan is simple: The eligible premiums you pay under the Plan are paid on a pre-tax basis. You could be on your way to increased savings, just by signing up and taking advantage of this Plan!

## Benefits Eligible For The Section 125 Cafeteria Plan

- Group Medical, Dental and Vision Insurance
- Accident Insurance
- Cancer Insurance
- Flexible Spending Accounts

# How to Enroll

Richmond County makes it easy for you to enroll in your benefits. Employees can enroll on-site with your American Fidelity representative.

## Enroll Online

For Health Insurance, you must enroll online: [www.myshbpga.adp.com](http://www.myshbpga.adp.com).

## What to Bring to Your Appointment

- Spouse and children's DOB and Social Security card, if considering coverage for them, and legal name.
- Beneficiary information, including (if a trust) full name and date of trust.

## Don't Miss It!

- Have you recently received a pay increase?
- Have you or are you planning on getting married, having children, or buying a home?
- What would happen if you were suddenly ill or disabled?

These questions and others will be addressed during your benefit consultation to make sure you are properly covered. It takes just a few moments to review your coverage and protect your family.

By enrolling onsite you can enroll in:	
• Dental Insurance	• Life Insurance
• Vision Insurance	• Hospital GAP PLAN® Insurance
• Group Life Insurance	• Health Flex Spending Account
• Disability Income Insurance	• Hospital Indemnity
• Cancer Insurance	• Group Critical Illness Insurance
• Accident Insurance	



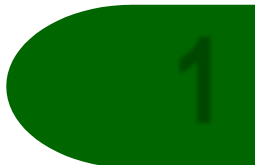
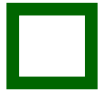
STEPS TO A  
SUCCESSFUL  
OPEN ENROLLMENT  
APPOINTMENT

# OPEN ENROLLMENT CHECKLIST



## CHECKLIST

## ENROLLMENT TIPS



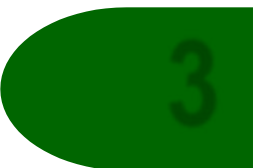
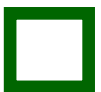
### Review your Current Elections

Open Enrollment Is Your Opportunity to Elect or Waive:  
Medical, Dental, Vision, Supplemental Life Insurance,  
Disability, Cafeteria Plan, Or Participate in  
Flexible Spending Accounts (FSA-Medical Only)



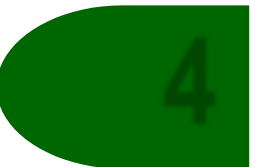
### Schedule Your Appointment

Schedule your appointment on the sign-up sheet  
at your work location. All employees will be required  
to attend an open enrollment one-on-one session at your  
work location.



### Know Before You Go

Ask questions about how the benefit(s) works  
Ask about pre-existing conditions and limitations  
Ask about any exclusions  
Ask if the benefit(s) offsets with other sources of income



### Be Prepared

A dependent is a person in relation to you by:  
Blood, marriage, or a legally mandated dependent  
You will need the following information to enroll each dependent  
(Child or Spouse):

- Name (First and Last)
- Relationship (son, daughter, spouse, etc.)
- Date of Birth, Gender, Social Security Card/ Number
- Birth Certificate (For First Time Child Enrollment)
- Proof of Marriage (Marriage Certificate)
- Disability Status (only if applicable)

**Please review your dependent information**

**You are responsible for keeping this information current.**



### Keep Records of Enrollment Confirmations

Make sure you save your Benefits Enrollment Confirmation.  
Benefits elections will be effective January 1, 2024.





# INSURANCE PLANS

**Contact Directory  
Dental Plan  
Vision Plan  
Group Life  
Disability Income  
Accident Only  
Cancer**

**Critical Illness  
Hospital GAP PLAN®  
Hospital Indemnity  
Whole Life  
Term Life  
Permanent Universal Life**

# Health Plan Benefits

## State Health Benefit Plan (SHBP)

### Contact Directory

Vendor	Member Services	Website
<b>Anthem Blue Cross Blue Shield of Georgia (BCBSGa)</b> Member Services: Mon - Fri 8:00 a.m. to 8:00 p.m. ET	855-641-4862	<a href="http://www.anthem.com/shbp">www.anthem.com/shbp</a>
<b>UnitedHealthcare</b> Member Services: Mon - Fri 8:00 a.m. to 8:00 p.m. ET TTY 711	888-364-6352	<a href="http://www.welcometouhc.com/shbp">www.welcometouhc.com/shbp</a>
<b>SHBP Eligibility</b> Member Services: Mon - Fri 8:30 a.m. to 5:00 p.m. ET	800-610-1863	<a href="http://www.dch.georgia.gov/shbp">www.dch.georgia.gov/shbp</a>
<b>SHBP</b> Call Center	1-800-610-1863	<a href="http://www.dch.georgia.gov/shbp">www.dch.georgia.gov/shbp</a>
<b>Sharecare</b> Member Services: Mon - Fri 8:00 a.m. to 8:00 p.m. ET	888-616-6411	<a href="http://www.bewellshbp.com">www.bewellshbp.com</a>
Additional Information	Member Services	Website
<b>CVS Caremark</b> Member Services: 24 hours a day/7 days a week	844-345-3241	
<b>TRICARE Supplemental Plan</b> Member Services 8:30 a.m. to 5 p.m. ET Monday – Friday	866-637-9911	<a href="http://www.asicorporation.com/ga_shbp">www.asicorporation.com/ga_shbp</a>
<b>PeachCare for Kids</b>	877-427-3224	<a href="http://www.peachcare.org">www.peachcare.org</a>

Health benefits enrollment will be in the Fall of each year. Information will be communicated and included in this benefits guide when it is available.

A Qualifying Event is defined as a change in family status, employment status or change in insurance coverage. When a qualifying event has occurred, the employee must report the change to his/her employing entity within 31 days of the qualifying event. Enrollment in or changes to the current health benefit selection that are not received by SHBP within 31 days of the Qualifying Event will not be allowed.

<https://shbp.georgia.gov/retirees-0/retirees-life-changes/frequently-asked-questions>

Go to the above website for complete details.



# Dental Plan

**MetLife Dental**

## Network: PDP Plus

	Plan option 1 High Plan		Plan option 2 Low Plan	
	In-Network <sup>1</sup> % of R&C Fee <sup>**</sup>	Out-of-Network <sup>1</sup> % of R&C Fee <sup>**</sup>	In-Network <sup>1</sup> % of Maximum Allowable Charge <sup>*</sup>	Out-of-Network <sup>1</sup> % of Maximum Allowable Charge <sup>*</sup>
<b>Coverage Type</b>				
<b>Type A: Preventive</b> (cleanings, exams, X-rays)	100%	100%	85%	85%
<b>Type B: Basic Restorative</b> (fillings, extractions)	80%	80%	60%	60%
<b>Type C: Major Restorative</b> (bridges, dentures)	50%	50%	40%	40%
<b>Type D: Orthodontia</b>	50%	50%	50%	50%
<b>Deductible<sup>†</sup></b>				
Individual	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$150
<b>Annual Maximum Benefit</b>				
Per Person	\$1,500	\$1,500	\$1,000	\$1,000
<b>Orthodontia Lifetime Maximum</b>				
Per Person <sup>***</sup>	\$1,000	\$1,000	\$1,000	\$1,000

**Child(ren)'s eligibility** for dental coverage is from birth up to age 26.

<sup>1</sup> "In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.  
<sup>2</sup> Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.  
<sup>\*</sup> Reimbursement for out-of-network services is based on the lesser of the dentist's actual fee or the Maximum Allowable Charge (MAC). The out-of-network Maximum Allowable Charge is a scheduled amount determined by MetLife.  
<sup>\*\*</sup> R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.  
<sup>†</sup> Applies only to Type B & C Services.  
<sup>\*\*\*</sup> Orthodontia excluded for adults. Available for dependent children for high plan up to age 26 and for low plan up to age 19, age 25 if a full-time student.

## Monthly Rates

The following bi-weekly rates are effective January 1, 2025 through December 31, 2025.

Eligibility Options	High Plan	Low Plan
Employee Only	\$13.45	\$7.26
Employee + One	\$28.58	\$15.27
Employee + Family	\$42.56	\$23.93

## Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

Richmond County Board of Education

## List of Primary Covered Services & Limitations\*

The service categories and plan limitations shown represent an overview of your Plan Benefits. This document presents the majority of services within each category, but is not a complete description of the Plan.

Plan Type	Plan Option 1: High Plan How Many/How Often	Plan Option 2: Low Plan How Many/How Often
<b>Type A — Preventive</b>		
Prophylaxis (cleanings)	One per six months	One per six months
Oral Examinations	One exam per six months	One exam per six months
Topical Fluoride Applications	One fluoride treatment per twelve months for dependent children up to his/her 14th birthday	One fluoride treatment per twelve months for dependent children up to his/her 14th birthday
X-rays	N/A	<ul style="list-style-type: none"> <li>• Full mouth X-rays; one per 60 months</li> <li>• Bitewing X-rays; one set per calendar year</li> </ul>
Space Maintainers	Space maintainers for dependent children up to his/her 16th birthday	N/A
Sealants	Sealant material for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to his/her 16th birthday	N/A
<b>Type B — Basic Restorative</b>		
X-rays	<ul style="list-style-type: none"> <li>• Full mouth X-rays; one per 60 months</li> <li>• Bitewings X-rays; one set per twelve months</li> </ul>	N/A
Fillings	Replacement once every 24 months per surface	Replacement once every 24 months per surface
Simple Extractions	Surgical; Type C	Surgical; Type C
Periodontics	Total number of periodontal maintenance treatments and prophylaxis cannot exceed one treatment in six months	Total number of periodontal maintenance treatments and prophylaxis cannot exceed two treatments per calendar year
Space Maintainers	N/A	Space maintainers for dependent children up to his/her 19th birthday.
Sealants	N/A	One application of sealant material every 60 months for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to his/her 19th birthday

Type C — Major Restorative		
Crown, Denture and Bridge Repair/ Recementations		Repair: Once in a 12 month period Recementations: Once in a 12 month period
Oral Surgery		
Bridges and Dentures	<ul style="list-style-type: none"> <li>Initial placement to replace one or more natural teeth, which are lost while covered by the plan</li> <li>Dentures and bridgework replacement; one every 10 calendar years</li> <li>Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed</li> </ul>	<ul style="list-style-type: none"> <li>Initial placement to replace one or more natural teeth, which are lost while covered by the plan</li> <li>Dentures and bridgework replacement; one every 10 calendar years</li> <li>Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed</li> </ul>
Crowns, Inlays and Onlays	Replacement once every 5 calendar years	Replacement once every 5 calendar years
Endodontics	Root canal treatment limited to once per tooth per 24 months	Root canal treatment limited to once per tooth per 24 months
General Anesthesia	When dentally necessary in connection with oral surgery, extractions or other covered dental services	When dentally necessary in connection with oral surgery, extractions or other covered dental services
Periodontics	<ul style="list-style-type: none"> <li>Periodontal scaling and root planing once per quadrant, every 24 months</li> <li>Periodontal surgery once per quadrant, every 36 months</li> </ul>	<ul style="list-style-type: none"> <li>Periodontal scaling and root planing once per quadrant, every 24 months</li> <li>Periodontal surgery once per quadrant, every 36 months</li> </ul>
Type D — Orthodontia		
	<ul style="list-style-type: none"> <li>Your children, up to age 19 or 25 if a full time student, are covered while Dental insurance is in effect.</li> <li>All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia</li> <li>Payments are on a repetitive basis</li> <li>20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the plan summary</li> <li>Orthodontic benefits end at cancellation of coverage</li> </ul>	<ul style="list-style-type: none"> <li>Your children, up to age 26, are covered while Dental insurance is in effect.</li> <li>All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia</li> <li>Payments are on a repetitive basis</li> <li>20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the plan summary</li> <li>Orthodontic benefits end at cancellation of coverage</li> </ul>



## Vision Plan Summary

Metropolitan Life Insurance Company

### With your Vision Preferred Provider Organization Plan, you can:

- Go to any licensed vision provider and receive coverage. Just remember your benefit dollars go further when you stay in network.
- Choose from a large network of ophthalmologists, optometrists and opticians, from private practices to retailers like Costco® Optical, Walmart, Sam's Club and Visionworks.

### In-network value added features:

**Additional lens enhancements:** In addition to standard lens enhancements, enjoy an average 20-25% savings on all other lens enhancements.<sup>1</sup>

**Savings on glasses and sunglasses:** Get up to 20% savings on additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.<sup>1</sup>

**Laser vision correction:**<sup>2</sup> Potential savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. This offer is only available at MetLife participating locations.

### In-network benefits

There are no claims for you to file when you go to a participating vision provider. Simply pay your copay and, if applicable, any amount over your allowance at the time of service.

#### Frequency

#### Eye exam

Once every 12 months

- Eye health exam, dilation, prescription and refraction for glasses: at no additional cost
- Retinal imaging: Up to a **\$39** copay on routine retinal screening when performed by a private practice.

#### Frame

Once every 12 months

Allowance: **\$200**

- Costco®: **\$70** allowance after \$10 eyewear copay  
You will receive an additional **20%** savings on the amount that you pay over your allowance. This offer is available from all participating locations except Costco®, Walmart® and Sam's Club®.

#### Standard corrective lenses

Once every 12 months

- Single vision, lined bifocal, lined trifocal, lenticular: Covered in full after \$10 eyewear copay.

#### Standard lens enhancements<sup>1</sup>

Once every 12 months

- Standard Polycarbonate (child up to age 18), and **Ultraviolet (UV)**: Covered in full after \$10 eyewear copay.
- Progressive Standard, Progressive Premium/Custom, Standard Polycarbonate (adult), Scratch-resistant coatings, Solid or Gradient Tints, Anti-reflective, Photochromic: Your cost will be limited to a copay that MetLife has negotiated for you. These copays can be viewed after enrollment at [metlife.com/mybenefits](http://metlife.com/mybenefits).

#### Contact lenses (instead of eyeglasses)

Once every 12 months

- Contact fitting and evaluation: Copay not to exceed **\$40**
- Elective lenses: Covered up to **\$150** allowance
- Necessary lenses: Covered in full after \$10 eyewear copay.

### We're here to help

Find a Vision provider at  
[www.metlife.com/vision](http://www.metlife.com/vision)

Download a claim form at  
[www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)

For general questions go to  
[www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)  
or call 1-855-MET-EYE1  
(1-855-638-3931)

Out-of-network reimbursement

You pay for services and then submit a claim for reimbursement. The same benefit frequencies for **In-network benefits** apply. Once you enroll, visit [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) for detailed out-of-network benefits information.

• Eye exam: up to <b>\$45</b>	• Single vision lenses: up to <b>\$30</b>	• Progressive lenses: up to <b>\$50</b>
• Frames: up to <b>\$70</b>	• Lined bifocal lenses: up to <b>\$50</b>	
• Contact lenses:	• Lined trifocal lenses: up to <b>\$65</b>	
• Elective up to <b>\$105</b>	• Lenticular lenses: up to <b>\$100</b>	
• Necessary up to <b>\$210</b>		

\*If you choose an out-of-network provider, you will have increased out-of-pocket expenses, pay in full at time of service, and file a claim for reimbursement.

- 1 All lens enhancements are available at participating private practices. Maximum copays and pricing are subject to change without notice. Please check with your provider for details and copays applicable to your lens choice. Please contact your local Costco, Walmart or Sam's Club to confirm availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states.
- 2 Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Additional savings on laser vision care is only available at participating locations.

**Important:** If you or your family members are covered by more than one health care plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all of the rules very carefully and compare them with the rules of any other plan that covers you or your family.

Savings from enrolling in a MetLife Vision Plan will depend on various factors, including plan premiums, number of visits to an eye care professional by your family per year and the cost of services and materials received. Be sure to review the Schedule of Benefits for your plan's specific benefits and other important details.

Vision insurance is provided by Metropolitan Life Insurance Company, New York, NY (MetLife). Certain claims and network administration services are provided through Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with MetLife or its affiliates.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods, and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.

Monthly Rates

The following bi-weekly rates are effective January 1, 2025 through December 31, 2025.

Eligibility Options	High Plan
Employee Only	\$5.68
Employee + One	\$10.93
Employee + Family	\$16.66





## Vision Plan Summary

Metropolitan Life Insurance Company

### With your Vision Preferred Provider Organization Plan, you can:

- Go to any licensed vision provider and receive coverage. Just remember your benefit dollars go further when you stay in network.
- Choose from a large network of ophthalmologists, optometrists and opticians, from private practices to retailers like Costco® Optical, Walmart, Sam's Club and Visionworks.

### In-network value added features:

**Additional lens enhancements:** In addition to standard lens enhancements, enjoy an average 20-25% savings on all other lens enhancements.<sup>1</sup>

**Savings on glasses and sunglasses:** Get up to 20% savings on additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.<sup>1</sup>

**Laser vision correction:**<sup>2</sup> Potential savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. This offer is only available at MetLife participating locations.

### In-network benefits

There are no claims for you to file when you go to a participating vision provider. Simply pay your copay and, if applicable, any amount over your allowance at the time of service.

#### Frequency

#### Eye exam

Once every **12 months**

- Eye health exam, dilation, prescription and refraction for glasses: at no additional cost after a \$0 copay.
- Retinal imaging: Up to a **\$39** copay on routine retinal screening when performed by a private practice.

#### Frame

Once every **12 months**

Allowance: **\$150**

- Costco: **\$70** allowance after **\$10** eyewear copay  
You will receive an additional **20%** savings on the amount that you pay over your allowance. This offer is available from all participating locations except Costco, Walmart and Sam's Club.

#### Standard corrective lenses

Once every **12 months**

- Single vision, lined bifocal, lined trifocal, lenticular: Covered in full after **\$10** eyewear copay.

#### Standard lens enhancements<sup>1</sup>

Once every **12 months**

- Standard Polycarbonate (child up to age 18), Ultraviolet (UV) coating and Scratch Resistant Coating: Covered in full after **\$10** eyewear copay.
- Standard Polycarbonate (adult), Scratch-resistant coatings, Tints, Anti-reflective, Photochromic: Your cost will be limited to a copay that MetLife has negotiated for you. These copays can be viewed after enrollment at [metlife.com/mybenefits](http://metlife.com/mybenefits).

#### Contact lenses (instead of eyeglasses)

Once every **12 months**

- Contact fitting and evaluation: Copay not to exceed **\$60**
- Elective lenses: **\$130** allowance
- Necessary lenses: Covered in full after **\$10** eyewear copay.

### We're here to help

Find a Vision provider at  
[www.metlife.com/vision](http://www.metlife.com/vision)

Download a claim form at  
[www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)

For general questions go to  
[www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)  
or call 1-855-MET-EYE1  
(1-855-638-3931)

Out-of-network reimbursement\*

You pay for services and then submit a claim for reimbursement. The same benefit frequencies for **In-network benefits** apply. Once you enroll, visit [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) for detailed out-of-network benefits information.

• Eye exam: up to <b>\$45</b>	• Single vision lenses: up to <b>\$30</b>	• Progressive lenses: up to <b>\$50</b>
• Frames: up to <b>\$70</b>	• Lined bifocal lenses: up to <b>\$50</b>	
• Contact lenses:	• Lined trifocal lenses: up to <b>\$65</b>	
• Elective up to <b>\$105</b>	• Lenticular lenses: up to <b>\$100</b>	
• Necessary up to <b>\$210</b>		

\*If you choose an out-of-network provider, you will have increased out-of-pocket expenses, pay in full at time of service, and file a claim for reimbursement.

- 1 All lens enhancements are available at participating private practices. Maximum copays and pricing are subject to change without notice. Please check with your provider for details and copays applicable to your lens choice. Please contact your local Costco, Walmart or Sam's Club to confirm availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states.
- 2 Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Additional savings on laser vision care is only available at participating locations.

**Important:** If you or your family members are covered by more than one health care plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all of the rules very carefully and compare them with the rules of any other plan that covers you or your family.

Savings from enrolling in a MetLife Vision Plan will depend on various factors, including plan premiums, number of visits to an eye care professional by your family per year and the cost of services and materials received. Be sure to review the Schedule of Benefits for your plan's specific benefits and other important details.

Vision insurance is provided by Metropolitan Life Insurance Company, New York, NY (MetLife). Certain claims and network administration services are provided through Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with MetLife or its affiliates.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods, and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.

Monthly Rates

The following bi-weekly rates are effective January 1, 2025 through December 31, 2025.

Eligibility Options	Regular Plan
Employee Only	\$4.93
Employee + One	\$9.47
Employee + Family	\$14.43

Standard Insurance Company  
Richmond County Board of Education  
Group Policy #173009



## Group Additional Life and AD&D Insurance

Help protect your loved ones from financial hardship.

Life insurance coverage is designed to help provide financial support and stability to your family should you pass away. Accidental Death & Dismemberment (AD&D) insurance provides an extra layer of protection if you die or become dismembered in an accident. You can also cover your eligible spouse and child(ren).



### This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Benefits if you are dismembered, become terminally ill or die

### Ⓢ About This Coverage

If you take no action you'll be covered under Basic Life insurance provided you meet the eligibility requirements. Consider whether that would be enough to help your family meet daily expenses, maintain their standard of living, pay off debt and fund your children's education. If not, you may want to apply for additional coverage now.

Life Insurance		
How Much Can I Apply For?	For You:	\$10,000 – \$500,000 in increments of \$10,000
	For Your Spouse/Child(ren):	Option 1 - \$20,000 / \$10,000 Option 2 - \$10,000 / \$5,000
What is the Guarantee Issue Maximum?  Depending on your eligibility, this is the maximum amount of coverage you may apply for during initial enrollment without answering health questions.  To apply for an amount over the guarantee issue, visit <a href="https://myeoi.standard.com/173009">https://myeoi.standard.com/173009</a> to complete and submit a medical history statement online.	For You:	Up to \$250,000

## Group Additional Life and AD&D Insurance

AD&D Insurance		
The benefit is paid if you or your dependents are seriously injured or pass away as a result of a covered accident.		
<b>What Does My AD&amp;D Benefit Provide?</b>  Note: You cannot buy more coverage for your spouse or child(ren) than you buy for yourself.	For You:	The AD&D insurance coverage amount matches what you elect for Additional Life insurance.
	For Your Spouse / Child(ren):	The AD&D insurance coverage amount matches what you elect for Dependents Life insurance.
Keep in mind that the amount payable for certain losses is less than 100 percent of the AD&D insurance benefit.		

See the Important Details section for more information, including requirements, exclusions, limitations, age reductions and definitions.

## ≡ Additional Feature

Life Insurance	
<b>Accelerated Death Benefit</b>	If you become terminally ill, you may be eligible to receive up to 80 percent of your combined Basic and Additional Life benefit to a maximum of \$500,000.

## How Much Life Insurance Do You Need?

After a serious accident or death in the family, there are many unexpected expenses. Your benefits could help your family pay for:

- Outstanding debt
- Burial expenses
- Medical bills
- Your children's education
- Daily expenses

To estimate your insurance needs, you'll need to consider your unique circumstances. Use our online calculator at [www.standard.com/life/needs](http://www.standard.com/life/needs).

Group Additional Life and AD&D Insurance

## 💰How Much Your Coverage Costs

Your Basic Life insurance is paid for by Richmond County Board of Education. If you choose to purchase Additional Life coverage, you'll have access to competitive group rates, which may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck. How much your premium costs depends on a number of factors, such as your age and the benefit amount.

Use this formula to calculate your premium payment:

Enter the amount of coverage you are requesting (see benefit amounts in the About This Coverage section).

÷ 1000 =

Enter your rate from the rate table.

x

=

This amount is an estimate of how much you would pay each month.

➔

To get a sense of your semimonthly premium, divide your monthly premium amount by 2.

Age (as of January 1)	Your Rate** (per \$1,000 of Total Coverage)
<30	\$0.08
30-34	\$0.10
35-39	\$0.12
40-44	\$0.18
45-49	\$0.30
50-54	\$0.49
55-59	\$0.75
60-64	\$0.94
65-69	\$1.65
70+	\$3.50

\*\*Includes a monthly AD&D rate of \$0.02 per \$1,000 of AD&D benefit.



# Life and AD&D Insurance

*TheStandard*

## Group Additional Life and AD&D Insurance

Employee Life with AD&D Semimonthly Premiums									
Coverage Amount	Employee's Age as of January 1								
	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$10,000	0.40	0.50	0.60	0.90	1.50	2.45	3.75	4.70	8.25
\$20,000	0.80	1.00	1.20	1.80	3.00	4.90	7.50	9.40	16.50
\$30,000	1.20	1.50	1.80	2.70	4.50	7.35	11.25	14.10	24.75
\$40,000	1.60	2.00	2.40	3.60	6.00	9.80	15.00	18.80	33.00
\$50,000	2.00	2.50	3.00	4.50	7.50	12.25	18.75	23.50	41.25
\$60,000	2.40	3.00	3.60	5.40	9.00	14.70	22.50	28.20	49.50
\$70,000	2.80	3.50	4.20	6.30	10.50	17.15	26.25	32.90	57.75
\$80,000	3.20	4.00	4.80	7.20	12.00	19.60	30.00	37.60	66.00
\$90,000	3.60	4.50	5.40	8.10	13.50	22.05	33.75	42.30	74.25
\$100,000	4.00	5.00	6.00	9.00	15.00	24.50	37.50	47.00	82.50
\$110,000	4.40	5.50	6.60	9.90	16.50	26.95	41.25	51.70	90.75
\$120,000	4.80	6.00	7.20	10.80	18.00	29.40	45.00	56.40	99.00
\$130,000	5.20	6.50	7.80	11.70	19.50	31.85	48.75	61.10	107.25
\$140,000	5.60	7.00	8.40	12.60	21.00	34.30	52.50	65.80	115.50
\$150,000	6.00	7.50	9.00	13.50	22.50	36.75	56.25	70.50	123.75
\$160,000	6.40	8.00	9.60	14.40	24.00	39.20	60.00	75.20	132.00
\$170,000	6.80	8.50	10.20	15.30	25.50	41.65	63.75	79.90	140.25
\$180,000	7.20	9.00	10.80	16.20	27.00	44.10	67.50	84.60	148.50
\$190,000	7.60	9.50	11.40	17.10	28.50	46.55	71.25	89.30	156.75
\$200,000	8.00	10.00	12.00	18.00	30.00	49.00	75.00	94.00	165.00
\$210,000	8.40	10.50	12.60	18.90	31.50	51.45	78.75	98.70	173.25
\$220,000	8.80	11.00	13.20	19.80	33.00	53.90	82.50	103.40	181.50
\$230,000	9.20	11.50	13.80	20.70	34.50	56.35	86.25	108.10	189.75
\$240,000	9.60	12.00	14.40	21.60	36.00	58.80	90.00	112.80	198.00
\$250,000	10.00	12.50	15.00	22.50	37.50	61.25	93.75	117.50	206.25
\$260,000	10.40	13.00	15.60	23.40	39.00	63.70	97.50	122.20	214.50
\$270,000	10.80	13.50	16.20	24.30	40.50	66.15	101.25	126.90	222.75
\$280,000	11.20	14.00	16.80	25.20	42.00	68.60	105.00	131.60	231.00
\$290,000	11.60	14.50	17.40	26.10	43.50	71.05	108.75	136.30	239.25
\$300,000	12.00	15.00	18.00	27.00	45.00	73.50	112.50	141.00	247.50

## Group Additional Life and AD&D Insurance

Employee Life with AD&D Semimonthly Premiums (Continued)				
Coverage Amount	Employee's Age as of January 1			
	70-74*	75-79*	80-84*	85+*
\$10,000	7.88	5.25	3.50	2.63
\$20,000	15.75	10.50	7.00	5.25
\$30,000	23.63	15.75	10.50	7.88
\$40,000	31.50	21.00	14.00	10.50
\$50,000	39.38	26.25	17.50	13.13
\$60,000	47.25	31.50	21.00	15.75
\$70,000	55.13	36.75	24.50	18.38
\$80,000	63.00	42.00	28.00	21.00
\$90,000	70.88	47.25	31.50	23.63
\$100,000	78.75	52.50	35.00	26.25
\$110,000	86.63	57.75	38.50	28.88
\$120,000	94.50	63.00	42.00	31.50
\$130,000	102.38	68.25	45.50	34.13
\$140,000	110.25	73.50	49.00	36.75
\$150,000	118.13	78.75	52.50	39.38
\$160,000	126.00	84.00	56.00	42.00
\$170,000	133.88	89.25	59.50	44.63
\$180,000	141.75	94.50	63.00	47.25
\$190,000	149.63	99.75	66.50	49.88
\$200,000	157.50	105.00	70.00	52.50
\$210,000	165.38	110.25	73.50	55.13
\$220,000	173.25	115.50	77.00	57.75
\$230,000	181.13	120.75	80.50	60.38
\$240,000	189.00	126.00	84.00	63.00
\$250,000	196.88	131.25	87.50	65.63
\$260,000	204.75	136.50	91.00	68.25
\$270,000	212.63	141.75	94.50	70.88
\$280,000	220.50	147.00	98.00	73.50
\$290,000	228.38	152.25	101.50	76.13
\$300,000	236.25	157.50	105.00	78.75

\* Coverage amounts for ages 70 and over reduce due to age reduction (see Life Insurance Age Reductions section).

# Life and AD&D Insurance

*TheStandard*

## Group Additional Life and AD&D Insurance

Employee Life with AD&D Semimonthly Premiums (Continued)									
Coverage Amount	Employee's Age as of January 1								
	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$310,000	12.40	15.50	18.60	27.90	46.50	75.95	116.25	145.70	255.75
\$320,000	12.80	16.00	19.20	28.80	48.00	78.40	120.00	150.40	264.00
\$330,000	13.20	16.50	19.80	29.70	49.50	80.85	123.75	155.10	272.25
\$340,000	13.60	17.00	20.40	30.60	51.00	83.30	127.50	159.80	280.50
\$350,000	14.00	17.50	21.00	31.50	52.50	85.75	131.25	164.50	288.75
\$360,000	14.40	18.00	21.60	32.40	54.00	88.20	135.00	169.20	297.00
\$370,000	14.80	18.50	22.20	33.30	55.50	90.65	138.75	173.90	305.25
\$380,000	15.20	19.00	22.80	34.20	57.00	93.10	142.50	178.60	313.50
\$390,000	15.60	19.50	23.40	35.10	58.50	95.55	146.25	183.30	321.75
\$400,000	16.00	20.00	24.00	36.00	60.00	98.00	150.00	188.00	330.00
\$410,000	16.40	20.50	24.60	36.90	61.50	100.45	153.75	192.70	338.25
\$420,000	16.80	21.00	25.20	37.80	63.00	102.90	157.50	197.40	346.50
\$430,000	17.20	21.50	25.80	38.70	64.50	105.35	161.25	202.10	354.75
\$440,000	17.60	22.00	26.40	39.60	66.00	107.80	165.00	206.80	363.00
\$450,000	18.00	22.50	27.00	40.50	67.50	110.25	168.75	211.50	371.25
\$460,000	18.40	23.00	27.60	41.40	69.00	112.70	172.50	216.20	379.50
\$470,000	18.80	23.50	28.20	42.30	70.50	115.15	176.25	220.90	387.75
\$480,000	19.20	24.00	28.80	43.20	72.00	117.60	180.00	225.60	396.00
\$490,000	19.60	24.50	29.40	44.10	73.50	120.05	183.75	230.30	404.25
\$500,000	20.00	25.00	30.00	45.00	75.00	122.50	187.50	235.00	412.50

## Group Additional Life and AD&D Insurance

Employee Life with AD&D Semimonthly Premiums (Continued)				
Coverage Amount	Employee's Age as of January 1			
	70-74*	75-79*	80-84*	85+*
\$310,000	244.13	162.75	108.50	81.38
\$320,000	252.00	168.00	112.00	84.00
\$330,000	259.88	173.25	115.50	86.63
\$340,000	267.75	178.50	119.00	89.25
\$350,000	275.63	183.75	122.50	91.88
\$360,000	283.50	189.00	126.00	94.50
\$370,000	291.38	194.25	129.50	97.13
\$380,000	299.25	199.50	133.00	99.75
\$390,000	307.13	204.75	136.50	102.38
\$400,000	315.00	210.00	140.00	105.00
\$410,000	322.88	215.25	143.50	107.63
\$420,000	330.75	220.50	147.00	110.25
\$430,000	338.63	225.75	150.50	112.88
\$440,000	346.50	231.00	154.00	115.50
\$450,000	354.38	236.25	157.50	118.13
\$460,000	362.25	241.50	161.00	120.75
\$470,000	370.13	246.75	164.50	123.38
\$480,000	378.00	252.00	168.00	126.00
\$490,000	385.88	257.25	171.50	128.63
\$500,000	393.75	262.50	175.00	131.25

\* Coverage amounts for ages 70 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Spouse / Child Life with AD&D Semimonthly Premiums	
Coverage Amount	Premium
Option 1	2.59
Option 2	1.30

## Important Details

Here's where you'll find the details about the plan.

### Life and AD&D Insurance Eligibility Requirements

A minimum number of eligible employees must apply and qualify for the proposed plan before coverage can become effective. If this requirement is not met, this plan will not become effective. To be eligible for coverage, you must be:

- Insured for Basic Life insurance through The Standard
- A regular employee of Richmond County Board of Education
- Actively working at least 20 hours per week

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

If you buy Additional Life and AD&D insurance for yourself, you may also buy Life and AD&D coverage for your eligible children and/or spouse. This is called Dependent Life and AD&D insurance.

You can choose to cover your spouse, meaning a person to whom you are legally married, or your domestic partner as recognized by law.

You may also choose to cover your child. Child means your child from live birth through age 25. Please note:

- Your child cannot be insured by more than one employee.
- Your spouse and/or child(ren) must not be full-time member(s) of the armed forces.
- You cannot be insured as both an individual and a spouse.

### Medical Underwriting Approval for Life Coverage

Required for:

- Coverage amounts higher than the guarantee issue maximum amount
- All late applications (applying 31 days after becoming eligible)
- Requests for coverage increases
- Reinstatements, if required
- Eligible but not insured under the prior life insurance plan

Visit <https://myeoi.standard.com/173009> to complete and submit a medical history statement online.

### Coverage Effective Date for Life Coverage

- Meet the eligibility requirements listed in the previous sections,
- Serve an eligibility waiting period\*,
- Receive medical underwriting approval (if applicable),
- Apply for coverage and agree to pay premium, and
- Be actively at work (able to perform all normal duties of your job) on the day before the insurance is scheduled to be effective.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance, including any Dependent Life insurance, will not become effective until the day after you complete one full day of active work as an eligible employee.

You may have a different effective date for Life coverage below and above the guarantee issue amount.

**If your dependent is confined to a hospital or nursing home on the scheduled effective date of your dependent's insurance, your dependent's insurance will not become effective until the day the dependent is released.**

Contact your human resources representative or plan administrator for further information about the applicable coverage effective date for your insurance, including any Dependent Life insurance.

\*Defined as first of the month that follows the date you become a member

### Life and AD&D Age Reductions

Under this plan, your coverage amount reduces to 45 percent at age 70, to 30 percent at age 75, to 20 percent at age 80 and to 15 percent at age 85. If you are age 70 or over, ask your Human Resources representative or plan administrator for the amount of coverage available.

### Life Insurance Waiver of Premium

Your Life premiums may be waived if you:

- Become totally disabled while insured under this plan,
- Are under age 60, and
- Complete a waiting period of 180 days.

If these conditions are met, your Life insurance coverage may continue without cost until Social Security Normal Retirement Age (SSNRA), provided you give us satisfactory proof that you remain totally disabled. Please contact your benefits administrator for more details.



## Group Additional Life and AD&D Insurance

### Life and AD&D Insurance Portability

If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage from The Standard.

### Life Insurance Conversion

If your insurance reduces or ends, you may be eligible to convert your existing Life insurance to an individual life insurance policy without submitting proof of good health.

### Life Insurance Exclusions

Subject to state variations, you and your spouse are not covered for death resulting from suicide or other intentionally self-inflicted injury, while sane or insane. The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death.

### AD&D Benefits

The amount of the AD&D benefit is equal to the amount payable for your or your spouse's or child(ren)'s Life benefit on the date of the accident. For all other covered losses, the amount is shown as a percentage of the amount payable for the benefit on the date of the accident. No more than 100 percent of the AD&D benefit will be paid for all losses resulting from one accident.

Any loss must be caused solely and directly by an accident within 365 days of the accident. Satisfactory proof of loss is required for loss of life.

All other losses must be certified by a physician in the appropriate specialty determined by The Standard.

Covered loss:	Percentage of AD&D benefit payable:
Life <sup>1</sup>	100%
One hand or one foot <sup>2</sup>	50%
Sight in one eye, speech or hearing in both ears	50%
Two or more of the losses listed above	100%
Thumb and index finger of the same hand <sup>3</sup>	25%
Quadriplegia	100%
Triplegia	75%
Paraplegia	75%
Hemiplegia	50%
Uniplegia	25%

<sup>1</sup> Includes loss of life caused by accidental exposure to adverse weather conditions or disappearance if disappearance is caused by an accident that reasonably could have resulted in your death.

<sup>2</sup> Even if the severed part is surgically re-attached. If you lose a hand or foot and an AD&D benefit is payable for quadriplegia, triplegia, paraplegia, hemiplegia, or uniplegia, involving that same hand or foot, the benefit will be the higher of the AD&D benefit for that loss.

<sup>3</sup> This benefit is not payable if an AD&D benefit is payable for the loss of the entire hand.

### AD&D Insurance Exclusions

You are not covered for death or dismemberment caused or contributed to by any of the following:

- Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot
- Suicide or other intentionally self-inflicted injury, while sane or insane
- War or any act of war (declared or undeclared), and any substantial armed conflict between organized forces of a military nature
- Voluntary consumption of any poison, fumes or drug, unless used or consumed according to the directions of a physician
- Alcohol – if your blood alcohol content is in excess of the legal limit for operating a motor vehicle as defined by the jurisdiction where the accident or loss occurred
- Sickness, pregnancy, heart attack or stroke existing at the time of the accident
- Medical or surgical treatment for any of the above

### When Your Insurance Ends

Your insurance ends automatically when any of the following occur:

- The date the last period ends for which a premium was paid
- The date your employment terminates
- The date you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances)
- The date the group policy, or your employer's coverage under the group policy, terminates
- For each elective insurance coverage, the date that coverage terminates under the group policy
- The date your Life coverage ends, your AD&D coverage will end as well

In addition to the above requirements, your Dependent Life and AD&D coverage ends automatically on the date your dependent ceases to meet the eligibility requirements for a dependent.

For more details on when your insurance ends, contact your human resources representative or plan administrator.

## Group Additional Life and AD&D Insurance

### Group Insurance Certificate

If coverage becomes effective and you become insured, you may receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

### About Standard Insurance Company

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at **[www.standard.com](http://www.standard.com)**.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

GP1219-LIFE, GP1219-LIFE-ASSOC, GP1219-LIFE-TRUST

Standard Insurance Company  
1100 SW Sixth Avenue  
Portland OR 97204  
**[www.standard.com](http://www.standard.com)**

SI 22167-D-ALAA-GA-173009 (10/24)

7684761-1223777

Standard Insurance Company  
Richmond County Board of Education  
Group Policy #173009  
Effective Date January 1, 2025



# Group Basic Life and Accidental Death and Dismemberment Insurance

Group Basic Life insurance from Standard Insurance Company helps provide financial protection by promising to pay a benefit in the event of an eligible member’s covered death. Basic Accidental Death and Dismemberment (AD&D) insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident. The cost of this insurance is paid by Richmond County Board of Education.

## Eligibility

Definition of a Member	You are a member if you are a regular employee of Richmond County Board of Education and actively working at least 20 hours each week. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
Eligibility Waiting Period	You are eligible on the first of the month that follows the date you become a member.

## Benefits

Basic Life Coverage Amount	Your Basic Life coverage amount is \$30,000.
Basic AD&D Coverage Amount	For a covered accidental loss of life, your Basic AD&D coverage amount is equal to your Basic Life coverage amount. For other covered losses, a percentage of this benefit will be payable.

## Other Basic Life Features and Services

- Accelerated Death Benefit
  - Life Services Toolkit
  - Portability of Insurance
  - Repatriation Benefit
- Right to Convert
  - Standard Secure Access account payment option
  - Travel Assistance
  - Waiver of Premium

Group Basic Life and Accidental Death and Dismemberment Insurance

## Other Basic AD&D Features

- Family Benefits Package
- Helmet Benefit
- Seat Belt and Air Bag Benefits

This information is only a brief description of the group Basic Life/AD&D insurance policy sponsored by Richmond County Board of Education. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, exclusions and when The Standard and Richmond County Board of Education may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of coverage, contact your human resources representative.

Standard Insurance Company  
1100 SW Sixth Avenue  
Portland OR 97204

[www.standard.com](http://www.standard.com)

SI 22165-D-GA-173009 (8/24)

7659429-1202214

# Disability Income Insurance

**American Fidelity Assurance Company**

How do you pay for your mortgage, bills, food and other monthly expenses? If your paycheck stopped today, could you maintain your current lifestyle?

American Fidelity Assurance Company's Long-Term Disability Income Insurance is designed to help protect you if you become disabled and cannot work due to a covered Accidental Injury or Sickness.

## How the Plan Works

If you become disabled due to a covered accident or sickness, Long-Term Disability Income Insurance will pay the disability benefit once you have satisfied the elimination period. Your benefit amount is dependent on your salary and the amount you select at the time of application. Disability benefits will be payable up to the benefit period stated in your policy.

## Optional Riders

Enhance your base plan with the following riders:

- **Critical Illness Rider**
- **Accident Only Spousal Rider**
- **Hospital Indemnity Benefit Rider**
- **COBRA Premium Rider**
- **Survivor Benefit Rider**

Learn more at [americanfidelity.com/info/disability](http://americanfidelity.com/info/disability)

Coverage Feature	What It Means To You
Accidental Injury and Sickness Coverage	You are covered in the case of a covered accident that occurs away from work or a covered sickness that causes you to be disabled.
Benefit Paid Directly to You, Regardless of Other Coverage	Use the money however best fits your financial needs, regardless of other insurance.
Waiver of Premium	Premiums are not required while you are disabled based on the length of your disability.
Age at Entry	Your premiums will be based on the date your policy becomes effective.
Accidental Death Benefit	Receive a benefit if you die as the direct result of an Accidental Injury and death occurs within 90 days after the date of the Accidental Injury.
Competitive Premiums	Your monthly premiums could be paid with only one hour of a week's paycheck.
Payroll Deducted	Enjoy the convenience of having your premiums deducted straight from your paycheck.

Limitations, exclusions, and waiting periods apply. Refer to your policy for complete details.

**Note: Richmond County School System will pay up to \$11.40 of your Disability Income Insurance premium for the 2025 plan year.**

**See your American Fidelity account manager for more information.**

Plan Number	Elimination Period Injury/Sickness	% of Salary Covered	Benefit Period Injury/Sickness	Maximum Monthly Benefit	Rate per \$100 of Covered Monthly Salary
1	14 Days/14 Days	66 2/3%	To SSNRA* (See Schedule)	To \$12,000	\$2.20
2	30 Days/30 Days	66 2/3%	To SSNRA* (See Schedule)	To \$12,000	\$1.00
3	60 Days/60 Days	66 2/3%	To SSNRA* (See Schedule)	To \$12,000	\$0.89
4	90 Days/90 Days	66 2/3%	To SSNRA* (See Schedule)	To \$12,000	\$0.67
5	180 Days/180 Days	66 2/3%	To SSNRA* (See Schedule)	To \$12,000	\$0.38

\* SSNRA Social Security Normal Retirement Age.



# Accident Only Insurance

Limited Benefit Accident Only Insurance

**American Fidelity Assurance Company**

From weekend warriors to active families and those of us just living everyday life, accidents can happen without warning anytime, anywhere. As healthcare expenses continue to rise, are you financially prepared for the unexpected costs resulting from an injury?

**Limited Benefit Accident Only Insurance** may help manage out-of-pocket expenses to treat injuries resulting from a covered accident. This plan pays benefits directly to you, and may help you with unplanned accident medical expenses. And, for some policies, the Accident Screening Benefit pays annually for routine physical exams, preventive testing and more.

## How the Plan Works

Our Accident Only Insurance policy pays according to a wide-ranging schedule of benefits. In addition, the policy provides 24-hour coverage for accidents that occur both on and off the job.

All benefits are only paid as a result of Injuries received in an Accident that occurs while coverage is in force. All treatment, procedures, and medical equipment must be diagnosed, recommended and treated by a Physician. All benefits are paid once per Covered Person per Covered Accident unless otherwise specified in the Limitations and Exclusions section. Twenty-four-hour (24-hour) coverage not applicable on Non-Occupational policies. Refer to your brochure and/or policy for details.

## Features

- Benefits paid directly to you
- A policy you own—take the policy with you if you leave your employer or retire
- Coverage for you, your spouse and children under age 26

Learn more at [americanfidelity.com/info/accident](http://americanfidelity.com/info/accident).

Coverage Feature	What It Means For You
Plan Options: Levels 1, 2, 3, 4	Choose the plan to meet your financial needs.
Four Choices of Coverage: Individual, Individual and Spouse, Individual and Child, or Family	Choose the coverage that fits your lifestyle.
Wide-Ranging Schedule of Benefits	Benefits for many types of covered injuries.
Accident Screening Benefit	The plan pays an annual Accident Screening Benefit for one Covered Person to receive a covered screening including routine physical exams, preventive testing, and more.
Initial Treatment Benefit	Receive a benefit when treatment is received by a Physician or Medical Professional within 30 days of a covered accident.
Benefit Paid Directly to You, to use as you see fit	Use the benefit however best fits your financial needs.
Guaranteed Renewable	Keep your coverage as long as premiums are paid as required.
24-Hour Coverage	You are covered on or off the job. Twenty-four-hour (24-hour) coverage not applicable on Non-Occupational policies. Refer to your brochure and/or policy for details.
Portable	You own the policy. Take the coverage with you if you choose to leave your current job. Your premiums will remain the same.
Payroll Deducted	Enjoy the convenience of having your premiums deducted straight from your paycheck.

Limitations, exclusions and waiting periods apply. Refer to your policy for complete details, AO22. **This product is inappropriate for people who are eligible for Medicaid coverage.** The premium and amount of benefits provided vary dependent upon the plan selected. The company has the right to change premiums by class. The Accident Screening Benefit is not available in all states.

# Cancer Insurance

Limited Benefit Cancer Indemnity Insurance Policy

American Fidelity Assurance Company

A cancer diagnosis may be overwhelming. Even with a good major medical plan, the out-of-pocket costs of cancer treatment, such as travel, childcare, and loss of income, are considerable and may not be covered.

American Fidelity Assurance Company's Limited Benefit Individual Cancer Insurance offers a solution to help you focus your attention on fighting cancer. We offer plans that can help assist with out-of-pocket costs often associated with a cancer diagnosis.

## How the Plans Work

Our plans are designed to help cover expenses if you are diagnosed with a covered Cancer. With over 20 benefits available to you, these plans can provide benefits for the treatment of cancer, transportation, hospitalization and more. We provide the benefit directly to you, to be used however you see fit.

## Optional Riders

Enhance your base plan with the following riders:

- Critical Illness Rider**  
May include option to choose lump sum benefit for diagnosis of internal cancer only, heart attack/stroke (first to occur) only or both.
- Hospital Intensive Care Unit Rider**

Learn more at [americanfidelity.com/info/cancer](http://americanfidelity.com/info/cancer).

Coverage Feature	What It Means For You
Plan Options: Basic, Enhanced and Enhanced Plus	Choose the plan option to meet your financial needs.
Three Choices of Coverage: Individual, Single Parent Family, or Family	Choose the coverage that fits your lifestyle.
Wide-Ranging Schedule of Benefits	Covers a wide range of treatments.
Benefit Paid Directly to You	Use the money however best fits your financial needs.
Guaranteed Renewable	Policy is guaranteed renewable as long as premiums are paid as required.
Diagnostic and Prevention Benefit	Receive a benefit for visiting your doctor for a cancer screening test, which helps with early detection.
Transportation and Lodging	Receive benefits if you travel more than 50 miles from your home using the most direct route for covered treatment.
Portable	You own the policy. Take the coverage with you if you choose to leave your current job. Your premiums will remain the same.
Additional Coverage Options	Enhance the base plan by choosing from a selection of optional riders.
Payroll Deducted	Enjoy the convenience of having your premiums deducted straight from your paycheck.

Limitations, exclusions and waiting periods apply. Please refer to your policy for complete details. **This product is inappropriate for people who are eligible for Medicaid coverage.** The company has the right to change premiums by class. The premium and amount of benefits provided vary dependent upon the plan selected. Availability of riders may vary by state. Diagnostic and Prevention Benefit is not available in all states.

# Group Critical Illness Insurance

Limited Benefit Group Critical Illness Insurance Policy

American Fidelity Assurance Company

Surviving a critical illness, such as a heart attack or stroke, can come at a high price. With advances in technology to treat these diseases, the cost of treatment rises more and more every year. Even with major medical insurance, the out-of-pocket expenses associated with a critical illness can affect anyone's finances.

American Fidelity Assurance Company's Limited Benefit Critical Illness Insurance can be the solution that helps you and your family focus on recovery, and may help you with paying bills. Our plan can assist with the expenses that may not be covered by major medical insurance. You may also have the option to add an infectious disease rider to this policy in select states.

## How the Plan Works

If you are diagnosed with a covered Critical Illness, such as a heart attack or stroke, this plan is designed to pay a lump sum benefit amount to help cover expenses. Also, this plan offers a Recurrent Diagnosis Benefit for certain specified Critical Illnesses that provides an additional 50% of the Critical Illness benefit amount after the second occurrence date. Covered Critical Illness events include Heart Attack, Permanent Damage Due to a Stroke, and Major Organ Failure.

## Guaranteed Renewable

You are guaranteed the right to renew your base policy until age 75 as long as you pay premiums when due or within the premium grace period. The insurer has the right to increase premium rates if the policy so provides.

Learn more at [americanfidelity.com/info/critical-illness](http://americanfidelity.com/info/critical-illness).

Coverage Feature	What It Means For You
Plan Options	Choose from three lump sum benefit amounts: \$10,000, \$20,000 or \$30,000.
Coverage Option	Children are automatically covered under the Employee base plan. If elected, Spousal Benefit Amounts will be 50% of the Employee Benefit Amount.
Wellness Benefit	Receive a benefit for your annual health screening test.
Benefit Paid Directly to You	Use the benefit however best fits your financial needs.
Portable	You own the policy. Take the coverage with you if you choose to leave your current job. Your premiums will remain the same.
Additional Coverage Options	Enhance the base plan by adding an optional rider.
Payroll Deducted	Enjoy the convenience of having your premiums deducted straight from your paycheck.

Limitations, exclusions and waiting periods apply. Please refer to your policy for complete details. **This product is inappropriate for people who are eligible for Medicaid coverage.**

# Hospital GAP PLAN® Insurance

Hospital Limited Benefit Medical Expense Insurance

**American Fidelity Assurance Company**

Limited Benefit Hospital GAP PLAN® Insurance from American Fidelity Assurance Company can help policyholders pay for their out-of-pocket expenses. Supplementing their major medical insurance with gap insurance can help cover their expenses so they can focus on getting well.

## Three Primary Benefits

- **In-Hospital\*\***
- **Outpatient**
- **Physician Outpatient Treatment**

\*\*"Hospital" shall not include any institution used as a place for rehabilitation, a place for rest or for the aged, a nursing or convalescent home, a long term nursing unit or geriatrics ward, or an extended care facility for the care of convalescent, rehabilitative or ambulatory patients.

Learn more at [americanfidelity.com/info/gap-insurance](http://americanfidelity.com/info/gap-insurance).

Coverage Feature	What It Means for the Policyholder
In-Hospital Benefit	This is payable for covered for out-of-pocket expenses up to the maximum benefit selected per confinement.
Outpatient Benefit	This is payable for the difference between the actual outpatient expenses incurred and the amount paid by the primary medical plan for out-of-pocket Covered Charges up to a maximum outpatient benefit of \$200.00 for outpatient treatment in a Hospital emergency room, outpatient surgery in a Hospital outpatient facility or free-standing outpatient surgery center, and diagnostic testing in a Hospital outpatient facility or MRI facility. All benefits for the same or related conditions will be subject to the maximum outpatient benefit, unless such conditions are separated by 90 consecutive days, then a new maximum outpatient benefit will apply.
Physician Outpatient Treatment Benefit	This is payable for Physician visits. This benefit pays up to \$25.00 per visit, for up to five visits (\$125.00) per family per calendar year, for outpatient treatment due to Sickness, or outpatient emergency care for an injury due to an Accident, provided the Covered Person is covered by Another Medical Plan when such charges are incurred, at a Hospital outpatient clinic, free-standing emergency care clinic, or Physician office for out-of-pocket Covered Charges.

THIS IS A LIMITED POLICY. This highlights the important features of the policy. Limitations, exclusions, and waiting periods apply. Refer to the policy for complete details. **This product is inappropriate for people who are eligible for Medicaid coverage.** If the policyholder resides in a state other than their employer's state of domicile, where required by law, policy provisions and benefits may vary.

# Group Hospital Indemnity Insurance

Limited Benefit Group Hospital Indemnity Insurance

American Fidelity Assurance Company

If you experienced a medical emergency, would you be prepared to cover the out-of-pocket medical expenses? And, what about everything else that adds up—like bills, groceries, and housing?

Major medical insurance plans are designed to pay a large portion of your medical costs. But with a high deductible plan, you must pay out of your own pocket until you meet your deductible and plan maximum. That's where AF Hospital Assist™ can help.

### How the Plan Works

Limited Benefit Group Hospital Indemnity Insurance, or AF Hospital Assist™, is a Health Savings Account (HSA)-qualified plan designed to help pay for out-of-pocket expenses, like a hospital stay, while also allowing the tax benefit and potential savings from an HSA.

This plan provides benefits paid directly to you if you're hospitalized or suffer injuries resulting from an accident.

Hospital shall not include an institution used by you as a place for rehabilitation; a place for rest or for the aged; a nursing or convalescent home; a long-term nursing unit or geriatric ward; or an extended care facility for the care of convalescent, rehabilitative, or ambulatory patients.

Learn more at [americanfidelity.com/info/hospital-indemnity](https://americanfidelity.com/info/hospital-indemnity)

Coverage Feature	What It Means For You
Simplified underwriting	No medical exams or health questions are required to apply
Health Savings Account compatible	Help offset your high deductible while allowing your HSA savings to grow
Multiple plan options: Basic, Enhanced, Enhanced Plus	Choose the plan to meet your financial needs
Three choices of coverage: You, your spouse, and your children	Choose the coverage that best fits your lifestyle
Benefits paid directly to you	Use the money however best fits your needs
Guaranteed renewable	Keep the policy as long as premiums are paid
Portable	Take the policy with you even if you change employers

This product may contain limitations, exclusions and waiting periods. **This product is inappropriate for people who are eligible for Medicaid coverage.** The insurer has the right to increase premiums.

# Individual Whole Life Insurance

**American Fidelity Assurance Company**

It's important to prepare for the unexpected and help ensure your loved ones will be financially protected in the event of a tragedy. Your life insurance benefit can help replace your income and help your family meet important financial needs like funeral expenses, everyday living costs, and college.

American Fidelity Assurance Company's Whole Life Insurance provides protection for your entire life. It's an individual policy, which means you own it and can take it with you when you leave employment or when you retire to age 121. The premium and amount of protection stay the same as long as the policy is in force, provided premiums are paid as required.

## Discontinue Your Premium While Keeping Your Coverage Active

- **Same Amount of Coverage - Shorter Length of Time:** Under the **Extended Term Insurance Provision**, your policy's original face amount (minus outstanding loans or accelerated benefit payments) will be guaranteed for a specific term of time. In addition, your premium is "paid in full" until your new extended term period expires, terminating your policy.
- **Coverage to Age 121 - Smaller Guaranteed Benefit Amount.** You can rest easy knowing you are covered for your entire life by utilizing the **Reduced Paid-Up Provision** and reducing your original death benefit to a smaller amount. Enjoy being premium-free while having the security of guaranteed lifetime coverage, just at a reduced benefit amount. Plus your cash value will continue to accumulate.

## Optional Riders

Enhance your base plan with the following riders:

- **Waiver of Premium Rider**
- **Accidental Death and Dismemberment Rider**
- **Children's Term Rider**
- **Accelerated Benefit Rider for Long Term Illness**
- **Accelerated Benefit Rider for Critical Illness**

## Flexibility when you need it

By choosing a Whole Life Policy, you have flexibility to adjust your benefits when needed. Cash value flexibility features include:

	What It Means To You
Cash Surrender	If you choose to terminate your policy, you will receive a check equal to your plan's current available cash value. In many situations, cash surrenders may be paid tax free. <sup>1</sup>
Partial Surrender	You can withdraw a small portion of the policy's cash value in the form of cash, in exchange for a proportional reduction to the policy's available cash value and the face amount.
Loans	You can borrow against your cash value at a competitive 8% loan interest rate.

<sup>1</sup>As long as the cash surrender does not exceed the total premiums received under the policy since inception. Please consult your tax consultant for your specific situation.

Limitations, exclusions and waiting periods apply. Please refer to your policy for complete details, ICC14 WL14 series. **Individual life plans do not qualify under Section 125.**

Learn more at [americanfidelity.com/info/life](http://americanfidelity.com/info/life).

# Individual Term Life Insurance

**American Fidelity Assurance Company**

Life insurance is an important factor to any family. It serves as a foundation to help in the case of a loved one's premature death. Plan today to make the right move for your loved ones.

American Fidelity Assurance Company offers a Term Life Insurance policy to help with your financial needs for your short-term and long-term goals.

## How the Plan Works

Individual Term Life Insurance has a death benefit with no cash accumulation feature. The policy is initially written for a 10, 20 or 30-year term period, but may be renewed at the insured's option for the same level renewal period depending upon the term chosen.

The last level renewal period is no later than age 70 for the 10-year term policy and age 60 for the 20-year term policy. Thereafter, premiums are renewable annually up to age 90. The 30-year term policy is renewable annually after the initial 30-year term period up to age 90. Renewal rates will be based on the insured's age at the time of renewal.<sup>1</sup>

## Optional Riders

Enhance your base plan with the following riders:

- **Spouse Term**
- **Children's Term**
- **Waiver of Premium**
- **Accidental Death & Dismemberment**
- **Accelerated Benefit for Long Term Illness (30 Year Term Only)**

Learn more at [americanfidelity.com/info/life](http://americanfidelity.com/info/life).

Coverage Feature	What It Means To You
Three Plan Options: 10, 20 and 30-Year Level Term Coverage	Choose the coverage period to meet your financial needs.
Guaranteed Death Benefit	Your death benefit is guaranteed as long as the policy is active.
Accelerated Death Benefit for Terminal Condition	Receive a portion of the chosen death benefit if you are diagnosed with a covered Terminal Condition. Limitations and exclusions may apply.
Conversion Benefit	Turn your policy into a permanent plan any time up to age 70. The rate for your new plan will be based on your attained age.
Guaranteed Renewable	Renew your policy up to age 90 regardless of your health. <sup>1</sup>
Interim Coverage for Death	Death benefit coverage starts when the life insurance application has been signed and underwriting guidelines have been met.
Express Issue Application	Only 3 express issue health questions are required to issue coverage. <sup>2</sup>
Portable	You own the policy. Take the coverage with you if you choose to leave your current job.
Payroll Deducted	Enjoy the convenience of having your premiums deducted straight from your paycheck.

<sup>1</sup>Premiums are subject to increase upon renewal. <sup>2</sup>Issuance of the policy may depend on the answer to these questions.

Limitations, exclusions and waiting periods apply. Please refer to your policy for complete details, Policy Form Series ICC14 RCTL14. Not generally qualified benefits under Section 125 Plans.



# Universal Life Insurance

**Texas Life Insurance Company**

It is impossible for life insurance to emotionally compensate for a loss, but it may help ease the financial obligations placed on your loved ones. Individual life insurance products can help.

## Universal Life Insurance

### (PureLife-Plus)

A voluntary permanent<sup>1</sup> life insurance product that guarantees life insurance to age 121. (Underwritten by Texas Life Insurance Company)

## Did You Know?

More than 100 million individuals in the United States don't have sufficient coverage to provide their families with financial security in case of a tragedy.<sup>2</sup>

Voluntary permanent life insurance can be an ideal complement to the Group Life Insurance coverage provided by your employer. Ask your AFES or AWD representative about the benefits of owning voluntary permanent life, the coverage you can keep after your employment ends.

## Consider a PureLife-Plus Contract!

Ask your Employer or American Fidelity Representative how you can secure your permanent<sup>7</sup> life insurance with a product that provides:

- Guaranteed death benefit to age 121.<sup>1</sup>
- Minimal cash value – premiums dedicated primarily to the purchase of life insurance.
- Long premium guarantees.<sup>3</sup>
- Limited right to partial refund of premium if future premium required to continue coverage increases.<sup>3</sup> (Conditions apply)
- Take it with you when you leave employment.
- Coverage available for employee, spouse, children and grandchildren.<sup>4</sup>

<sup>1</sup>Provided required premiums are paid timely.

<sup>2</sup>Insurance Barometer Study, 2021. Life Happens & LIMRA, p8.

<sup>3</sup>After the guaranteed period, premiums may go down, stay the same or go up.

<sup>4</sup>Coverage not available in WA on children or on grandchildren in WA or MD. In MD, child must reside with the applicant to be eligible for coverage.

<sup>5</sup>Some limitations apply. See brochure for details.

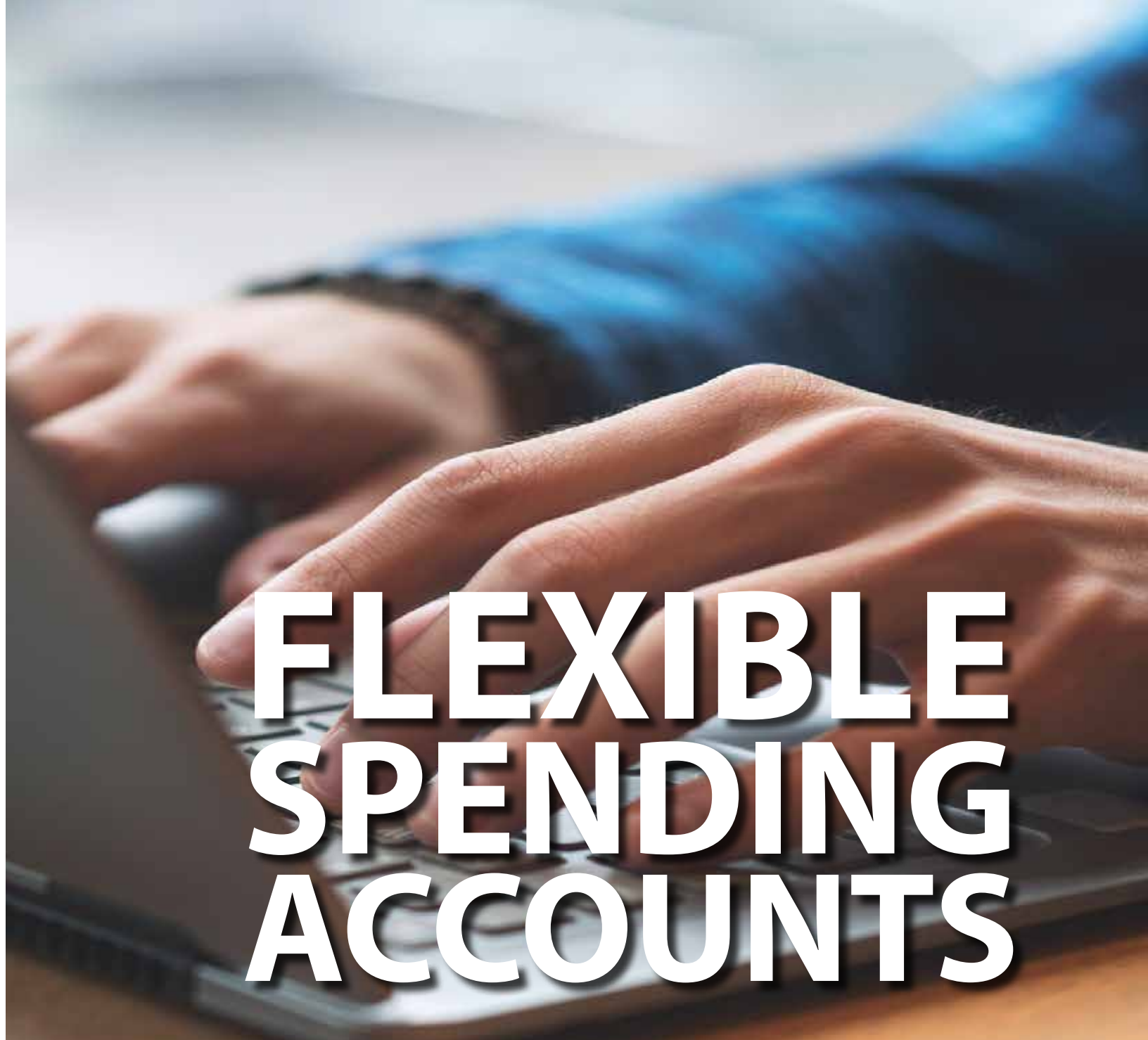
<sup>6</sup>Conditions apply. In Kansas, Temporary Insurance applies. Form 16M050.

<sup>7</sup>Issuance of this policy may depend on the answer to these questions.

Coverage Feature	What It Means To You
Several Product Options	Choose the coverage to meet your financial needs.
Guaranteed Premium <sup>3</sup>	Your premiums are guaranteed for each applicable period.
Guaranteed Death Benefit <sup>5</sup>	Your death benefit is guaranteed for the life of the contract provided premiums are paid when due.
Interim Coverage <sup>6</sup>	Coverage normally begins when you complete the application and the authorization for your employer to deduct premiums from your paycheck. Two year suicide and contestability provisions apply. (one year in ND).
Enhance Your Coverage	Additional riders may be available on certain products to expand your policy.
Easy Application	No medical exams and minimal health questions. <sup>7</sup>
Portable	You own the policy. Take the coverage with you if you choose to leave your current job.
Payroll Deducted	Enjoy the convenience of having your premiums deducted straight from your paycheck.

This product is not available in NY and is not generally qualified under Section 125 Plans. Underwritten by Texas Life Insurance Company. Not affiliated with American Fidelity Assurance Company.

As with most life insurance products, Texas Life contracts and riders contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them in force. Please see product summaries for costs and complete details. Flexible Premium Adjustable Life Insurance to age 121. PureLife-plus is underwritten and issued by Texas Life Insurance Company, 900 Washington Avenue, Waco, Texas 76701. Texas Life is licensed to do business in the District of Columbia and every state but NY. See the PureLife-plus brochure for details. Form ICC18-PRFNG-NI-18, Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO.



# **FLEXIBLE SPENDING ACCOUNTS**

**Healthcare Flexible Spending Account (Healthcare) FSA  
Benefits Debit Card  
Dependent Care FSA  
Managing Your Account**

# Flexible Spending Accounts

**American Fidelity Assurance Company**

Flexible Spending Accounts are great cost savings tools to help with common medical expenses not covered by your major medical insurance and/or dependent care expenses. You can elect a portion of your pay to be deducted, on a pre-tax basis, from each paycheck to use for reimbursement of qualified out-of-pocket expenses throughout the plan year.

## Flexible Spending Account Savings Example

With FSA		Without FSA
\$30,000	Annual Gross Income	\$30,000
- \$2,400	Healthcare FSA Election	\$0
- \$2,500	Dependent Care Account Election	\$0
\$25,100	Taxable Gross Income	\$30,000
- \$5,020	Estimated Tax (20%)*	- 6,000
- \$1,920.15	Estimated FICA (7.65%)	- 2,295
\$18,159.85	Annual Net Income	\$21,705
\$0	Cost of Medical Expenses	- \$2,400
\$0	Cost of Dependent Care Expenses	- \$2,500
<b>\$18,159.85</b>	<b>Spendable Income</b>	<b>\$16,805</b>
<b>With an FSA, potential annual savings in this example is: \$1,354.85</b>		
By using an FSA to pay for eligible expenses, you can reduce your taxable income.		

\* Estimated state 5% and federal 15%.

## Healthcare Flexible Spending Account (Healthcare FSA)

A Healthcare FSA allows you to allocate money on a pre-tax basis to reimburse yourself for qualified medical expenses for you and your family. Qualified expenses include anything from co-payments, medical deductibles, prescriptions and much more.

**Minimum Annual Election:** Determined by your employer.

**Maximum Annual Election:** Internal Revenue Code allows up to \$3,200 per plan year, the employer may set the maximum equal to or lower than this amount.

### Examples of Eligible Expenses for Healthcare FSA

Copays/coinsurance

Deductibles

Dental treatments

Diabetic supplies

Prescription drugs and medicines

Eye exams, eyeglasses, contact lenses, contact lens solution and enzyme

Flu shots

Immunizations

Lab fees

Laser/Lasik/RK surgery

Medical exams

Orthodontia

Psychiatric care

Wheelchair

X-rays

**For a complete list of eligible expenses,  
please visit:**

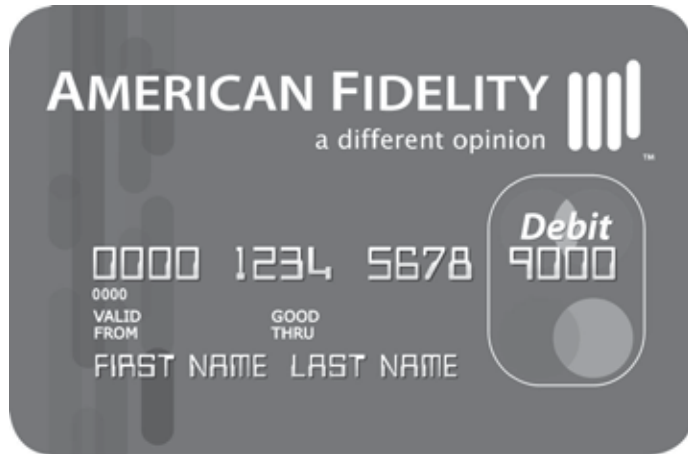
**<https://americanfidelity.com/claims/fsa-hsa-eligibility-list/>**

# Flexible Spending Accounts

## Benefits Debit Card

### Benefits Debit Card

American Fidelity will provide a Benefits Debit Card to all employees who elect to participate in a Healthcare FSA (where offered by your employer). The debit card gives immediate, convenient access to Healthcare FSA funds at the point of sale for prescriptions, copays, and other common qualified medical expenses. The card can only be used for the Healthcare FSA and is not available for the DCA.



### Using Your Benefits Debit Card

Simply swipe your card like you would with any other credit card. Whether at the doctor's office or the dentist, the amount of your eligible expenses will be automatically deducted from your Healthcare FSA. Save ALL receipts!

Cards for Healthcare FSAs can be used at:

- Health care related facilities which include: hospitals, physician offices, dental offices, vision offices; and,
- Merchants participating in the Inventory Information Approval System (IIAS).
- The card is for medical expenses only; dependent day care expenses are not eligible.

### Snap. Submit. And Go!

When using your Benefits Debit Card to pay for an eligible expense, you may need to retain documentation to verify the expense. The AFmobile® app makes this easy.

- **Snap** a photo of the itemized receipt\* with your phone.
- **Submit** the photo of the itemized receipts within the app when you receive notification that a receipt is needed to verify your expense.
- **Go!** After submitting your verification and its review, you will be able to view the status of your reimbursement within the app.

\*The Internal Revenue Code (IRC) requires proof of the eligible expenses using itemized receipts or other documentation showing the date of service, person for whom service was provided and description of the expense. Depending on the type of expense, documentation may come in the form of third party itemized statements or Explanation of Benefits.

### Activating Your Card

You will receive your card at your home address and may begin using your card on the first day of your plan year. Your card will be automatically activated when you use it for the first time for an eligible expense.

# Flexible Spending Accounts

American Fidelity Assurance Company

## Dependent Care Account (DCA)

A Dependent Care Account allows you to allocate money on a pre-tax basis to reimburse yourself for dependent care expenses that allow you (and your spouse) to work. Reimbursement is permitted only after the services have been provided and the expense has been paid. As dependent care contributions are withheld from your paycheck and placed into the account, these funds become available for reimbursement requests. Submit the entire amount of your dependent care expense after the care is provided, even if it exceeds your monthly contribution amount, to maximize reimbursement opportunities. This allows you to build up a "pool" of submitted expenses, with pending amounts ready for reimbursement as soon as your next contribution is received and deposited into your account.

**Minimum Annual Election:** Determined by your employer.

**Maximum Annual Election:** While the IRC allows a maximum of \$5,000 per year, the employer may set the maximum equal to or lower than this amount.

### Examples of Eligible Dependent Care Expenses

After-school care or extended day programs

Nanny expenses

Baby-sitter inside or outside participant's household

Custodial or elder care expenses if the qualifying individual still spends at least 8 hours each day in the employee's household

Dependent Day Care center\* expenses/pre-kindergarten/nursery school expense

Expenses paid to a non-dependent relative of participant to care for the child

Summer day camp if the primary purpose of the expense is custodial in nature and not educational

**For a more complete list of eligible expenses, please visit [www.americanfidelity.com](http://www.americanfidelity.com).**

\*A Dependent Care Center is a place that provides care for more than six persons (other than persons who live there) and receives a fee, payment or grant for providing services for any of those persons, regardless of whether the center is run for profit.

Regardless of whether you participate in the Dependent Care Account under the Section 125 Plan or claim the Dependent Care credit on your income tax return, you must provide the Internal Revenue Service with the name, address and taxpayer identification number (TIN) or Social Security number of your dependent care provider(s) by completing either Schedule 2 of Form 1040A or Form 2441 and

attaching it to your annual income tax return. Be sure that you follow the current instructions given by the IRS for preparing your annual income tax return. Failure to provide this information to the IRS could result in loss of the pre-tax treatment of your Dependent Day Care FSA contributions or loss of the Dependent Care Tax Credit.

## FSA Funds Availability

### Healthcare FSA

Your full annual election is available to you on the first day of the plan year.

### Dependent Care Account

Unlike the Healthcare FSA, the entire elected amount is not available on the first day of the plan year, but rather as contributions are received.

## Important FSA Notes:

- Participants are generally allowed a 90-day run-off period after the plan year ends to submit claims for expenses that occurred during the plan year but were not yet submitted.
- If you are a new employee entering the FSA during a plan year, reimbursement is only available for expenses and services provided after you begin your participation in the FSA.
- If you are enrolled in the Healthcare FSA and take a leave of absence during the plan year, you may (subject to your employer's plan):
  1. Prepay the contributions on a pre-tax basis; or
  2. Continue the contributions by remitting them to your employer. Pre-tax contributions may continue if you continue to receive enough pay, or
  3. Prorate the unpaid contributions over the remaining pay periods when you return to work.
- Failure to make all elected contributions will result in termination of your account as of the date contributions ceased.
- Healthcare FSAs must comply with COBRA and generally must offer COBRA continuation rights to qualified beneficiaries who lose Healthcare FSA coverage due to certain qualifying events. For most Healthcare FSAs, COBRA may be offered upon a qualifying event only if you have a balance remaining in your Healthcare FSA. The balance is generally calculated by subtracting the reimbursements made prior to the qualifying event from the annual election. If eligible, you may choose to continue your contributions by either sending your contributions to your employer on an after-tax basis each pay period, or, you may choose to make a pre-tax contribution for your remaining elections for the plan year from your final pay or severance pay. Expenses incurred while contributions are being made are eligible for reimbursement. Coverage generally may not continue beyond the current plan year. If you do not elect COBRA, only expenses incurred during the period of employment are reimbursable. Coverage under the Healthcare FSA ceases when the contributions cease.

# Flexible Spending Accounts

## Managing Your Account

### File a Claim

Three Easy Ways

#### 1. On your mobile device using AFmobile®

Use AFmobile to manage your reimbursement accounts and insurance benefits.

#### 2. Online at americanfidelity.com

#### 3. By mail or fax

Insurance Claim

American Fidelity Assurance Company, Attn: Benefits Department  
P.O. Box 268898, Oklahoma City, OK 73125  
Fax: 800-818-3453

FSA and HRA Claim

American Fidelity Assurance Company  
Attn: Flex Account Administration  
P.O. Box 161968, Altamonte Springs, FL 32716  
Fax # 844-319-3668

\*Obtain a claim form for your insurance claim at [www.americanfidelity.com/fileclaim](http://www.americanfidelity.com/fileclaim).

### Manage Your Reimbursement Account With AFmobile®

AFmobile® allows FSA and HRA participants to submit reimbursement account claims while on the go.

- Access accounts - check balances, view transaction history, and more.
- Manage claims - submit new claims, upload receipts, and check claims status.
- Receive account alerts - choose to receive account updates by text and push notifications.
- Submit documentation - tie receipts and other documentation to a pending card swipe to expedite adjudication.

### Getting Started:

Download AFmobile. To register, you will need:

- Your email address - this should be the same email address provided at time of enrollment.
- Your Social Security Number.

### Using Our Online Portal

Our online portal provides all the same great features as mobile, plus powerful self-service account access and education resources to help put you in the driver's seat.

Getting started:

- Register at [americanfidelity.com](http://americanfidelity.com)
- Register using your email address and Social Security Number
- Once completed, access your reimbursement accounts and insurance benefits.

### Direct Deposit

By enrolling in direct deposit, you can ensure a timely reimbursement! You will no longer need to worry about having to wait on checks or make any more trips to the bank.

#### Three ways to sign up for direct deposit:

1. Through your mobile app.
2. Online through your account at [americanfidelity.com](http://americanfidelity.com)
3. By downloading a direct deposit request form



# American Fidelity Employee Assistance Program (EAP)

Support for everyday issues, whenever you need it most.

American Fidelity EAP provides emotional wellness and work/life balance resources for you and your immediate family members.

Everyone faces situations that are difficult to resolve. When these instances occur, American Fidelity EAP will be there to provide confidential resources to help you navigate life's ups and downs. This includes professional referrals for a wide variety of concerns, such as:

**Anxiety**

**Depression**

**Marriage and Relationship Problems**

**Grief and Loss**

**Substance Abuse**

**Anger Management**

**Work Related Pressures**

**Stress**

## Expert Referrals and Consultation

Whether you are a new parent, a caregiver, selling your home, or looking for legal advice, you're likely to need guidance and referrals to expert resources.

- **Legal Assist** Free over the phone or face-to-face legal consultation
- **Financial Assist** Expert financial planning and consultation
- **Family Assist** Consultation and referrals for everyday issues, such as: dependent care, auto repair, pet care and home improvement



## Easy Digital Access

### Mobile

- eConnect® mobile app for on-the-go access to the EAP
- Call or live chat with a licensed counselor
- Review a summary of the program

### Web

- Secure video counseling through the eConnect® Portal
- Discounted fitness center memberships
- Library of online seminars and eLearning modules
- Bilingual content (English and Spanish)
- Thousands of helpful articles and tip sheets for personal and work related topics
- Search engines and directories for child care, elder care, education, legal, financial, and convenience services

## Access eConnect® Mobile App

Username: americanfidelity

**Confidentiality:** American Fidelity EAP upholds strict confidentiality standards. Nobody, including your employer, will know you have accessed the program unless you specifically grant permission or express a concern that presents us with a legal obligation to release information. This service is provided by third party contractor.

800-295-8323

[americanfidelity.mysupportportal.com](https://americanfidelity.mysupportportal.com)

American Fidelity Assurance Company

AF-1020-0722

**AMERICAN FIDELITY**   
a different opinion



# Benefits Directory

## Medical Benefits

### **Anthem Blue Cross Blue Shield of Georgia**

855-641-4862  
[www.anthem.com/shbp](http://www.anthem.com/shbp)

### **UnitedHealthcare**

888-364-6352  
[www.welcometouhc.com/shbp](http://www.welcometouhc.com/shbp)

### **SHBP Eligibility**

800-610-1863  
[www.dch.georgia.gov/shbp](http://www.dch.georgia.gov/shbp)

### **TRICARE Supplemental Plan**

866-637-9911  
<https://dch.georgia.gov/tricare-supplement>

### **PeachCare for Kids**

877-427-3224  
[www.peachcare.org](http://www.peachcare.org)

### **CVS Caremark**

844-345-3241

### **Sharecare**

888-616-6411  
[www.bewellshbp.com](http://www.bewellshbp.com)

## Dental Insurance

### **MetLife Insurance Company**

Customer Service  
800-942-0854  
[www.metlife.com/](http://www.metlife.com/)

## Vision Insurance

### **MetLife Insurance Company**

Customer Service  
855-638-3931  
[www.metlife.com/](http://www.metlife.com/)

## Voluntary Insurance Benefits

### **American Fidelity**

**Assurance Company**  
***Disability Income, Cancer, Accident, Life, and GAP***  
900 Circle 75 Parkway S.E., Suite 1340  
Atlanta, GA 30339-3095  
800-639-0850 / 770-575-2468  
[www.americanfidelity.com](http://www.americanfidelity.com)

## Section 125 Services & Flexible Spending Accounts

### **American Fidelity**

**Assurance Company**  
900 Circle 75 Parkway S.E., Suite 1340  
Atlanta, GA 30339-3095  
800-662-1113 - FSA Customer Service  
800-639-0850 / 770-575-2468  
[www.americanfidelity.com](http://www.americanfidelity.com)

## Other Contact Information

### **American Fidelity**

**Assurance Company**  
***Chris Bentley, Account Manager***  
Georgia Branch Office  
900 Circle 75 Parkway S.E., Suite 1340  
Atlanta, GA 30339-3095  
800-450-3506 • 706-575-2468  
[www.americanfidelity.com](http://www.americanfidelity.com)

### **American Fidelity**

**Assurance Company**  
***Jimmy Jackson, State Manager***  
Georgia Branch Office  
900 Circle 75 Parkway S.E., Suite 1340  
Atlanta, GA 30339-3095  
800-450-3506, ext. 6546 • 706-575-2468  
[www.americanfidelity.com](http://www.americanfidelity.com)

### **Human Resources Benefits Contact**

(706) 826-1000  
[www.rcboe.org](http://www.rcboe.org)  
[www.americanfidelity.com/richmondcountyschools](http://www.americanfidelity.com/richmondcountyschools)