Guilford County Schools Flex Benefits Annual Enrollment for Plan Year 2017

Contents

1. Enrollment process
2. Product Updates and Changes
3. Important Information to Know Before enrolling
4. Online Enrollment Instructions

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, 2016. This year we will have individual meetings at all locations October 3 thru October 28, 2016.

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, 2017.
### Product Updates

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<tr>
<th>Product</th>
<th>Details</th>
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| **Aflac Accident**                           | - Benefits are payable regardless of any other insurance programs  
- Coverage is guaranteed-issue, provided the applicant is eligible for coverage  
- Coverage is effective the date the application is signed  
- The plan features benefits for both inpatient and outpatient treatment of covered accidents  
- Benefits are available for spouse and/or dependent children  
- Annual Wellness benefit included.  
- Premiums are paid by convenient payroll deduction  
- 24-Hour coverage |
| **Aflac Critical Illness**                   | - Lump-sum benefits paid directly to the Insured unless otherwise assigned following the diagnosis of each covered critical illness  
- Payroll Deduction – Premiums are paid through convenient payroll deduction  
- Guaranteed-Issue – available to employee and spouse  
- Coverage is effective the date the application is signed  
- Each dependent child is covered at 50% of the primary insured amount at no additional charge  
- Annual Health Screening benefit included  
- The plan is portable, with certain stipulations |
| **Gilsbar Flexible Spending Accounts**       | Please remember, **you must re-elect** your Medical and Dependent Care accounts each year. This benefit **does not** roll over automatically each year. The Medical FSA maximum is $2,550. |
| **Allstate Benefits Cancer**                 | 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. |
| **AUL/OneAmerica Short-Term Disability**     | Employees who did not elect coverage during their initial enrollment period are eligible to sign up for $500 to $1,000 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. You must meet with a Mark III representative to make changes to your AUL benefit duration. |
| **AUL Long-Term Disability**                 | You must meet with a Mark III Representative to enroll in LTD plan.  
Enrollees that did not elect coverage during their initial enrollment are eligible to sign up for $500 or $1,000 monthly benefit. The maximum benefit cannot exceed 60% of basic monthly earnings. **Employees cannot increase existing coverage.** |
| **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 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.

New! Effective January 1, 2017 the following rate increase will apply to the Standard Dental Plan Only:

<table>
<thead>
<tr>
<th></th>
<th>2016 Rates</th>
<th>2017 Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$36.41</td>
<td>$38.75</td>
</tr>
<tr>
<td>Employee and family</td>
<td>$125.29</td>
<td>$133.40</td>
</tr>
</tbody>
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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 2017 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** New!
  - 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).

Employees currently enrolled in these plans will automatically continue as elected.

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**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 2017 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 “2017 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 “2017 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, 2016 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/MarkII
2. You should see the logon screen: “Welcome to your Benefits Enrollment Center”.
3. Logging on:
   - **Case ID:** M308
   - **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: 454555js (not case sensitive)
   - **Click:** Sign In
   - **Password:** enroll2017 (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 2016 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, 2016.**