

2025

Metro RESA Benefits Guide



WELCOME TO METRO RESA!

Metro RESA offers a comprehensive and valuable benefits program to all eligible employees. Our benefits package is designed to provide security and assistance during a time of need. Please become familiar with the various options and select the best coverage for the upcoming plan year.



IMPORTANT REMINDERS - TAKE ACTION

- Eligibility for benefits enrollment must take place within 30 days of your hire date.
- Remember: Please review and/or update beneficiaries annually for all benefits including, Basic Life, Voluntary Term Life & AD&D and Permanent Life policies.
- Important: Review and Understand Guaranteed Issue Options (New Hires).
- Life Events - You are required to submit any life event changes for you and eligible dependents within 30 days of an event.
- This Guide - This guide is presented for illustrative purposes only and is not intended to offer insurance advice. It is important you review each benefit's summary plan description (SPD) and other carrier materials before making any selections.

There are two separate benefit enrollments:

- 1. Campus Benefits Voluntary Benefits**
- 2. State Health Benefit Plan Medical Insurance**

Benefits enrollment must take place within 30 days of hire date

1

How to Enroll in Campus Benefits Voluntary Benefits

1. Visit <https://www.metroresabenefits.com/>
2. Select the "Enroll" tab or the "Campus Connect" tab
3. Follow the on-screen instructions **OR**
4. **Contact Campus Benefits at 866.433.7661 opt 5**

2

How to Enroll in your State Health Benefit Medical Plan

1. Visit <https://www.metroresabenefits.com/>
2. Select the "State Health" tab
3. Select "SHBP Enrollment Link" (Refer to the SHBP section within this guide for additional details) **OR**
4. **Contact SHBP at 800.610.1863**

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Need Help? Start Here:

MyBenefits@CampusBenefits.com

866.433.7661 Opt 5

Eligibility

- Generally, employee must be employed at 50% or more to be benefits eligible.
- Specific plan eligibility is listed on the top of each page. Specific employee and dependent eligibility rules are governed by each plan's policy document/certificate, which is available on your employee benefits website, or by contacting Campus Benefits.

How to Enroll

- Visit the Metro RESA web portal (Campus Benefits login instructions are detailed on the Campus Benefits Enrollment Portal Page)
- Review and update your personal information and current benefit selections
- Update/add beneficiaries as needed

When do Benefits Begin

- The effective date of benefits coverage depends on your hire date. Typically, benefits will begin the first of the month following 30 days of employment.

When to Enroll

- New Hire: Enroll within 30 days of your hire date
- Open Enrollment: October - November

How to Make Changes

- Changes are only permitted during the Open Enrollment period or if you have a qualifying life event. A qualifying life event change must be submitted within 30 days of event date.

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BENEFITS PORTAL!

www.metroresabenefits.com



METRO RESA

Home

Benefits

Enroll

Contact Campus

Qualifying Life Events

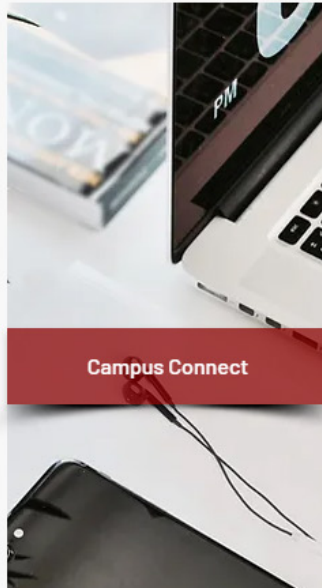


Welcome to the Metro RESA's

BENEFITS PORTAL



State Health

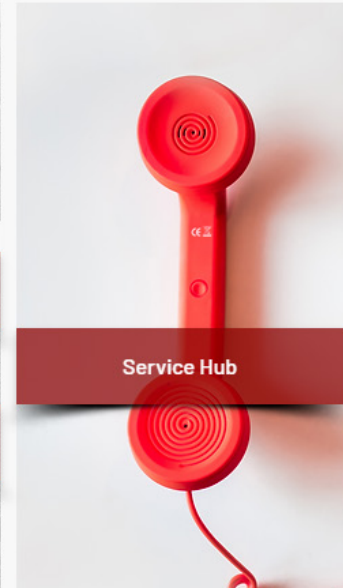


Campus Connect



2025 Benefits Guide

2024 Benefits Guide



Service Hub

What can you find on the Benefits Portal?

- Plan Highlight Sheets
- Policy Documents and Certificates
- Claim Forms
- Links to Carrier Websites

What can the Service Hub assist you with?

- Claims
- Card Requests
- Benefit Questions
- Qualified Life Events

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CAMPUS BENEFITS ENROLLMENT

Steps To Log In:

- 1 Visit metroresabenefits.com
- 2 Select the “Enroll” tab or the “Campus Connect” tab
- 3 Existing User Login
 1. Enter your username
 2. Enter your password
 3. Click “LOGIN”
 4. Click on the “Start Benefits” button and begin the enrollment process

Company Identifier: MTR16

New User Registration

1. On Login page click on “Register as a new user” and enter information below
 - First Name
 - Last Name
 - **Company Identifier: MTR16**
 - PIN: Last 4 Digits of SSN
 - Birthdate
2. Click “Next”
3. Username: Work email address or one you have provided to HR when you were hired
4. Password: Must be at least 6 characters and contain a symbol and a number
5. Click on “Register”
6. On the next page, it will show your selected Username. Click on “Login”
7. Enter Username and Password
8. Click “Start Benefits” to begin the enrollment

Frequently Asked Questions

What is my username?

- Work email address OR
- Email address you provided to HR when hired OR
- Email address you used to previously change your username

What is my password?

To create or reset a forgotten password follow the steps on the login page using tips below.

- Password must be at least 6 characters
- It must contain a symbol and a number
- Using uppercase, numbers and symbols greatly improves security

What can I find on the portal?

- Plan highlight sheets
- Policy Documents and Certificates
- Claim forms
- Links to Carrier Websites

What can the Service Hub assist you with?

- Claims
- Card requests
- Benefits Questions
- Qualified Life Events

Need Help? Start Here:
mybenefits@campusbenefits.com
866.433.7661 opt 5

Login Information

Username: _____

Password: _____

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SERVICE HUB/ SUPPORT CENTER

Campus Benefits is your dedicated advocate for all your voluntary benefits.

When to contact the Campus Benefits Service Hub?

- Portability/Conversion
- Benefits Education
- Evidence of Insurability
- Qualified Life Event Changes
- Claims
- Card Requests
- Benefit Questions
- COBRA Information

How to File a Claim:

1. Contact Campus Benefits via Phone or Email
2. Work with Campus Benefits' claims specialist to complete the necessary paperwork
 - Employee Portion
 - Physician Portion
 - Employer Portion
3. Submit the Necessary Paperwork to Campus Benefits via the secure upload
 - Secure upload located at <https://www.metroresabenefits.com/contact-campus>

The Campus Benefits team understands the claims process and leverages the necessary carrier relationships to expedite the paperwork efficiently to ensure claims are not delayed due to improper paperwork completion.

Frequently Asked Questions (FAQs):

Q: When must a qualifying life event change be made?

A: Please notify Campus Benefits within 30 days of the life event date. All SHBP life events must be made directly through the SHBP website.

Q: Am I required to contact Campus Benefits to file a claim?

A: No. However, in our experience the number one reason for claim denial or delay is due to incomplete or inaccurate paperwork. By working with Campus Benefits' claim specialist, we can advocate on your behalf.

Q: How can I access the group dental card or vision card quickly?

A: Your group dental and vision plan information is available at: <https://www.metroresabenefits.com/>



Phone: 866.433.7661, Opt 5
Email: mybenefits@campusbenefits.com
Website: www.metroresabenefits.com/

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EMPLOYEE ASSISTANCE PROGRAMS



What is an EAP? A program offered to eligible Metro RESA employees to provide guidance with personal issues, planning for life events or simply managing daily life which can affect your work, health and family. The two EAPs below can be used in conjunction with one another.

Georgia Public Education/Ga DOE EAP

Eligibility: Eligible full-time employees working 29+ hours per week, their eligible household members and children up to age 26

- Coverage through Acentra
- Provides support when you're facing issues that interfere with your health, well-being and productivity at home or at work.
- **Receive up to four counseling sessions**
- CALL 1.866.279.5177 or visit www.EAPHelpLink.com, Company Code: GADOE

Mutual of Omaha EAP

Eligibility: Eligible Metro RESA employees, their household members and unmarried children (up to age 26)

- Coverage through **Mutual of Omaha**
- Provides support, resources, and information for personal and work-life challenges
- **Receive up to three face to face visit(s)**
- CALL 1.800.316.2796 or visit mutualofomaha.com/eap

Face to Face Visits (Mutual of Omaha)

- Enhanced with 3 face to face visit(s) – An in-house team of master's level EAP professionals are available 24/7/365 to provide individual assessments. Employees may substitute a face to face session for a legal or financial referral. Access to EAP services is obtained by calling [1-800-316-2796](tel:1-800-316-2796) or by using an online submission form for employee convenience. Online there are valuable resources and links for additional assistance, including: current events, family and relationships, emotional well-being, financial wellness, substance abuse and addiction, legal assistance and work and career.

Confidential Counseling (Mutual of Omaha & Ga DOE EAP)

- Helps employees address stress, relationship and other personal issues for you and your family
- Sessions with highly trained master's and doctoral level clinicians
 - Stress anxiety and depression
 - Relationship/marital conflicts
 - Problems with children
 - Job pressures
 - Grief and loss
 - Substance abuse

Work-Life Solutions (Mutual of Omaha & Ga DOE EAP)

Work-Life Specialists do the research for you, providing qualified referrals and customized resources:

- Child and elder care
- Moving and relocation
- Making major purchases
- College planning
- Pet care
- Home repair

Financial Information and Resources (Mutual of Omaha & Ga DOE EAP)

Speak with a Certified Public Accountants and Certified Financial Planners on a wide range of financial issues, including:

- Getting out of debt
- Credit card or loan problems
- Tax questions
- Retirement planning
- Estate planning
- Saving for college

Online Resources (Ga DOE EAP)

- Timely articles, HelpSheets, tutorials, streaming videos and self-assessments
- Child care, elder care, attorney and financial planner searches

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Plan Rates
Coverage provided at no cost to you.

What is Disability Insurance? A type of coverage that replaces a portion of your income if injury or illness prevents you from working. It provides financial security for you and any loved ones who may depend on your ability to earn a paycheck. You may also hear disability insurance referred to as disability income insurance or income protection.

- Eligibility:** Eligible employees as described within the eligibility section of this guide
- Coverage through Mutual of Omaha
 - Must be actively at work on the effective date
 - **No health questions – Every Year!** (Pre-existing condition will apply for new participants)
 - Employees can choose not to exhaust all of their sick leave (Use sick leave to get through the elimination period and stop sick leave once the STD/LTD benefit starts). This decision must be made at the time leave begins
 - **STD / LTD does not pay in addition to sick leave**

Short-Term Disability Quick Summary	Option A	Option B
Elimination Period Accident & Sickness	7 Days	30 Days
Benefit Duration	25 Weeks	22 Weeks
Benefit Percentage (weekly)	60% of Earnings	60% of Earnings
Maximum Benefit Amount (weekly)	\$1,000	\$1,000
Pre-existing Condition Limitation	3/12 = Any illness or injury for which you received treatment the 3 months prior to your effective date will not be covered for the first 12 months.	

Plan Rates
Cost of coverage is based on the plan option you chose, your age and salary.
Please consult with a Campus Benefits Counselor or log into the enrollment system for rate details.

Long-Term Disability Quick Summary	
Elimination Period	180 Days
Benefit Duration	Covers accidents and sicknesses up to social security normal age of retirement (Please note exclusions or limitations may apply, see plan certificate for details)
Benefit Percentage (monthly)	60% of Earnings
Maximum Benefit Amount (monthly)	\$5,000
Pre-existing Condition Limitation	3/12 - Any illness or injury for which you received treatment the 3 months prior to your effective date will not be covered for the first 12 months.

LTD Rates - METRO RESA Pays 100% - No cost to you!

BASIC LIFE INSURANCE



What is Basic Life Insurance and AD&D? A financial and family protection plan paid for by Metro RESA which provides a lump-sum payment, known as a death benefit, to a beneficiary upon the death of the insured. AD&D coverage is included as a part of life insurance benefits, and will pay out a lump-sum death benefit in the event you die accidentally or pass away later as the direct result of an accident. This plan also has a dismemberment benefit which provides an additional lump sum payment if an insured becomes dismembered in an accident.

Eligibility: Eligible employees as described within the eligibility section of this guide

- Coverage through Mutual of Omaha
- Must be actively at work on effective date

Basic Life and AD&D Quick Summary	
Life Amount	
Employee	1x annual salary - \$200,000 maximum AD&D Amount matches life amount
Guaranteed Issue	Up to \$200,000 (1x annual salary)
Age Reduction	50% at Age 80
Conversion	Included
Living Care Benefit	80% up to \$200,000
Waiver of Premium	Included

Basic Life Rates - METRO RESA Pays 100% - No cost to you!

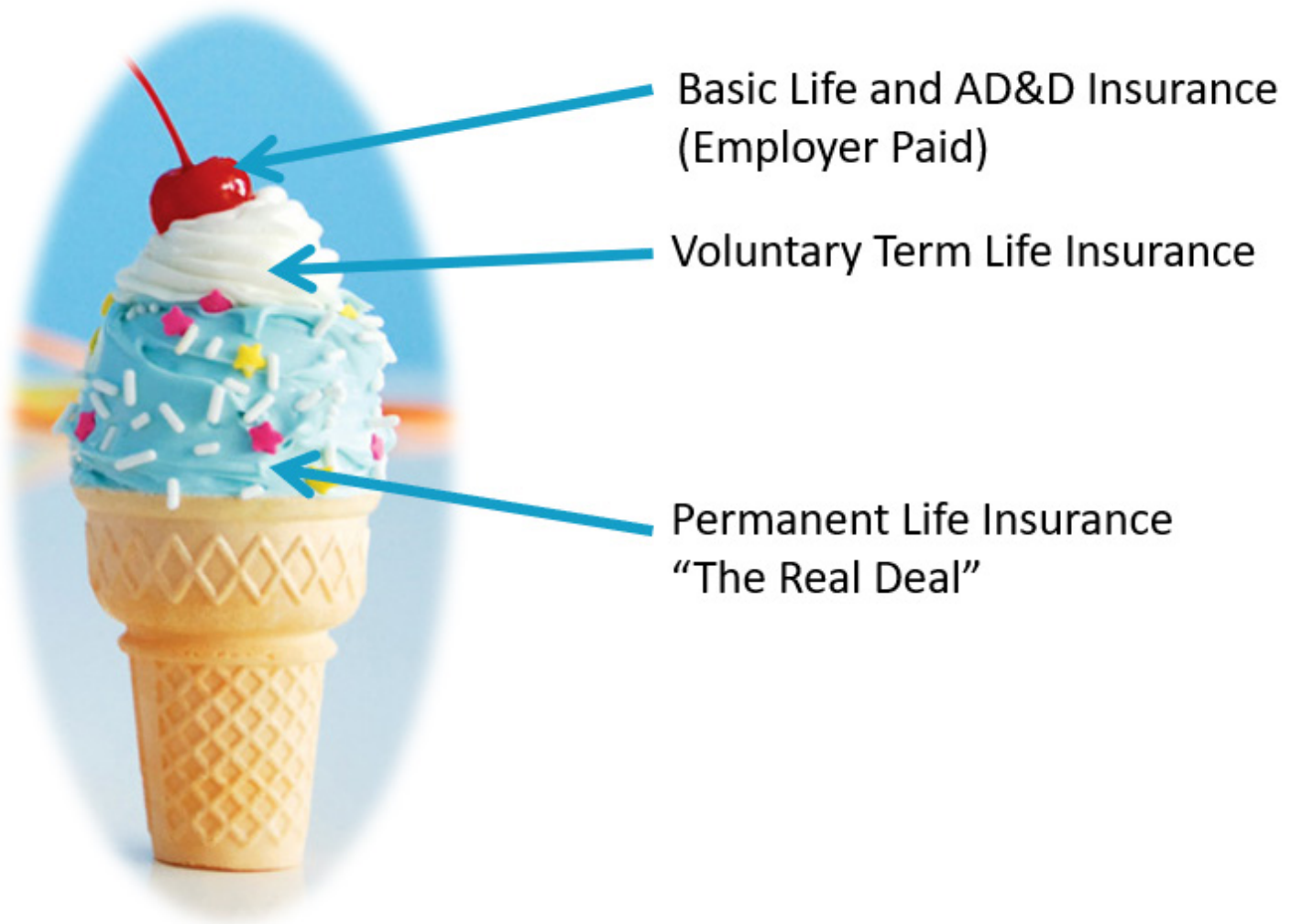


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LIFE INSU

The need for life insurance depends on each individual life situation. If loved ones are financially dependent on you, then buying life insurance coverage can absolutely be worth it. Even if you don't have financial dependents yet, life insurance can be a valuable solution for making death easier on a family (at least financially.) There are two voluntary life insurance options offered through your employer: Term Life Insurance and Permanent Life Insurance. To follow is an overview of differences.

Term Life and Permanent Life work best used in conjunction with one another. Term Life can protect your family in your younger working years and Permanent Life can protect your family in your retirement years.



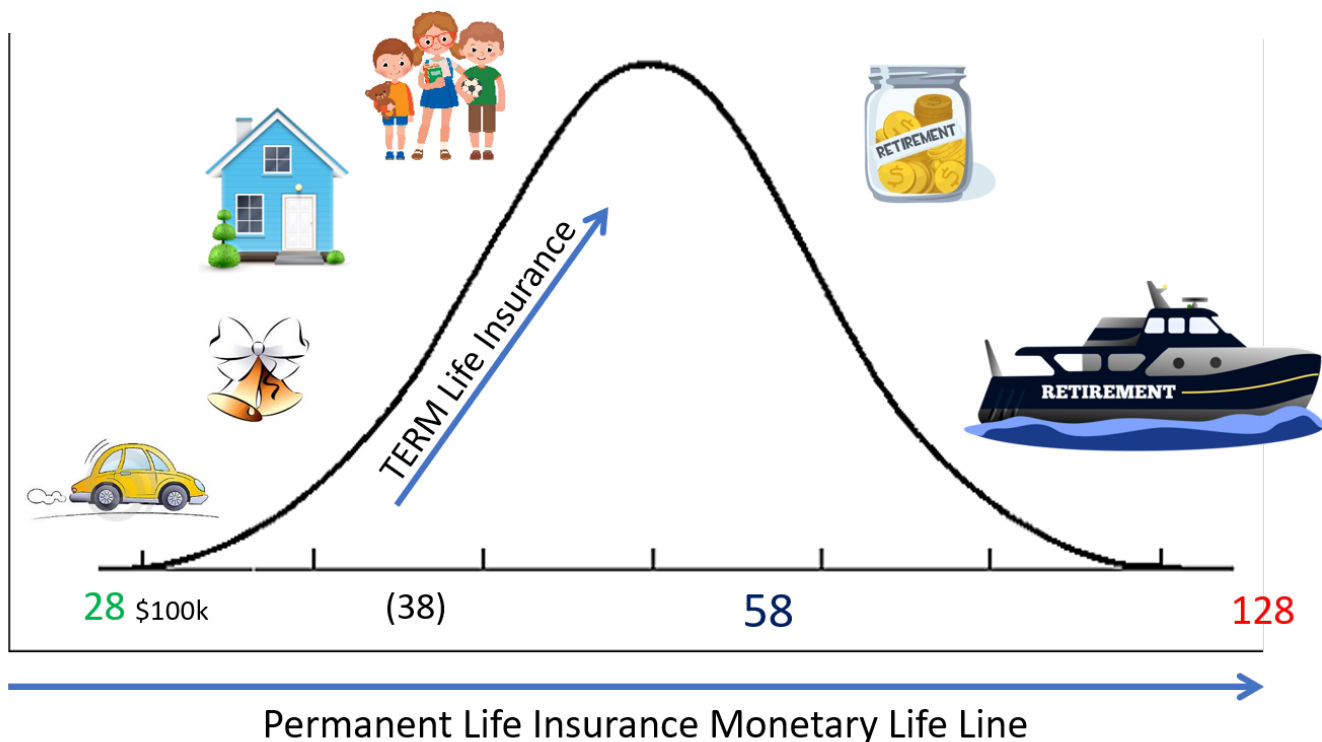
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RANCE 101

TERM LIFE INSURANCE

Term Life insurance is illustrated on the bell curve below. The term life offered is a group policy which allows you to get more benefit for less premium.

- Term life insurance is for the unexpected death
- Includes an Accidental Death & Dismemberment Benefit
- Term life insurance is flexible and allows changes to your benefit amount each year depending on life changes. For example, as you get married and have children the need for term insurance often increases. As you near retirement, the need for term life insurance often decreases.
- Coverage is portable at retirement or if you leave the employer (premium will increase)
- Premiums are based on age and increase as you get older



PERMANENT LIFE INSURANCE

Permanent Life Insurance is illustrated above along the bottom of the graph with a straight blue arrow.

- Permanent life insurance offers a stable premium along the lifetime of the policy
- Permanent life offers a level premium and is meant to take into retirement
- Permanent life is an issue age policy is based on the age when the policy is issued
- This is an individual plan you can take with you regardless of where you work

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VOLUNTARY TERM LIFE & AD&D INSURANCE



What is Voluntary-Term Life and Accidental Death & Dismemberment Insurance? A financial protection plan which provides a cash benefit to a beneficiary upon the death of the insured. Proceeds can be used to replace lost income during working years and help ensure your family's financial goals will still be met. AD&D coverage is included as a part of life insurance benefits, and will pay out a lump-sum death benefit in the event you or a covered loved one die accidentally or pass away as the direct result of an accident. This plan also has a dismemberment benefit which provides an additional lump sum payment if an insured becomes dismembered in an accident.

- Eligibility:** Eligible employees as described within the eligibility section of this guide, spouse & children* (up to age 26)
- Coverage through Mutual of Omaha
 - Must be actively at work on the effective date
 - If electing for the first time outside of the initial open enrollment period, health questions will be required
 - Employee must elect coverage on themselves in order to cover spouse and/or children
- * Child marital status does not impact benefits eligibility

Voluntary Term Life and AD&D Insurance Quick Summary	
LIFE AMOUNT	
Employee	Increments of \$1,000, up to \$500,000 or 5 x salary (Minimum of \$10,000)
Spouse	Increments of \$500 up to \$250,000 (not to exceed 100% of employee election; minimum of \$5,000)
Child(ren) (<26 years of age)	Increments of \$1,000 up to \$10,000
Child < 6 months	\$1,000
AD&D AMOUNT	
Equal to Life Amount - Employee & Spouse & Children	
GUARANTEED ISSUE (FIRST TIME INITIAL/NEW HIRE)	
Employee	\$100,000
Spouse	\$50,000
Child(ren)	\$10,000
ANNUAL BUY-UP	Employee: If enrolled, can increase by \$20,000 up to the Guaranteed Issue Amount Spouse: If enrolled, can increase by \$10,000 up to the Guaranteed Issue Amount
Age Reduction	50% at Age 80
Portability Provision	Included (Premium will increase)
Conversion	Included (Premium will change)
Living Care Benefit	80% up to \$100,000
Waiver of Premium	Included

Plan Rates

Cost of coverage is based on the level of benefit you choose and your age. Spouse rates are based on employee's age. Please consult with a Campus Benefits Counselor or log into the enrollment system for rate details.

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PERMANENT LIFE INSURANCE



What is Permanent Life Insurance? Provides lifelong protection and the ability to maintain a level premium.

- Eligibility:** Eligible employees as described within the eligibility section of this guide, spouse & children* (up to age 26)
- Coverage through UNUM
 - Must be actively at work on the effective date
 - Permanent Life offers the flexibility to meet a variety of personal needs while allowing employees the choice of benefit and premium amounts which fit their paycheck and lifestyle
 - Underwriting may be required. Coverage is not guaranteed
 - Keep your coverage at the same cost even if you retire or change employer
 - ** Married children can be covered on a standalone UNUM policy and not a child term rider*

Permanent Life Quick Summary	
LIFE AMOUNTS	
Employee	\$2,000 - \$300,000
Spouse	\$2,000 - \$75,000
Child	\$2,000 - \$50,000
PAID UP OPTION	Payable to age 120; Paid up option at age 70; Child always Paid Up at Age 70
ISSUE AGE	Employee & Spouse: 15-80 Child: 14 days - 26
EVIDENCE OF INSURABILITY	Required for most policies
GUARANTEED ISSUE AMOUNTS (FIRST-TIME, INITIAL ENROLLMENT)	
Employee	Up to \$12.00 of weekly cost (no health questions)
Spouse	Up to \$3.00 of weekly cost (one health question)



Plan Rates
Cost of coverage is based on the level of benefit you choose and your age.
Please consult with a Campus Benefits Counselor or log into the enrollment system for rate details.

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What is Dental Insurance? A health and wellness plan designed to pay a portion of dental costs associated with preventive, basic, some major dental care, as well as orthodontia.

- Eligibility:** Eligible employees as described within the eligibility section of this guide, spouse & children (up to age 26)
- Coverage through Ameritas
 - Must be actively at work on the effective date
 - Claims must be submitted within 90 days of service
 - In-Network Provider Directory: <https://dentalnetwork.ameritas.com/> (Network: Classic PPO)
 - Orthodontia only available for children up to age 19 (subject to lifetime max)
 - No waiting periods; Exams and cleanings are allowed 2 times each calendar year and do not have to be separated by 6 months.
 - *The chart below is a sample of covered services. Please see Plan Certificate for a detailed listing of services in their entirety. Plan Certificate available on your Employee Benefits website.*

Coinsurance	High Plan	Low Plan
Preventive (Type 1)	100%	100%
Basic (Type 2)	90%	80%
Major (Type 3)	60%	50%
Orthodontia	50%	Not Covered
Calendar Year Plan Maximum	\$1,000	\$500

Dental Benefits Quick Summary	
Calendar Year Deductible (Excludes Preventive)	\$50/person, \$150/family
Reimbursement Allowances	90th U&C
New Enrollee Waiting Period	None
Orthodontia (Lifetime) (Child<19)	\$1,250 (Child Only on high plan)

Plan Rates	High	Low
Employee	\$0.00	\$0.00
Employee + Spouse	\$55.60	\$32.08
Employee + Child(ren)	\$64.68	\$35.08
Employee + Family	\$109.14	\$61.24

- Register for your secure member account at ameritas.com.**
- The one-time set up is quick and easy:
- Go to ameritas.com
 - Sign in to your Customer (Member) Account under the Dental/Vision/Hearing drop down
 - On the Login page select "Register Now"
 - Complete the New User Registration form


Services	High Plan	Low Plan
Routine Exam	100%	100%
Bitewing X-rays	100%	100%
Cleaning	100%	100%
Fluoride	100%	100%
Full Mouth Panoramic X-rays	100%	100%
Restorative Amalgams/ Composites	90%	80%
Denture Repair	90%	80%
Simple Extractions	90%	80%
Anesthesia	90%	80%
Complex Extractions	60%	80%
Endodontics	60%	50%
Periodontics	60%	50%
Inlays / Onlays	60%	50%
Crowns & Repairs	60%	50%
Prosthodontics	60%	50%
Dental Implants	Not covered	Not covered
Full Prior Coverage	Covered	Covered
Preventive Plus	Included	
*Preventive Plus: preventive services do not apply to annual maximum		

DENTAL COVERAGE ID CARD

METRO RESA

JOHN DOE

GROUP ID # 44421

Ameritas

Call 800.487.5553 or visit ameritas.com for benefits information.

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VISION INSURANCE



What is Vision Insurance? A health and wellness plan designed to reduce your costs for routine preventive eye care including eye exams and prescription eye wear (eyeglasses and contact lenses).

Eligibility: Eligible employees as described within the eligibility section of this guide, spouse & children (up to age 26)

- Coverage through MetLife
- Must be actively at work on the effective date
- Claims must be submitted within 90 days of service
- Provider Network: <https://www.metlife.com/insurance/vision-insurance/#find-a-provider> (Network: **VSP Choice**)
- *The chart below is a sample of covered services. Please view the Plan Certificate for a detailed listing of services in their entirety, available on your Employee Benefits Website*

In-Network Vision Quick Summary	High Plan	Low Plan
Exam (with dilation as necessary)	\$10 Copay	\$10 Copay
Materials Copay	Included in Lens Copay	
Contact Lens Fit and Follow-Up (Standard)	Covered in Full	
Lasik or PRK	15% off retail or 5% off promotional	
Frames (See plan certificate for featured frames allowance)	\$200 allowance plus 20% off balance \$220 allowance on featured frames (\$110 allowance at Costco, Walmart, Sams)	\$150 allowance plus 20% off balance \$170 allowance on featured frames (\$85 allowance at Costco, Walmart, Sams)
Lenses		
Single Vision, Bifocal, Trifocal, Lenticular	\$10 Copay	\$25 Copay
Progressive Lenses	Up to \$55 Copay	
Additional Lens Options		
Standard UV Treatment	Cover in Full	
Standard Scratch Resistant	Covered in Full	
Standard Polycarbonate	Children: Covered in Full Adults: Up to \$35 Copay	
Standard Anti-Reflective Coating	Up to \$41 - \$85 Copay	
Transition Lenses	Up to \$47 - \$82 Copay	
Contact Lenses		
Elective Contacts	\$200 Allowance	\$150 Allowance
Medically Necessary	Covered in Full after eyewear Copay	
Frequencies		
Exams, Lenses, Contact Lenses and Frames	Every 12 months	Exams, Lenses, Contact Lenses: Every 12 Months Frames: Every 24 months
2nd Pair Benefit (Must be invoiced as two separate purchases)	Each covered person can get: <ul style="list-style-type: none">• 2 pairs of prescription eyeglasses OR• 1 pair of prescription eyeglasses & an allowance toward contacts OR• Double the contact lens allowance	2nd Pair Benefit - N/A

High Plan Rates
Employee \$12.23
Employee+Spouse \$23.30
Employee + Children \$24.51
Family \$36.04

Low Plan Rates
Employee \$7.43
Employee+Spouse \$14.13
Employee + Children \$14.88
Family \$21.87

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What is Critical Illness Insurance? A health and wellness plan in which you receive a lump sum cash payment if diagnosed with one of the specific illnesses on the predetermined list of critical illnesses.

- Eligibility:** Eligible employees as described within the eligibility section of this guide, spouse & dependent children (up to age 26)
- Coverage through MetLife
 - Must be actively at work on the effective date
 - Elect Critical Illness with or without Cancer coverage based on your individual needs
 - **Issue Age - Rates are locked in and will not increase with age**
 - **No health questions – Every Year!**
 - *The chart below is a sample of covered services. Please see Plan Certificate for a detailed listing of services in their entirety available on your Employee Benefits website.*

Critical Illness Benefits Quick Summary	Elect with or without Cancer
Employee	\$5,000, \$10,000 or \$20,000
Spouse	50% of Employee Amount
Dependent Children	50% of Employee Amount
COVERED SPECIFIED CRITICAL ILLNESSES	Pays % of Face Amount
Invasive Cancer (If selected)	100%
Non-Invasive Cancer (If selected)	25%
Skin Cancer (If selected)	5% (not less than \$250)
Benign Brain Tumor	100%
Coronary Artery Bypass Graft (CABG)	25%
Childhood Diseases (Cerebral Palsy, Cleft Lip or Cleft Palate, Cystic Fibrosis, Diabetes (Type 1), Down Syndrome, Sickle Cell Anemia, Spina Bifida)	100%
Functional Loss (Coma, Loss of: Ability to Speak; Hearing; or Sight, Paralysis of 2 or more limbs)	100%
Heart Attack	100%
Sudden Cardiac Arrest	50%
Infectious Diseases (Bacterial Cerebrospinal Meningitis, COVID-19, Diphtheria, Encephalitis, Legionnaire's Disease, Malaria, Necrotizing Fasciitis, Osteomyelitis, Rabies, Tetanus, Tuberculosis)	25% <i>*For a benefit to be payable, the covered person must have been treated for the disease in a hospital for 3 consecutive days.</i>
Stroke	100%
Major Organ Transplant (Bone marrow, Heart, Lung, Pancreas, and Liver)	100%
Kidney Failure	100%
Progressive Diseases (ALS, Alzheimer's Disease, Multiple Sclerosis, Muscular Dystrophy, Parkinson's Disease (Advanced), Systemic Lupus Erythematosus (SLE))	100%
Severe Burn	100%
Stroke	100%, 25% for TIA
ANNUAL WELLNESS INCENTIVE	\$50 - View the Wellness Incentives page for more details
Age Reduction	None
Pre-Existing Condition	None

Plan Rates

Cost of coverage is based on the level of benefit you choose and your age.
Please consult with a Campus Benefits Counselor or log into the enrollment system for rate details.

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ACCIDENT INSURANCE



What is Accident Insurance? This coverage is designed to help offset medical and out-of-pocket costs associated with unforeseen accidents. Payments made directly to you and benefits do not offset with medical insurance.

Eligibility: Eligible employees as described within the eligibility section of this guide, spouse & dependent children* (up to age 26)

- Coverage through MetLife
- **No health questions - Every Year!!**
- Payments made directly to you and benefits do not offset with medical coverage
- *The chart below is a sample of covered services. Please see the Plan Certificate for a detailed listing of services in their entirety, available on your Employee Benefits Website.*

* Child marital status may impact benefit eligibility

High Plan Rates
Employee \$12.75
Employee + Spouse \$19.24
Employee + Child(ren) \$23.76
Employee + Family \$30.25

Low Plan Rates
Employee \$7.02
Employee + Spouse \$10.52
Employee + Child(ren) \$12.88
Employee + Family \$16.38

Benefits Quick Summary	Low Plan	High Plan
INJURIES		
Fractures	\$100 - \$8,000	\$200 - \$10,000
Dislocations	\$100 - \$8,000	\$200 - \$10,000
Second and Third Degree Burns	\$75 - \$10,000	\$100 - \$15,000
Concussions	\$250	\$500
Cuts/Lacerations	\$50 - \$400	\$75 - \$700
Eye injuries	\$300	\$400
MEDICAL SERVICES & TREATMENT		
Ambulance (Ground)	\$300	\$400
Emergency Room Treatment	\$150	\$200
Abdominal or Thoracic Surgery	\$1,500	\$2,000
Physician Office Visit	\$75	\$100
ACCIDENTAL DEATH & DISMEMBERMENT (50% reduction at age 70)		
Accidental Death	\$25,000 - \$75,000*	\$50,000 - \$150,000*
Dismemberment	\$750 - \$20,000*	\$1,000 - \$40,000*
* Actual benefit amount paid depends on the type of Covered Loss. Child coverage can be found on the plan certificate		
Hospital Coverage (Accident)		
Hospital Admission	\$1,000	\$1,500
Hospital Stay (per day)	\$200 (Max 365 Days)	\$300 (Max 365 Days)
Intensive Care Unit Stay (per day)	\$200 (Max 365 Days)	\$300 (Max 365 Days)
Age Reduction	None	
Pre-existing Condition	None	
ANNUAL WELLNESS INCENTIVE	\$50 - View the Wellness Incentives page for more details	

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HOSPITAL INDEMNITY INSURANCE



What is Hospital Indemnity Insurance? Supplemental coverage that helps offset costs associated with hospital stays, whether for planned or unplanned reasons. Payments made directly to you and benefits do not offset with medical insurance.

Eligibility: Eligible employees as described within the eligibility section of this guide, spouse & dependent children* (up to age 26)

- Coverage through MetLife
 - **No health questions - Every Year!!**
 - No waiting period and no age reduction of benefits
 - Routine delivery of a child or by non-emergency Cesarean section are covered. Complications of pregnancy and emergency Cesarean section are covered.
 - No pre-existing condition limitation
 - *The chart below is a sample of covered services. Please see the Plan Certificate for a detailed listing of services in their entirety, available on your Employee Benefits Website.*
- * Child marital status may impact benefit eligibility*

Benefits Quick Summary	High Plan	Low Plan
Hospital Admission	\$1,000	\$500
ICU Supplemental Admission	\$1,000	\$500
Admission Benefit (4 times per calendar year - separated by 90 days)		
Confinement	\$200	\$100
ICU Supplemental Confinement	\$200	\$100
Confinement Benefit (365 days per calendar year)		
Confinement Benefit for Newborn Nursery Care (2 days per confinement)	\$50	\$25
Wellness Incentive	\$50 - View the Wellness Incentives page for more details	

High Plan Rates	
Employee	\$20.39
Employee + Spouse	\$37.92
Employee + Child(ren)	\$30.78
Employee + Family	\$48.31

Low Plan Rates	
Employee	\$11.05
Employee + Spouse	\$20.67
Employee + Child(ren)	\$16.86
Employee + Family	\$26.47

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WELLNESS INCENTIVES

GET REWARDED FOR PREVENTIVE CARE

What are Wellness Incentives? An annual reimbursement for covered members who complete one of the eligible screening procedures on your MetLife accident or critical illness, and hospital indemnity insurance plans.

Eligibility: You, spouse and dependents who are covered on the accident, critical illness, and hospital indemnity plans

How it works:

- If you or a covered dependent get one of the eligible screenings, you can file a wellness claim
- Once approved, you will receive a check for the wellness benefit amount
- The wellness incentive can be filed annually as long as your accident, critical illness, and hospital indemnity plans are in force

Available Wellness Incentives	
MetLife - Accident, Critical Illness, and Hospital Indemnity Plans	\$50/per covered person/ per year

What Qualifies as Wellness?	
MetLife Accident, Critical Illness, and Hospital Indemnity Plans	
Included but not limited to: <ul style="list-style-type: none">• Annual physical exam• Biopsies for cancer• Blood chemistry panel• Blood test to determine total cholesterol, triglycerides• Bone marrow testing• Breast MRI, ultrasound, sonogram• Cancer antigen 15-3 and 125 blood test for breast cancer (CA 15-3)/ovarian cancer (CA 125)• Carcinoembryonic antigen blood test for colon cancer (CEA)• Carotid doppler• Chest x-rays• Clinical testicular exam• Colonoscopy; Digital rectal exam (DRE)• Complete blood count (CBC)• Coronavirus testing• Doppler screening for cancer• Doppler screening for peripheral vascular disease• Echo cardiogram; Electrocardiogram (EKG)• Electroencephalogram (EEG)• Eye exam• Endoscopy• Fasting blood glucose/plasma test• Flexible sigmoidoscopy	<ul style="list-style-type: none">• Hearing test• Hemocult stool specimen• Hemoglobin A1C• Human papillomavirus (HPV) vaccination• Lipid panel• Mammogram• Oral cancer screening• Pap smears or thin prep pap test• Prostate-specific antigen (PSA) test• Serum cholesterol test to determine LDL or HDL• Serum protein electrophoresis• Skin Exam; Skin cancer biopsy; screening• Stress test on bicycle or treadmill• Successful completion of smoking cessation program• Tests for sexually transmitted infections (STIs)• Thermography• Two hour post load plasma glucose test• Ultrasounds for cancer detection• Ultrasounds screening for abdominal aortic aneurysms• Virtual colonoscopy
How to File a Wellness Claim?	
<ul style="list-style-type: none">• Call 1-800-GET-MET8. (800-438-6388)• File your Health Screening Benefit online through the MyBenefits portal at www.metlife.com/mybenefits or by mail with a paper claim form.	

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FLEXIBLE SPENDING ACCOUNTS

What are Medical Flexible Spending Accounts (FSAs)? A pre-tax benefit account used to pay for out-of-pocket healthcare costs such as deductibles, co-pays, prescribed medication, and some over the counter medications.

What are Dependent Care Accounts? A pre-tax benefit account used to pay for dependent care services such as preschool, summer day camp, before or after school programs, and child or elder daycare.

Eligibility: Eligible employees as described within the eligibility section of this guide, spouse & children (up to age 26 for Medical FSA and ages 12 and under for Dependent Care FSA)

- Coverage through MedCom
- Must be actively at work on the effective date
- **Plan Year: July 1st - June 30th**
- Only family status changes will allow you to change your annual election. The altered election must be consistent with the status change
- Married and not filing jointly participants limited to \$2,500 deferral for Dependent Care
- Transfer of funds between the Dependent Care and Medical Care accounts are not allowed
- *Please visit your Employee Benefits website for a complete listing of eligible expenses and qualifying dependent care services.*

FSA Benefits Quick Summary	
MEDICAL FSA ACCOUNT	
Minimum Contribution	\$300 annually
Maximum Contribution	\$3,200 annually
CARRYOVER MAX- Amount of funds carried over to the next year, Must enroll in FSA to access carryover funds.	\$640 <i>*Must re-enroll in order to access carryover funds</i>
*Funds are available at the beginning of the plan year.	
DEPENDENT CARE FSA ACCOUNT	
Minimum Contribution	\$300
Maximum Contribution	\$5,000
CARRYOVER FUNDS	None (Unused funds are forfeited)
Funds are available as they are payroll deducted	
Plan Rules	
RUNOUT PERIOD- The amount of time to turn in receipts for services rendered during the plan year.	30 days from plan end date
GRACE PERIOD- Time to incur claims after the end of the plan year.	None

Rates	
FSA/DCAP Fee Per Participant Per Month	\$4.00
Replacement Card Fee	\$5.00

IMPORTANT NOTE:

Dependent Care FSA is for eligible expenses related to the care of your child, disabled spouse, elderly parent, or other dependent who is physically or mentally unable for self-care (i.e. day care, adult day care) or is disabled. Medical expenses for your dependent are not eligible for reimbursement under the Dependent Care account.

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HELPFUL FSA RESOURCES

What is covered under Medical FSA Accounts?

- Medical coinsurance and deductible
- Doctor's office visit copays
- Emergency Room costs
- Dental copays and out-of-pocket costs
- Vision copays and out-of-pocket costs
- Contacts and Glasses
- Prescriptions
- *Please see the full eligibility list for other covered expenses*

FSA Eligibility List

<https://fsastore.com/FSA-Eligibility-List.aspx>

FSA Calculator

(estimates how much you can save with an FSA)
<https://fsastore.com/fsa-calculator>

Who is covered under Dependent Care Accounts?

- Children ages 12 and under (including stepchildren, grandchildren, adopted or foster children, and children related to you who are eligible for a tax exemption on your federal tax return).
- Tax dependents residing with you and incapable of self-care (this could include your spouse, a child age 13 and over, and elderly parents).

The CARES Act permanently reinstates over-the counter products, and adds menstrual care products for the first time, as eligible expenses for your FSA funds WITHOUT A PRESCRIPTION!

Eligible items for purchase without a prescription now include, but are not limited to:

- Pain relief medications, e.g., acetaminophen, ibuprofen, naproxen sodium
- Cold & flu medications
- Allergy medications
- Acne treatments
- Eye drops
- Stomach & digestive aids
- Pads, Tampons and Menstrual sponges
- Sleep aids
- Children's pain relievers, allergy medicines, and digestive aids



Your Benefits Are Going **MOBILE**

In the App Store go to: MedCom Mobile

Online Portal and Access to information:
<https://medcom.wealthcareportal.com>

free smartphone application for even more
convenience!



IMPORTANT NOTE:

Dependent Care FSA is for eligible expenses related to the care of your child, disabled spouse, elderly parent, or other dependent who is physically or mentally unable for self-care (i.e. day care, adult day care) or is disabled. Medical expenses for your dependent are not eligible for reimbursement under the Dependent Care account.

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THE SMART WAY TO REDUCE YOUR HEALTHCARE COSTS

What is MedCareComplete? Provides a bundle of services constructed to save you time and money while simplifying your life.

Eligibility: Eligible employees as described within the eligibility section of this guide, spouse & unmarried children (up to age 26)

- Must be actively at work on the effective date
- This is a supplemental benefit and does not replace health insurance
- Register @ MCC: [Medcarecomplete.com/members](https://medcarecomplete.com/members) to access the full range of benefits
- Register @ 1800MD: 1800md.com or 800.388.8785 to access telemedicine benefits

Included With the MedCareComplete Membership:

-  Medical Bill Negotiator
-  Medication Management
-  Telemedicine
-  Medical & ID Theft Monitoring
-  Restoration Expert
-  Expense Reimbursement
-  Social Media Tracking
-  Sex Offender Alerts

Medical Bill Negotiator

A medical bill advocate will identify and appeal common billing errors and overcharges on your behalf. Advocates provide continuous support throughout the appeal that typically results in an average savings of 40% on 80% of the bills reviewed.

Telemedicine

Get 24/7/365 on-demand telephone access to Board-certified physicians for diagnosis and prescriptions for common and acute illnesses.

Individual Rate	Family Rate
\$10.50 Per Month	\$12.50 Per Month
NO COPAY	

Acute Illnesses include but are not limited to the following:

- Asthma

Fever

Headache

Infections
- Migraines

Rashes

Bacterial Infections

Diarrhea
- Heartburn

Sinus Conditions

Urinary Tract Infections
- Bronchitis

Ear Infection

Gout

Joint Aches
- Pink Eye

Sore Throat

Cold & Flu

Nausea & Vomiting

Medical & ID Theft Protection

Service monitors the internet for instances of your personal health and financial information to protect you from becoming a victim of identity theft. The security of your personal health information (PHI) can have a large impact on the medical care you receive.

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What is a Legal Plan? A plan which provides valuable legal and financial educational resources for a variety of life events and needs.

Eligibility: Eligible full-time employees working 20+ hours/week, spouse and dependent children* (up to age 26)

- Coverage through MetLife
- Elder Care extends to parents and in-laws
- Visit <https://www.legalplans.com/why-enroll> or call 800.821.6400 for additional information
- Non-Members & Members create an account and select Employer for plan information (creating an account doesn't enroll you in plans)
- Plan Certificate available on your Employee Benefits Website (<https://www.metroresabenefits.com/>)

	Low Plan Quick Summary	High Plan Quick Summary					
Money Matters	<ul style="list-style-type: none">• Identity Theft Defense• Negotiations with Creditors• Promissory Notes• Debt Collection Defense• Tax Collection Defense	<ul style="list-style-type: none">• Identity Theft Defense• Negotiations with Creditors• Promissory Notes• Debt Collection Defense• Tax Collection Defense	<ul style="list-style-type: none">• Personal Bankruptcy• LifeStages Identity Management• Tax Audit Representation• Financial Education Workshops				
Home & Real Estate	<ul style="list-style-type: none">• Deeds• Mortgages• Foreclosure• Tenant Negotiations• Eviction Defense• Security Deposit Assistance	<ul style="list-style-type: none">• Deeds• Mortgages• Foreclosure• Tenant Negotiations• Eviction Defense• Security Deposit Assistance	<ul style="list-style-type: none">• Sale or Purchase (Primary or Vacation Home)• Refinancing & Home Equity• Property Tax Assessments• Boundary & Title Disputes• Zoning Applications				
Estate Planning	<ul style="list-style-type: none">• Simple and Complex Wills• Healthcare Proxies• Living Wills• Codicils• Powers of Attorney (Healthcare, Financial, Childcare, Immigration)	<ul style="list-style-type: none">• Simple and Complex Wills• Healthcare Proxies• Living Wills• Codicils• Powers of Attorney (Healthcare, Financial, Childcare, Immigration)	<ul style="list-style-type: none">• Revocable & Irrevocable Trusts				
Family & Personal	<ul style="list-style-type: none">• Guardianship• Conservatorship• Name Change• Review of ANY Personal Legal Document• School Hearings• Demand Letters• Affidavits• Personal Property Issues• Garnishment Defense• Domestic Violence Protection	<ul style="list-style-type: none">• Guardianship• Conservatorship• Name Change• Review of ANY Personal Legal Document• School Hearings• Demand Letters• Affidavits• Personal Property Issues• Garnishment Defense• Domestic Violence Protection	<ul style="list-style-type: none">• Juvenile Court Defense (Including Criminal Matters)• Parental Responsibility Matters• Review of Immigration Documents• Prenuptial Agreement• Adoption				
Civil Lawsuits	<ul style="list-style-type: none">• Disputes over Consumer Goods & Services• Administrative Hearings• Incompetency Defense	<ul style="list-style-type: none">• Disputes over Consumer Goods & Services• Administrative Hearings• Incompetency Defense	<ul style="list-style-type: none">• Civil Litigation Defense & Mediation• Small Claims Assistance• Pet Liabilities				
Elder Care Issues	Consultation & Document review for issues related to your (or spouses) parents: <ul style="list-style-type: none">• Medicare• Medicaid• Prescription Plans• Nursing Home Agreements• Leases• Promissory Notes• Deeds• Wills• Power of Attorney	Consultation & Document review for issues related to your (or spouses) parents: <ul style="list-style-type: none">• Medicare• Medicaid• Prescription Plans• Nursing Home Agreements• Leases• Promissory Notes• Deeds• Wills• Power of Attorney	<table><tr><th>Low Plan</th><th>High Plan</th></tr><tr><td>\$8.00 Per Month</td><td>\$16.50 Per Month</td></tr></table>	Low Plan	High Plan	\$8.00 Per Month	\$16.50 Per Month
Low Plan	High Plan						
\$8.00 Per Month	\$16.50 Per Month						
Vehicle & Driving	<ul style="list-style-type: none">• Repossession• Defense of Traffic Tickets• Driving Privileges Restoration• License Suspension due to DUI	<ul style="list-style-type: none">• Repossession• Defense of Traffic Tickets• Driving Privileges Restoration• License Suspension due to DUI	<table><tr><td colspan="2">NO COPAY for In-Network</td></tr></table>	NO COPAY for In-Network			
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STATE HEALTH BENEFIT PLAN

Notice: Metro RESA offers all eligible employees health insurance through the Georgia State Health Benefit Plan. During the annual open enrollment, employees have the opportunity to review all available options and make elections for the upcoming plan year.

- Coverage through Anthem BCBS of GA, United Healthcare, or Kaiser Permanente
- All qualifying life events must be submitted via the SHBP Portal.
- Kaiser Permanente is only available in the Atlanta Metro area.
- Plan year is January 1- December 31, with enrollment in the fall of each year.
- **Attention to participants approaching age 65 and/or retirement:** Please review: <https://shbp.georgia.gov/retirees-0/turning-age-65>

SHBP Enrollment Portal:

<https://myshbpga.adp.com>

How to Enroll:



1. Go to <https://myshbpga.adp.com>
2. Enter your Username and Password and click Login
If you need assistance, click on “Forgot User ID?” or “Forgot Your Password?”
3. If you have not registered, click “Register Here”
4. Your registration code is **SHBP-GA**

SHBP Wellness Portal:

<https://bewellshbp.com>

SHBP Decision Guide:

This Guide provides a brief explanation about each health benefit option, a benefit comparison guide, and a list of things to consider before making plan decisions.

Access the decision guide at:
<https://shbp.georgia.gov/>

SHBP Phone Number: 800.610.1863

Wellness Credits	Anthem HMO MyIncentive Account (MIA)	Anthem Health Reimbursement Arrangement (HRA)	Kaiser Permanente (KP) Regional HMO	UHC HMO & HDHP Health Incentive Account (HIA)
	Up to	Up to		Up to
Member	480 credits	480 credits	\$500*	480 credits
Spouse	480 credits	480 credits	\$500*	480 credits
Reward Card credits for member/spouse	N/A	N/A	N/A	\$250 Reward Card (covered member & spouse)
Potential Total credits/dollars	960 credits	960 credits	\$1,000*	1,460 credits

Please review the Active Decision Guide for full incentive program details and requirements.
Anthem: Members enrolled in an Anthem HRA Plan Option will receive SHBP-funded base credits at the beginning of the Plan Year. The amount funded will be based on your elected coverage tier. If you enroll in a HRA during the Plan Year, these credits will be prorated based on the elected coverage tier and the months remaining in the current Plan Year.
*KP: Members enrolled in the KP Regional HMO Plan Option and their covered spouses will each receive a \$500 reward card after they each satisfy KP's Wellness Program requirements.
**UnitedHealthcare: Members and their covered spouses enrolled in an UnitedHealthcare Plan Option can each earn a 240 well-being incentive credit match with a maximum combined up to 480 well-being incentive credits matched by UnitedHealthcare for completing wellness requirements under the plan. After credits are added to your HIA, any remaining credits will rollover to the next plan year.

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2025 SHBP PLANS & PRICING

The table below is a high level overview, for official details and plan information please review the SHBP Decision Guide.

Plan Designs for 2025											
	Anthem Gold Plan HRA		Anthem Silver Plan HRA		Anthem Bronze Plan HRA		Anthem HMO In	UHC HMO In	UHC HDHP Out		Kaiser HMO* In
	In	Out	In	Out	In	Out			In	Out	
Deductible											
You	\$1,500	\$3,000	\$2,000	\$4,000	\$2,500	\$5,000	\$1,300	\$1,300	\$3,500	\$7,000	N/A
You + Spouse	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500	\$1,950	\$1,950	\$7,000	\$14,000	N/A
You + Child(ren)	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500	\$1,950	\$1,950	\$7,000	\$14,000	N/A
You + Family	\$3,000	\$6,000	\$4,000	\$8,000	\$5,000	\$10,000	\$2,600	\$2,600	\$7,000	\$14,000	N/A
Medical OOPM (Out of Pocket Maximum)											
You	\$4,000	\$8,000	\$5,000	\$10,000	\$6,000	\$12,000	\$4,000	\$4,000	\$6,450	\$12,900	\$6,350
You + Spouse	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000	\$6,500	\$6,500	\$12,900	\$25,800	\$12,700
You + Child(ren)	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000	\$6,500	\$6,500	\$12,900	\$25,800	\$12,700
You + Family	\$8,000	\$16,000	\$10,000	\$20,000	\$12,000	\$24,000	\$9,000	\$9,000	\$12,900	\$25,800	\$12,700
Coinsurance (Plan Pays)	85%	60%	80%	60%	75%	60%	80%	80%	70%	50%	100%
HRA (Health Reimbursement Arrangement) Credits											
You	\$400		\$200		\$100		N/A	N/A	N/A		N/A
You + Spouse	\$600		\$300		\$150		N/A	N/A	N/A		N/A
You + Child(ren)	\$600		\$300		\$150		N/A	N/A	N/A		N/A
You + Family	\$800		\$400		\$200		N/A	N/A	N/A		N/A
Medical											
ER	Coins after ded		Coins after ded		Coins after ded		\$150 copay	\$150 copay	Coins after ded		\$150 copay
Urgent Care	Coins after ded		Coins after ded		Coins after ded		\$35 copay	\$35 copay	Coins after ded		\$35 copay
PCP Visit	Coins after ded		Coins after ded		Coins after ded		\$35 copay	\$35 copay	Coins after ded		\$35 copay
Specialist Visit	Coins after ded		Coins after ded		Coins after ded		\$45 copay	\$45 copay	Coins after ded		\$45 copay
Preventative	100%	N/A	100%	N/A	100%	N/A	100%	100%	100%	N/A	100%
Retail Rx											
Tier 1	15%, Min \$20, Max \$50		15%, Min \$20, Max \$50		15%, Min \$20, Max \$50		\$20 copay	\$20 copay	Coins after ded		\$20 copay
Tier 2	25%, Min \$50, Max \$80		25%, Min \$50, Max \$80		25%, Min \$50, Max \$80		\$50 copay	\$50 copay	Coins after ded		\$50 copay
Tier 3	25%, Min \$80, Max \$125		25%, Min \$80, Max \$125		25%, Min \$80, Max \$125		\$90 copay	\$90 copay	Coins after ded		\$80 copay
Mail Order Rx											
Tier 1	15%, Min \$50 Max \$125		15%, Min \$50, Max \$125		15%, Min \$50, Max \$125		\$50 copay	\$50 copay	Coins after ded		\$50 copay
Tier 2	25%, Min \$125, Max \$200		25%, Min \$125, Max \$200		25%, Min \$125, Max \$200		\$125 copay	\$125 copay	Coins after ded		\$125 copay
Tier 3	25%, Min \$200, Max \$313		25%, Min \$200, Max \$313		25%, Min \$200, Max \$313		\$225 copay	\$225 copay	Coins after ded		\$200 copay
Rx OOPM											
All Plans Combined with Medical											
Monthly Premiums	Anthem Gold Plan HRA		Anthem Silver Plan HRA		Anthem Bronze Plan		Anthem HMO	UHC HMO	UHC HDHP		Kaiser HMO*
Employee	\$194.67		\$131.17		\$82.67		\$157.53	\$196.58	\$72.69		\$157.53
Employee + CH	\$355.26		\$247.31		\$164.86		\$292.12	\$358.50	\$147.89		\$292.12
Employee + SP	\$482.76		\$349.41		\$247.56		\$404.77	\$486.77	\$226.60		\$404.77
Family	\$643.35		\$465.55		\$329.75		\$539.36	\$648.69	\$301.80		\$539.36
An \$80 tobacco surcharge will be added to all rates for tobacco users.											

*The Kaiser HMO plan is only available in the Atlanta Metro area.

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SHBP DISCLOSURE NOTICES



The following important legal notices are posted on the State Health Benefit Plan (SHBP) website at www.shbp.georgia.gov under Plan Documents. Please review these notices in their entirety,

Penalties for Misrepresentation: If an SHBP participant misrepresents eligibility information when applying for coverage during change of coverage or when enrolling in benefits, the SHBP may take adverse action against the participants, including, but not limited to terminating coverage (for the participant and his or her dependents) or imposing liability to the SHBP for fraud indemnify (requiring payment for benefits to which the participant or his or her beneficiaries were not entitled). Penalties may include a lawsuit, which may result in payment of charges to the Plan or criminal prosecution in a court of law. To avoid enforcement of the penalties, the participant must notify the SHBP immediately if a dependent is no longer eligible for coverage or if the participant has questions or reservations about the eligibility of a dependent. This policy may be enforced to the fullest extent of the law.

Federal Patient Protection and Affordable Care Act (Choice of Primary Care Physician): The Plan generally allows the designation of a Primary Care Physician/Provider (PCP). You have the right to designate any PCP who participates in the Claims Administrator's network, and who is available to accept you or your family members. For children, you may also designate a pediatrician as the PCP. For information on how to select a PCP, and for a list of participating PCPs, call the telephone number on the back of your Identification Card.

Access to Obstetrical and Gynecological (OB/GYN) Care: You do not need prior authorization from the Plan or from any other person (including a PCP) in order to obtain access to obstetrical or gynecological care from a health care professional in the Claims Administrator's network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, call the telephone number on the back of your Identification Card.

HIPAA Special Enrollment Notice: If you decline enrollment for yourself or your Dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your Dependents if you or your Dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your Dependents' other coverage). However, you must request enrollment within 31 days after your or your Dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new Dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new Dependents. However, you must request enrollment within thirty-one (31) days after the marriage or adoption, or placement for adoption (or within 90 days for a newly eligible dependent child).

Eligible Covered Persons and Dependents may also enroll under two additional circumstances:

- The Covered Person's or Dependent's Medicaid or Children's Health Insurance Program (CHIP) coverage is terminated as a result of loss of eligibility; or
- The Covered Person or Dependent becomes eligible for a subsidy (State Premium Assistance Program).

NOTE: The Covered Person or Dependent must request Special Enrollment within sixty (60) days of the loss of Medicaid/CHIP or of the eligibility determination. To request Special Enrollment or obtain more information, call SHBP Member Services at 1-800-610-1863 or visit the SHBP Enrollment Portal: mySHBPga.adp.com.

Women's Health and Cancer Rights Act of 1998: The Plan complies with the Women's Health and Cancer Rights Act of 1998. Mastectomy, including reconstructive surgery, is covered the same as other medical and surgical benefits under your Plan Option. Following cancer surgery, the SHBP covers:

- All stages of reconstruction of the breast on which the mastectomy has been performed
- Reconstruction of the other breast to achieve a symmetrical appearance
- Prostheses and mastectomy bras
- Treatment of physical complications of mastectomy, including lymphedema

NOTE: Reconstructive surgery requires prior approval, and all Inpatient admissions require prior notification. For more detailed information on the mastectomy-related benefits available under your Plan option, call the telephone number on the back of your Identification Card.

Newborns' and Mothers' Health Protection Act of 1996: This The Plan complies with the Newborns' and Mothers' Health Protection Act of 1996.

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 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, as applicable).

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT NOTICE OF INFORMATION PRIVACY PRACTICES

Georgia Department of Community Health State Health Benefit Plan Notice of Information Privacy Practices

The purpose of this notice is to describe how medical information about you, which includes your personal information, may be used and disclosed and how you can get access to this information. Please review it carefully.

The Georgia Department of Community Health (DCH) and the State Health Benefit Plan Are Committed to Your Privacy.

DCH understands that your information is personal and private. Certain DCH employees and companies hired by DCH to help administer the Plan (Plan Representatives) use and share your personal and private information in order to administer the Plan. This information is called "Protected Health Information" (PHI), and includes any information that identifies you or information in which there is a reasonable basis to believe can be used to identify you and that relates to your past, present, or future physical or mental health or condition, the provision of health care to you, and payment for those services. This notice tells how your PHI is used and shared by DCH and Plan Representatives. DCH follows the information privacy rules of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

Only Summary Information is Used When Developing and/or Modifying the Plan. The Board of Community Health, which is the governing Board of DCH, the Commissioner of DCH and the Executive Director of the Plan administer the Plan and make certain decisions about the Plan. During those processes, they may review certain reports that explain costs, problems, and needs of the Plan. These reports never include information that identifies any individual person. If your employer is allowed to leave the Plan entirely, or stop offering the Plan to a portion of its workforce, DCH may provide Summary Health Information (as defined by federal law) for the applicable portion of the workforce. This Summary Health Information may only be used by your employer to obtain health insurance quotes from other sources and make decisions about whether to continue to offer the Plan. Please note that DCH, Plan Representatives, and your employer are prohibited by law from using any PHI that includes genetic information for underwriting purposes.

Plan "Enrollment Information" and "Claims Information" are Used in Order to Administer the Plan. PHI includes two kinds of information, "Enrollment Information" and "Claims Information". "Enrollment Information" includes, but is not limited to, the following types of information regarding your plan enrollment: (1) your name, address, email address, Social Security number and all information that validates you (and/or your Spouse and Dependents) are eligible or enrolled in the Plan; (2) your Plan enrollment choice; (3) how much you pay for premiums; and (4) other health insurance you may have in effect. There are certain types of "Enrollment Information" which may be supplied to the Plan by you or your personal representative, your employer, other Plan vendors or other governmental agencies that may provide other benefits to you.

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SHBP DISCLOSURE NOTICES



This “Enrollment Information” is the only kind of PHI your employer is allowed to obtain. Your employer is prohibited by law from using this information for any purpose other than assisting with Plan enrollment. “Claims Information” includes information your health care providers submit to the Plan. For example, claims information may include medical bills, diagnoses, statements, x-rays or lab test results. It also includes information you may submit or communicate directly to the Plan, such as health questionnaires, biometric screening results, enrollment forms, leave forms, letters and/or telephone calls. Lastly, it includes information about you that may be created by the Plan. For example, it may include payment statements and/or other financial transactions related to your health care providers.

Your PHI is Protected by HIPAA. Under HIPAA, employees of DCH and employees of outside companies and other vendors hired or contracted either directly or indirectly by DCH to administer the Plan are “Plan Representatives,” and therefore must protect your PHI. These Plan Representatives may only use PHI and share it as allowed by HIPAA, and pursuant to their “Business Associate” agreements with DCH to ensure compliance with HIPAA and DCH requirements.

DCH Must Ensure the Plan Complies with HIPAA. DCH must make sure the Plan complies with all applicable laws, including HIPAA. DCH and/or the Plan must provide this notice, follow its terms and update it as needed. Under HIPAA, Plan Representatives may only use and share PHI as allowed by law. If there is a breach of your PHI, DCH must notify you of the breach.

Plan Representatives Regularly Use and Share your PHI in Order to Administer the Plan. Plan Representatives may verify your eligibility in order to make payments to your health care providers for services rendered. Certain Plan Representatives may work for contracted companies assisting with the administration of the Plan. By law, these Plan Representative companies also must protect your PHI. HIPAA allows the Plan to use or disclose PHI for treatment, payment, or health care operations. Below are examples of uses and disclosures for treatment, payment and health care operations by Plan Representative Companies and PHI data sharing.

Claims Administrator Companies: Plan Representatives process all medical and drug claims; communicate with the Plan Members and/or their health care providers.

Wellness Program Administrator Companies: Plan Representatives administer Well- Being programs offered under the Plan; and communicate with the Plan Members and/or their health care providers.

Actuarial, Health Care and/or Benefit Consultant Companies: Plan Representatives may have access to PHI in order to conduct financial projections, premium and reserve calculations, and financial impact studies on legislative policy changes affecting the Plan.

State of Georgia Attorney General’s Office, Auditing Companies and Outside Law Firms: Plan Representatives may provide legal, accounting and/or auditing assistance to the Plan.

Information Technology Companies: Plan Representatives maintain and manage information systems that contain PHI. Enrollment Services Companies: Plan Representatives may provide the enrollment website and/or provide customer service to help Plan Members with enrollment matters.

NOTE: Treatment is not provided by the Plan but we may use or disclose PHI in arranging or approving treatment with providers. Under HIPAA, all employees of DCH must protect PHI and all employees must receive and comply with DCH HIPAA privacy training. Only those DCH employees designated by DCH as Plan Representatives for the SHBP health care component are allowed to use and share your PHI.

DCH and Plan Representatives May Make Uses or Disclosures Permitted by Law in Special Situations. HIPAA includes a list of special situations when the Plan may use or disclose your PHI without your authorization as permitted by law. The Plan must track these uses or disclosures. Below are some examples of special situations where uses or disclosures for PHI data sharing are permitted by law. These include, but are not limited to, the following: **Compliance with a Law or to Prevent Serious Threats to Health or Safety:** The Plan may use or share your PHI in order to comply with a law or to prevent a serious threat to health and safety.

Public Health Activities: The Plan may give PHI to other government agencies that perform public health activities.

Information about Eligibility for the Plan and to Improve Plan Administration: The Plan may give PHI to other government agencies, as applicable, that may provide you or your dependents benefits (such as state retirement systems or other state or federal programs) in order to get information about you or your dependent’s eligibility for the Plan, to improve administration of the Plan, or to facilitate your receipt of other benefits.

Research Purposes: Your PHI may be given to researchers for a research project, when the research has been approved by an institutional review board. The institutional review board must review the research project and its rules to ensure the privacy of your information.

Plan Representatives Share Some Payment Information with the Employee. Except as described in this notice, Plan Representatives are allowed to share your PHI only with you and/or with your legal personal representative. However, the Plan may provide limited information to the employee about whether the Plan paid or denied a claim for another family member.

You May Authorize Other Uses of Your PHI. Plan Representatives may not use or share your PHI for any reason that is not described in this notice without a written authorization by you or your legal representative. For example, use of your PHI for marketing purposes or uses or disclosures that would constitute a sale of PHI are illegal without this written authorization. If you give a written authorization, you may revoke it later.

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

Right to Inspect and Obtain a Copy of your Information, Right to Ask for a Correction: You have the right to obtain a copy of your PHI that is used to make decisions about you. If you think it is incorrect or incomplete, you may contact the Plan to request a correction.

Right to Ask for a List of Special Uses and Disclosures: You have the right to ask for a list of all special uses and disclosures.

Right to Ask for a Restriction of Uses and Disclosures or for Special Communications: You have the right to ask for added restrictions on uses and disclosures, but the Plan is not required to agree to a requested restriction, except if the disclosure is for the purpose of carrying out payment or health care operations, is not otherwise required by law, and pertains solely to a health care item or service that you or someone else on your behalf has paid in full. You also may ask the Plan to communicate with you at a different address or by an alternative means of communication in order to protect your safety.

Right to a Paper Copy of this Notice and Right to File a Complaint: You have the right to a paper copy of this notice. Please contact the SHBP Member Services at 1-800-610-1863 or you may download a copy at shbp.georgia.gov. If you think your HIPAA privacy rights may have been violated, you may file a complaint. You may file the complaint with the Plan and/or the U.S. Department of Health & Human Services, Office of Civil Rights, Region IV. You will never be penalized by the Plan or your employer for filing a complaint.

Summaries of Benefits and Coverage Summaries of benefits and coverage describe each Plan Option in the standard format required by the Affordable Care Act. These documents are posted here: shbp.georgia.gov. To request a paper copy, please contact SHBP Member Services at 800-610-1863.

Georgia Law Section 33-30-13 Notice: SHBP actuaries have determined that the total cost of coverage (which includes the cost paid by the State and the cost paid by members) under all options is 0% higher than it would be if the Affordable Care Act provisions did not apply.

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The Service Hub Helps With:

- Portability/Conversion
- Benefits Education
- Evidence of Insurability
- Qualified Life Event Changes
- Claims
- Card Requests
- Benefit Questions
- COBRA Information

Phone: 866.433.7661, opt 5

Email: mybenefits@campusbenefits.com

Benefit website address: MetroResaBenefits.com

The 2025 Benefits Enrollment Guide is provided for illustrative purposes only. Actual benefits, eligibility, services, premiums, claims processes and all other features and plan designs for coverage offered is governed exclusively by the insurance contract and associated Summary Plan Description (SPD). In case of discrepancies between this document and the insurance contract and SPD, the contract and SPD will prevail.

We reserve the right to change, modify, revise, amend or terminate these plan offerings at any time. Updates, changes and notices are all located at MetroResaBenefits.com. These should be reviewed fully prior to electing any benefits.