



RETIREMENT BENEFIT OPTIONS / BILLING PROCESSES

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 | pickenscountybenefits.com

Pickens County School District

Retiree Benefits Process and Billing

Once employees leave their employer, they have the option to utilize COBRA to continue coverage on several benefits for up to 18 months which includes dental and vision insurance. As a recent retiree of Pickens County School District, you also have an option to elect several benefits available to newly eligible retirees of the school system. Those products include Retiree Dental and Vision insurance. Below outlines the process for electing these products.

Enrollment Steps

1. Go to pickenscountybenefits.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, 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: cobradepteims-tpa.com
Online: [Contact Form \(bottom of webpage\)](#)
<https://www.ims-tpa.com/members/>

[IMS/My_RSC Login : myrsc.com](http://IMS/My_RSC_Login:myrsc.com)
[My_RSC Login Q&As: myrsc.com/login.asp](http://My_RSC_Login_Q&As:myrsc.com/login.asp)

Campus Benefits Contact Information

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



2025 MetLife Dental Plan and Rates:

Please visit <https://www.pickenscountybenefits.com/retiree-benefits> for full plan details, below is just a high-level overview.

Benefits	High Plan	Middle Plan	Low Plan
Network	PDP Plus (Can go to any provider)		
Preventative (Type A)	100%	100%	100%
Basic (Type B)	80%	50%	80%
Major (Type C)	50%	50%	-
Orthodontia	50%	50%	-
Deductible per Calendar Year	\$50/person, \$150/family max		
Orthodontia (Lifetime Max)	\$1,000 (Adults & Children)	\$1,000 (Adults & Children)	-
Calendar Year Max/Person	\$1,500	\$1,250	\$750
Allowance	90 th UCR		
Covered Services	High Plan	Middle Plan	Low Plan
Routine Exam & Cleanings (2 per calendar year)	100%	100%	100%
Bitewing X-Rays (2 per calendar year)	100%	100%	100%
Full mouth/panoramic x-rays (1 per 60 months)	100%	100%	100%
Amalgam Fillings	80%	50%	80%
Scaling & Root Planing	80%	50%	80%
General Anesthesia	80%	50%	80%
Resin Composite Fillings	80%	50%	80%
Periodontics - Non-Surgical	80%	50%	80%
Oral Surgery: Simple Extractions	80%	50%	80%
Root Canal; Prefabricated Crowns	50%	50%	-
Periodontal Surgery	50%	50%	-
Dentures (1 in 60 months)	50%	50%	-
Oral Surgery: Surgical Extractions	50%	50%	-
Implant Services/Repairs (1 per tooth position in 60 months)	50%	50%	-
Tier	High Plan	Middle Plan	Low Plan
EE Only	\$40.15	\$26.60	\$24.30
EE + Spouse	\$84.70	\$56.27	\$51.36
EE + Child(ren)	\$81.60	\$53.97	\$49.27
EE + Family	\$145.90	\$96.50	\$88.08



2025 MetLife Vision Plan and Rates:

Please visit <https://www.pickenscountybenefits.com/retiree-benefits> for full plan details, below is just a high-level overview.

Covered Benefits	High Plan	Low Plan
Network	Superior Network	
Exam	\$10 Copay	
Retinal Imaging	Up to \$39 Copay	
Frames	\$175 allowance + 20% off balance (Additional discount n/a at Walmart, Sam's, & Costco)	\$130 allowance + 20% off balance (Additional discount n/a at Walmart, Sam's, & Costco)
Lenses and Lens Options		
Single/Lines Bifocal & Trifocal/Lenticular	\$15 Copay	
Progressive Standard Lens	Covered in Full (Standard, Premium, Ultra, Ultimate)	
Ultraviolet Coating	\$12 Copay	
Polycarbonate	Children: Covered in Full & Adults: Up to \$40 Copay	
Tint	Solid/Blue Light: \$15 Copay Gradient: \$18 Copay	
Scratch-Resistant Coating	\$15 - \$30 Copay	
Anti-Reflective Coating	\$50 - \$120 Copay	
Photochromic	Up to \$80 Copay	
Contact Lenses		
Elective Contacts - Conventional	\$175 allowance + 20% off balance	\$130 allowance + 20% off balance
Elective Contacts - Disposable	\$175 allowance + 10% off balance	\$130 allowance + 10% off balance
Medically Necessary Contacts	Covered in Full after eyewear copay	Covered in Full after eyewear copay
Frequencies		
Exams/Lenses or Contact Lenses/Frames	Every 12 Months	Every 12 Months
2 nd Pair Benefit	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	-
Tier	High Plan	Low Plan
EE Only	\$9.41	\$7.09
EE + One	\$17.87	\$13.47
EE + Family	\$26.25	\$19.78



2025 Election 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"/> Low Plan <input type="checkbox"/> Middle Plan <input type="checkbox"/> High 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 + One <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.*