



RETIREMENT BENEFIT OPTIONS / BILLING PROCESSES

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

Medical Insurance - BCBS of MS

As a retiree, you are eligible to continue your medical insurance benefit. Coverage must be elected within 30 days of your benefits end date as an active employee. Review enclosed material for medical insurance. Coverage can include dependent spouses and children up to age 26.

GAP Insurance - Manhattan Life

As a retiree, you are eligible to continue your GAP insurance coverage under the retiree program. Coverage must be elected within 30 days of your benefits end date as an active employee. Please review the enclosed material. Coverage can include dependent spouses and children up to age 26.

Dental and/or Vision - MetLife

As a retiree, you are eligible to continue your dental and/or vision coverage under the retiree program. 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 enclosed material for dental and/or vision plan options.

Steps to Elect



Review Options

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



Complete the Enrollment Form(s)

Complete the enclosed form(s) and submit them 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

stonecountybosbenefits.com

Stone County Board of Supervisors

Retiree Benefits Process and Billing

As a recent retiree of Stone County Board of Supervisors, you have an option to elect Retiree Medical, GAP insurance, Dental and Vision insurance. Interactive Medical Systems/IMS 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 medical, GAP insurance, dental and vision insurance.

All terminated employees will receive COBRA paperwork directly from IMS; 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 stonecountybosbenefits.com/retiree-benefits and choose the Retiree Benefits tab to review benefit options for Retiree Medical, GAP Insurance, Dental and Vision.
2. Complete Retiree Enrollment Packet & return to Campus Benefits for processing (email to mybenefits@campusbenefits.com).
3. After Retiree Coverage Effective Date, Interactive Medical Systems/IMS (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 30 days from Retiree Effective Date to set up billing option with IMS.
 - a. Payment Options:
 - i. Check By Mail: Mail check utilizing Coupon Book (Monthly, Quarterly, Semi-annually, or Annually).
 - ii. Bank Draft: Create an account with IMS and submit ACH Draft Form.
 - iii. Submit Payment Online.

Important Reminders

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

Billing Contact Information

Interactive Medical Systems/IMS
P.O. Box 1349
Wake Forest, NC 27588
1.800.426.8739 or 919.877.9933, opt 5054
Web: IMS-tpa.com
Email: cobradept@ims-tpa.com
Online: [Contact Form \(bottom of webpage\)](#)
<https://www.ims-tpa.com/members/>

Campus Benefits Contact Information

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

IMS/My RSC Login: myrsc.com
My RSC Login Q&As: myrsc.com/login.asp



2025-2026 Blue Cross Blue Shield of MS Medical Plan & Rates:

Please visit <https://www.stonecountybosbenefits.com/retiree-benefits> for full plan details.

Below is high-level overview.

- You must always present your BCBS of MS medical ID card to providers, as well as your Manhattan Life GAP plan ID card which is secondary to your medical plan.
- Health & Wellness Benefit Plan Summary is provided on the Retiree tab of the benefits website mentioned above

In Network			
Plan Design	BCBS MS Plan		
Annual Deductible	Total Plan Deductible	Member Responsibility	GAP Plan Responsibility
Individual/Family	\$5,000 / \$10,000	\$2,000 / \$4,000	\$3,000 / \$6,000
Out of Pocket Maximum (includes deductible)			
Individual/Family	\$6,500 / \$13,000	\$3,500 / \$7,000	\$3,000 / \$6,000
Coinsurance (Plan Pays / Member Pays)	After \$2,000 is paid towards the deductible, the member is responsible for 20% of in-network services until they reach the remaining OOP MAX of \$1,500 for a total OOP MAX of \$3,500		

Covered Services		
Preventive Care Adult & Child	100% Covered (See the BCBS HealthyYou! Guidelines)	
Office Visits	\$30	
Specialist	\$30	
Urgent Care	\$30	
Hospital Care		
Inpatient Services	20% after deductible	
Emergency Room Services	20% after deductible	
Diagnostic Testing & Imaging	20% after deductible (x-ray, blood work, CT/PET scans, MRIs – see SBC for details)	
Pharmacy Benefits		
Prescription Type	Copay	Rx Deductible (per person)
Generic	\$15	Waived for Generic
Preferred Brand	\$35	
Non-Preferred Brand	\$75	\$150 per covered member
Rx Specialty Drugs	\$100	

Retiree Medical Insurance plan monthly rates listed on next page



Tier	Medical Plan (Monthly Rates)
Employee	\$414.83
EE + Spouse	\$871.14
EE + Child(ren)	\$767.42
EE & Family	\$1,285.96

1. Out-of-pocket services will not count toward your OOP limit
2. Deductibles and OOP Limits are accrued based on the calendar year, January 1st through December 31st.
3. If you enroll one or more family members, when one member meets the Individual Deductible and OOP Maximum, that member will be covered as having satisfied the Deductible and OOP Maximum for services provided by In-Network providers.
4. BCBS of MS requires a phone number and an email address (unique to the employee) in order to finalize enrollment.



2025-2026 Manhattan Life GAP Plan #891945 & Rates –
(administered by Manhattan Life as of 1/1/26):

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

- You must always present your BCBS of MS medical ID card to providers, as well as your Manhattan Life GAP plan ID card which is secondary to your medical plan.

Manhattan Life GAP Plan Benefits	
Inpatient and Outpatient Benefit	\$3,000 Individual/\$6,000 Family
	This benefit pays toward covered inpatient or outpatient medical charges that are also covered by your medical plan. Please note: This benefit does not apply to office visit exam charges, outpatient prescription drugs, or air/ground ambulance transportation (ambulance benefits are listed separately below).
Plan Year Deductible Coinsurance	\$2,000 per covered person/\$4,000 per family
	This is the amount you must pay each plan year in covered charges before Inpatient and Outpatient GAP benefits become payable.
Ambulance Benefit	\$1,000 Ground/\$2,000 Air
	Transportation must be medically necessary and determined by the provider. Air transportation must be to the nearest hospital or trauma center.
The GAP Plan does not cover copayments.	

Tier	GAP Plan (Monthly Rates)
Employee	\$28.60
EE + Spouse	\$55.66
EE + Child(ren)	\$46.76
EE & Family	\$71.98

2025-2026 MetLife Dental Plan & Rates (Network - PDP Plus):

Please visit <https://www.stonecountybosbenefits.com/retiree-benefits> for full plan details.

Below is high-level overview.

Dental Benefits Quick Summary	
Coinsurance	
Network	PDP Plus; Go to any provider
Preventive (Type A)	100%
Basic (Type B)	90%
Major (Type C)	60%
Orthodontia	\$50% (Children up to age 26)
Plan Benefits	
Orthodontia Lifetime Maximum (per covered person)	\$1,000
Calendar Year Maximum (per covered person)	\$1,000 (Preventive services do not apply to annual maximum)
Calendar Year Deductible	\$50/ \$150 Family Maximum Waived for Type B & C
Out-of-Network Coverage	90 th UCR
Waiting Period	None

Covered Dental Services – Quick Summary (see certificate for full list of services and frequencies)
Type A – Preventive Services (100%)
Exams and Cleanings (2 times in 1 calendar year) Bitewing X-Rays (1 in 1 calendar year) Full Mouth X-Rays (1 in 36 months) Fluoride (2 in 12 months for children under age 16)
Type B – Basic Services (90%)
Amalgam Fillings, Resin Composite Fillings, Labs & Other Tests, General Anesthesia, Simple Extractions
Type C – Major Services (60%)
Endodontics, Periodontics, Crowns, Complex Extractions, Prosthodontics, Implants, Dentures

Tier	Dental Plan (Monthly Rates)
Employee	\$25.45
EE + Spouse	\$50.92
EE + Child(ren)	\$57.19
EE & Family	\$86.88



2025-2026 MetLife Vision Plan & Rates (Network VSP Choice):

Please visit <https://www.stonecountybosbenefits.com/retiree-benefits> for full plan details.

Below is high-level overview.

Covered Benefits	High Plan	Low Plan
Network	VSP Choice; Go to any provider	
Exam	\$10 Copay	
Contact Lens Fit/Follow-Up	Max copay of \$60	
Retinal Imaging	Up to \$39 Copay	
Lasik or PRK	15% Discount off Retail and 5% off Promotional	
Frames	\$130 allowance + 20% off balance \$150 allowance on features frames \$70 allowance at Costco, Walmart, and Sam’s Club	
Lenses and Lens Options		
Single Vision, Lined Bifocal & Trifocal, Lenticular	\$25 Copay	
Standard Progressive Lens	Up to \$55 copay	
Ultraviolet Coating	Covered in Full	
Polycarbonate	Children to age 18: Covered in Full Adults: Up to \$35 Copay	Children to age 18: Covered in Full Adults: Up to \$35 Copay
Tint (plastic lenses)	Pink I & II: \$0 Solid Plastic: \$15 Plastic Gradient Dye: \$17	Pink I & II: \$0 Solid Plastic: \$15 Plastic Gradient Dye: \$17
Scratch-Resistant Coating	\$17 - \$33 Copay (variable by type)	
Anti-Reflective Coating	\$41 - \$85 Copay (variable by type)	
Photochromic	\$47 - \$82 Copay (variable by type)	
Contact Lenses		
Elective Contacts	\$130 Allowance	
Medically Necessary Contacts	Covered in full after eyewear copay	
Frequencies		
Exams, Lenses, Contact Lenses and Frames	Every 12 Months	Exams, Lenses, Contact Lenses: Every 12 Months Frames: Every 24 months
2 nd Pair Benefit (Must be invoiced as two separate purchases)	Each covered person can get one of the options below: 2 pairs of prescription eyeglasses, OR 1 pair of prescription eyeglasses and an allowance toward contacts, OR Double the contact lens allowance	Not Covered

Tier	Vision High Plan (Monthly Rates)	Vision Low Plan (Monthly Rates)
Employee	\$10.47	\$7.05
EE + Spouse	\$15.56	\$10.49
EE + Child(ren)	\$15.86	\$10.70
EE & Family	\$23.98	\$16.19



Enrollment Forms: Next two pages

2025-2026 Enrollment Form – Retiree Medical & GAP Plan Insurance			
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 (must be listed for coverage)			
Relationship	Name	SSN	Date of Birth
Benefit			
Medical <input type="checkbox"/> Medical Plan		GAP Plan <input type="checkbox"/> GAP Plan	
Coverage Tier			
Medical <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Employee + Family		GAP Plan <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 Interactive Medical Systems (IMS). IMS will collect a monthly admin fee (\$4.50) which will be paid in addition to your premium amount. Only one monthly fee per retiree.*

2025-2026 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 (must be listed for coverage)			
Relationship	Name	SSN	Date of Birth
Benefit			
Dental <input type="checkbox"/> Dental Plan		Vision <input type="checkbox"/> Low Plan <input type="checkbox"/> High 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 Interactive Medical Systems (IMS). IMS will collect a monthly admin fee (\$4.50) which will be paid in addition to your premium amount. Only one monthly fee per retiree.*