Guilford County Schools Flex Benefits Annual Enrollment for Plan Year 2018

Contents Enrollment

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Deadline: October 31, 2017

Eligibility

Eligible Employees: Employees who are eligible for full benefits
Ineligible Employees: Employees not eligible for full benefits; Interim employees working less than 6 months in a school year; Visiting International Faculty; and Retirees

Annual Enrollment Process

Guilford County Schools and Mark III Brokerage are pleased to announce this year’s annual enrollment. The enrollment website will be open October 1 thru October 31, 2017. This year we will have individual meetings at all locations October 2 thru October 27, 2017.

Please check with your principal or supervisor for the schedule. Employees who need assistance with the online enrollment or who have questions regarding the products offered under our Flex Benefits Plan may schedule appointments with the Mark III representatives. Please remember that you must be actively at work to sign up for certain benefits such as the Allstate Cancer, AUL Short-Term Disability, Aflac Accident, Aflac Critical Illness and Texas Life Whole Life.

The schedule is also posted on the GCS Website under “Benefits”. While online enrollment is encouraged, employees who prefer enrolling in person may schedule appointments with the Mark III representatives.

You may complete the following online:

✓ Update email address (All other changes need to be completed on the GCS website)
✓ Add and modify family information (important for spouse and children’s insurance coverage)
✓ Review current benefit elections
✓ View important benefit plan information
✓ Make elections or changes for the following products:
  ▪ Gilsbar Medical Reimbursement Account
  ▪ Gilsbar Dependent Care Account
  ▪ Ameritas Dental Plans
  ▪ Direct Reimbursement Dental Plan
  ▪ Superior Vision Plans
  ▪ MetLife Term Life Plan
  ▪ Texas Life Whole Life Plan (some options require enroller assistance such as adding spouse, children & grandchildren)
  ▪ Allstate Cancer Plan
  ▪ Legal Shield (Pre-Paid Legal) Plan
✓ You must meet with a Mark III representative to elect or make changes to the following products:
  ▪ Aflac Accident Plan
  ▪ Aflac Critical Illness Plan
  ▪ AUL Short-Term Disability Plan
  ▪ AUL Long - Term Disability Plan

We encourage all eligible employees regularly working 30+ hours per week, and eligible for benefits to participate in this process. Also, we ask that you update your family information online so that your insurance coverage is correct. Unless a qualifying event occurs, this will be the only time during the year that you can make changes to your benefits package. Any additions, deletions and/or changes to your benefits will become effective January 1, 2018.
Product Updates

<table>
<thead>
<tr>
<th>Product</th>
<th>Aflac Accident</th>
<th>Aflac Critical Illness (You must meet with a Mark III Representative to enroll in the Aflac Critical Illness plan.)</th>
<th>Gilsbar Flexible Spending Accounts</th>
<th>Allstate Benefits Cancer</th>
<th>AUL Short-Term Disability (You must meet with a Mark III Representative to enroll in the AUL Short-Term Disability plan.)</th>
<th>AUL Long-Term Disability (You must meet with a Mark III Representative to enroll in the AUL Long-Term Disability plan.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits are payable regardless of any other insurance programs</td>
<td>Lump-sum benefits paid directly to the insured unless otherwise assigned following the diagnosis of each covered critical illness</td>
<td>Please remember, you must re-elect your Medical and Dependent Care accounts each year. This benefit does not roll over automatically each year. Medical FSA maximum is $2,600. (Increase from last year) Dependent Care maximum is $5,000 Please check to make sure you have elected the correct account prior to leaving the Mark III Rep or printing your confirmation statement if self-enrolled.</td>
<td>Allstate Benefits requires an Evidence of Insurability form to be completed for all cancer plans. There is a 12-month pre-existing condition clause that will apply.</td>
<td>Employees who did not elect coverage during their initial enrollment period are eligible to sign up for $500 to $1000 monthly benefit without medical questions, subject to pre-existing exclusion. Employees may increase their coverage up to $500 monthly benefit without medical questions. The maximum benefit cannot exceed 70% of basic monthly earnings and must be in $100 increments. Employees who elect to increase their Benefit Duration will have to elect the Long Term Disability. The 26 and 52 week benefit is no longer being offered as options to increase.</td>
<td>Effective January 1, 2018 there will be a rate increase on the AUL Long-Term Disability coverage. The new LTD rate is $1.63 per $100 monthly covered benefit. Enrollees that did not elect coverage during their initial enrollment are eligible to sign up for $500 or $1000 monthly benefit. The maximum benefit cannot exceed 60% of basic monthly earnings. Employees cannot increase the amount of their existing coverage.</td>
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<td>Coverage is guaranteed-issue, provided the applicant is eligible for coverage</td>
<td>Payroll Deduction – Premiums are paid through convenient payroll deduction</td>
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<td>Coverage is effective the date the application is signed</td>
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<td>The plan features benefits for both inpatient and outpatient treatment of covered accidents</td>
<td>Spouses are eligible for benefit amounts equaling 100% of the employee amount, not to exceed the $30,000 maximum benefit</td>
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<td>Benefits are available for spouse and/or dependent children</td>
<td>Each dependent child is covered at 50% of the primary insured amount at no additional charge</td>
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<td>Annual Wellness benefit included.</td>
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<td>Premiums are paid by convenient payroll deduction</td>
<td>The plan is portable, with certain stipulations</td>
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## Product

### MetLife Term Life

**Important: Please logon to the Enrollment Site and update your beneficiary.**

You will be able to make your MetLife Term Life election via the web. **However, any increase in coverage or adding coverage outside your eligibility period, will require a Statement of Health form which will be provided to you direct from MetLife.** Coverage will not become effective until approved by MetLife. Please remember that the MetLife Term Life Plan includes several value added services such as, Will Preparation Service and Estate Resolution Services. These services are provided at **no additional cost when employees participate in the MetLife optional life plan.** For more services and further information, please see your benefits booklet or go to [www.markiiibrokerage.com/guilfordcountyschoolsnc](http://www.markiiibrokerage.com/guilfordcountyschoolsnc).

### Ameritas Dental Plan

**Product:**

- **Standard Dental and PPO**

Ameritas has two dental plans, the PPO Dental Plan and their Standard Dental Plan. **If you did not sign up for either plan when you were first eligible, you will be considered a late entrant and will be limited to Preventive and Basic benefits for the first 12 months.**

**Features of the PPO Plan:**

- **SoundCare℠ Hearing Health Benefits**
  - For those employees that choose to enroll in the PPO plan, they will now have a sound care benefit available to them at no additional charge. You can use your dental roll-over dollars to increase your sound care maximum an additional $100, which will cap the annual maximum benefit. Please see your 2018 Flex Benefits book for more information regarding the Ameritas PPO Dental Plan and SoundCare Hearing Health Benefits.

- **Lower Premiums**
  - Compared to the Standard Plan, the PPO Plan can save you money depending on your level of coverage.

- **Lower Procedure Costs**
  - To access the full value of the PPO Plan, you are strongly encouraged to utilize In-Network providers. **(If you are not planning to utilize an in-network provider, do not sign up for the PPO Plan or your out-of-network benefits will be significantly reduced.)**
  - All In-Network Providers have a lower negotiated rate for procedures. This not only saves you money out-of-pocket, but also allows you to get more out of your Annual Maximum Allowance.

**For both the Ameritas Dental Standard Plan and PPO Plan:**

- **Annual Maximum Benefit**
  - For both the standard and PPO plans you’re able to accumulate roll-over dollars toward your annual Dental maximum. We have removed the cap on this rollover amount, allowing you to accumulate as much as you’re able as long as you follow the criteria below:
    - You will also be allowed to roll-over an additional $100 towards your lifetime orthodontia max.
  - **Type I, II and III Procedures - $2,000 per plan year per person**
  - **Orthodontia Procedures - $1,500 Lifetime per person**
  - **Dental Rewards**
    - Dental Rewards Requirements:
      1. Visit a dentist between January 1 and December 31 of the plan year.
      2. Submit a claim for payment prior to March 1 of the following year.
      3. Total benefits paid for the Calendar Year must be less than $750.
    - If you meet all 3 requirements you will have an additional $250 available in the Annual Dental Maximum for the next plan year. (Plus an additional $150 if you visit a dentist in our panel). In future years if you have benefits paid of less than $750, additional amounts of $250 will be added to the carryover. You no longer have a cap on the amount you can accumulate for this added benefit.
  - **Claims are filed, insurance pays and employee is responsible for the remainder of the fee. (Please check with your dentist regarding their claims filing procedures).**

### Legal Shield

**Product:**

- **Employees currently enrolled in this plan will automatically continue as elected.**
Important Information to Know Before Enrolling

1. To read plan descriptions of all Flex Benefits and Dental Insurance see the Flex Benefits Plan Booklet on the GCS Website.
2. If you previously received a debit card (for your medical spending account), it is in effect for three (3) years from the issue date. Please do not throw it away. Your account will be replenished if you make a new election for the 2018 plan year. If you are a new participant electing a medical spending account, you will receive a Gilsbar debit card and instructions on how to register at mygilsbar.com, in the mail, prior to your plan year.
3. If you enroll online, you must print the Benefits Confirmation Statement, called “2018 Election Summary.” It is your proof that you are enrolled or have made changes to your insurance coverage. If you find a discrepancy once the enrollment is over, Guilford County Schools will not allow any changes to your benefits and/or deductions unless you can provide a copy of this form. If you enroll with a Mark III Representative, you must obtain the “2018 Election Summary” from the representative.
4. Personal health information is protected by the Health Insurance Portability and Accountability Act. Except for permitted uses and disclosures, your health information is not allowed to be disclosed to any third party without your written authorization.
5. NO CHANGES CAN BE MADE TO YOUR BENEFITS AFTER October 31, 2017 UNLESS:
   - You have a family status change (qualifying event) such as birth, adoption, marriage, divorce, legal separation, death of a spouse or dependent, termination/commencement of employment of the employee’s spouse, changing from part-time to full-time employment or from full-time to part-time by the employee or spouse or taking an unpaid leave of absence by the employee or spouse.
   - You have 31 days from the qualifying event to make changes to your benefits. Documentation of the event is required.
6. Contact information for questions regarding this enrollment:
   - Benefits Office at 336-370-8348
   - Cindy Horton (Mark III) at 1-800-532-1044 or by email at cindy@markiiieb.com

ONLINE ENROLLMENT INSTRUCTIONS

1. Logon to: https://www.mywecarebenefits.net/MarkIII
2. You should see the logon screen: “Welcome to your Benefits Enrollment Center”.
3. Logging on:
   - Case ID: M395
   - Online ID: the last 6-digits of your social security number, first initial of your first name on payroll records and the first initial of your last name on payroll records.
     Example: SS# 245-45-4555 John Smith
     Online ID: 45455JS (not case sensitive)
   - Click: Sign In
   - Password: enroll2018 (all lower case)
   - Enter Security Code
   - Click: Sign In
4. “On-line Service Agreement.”- Please read the agreement
   Click: agree
5. “Start Here Page”
   - Initially you will view the Start Here Page which contains important information relative to the site. Take a moment to read the information provided.
   - Click Next, to continue
   - The next screen will be, Personal Data (you can add or update email address on this screen by clicking, Edit)
   - Click NEXT to proceed to the following screen(s).
   - You must click the Next button and navigate through each benefit page to reach the Election Summary. To elect a benefit or change coverage, click the change coverage button.
6. “Election Summary”
   From the Election Summary screen you can review your benefit selection(s) and print a copy for your records.
   To print the Election Summary, click on the print confirmation statement tab at the bottom of the page.
   Once you have printed, click, Close Window. Retain this print out as proof of the benefits that you selected for the 2018 plan year.
7. Click LOGOFF at the bottom of the Election Summary screen. Please close your browser when you are finished.

Online enrollment is available 24 hours a day; 7 days a week, from October 1, through October 31, 2017.