





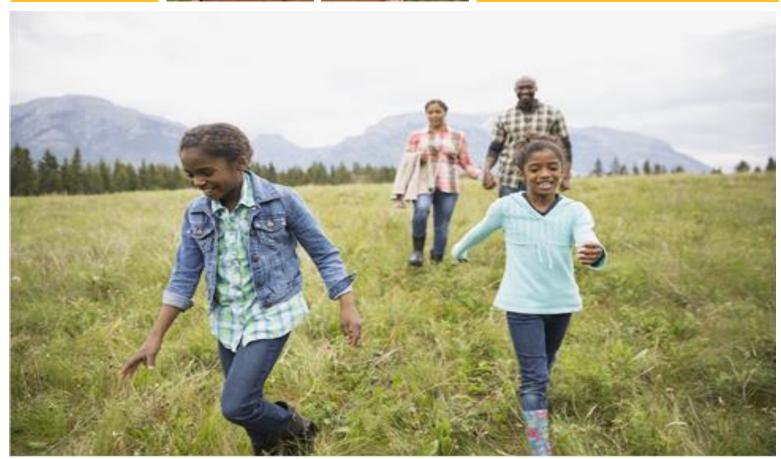
The choice is yours.

2021





Benefits decision guide





Your 2021 benefit choices



WELCOME TO YOUR BENEFITS ENROLLMENT

Shelby County Schools recognizes how important benefits are to you. That's why we're committed to helping you and your family enjoy the best possible physical, financial, and emotional well-being. It's also why we provide you with a comprehensive, highly competitive benefits package, with the flexibility to make the choices that best meet your needs.

Use this guide to better understand your 2021 benefits, so you can make the best choices for yourself and your family. Then be sure to enroll by the enrollment deadline to ensure you receive coverage.









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Important reminders

2020-21 OPEN ENROLLMENT PERIOD:

November 2, 2020 - November 13, 2020

- Open Enrollment: If you do not wish to make any benefit changes, no action is required. If you do not make changes to your coverage within the open enrollment period, your current coverage will continue. However, the following benefits will require you to actively enroll or disenroll in them during open enrollment:
 - Health Care Flexible Spending Account (FSA)
 - Dependent Care Flexible Spending Account (FSA)
 - Short-Term & Long-Term Disability
- After your enrollment opportunity ends, you will not be able to make changes to your benefits until the next open enrollment period, unless you experience a qualifying life event, such as marriage, divorce, birth, adoption, or a change in your or your spouse's employment status that affects your benefits eligibility.
- NEW FOR 2021: Enhanced group Short & Long-Term Disability Insurance program; Action is required if you do not wish to be enrolled in this benefit. Please see details on page 11.
- BENEFITS OPEN-ENROLLMENT DRIVE-THRU
 - Thursday, November 5th (2:00 pm 5:00 pm)
 - See page 17 for additional details

Who can enroll?

- Full-time, permanent employees (30+ hrs./wk.) Eligible upon hire; must choose benefits within 30 days of hire date.
- Part-time, variable-hour employees Must average at least 30 hours per week during a 12-month period to be eligible. (you will be contacted by the SCS Benefits Office if you meet this eligibility criteria).
- Eligible dependents Includes employee's eligible spouse/and children (including legally adopted children and stepchildren) up to age 26, plus disabled dependent children of any age who meet plan criteria.







Spousal Coverage

If you wish to enroll your spouse in one of the SCS medical insurance plans, you must complete a Spousal Affidavit Form to confirm if your spouse has access to employer-sponsored insurance elsewhere. 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.

Please contact your SCS Benefits Office for additional information.

Tobacco Surcharge

When enrolling for medical benefits, you will be asked to confirm or reconfirm whether or not you have used tobacco on a regular basis (five or more times) since January 1, 2020. Tobacco is defined as cigarettes, e-cigarettes, cigars, pipes or smokeless tobacco such as chew, dip or snuff. The tobacco surcharge is \$25 per paycheck (for 24 paychecks; \$30 for 20 paychecks).

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 guidelines

Summary of Benefits and Coverage

The Health section of this guide provides an overview of your medical plan options. You can find detailed information about each plan, including a breakdown of costs, in each plan's Summary of Benefits and Coverage (SBC). The SBCs summarize important information about your health coverage options in a standard format to help you compare costs and features across plans. The SBCs are available on www.scsk12.org.

HEALTH

Quality health coverage is one of the most valuable benefits you enjoy as an SCS employee. Our benefits program offers plans to help keep you and your family healthy and also provide important protection in the event of illness or injury.

Medical

For 2021, you have a choice of three medical plans with a range of coverage levels and costs. This gives you the flexibility to choose what's best for your needs and budget.

- SCS Open Access Plus (OAP) Basic Preferred Provider Organization (PPO), a preferred provider organization plan that reduces your out-of-pocket responsibility when you need care by offering a lower deductible and higher paycheck contributions.
- SCS Open Access Plus (OAP) NETWORK ONLY, a preferred provider organization, network only, plan that has the lowest deductible, giving you the most protection from out-of-pocket expenses when you need care, but costs the most from your paycheck.
- SCS Choice Fund Health Reimbursement Account (HRA), an employer-funded health benefit plan that reimburses you for outof-pocket medical expenses offering a higher deductible and outof-pocket maximums but cost the least from your paycheck.

Prescription Drug Benefits

When it comes to prescription medications, you and your doctor usually have a choice between a brand name drug and its generic equivalent. Generic medications provide you with the same quality, strength, purity and stability as the brand name but often cost much less. Choosing the medication that's right for you is an important decision. There may be more than one medication available to treat your condition. That's why in most cases, when you take your prescription for a brand name medication to the pharmacy, they'll fill your prescription with the generic alternative.

If you ask for the brand name medication instead of the available generic alternative, you'll pay a higher amount to fill your prescription. This will happen even if your doctor requests the brand name medication. You'll have to pay your plan's brand copay or coinsurance plus the difference in cost between the brand name drug and the generic medication.

NEW FOR 2021: You will receive a new medical insurance card prior to January 1, 2021. You'll need to show the new card at the pharmacy because prescriptions are now being filled by Express Scripts.

Which plan is right for you?

Consider which plan features are most important to you. Do you want to:	OAP Basic PPO	OAP In- Network	Choice Fund HRA
Pay the lowest premium cost, which may make it the least expensive option if you expect to have low health care usage?			•
Pay the highest premium cost in order to keep your out-of-pocket costs as low as possible when you need care?		•	
Balance your out-of-pocket and paycheck costs with a moderate deductible and premium cost?	•		

Cigna 90 Now Voluntary

You may choose to fill your maintenance medications in a:

- 90-day supply, using a participating pharmacy in the Cigna 90 Now network or through Express Scripts Pharmacy, our new home delivery provider.
- 30-day supply, using any retail pharmacy in the Cigna 90 Now network.

The Cigna 90 Now network includes 68,000 participating pharmacies for 30-day supply prescriptions (same pharmacies that are in Cigna's National network – i.e., CVS and Walgreens) and 29,000 participating pharmacies for 90-day supply prescriptions (i.e., CVS, Walmart and Kroger).

Medical plan costs

You and SCS share the cost of your medical benefits — SCS pays a generous portion of the total cost and you pay the remainder. There is **NO HEALTH PREMIUM INCREASE** for 2021.



2021 paycheck deductions per pay period (before-tax)-24 pay periods

Non-Tobacco Rates	OAP-IN	BASIC	HRA
Employee Only	\$104.85	\$73.41	\$46.50
Employee + 1	\$233.66	\$179.43	\$123.13
Employee + Family	\$325.95	\$250.30	\$171.77

Tobacco Rates	OAP-IN	BASIC	HRA
Employee Only	\$129.85	\$98.41	\$71.50
Employee + 1	\$258.66	\$204.43	\$148.13
Employee + Family	\$350.95	\$275.30	\$196.77

2021 paycheck deductions per pay period (before-tax)-20 pay periods

Non-Tobacco Rates	OAP-IN	BASIC	HRA
Employee Only	\$125.81	\$88.09	\$55.80
Employee + 1	\$280.39	\$215.32	\$147.76
Employee + Family	\$391.13	\$300.36	\$206.12

Tobacco Rates	OAP-IN	BASIC	HRA
Employee Only	\$155.81	\$118.09	\$85.80
Employee + 1	\$310.39	\$245.32	\$177.76
Employee + Family	\$421.13	\$330.36	\$236.12



Compare medical plans

The chart below provides a comparison of key coverage features and costs.

	OAP IN- NETWORK PLUS	OAP BASIC OPTION		CHOICE F	UND HRA
	In-network	In-network	Out-of- network	In-network	Out-of-network
	You Pay	You I	Pay	You	Pay
Annual deductible					
Employee Employee + 1 Family	\$500 \$1,000 \$1,000	\$1,000 \$2,000 \$2,000	\$2,000 \$4,000 \$4,000	\$1,500 \$3,000 \$3,000	\$3,000 \$6,000 \$6,000
Annual Out-of-pocket maximum*					
Employee Employee + 1 Family	\$3,000 \$9,000 \$9,000	\$4,000 \$12,000 \$12,000	\$8,000 \$24,000 \$24,000	\$7,150 \$14,300 \$14,300	\$14,300 \$28,600 \$28,600
Coinsurance	20%	20%	50%	30%	50%
Annual Health Fund (HRA)					
Annual Health Fund provided to offset your deductible Employee Employee + 1 Family	N/A	N/A	N/A	\$500 \$1,000 \$1,000	
Medical coverage					
Doctor's office visits	\$25 copay	20%	50%	30%	50%
Preventive care (mammograms, PAP test, physicals, immunizations)	0%	0%	Not Covered	0%	Not Covered
Specialist visits	\$40 copay	20%	50%	30%	50%
Telemedicine visits	\$25 copay	Copay; 20%	N/A	Copay; 30%	N/A
Outpatient surgery	\$250 copay	20%	50%	30%	50%
Inpatient hospital (per stay)	\$500 copay	20%	50%	30%	50%
Emergency room	\$250 copay	\$400 copay	\$400 copay	30%	30%
Labs and X-rays	20%	20%	50%	30%	50%
Urgent Care	\$75 copay	20%	50%	30%	30%
Prescription drugs					
Deductible	N/A	N/A	\$100 per person	N/A	\$100 per person
Generic (30-day supply)	\$10 copay	\$10 copay	50%	\$10 copay	50%
Preferred Brand Formulary (30-day supply)	20% (\$25 min/\$60 max)	20% (\$25 min/\$60 max)	50%	20% (\$25 min/\$60 max)	50%
Non-Preferred Brand (Non- formulary) (30-day supply)	30% (\$50 min/\$80 max)	30% (\$50 min/\$80 max)	50%	30% (\$50 min/\$80 max)	50%
Mail Order (90-day supply)	3 x retail copay	3 x retail copay	Not covered	3 x retail copay	Not covered

^{*}All plans have an unlimited lifetime plan maximum





A closer look at the HRA

The Choice Fund Health Reimbursement Account (HRA) plan costs you less from your paycheck, so you keep more of your money. This plan rewards you for taking an active role as a health care consumer and making smart decisions about your health care spending. As a result, you could pay less for your annual medical costs.

How does the HRA work?

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

At the start of the plan year, SCS will deposit a specific dollar amount in an HRA. (Please see the SCS medical plan summary for 2021 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 SCS, your HRA account stays behind.
- You may rollover unused funds from one year to the next.
- Cigna will send out quarterly statements to those employees who participate in the Choice Fund HRA plan.

Money-saving reminders

The HRA Plan is the *only* SCS plan that will cover weight-loss (bariatric) surgery (if medically necessary). This plan also covers eligible, medically necessary, fertility treatments & services.

Using the HRA plan



HRA advantages

1. Lower paycheck costs

Your per-paycheck costs are lower compared to other SCS health plans. Also, the annual HRA fund, provided as part of the plan, is used to offset your annual deductible.

2. Free in-network preventive care

As with all SCS health plans, preventive care is fully covered under the HRA plan option — you pay nothing toward your deductible and no copays as long as you receive care from innetwork providers. Preventive care includes annual physicals, well-child and well- woman exams, immunizations, flu shots, and cancer screenings.

3. Extensive provider network

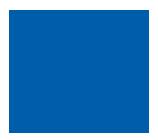
The plan uses Cigna's large network of doctors and other health care providers.















Dental and Vision

Dental and vision benefits are an important part of your overall health program and key to your overall wellbeing.

Dental

Healthy teeth and gums are important to your overall wellness. That's why it's important to have regular dental checkups and maintain good oral hygiene. Learn about the dental plans available to help you maintain your oral health.

					Cigna DPPO Advantage Plan
	Network	Out-of-Network	Network	Out-of-Network	In-Network
	You Pay		You	Pay	You Pay
Annual deductible (employee only/family)	\$25/\$75	\$50/\$150	\$50/\$150	\$100/\$300	None
Calendar-year maximum	\$2,000	\$2,000	\$1,500	\$1,500	Unlimited
Preventive/diagnostic services (annual cleanings, exams, etc.)	0%	0%	0%	0%	0%
Basic services (fillings, extractions, etc.)	20%*	20%*	20%*	20%*	20%*
Major services (crowns, bridges, etc.)	40%*	40%*	50%*	50%*	50%*
Orthodontia	50%	50%	50%	50%	100%*
DeductibleDependent ChildrenAdultsLifetime max for orthodontia	None Up to age 26 Not covered \$2,000	None Up to age 26 Not covered \$2,000	None Up to age 26 Not covered \$1,500	None Up to age 26 Not covered \$1,500	\$2,300 Up to age 26 Covered N/A

^{*}After Deductible

Since the DPPO Advantage Plan network is smaller, please make sure your dentist is a participating provider prior to receiving services.

Vision

Having vision coverage allows you to save money on eligible eye care expenses, such as periodic eye exams, eyeglasses, contact lenses, and more for you and your covered dependents.

Cigna Vision	Network	Out-of-Network
Exam (once every 12 months)	\$10 copay	Up to \$30 allowance
Lenses (once every 12 months)	\$20 copay	Up to \$25-\$60 allowance
Frames (once every 24 months)	\$130 allowance plus 20% discount on amount exceeding frame allowance	Up to \$30 allowance
Contact lenses (once every 12 months)	Covered at 100% (medically necessary) \$150 allowance (elective)	Up to \$225 allowance (medically necessary) Up to \$75 allowance (elective)

2021 paycheck deductions per pay period (before-tax)

Dental Plan	DPPO - \$2,000		DPPO - \$1,500		DPPO Advantage	
Delitai Fiali	24 Pay	20 Pay	24 Pay	20 Pay	24 Pay	20 Pay
Employee Only	\$21.35	\$25.62	\$12.90	\$15.48	\$9.51	\$11.41
Employee + 1	\$44.84	\$53.80	\$27.09	\$32.50	\$19.96	\$23.95
Family	\$64.05	\$76.86	\$38.69	\$46.43	\$28.52	\$34.22

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





Flexible Spending Accounts (FSAs)

Tax-advantaged FSAs are a great way to save money. The money you contribute to these accounts comes out of your paycheck without being taxed, and you withdraw it tax-free when you pay for eligible health care and dependent care expenses.

How does an FSA work?

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

SCS offers you the following FSAs:

Health Care FSA

- Pay for eligible health care expenses, such as plan deductibles, copays, and coinsurance.
- Contribute a minimum of \$300 and a maximum of up to \$2,750 in 2021.

Dependent Care FSA

- Pay for eligible dependent care expenses, such as day care for a child so you and/or your spouse can work, look for work, or attend school full time.
- Contribute a minimum of \$600 and a maximum of up to \$5,000 in 2021, or \$2,500 if you are married and filing separately.

Estimate carefully

Keep in mind, FSAs are "use-it-or-lose-it" accounts. The plan year begins 1/1/2021 and ends on 12/31/2021. 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.

Health Care FSA: How does it work?

When you enroll in a Health Care FSA, ConnectYourCare will send you a debit card, which you can use to pay for eligible expenses. Depending on the transaction, you may need to submit receipts or other documentation to ConnectYourCare.

What's an eligible expense?

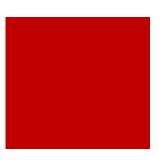
- Health Care FSA Plan deductibles, copays, coinsurance, and other health care expenses. To learn more, see IRS Publication 502 at www.irs.gov.
- Dependent Care FSA Child day care, babysitters, home care for dependent elders, and related expenses. To learn more, see IRS Publication 503 at www.irs.gov.
- A complete list of qualified expenses can be found at www.connectyourcare.com.



Get the most out of your FSA health care account by visiting FSA Store on the ConnectYourCare marketplace. It's a great way to ensure that you are maximizing your FSA dollars. The FSA store has an extensive list of eligible items for purchase and when you use your ConnectYourCare debit card, receipts are not requested. For more information, call (833) 799-1788 or visit www.connectyourcare.com













Focus on wellness

SCS is committed to helping you feel your best and live well. We offer benefits and programs that support your total health and make it easier to pursue your wellness goals.

Wellness program

You play an important role in managing your health care costs by maintaining or moving toward a healthy lifestyle. The SCS wellness program is here to help you.

A great place to start is by taking the health assessment. It helps you learn about your personal health risks and provides tools to track and monitor your progress toward a personalized plan focused on your goals. Visit www.mycigna.com

Employee assistance program

The SCS Employee Assistance
Program (EAP) is available throughout
the year to assist with your everyday
needs, at no cost to you or members of your household.
It's all part of our commitment to supporting your total
well-being. Get help with work-life issues, referrals for
clinical, legal, and financial services, and more. To begin
taking advantage of this valuable benefit, call (901) 6835658 or toll free (800) 880-5658.

Take advantage of preventive care benefits

Good preventive care can help you stay healthy and detect any "silent" problems early, when they're most likely to be treatable. Most in-network preventive services are covered in full, so there's no excuse to skip it.

- Have a routine physical exam each year. You'll build a relationship with your doctor and can reduce your risk for many serious conditions.
- Get regular dental cleanings. Numerous studies show a link between regular dental cleanings and disease prevention including lower risks of heart disease, diabetes, and stroke.
- See your eye doctor at least once every two years. If you
 have certain health risks, such as diabetes or high blood
 pressure, your doctor may recommend more frequent eye
 exams.

Don't have a personal doctor? You should. Here's why.



- Better health. Getting the right health screenings each year can reduce your risk for many serious conditions.
 And remember, preventive care doesn't cost you anything.
- A healthier wallet. A Primary Care Physician (PCP)
 can help you avoid costly trips to the emergency room.
 Your doctor will also help you decide when you really
 need to see a specialist and can help coordinate care.
- Peace of mind. Advice from someone you trust it means a lot when you're healthy, but it's even more important when you're sick.

Get care from your couch

When you don't feel well, or your child is sick, the last thing you want to do is leave the comfort of your home to sit in a crowded waiting room full of other sick people. A virtual visit, included as a covered service under your medical plan, lets you see and talk to a doctor from the comfort of your home or office without an appointment. When you seek care through virtual visits, you'll pay the same as you would pay for an office visit. Consider a virtual visit when your doctor isn't available, you become ill while traveling, or you're considering visiting a hospital emergency room for a non-emergency health condition. To learn more and register for care, please contact your Cigna telehealth services providers:

- MDLIVE
 - www.MDLIVEforCigna.com or 888-726-3173







Cigna Lifestyle Management programs

If weight, tobacco or stress is affecting your health or your ability to live an active life, it may be time to make some changes. A health coach can provide you with personalized support to help you:

- Learn to manage your weight using a non-diet approach that helps you build confidence, change habits, eat healthier and become more active.
- Develop a personal quit plan to become and remain tobacco-free.
- Understand the sources of your stress and learn to use coping techniques to better manage stress both on and off the job.

You can use an online or telephone coaching program – or both – for the support you need. To learn more about our Lifestyle Management programs, please call the number on the back of your CIGNA identification (ID) card.

Cigna Healthy Babies

Each woman's journey to motherhood is unique. To support you along your journey, you'll get:

- A workbook to help you learn about pregnancy and babies, including topics such as prenatal care, exercise, stress, depression and more.
- 24/7 telephone access to a health advocate. You'll also have access to a wealth of information on the myCigna website from trusted sources like WebMD and Healthwise. You'll learn how to:
 - Make a plan for a healthy pregnancy
 - Monitor your pregnancy week by week
 - Prepare for labor and delivery
 - Care for your baby
 - Free breast pump for nursing mothers

Call the number on your Cigna ID card to receive your welcome kit.

Your personal health team!

When it comes to feeling better about your health and living with a chronic condition such as diabetes, back pain, depression, arthritis, asthma or cardiac issues, everyone has different needs. That's why we have a personal health team – professionals trained as nurses, coaches, nutritionists, clinicians, counselors and more. They are here to listen to you, understand your needs and help you find solutions. Even when you're not sure where to begin. Visit www.mycigna.com

- Partner one-on-one with a health advocate and take a more active role in your health
- Find help managing your care and get information about a variety of treatment options suited to your personal preferences
- Get support 24 hours a day when you need help with things such as your child's high fever or finding late-night medical treatment
- Know what to expect and how to prepare if you need to spend time in the hospital or need surgery
- Get answers to basic questions about your health plan

Omada

Omada, a digital lifestyle change program, can help you lose weight and develop healthy habits. *FREE* to all SCS health plan participants who are at risk for diabetes or heart disease. Please visit, www.omadahealth.com/scsk12 for details.

Active & Fit

As a Cigna customer, you have access to the Active&Fit Direct Program, which offers fitness center memberships to over 8,000 fitness centers nationwide for *only* \$25/month. To learn more, visit www.ActiveandFitDirect.com/fitness/Cigna

Save time and money - SCS Family Health Clinic

Shelby County Schools and Methodist LeBonheur Healthcare have partnered to provide a convenient health care clinic at <u>no cost</u> for those that are eligible.

<u>Eligibility:</u> The SCS Family Health clinic is 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.

<u>Cost:</u> FREE for active SCS employees with a valid SCS ID badge. Family members covered under an SCS health insurance plan may be subject to the insurance plan copay.

<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.

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

Location and Hours:

Flicker Clinic (Behind Central Office) 130 Flicker St. Memphis, TN 38014

- 8 a.m. 6 p.m. (School Days)
- 8 a.m. 5 p.m. (Summer and school holidays)

The SCS Family Health Clinic is not intended to substitute for visits to your regular primary care physician. More information can be found on the SCS website.

FINANCIAL

SCS offers programs to help ensure financial security for you and your family. We also provide access to voluntary benefits designed to help you save money on valuable supplemental insurance coverage.

Employee basic life and AD&D insurance

SCS offers you basic life and accidental death and dismemberment (AD&D) insurance so that you can protect those you love from the unexpected. The majority of the cost for this coverage is paid by SCS. Your benefit amount will be 2 times your base annual salary (up to \$300,000).

Basic life and AD&D coverage (Rates per \$1,000 of coverage)					
24-Pay 20-Pay					
Basic Life/AD&D \$0.017 \$0.020					

Employee supplemental life insurance

If you want added protection, you can purchase supplemental life insurance for yourself. You may elect coverage up to the lesser of 5 times your salary or \$500,000.

Employee Supplemental Life Insurance (Rates per \$1,000 of coverage)				
	24-Pay	20-Pay		
Under 25	\$0.022	\$0.026		
25-29	\$0.022 \$0.026			
30-34	\$0.031 \$0.037			
35-39	\$0.038 \$0.045			
40-44	\$0.039 \$0.047			
45-49	\$0.057 \$0.068			
50-54	\$0.088 \$0.105			
55-59	\$0.164 \$0.196			
60-64	\$0.251 \$0.301			
65-69	\$0.483 \$0.580			
70 or older	or older \$0.783 \$0.939			

Federal tax law requires SCS to report the cost of company-paid life insurance in excess of \$50,000 as imputed income. AD&D benefits are paid in addition to any life insurance if you die in an accident or become seriously injured or physically disabled.

You may have to complete an evidence of insurability (EOI) medical questionnaire to determine whether you or your spouse is insurable for supplemental life insurance amounts. If required, one will be provided to you.

What is AD&D insurance?

Should you lose your life, sight, hearing, speech, or use of your limb(s) in an accident, AD&D provides additional benefits to help keep your family financially secure. AD&D benefits are paid as a percentage of your coverage amount — from 50% to 100% — depending on the type of loss.

What you need to know

- You must purchase basic life insurance to be eligible to enroll in supplemental life.
- The amount of basic life reduces for employees
 65 & older (contact SCS Benefits Office for details)
- New employees may elect supplemental insurance up to the lesser of 3 x their annual salary or \$500,000, without proof or evidence of insurability, and up to \$20,000 for spouse or child(ren).
- If you are not a new employee and you wish to elect basic life insurance, proof or evidence of insurability is required.

Spouse supplemental life insurance

You may also purchase life insurance for your spouse up to \$250,000 (not to exceed 50% of your coverage)

Spouse Supplemental Life Insurance (Rates per \$1,000 of coverage)				
	24-Pay 20-Pay			
Under 25	Under 25 \$0.021 \$0.025			
25-29	\$0.025 \$0.030			
30-34	\$0.034 \$0.040			
35-39	\$0.038	\$0.045		
40-44	\$0.042	\$0.050		
45-49	\$0.063	\$0.075		
50-54	\$0.096	\$0.115		
55-59	\$0.179 \$0.215			
60-64	\$0.275	\$0.329		
65-69	\$0.529 \$0.634			
70 or older	\$0.857 \$1.028			

Child voluntary life insurance

Optional child life insurance provides \$1,000 of life insurance for newborn children through 14 days old and \$10,000 or \$20,000 of life insurance for children age 15 days through age 25. The monthly rate is \$0.106 per month (per \$1,000 of coverage), regardless of the number of children covered.

Have you named a beneficiary?

Be sure you've selected a beneficiary for all your life and accident insurance policies. The beneficiary will receive the benefit paid by a policy in the event of the policyholder's death. Visit www.mybentek.com/scs to update your beneficiary information.

Disability Insurance

New for 2021 - Enhanced Disability Benefits

For 2021, you will have more options for short-term disability (STD) and long-term disability (LTD) insurance coverage. You will have the opportunity to participate in a new group STD & LTD benefit through MetLife, offering lower rates than traditional individual disability plans.

The loss of income due to illness or disability can cause serious financial hardship for your family. SCS's group disability insurance program replaces a portion of your income when you're unable to work. The disability benefits you receive allow you to continue paying your bills and meeting your financial obligations during this difficult time. Protect yourself, your family, and your savings from the impact of your lost income by replacing a portion of it during the initial weeks of a disability and for an extended period of time.

Your disability coverage through MetLife also includes additional benefits designed to assist you in getting back to work.

- Rehabilitation Incentive You can increase the amount of your disability benefit by as much as 10% when you participate in a MetLife approved Rehabilitation Program.
- Family Care Incentive Get reimbursed for expenses, such as childcare for eligible family members, if you participate in a MetLife approved Rehabilitation Program.
- Work Benefit You may receive up to 100% of your predisability earnings when combining the disability benefit, return-to-work earnings, rehabilitation incentives and other income benefits such as State Disability benefits and Social Security Disability benefits.
- Moving Expense Incentive You may be reimbursed for moving expenses to a new residence if the move is recommended as part of a MetLife approved Rehabilitation Program.

Summary of Disability benefits

Short-Term & Long-Term Disability Benefits Summary			
	STD	LTD	
Who pays	Employee-paid	Employee-paid	
Benefit provided	60% of base Up to 60% of base annual earnings		
Maximum benefit payable	\$1,500 per week	\$6,500 per month	
Maximum benefit duration	26 weeks	To age 65 or 5 years, whichever comes first	
Waiting period	30-day option or 7-day option	180 days	

Please be sure to review the Plan Summary for complete details about this disability coverage from MetLife. You'll find information about your plan's benefit amounts, rates, terms, and conditions on the SCS Benefits website and the enrollment website.

STD & LTD Disability rates

The cost of the benefit is based on your age and salary. Your exact cost will be shown to you as part of your enrollment process. Rates for 24-pay and 20-pay are below:

LTD & STD RATES (24-Pay Period Rates; per \$100 of monthly covered pay)				
Age Band	LTD	STD (7-Day option)	STD (30-Day option)	
<25	\$0.010	\$0.291	\$0.173	
25-29	\$0.015	\$0.305	\$0.180	
30-34	\$0.030	\$0.312	\$0.187	
35-39	\$0.035	\$0.284	\$0.173	
40-44	\$0.050	\$0.305	\$0.180	
45-49	\$0.070	\$0.374	\$0.222	
50-54	\$0.100	\$0.464	\$0.277	
55-59	\$0.110	\$0.568	\$0.346	
60-64	\$0.115	\$0.672	\$0.408	
65+	\$0.120	\$0.810	\$0.492	

LTD & STD RATES (20-Pay Period Rates; per \$100 of monthly covered pay)				
Age Band	LTD	STD (7 Dow ention)	STD (20 Pow ention)	
		(7-Day option)	(30-Day option)	
<25	\$0.012	\$0.349	\$0.208	
25-29	\$0.018	\$0.366	\$0.216	
30-34	\$0.036	\$0.374	\$0.224	
35-39	\$0.042	\$0.341	\$0.208	
40-44	\$0.060	\$0.366	\$0.216	
45-49	\$0.084	\$0.449	\$0.266	
50-54	\$0.120	\$0.557	\$0.332	
55-59	\$0.132	\$0.681	\$0.415	
60-64	\$0.138	\$0.806	\$0.490	
65+	\$0.144	\$0.972	\$0.590	

Important information - Auto-Enrollment

- All benefit-eligible employees will be <u>automatically</u> enrolled in short-term (30-day wait period option) and long-term disability benefits effective January 1, 2021. You may opt to decline enrollment during this open enrollment period. In the case of the short-term disability plan, employees will also have the option of electing a higher coverage level (7-day wait option).
- The addition of the new short-term disability plan will not affect your ability to maintain any other individual disability plan you may have purchased. If you wish to disenroll in an individual disability plan, you will need to contact your vendor directly (please see page 12 for vendor contact information on AFLAC, American Fidelity or Colonial) If you are unsure of your enrollment in an individual disability plan, please check your SCS paystub for deduction information.
- If you decide to decline the coverage now, and want it later, you'll have to submit a statement of health. This means that if at the time you apply you have a medical problem you may not be allowed to enroll. Enrolling now guarantees your access to the benefit when you need it.

Additional benefits

As part of the SCS benefits package, you have access to a variety of additional programs that can help save you money and provide important assistance with everyday needs.

Accident insurance

You can't always avoid accidents — but you can help protect yourself from accident-related costs that can strain your budget. Accident insurance supplements your primary medical plan and disability programs by providing cash benefits in cases of accidental injuries. You can use this money to help pay for uncovered medical expenses, such as your deductible or coinsurance, or for ongoing living expenses, such as your mortgage or rent. Benefits are paid directly to you (unless assigned to someone else) and are also paid in addition to other coverages you may have, such as medical or an AD&D plan.

Hospital indemnity insurance

A trip to the hospital can be stressful, and so can the bills. Even with a major medical plan, you may still be responsible for copays, deductibles, and other out-of-pocket costs. A hospital indemnity plan provides supplemental payments directly to you — unless assigned to someone else — that you can use to cover expenses that your medical plan doesn't cover for hospital stays.

Critical illness insurance

When a serious illness strikes, critical illness insurance can provide financial support to help you through a difficult time. It protects against the financial impact of certain illnesses, such as a heart attack or cancer. You receive a lump-sum benefit to cover out-of- pocket expenses for your treatments that are not covered by your medical plan. You can also use the money to take care of your everyday living expenses, such as housekeeping services, special transportation services, and day care. Benefits are paid directly to you, unless assigned to someone else

Learn more

Please contact the following program providers for more information on accident, critical illness or hospital indemnity insurance:

- AFLAC Mark Turnbow (901) 870-4206
- American Fidelity
 Candice Chambers/Kenneth Greene
 (901) 458-9252
- Colonial Life (866) 822-0123



Legal plan & ID Theft insurance

Legal Shield & ID Shield offers participants and their eligible dependents access to legal advice, legal services and identity monitoring services. Legal Shield offers a nationwide network of attorneys with coverage for many personal legal issues. Services include telephone advice and office consultations on an unlimited number of legal matters, in addition to full representation for covered matters.

ID Shield offers comprehensive identity monitoring services with direct access to licensed private investigators and 24/7 customer support. Services include privacy and security monitoring, social media monitoring, full identity restoration and consultations. For plan details, go to www.legalshield.com/info/scsk12

Legal Shield and ID Shield Rates (monthly rates)			
Legal Shield \$18.95			
ID Shield \$8.95 Individual \$18.98 Family			

Student Loan Wellness

Paying off student loans can be difficult, but Tuition.io can help. Tuition.io can assist with strategies to optimize your repayment plan, provide information on refinancing options and help you navigate the process through educational and student loan wellness tools.

Tuition.io can also help you plan for your child's future. Learn about the different types of student aid available and the application process. There's also a college cost calculator to help you estimate how much you'll need for your child's education. You even have access to a student loan coach to answer your most difficult questions. For more information, visit www.scs.tuitionio/register or call (855) 353-9395.

Pet Insurance

Take comfort in knowing your pet can get the care they need if they are hurt or sick, without worrying about the cost, through ASPCA Pet health insurance. You can choose the care you want for your pet and get reimbursed for eligible expenses. For more information, visit

www.ascpapetinsurance.com/SCSK12 (Priority code: SCSK12) or call (844) 592-4879.



Retirement savings

SCS has a variety of options to help you meet one of life's most important goals — saving for a financially secure retirement.

Tennessee Consolidated Retirement System (TCRS)

Eligible employees participate in the Tennessee Consolidated Retirement System pension plan. TCRS provides a defined benefit plan–providing lifetime retirement, survivor and disability benefits for employees and their beneficiaries. For more information, contact the SCS Benefits Office or TCRS:

- 1-800-770-8277 or 1-800-922-7772
- To access your personal account https://mytcrs.tn.gov

401(k)

This voluntary retirement savings plan allows eligible employees to complement any existing retirement and pension benefits. The plan allows you to save and invest before tax dollars and defers tax on contributions and earnings on contributions until money is withdrawn. For details, please contact:

- Great West (EMPOWER) 545 Mainstream Dr., Suite 407 Nashville, TN 37228 (800)922-7772
- Rosaline Bank Rosaline.Banks@emplower-retirement.com
- Enroll online at: www.RetireReadyTN.gov

403(b)/Tax Sheltered Annuity (TSA)

The SCS 403(b)/TSA program allows eligible participants to make before tax contributions to an investment account through convenient payroll deductions. Please see the chart below for eligible vendors.

403(b) Vendor	Vendor Address/Phone
AIG / VALIC	278 Franklin Rd., Suite 151 Brentwood, TN 37027 (615) 221-2541
American Fidelity Insurance	126 South Flicker Memphis, TN 38104 (901) 458-9252
Ameriprise Financial	6750 Poplar Ave., Ste 114 Memphis, TN 38138 (901) 312-7806
AXA Equitable	494 Williamsburg Lane Memphis, TN 38117 (800) 628-6673
College Life Group/Americo	5545 Murray Rd., Suite 205 Memphis, TN 38119 (901) 761-4822
Great American Life Insurance	301 East Fourth St, 11 th Floor Cincinnati, OH 45202 (800)-438-3398
Horace Mann Insurance	1899 Camberley Circle Memphis, TN 38119 (800) 999-1030
ING ReliaStar - VOYA	5050 Poplar Avenue, Ste. 2400 Memphis, TN 38157 (901) 496-2741
Metlife Resources	7715 Highway 70, Suite 103A Bartlett, TN 38133 (901) 767-5951
Midland National	3721 Riverdale Rd, Ste. 102B Memphis, TN 38115 (901) 552-3042
NEA/Valuebuilders/Security Benefits & The Legend Group/Legend Equities	P.O. Box 862 Savannah, TN 38372 (800) 635-8258
Plan Members Services	1278 Salem Rd Gadsden, TN 38337 (731) 784-6702
Primerica Financial Services PFS Investment Inc.	5118 Park Ave., Suite 308 Memphis, TN 38117 (901) 398-5239

ENROLLMENT & ELIGIBILITY

After you've carefully considered your benefit options and anticipated needs, it's time to make your benefit selections. Follow the instructions to enroll yourself and any eligible dependents in health and insurance benefits for 2021.

How to enroll

Shelby County Schools utilizes Bentek, an internet based online benefits enrollment system, which is available 24 hours a day, 7 days a week. Employees may:

- View all benefit elections and payroll deductions
- Make new elections, changes, add or remove dependents during open enrollment, new hire period or a qualifying event
- View plan summaries and link to carrier websites
- Designate Life Insurance beneficiaries

Accessing Bentek

- 1. Log on to www.mybentek.com/scs
- Enter username and password or click on "Create an account"
 - Follow directions to create your Username and Password. Please Note: password must contain three (3) of the following:
 - Lower case letter
 - Upper case letter
 - Special character
 - Number

Employee Benefits Center

- During Open Enrollment select "Open Enrollment" in dropdown
- Report Qualifying Event add/remove dependents
- View Elections view current elections and payroll deductions
- Benefit Highlights plan descriptions and links to carriers
- Forms plan documents, plan summaries and notices
- Beneficiary Designations-add, change, or update information for Life Insurance Plan(s)

Changes during the year

After your enrollment opportunity ends, you won't be able to change your benefits coverage during the year unless you experience a qualifying life event, such as marriage, divorce, birth, adoption, or a change in your or your legal spouse's employment status that affects your benefits eligibility.

Effective date of coverage

For new employees, the effective date of coverage for most plans is the first of the month following 30 days of employment. For existing employees enrolling during Open Enrollment, the effective date of most plans is January 1, 2021.

What happens if you don't enroll?

As a new employee – If you don't enroll in benefits within 30 days of your hire date, you will not have benefits coverage, and will have to wait until the next benefits open enrollment period. If you experience a qualified life event (birth/adoption, marriage/divorce, loss of coverage, etc.) you must contact the SCS Benefits office within 30 days of the event date.

OPEN ENROLLMENT DEADLINE: November 13, 2020

During Open Enrollment – If you want to make changes to your benefits, enroll in the FSA, or disenroll in the STD/LTD plans, you must take action before the enrollment deadline. If no action is taken, you will keep your current coverage, with the exception of your FSA contributions, and be automatically enrolled in the STD/LTD plans.

BENEFITS ELIGIBILITY				
Benefit Plan	Full-time 12 /11-month Employees	Full-time 10/10.5-month Employees	Part-time Employees*	When you're eligible
Health (Medical, Dental & Vision)	X	X		First day of the month, following 30 days of employment
Flexible Spending Accounts	X	X		First day of the month, following 30 days of employment
Life / AD&D Insurance	X	X		First day of the month, following 30 days of employment
STD & LTD (Disability Program)	X	X		First day of the month, following 30 days of employment
Employee Assistance Program (EAP)	X	X		First day of the month, following 30 days of employment
Pet Insurance	X	X		First day of the month, following 30 days of employment
Legal / ID Theft	X	X		First day of the month, following 30 days of employment
SCS Healthcare Clinics	X	X	Х	Eligible immediately, upon hire
Student Loan Wellness	X	X		First day of the month, following 30 days of employment
TCRS Retirement & 401(k) Plan	Х	X		First day of the month, following 30 days of employment

Full-time: Employees working 30 or more regularly scheduled hours per week. **Part-time**: Employees working less than 30 regularly scheduled hours per week; *If a part-time employee averages at least 30 hours per week during a 12-month period they may become eligible. (you will be contacted by the SCS Benefits Office if you meet this eligibility criteria)



Contacts

Please contact the appropriate provider listed below to learn more about a specific benefit plan.

Plan	Who to Call	Web Address	Phone Number	
Medical	Cigna	www.mycigna.com	Annual Enrollment Questions:	
Dental	Cigna	www.mycigna.com	1 -800-401-4041	
Vision	Cigna	www.mycigna.com	On-going Customer Service: 1-800-736-7568	
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 1-901-416-5304 Supplemental Life Insurance 1-866-492-6983	
Short & Long- Term Disability	MetLife	www.metlife.com/mybenefits	Customer Service: 1 800 GET-MET8 (1 800 438-6388)	
Employee Assistance Program (EAP)	Methodist Healthcare	www.methodisteapcanhelp.org	Schedule Appointment: 1-901-683-5658 or 1-800-880-5658	
Pet Insurance	ASCPA	www.ascpapetinsurance.com/SCSK12 Priority Code: SCSK12	Customer Service: 1-844-592-4879	
Legal / ID Theft	LegalShield / IDShield	www.legalshield.com/info/scsk12	Customer Service: 1-800-654-7757	
SCS Healthcare Clinic	SCS Family Care Clinic	http://www.scsk12.org/?LP=em ployee&page=family	Schedule Appointment: 1-901-416-6079	
Student Loan Wellness & College Prep Supports	Tuition IO	www.scs.tuitonio/register	Customer Service: 1-855-353-9395	
Online Benefits Enrollment	Bentek	www.mybentek.com/scs	Customer Service: 888-523-6835	
SCS Benefits Office		www.scsk12.org	901-416-5304 (phone) 901-416-6463 (fax)	











Common insurance terms & definitions

ASO (Administrative Services Only) – An arrangement in which an employer hires a third party to deliver administrative services to the employer such as claims processing and billing; the employer bears the risk for claims. This is common in self-insured health care plans.

Coinsurance - A form of medical cost sharing in a health insurance plan that requires an insured person to pay a stated percentage of medical expenses after the deductible amount, if any, was paid. Once any deductible amount and coinsurance are paid, the insurer is responsible for the rest of the reimbursement for covered benefits up to allowed charges: the individual could also be responsible for any charges in excess of what the insurer determines to be "usual, customary and reasonable". Coinsurance rates may differ if services are received from an approved provider (i.e., a provider with whom the insurer has a contract or an agreement specifying payment levels and other contract requirements) or if received by providers not on the approved list. In addition to overall coinsurance rates, rates may also differ for different types of services.

Copayment - A form of medical cost sharing in a health insurance plan that requires an insured person to pay a fixed dollar amount when a medical service is received. The insurer is responsible for the rest of the reimbursement. There may be separate copayments for different services. Some plans require that a deductible first be met for some specific services before a copayment applies.

Deductible - A fixed dollar amount during the benefit period - usually a year - that an insured person pays before the insurer starts to make payments for covered medical services. Plans may have both per individual and family deductibles. Some plans may have separate deductibles for specific services. For example, a plan may have a hospitalization deductible per admission. Deductibles may differ if services are received from an approved provider or if received from providers not on the approved list.

Flexible spending accounts or arrangements (FSA) - Accounts offered and administered by employers that provide a way for employees to set aside, out of their paycheck, pretax dollars to pay for the employee's share of insurance premiums or medical expenses not covered by the employer's health plan. The employer may also make contributions to a FSA. Typically, benefits or cash must be used within the given benefit year or the employee loses the money. Flexible spending accounts can also be provided to cover childcare expenses, but those accounts must be established separately from medical FSAs.

Preferred provider organization (PPO) plan - An indemnity plan where coverage is provided to participants through a network of selected health care providers (such as hospitals and physicians). The enrollees may go outside the network but would incur larger costs in the form of higher deductibles, higher coinsurance rates, or nondiscounted charges from the providers.

Maximum out-of-pocket expense - The maximum dollar amount a group member is required to pay out of pocket during a year. Until this maximum is met, the plan and group member shares in the cost of covered expenses. After the maximum is reached, the insurance carrier pays all covered expenses, often up to a lifetime maximum.

Primary care physician (PCP) - A physician who serves as a group member's primary contact within the health plan. In a managed care plan, the primary care physician provides basic medical services, coordinates and, if required by the plan, authorizes referrals to specialists and hospitals.

Self-insured plan – A plan offered by employers who directly assume the major cost of health insurance for their employees. Some self-insured plans bear the entire risk. Other self-insured employers insure against large claims by purchasing stop-loss coverage. Some self-insured employers contract with insurance carriers or third-party administrators for claims processing and other administrative services; other self-insured plans are self-administered.



BENEFITS OPEN ENROLLMENT DRIVE-THRU

Please plan to stop by our benefits open enrollment drive-thru, where you can get information on benefits plans and options. The SCS Benefits Staff will be available if you have questions or need help with completing the open enrollment process. Giveaways and prizes will also be available.

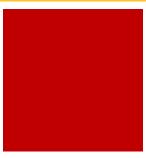
Thursday, November 5th 2:00 p.m. – 5:00 p.m.

SCS Board of Education (160 S. Hollywood)

(Masks/Face Coverings & social distancing required)





















While every effort has been made to ensure accuracy of this benefits guide, the plan documents and contracts will prevail in case of discrepancy between this guide and the plan documents and contracts. In addition, SCS reserves the right to modify or terminate any benefit plans at any time.

The information in this booklet constitutes a Summary of Material Modifications (SMM) of the SCS Benefits Handbook for the noted plan changes. Effective January 1, 2021, this benefits guide, along with a copy of the Summary Plan Description (SPD) will comprise the SPD. Please retain this guide for reference.

These documents, along with all the required annual legal notices, are accessible on <u>www.scsk12.org</u>. If you have questions or need to request a hard copy of your SCS Benefits documents, please contact SCS Benefits at 901-416-5304.

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