

BENEFITS ENROLLMENT ACKNOWLEDGEMENT

Dear New Employee,

Welcome to Atlanta Public Schools (APS)! We're excited to have you on board! As part of your employment, you are eligible for a comprehensive benefits package that includes medical, dental, and vision coverage; supplemental term life insurance; accidental death and dismemberment (AD&D) coverage; short-term and long-term disability; flexible spending accounts (FSAs) with pre-tax premium options; and tax-deferred supplemental retirement plans (403(b) and 457 options). Detailed information about these plans is available through your employee self-service portal.

Important Enrollment Deadline:

You must enroll in or waive APS-offered benefits and those offered through the State Health Benefit Plan (SHBP) within 31 days of your adjusted hire date. If you do not enroll within this period, your next opportunity will be during the annual Open Enrollment period, with effective coverage the following January 1.

When Coverage Begins:

- If hired on the first working day of the month, your benefits begin on the first day of the following month.
- If hired after the first working day of the month, benefits begin on the first day of the second month following your hire date (e.g., if hired November 13, coverage begins January 1).

If you have any questions or need assistance with your benefits enrollment, please contact an Employee Benefits Representative at 404-802-0020 or by email at employeebenefits@atlanta.k12.ga.us.

Acknowledgment Statement:

I acknowledge that I have read and understand the requirement to complete my New Hire Benefits Enrollment through Atlanta Public Schools and/or the State Health Benefit Plan within 31 days of my adjusted hire date. I understand that if I do not enroll within this timeframe, my next opportunity will be during the next Open Enrollment period.

Signature

Lawson No.

Date



NEW HIRE BENEFIT ENROLLMENT GUIDE

As a newly hired employee, you are eligible to enroll in benefit coverage within **31** days of your adjusted hire date.

Step 1: Using Google Chrome, access the Lawson Employee Self Service Portal using the following web address: <https://www.atlantapublicschools.us/>

Click the **Employees** tab in the top right corner of the APS District website.



Step 2: Select Employee Self-Service (External Use) from the APS Employee Tools & Information section.



JS Health - Employee
assistance Program



Kickup and ELiS



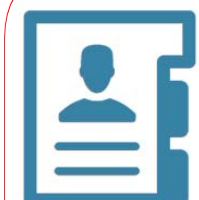
APS Employee
Communications + Alerts



Employee Technology
Tips



Go To Ready



Infor/Lawson Employee Self-
Service (External Use)

Step 3: To complete your benefits enrollment in Employee Self Service:

- Select **MENU** in the top left corner of the *Welcome to Employee Self-Service* page.
- Select **Bookmarks**
- Select **Employee Self Service**
- Select **Benefits**

Step 4: Select **Benefit Plan Descriptions** to view all Benefit Guides.



Step 5: Select the **Dependents** icon to enter spouse and/or children (if applicable).

Step 6: Select the **New Hire Enrollment** icon

Step 7: Follow the prompts to complete your enrollment in APS benefits (Dental, Vision, Life Insurance, etc.)

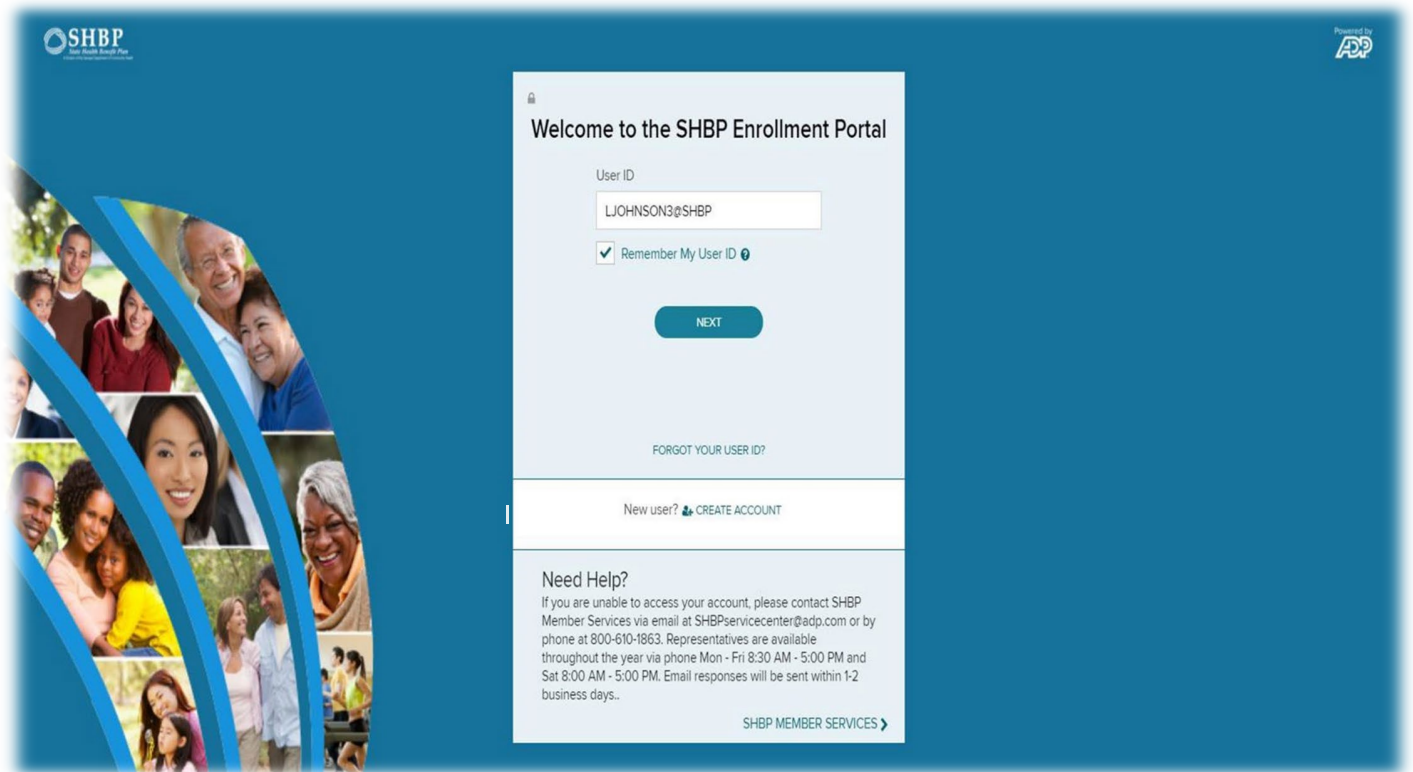
Step 8: **Print or save** your enrollment confirmation for your records.

Step 9: Select the **Beneficiary** icon to submit beneficiary information for your Life Insurance coverage and TRS account.



Step 10: To enroll in health insurance, please visit the **State Health Benefit (SHBP)** website: (<http://myshbpga.adp.com/shbp/>)

- SHBP REGISTRATION CODE: **SHBP-GA**

A screenshot of the SHBP Enrollment Portal login page. The page has a blue background with a collage of diverse people on the left. The main content area is a white box with the title 'Welcome to the SHBP Enrollment Portal'. It contains a login form with a 'User ID' field containing 'LJOHNSON3@SHBP', a 'Remember My User ID' checkbox, and a 'NEXT' button. Below the login form are links for 'FORGOT YOUR USER ID?' and 'New user? CREATE ACCOUNT'. At the bottom, there is a 'Need Help?' section with contact information for SHBP Member Services and a link to 'SHBP MEMBER SERVICES'.



2025 Premium Rates for Active Employees

Monthly Premiums				
State Health Benefit Plan				
Active Employees	Single	Employee & Child(ren)	Employee & Spouse	Family
Anthem – Gold	\$188.56	\$343.04	\$464.72	\$619.22
Anthem – Gold*	\$268.56	\$423.04	\$544.72	\$699.20
Anthem – Silver	\$125.19	\$235.32	\$331.65	\$441.78
Anthem – Silver*	\$205.19	\$315.32	\$411.65	\$521.78
Anthem – Bronze	\$77.69	\$154.57	\$231.90	\$308.78
Anthem – Bronze*	\$157.69	\$234.57	\$311.90	\$388.78
Anthem HMO	\$148.53	\$274.99	\$380.66	\$507.12
Anthem HMO*	\$228.53	\$354.99	\$460.66	\$587.12
UHC HMO	\$177.91	\$324.94	\$442.36	\$589.39
UHC HMO*	\$257.91	\$404.94	\$522.36	\$669.39
UHC HDHP	\$63.36	\$130.20	\$201.80	\$268.64
UHC HDHP*	\$143.36	\$311.96	\$430.64	\$573.06
Kaiser HMO	\$169.54	\$311.96	\$430.64	\$573.06
Kaiser HMO*	\$249.57	\$391.96	\$510.64	\$653.06
Tricare Supplement	\$60.50	\$119.50	\$119.50	\$160.50
				*Tobacco User

Monthly Premiums		
Active Employees	Single	Family
Dental	\$15.43	\$81.70
Vision	\$6.28	\$12.16
Identity Theft Protection	\$8.96	\$16.95

Benefit elections are binding through **December 31**, except in cases of qualifying life events as defined by **IRS Section 125**.



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BENEFITS REFERENCE GUIDE

HEALTH INSURANCE

The State Health Benefit Plan (SHBP) of Georgia administers the health insurance program for Atlanta Public Schools. Three (3) carriers are available: Anthem Blue Cross Blue Shield, United HealthCare, and Kaiser Permanente. Anthem Blue Cross Blue Shield offers a Health Reimbursement Account (HRA) under Gold, Silver, and Bronze Plans, as well as a Health Maintenance Organization (HMO) plan. United HealthCare provides both an HMO and High-Deductible Health Plan (HDHP) plan, while Kaiser Permanente offers only an HMO plan.

DENTAL

The Dental PPO plan allows members to visit any licensed dentist, whether in-network or out-of-network, and still receive benefits. It covers 100% of Preventive Care services such as cleanings, X-rays and exams; 80% of Basic Care, including fillings and extractions; and 50% of Major Care, such as bridges, crowns and dentures. Orthodontia services are also covered at 50%. The annual plan maximum benefit is \$1,500 per enrolled member, with a lifetime maximum of \$1,000 for orthodontia.

TERM LIFE

Atlanta Public Schools provides \$10,000 in term life insurance coverage to all full-time employees at no cost. Additionally, supplemental term life and accidental death and dismemberment (AD&D) coverage are available for employees and their legal dependents. Supplemental term life coverage is age-rated for employees and spouses. Employees may purchase coverage from one to five times their annual salary, up to \$500,000, and may cover their spouse for up to 50% of the employee's coverage amount in increments of \$10,000. Child coverage is available in amounts of \$5,000, \$10,000, or \$15,000. AD&D insurance can be purchased from \$10,000 to \$100,000.

VISION

The plan covers the cost of an eye examination, lenses, and frames (with some exceptions) from a network provider for a \$20 copayment. Members who use non-network providers will be reimbursed according to the VSP reimbursement schedule. The plan also covers contact lenses, bifocals, and trifocals. However, it does not cover health conditions related to the eyes.

LONG-TERM DISABILITY PLAN

The plan pays up to 60% of your gross annual salary if you become totally disabled, after a 180-day elimination period. Benefits are generally paid until age 65, unless the disability begins after age 65. Premiums are based on your age and salary.

SHORT-TERM DISABILITY PLAN

You may apply for enrollment within 31 days of employment. The Short-Term Disability benefit replaces a portion of your pre-disability earnings, reduced by any other income you receive during the same disability from sources such as state disability benefits, no-fault auto insurance, sick pay, or vacation pay. Under the Low Plan, the benefit amount is 50% of your pre-disability weekly earnings, up to a maximum of \$500 per week. The High Plan provides 60% of your pre-disability weekly earnings, with a maximum benefit of \$1,500 per week.

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

Employees may have childcare expenses deducted on a tax-free basis. Reimbursable expenses apply to dependents under age 13 who you can claim as dependents on your federal income tax return, or to a spouse or other tax dependent who is physically or mentally incapable of self-care. The maximum annual benefit election is \$5,000, or \$2,500 if married and filing separately. There is an annual administrative fee of \$25.20.

MEDICAL FLEXIBLE SPENDING ACCOUNT

Employees may contribute up to \$3,050 annually to a medical flexible spending account (FSA) to use toward eligible medical expenses throughout the year. Please refer to the plan description for detailed coverage information. An annual administrative fee of \$25.20 applies.

CRITICAL ILLNESS

The group Critical Illness Plan helps you and your family manage the financial impact of a critical illness or health condition. Lump-sum benefits are paid directly to the insured upon diagnosis of each covered illness. Coverage is available for employees, their spouses, and dependent children under age 26. Each dependent child is covered at 50% of the primary insured's benefit amount at no additional cost.

IDENTITY THEFT PROTECTION

The plan offers identity theft protection and restoration services for you, your spouse, and up to 10 dependent children under the age of 26. Consultation, monitoring, and restoration services are provided for dependent children under 18. Please note that monitoring services are not available for dependent children aged 18 to 26.

RETIREMENT

TEACHERS' RETIREMENT SYSTEM OF GEORGIA (TRS)

All full-time employees working at least 20 hours per week as a teacher, administrator, supervisor, clerk, teacher's aide, secretary, paraprofessional, or public-school nurse are required to participate in the Teachers Retirement System (TRS) pension plan. TRS members contribute 6% of their gross income to the plan, while Atlanta Public Schools contributes 20.78%. Contributions are made on a pre-tax basis for both federal and state taxes. Members become vested after 10 years of service, and in most cases, 30 years of creditable service are required to retire. Additional information is available at www.trsga.com.

GENERAL EMPLOYEE PENSION PLAN (GEPP)

Full-time employees who are not eligible to participate in the Teachers Retirement System (TRS) are eligible for membership in the Atlanta City General Employees' Pension Plan (GEPP). Members contribute 7% of their gross salary if single, or 8% if married and/or have minor children. Vesting in the plan occurs after 5 years of service. To qualify for retirement under the 1978 Amendment to the General Employees' Pension Fund, members must be at least age 65, or at least age 60 with a minimum of 15 years of service.

<https://coa.sba-inc.com/>

EMPLOYEE RETIREMENT SYSTEM OF GEORGIA (ERSGA)

Full-time employees who were vested in the Employees' Retirement System (ERS) prior to joining Atlanta Public Schools (APS) may continue their participation in the plan. All ERS members contribute 1.5% of their gross income to the "New Plan," with contributions made on a pre-tax basis for both federal and state taxes. Additional information is available at www.ers.ga.gov.

BENCOR

Atlanta Public Schools offers the BENCOR FICA Alternative Plan for eligible part-time, seasonal, and temporary employees instead of Social Security. If you're eligible, you're automatically enrolled. APS contributes 7.5% of your wages to a retirement account in your name. This money is contributed before taxes, so you don't pay income tax until you withdraw it. You're fully vested right away, which means the account is completely yours. Plus, since you're not paying into Social Security, more of your earnings go directly into your retirement savings.

www.bencorplans.com

SUPPLEMENTAL RETIREMENT

LINCOLN FINANCIAL

Atlanta Public Schools offers employees the opportunity to invest in their future through two voluntary retirement savings plans: a 403(b) supplemental retirement plan and a 457(b) deferred compensation plan. To enroll or discuss your retirement planning options, please contact a Lincoln Financial representative, Jean Rateau at 774-428-3031.



VENDOR CONTACT LIST

AFLAC (CRITICAL ILLNESS)	800-433-3036
ANTHEM (BCBS)	855-641-4862
BENCOR	866-296-9712
CVS CAREMARK (PHARMACY)	844-345-3241
CITY OF ATLANTA PENSION CENTER (GEPP)	888-594-0216
EMPLOYEES RETIREMENT SYSTEM (ERS).....	404-350- 6300
IDSHIELD (IDENTITY THEFT)	888-807-0407
INTERGRATED MEDICAL SYSTEMS (COBRA DENTAL).....	800- 426-8739 x5054
KAISER PERMANENTE (KP)	855-512-5997
KAISER PERMANENTE (WELLNESS)	866-300-9867
LINCOLN FINANCIAL (403B) (457)	800-234-3500
* JEAN RATEAU	774-428-3031
METLIFE (DENTAL) (GROUP# 0142714).....	800-942-0854
METLIFE (DISABILITY)	
* DISABILITY CLAIMS	866-729-9201
* UNDERWRITING	800-638-6420
SECURIAN (LIFE INSURANCE)	
* CLAIM INFORMATION	800-660-2519
* UNDERWRITING	866-885-6844
SHARECARE (ANTHEM/UHC -WELLNESS)	888-616-6411
STATE HEALTH BENEFIT PLAN (SHBP)	800-610-1863
TASC (MEDICAL SPENDING/ DEPENDENT DAYCARE)	800-422-4661
TEACHERS RETIREMENT SYSTEM (TRS).....	404-352-6500
UNITED HEALTHCARE (UHC)	888-364-6352
VISION SERVICE PLAN (VSP) (GROUP #05109009).....	800-877-7195



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STATE HEALTH BENEFIT PLAN TRANSFER FORM

If you are transferring from another State Health Benefit Plan (SHBP)-covered school system or agency, or returning to employment with Atlanta Public Schools within the same plan year (January 1 – December 31), you must complete the required information below and return this form within 10 days of receipt to the Atlanta Public Schools, Division of Human Resources – Benefits Department at employeebenefits@atlanta.k12.ga.us to ensure timely processing of your health benefits transfer.

Employee Name (Last, First) _____

LAWSON Number _____

Report to Duty Date _____

Transferring From _____

Last Date of Health Premium
Deduction from Previous Employer _____

Coverage Option (Vendor, Tier)
Ex: Kaiser HMO, Employee + Family _____

Phone Number _____

E-mail Address _____

Signature _____

By completing this form, I acknowledge that I will be enrolled in the same State Health Benefit Plan (SHBP) coverage—both option and tier—that I was previously enrolled in during the current plan year.

I also understand that if I experienced a Qualifying Life Event within the past 31 days (or during any period of SHBP non-coverage), I am responsible for accessing the SHBP Online Enrollment Portal at <http://myshbpga.adp.com/shbp/> to make any necessary changes to my coverage.