

RETIREE 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 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 plan options.

Vision

As a retiree, you are eligible to keep your current vision plan option. 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 vision plan options.

Steps to Elect



Review Options

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

wvsdbenefits.com

Vicksburg Warren 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 Vicksburg Warren 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 vwsdbenefits.com/retiree-benefits and choose the Retiree Benefits tab to review benefit options for Retiree Dental, 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.vwsdbenefits.com/contact-campus



2024-2025 MetLife Dental Plan and Rates (10.1.24 – 9.30.25):

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

Benefits	High Plan	Low Plan
Network	MetLife PDP Plus	MetLife PDP Plus
Preventative (Type 1)	100%	100%
Basic (Type 2)	80%	80%
Major (Type 3)	50%	50%
Orthodontia (Lifetime Max)	50% (Children up to age 19) \$1,000	
Calendar Year Max	\$2,250	\$1,250
Allowance	90 th UCR	90 th UCR

Covered Services	High Plan	Low Plan
(2 per 12 months) Routine Exam Bitewing X-rays Cleaning	100%	100%
(1 in 36 months) Full mount/panoramic x-rays	100%	100%
Space Maintainers	100%	100%
Sealants (children)	100%	100%
Restorative Amalgams & Composites	80%	80%
General Anesthesia	80%	80%
Simple Extractions	80%	80%
Complex Extractions	80%	50%
Dentures	50%	50%
Endodontics	80%	50%
Periodontics	80%	50%
Onlays/Inlays	50%	50%
Implants	50%	50%
Crowns	50%	50%
Prosthodontics	50%	50%

Tier	High Plan	Low Plan
EE Only	\$34.61	\$26.78
EE + Spouse	\$72.05	\$55.18
EE + Children	\$80.36	\$58.89
EE + Family	\$114.30	\$85.84

**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.*



2024- 2025 MetLife Vision Plan and Rates (10.1.24 – 9.30.25):

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

Covered Benefits	High Plan	Low Plan
Network	VSP Choice	
Exam	\$10 Copay	\$20 Copay
Contact Lens Fit/Follow-Up	Standard or Premium Fit: Covered in Full	
Retinal Imaging	Covered in Full	
Lasik or PRK	15% Discount off Retail and 5% off Promotional	
Frames	\$150 allowance + 20% off balance \$85 allowance at Costco, Walmart, and Sam's Club	\$130 allowance + 20% off balance \$70 allowance at Costco, Walmart, and Sam's Club
Lenses and Lens Options		
Single/Lines Bifocal & Trifocal/Lenticular	\$10 Copay	\$20 Copay
Standard Progressive Lens	Up to \$55 copay	Up to \$55 copay
Ultraviolet Coating	Covered in Full	Covered in Full
Polycarbonate	Children up to age 18: Covered in Full Adults: Up to \$35 Copay	Children up to age 18: Covered in Full Adults: Up to \$35 Copay
Tint (variable by type)	Up to \$17 - \$44 Copay	Up to \$17 - \$44 Copay
Scratch-Resistant Coating	Up to \$17 - \$33 Copay	Up to \$17 - \$33 Copay
Anti-Reflective Coating (variable by type)	Up to \$41 - \$85 Copay	Up to \$41 - \$85 Copay
Photochromic	Up to \$47 - \$87 Copay	
Contact Lenses		
Elective Contacts	\$150 Allowance	\$130 allowance
Medically Necessary Contacts	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 1 pair of prescription eyeglasses and an allowance toward contacts Double the contact lens allowance	Not Covered

Tier	High Plan	Low Plan
EE Only	\$10.71	\$7.81
EE + Spouse	\$21.28	\$15.54
EE + Children	\$20.23	\$14.77
EE + Family	\$35.74	\$26.10

**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.*



2024-2025 Election Form – Retiree Dental & Vision (10.1.24 – 9.30.25)			
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"/> Dental Low Plan <input type="checkbox"/> Dental High Plan		Vision <input type="checkbox"/> Vision Low Plan <input type="checkbox"/> Vision 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.*