





Benefits & You

Your 2019 guide to benefits for your health





THE OFFICE OF THE SUPERINTENDENT

160 S. Hollywood Street • Memphis, TN 38112 • (901) 416-5300 • Fax (901) 416-5578 • www.scsk12.org

Dorsey E. Hopson, II Superintendent

Colleagues,

We understand how hard you work, and it would be impossible to fully express our gratitude. Our people truly are our best asset, and we hope our benefits offerings for 2019 reflects how much we appreciate all of you. The wellness activities you took part in over the past year played a large part in the positive financial experience our plans have seen.

We hope that over the coming year you will continue to participate in initiatives that help us all build a strong and healthy work environment. We are committed to providing you with comprehensive and affordable health care options that benefit your entire family. During the last couple of years, we have made great strides in offering competitive services and offerings and we continue to control costs for our employees.

Our open enrollment for your 2019 benefits will take place from November 5, 2018 to November 19, 2018. As you prepare to make important decisions about your benefits options, here are a few highlights to consider:

- For the second year, there will be no premium rate increase for Medical, Dental and Vision.
- Adding two new discount programs: ASPCA Pet Insurance & LegalShield/IDShield.
- Adding a Financial Wellness Student Loan Program.

This is a small demonstration of our commitment to provide a benefits package that meets the evolving needs of our employees. For more details and to learn about these and all of our offerings please visit www.scsk12.org/benefits-for-active-employees/ or call 901-416-5304.

Thank you all for all that you do! #SCSis901

Sincerely,

Dorsey E. Hopson, II Superintendent

YOUR BENEFITS

This Annual Open Enrollment Guide provides highlights of benefits and features of the health care and other plans available to you as an employee of Shelby County Schools.

This booklet contains:

- Benefit plan descriptions
- Premium rates for each benefit plan
- Instructions on how to enroll
- Who to contact with questions

Your annual required notices have been posted to the employee website.

Choose your benefits wisely as there will not be another Annual Open Enrollment opportunity for 2019 benefits. Your next opportunity to make benefit changes will be the next Annual Open Enrollment period in 2019, unless you experience a qualified life event change (i.e., birth of a child, marriage, etc.).

Once you review your benefit options and are ready to do your online enrollment, go to Cigna's Online Benefits website www.cgsmarketplace.com between November 5, 2018 – November 19, 2018 and use the convenient benefits enrollment tool. Please see pages 12 & 13 for more information on how to enroll.

OPEN ENROLLMENT PERIOD BEGINS

Monday, November 5, 2018, and ends Monday, November 19, 2018

Open Enrollment Benefits Fair
will be held on:
Tuesday, November 13, 2018,
from 4:30 PM - 6:30 PM
Board of Education's Avery Auditorium
160 S. Hollywood

WHAT YOU NEED TO KNOW

Read this carefully:

- There is no change in employee contributions for medical, dental or vision coverage for 2019.
- If you wish to make a change during this period, it will be effective January 1, 2019, to December 31, 2019.
- Employees may continue their current payroll deducted supplemental benefits.
- NEW FOR 2019 Employees can purchase Pet Insurance during Open Enrollment. Program information can be found on page 25.
- NEW FOR 2019 Employees can purchase Legal / ID
 Theft during Open Enrollment. Program information
 can be found on page 27.
- NEW FOR 2019 Employees have access to Student Loan Wellness Tools through Tuition.IO. See Page 28 for more information.
- If you wish to participate in a Healthcare Flexible
 Spending or Dependent Care Flexible Spending
 Account for 2019, you MUST access the system and enter your contribution amount during the enrollment window.
 This benefit will not continue based on previous elections.
- The tobacco surcharge will remain for 2019. You will be subject to a premium surcharge until you successfully complete Cigna's Quit Today program.
- Affordable Care Act Record Accuracy SCS must report to the IRS information about coverage for you and your eligible dependents. If you are enrolling dependents, please enter or review their information on the About Your Family page to ensure it is correct. Please be sure that accurate information is listed for your spouse and or child(ren) as follows: full legal name, social security number (please review the actual card for accuracy), and correct date of birth.

ELIGIBILITY

You are eligible for benefit programs if you are a fulltime permanent employee. You may enroll your spouse and dependent children who meet the definition of eligibility as defined below for health care benefits.

You may enroll your dependent children including legally adopted children and stepchildren up to age 26. And, based on Board approval, a child who is physically or mentally disabled can be covered over age 26. (Please note: You cannot be covered both as an employee and as a dependent under any Shelby County Schools' health insurance plan.)

Spouse Coverage

- You may NOT cover your spouse for medical coverage if his or her employer provides medical coverage.
- The "spouse opt-out" requirement does NOT apply to spouses who:
 - are also employed or retired from Shelby County Schools and whose employer does NOT provide medical coverage; or
 - are required to pay more than 50% of the cost of coverage for their employer's lowest cost individual plan option.
- If your spouse meets one of the conditions above, a "Spouse Verification Affidavit" is required.
- You may still cover your spouse for dental or vision benefits.

Did you Know?

Shelby County School employees can now purchase Pet Insurance provided through ASPCA Pet Health

See page 25 for program information

BENEFITS THAT REQUIRE RE-ENROLLMENT

Flexible Spending Accounts for Healthcare and Dependent Care

If you wish to use a flexible spending account to pay for healthcare and dependent care, i.e. childcare for your children under age 13, you must re-enroll for 2019 even if you are currently enrolled in one of these plans. See page 9 for more information.

MAKING CHANGES DURING THE YEAR

You can only make changes to your health benefits during Annual Enrollment each year or within 30 days of a qualified life event. Some examples of a qualified life event include the birth of a child, marriage, death and loss of medical coverage due to a reduction in work hours.

Shelby County Schools provides a special enrollment opportunity if you or your eligible dependents either lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or become eligible for a state premium assistance program under Medicaid or CHIP. For these enrollment opportunities, you will have 60 days from the date of the Medicaid/CHIP eligibility change to request enrollment in Shelby County Schools' health plan.

TOBACCO SURCHARGE

The tobacco surcharge will **remain** in place for the **2019 plan year**. Tobacco is defined as cigarettes, e-cigarettes, cigars, pipes or smokeless tobacco such as chew, dip or snuff. When enrolling for medical benefits, you will be asked to confirm and/or reconfirm whether or not you have used tobacco on a regular basis (five or more times) since January 1, 2018. The surcharge only applies to employees at this time. **Important Note:** Any employee who intentionally falsifies their tobacco status will lose their non-tobacco discount and may be subject to disciplinary action based on SCS District quidelines.

MEDICAL BENEFITS - CIGNA

NO CHANGES IN BENEFIT OPTIONS OR COST FOR 2019

Medical Benefit	OAP IN-NETWORK Plus	OAP Bas	ic Option	CHOICE FUND	HRA Option
Wedled Bellett	Network Only Plan	Network	Out-of-Network	Network	Out-of-Network
	You Pay	You		You	
Annual Deductible	•		•		•
Employee	\$500	\$1,000	\$2,000	\$1,500	\$3,000
Employee +1	\$1,000	\$2,000	\$4,000	\$3,000	\$6,000
Family	\$1,000	\$2,000	\$4,000	\$3,000	\$6,000
Annual Health Fund provided to				ĆE00/amanlausa Ć1	000/2007
employees and dependents to offset	N/A	N,	/A	\$500/employee, \$1	
your deductible				\$1,000	/Tamily
Out-of-Pocket Maximum					
Coinsurance	20%	20%	50%	30%	50%
Employee	\$3,000	\$4,000	\$8,000	\$7,150	\$14,300
Employee +1	\$9,000	\$12,000	\$24,000	\$14,300	\$28,600
Family	\$9,000	\$12,000	\$24,000	\$14,300	\$28,600
Lifetime Plan Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Office Visit					
Primary Care Physician	\$25 copay	20%	50%	30%	50%
Specialist	\$40 copay	20%	50%	30%	50%
Hospital	7 10 00[10]				
Inpatient	\$500 copay	20%	50%	30%	50%
Outpatient	\$250 copay	20%	50%	30%	50%
Emergency Room	\$250 copay	\$400 copay	\$400 copay	30%	30%
Urgent Care	\$75 copay	20%	50%	30%	30%
TeleHealth (MDLive or American	\$25 copay	Copay; 20%	N/A	Copay; 30%	N/A
Well)	723 copuy	Copuy, 2070	14/71	сорау, 3070	14/70
X-Ray, Labs, Etc.	20%	20%	50%	30%	50%
Preventive Care (mammograms, PAP	00/	00/	Neterioral	00/	Neterinal
tests, physicals, immunizations)	0%	0%	Not covered	0%	Not covered
Behavioral Health/Substance Abuse					
Inpatient	\$500 copay	20%	50%	30%	50%
Outpatient	\$40 copay	20%	50%	30%	50%
Prescription drugs					
Deductible	None	None	\$100 per person	None	\$100 per person
Retail (30-day supply)					
	\$10 copay	\$10 copay	E00/	¢10 conou	50%
Generic	\$10 copay	\$10 copay	50%	\$10 copay	50%
Preferred Brand	20%	20%	50%	20%	50%
	(\$25 min/\$60 max)	(\$25 min/\$60 max)		(\$25 min/\$60 max)	
Non Professed Prand	30%	30%	E00/	30%	E09/
Non-Preferred Brand	(\$50 min/\$80 max)	(\$50 min/\$80 max)	50%	(\$50 min/\$80 max)	50%
Mail Order (90-day supply)	3 x Retail	3 x Retail	Not covered	3 x Retail	Not covered

 ${\it The HRA Plan will cover bariatric surgery and fertility treatment (if medically necessary)}.$

For questions about plan details such as specific procedures, covered prescriptions, etc. please contact the Cigna Healthcare Enrollment Information Line at 1-800-401-4041.

Please refer to the Summary of Benefits and Coverage ("SBC") for information regarding the application of copays, deductibles, and coinsurance and how these apply to your out of pocket maximum. SBCs for each plan are available on the Cigna Guided Solutions enrollment site and on the Employee Benefits web page.

WHAT YOU NEED TO KNOW

- Employees enrolling in the Choice Fund HRA option have access to 100% of their Annual Health Fund on January 1, 2019.
- For all plans, any combination of family members can satisfy the family deductible. For example, one (1) member can satisfy the deductible or multiple members' combined expenses can satisfy the deductible.
- For all plans, once one (1) individual with family coverage satisfies the single out-of-pocket maximum, benefits are paid at 100% for that one individual.
- There are several programs sponsored by Cigna that will continue for the 2019 plan year. Program information is included later in the guide starting on page 17 or check out mycigna.com for more information.
 - "Quit Today" tobacco cessation program
 - "MDLive" allows you to see a physician online using your phone or other portable device
 - "American Well" allows you to access a physician by phone – also saving you time and money
 - "PHS+" clinical care management program directs you to services that are most appropriate for you
 - Active & Fit Direct offered through Cigna, you have access to fitness center memberships for \$25 a month (plus a \$25 enrollment fee).



HEALTH REIMBURSEMENT ACCOUNT (HRA)

If you enroll in the Choice Fund HRA medical plan option, it will include a health reimbursement account (HRA), funded by Shelby County Schools, to help you pay for some of the costs of eligible health care expenses.

At the start of the plan year, Shelby County Schools will deposit a specific dollar amount in an HRA. The medical summary on the previous page shows the Shelby County Schools' 2019 HRA contribution amounts. Cigna manages the claims process for you and applies your HRA funds to pay 100% of your eligible health care expenses until the money is used up. Here's how it works:

- When you go to most in-network providers, the provider does not collect any money from you at the point of service. Instead, the provider sends the claim directly to Cigna.
- Cigna processes the claim and identifies the amount due to the provider, including any discounts.
- Claims are deducted from your HRA account up to the balance of your account. Once the HRA fund balance has been exhausted, then ongoing claims are paid by the employee as part of the deductible.
 When those two parts have been exhausted, then the plan acts like a traditional major medical plan where the employer pays 70% and the employee picks up the remaining 30%, up to the out-of-pocket maximum.
- If you leave the plan or Shelby County Schools, your HRA account stays behind.
- You may rollover funds from one year to the next.
- **Reminder:** The HRA Plan will cover bariatric surgery and fertility treatment, if medically necessary.

Cigna will send out quarterly statements to those employees who participate in the Choice Fund HRA plan.

SCS FAMILY CARE CENTERS

Shelby County Schools and Methodist LeBonheur Healthcare have partnered to provide two convenient health care clinics at **no cost** for those that are eligible. The SCS Family Care Centers are not intended to substitute for visits to your regular primary care physician. More information can be found on the SCS website.

Eligibility: The SCS clinics are open to all active SCS employees with a valid SCS employee ID. Family members covered by the employee's SCS health insurance plan are also eligible. Contract employees are not eligible to access the clinics.

<u>Cost:</u> FREE for active SCS employees with a valid SCS ID badge and family members covered under an SCS health insurance plan.

<u>LABs and Prescriptions:</u> In-house labs and any prescribed in-stock generic medications are included in the cost-free services for eligible SCS employees. No billing will occur to the employee at the clinic.

<u>Treatment available:</u> Most minor medical conditions such as colds, flu, sore throat, sinus infection, sprains, cuts, etc. are covered. Work-related injuries, physicals, immunizations, lab work, drug screens, and more are also covered.

Off-site Referrals: Copays and billing associated with an employee's selected health insurance plan will only apply when seeking or referred for additional services from an off-site primary care physician/specialist. SCS employees not covered by an SCS insurance plan can refer all specific billing questions regarding off-site medical care to the employee benefits office.

<u>Appointments:</u> Required for **ALL** medical services which limits wait times. **No Walk In's are allowed**. To schedule an appointment call 901-416-6079.

Locations and Hours:

Grays Creek Clinic

(SCS Facility Services Building, Building A) 2800 Grays Creek Drive Arlington, TN. 38002

7 a.m. - 5 p.m. (school days)

7 a.m. - 4 p.m. (summer and school holidays)

Flicker Clinic

(Behind Central Office) 130 Flicker Street Memphis, TN 38014

8 a.m. - 6 p.m. (school days)

8 a.m. - 5 p.m. (summer and school holidays)

EMPLOYEE ASSISTANCE PLAN (EAP)

To help you manage in difficult times, the Methodist Employee Assistance Plan (EAP) is available at no cost to benefit eligible employees and their families. The EAP offers counseling by trained professionals, and is confidential and voluntary from Methodist Hospital.

- Who can use? Employees and all members of your household.
- Is it confidential? Use of the program and issues discussed in all sessions are held in strict confidence.
- Who do I call? Schedule an appointment by calling (901) 683 5658 or toll free (800) 880 5658 during regular office hours, Monday through Friday from 8:30 am – 4:30 pm.
- What is the cost? EAP is free for you and all members of your household. In most cases, shortterm counseling is all the help you will need. When a referral outside the EAP is indicated, the EAP counselor will seek the best resources for your situation.

A copy of the program brochure is included later in this guide on page 26.

DENTAL BENEFITS - CIGNA

Benefit		na DPPO 0 Plan	Total Cigna \$1,500		DPPO Advantage Plan
benem	Network	Out-of-Network	Network	Out-of- Network	In-Network
	You	ı Pay	You P	ау	You Pay
Annual Deductible					
Individual	\$25	\$50	\$50	\$100	None
Family	\$75	\$150	\$150	\$300	None
Annual Plan Maximum	\$2,000	\$2,000	\$1,500	\$1,500	Unlimited
Diagnostic and Preventive	0%	0%	0%	0%	0%
Basic Services					
Basic	20%*	20%*	20%*	20%*	20%
Periodontic Treatment	20%*	20%*	50%*	50%*	20%
Re-lining/Re-basing of Existing					
Removable Dentures	20%*	20%*	50%*	50%*	20%
Repair or Re-cementing of					
Crowns, Inlays, Onlays,					
Dentures or Bridgework	20%*	20%*	50%*	50%*	20%
Major Services					
Major	40%*	40%*	50%*	50%*	50%
Crowns, Jackets and Cast	40%*	40%*	50%*	50%*	50%
Restoration Benefits					
Prosthodontic Benefits	40%*	40%*	50%*	50%*	50%
TMJ and Implants	Not covered	Not covered	Not covered	Not covered	Not covered
Orthodontia Services	50%	50%	50%	50%	100%*
Deductible	None	None	None	None	\$2,300
Dependent Children	Up to age 26	Up to age 26	Up to age 26	Up to age 26	Up to age 26
Adults	Not covered	Not covered	Not covered	Not covered	Covered
Lifetime Maximum for Orthodontia	\$2,000	\$2,000	\$1,500	\$1,500	N/A

^{*}After deductible

WHAT YOU NEED TO KNOW

- No changes to the Dental benefit options OR cost for 2019.
- Because the DPPO Advantage plan network is smaller, please make sure your dentist is a participating provider in this network prior to receiving services.

Did you Know?

Shelby County Schools employees have access to <u>MDLive or American Well</u>. This program allows you to see a physician when your primary doctor is unavailable or when you are <u>traveling on vacation</u>. <u>MDLive</u> or American Well physicians can treat minor issues.

See page 21 or mycigna.com for more information.

VISION BENEFITS – CIGNA

D Cl	Cigna	
Benefit	Network	Out-of-Network
Benefit Frequency		
Exam/Lenses/Contacts	12 months	12 months
Frames	24 months	24 months
Exam	\$10 copay	Up to \$30 allowance
Lenses		
Single Vision	\$20 copay	Up to \$25 allowance
Bifocal	\$20 copay	Up to \$35 allowance
Trifocal	\$20 copay	Up to \$45 allowance
Lenticular	\$20 copay	Up to \$60 allowance
Lens Options		
UV Coating	Up to \$17 copay	Not Covered
Tint/Scratch Resistance	Up to \$17 copay	Not Covered
Basic Polycarbonate	Up to \$40 copay under age 18	Not Covered
Anti-Reflective		
Standard	Up to \$45 copay	Not Covered
Progressive		
Standard	Up to \$65 copay	Not Covered
Premium	20% discount	Not Covered
High Index	20% discount	Not Covered
Polarized	20% discount	Not Covered
Plastic Photosensitive	20% discount	Not Covered
Intermediate	20% discount	Not Covered
Frames	\$130 credit/allowance + 20% discount	Up to \$30 allowance
	(20% savings on amount that	
	exceeds frame allowance)	
Contact Lenses		
Medically Necessary	\$20 exam copay, then 100%	Up to \$225 allowance
Elective	\$20 exam copay, \$150	Up to \$75 allowance
	credit/allowance includes	•
	fitting and evaluation	
Other Services		
LASIK Vision Services	Up to 15% discount or 5% off	Not Covered
	promotional	

WHAT YOU NEED TO KNOW

- No changes to vision benefits OR cost in 2019.
- Review the copays and benefits shown above.

VOLUNTARY LONG-TERM DISABILITY (LTD) INSURANCE – THE STANDARD

Your monthly benefit will be 60 percent of your insured pre-disability earnings.

Plan Maximum

Monthly Benefit: \$5,000

Plan Minimum

Monthly Benefit: \$100 or 10 percent of the LTD

benefit before reduction by deductible income, whichever

is greater.

Benefits Waiting

Period: If your claim for LTD benefits is

approved by The Standard, benefits become payable after you have been continuously disabled for 180 days and remain continuously disabled. Benefits are not payable during the benefit waiting

period.

Pre-existing

Condition Exclusion: Treatment for an illness or

injury 90 days prior to your insurance effective date will be excluded from coverage for a

period of 12 months.

Employees who did not enroll for coverage when first hired by SCS, must complete an online Medical History Statement before coverage is effective.

The link to the form is:

http://www.standard.com/mybenefits/mhs ho.html.

If you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage.

FLEXIBLE SPENDING ACCOUNTS (FSA)

FOR HEALTHCARE AND DEPENDENT CARE

<u>What is an FSA?</u> Have you ever looked at your paycheck and thought how great it would be if so much of your income didn't go to taxes?

Participating in Flexible Spending Accounts is one relatively easy way to get more out of your pay. An FSA plan provides you the option of electing pre-tax payroll deductions for certain eligible health care and/or child/dependent care expenses for children under age 13. Because the expenses are paid with pre-tax dollars, the result is immediate tax savings.

2019 Contribution Limits

	Annual Minimum	Annual Maximum (set by the IRS)
Healthcare FSA	\$300	\$2,700
Dependent Care FSA	\$600	\$5,000

The plan year begins 1/1/2019 and ends on 12/31/2019. Shelby County Schools does <u>not</u> allow a rollover of any unused funds from one plan year to the next. Any money remaining in your **FSA account as of the end of the plan year will be forfeited**. It is important to estimate your expenses carefully.

Qualified expenses that can be reimbursed under the Flexible Spending Accounts include costs such as:

- Copays and doctor's fees
- Prescribed over-the-counter drugs and prescriptions
- Dental and eye care expenses
- Daycare expenses (children under age 13)

A complete list of qualified expenses can be found at www.connectyourcare.com. New enhancements include the FSA Store.

EMPLOYEE CONTRIBUTIONS

Medical Plan	20-Pay Pr	Premiums 24-Pay Premiums		
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
OAP IN-NETWORK PLUS Option				
Employee	\$125.81	\$155.81	\$104.85	\$129.85
Employee + 1	\$280.39	\$310.39	\$233.66	\$258.66
Family	\$391.13	\$421.13	\$325.95	\$350.95
OAP BASIC Option				
Employee	\$88.09	\$118.09	\$73.41	\$98.41
Employee + 1	\$215.32	\$245.32	\$179.43	\$204.43
Family	\$300.36	\$330.36	\$250.30	\$275.30
CHOICE FUND HRA Option				
Employee	\$55.80	\$85.80	\$46.50	\$71.50
Employee + 1	\$147.76	\$177.76	\$123.13	\$148.13
Family	\$206.12	\$236.12	\$171.77	\$196.77

Dental Plan	20-Pay Premiums	24-Pay Premiums
DPPO (\$2,000) Option		
Employee	\$25.62	\$21.35
Employee + 1	\$53.80	\$44.84
Family	\$76.86	\$64.05
DPPO (\$1,500) Option		
Employee	\$15.48	\$12.90
Employee + 1	\$32.50	\$27.09
Family	\$46.43	\$38.69
DPPO (ADVANTAGE) Option		
Employee	\$11.41	\$9.51
Employee + 1	\$23.95	\$19.96
Family	\$34.22	\$28.52

Vision Plan	20-Pay Premiums	24-Pay Premiums
Employee	\$3.06	\$2.55
Employee + 1	\$5.86	\$4.89
Family	\$9.50	\$7.92

WHAT YOU NEED TO KNOW

- There are no changes in the medical, dental or vision costs for 2019.
- Employee contributions will be deducted over 24-pay periods or 20-pay periods
- Tobacco and non-tobacco rates apply to all medical plans and all coverage tiers.
- The tobacco surcharge is \$25 for 24-pay periods and \$30 for 20-pay periods.



LIFE INSURANCE RATES – MINNESOTA LIFE

The cost for Basic Life & AD&D coverage is \$0.0216 per \$1,000 of coverage for 20-pay periods, and \$0.018 per \$1,000 of coverage for 24-pay periods. Optional Life insurance rates per \$1,000 of coverage are outlined below.

	Age Bands									
Optional Life	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 +
20-pay rate	\$0.026	\$0.037	\$0.045	\$0.047	\$0.068	\$0.105	\$0.196	\$0.301	\$0.580	\$0.939
24-pay rate	\$0.022	\$0.031	\$0.038	\$0.039	\$0.057	\$0.088	\$0.164	\$0.251	\$0.483	\$0.783

You <u>must</u> purchase basic life insurance to be able to purchase optional life. Current employees who have not purchased coverage in the past must provide evidence of good health if they wish to elect coverage.

VOLUNTARY LONG-TERM DISABILITY RATES – THE STANDARD

٨٥٥	20-Pay Premium	24-Pay Premium
Age	Rate %	Rate %
< 25	\$0.048	\$0.040
25-34	\$0.054	\$0.045
35-44	\$0.072	\$0.060
45-54	\$0.162	\$0.135
55-64	\$0.360	\$0.300
65+	\$0.426	\$0.355

To calculate your per paycheck payroll deduction, use the formula indicated below:

1. Enter your average monthly income, not to exceed \$8,333, on Line 1. Line 1:	
---	--

2. Select your rate from the rate table and divide this by 100. Line 2:______

3 Multiply Line 1 by	the amount shown	on Line 2	Line 3:	

The amount shown on Line 3 is your estimated per paycheck payroll deduction.

Did you Know?

Shelby County Schools provides its employees' access to an Employee Assistance Program provided by Methodist Healthcare.

See pages 6 & 26

ANNUAL ENROLLMENT – INSTRUCTIONS FOR THE ENROLLMENT SITE

1. Access the Cigna Guided Solutions Enrollment site

Go to www.cgsmarketplace.com



2. Access or Register to use the Enrollment site

Do one of the following:

- If you have been a Cigna customer, within the last two years at SCS, and have created a myCigna.com user ID and password, please continue with your myCigna.com user ID and password to log in.
- If you are a new Cigna customer, or were an existing Cigna customer at a previous employer, click the Register Now button.

Login to Cigna Guided Solutions USER ID FOIGGT USER ID PASSWORD LOGIN Don't have a User ID and Password? REGISTER NOW

Need Help / Forgot Your Password:

- If you have created a myCigna.com user ID and password but have forgotten your user ID or password, click Forgot User ID or Forgot Password respectively to have either one reset.
- You cannot use an existing myCigna.com user ID and password to log in if you created the user ID and password when you were covered under different coverage, for example, if you were a dependent covered under a spouse's or parent's plan.
- Do not use your login credentials from any previous Cigna online benefits enrollment tool because those credentials are no longer valid.

If you have any questions about the CGS Customer Portal or myCigna.com, or continue to have issues **specific to registering** for or logging in to either the CGS Customer Portal or myCigna.com, contact Cigna at 1.800.853.2713.

If you have any questions regarding your **online enrollment**, including questions such as how to navigate the CGS technology, enroll into benefits, or understand plan options, contact 1.855.799.1974.

days left ANNUAL ENROLLMENT You have until November 19 to enroll in your benefits. ENROLL

3. Start Your Annual Enrollment Elections

- Once logged in, you will be brought to the Home Page.
- Notice the Calendar that shows how many days you have left to enroll.
- Click ENROLL.

4. Verify Your Personal Information and Add Dependents

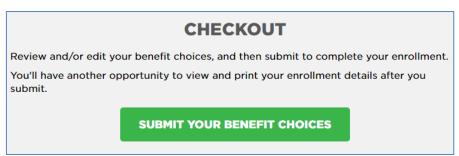
- Review your personal information. If any changes need to be made, contact <u>benefits@scsk12.org</u>.
- After you verify information about yourself, you can add or review information for eligible dependents.
 - Please note: Adding a dependent on Your Family page does NOT enroll the dependent in coverage.
 You must enroll the dependent in coverage later in the process.
 - SCS is required by the Affordable Care Act to report to the IRS information about health coverage for you and your dependents. If you are enrolling dependents, please enter or review their information on Your Family page to ensure it is correct. Please be sure that accurate information is listed for your spouse and/or child(ren) as follows: full legal name, social security number (please review the actual card for accuracy), and correct date of birth. Failure to provide accurate information could result in a tax penalty for you, the taxpayer.
 - For dependents under the age of one year, a social security number is not required.

5. Review and Select Your Benefits

- You will start the enrollment process with your medical plan options, along with costs.
- See additional plan details by clicking on the Plan Details link.
- Once you have made your medical selection, you will be brought to the dental selection page, followed by the vision selection page. You will also have the opportunity to enroll in health and dependent care spending accounts, employee basic life, supplemental life, short term, and long-term disability coverage.
- After selecting the plan and tier level of coverage you want for each benefit, the next step is to add your dependents to coverage.

6. Review and Confirm Your Summary Information

- View the confirmation page of your elections and covered dependents carefully.
- Once you review your elections, click Submit Your Benefit Choices at the top or bottom of the page to complete the enrollment process. If you do not click Submit, your changes will not be processed!



- If you need to make changes, you may do so throughout the enrollment period, but you must go all the way through and **click submit** for any changes to go into effect.
- After submitting your elections, you can print a confirmation statement. Be sure to keep it with your records.



OFFICE OF HUMAN CAPITAL DEPARTMENT OF EMPLOYEE SERVICES

160 S. Hollywood St. • Memphis, TN 38112 • (901) 416-5304 • Fax (901) 416-5469 • www.scsk12.org

SUPPLEMENTAL INSURANCE

Employees may participate in additional payroll deducted benefits including Short-Term Disability, Hospital Indemnity, Accident, Critical & Cancer Care. You may enroll by contacting the carrier directly. See contact information below:

AFLAC

Mark Turnbow

Phone Number: (901) 870-4206

Email: mark turnbow@us.aflac.com.

American Fidelity

https://benefits.americanfidelity.com/shelby-county-schools

Candice Chambers or Kenneth Greene

Phone number: 901-458-9252

Colonial Life

support@hro-partners.com or call us at: 1-866-822-0123

Shelby County Schools offers educational and employment opportunities without regard to race, color, religion, sex, creed, age, disability, national origin, or genetic information.

Shelby County Schools 403(b) Vendors

American Fidelity Insurance

126 South Flicker Memphis, TN 38104 (901) 458-9252

Representatives

Kenneth Green Maurice Henderson Candice Chalmers Kristie Greer

Ameriprise Financial

6750 Poplar Ave., Ste 114 Memphis, TN 38138 (901) 312-7806

Representative

Vera Feldman

AXA Equitable

494 Williamsburg Lane Memphis, TN 38117 (901) 396-3874 (901) 346-8555 Fax

Representatives

Dennis Murphy, Sr. (901)258-1909 Chirag Chauhan (901)365-3477 Stephen Harris (901)682-0903 Doug Jackson (615)386-6360 Timothy McCoy (615)386-6392

College Life Group/Americo

5545 Murray Rd., Suite 205 Memphis, TN 38119 (901) 761-4822

Representative

Lewis Pittman

Great American Life Insurance

301 East Fourth St, 11th Floor Cincinnati, OH 45202 (800)-438-3398

Representatives

Omar Aquil (800)-977-4091 Robert Stagoski – (901)683-8146 Season Caulkins – (901)489-9486

Horace Mann Insurance

1899 Camberley Circle Memphis, TN 38119 (901) 461-8689

Representatives

Stephen Boyd Jim Gammon Nedia Brassell Omar Aquil 800-977-4091

ING ReliaStar

5050 Poplar Avenue, Suite 2400 Memphis, TN 38157 (901) 496-2741

Representative

Calvin Reid

Metlife Resources

7715 Highway 70, Suite 103A Bartlett, TN 38133

Representatives

Ken Hanna (901)734-7099

Midland National

3721 Riverdale Rd, Ste. 102B Memphis, TN 38115 (901) 552-3042

Representative

Janet Walton James Huffman Paul Pollan (901)692-4028 Franklin Hall (901)754-2040

NEA Valuebuilders/Security Benefits The Legend Group/Legend Equities

P.O. Box 862 Savannah, TN 38372 (731)925-2590

Representatives

Jerry Chaney Gerald Nelson

Plan Members Services

1278 Salem Rd Gadsden, TN 38337 (731) 784-6702

Representative

Elaine Cole

<u>Primerica Financial Services</u>

PFS Investment Inc.

5118 Park Ave., Suite 308 Memphis, TN 38117 (901) 398-5239

Representatives

Steve Stokes (901)332-5000 Laloma Harris (901)-828-7137 Dora Richmond (901)794-1504 Alberta Bowdery (901)486-3749

VALIC

278 Franklin Rd., Suite 151 Brentwood, TN 37027 (615)221-2541

Representative

David Stratton (662) 812-7698 Michael Seebeck (901) 825-8958 Lee Lakey– (843) 338-8448

Great West (EMPOWER)

545 Mainstream Dr., Suite 407 Nashville, TN 37228 (800)922.7772

Rosaline Banks

Rosaline.Banks@emplower-retirement.com

403(b) Vendors Contact Information

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CIGNA MAKES IT EASIER TO BE HEALTHIER



Cigna makes it easy to be healthier.

Cigna offers so much more than your employer's medical coverage. From helping you answer health questions 24 hours a day to a virtual team of health and wellness coaches, we're here for you.

24/7/365 service

Whenever you need us, just call the toll-free number printed on the back of your Cigna ID card 24 hours a day, seven days a week, 365 days a year.

- > Get answers to health, claims and plan questions.
- Order an ID card, update information and check claim status.
- Find a health advocate for help with improving specific health issues.
- Speak with a Spanish speaking service representative or someone who can translate one of 200 languages.

Health Information Line

Have a health question? You can talk with a clinician 24 hours a day, seven days a week.

- Get help deciding where and when you should get treatment for your immediate care needs.
- > Call if you need general health information or have a specific health concern.
- You can also listen to hundreds of podcasts to help you stay informed about your health.

Select a topic and listen via live-stream on your computer via **myCigna.com**.

Network of quality doctors

Together, all the way."

You can save money when you use a doctor, hospital or facility that's part of your plan's Cigna network. It's easy to find quality, cost-effective care right where you need it. You can find a doctor right on Cigna.com or on the myCigna® website or app once enrolled.

Preventive care covered 100% in-network

Getting and staying healthy is important. That's why certain preventive care services are totally covered when you use an in-network doctor. These services may include:

- Screenings for blood pressure, cholesterol and diabetes.
- > Testing for colon cancer.
- > Mammograms and Pap tests.

For a complete list of covered preventive care services, see your plan materials or, for more information, go to Cigna.com/takecontrol.

Answers by Cigna for Amazon Alexa

Need help with health plan or insurance terms? Just ask Alexa on all Amazon Echo devices. Enable the Answers by Cigna skill and take health care into your own hands – without so much as lifting a finger.²



myCigna

Where you will find everything you need to stay on top of your plan, and your health.

- > Find in-network doctors and medical services.
- > View ID card information.
- Manage and review your coverage.



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, or their affiliates.

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- Manage and track claims.
- Take your health assessment.
- Compare cost and quality information for doctors and hospitals.
- Access a variety of health and wellness tools and resources.

You can also access myCigna on the go by downloading the myCigna App.³

Telehealth for 24/7 care

Cigna Telehealth Connection helps you get the care you need – including most prescriptions (when appropriate) – for a wide range of minor conditions. You can connect with a board-certified provider via video chat or phone, when, where and how it works best for you.⁴

- Choose when: 24/7/365. Day or night, weekdays, weekends and holidays.
- > Choose where: Home, work or on the go.
- > Choose how: Phone or video chat.

See your enrollment materials for details.

Know before you go

Here's an at-a-glance view of your options when you need medical care.⁵ In an emergency, always dial 911 or visit the nearest emergency room.

	Cost	Wait time	Severity
Cigna Telehealth Connection	8888	0000	4 4 4 4
Convenience care clinic	8888	0000	4 4 4 4
Primary care provider	8888	0000	0
Urgent care center	8888	0000	0
Emergency room	8888	0000	$\phi \phi \phi \phi$

Cigna Healthy Rewards®6

Get discounts on the health products and programs you use every day for weight management, nutrition, vision, hearing care and more.

Just use your ID card when you pay and let the savings begin.

Cigna Veteran Support Line

This free hotline is available 24/7/365 to all veterans, their families and caregivers. No need to be a Cigna customer. Cigna stands ready to connect you with:

- Pain management resources.
- Substance use counseling.
- Financial support.
- Food, clothing, housing.
- Legal assistance.
- Parenting and child care.
- Aging services.
- Weekly Mindfulness for Vets sessions by phone and more.

Call 855.244.6211.

Pain management resources

Visit Cigna.com/helpwithpain or text 25792 to receive tips for healthy pain management⁷

- Plans may vary and not all preventive services are covered. For example, immunizations
 for travel are generally not covered. Other non-covered services/supplies may include any
 service or device that is not medically necessary or services/supplies that are unproven
 (experimental or investigational). See your plan materials for a complete list of covered
 preventive care services.
- 2. The Answers by Cigna skill is for informational and educational purposes only. You are encouraged to consult a licensed insurance agent and review your plan documents for the details of your specific health plan or insurance policy.
- 3. The downloading and use of the myCigna Mobile App is subject to the terms and conditions of the App and the online store from which it is downloaded. Standard mobile phone carrier and data usage charges apply.
- 4. Telehealth services are provided by independent third-party providers. These services are provided exclusively by such third-party providers, and not by Cigna. Providers are solely responsible for any treatment provided. Not all providers have video chat capabilities and video chat is not available in all areas. Telehealth services may not be available to all plan types or in all areas. A primary care provider referral is not required for this service.
- 5. This chart is for illustrative purposes only and is not medical advice. Actual costs and wait times may vary. Always consult your doctor for appropriate examinations, treatment, testing and care recommendations, including prior to choosing a provider for care. In an emergency, dial 911 or visit the nearest emergency room.
- 6. Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time. If your plan includes coverage for any of these services, this program is in addition to, not instead of, your plan benefits. A discount program is NOT insurance and you must pay the entire discounted charge.

Message and data rates may apply. To view our Privacy policy, please visit Cigna.com/Privacy. This service is for educational purposes only. Medical advice is not provided.



Health care providers that participate in the Cigna network are independent contractors solely responsible for the treatment provided to their patients; they are not agents of Cigna. Product availability may vary by location and plan type and is subject to change.

All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and complete details of coverage, see your plan materials.

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CIGNA – TOBACCO CESSATION



If you're ready to let go of your tobacco habit, Cigna has a wide variety of online tools and personal coaching that will not only help you reach your goal, but also help you develop and maintain a healthy lifestyle.

Why quit?

You probably already know that smoking is bad for your health and that quitting will reduce your risk of getting a disease related to smoking, such as heart or lung disease. But did you also know that:

Immediate benefits1

Heart rate and blood pressure, which are abnormally high while smoking, begin to return to normal.

- Within a few hours after quitting, the carbon monoxide level in your blood drops to normal. (Carbon monoxide reduces the blood's ability to carry oxygen.)
- Within a few weeks of quitting, you might notice it's easier to walk up the stairs because you may be less short of breath. Cilia - tiny broom-like hairs that clean your lungs - start to regrow and regain normal function very quickly after you quit smoking.

Within several months of quitting, people can expect substantial improvements in lung function.

Long-term benefits1

- Quitting reduces the risk of cancer, heart disease and Chronic Obstructive Pulmonary Disease (COPD).
- Regardless of age, you are less likely to die from a smoking-related illness, than those who continue to smoke.

Together, all the way."



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Tobacco Cessation Coaching²

Get the help you need to finally quit tobacco. Create a personal quit plan with a realistic quit date. And, get the support you need to kick the habit for good. You'll even get free over-the-counter nicotine replacement therapy (patch or gum). There are two options to participate:

Over the phone

- › One-on-one wellness coaching to develop a quit plan and relapse prevention strategies
- > Convenient evening and weekend hours
- > Program workbook and toolkit

Online

- > Convenient support
- > Self-paced program
- > Educational materials, interactive tools and resources

Register today

You can register on the myCignaSM website or through the app.



Health Assessment

Taking the health assessment and identifying yourself as a tobacco user puts you in touch with:

- News and articles on smoking health and winning strategies for quitting.
- Ways to set goals like trying smoke-free nicotine patches or gums every day for a week to curb nicotine cravings.

To get started go to **myCigna.com** or **the app** to take your health assessment.



Education and support

If you're ready to quit, **myCigna.com** or **the app** can help you get started:

- Information on quitting tobacco use, including the benefits of living tobacco-free, and tips for coping with cravings and dealing with side effects like weight gain.
- Interactive tools that can help you decide if you're ready to quit, and demonstrate the financial benefits of a smoke-free life.
- Videos to help you take the necessary steps and kick your habit once and for all.

To learn more about Cigna's tobacco cessation tools – and other services to help you tackle issues like weight and stress – talk with your employer, **myCigna.com** or **the app** or call the number on the back of your Cigna ID card.

1. https://www.cancer.gov/about-cancer/causes-prevention/risk/tobacco/cessation-fact-sheet#q7



This information is for educational purposes only. It is not medical advice. Always consult with your doctor for appropriate examinations, treatment, testing, and care recommendations.

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CIGNA TELEHEALTH – MDLIVE OR AMWELL



Good news. Now, most Cigna medical plans provide covered employees with access to two telehealth services – American Well (Amwell) and MDLIVE. We call it Cigna Telehealth Connection, telehealth services designed to offer employees greater control when they need to see a doctor.

With Cigna Telehealth Connection, employees can get the care they need – including most prescriptions – for a wide range of minor conditions. They can connect with a board-certified doctor when, where and how it works best for them – via video or phone – without having to leave home or work.

Choose when: Day or night, weekdays, weekends and holidays.

Choose where: Home, work or on the go.

Choose how: Phone or video chat.

Choose who: Amwell or MDLIVE doctors.

Amwell and MDLIVE televisits can be a cost-effective alternative to a convenience care clinic or urgent care center, and cost less than going to the emergency room. Costs are the same or less than a visit with a primary care provider. Giving employees an easy-to-use and cost effective alternative to care can help reduce costs and non-urgent ER visits.

We encourage you to have your employees register for one or both services, so they're ready when and if they need care.

Visit the websites*

- AmwellforCigna.com
- MDLIVEforCigna.com

Or Call*

- Amwell at 855-667-9722
- MDLIVE at 888-726-3171

Tell your employees about Cigna Telehealth Connection, so they'll be ready whenever they need these services.



Amwell and MDLIVE are only available for medical visits. For covered services related to mental health and substance abuse, employees have access to the **Cigna Behavioral Health** network of providers.

- Go to Cignabehavioral.com to search for a video telehealth specialist
- Call to make an appointment with your selected provider

Telehealth visits with Cigna Behavioral Health network providers cost the same as an in-office visit. See your plan materials for costs and coverage details.

Together, all the way."



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CIGNA – CLINICAL CARE PROGRAM

QUALITY RESULTS. REDUCED COSTS.

Personal Health Solutions Plus: Care management for inpatient and outpatient services.

In today's challenging times, medical costs continue to rise. Adopting the right care management approach, like Personal Health Solutions Plus (PHS+), can help improve the health of your employees and their family members and lower overall health care costs.

What is PHS+?

PHS+ helps ensure that your employees and their dependents receive the most appropriate inpatient and outpatient services – helping them find lower-cost services or avoid unnecessary or non-covered medical treatments and procedures through the process of precertification. It also enables earlier integration of case management services, allowing us to quickly identify the need for additional assistance to help them improve their health. It includes:

Precertification for inpatient and outpatient services, including:

INPATIENT SERVICES

- All inpatient admissions and non-obstetric observation stays such as:
 - Acute hospitals
 - Skilled nursing facilities
 - Rehabilitation facilities
 - Long-term acute care facilities
 - Hospice care
 - Transfers between inpatient facilities
- > Experimental and investigational procedures > Dialysis (to direct to
- Cosmetic procedures
- Maternity stays longer than 48 hours (vaginal delivery) or 96 hours (cesarean section)

OUTPATIENT SERVICES

- Outpatient surgery
- High-tech radiology (MRI, CAT scans, PET scans, nuclear cardiology)
- Injectible drugs (other than self-injectibles)
- > Durable medical equipment (DME)
- Home health care/home infusion therapy
- Dialysis (to direct to participating facilities)
- > External prosthetic appliances
- Speech therapy
- Cosmetic or reconstructive procedures
- Infertility treatment
- Radiation therapy
- Sleep management
- Musculoskelatal services (major joint surgery and pain management services)
- Transplants

Helping you save with PHS+

The combination of inpatient and outpatient care management can result in real savings. Consider this:

69%

of physicians say the average physician prescribes an unnecessary test or procedure at least once a week.*

An inpatient case management program that begins soon after a person enters the hospital and continues throughout their stay can save 1%-2% in total medical costs.**

Including an outpatient precertification program can result in a

19%

reduction in avoidable and unnecessary outpatient procedures.**

Together, all the way."



Offered by Cigna Health and Life Insurance Company or its affiliates.

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2 Inpatient case management, including:

- Continued stay review beginning soon after admission and continuing throughout the patient's stay.
- Discharge planning and immediate referrals to case managers (trained nurses) for coordination of services that occur post-discharge, such as home health care and therapies.

Why precertification?

Precertification helps individuals know in advance whether a procedure, treatment or service will be covered under their health care plan. It also helps ensure they'll get the right care in the right setting – possibly saving them from costly or unnecessary services.

Who obtains precertification?

Getting precertification for all in-network services is the responsibility of the doctor - not the individual. The individual is only responsible for getting precertification for out-of-network services.

What are the additional benefits?

For employers:

Savings

Allows you to keep pace with technology advancements as inpatient services are transitioned to outpatient settings, by reviewing procedures and treatments for medical necessity and cost savings opportunities. Common examples include bariatric surgery, certain lumbar fusions and knee reconstruction including meniscus transplants.

Quality customer service

Case Managers have received an over 95% overall satisfaction response*** from those enrolled in a case management program.

For employees:

Ease

- There's no extra work for individuals for any in-network services doctors are responsible for getting precertification for all in-network services. And we've streamlined this process for them with the availability of online tools.
- The individual is only responsible for getting precertification for nonemergency services provided by a non-participating doctor and/or facility. Individuals call the customer service number on the back of their Cigna ID card to begin the precertification process for these services.

Savings

- We look for smart ways to help people save money by reviewing their services and encouraging the use of preferred facilities to lower costs, transitioning inpatient care to outpatient treatment or even helping to identify treatments or procedures which may be avoidable or unnecessary.
- * Research Report."Choosing Wisely Promoting Conversations between Providers and Patients," ABIM Foundation, Oct. 2017, www.choosingwisely.org/about-us/research-report/.
- ** Core Care Management, internal analysis of full-year 2016 nationwide book of business, Individual client savings/results may vary.
- *** 2016 full-year case management satisfaction results compiled by Cigna's Quality Program and Accreditation unit. Based on responses to the 2016 National Case Management Satisfaction Survey of customers managed in Cigna's case management program.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and complete details of coverage, contact your Cigna representative.

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Helping you save with PHS+

Outpatient precertification of high-tech radiology treatment may show a

18%

reduction in unnecessary procedures.**

Redirecting requests for outpatient dialysis to participating facilities helps save approximately

\$20,000

per case per year.**

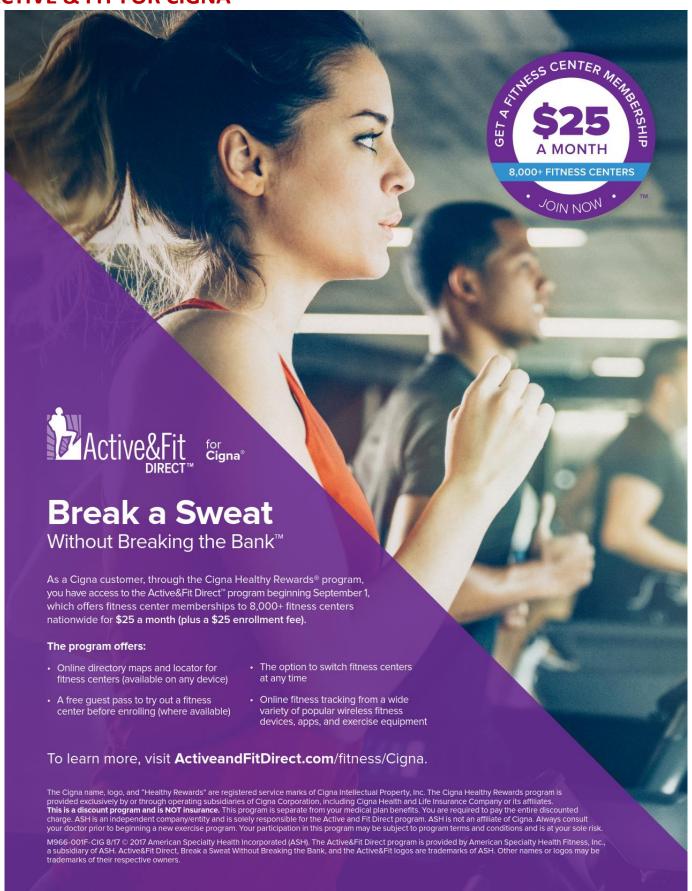
Cigna's Well Informed Gaps in Care Program

Consistent with Cigna's mission to improve people's health, the Well Informed Gaps in Care program is included in PHS+.

- Uses data from lab, medical and pharmacy claims to identify possible gaps and omissions in care and communicate them to individuals and health care professionals.
- Is integrated with our case management, chronic and wellness coaching programs, Cigna Pharmacy Management®, as well as collaborative care providers.



ACTIVE & FIT FOR CIGNA



PET INSURANCE

The Coverage They Need

The Way You Want

There are many reasons why more pet parents today are covering their pets with ASPCA® Pet Health Insurance. Most of all, they want to make sure they'll have financial support if their pet is sick or hurt. That way, they can give their pets the best care possible without worrying about the cost. Let us help you find the perfect plan for you and your pet.

Complete Coverage[™]

With ASPCA Pet Health Insurance, you can choose the care you want when your pet is hurt or sick and take comfort in knowing they have coverage..

EXAM FEES, DIAGNOSTICS, AND TREATMENTS

- Accidents
- Illnesses
- Hereditary Conditions

- Cancer
- Dental Disease
- Behavioral Issues

CUSTOMIZABLE OPTIONS

Annual Limit - from \$5,000 to unlimited.

Reimbursement Percentage - 90%, 80%, or 70% of your vet bill.

Deductible - select \$100, \$250, or \$500. You'll only need to satisfy it once per 12-month policy period.

Add Preventive Care - Get reimbursed scheduled amounts for things that protect their pet from getting sick, like vaccines, dental cleanings, and screenings for a little more per month.

Select Accident-Only Coverage - If you're just looking to have some cushion when your pet gets hurt, you can choose coverage that only includes care for accidents.

SIMPLE TO USE

Just pay your vet bill, submit claims, and get reimbursed! You're free to visit any vet, specialist, or emergency clinic you want, and you can choose to receive reimbursement by direct deposit or mail.

SHELBY COUNTY SCHOOLS - SAVE WITH YOUR DISCOUNT

Get your customized quote and enroll today!

www.aspcapetinsurance.com/SCSK12 | 1-844-592-4879 YOUR PRIORITY CODE: SCSK12



PETS ARE DEPENDENTS, TOO.

'Pre-existing conditions are not covered. Waiting periods, annual deductible, co-insurance, benefit limits and exclusions may apply. For all terms and conditions visit www.aspcapetinsurance.com/terms. Current customers enrolled on product Levels 1-4 should visit the Member Center for their policy benefits. Products, rates, and discounts may vary and are subject to change.

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EAP SERVICES THROUGH METHODIST

What is EAP?

The Methodist Healthcare Employee Assistance

What types of problems?

- Anxiety or depression
 Major life events such as job loss, relocation, serious illness
- Grieving the loss of a loved one
 Coping with violence

- Managing the stress of everyday life
 Work/life balance



Who can use the EAP?



Is it confidential?

What is the cost?

How does it work?

call the EAP to

Who do I call?

Monday through Friday. Evening appointments







Shelby County Schools

www.legalshield.com/info/scsk12

HAVE YOU EVER?

- Needed your Will prepared or updated
- ☐ Been overcharged for a repair or paid an unfair bill
- ☐ Had trouble with a warranty or defective product
- ☐ Signed a contract
- ☐ Received a moving traffic violation
- ☐ Had concerns regarding child support

- Worried about being a victim of Identity theft
- ☐ Been concerned about your child's identity
- Lost your wallet
- Worried about entering personal information online
- ☐ Feared the security of your medical information
- Been pursued by a collection agency

THE LEGALSHIELD MEMBERSHIP INCLUDES:



Dedicated Law Firm

Legal Advice/Consultation on unlimited personal

Letters/Calls made on your behalf



Lawyers prepare your Will/Living Will/Health Care Power of Attorney/Financial Power of Attorney

Speeding Ticket Assistance IRS Audit Assistance

Trial Defense (if named defendant/respondent in a covered civil action suit)

Uncontested Divorce, Separation, Adoption and/or Name Change Representation (available 90 days after enrollment)

25% Preferred Member Discount (bankruptcy, criminal charges, DUI, personal injury, etc.)

24/7 Emergency Access for covered situations

Put your law firm in the palm of your hand with the LegalShield mobile app



LegalShield legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under the age 18 for whom the member is the legal guardian; never married dependent children up to age 26 if a full-time college student; or physically or mentally disabled dependent children.

This is general overview and is for illustrative purposes only. Plans and services vary from state to state. See a plan contract for your state of residence for complete terms, coverage, amounts, conditions and exclusions.

THE IDSHIELD MEMBERSHIP INCLUDES:

Social Media Monitoring

Allows you to monitor multiple social media accounts and content feeds for privacy and reputational risks.

Privacy and Security Monitoring

Internet monitoring of your name, date of birth, SSN, email address, phone numbers, and more. Monthly credit score tracking. With the family plan, Minor Identity Protection is included and provides monitoring for up to 8 children under the age of 18 for no additional cost.

Consultation

Your identity protection plan includes 24/7/365 live support for covered emergencies, unlimited counseling, identity alerts, data breach notifications and lost wallet protection.

Full Identity Restoration

Complete identity recovery services by Kroll Licensed Private Investigators to its pre-theft status.

\$5 Million Service Guarantee

We'll do whatever it takes for as long as it takes to help recover and restore your identity.

Put Identity Theft Protection in the palm of your hand with the IDShield mobile app



IDShield family coverage includes, the member, member's spouse and up to 8 minor children under the age of 18.

Dependents age 18-26 receive consultation and restoration only.

This is a general overview and is for illustrative purposes only. Plans and services vary from state to state. See plan contract for your state of residence for complete terms, coverage, amounts, conditions and exclusions.

PAYMENT METHOD MONTHLY		
LegalShield	\$18.95	
IDShield	\$8.95 - Individual	\$18.95 - Family
Combined	\$27.90	\$33.90

FOR MORE INFORMATION, **CONTACT YOUR** INDEPENDENT ASSOCIATE:

Sharon Larry 404-918-4980 klarrity@gmail.com Member Services: 800-654-7757

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FINANCIAL WELLNESS

tuition.io



Student Loan Wellness Tools

Here's how we can help you with student loan repayment

Learn the Best Way to Manage Your Student Loans

Paying off student loans can be difficult, but our wellness resources can help you avoid making costly mistakes.

Optimizer

We've put together over 150 different strategies to optimize your repayment plan.

Refinancing



Learn all you need to know about refinancing your student loans.

Glossary



Student loan terminology can be confusing, and we can help you master the jargon.

How to Financially Prepare for College

Even if you don't have any loans yourself, it's never to late to start planning for your child's future.

Paying for College



Learn about the different types of student aid available, and how to apply for loans.

College Cost Calculator



Lets you estimate how much you'll need to save for your child's education, based on the year college starts, state, type of school, and number of years in college.

Student Loan Coach



Our student loan coach
Jeni Burkhart will answer your most
pressing questions about student
loan debt and repayment.

WHO TO CONTACT WITH QUESTIONS

Plan	Who to Call	Web Address	Phone Number
Medical	Cigna	www.mycigna.com	Annual Enrollment Questions: 1-800-401-4041
Dental	Cigna	www.mycigna.com	On-going Customer Service: 1-800-736-7568
Vision	Cigna	www.mycigna.com	
Flexible Spending Accounts	ConnectYourCare	www.ConnectYourCare.com	Customer Service: 1-833-799-1788
Life Insurance	Minnesota Life	www.securian.com	Customer Service:
			Basic Life Insurance 1-901-416-5344
			Supplemental Life Insurance 1-866-492-6983
Voluntary Long-Term Disability	The Standard	www.standard.com/presentatio ns/shelby_county/board_educat ion/	Customer Service: 1-888-937-4783
Employee Assistance Program (EAP)	Methodist Healthcare		Schedule Appointment: 1-901-683-5658 or 1-800-880-5658
Pet Insurance	ASCPA	www.ascpapetinsurance.com/S CSK12 Priority Code: SCSK12	Customer Service: 1-844-592-4879
Legal / ID Theft	LegalShield / IDShield	www.legalshield.com/info/scsk1 2	Member Services: 1-800-654-7757
Healthcare Clinics – Gray Creek or Flicker	SCS Family Care Clinics	http://www.scsk12.org/?LP=em ployee&page=family	Schedule Appointment: 1-901-416-6079

This annual enrollment guide is intended to be a summary of the benefit programs offered by Shelby County Board of Education. If you would like further details about any of the benefit offerings described herein, refer to each plan's official policy relating to that benefit. Policies are available upon request by contacting the Shelby County Schools' Benefits Department.

Shelby County Board of Education always works to ensure information provided to employees is accurate. However, if for some reason the information in this annual enrollment guide conflicts with any information in the plan or benefits policy, the plan or policy document will govern. Shelby County Board of Education reserves the right to amend, suspend or terminate these plans at any time.

