



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 United Concordia Dental Plan and Rates (Network – ElitePLUS): Please visit <https://www.jeffersonbenefits.com/retiree-benefits> for full plan details. Below is high-level overview.

Sample Covered Benefits*	High Plan	Low Plan
Network	ElitePLUS (Go to any provider)	
Diagnostic/Preventive (Class I)	100%	100%
Basic Services (Class II)	80%	80%
Major Services (Class III)	50%	50%
Orthodontia: Children to age 19 (Lifetime Maximum)	50% up to \$1,000	Not Covered
Deductible per Calendar Year (Waived for Preventive)	\$50 Individual / \$150 Family Max	
Calendar Year Max/Person	\$1,300	\$1,000
Allowance	90 th UCR	90 th UCR
Sample Covered Services*	High Plan	Low Plan
Exams (2 per calendar year) & Cleanings (3 per calendar year)	100%	100%
Bitewing X-Rays (1 set every 12 months under age 19; 1 set every 18 months age 19 & over)	100%	100%
Full mouth/panoramic X-rays (1 in 5 calendar yrs)	100%	100%
Fluoride (1 per calendar year under age 14)	100%	100%
Palliative Treatment-Emergency	80%	80%
Space Maintainers (1 every 5 years under age 14)	80%	80%
Basic Restorative	80%	80%
Simple Extractions	80%	80%
Endodontics	80%	80%
Non-Surgical Periodontics	80%	80%
Surgical Periodontics	80%	80%
Complex Oral Surgery	80%	80%
General Anesthesia	80%	80%
Prosthetics (Bridges, Dentures)	50%	50%
Repairs of Crowns, Inlays, Onlays, Dentures and Bridges	50%	50%
Inlays, Onlays, and Crowns	50%	50%
Implants	50%	Not Covered
Tier	High Plan	Low Plan
EE Only	\$22.62	\$17.45
EE + Spouse	\$83.40	\$70.66
EE + Child(ren)	\$83.40	\$70.66
EE + Family	\$83.40	\$70.66

**Please review the plan highlight sheets and certificates for full coverage details.*



2026 MetLife Vision Plan and Rates (Network – Davis Vision):

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

Sample Covered Benefits*	Vision Plan (In-Network Benefits)
Network	Davis Vision Network
Exam	\$10 Copay
Contact Lens Fit/Follow-Up	15% Discount
Retinal Imaging	Up to \$40 Copay
Lasik or PRK	40-50% off national average
Frames	\$20 Copay - \$150 allowance + 20% off balance OR Exclusive Collection Frame Copay (in lieu of Allowance) Fashion / Designer / Premier: Covered in full
Lenses and Lens Options	
Single/Lines Bifocal & Trifocal/Lenticular Lenses	\$20 Copay
Progressive Standard Lens	Up to \$55 Copay
Ultraviolet Coating	Up to \$12 Copay
Standard Polycarbonate	Adults: Up to \$40 Copay Children (to age 18): Covered in Full
Tint (Solid & Gradient)	Up to \$15 Copay
Standard Scratch-Resistant	Up to \$15 - \$30 Copay
Standard Anti-Reflective	Up to \$50 - \$120 Copay
Photochromic	\$80 Copay
Contact Lenses	
Elective Contacts	\$150 Allowance + 15% Discount (Conventional: 20% / Disposable: 10%)
Medically Necessary Contacts	Covered in full
Frequencies	
Exams/Lenses or Contact Lenses/Frames	Every 12 Months
Additional Pair Discount	Members may receive 50% off of additional complete pairs of eyeglasses and sunglasses at Visionworks and 30% off at other participating providers on the same transaction. Otherwise, a 20% discount off the provider's usual and customary rate may be available. Contact lenses may be available at a 10% discount.
Tier Monthly Rates	
Employee Only	\$7.29
Employee + Spouse	\$14.59
Employee + Child(ren)	\$15.32
Employee + Family	\$21.34

*Please review the plan highlight sheets and certificates for full coverage details.



Enrollment Form: Next page



2026 Enrollment Form – Retiree Dental & Vision			
Printed Name			
Benefit Effective Date	*First of the month after benefits end as an active employee.		
Home Address			
Phone Number			
Personal Email Address			
SSN			
Date of Birth			
Dependents			
Relationship	Name	SSN	Date of Birth
Benefit			
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.