

DECATUR COUNTY BOARD OF EDUCATION

Open Enrollment 2016 – Instructions

INSTRUCTIONS FOR ENROLLMENT & CHANGES

Open Enrollment for Decatur County schools will be from October 19, 2015 to November 6, 2015. We will have Meetings in each School or Department to Review Open Enrollment Options. All Open Enrollment Changes will be effective on 01-01-2016.

OVERVIEW

What should I do now?

You should start to consider your open enrollment decisions for 2016 now. Review your current coverage and or options, talk to your family about changes you may want to make for 2016. Use this time to prepare for our meetings at your school location!

If you have questions about your benefits, now is the time to start asking questions and planning for what you will want to do during Open Enrollment 10-19-15 to 11-06-15. You can only make changes in Benefits during this time.

If you have a question or concern, please e-mail me: georgedanieljr@gmail.com and I will respond back to you with your specific questions or call me at the office at 229-246-3342, or cell at 229-416-7030.

How can I apply or make changes?

You can pick up applications, change requests, and more during the Open Enrollment meetings at your school when we visit with you to discuss Benefits during this time.

- You may pick up applications at your school meeting during open enrollment
- You may go online at www.dcboebenefits.com under Forms to see Applications & Change Forms
- You may go online at www.mydcboebenefits.com to see Applications & Change Forms on an enrollment site

Can I review options now for Open Enrollment?

Yes! The following pages will review a summary of benefits that you can use to help make decisions during this time.

- Please remember to include with your name, your phone number & e-mail address on any request
- Ask questions now, We will respond to you by e-mail and or call
- Reviewing Now will help the process during Open Enrollment

GROUP TERM LIFE INSURANCE

During Open Enrollment you may add Term Life Coverage / Change Coverage or even increase your coverage with no medical questions by \$10,000 up to a maximum of \$150,000 or 5 times the employee's salary. So you can have the same limit for your spouse as you do yourself. If you want to increase current benefits above \$10,000, then we will need an EOI (Evidence of Insurability) for you and / or your Spouse in addition to the primary application.

Remember that Children receive \$15,000 of coverage for \$3.00 a month on a guaranteed basis. That is \$3.00 for all children up to Age 21 or up to Age 25 in College. Once you no longer have any children in College or over 25, you will need to request removal of the children from your policy. They do not automatically drop off.

The rate for Group Term Life Insurance is .16 per 1,000. The rate is some of the lowest rates in the State. The rate is also the same for a non-smoker or a smoker, and the rate should be the same as long as you continue this coverage. All Premiums are on Payroll Deduction.

Premiums are low – Below are examples for many common limits: These are for Employee and / or Spouse

- \$50,000 Pre-Taxed Limit \$ 8.00 Month
- \$100,000 \$ 16.00 Month
- \$150,000 \$ 24.00 Month

- \$15,000 Children \$ 3.00 Month



Coverage is available for Employee and or spouse up to 5 times salary or \$500,000 Maximum. Request for coverage above the guarantee limit may require an APS or a Paramedic exam.

- **Portability** – If you leave the school system, you may take your coverage with you under Portability up to Age 70 at the same rate. You would have to complete a portability request within 30 days of termination of employment

- **Waiver of Premium** – Makes your premium payments if you are disabled.

You may visit the following online websites to read more on these plans of insurance and you may print out an application in pdf or apply online. Please see Links below: **Online is at the bottom with Enroll**

Checkmarks

- | | |
|---|---|
| <ul style="list-style-type: none"> • Humana Enrollment Application • Humana Enrollment Application EOI • Humana PAL Change Form • Humana Life Contract – Policy | <ul style="list-style-type: none"> Primary Application Evidence of Insurability Needed on increase over 10k Change Form (Beneficiary) Name Change Sample Life Contract |
| <ul style="list-style-type: none"> • Humana Enrollment Application – Online |  <ul style="list-style-type: none"> Apply Online – Life Primary Application |
| <ul style="list-style-type: none"> • Humana Enrollment Application – EOI – Online |  <ul style="list-style-type: none"> Apply Online – EOI on Employee & Spouse |

GROUP AD&D INSURANCE

Accidental Death & Dismemberment is available for Employee & Spouse. Coverage is available from \$100,000 to \$500,000 on the Employee and Spouse is eligible for 50% of the Employee chosen amount. Coverage is Guaranteed Issue, with no underwriting. Premiums are inexpensive, See below:

Employee	Premium	Spouse	Premium
\$100,000	\$ 3.00	\$ 50,000	\$ 1.50
\$200,000	\$ 6.00	\$100,000	\$ 3.00
\$300,000	\$ 9.00	\$150,000	\$ 4.50
\$400,000	\$12.00	\$200,000	\$ 6.00
\$500,000	\$15.00	\$250,000	\$ 7.50

- Accidental Death & Dismemberment Coverage
- Inexpensive
- Portable after you leave employment
- Guaranteed Issue

AD&D Enrollment Forms

[AD&D Online Application](#)



[AD&D PDF – Application](#)

[AD&D PDF- New Employee Cover](#)

[On Line Application](#)

[Printable Application](#)

[Summary Cover Page](#)

UNIVERSAL LIFE INSURANCE

Universal Life Insurance is a form of Whole Life Insurance. You may keep this plan of insurance at your current age at the same rate for life. You may purchase, \$25,000; \$50,000; \$75,000 or \$100,000 on a Simplified Issue basis up to Age 55 and other ages by request. Ages higher than 55 may request a Paramedic Exam

You may purchase this Permanent Policy for an Employee, a Spouse or Children. We would need an application for each person insured.

Many Employees purchase a \$25,000 or \$50,000 policy for their children which may run from \$10 to \$20 a month for a lifetime benefit.

The Decatur County's Plan includes at no additional cost the following Riders!

Universal Life Included Riders

- Nursing Home Coverage Rider
- Accelerated Death Benefit
- \$10,000 Safety Benefit

Universal Life Estimated Premiums

- [Symetra Life – Premium Summary by Ages](#)

Universal Life – Applications & Quotes below

[Symetra Life Cover Description](#)

Cover page summary

[Symetra Life – Premium Summary by Ages](#)

Premiums by Ages

[Symetra Life Application](#)

Printable Application

[Symetra Life Children’s Term Life Application](#)

[Symetra Universal Life Application – Online](#)



On Line Application

SHORT TERM DISABILITY

Short Term Disability provides you a Benefit for your Disability on the 1st Day of Hospital Confinement and also for an Accident. There is a 7 Day waiting period for a sickness and benefits will last up to 6 months. Many women use this benefit to assist with Maternity and keep it later to help with other Accidents and Illnesses.

Your Benefit may be selected based on your payroll amount, You may select the Benefit next to your annual gross income on the premium Benefit Summary. You may select less than your salary benefit, but it will not increase until you reapply later for an increase

You may increase your benefit each year by \$100 if you qualify based on income, and up to a Benefit of \$2,000 Maximum. Please see below tables for more information.

Short Term Disability Enrollment Forms

[Short Term Disability – Online Application](#)

Online Application

[Short Term Disability Application – PDF](#)

Printable Application

[Summary of Benefits – STD](#)

Page Summary of Benefits

LONG TERM DISABILITY

Long Term Disability provides a Benefit for your Disability after a 6 month waiting period and then will provide a benefit up to Age 65, and if still working the time is based on a table within the policy. Coverage is inexpensive and based on 66 2/3% of your gross salary Once you apply, your benefit will change with your income, there is no reason to reapply each year.

Long Term Disability is the best way to protect yourself against a long illness or accident. Long Term Disability will replace your payroll check if you become disabled and coverage will stay with you for income replacement.

Premiums are usually between \$5.00 to \$20.00 a month but are based on your salary.

During Open Enrollment the Primary Application and EOI will be needed for each new enrollment.

Long Term Disability Forms

[Long Term Disability Application Online](#)



[Long Term Disability Application with EOI Form](#)

[Long Term Disability Policy](#)

DENTAL REIMBURSEMENT

Your Dental Plan provides a low cost premium for a Benefit of \$750.00 per person per year. Coverage is provided at 100% for the 1st \$150.00 per year, then 50% of the next \$1,200.00 until a maximum of \$750.00 is reached.

Benefits are paid each week! If your Claim Form is received by 4:30 PM on Monday, your benefit check will be mailed to you by Thursday of the same week. If you have a Flex Card, you may use your card for payment in the Dentist Office.

Dental Benefits

- 100% of the 1st \$150.00
- 50% of the Next \$1,200.00 Paid
- Maximum Benefit of \$750.00 per person

Premiums

- Single Coverage \$10.00
- Family Coverage \$30.00

Dental Reimbursement Forms

[Dental Reimbursement Application – Online](#)
[Dental Reimbursement Application – PDF](#)
[Dental Claim Form – PDF](#)
[Dental Policy Booklet – PDF](#)



Online Application
Printable Application
Printable Claim Form
Policy Book

VISION INSURANCE

Your Vision Coverage is provided by Avesis, a discounted network benefit plan. Eye Exams have a \$10.00 co-payment. Glasses, Contacts & Frames are paid by the provisions of the contract. You may research more benefits online at www.avesis.com. Coverage is inexpensive and affordable. Walmart offers coverage locally for all benefits, Dr Eric Aldridge's Office will offer the \$10 Exam and write you a prescription for the Glasses or Contacts and you can get them at a participating provider.

If you wish to go to a non-network provider, Avesis will pay you a reimbursement based on the Out of Network Benefit. Please the benefit package on the summary below.

Vision Benefits Cost

- Single Coverage \$ 5.95
- Single + 1 Coverage \$10.38
- Family Coverage \$15.28

Vision Forms

[Vision Application – Online](#)
[Vision Brochure](#)
[Vision Application](#)
[Vision Out of Network Claim Form](#)



Vision Application Online
Brochure
Printable Application
Claim Form – Out of Network

[Vision – Out of Network Claim Form with Account Number](#)



[Avesis – Customer Service – 800-584-4214](#)

George E Daniel Jr CIC, CPIA

You may contact me for help and assistance with your benefits and or questions. It is best to send an e-mail so that I may research your questions and provide you with a written answer so you may be better able to make a decision on your benefit options.

Contact	George E Daniel Jr
Phone 229-246-3342	Office Phone
Fax 229-416-4999	Office Fax
Cell 229-416-7030	Cell Phone

Contact	George E Daniel Jr
e-mail	georgedanieljr@gmail.com

Web Help	
www.dcboebenefits.com	Click Forms for Forms and Information
www.mydcboebenefits.com	Click for Printable & Online Forms

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