

RETIREMENT BENEFIT OPTIONS

Must enroll in options within 30 days of when benefits end as an active employee.

Dental

As a retiree, you are eligible to continue your dental plans, if you were previously enrolled as an active employee. Coverage must be elected within 30 days of your benefits end date as an active employee. Coverage can include your spouse and dependent children up to age 26. Review the enclosed material for dental plan options.

Vision

As a retiree, you are eligible to continue your vision plans, if you were previously enrolled as an active employee. Coverage must be elected within 30 days of your benefits end date as an active employee. Coverage can include your spouse and dependent children up to age 26. Review the enclosed material for vision plan options.

Steps to Elect

Review Options

Review the benefit options. This will be your only opportunity to add the retiree dental and vision.

Complete the Enrollment Form

Complete the enclosed form and submit it to Campus Benefits. Email to: mybenefits@campusbenefits.com

Have questions?

Need assistance with the plans, please contact Campus Benefits.
Phone: 866.433.7661, opt. 5
Email: mybenefits@campusbenefits.com

GET IN TOUCH

866.433.7661, opt. 5 | **mybenefits@campusbenefits.com** | **www.jeffersonbenefits.com**

Jefferson County Schools
Retiree Benefits Process and Billing

As a recent retiree of Jefferson County Board of Education, you have an option to elect Retiree Dental and Vision insurance. Consolidated Admin Services/CAS is the billing administrator for elected retiree benefits (and COBRA benefits).

After termination, employees also have the option to utilize COBRA to continue coverage on several benefits for up to 18 months which include dental and vision insurance.

All terminated employees will receive COBRA paperwork directly from CAS; However, COBRA paperwork doesn't need to be completed if electing retiree benefits. Below outlines the process for electing retiree benefits.

Enrollment Steps

1. Go to www.jeffersonbenefits.com/retiree-benefits and choose the Retiree Benefits tab to review benefit options for Retiree Dental and Retiree Vision.
2. Complete Retiree Enrollment Packet & return to Campus Benefits for processing (email to mybenefits@campusbenefits.com).
3. After Retiree Coverage Effective Date, Consolidated Admin Services/CAS (Retiree Billing Administrator) will mail out Billing Options letter to the retiree. If a letter is not received within 7-14 days of Retiree Benefits Effective Date contact Campus Benefits at 1.866.433.7661, option 5.
4. Employees have within 45 days from Retiree Effective Date to set up billing option with CAS.
    - Payment Options:
        - Check By Mail: Mail check utilizing Coupon Book (Monthly, Quarterly, Semi-annually, or Annually).
        - Bank Draft: Create an account with CAS and submit ACH Draft Form.
        - Submit Payment Online (If this option is chosen, it is a one time payment; Additional 3% charge per payment).

Important Reminders

1. Payments cannot be made over the phone with CAS.
2. Benefits Provider is not notified of retiree coverage election until approximately five workdays from when CAS receives first premium payment.

Billing Contact Information
Consolidated Admin Services/CAS
P. O. Box 1330
Cabot, AR 72023
1.877.941.5956 9:00AM - 6:00PM EST
Web: www.consolidatedadmin.com
Email: info@consolidatedadmin.com
Online: Contact Form (bottom of webpage)
https://www.consolidatedadmin.com/#contact

CAS Login

Campus Benefits Contact Information
Campus Benefits
Phone: 1.866.433.7661, opt 5
Email: mybenefits@campusbenefits.com
Online: www.jeffersonbenefits.com/contact-campus

2027 Guardian Dental Plan and Rates

Network: DentalGuard Preferred

Please visit https://www.jeffersonbenefits.com/retiree-benefits for full plan details. Below is a high-level overview.

Benefits	Low Plan	High Plan
Network	Any Provider	Any Provider
Class I: Preventive	100%	100%
Class II: Basic	80%	80%
Class III: Major	50%	50%
Orthodontia	Not Covered	50% (Children up to age 26)
Orthodontia Lifetime Maximum	Not Covered	$1,000
Calendar Year Maximum	$750	$1,200
Preventive Advantage included where preventive services do not apply to calendar year maximum.		
Calendar Year Deductible	$50 / $150 Family Max (Does not apply to Preventive Services)	
Out-of-Network Coverage	90th UCR	
Waiting Period	None	

Sample Covered Services *(Please review the plan highlight sheets and certificates for full coverage details.)*	
Low Plan	**High Plan**
Preventive (100%)	
Exams (2/calendar year) / Cleanings (2/calendar year) Bitewing X-Rays (1/calendar year) / Full Mouth X-Rays (1/60 months)	
Basic (80%)	
Fillings and Perio Maintenance Procedure (2/calendar year) Periodontal Services (Scaling and Root Planing) / Periodontal Surgery Simple Extractions / Complex Extractions / General Anesthesia Endodontic Services (Root Canal) / Space Maintainers/Harmful Habit Appliances	
Major (50%)	
Bridges & Dentures, Single Crowns, Repair & Maintenance of Crowns, Inlays, Onlays & Veneers, TMJ	Bridges & Dentures, Single Crowns, Repair & Maintenance of Crowns, Inlays, Onlays & Veneers, TMJ, Implants

Monthly Rates		
Tier	**Low Plan**	**High Plan**
Employee Only	$21.67	$28.09
Employee + Family	$87.76	$103.58

2027 MetLife Vision Plan and Rates

Network: Davis Vision

Please visit https://www.jeffersonbenefits.com/retiree-benefits for full plan details. Below is a high-level overview.

Vision In-Network Sample Covered Benefits *(Please review the plan highlight sheets and certificates for full coverage details.)*	
Exam	$10 Copay
Contact Lens Fit & Follow-Up	15% Discount
Frames *(See highlight sheet for details on the Exclusive Collection)*	$150 allowance plus 20% off balance (Discount on balance does not apply to Costco, Walmart, & Sam's Club)
Single Vision, Lined Bifocal & Trifocal, Lenticular Lenses	$20 Copay
Standard Progressive Lenses	Up to $55 Copay
Additional Lens Options	
Standard UV Coating	$12 Copay
Standard Scratch Resistant	$15 - $30 Copay
Standard Polycarbonate	Children: Covered in Full (Up to age 18) Adults: $40 Copay
Tints (plastic lenses)	Up to $15 Copay
Anti-Reflective Coating	$50 - $120 Copay
Blue Light Filtering	Up to $15 Copay
Photochromic	Up to $80 Copay
Contact Lenses	
Elective Contacts	$150 allowance plus 15% off balance
Medically Necessary	Covered in full after eyewear copay
Frequencies	
Exams, Lenses, Contact Lenses and Frames	Every 12 Months
2nd Pair Benefit *(Advise provider to submit two pair of glasses on separate invoices)*	Each covered person can get one of the options below: Two pairs of prescription eyeglasses **OR** one pair of prescription eyeglasses and an allowance toward contacts **OR** double the contact lens allowance

Monthly Rates	
Tier	**Vision Plan**
Employee Only	$9.48
Employee + Spouse	$18.97
Employee + Child(ren)	$19.92
Employee + Family	$27.74

2027 Enrollment Form - Retiree Dental & Vision (1.1.27 Plan Year)		
Printed Name		
Benefit Effective Date	*First of the month after benefits end as an active employee.	
Home Address		
Social Security Number		
Personal Email Address		
Phone Number		
Date of Birth		

Dependent Information

Name	Relationship	Social Security Number	Date of Birth

Benefit Information

Dental	Vision
☐ High Plan ☐ Low Plan	☐ Vision Plan

Coverage Tier

Dental	Vision
☐ Employee Only ☐ Employee + Family	☐ Employee Only ☐ Employee + Spouse ☐ Employee + Child(ren) ☐ Employee + Family

Primary Insured Signature	
Date	

**Note: Billing will be through Consolidated Admin Services.*