



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 dependent spouses and 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 dependent spouses and 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

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 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.
 - o 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: consolidatedadmin.com
Email: info@consolidatedadmin.com
Online: Contact Form (bottom of webpage)
<https://www.consolidatedadmin.com/#contact>

Campus Benefits Contact Information

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

[CAS Login](#)



2026 Guardian Dental Plan and Rates (7.1.26)

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 |
| <i>Preventive Advantage included where preventive services do not apply to calendar year maximum.</i> | | |
| 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 <i>(Please review the plan highlight sheets and certificates for full coverage details.)</i> | |
|---|--|
| 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 |



2026 MetLife Vision Plan and Rates (7.1.26)

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 <i>(Please review the plan highlight sheets and certificates for full coverage details.)</i> | |
|---|--|
| Exam | \$10 Copay |
| Contact Lens Fit & Follow-Up | 15% Discount |
| Frames <i>(See highlight sheet for details on the Exclusive Collection)</i> | \$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 <i>(Advise provider to submit two pair of glasses on separate invoices)</i> | 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 |

2026-2027 Enrollment Form - Retiree Dental & Vision (7.1.26 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 |
|------|--------------|------------------------|---------------|
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Benefit Information

| | |
|--|---|
| Dental <input type="checkbox"/> High Plan <input type="checkbox"/> Low Plan | Vision <input type="checkbox"/> Vision Plan |
|--|---|

Coverage Tier

| | |
|---|---|
| Dental <input type="checkbox"/> Employee only <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Employee + Family | Vision <input type="checkbox"/> Employee only <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Employee + Family |
|---|---|

| | |
|---------------------------|--|
| Primary Insured Signature | |
| Date | |

*Note: Billing will be through Consolidated Admin Services.