

**2025**

# **Employee Benefits Guide**

Forsyth County Schools





A photograph of a man with a beard and short hair, wearing a striped t-shirt, holding a baby up to his face. The baby is wearing a white onesie. They are both smiling and looking at each other. The background is slightly blurred, showing an indoor setting with a window.

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



**Need Support?  
Call 1-877-201-0487**

Monday - Friday, 9am - 6pm EST

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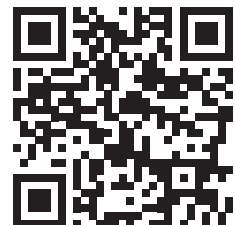


## Looking for Plan Details?

Visit the Forsyth County Schools Benefits Site:

<https://www.benefitsdetails.com/forsyth>

or text "benefits" to 1-877-201-0487



Hey There!

# Welcome.

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

Each year, Forsyth County Schools strives to offer comprehensive benefit plans to our employees. In the employee benefit guide you will learn more about the benefits offered for the 2025 plan year and how to use them to your benefit.

Throughout this guide you will find interactive QR codes that will take you deeper into your employee benefit plan

information and give you quick access to needed documents. To access, scan with a camera on your personal device, cell phone, or by clicking, if viewing electronically.

The benefits you elect as a new hire will remain in effect until December 31, 2025. Please review your open enrollment materials thoroughly before making elections.



**Make sure to enroll in your benefits within 31 days of your date of hire.**

## 2 Ways to Enroll



### Service Center

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



### Self-Service

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

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

# State Health Benefits

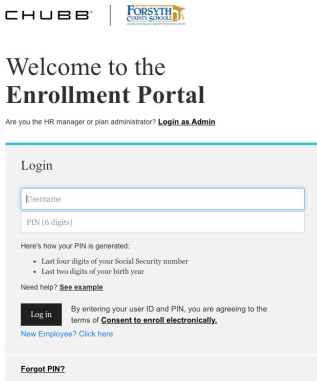


- 1 Go to <http://mySHBPga.adp.com>
- 2 Click on Continue to proceed with your new hire enrollment.
- 3 Click on the **Terms and Conditions message** to review Terms and Conditions before accepting. **You must click Accept Terms and Conditions to continue to the next step of enrollment.**
- 4 To start your Election Process, click on **Go to Make your Elections.**
- 5 Click on **Go To Tobacco Surcharge question.** You **MUST** answer the Tobacco Surcharge question using the radial buttons.
- 6 Click on **Go to Health Benefits** to choose your medical claim administrator and plan options.
- 7 Make your elections.
- 8 Click on **Go to Review and Confirm Changes.**
- 9 Click **Finish.** *NOTE: If "Finish" is not clicked, your enrollment process has not been completed.*

# All Other Benefits

# How to Self-Enroll

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



### Example

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

**Username: 123456789**

**Password: 678980**

- 2 Your **Username** is your full Social Security Number without hyphens. Your **Pin** is the last four digits of your SSN and the last 2 digits of your birth year.
- 3 Follow the prompts to complete the registration process. Review the personal demographic data and update as needed. Then click next to advance through each screen.
- 4 Next, you will be asked to enter Dependent/ Beneficiary information. To add a dependent, click the + sign and enter the dependent's information. To edit an existing dependent, click the pencil icon on the right side of the dependent. After making any changes, click save on the bottom of the page. Once you are finished with this section, click next.
- 5 Once you are at the dental screen, verify your dental plan election or waive the coverage, click next.
- 6 Once on the "Sign and Submit" page, you will be able to review your elections. If you need to make changes, click on the link for that coverage. You will then unlock, make your change, and click next. This returns you to the "Sign and Submit" page. If everything is correct, click next.
- 7 On the "Confirmation" page, enter your PIN / Password used to log in. This will finalize your enrollment. You can print the confirmation form, save it as a downloadable PDF, and e-mail a confirmation summary to the e-mail address on file.

# Key Terms

## Deductible

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

## Co-pay

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

## Coinsurance

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

## Out-of-Pocket Maximum/Limit

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



# Eligibility

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



## Dependent Eligibility

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

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

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





# Qualifying Life Event

## Generally, benefit changes are limited to open enrollment.

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

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

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



## Need to report a Qualifying Life Event?

Call the Forsyth County Schools Benefits Service Center:

**1-877-201-0487**

# Medical

## State Health Benefit Plan Rates

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

Plan Type				
<b>Anthem BlueCross and BlueShield</b>	Employee	Employee + Children	Employee + Spouse	Family
HRA Gold	\$145.29	\$305.88	\$433.38	\$593.97
HRA Gold with Tobacco Charge	\$225.29	\$385.88	\$513.38	\$673.97
HRA Silver	\$81.79	\$197.93	\$300.03	\$416.17
HRA Silver with Tobacco Charge	\$161.79	\$277.93	\$380.03	\$496.17
HRA Bronze	\$33.29	\$115.48	\$198.18	\$280.37
HRA Bronze with Tobacco Charge	\$113.29	\$195.48	\$278.18	\$360.37
HMO	\$108.15	\$242.74	\$355.39	\$489.98
HMO with Tobacco Charge	\$188.15	\$322.74	\$435.39	\$569.98
<b>United Healthcare</b>				
HMO	\$147.20	\$309.12	\$437.39	\$599.31
HMO with Tobacco Charge	\$227.20	\$389.12	\$517.39	\$679.31
High Deductible	\$23.31	\$98.51	\$177.22	\$252.42
High Deductible with Tobacco Charge	\$103.31	\$178.51	\$257.22	\$332.42
<b>Kaiser Permanente</b>				
HMO (Regional HMO)	\$108.15	\$242.74	\$355.39	\$489.98
HMO with Tobacco Charge	\$188.15	\$322.74	\$435.39	\$569.98
Tri-Care Supplement	\$11.12	\$70.12	\$70.12	\$111.12

State Health Benefits  
1-800-610-1863  
[www.dch.georgia.gov/shbp](http://www.dch.georgia.gov/shbp)

Kaiser Permanente  
1-855-512-5997  
[my.kp.org/shbp/](http://my.kp.org/shbp/)

Tri-Care Supplement  
1-866-637-9911  
[www.selmantricareresource.com/ga\\_shbp](http://www.selmantricareresource.com/ga_shbp)

Anthem BlueCross & BlueShield  
1-855-641-4862  
[www.anthem.com/shbp/](http://www.anthem.com/shbp/)

PeachCare for Kids  
1-877-427-3224  
[www.peachcare.org](http://www.peachcare.org)

United Healthcare  
1-888-364-6352  
<http://myuhc.com/shbp>  
  
CVS Caremark  
1-844-345-3241  
<http://info.caremark.com/shbp>

If an employee and spouse are both employed with the Forsyth County School System, please ask about our discounted rates for family coverage. Contact Katie Beusse at 1-770-887-2461 ext. 202136

# Flexible Spending Account

Navia Benefits

Signing up for a Flexible Spending Account (FSA) with Navia can save your family hundreds of dollars every year. When you enroll in the program, you set aside some of your pay before taxes to use on eligible expenses. The more you put in, the more you save on

your tax bill. You can cover your co-pays, deductibles, dental care, vision care, and prescriptions with your healthcare FSA. Not only that, but it's good for hundreds of over-the-counter items such as bandages, contact lens solution, and many other items and services.

## Maximum Annual Election for 2025

**Healthcare FSA - \$3,200**

**Dependent Care FSA - \$5,000 or \$2,500 if married and filing separate income tax returns**



### Qualified Medical Expenses Include:

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

*Up to \$640 of your unused funds can be carried over into the next plan year.*



### Qualified Dependent Care Expenses Include:

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



**Want more info?**



Scan or click.

# Dental

MetLife

Summary of Benefits	Core Dental Plan		Buy-Up Dental Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible				
Deductible	Individual: \$50 Family: \$150		Individual: \$50 Family: \$150	
Benefit Year Maximum	\$1,250		\$1,750	
Orthodontia Lifetime Maximum	Not Covered		\$1,500	
Coverage for Dental Services				
Coverage A: Preventive	100%		100%	
Coverage B: Basic	50%		80%	
Coverage C: Major	Not Covered		50%	
Coverage D: Orthodontics	Not Covered		50%	

Dental Coverage	Core Dental Plan	Buy-Up Dental Plan
<b>Monthly Cost</b>		
Employee	\$0.00	\$33.60
Employee + 1 Dependent	\$40.60	\$77.80
Family	\$75.85	\$143.73



Want more info?



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## How do I find an In-Network Provider?

This dental plan offers deeper discounts when you visit a provider that is In-Network. In-Network providers can be found on [www.metlife.com](http://www.metlife.com) under "Find a Dentist."

Select the PDP Plus network and enter your zip code. Enter your search criteria and click on the Find a Dentist button.

For additional assistance contact:  
(800)942-0854



# Vision

EyeMed

Vision Care Services	In-Network	Out-of-Network
Annual Eye Exam (once every 12 months)	\$10 copay	Up to \$52
Standard Plastic Lenses (once every 12 months)		
Single Vision Lenses	\$20 copay	Up to \$55
Bifocal Lenses	\$20 copay	Up to \$75
Trifocal Lenses	\$20 copay	Up to \$95
Frames (once every 24 months)	\$150 allowance; 20% discount on additional cost	Up to \$45
Contact Lenses (Once every 12 months in lieu of frames)		
Contact Lenses (Elective)	\$150 allowance	Up to \$130
Contact Lenses (Medically Necessary)	Covered in Full	Up to \$250



## How do I find an In-Network Provider?

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

For Lasik providers call (800) 988-4221 or visit [eyemedlasik.com](http://eyemedlasik.com).

Monthly Premium	
Employee	\$8.58
Employee + 1 Dependent	\$14.98
Family	\$22.28



## Want more info?



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# Life and AD&D Insurance

MetLife



## Basic Life and AD&D - Employer Paid

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

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



## Supplemental Life and AD&D - Employee Paid

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

Supplemental Life and AD&D Benefit Summary	
Employee Life Amount	\$10,000 increments up to \$500,000 (not to exceed 5 times your basic annual earnings)
Employee Guaranteed Issue Amount	\$350,000
Employee AD&D Amount	Same as Life Amount (not to exceed 5 times your basic annual earnings)
Spouse	\$5,000 increments up to \$100,000
Spouse Guaranteed Issue Amount	\$50,000 if employee is enrolled; \$30,000 if only the spouse is enrolled
Dependent Child	\$2,000 increments up to \$10,000

Want more  
info?



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# Disability

MetLife



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

## Short-Term Disability - Employee Paid

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

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

## Long-Term Disability - Employer Paid

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

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



**Want more info?**

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click.



# MetLife Accident

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

Plan Type	Accident Plan
Health Screening Benefit	\$75
24 Hour / On/Off Job	24 Hour
<b>Accident Injury</b>	
Emergency Room Treatment	\$150
Physician Office	\$100
Urgent Care	\$50
Ambulance	Ground: \$400 Air: \$1,500
Hospital Emergency Admission	\$1,200
Hospital Daily Confinement	\$350 per day
ICU Supplemental Admission	\$2,400
ICU Supplemental Confinement (up to 15 days per accident)	\$700 per day
Physician Follow-Up Office Visit	\$100
Therapy Services	\$25
Fracture (Open Reduction)	Up to \$11,000
Fracture (Closed Reduction)	Up to \$5,500
Dislocation (Open Reduction)	Up to \$8,250
Dislocation (Closed Reduction)	Up to \$4,125
Laceration	Up to \$800
Burns	Up to \$15,000
Coma	\$10,000
Medical Testing	\$100
Lodging	\$200 per day
Medical Appliance	\$100 (with a max of \$750)
Prosthesis	One device only: \$750 More than one device: \$1,500
Surgery	Up to \$2,000
Transportation	\$150



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

Plan Type	Accident Plan
<b>Monthly Premiums</b>	
Employee	\$10.73
Employee + Spouse	\$17.30
Employee + Child(ren)	\$19.13
Employee + Family	\$25.70



**Want more info?**



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# MetLife Critical Illness

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

Benefit Amounts		
Employee	Up to \$50,000 in \$10,000 increments	
Spouse	Up to 50% of employee's elected amount	
Child	Up to 50% of employee's elected amount	
Guarantee Issue	Employee: \$50,000 Spouse: \$25,000	
Benefit Type		
Occurrences	Initial	Recurrence
Invasive Cancer	100%	100% of initial amount
Heart Attack	100%	100% of initial amount
Stroke	100%	100% of initial amount%
Coronary Artery Disease w/ Bypass	50%	100% of initial amount
Major Organ Transplant	100%	None
Paralysis	100% of 2 or more limbs	None
Benefit Waiting Period	None	
Portable Coverage	Yes	
Pre-Existing Condition Limitation	None	
Health Screening Benefit	\$75	



Want more info?



Scan or click.

Monthly Premium Rates Based on \$1,000 of Coverage				
Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Age 25	\$0.39	\$0.61	\$0.53	\$0.76
Age 35	\$0.59	\$0.91	\$0.74	\$1.06
Age 45	\$1.11	\$1.69	\$1.26	\$1.84
Age 55	\$2.06	\$3.28	\$2.21	\$3.43

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

# Permanent Life Insurance

## Chubb



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

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

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

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



Want more info?



Scan or click.

# Pet Insurance

MetLife



If they don't understand personal space,

they deserve to be insured.



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

## Key Benefits



Flexible product offerings with straightforward pricing and options, discounts up to 30%<sup>1</sup>, customizable limits, and deductible savings<sup>2</sup>



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



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



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

Get a quote or enroll today.

Visit [www.metlife.com/getpetquote](https://www.metlife.com/getpetquote)

Call 1-800-GET-MET8

Scan the QR code



1. When using multiple discounts, discounts cannot exceed 30%. Each discount may not be available in all states. Please contact MetLife Pet for further details.

2. Your pet's deductible automatically decreases by \$25 (IAIC policies) or \$50 (MetGen policies) each policy year that you don't receive a claim reimbursement. May not be available in all states.

3. Reimbursement options include: 70%, 80% and 90% and a 50% option for MetGen policies and a 65% option for IAIC policies only. Pet age restrictions may apply.

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



# Genomics-Based Healthcare Navigation

Everyone has a lifetime risk of common diseases like cancer and cardiovascular disease as well as less common health conditions that can be prevented or treated if diagnosed early. Those risks are impacted by your lifestyle choices and the genetics you inherit from your parents.

Genomic Life can help you and your care team identify risks early and better personalize prevention, diagnosis, and treatment based on your genetics, health, and family history.

## Essential Genomics

While traditional healthcare focuses on treating disease after it happens, our Essential Genomics program offers genetic screenings to identify increased health risks before disease happens.

Based on your genetics, you will receive suggested actions and follow-up to help you and your care team optimize your health.

- Access to a suite of genetic screenings
  - Genetic health screen
  - Pharmacogenomics
  - Carrier screening
- Personalized actions based on test results
- Ongoing member support
- Genetic counseling

## How It Works

1. Access our secure platform for recommended genetic screening tests
2. Provide a saliva sample from the comfort of your home
3. Receive your results, share them with your care team, and connect with our navigation team

## Precision Cancer Genomics

Provides you personalized cancer navigation and support to help guide you through your cancer journey alongside your existing care team.

If you are newly diagnosed with cancer, are a cancer survivor, or have significant family risk of cancer, you have access to features such as:

- A dedicated cancer navigator
- Informed decision-making support
- Coordination of care
- Ongoing patient advocacy and caregiver support
- Tumor genomic profiling as needed
- Diagnostic inherited cancer panel
- Expert pathology review as needed

## How It Works

1. Report your cancer diagnosis and meet with your dedicated cancer navigator
2. Receive personalized recommendations tailored just for you
3. Have continuous access to tailored support and resources at every stage of your journey

# 1 in 6

Roughly 1 in 6 people carry a genetic change that increases their risk for diseases that have medical interventions available<sup>1</sup>

# 50%

50% of cancers are thought to be preventable by lifestyle changes<sup>2</sup>

# 99%

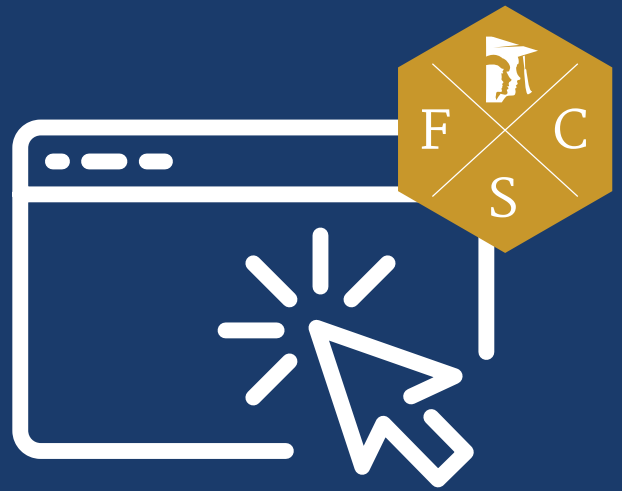
Breast cancer, when detected at an early stage, has a 99% survival rate in the first five years<sup>3</sup>

This information is designed to help you choose a benefit plan for 2024-2025 only. Please refer to the Plan Documents provided by the carrier for information regarding coverage, limitations, and exclusions. If there is a difference between this guide and the Plan Documents, the Plan Documents prevail. Legal Disclosure: Genomic Life™ is not an insurance company. The Service does not provide payment or reimbursement of payment for treatment costs of any kind. Privacy and Confidentiality: Genomic Life takes your privacy very seriously. No identifiable protected health information is provided to any third-party without your expressed written consent. For more information on our Terms & Conditions and Privacy Policy, please visit [www.genomiclife.com](http://www.genomiclife.com)

<sup>1</sup>Haverfield et al, 2021, <sup>2</sup>Islami et al, 2024, <sup>3</sup><https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/breast-cancer-facts-and-figures/2022-2024-breast-cancer-fact-figures-acf.pdf>

PCF-OPT1-202408-R1

# Visit the Forsyth County Schools Benefits Site:



[www.benefitsdetails.com/forsyth](http://www.benefitsdetails.com/forsyth)



Scan or Click Here



Enrollment Instructions



Full Benefit Summaries



Claim Forms and Other Documents



Carrier Links and Resources



Contact Information

# Notices



## Women's Health and Cancer Rights Act

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

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

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

## Newborns' and Mothers' Health Protection Act

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

## HIPAA Notice of Special Enrollment Rights

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

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

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

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

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

## Availability of Privacy Practices Notice

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

## The ‘No Surprises’ Rules

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

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

[View a sample notice and consent form](#) (PDF).

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



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

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

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

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

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

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

### ALABAMA – Medicaid

Website: <http://myalhipp.com/> | Phone: 1-855-692-5447

### ALASKA – Medicaid

The AK Health Insurance Premium Payment Program | Website: <http://myakhipp.com/>

Phone: 1-866-251-4861

Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)

Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

### ARKANSAS – Medicaid

Website: <http://myarhipp.com/> | Phone: 1-855-MyARHIPP (855-692-7447)

### CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program website: <http://dhcs.ca.gov/hipp>

Phone: 916-445-8322 | Fax: 916-440-5676 | Email: [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)

### COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: <https://www.healthfirstcolorado.com/>

Health First Colorado Member Contact Center: 1-800-221-3943 | State Relay 711

CHP+: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>

CHP+ Customer Service: 1-800-359-1991 | State Relay 711

Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/>

HIBI Customer Service: 1-855-692-6442

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

Phone: 1-855-632-7633 | Lincoln: 402-473-7000 | Omaha: 402-595-1178

#### **NEVADA – Medicaid**

Medicaid Website: <http://dhcfp.nv.gov>

Medicaid Phone: 1-800-992-0900

#### **NEW HAMPSHIRE – Medicaid**

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>

Phone: 603-271-5218 | Toll-free number for the HIPP program: 1-800-852-3345, ext. 5218

#### **NEW JERSEY – Medicaid and CHIP**

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/> | Phone: 609-631-2392

CHIP Website: <http://www.njfamilycare.org/index.html> | Phone: 1-800-701-0710

#### **NEW YORK – Medicaid**

Website: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/) | Phone: 1-800-541-2831

#### **NORTH CAROLINA – Medicaid**

Website: <https://medicaid.ncdhhs.gov/> | Phone: 919-855-4100

#### **NORTH DAKOTA – Medicaid**

Website: <https://www.hhs.nd.gov/healthcare> | Phone: 1-844-854-4825

#### **OKLAHOMA – Medicaid and CHIP**

Website: <http://www.insureoklahoma.org> | Phone: 1-888-365-3742

#### **OREGON – Medicaid**

Website: <http://healthcare.oregon.gov/Pages/index.aspx>

Phone: 1-800-699-9075

#### **PENNSYLVANIA – Medicaid and CHIP**

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx> | Phone: 1-800-692-7462

CHIP Website: [Children's Health Insurance Program \(CHIP\) \(pa.gov\)](#) | CHIP Phone: 1-800-986-KIDS (5437)

#### **RHODE ISLAND – Medicaid and CHIP**

Website: <http://www.eohhs.ri.gov/> | Phone: 1-855-697-4347 or 401-462-0311 (Direct Rlte Share Line)

#### **SOUTH CAROLINA – Medicaid**

Website: <https://www.scdhhs.gov> | Phone: 1-888-549-0820

#### **SOUTH DAKOTA – Medicaid**

Website: <http://dss.sd.gov> | Phone: 1-888-828-0059

#### **TEXAS – Medicaid**

Website: [Health Insurance Premium Payment \(HIPP\) Program | Texas Health and Human Services](#)

Phone: 1-800-440-0493

#### **UTAH – Medicaid and CHIP**

Medicaid Website: <https://medicaid.utah.gov/> | CHIP Website: <http://health.utah.gov/chip>

Phone: 1-877-543-7669

#### **VERMONT – Medicaid**

Website: [Health Insurance Premium Payment \(HIPP\) Program | Department of Vermont Health Access](#)

Phone: 1-800-250-8427

#### **VIRGINIA – Medicaid and CHIP**

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select> or

<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>

Medicaid/CHIP Phone: 1-800-432-5924

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

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

U.S. Department of Labor Employee Benefits Security Administration <a href="http://www.dol.gov/agencies/ebsa">www.dol.gov/agencies/ebsa</a> 1-866-444-EBSA (3272)	U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services <a href="http://www.cms.hhs.gov">www.cms.hhs.gov</a> 1-877-267-2323, Menu Option 4, Ext. 61565
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## ACA Disclaimer

This offer of coverage may disqualify you from receiving government subsidies for an Exchange plan even if you choose not to enroll. To be subsidy eligible you would have to establish that this offer is unaffordable for you, meaning that the required contribution for employee only coverage under our base plan exceeds 8.39% in 2025 of your modified adjusted household income.

# Notes





# Notes



# Notes



Benefit	Administrator	Phone	Website
Medical/State Health Benefit	State Health	1-800-610-1863	<a href="http://myshbpga.adp.com">http://myshbpga.adp.com</a>
Dental	MetLife	1-800-942-0854	<a href="http://www.metlife.com">www.metlife.com</a>
Vision	EyeMed	1-866-800-5457	<a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a>
Basic Life and AD&D Voluntary Life and AD&D	MetLife	1-800-858-6506	<a href="http://www.metlife.com">www.metlife.com</a>
Short Term Disability Long Term Disability	MetLife	1-800-858-6506	<a href="http://www.metlife.com">www.metlife.com</a>
Flexible Spending Accounts (FSA)	Navia	1-800-669-3539	<a href="http://www.naviabenefits.com">www.naviabenefits.com</a>
Accident	MetLife	1-800-858-6506	<a href="http://www.metlife.com">www.metlife.com</a>
Critical Illness	MetLife	1-800-858-6506	<a href="http://www.metlife.com">www.metlife.com</a>
Permanent Life Insurance	Chubb	1-855-241-9891	<a href="http://www.chubb.com">www.chubb.com</a>
Pet Insurance	MetLife	1-800-438-6388	<a href="http://www.metlife.com">www.metlife.com</a>
Genomic Navigation	Genomic Life	1-844-694-3666	<a href="http://genomiclife.com">genomiclife.com</a>
Forsyth County Schools Benefits Service Center	Alliant	1-877-201-0487	<a href="http://www.benefitsdetails.com/forsyth">www.benefitsdetails.com/ forsyth</a>

## Contact Us

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

**1-877-201-0487**

Monday - Friday  
9:00am-6:00pm EST

