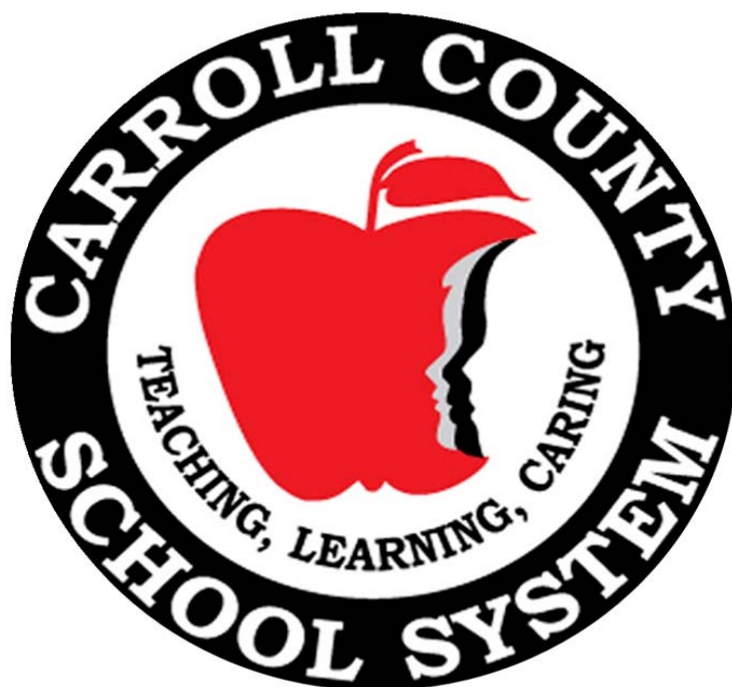


# CARROLL COUNTY SCHOOLS



## Open Enrollment Benefit Guide 2014

*Please review this Benefit Guide very carefully before making your benefit elections for the 2014 Plan Year.*



Carroll County Board of Education is committed to providing our employees with a comprehensive and market competitive benefits package. We understand that your benefits package is important to you and your family. Your benefit needs may change over time, as you start a family, as children grow, or as health situations change.

This Benefit Enrollment Guide is designed to assist you in making benefit decisions for you and your family as well as enrolling for your benefits. This guide explains each type of coverage, gives suggestions about how to effectively use your benefits, and provides examples to determine your benefit and payroll deduction amount.

This year, Open Enrollment begins on Monday, **October 21 at 12:00 a.m.**, and ends on Friday, **November 8, 2013 at 5:00 p.m.** This is your opportunity to add, delete, or change your medical, dental, vision, cancer, life and disability coverage, as well as your Flexible Spending Account elections. Elections made during this Open Enrollment will be effective January 1, 2014, through December 31, 2014.

We encourage you to take the time to study this enrollment guide carefully prior to completing your enrollment.

**Nadine Mashburn**  
*Insurance and  
Benefits Coordinator*

**Melissa Lively**  
*Insurance Specialist*

## Open Enrollment Assistance

Carroll County School System Insurance Specialists are available in the Boardroom on the following dates to offer personalized assistance with Open Enrollment changes:

Tuesday, October 22 from 3:00-5:00

Thursday, October 31 from 3:00-5:00

Tuesday, November 5 from 3:00-5:00



## How to Register on the New ADP System for State Health Benefit Plan

Log on to the website: [www.mySHBPga.adp.com](http://www.mySHBPga.adp.com)



### REGISTER – FIRST TIME USERS- *Required!*

The first time you access the site, you will be required to create a User Name and Password. Use this log-in information any time you visit the site for quick and easy access.

1. Click “Register Here”
2. Enter the SHBP **Registration Code: SHBP-GA**
3. Follow the steps to create your User Name and Password.
  - \* Enter information to verify your identity.
  - \* Create a User Name. *Your User Name must be at least 4 characters long and may contain letters, numbers and/or these 4 characters (- @ . \_).*
  - \* Create a Password. *Passwords are case sensitive and must be at least 8 characters long and contain at least 1 number and 1 letter. It is recommended your Password be 12 or more characters and contain a mix of upper/lower case letters, numbers and special characters.*
  - \* Set up your Password hints and security questions, responses. *These hints and responses will help you gain access to the site in case you ever forget your password.*
  - \* Provide your e-mail address where you will receive important benefits information. *You are required to include an e-mail address to make online elections.*
  - \* Enter your Activation Code from your registration email.
  - \* Review and Submit to complete the Registration
4. Use your newly created User Name and Password to log in!

### DON'T HAVE AN E-MAIL ADDRESS?

Creating an e-mail address is easy. You can create an e-mail at any one of the following websites, just to name a few, and follow the instructions to create an account.

[www.gmail.com](http://www.gmail.com) • [www.yahoo.com](http://www.yahoo.com) • [www.outlook.com](http://www.outlook.com) •

### QUESTIONS? NEED HELP?

You can contact SHBP Member Services. The list below outlines where you can go for more information based on the type of question or concern you may have.

WHERE TO GO:	WHY:
<b>SHBP ENROLLMENT PORTAL</b> <a href="http://www.mySHBPga.adp.com">www.mySHBPga.adp.com</a> 24 hours a day/7 days a week	<ul style="list-style-type: none"><li>* Enroll in health benefits</li><li>* Declare a Qualifying Event</li><li>* Review current health plan election</li><li>* Reset your password using the “Forgot Password” link</li></ul>
<b>SHBP MEMBER SERVICES BY PHONE</b> 800-610-1863 (Listen to the prompts, and then choose your option) Monday – Friday 8:30 AM – 5:00 PM ET	<ul style="list-style-type: none"><li>* Reset your SHBP Enrollment Portal Password if you are unable to do so using the “Forgot Password?” link</li><li>* COBRA</li><li>* Dependent Verification</li></ul>

## State Health Benefit Plan for 2014

BCBS	Gold Plan		Silver Plan		Bronze Plan	
Medical Benefits	Network Provider	Out-of-Network	Network Provider	Out-of-Network	Network Provider	Out-of-Network
Deductible*						
You	\$1,500	\$3,000	\$2,000	\$4,000	\$2,500	\$5,000
You + Child(ren) or SP	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500
You + Family	\$3,000	\$6,000	\$4,000	\$8,000	\$5,000	\$10,000
Plan Pays	85%	60%*	80%	60%*	75%	60%*
ACA Preventive Care	100%	Not covered	100%	Not covered	100%	Not covered
Out-of-Pocket Limit*						
You	\$4,000	\$8,000	\$5,000	\$10,000	\$6,000	\$12,000
You + Child(ren) or SP	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000
You + Family	\$8,000	\$16,000	\$10,000	\$20,000	\$12,000	\$24,000
Base HRA Contribution						
You	\$400		\$200		\$100	
You + Child(ren) or SP	\$600		\$300		\$150	
You + Family	\$800		\$400		\$200	
Pharmacy Benefits						
Tier 1	15%, Min \$20, Max \$50		15%, Min \$20, Max \$50		15%, Min \$20, Max \$50	
Tier 2	25%, Min \$50, Max \$80		25%, Min \$50, Max \$80		25%, Min \$50, Max \$80	
Tier 3	25%, Min \$80, Max \$125		25%, Min \$80, Max \$125		25%, Min \$80, Max \$125	
* See ACA Glossary of Health Coverage and Medical Terms for definition						
This is a high level plan design summary. The Decision Guide located at <a href="http://dch.georgia.gov/shbp">http://dch.georgia.gov/shbp</a> includes full details.						

Employee Premium	You	You & CH	You & SP	Family
<b>Gold</b>	\$166.08	\$300.38	\$405.52	\$539.84
<i>w/ Tobacco Surcharge</i>	\$246.08	\$380.38	\$485.52	\$619.84
<b>Silver</b>	\$108.64	\$202.74	\$284.90	\$379.00
<i>w/ Tobacco Surcharge</i>	\$188.64	\$282.74	\$364.90	\$459.00
<b>Bronze</b>	\$66.28	\$130.74	\$195.96	\$260.40
<i>w/ Tobacco Surcharge</i>	\$146.28	\$210.74	\$275.96	\$340.40
Tricare Supplement	\$60.50	\$119.50	\$119.50	\$160.50

Visit [www.cbbsga.com/shbp](http://www.cbbsga.com/shbp) for detailed information regarding the plan.

## Dental Coverage (Guardian)

Dental benefits are available to all permanent employees working ½ time or more to cover routine care such as exams, x-rays and cleanings, fillings, dentures, bridgework and periodontal care.

### Highlights of your dental coverage:

- Choice of two dental plans: High Option and Low Option
- Single and family coverage available
- You can visit any dentist of your choice.
- Reliable dental claims payments (4 day average turnaround)

Benefits are paid at the same coinsurance percentages for in-network and out-of-network. However, in order to pay the least amount out of your pocket, you will want to use network providers because of the discounts associated with these providers. Visit [www.guardiananytime.com](http://www.guardiananytime.com) for an in-network provider directory.

### Maximum Rollover

**Save your Dental Annual Maximum Dollars for a time when you need it most!** With Maximum Rollover, Guardian will roll over a portion of your unused annual maximum into your personal Maximum Rollover Account (MRA). The MRA can be used in further years, if you reach the plan's annual maximum. To qualify, you must submit a claim for covered services for which a benefit payment is issued, in excess of any deductible or copay, and you must not exceed the paid claims threshold during the benefit year. You and your insured dependents maintain separate MRAs based on your own claim activity. Each MRA may not exceed the MRA limit. You will receive an annual MRA statement detailing your account and those of your dependents. Maximum Rollover applies to new entrants who join the plan with 3 months or less remaining in the benefit year, as of the next benefit year.

### Dental Summary of Benefits

DentalGuard Preferred Network	Option 1: High Option		Option 2: Low Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Your Monthly Premium</b>				
Employee Only	\$34.75		\$24.63	
Employee + Spouse/Child(ren)	\$125.55		\$78.60	
<b>Deductible</b> <i>(deductible waived for Preventive)</i>	\$50 <i>(per person)</i>	\$50 <i>(per person)</i>	\$50 <i>(per person)</i>	\$50 <i>(per person)</i>
<b>Annual Benefit Maximum</b>	\$1,500	\$1,500	\$750	\$750
<b>Maximum Rollover</b>	Yes		No	
Rollover Threshold	\$700		n/a	
Rollover Amount	\$350		n/a	
Rollover Account Limit	\$1,250		n/a	
<b>Lifetime Orthodontia Maximum</b>	\$1,500		n/a	
<b>Preventive Care</b> <i>Cleaning (once every 6 months); Fluoride Treatments (under age 19); Oral Exams; Periodontal Maintenance (once every 6 months); Sealants (per tooth), X-rays</i>	100%	100%	100%	100%
<b>Basic Care</b> <i>Anesthesia; Fillings (one surface); Perio Surgery; Repair and Maintenance of Crowns, Bridges, and Dentures; Scaling and Root Planing (per quadrant); Simple Extractions; Surgical Extractions</i>	80%	80%	80%	80%
<b>Major Care</b> <i>Bridge and Dentures; Inlays, Onlays, Veneers*; Single Crowns</i>	50%	50%	0%	0%
<b>Orthodontia</b>	50%	50%	Not Covered	

*This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded.*

*\*Crowns, Inlays, Onlays, and Labial Veneers are covered only when needed because of decay or injury, and only when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age of 19; full-time student age does not apply to the initial placement of the appliance. Orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)," this limitation does not apply. The total number of cleanings and periodontal maintenance procedures are combined in a 12-month period. (Additional cleanings are available for an additional copay).*

## Vision Benefits (UnitedHealthcare Vision)

Whether your vision is 20/20 or less than perfect, everyone should receive regular vision care. As part of our commitment to your well-being, vision benefits are available to you and your eligible dependents to cover lenses, frames, contacts and routine care such as exams. Through a national provider network, you will receive a comprehensive vision examination, as well as eyeglasses (lenses and frames), or contact lenses in lieu of eyeglasses. With this plan, you can visit any provider you choose, but you maximize your savings when you visit a network provider.

### How to locate a network provider:

- **Visit [www.myuhcvision.com](http://www.myuhcvision.com)**
  - Place your mouse over "Members and Future Members," and select "Locate a Provider."
  - Then, choose your search options, and select a provider near you. The online Provider Locator offers door-to-door directions to your selected network provider's office. Other services, such as claim status tracking, order tracking, and answers to frequently asked questions, are also available online.
- **Call 1-800-839-3242:** You may also find a network provider through UnitedHealthcare's Interactive Voice Response (IVR) system. Simply follow the voice prompts.

Once you've chosen a network provider, call them to schedule your appointment. Let your provider know you have UnitedHealthcare Vision coverage, and give your primary insured's unique identification number (employee's social security number) and the patient's name and date of birth.

### Plan Highlights:

- A balanced nationwide network of private practice and retail chain providers
- Evening and weekend hours available from many providers
- A generous frame benefit at network providers that covers in full many of the most popular frames on the market today, after applicable copay
- Innovative contact lens benefit including coverage for monthly contact lens wearers.

### Network Benefits:

- **Examination (\$10 copay, once every 12 months):** Receive a comprehensive eye examination from a state-licensed optometrist or ophthalmologist, covered-in-full, after exam copay.
- **Materials (\$25 copay):** The materials copay is a single payment that applies to the entire purchase of eyeglasses (lenses and frames), or contacts in lieu of eyeglasses.
- **Pair of Lenses (once every 12 months):** If prescribed, one pair of standard single vision or standard multi-focal lenses is covered-in-full.
- **Lens Options:** Standard scratch-resistant coating is covered-in-full. Lens options not covered by the plan, such as progressive lenses, polycarbonate lenses, high index, tints UV, and anti-reflective coating may be available at a discount.
- **Frames (once every 24 months):** Receive a \$50 wholesale frame allowance applied toward the wholesale price of a frame at private practice providers, or a \$130 retail frame allowance at retail chain providers.
- **Contact Lenses in Lieu of Eyeglasses** (*once every 12 months*):
  - *Covered in-full-elective contacts lenses:* The fitting/evaluation fees, contact lenses, and up to two follow-up visits are covered-in-full (after copay). If you choose disposable contacts, up to four boxes are included when obtained from a network provider.
  - *All other elective contact lenses:* A \$105 allowance is applied toward the fitting/evaluation fees and purchase of contact lenses outside the covered selection (materials copay does not apply). Toric, gas permeable, and bifocal contact lenses that are outside of our covered contacts.
  - *Necessary contact lenses:* Covered-in-full after applicable copay.



## Vision Summary of Benefits

	In-Network	Out-of-Network
<b>Your Monthly Premium</b>		
Employee Only		\$7.02
Employee + Spouse/Child(ren)		\$17.28
<b>Frequency</b>		
Exam	Once Every 12 Months	Once Every 12 Months
Lenses	Once Every 12 Months	Once Every 12 Months
Frames	Once Every 24 Months	Once Every 24 Months
Contacts <i>(in lieu of lenses and frames)</i>	Once Every 12 Months	Once Every 12 Months
<b>Lenses</b>		
Single	Included	Reimbursed up to \$40
Bifocal	Included	Reimbursed up to \$60
Trifocal	Included	Reimbursed up to \$80
Lenticular	Included	Reimbursed up to \$80
<b>Frames</b>	Included	Reimbursed up to \$45
<b>Contact Lenses</b> <i>(in lieu of lenses and frames)</i>		
Elective	Included	Reimbursed up to \$105*
Necessary	Included**	Reimbursed up to \$210
<b>Annual Deductible</b>		
Eye Exam		\$10
Materials		\$25
<p>* Less any network fitting/evaluation fee.</p> <p>** Necessary contact lenses are determined at the provider's discretion for one or more of the following conditions: following cataract surgery without intraocular lens implant; to correct extreme vision problems that cannot be corrected with spectacle lenses, with certain conditions of anisometropia; with certain conditions of keratoconus. If your provider considers your contacts necessary, you should ask your provider to contact UnitedHealthcare Vision concerning the reimbursement that UnitedHealthcare Vision would make before you purchase such contacts.</p>		

### Laser Vision Correction:

You may receive access to discounted laser vision correction procedures from numerous provider locations throughout the United States. To find a participating laser vision correction surgeon in your area, visit [www.myuhcvision.com](http://www.myuhcvision.com) or call 1-877-28-SIGHT.

### Important to Remember:

Your \$105 contact lens allowance is applied to the fitting/evaluation fee and the purchase of contact lenses. For example, if the fitting/evaluation fee is \$30, you will have \$75 towards the purchase of contact lenses. The allowance may be separated at some retail chain locations between the examining physician and the optical store. Benefits are available every 12 or 24 months (depending on the benefit frequency), based on last date of service.

### If you visit an Out-of-Network Provider:

If you choose to visit an out-of-network provider for your vision care, you will need to send your itemized receipts, with the primary-insured's unique identification number and the patient's name and date of birth to:

#### UnitedHealthcare Vision

Claims Department  
P.O. Box 30978  
Salt Lake City, UT 84130

Receipts for services and materials purchased on different dates must be submitted at the same time to receive reimbursement. Receipts must be submitted within 12 months of the date of service.

## Flexible Spending Account (AmeriComp Benefits, Inc.)

### What is a Flexible Spending Account (FSA)?

With an FSA, a portion of your paycheck is withheld before taxes and put it into a special account to pay for eligible healthcare and dependent care expenses. Examples of common eligible healthcare expenses are deductibles, doctor visit copays, prescription copays, and more!

You pay no tax on the money that is added to your Flexible Spending Account. Your reimbursement check is also tax-free.

### Use it or Lose it!

The IRS requires that any unused money in your account at the end of the plan year must be retained by your employer. It cannot be used by you for future expenses. If you have any balance, try to make quick purchases before December 31, 2013 (the end of the FSA plan year). Quick purchases can be made for items like eyeglasses, prescription sunglasses and drug copays. **Note:** You can file the claim within 90 days after the end of the plan year for expenses incurred prior to the end of the plan year.

### Eligible Healthcare FSA Expenses

**The following is a short list of the types of expenses eligible for reimbursement from your flexible spending accounts (FSA), provided:**

- They are incurred during your FSA plan year.
- They are not eligible for reimbursement from any other source.
- You have available documentation from the provider of the services or supplies which shows the amount of each expense and the date it was incurred.

For a complete list of eligible Healthcare expenses, please visit [www.americompbenefits.com](http://www.americompbenefits.com).

### Eligible Dependent Care FSA Expenses

- Dependent care expenses must be for children in day care up to age 13 and adult family members who need daily care so that the husband and wife can both work.
- Licensed daycare expenses
- Adult day care expenses
- After-school care, nanny/au pair expenses

For a complete list of eligible Dependent Care expenses, please visit [www.americompbenefits.com](http://www.americompbenefits.com).

### How it Works

AmeriComp Benefits, Inc. provides a debit card to all FSA enrollees upon initial enrollment. This debit card can be used at the point-of-service to pay for your health or dependent care expenses. Using a debit card is a convenient way to take advantage of your FSA because you do not need to pay out-of-pocket, submit a claim form, and be reimbursed. The funds are pulled from the account and paid to the doctor's office, pharmacy or day care facility directly. Remember that not all vendors accept the debit card. In these cases, you are required to pay for the expense and submit a claim form for reimbursement.

### Filing a Claims is Easy!

Submit a completed claim form to AmeriComp Benefits to the address below along with a receipt for each expense. To obtain a claim form, go online to [www.americompbenefits.com](http://www.americompbenefits.com) Click on "Our Services," then type Carroll County Schools in the box and all forms available will be shown.

#### Fax or mail claims to:

AmeriComp Benefits, Inc.

P.O. Box 4319

Columbus, GA 31914

Phone: 800-868-0196 • Fax: 706-327-1160

### Plan Maximums

The 2014 plan year maximum for the Healthcare FSA is \$2500 and the Dependent Care FSA is \$5,000.

### Healthcare Reform Update

Effective January 1, 2011, in order for over-the-counter medications (i.e. Tylenol) to be eligible expenses in the healthcare FSA, you must have a prescription from your physician. If you do not have a prescription, over-the-counter medications are not covered.

### Grace Period

If you have not spent all of the funds in your healthcare or dependent care account prior to the end of the plan year, you may continue to incur claims for expenses during the Grace Period. The Grace Period for incurred claims is 2½ months after the end of the plan year.

For examples, Carroll County Schools' benefit plan year ends December 31 so you can continue to incur expenses through March 15 of the following Plan Year.



# DISABILITY

## Disability (Unum)

### Eligibility

You are eligible for disability coverage if you are an active employee working a minimum of 15 hours per week. The date you are eligible for coverage is the latter of: the plan effective date or the day after you complete the waiting period. You may purchase a monthly benefit in \$100 units, starting at a minimum of \$200, up to 66 2/3% of your monthly earnings rounded to the nearest \$100, but not to exceed a monthly maximum benefit of \$6,000.

Effective 01-01-2012 Unum will no longer offer the first day coverage for hospital admissions. Please consider this change as you review your election options for next year.

### Education Benefit

If you are disabled and receiving monthly disability benefits, you may receive an additional monthly Education Benefit of \$200 for each child who is an *eligible student*. Benefits will be payable in between terms provided the eligible student is enrolled for the next scheduled term. *Eligible student* means your unmarried dependent child(ren) who are: less than 25 years of age, and; attending an accredited post-secondary schooled beyond the 12th grade level on a **full-time** basis.

### Benefit Duration

Your duration of benefits is based on your age when the disability occurs. **You may choose one of the following duration options:**

Plan A — ADEA II	
Age at Disability	Maximum Duration of Benefits
Less than Age 60	To age 65, but not less than 5 years
Age 60 - 64	5 years
Age 65 - 69	To age 70, but not less than 1 year
Age 70 and over	1 year

Plan — 2 Year ADEA	
Age at Disability	Maximum Duration of Benefits
Less than Age 68	2 years
Age 68	To age 70, but not less than 1 year
Age 69 and over	1 year

### Elimination Period

The Elimination Period is the length of time of continuous disability which must be satisfied before you are eligible to receive benefits. You may choose an Elimination Period (injury/sickness) of 7/7, 14/14, 30/30, 60/60, or 90/90 days.

### Disability Monthly Payroll Deductions

			Plan A: ADEA II Duration of Benefits					Plan B: 2 Year ADEA Duration of Benefits				
Injury/Sickness (days)			7	14	30	60	90	7	14	30	60	90
Annual Earnings	Monthly Earnings	Maximum Monthly Earning										
\$3,600	\$300	\$200	\$7.48	\$6.38	\$5.30	\$4.92	\$2.96	\$5.64	\$4.66	\$3.54	\$2.78	\$1.60
\$5,400	\$450	\$300	\$11.22	\$9.57	\$7.95	\$7.38	\$4.44	\$8.46	\$6.99	\$5.31	\$4.17	\$2.40
\$7,200	\$600	\$400	\$14.96	\$12.76	\$10.60	\$9.84	\$5.92	\$11.28	\$9.32	\$7.08	\$5.56	\$3.20
\$9,000	\$750	\$500	\$18.70	\$15.95	\$13.25	\$12.30	\$7.40	\$14.10	\$11.65	\$8.85	\$6.95	\$4.00
\$10,800	\$900	\$600	\$22.44	\$19.14	\$15.90	\$14.76	\$8.88	\$16.92	\$13.98	\$10.62	\$8.34	\$4.80
\$12,600	\$1,050	\$700	\$26.18	\$22.33	\$18.55	\$17.22	\$10.36	\$19.74	\$16.31	\$12.39	\$9.73	\$5.60
\$14,400	\$1,200	\$800	\$29.92	\$25.52	\$21.20	\$19.68	\$11.84	\$22.56	\$18.64	\$14.16	\$11.12	\$6.40
\$16,200	\$1,350	\$900	\$33.66	\$28.71	\$23.85	\$22.14	\$13.32	\$25.38	\$20.97	\$15.93	\$12.51	\$7.20
\$18,000	\$1,500	\$1000	\$37.40	\$31.90	\$26.50	\$24.60	\$14.80	\$28.20	\$23.30	\$17.70	\$13.90	\$8.00
\$19,800	\$1,650	\$1100	\$41.14	\$35.09	\$29.15	\$27.06	\$16.28	\$31.02	\$25.63	\$19.47	\$15.29	\$8.80
\$21,600	\$1,800	\$1200	\$44.88	\$38.28	\$31.80	\$29.52	\$17.76	\$33.84	\$27.96	\$21.24	\$16.68	\$9.60
\$23,400	\$1,950	\$1300	\$48.62	\$41.47	\$34.45	\$31.98	\$19.24	\$36.66	\$30.29	\$23.01	\$18.07	\$10.40
\$25,200	\$2,100	\$1400	\$52.36	\$44.66	\$37.10	\$34.44	\$20.72	\$39.48	\$32.62	\$24.78	\$19.46	\$11.20
\$27,000	\$2,250	\$1500	\$56.10	\$47.85	\$39.75	\$36.90	\$22.20	\$42.30	\$34.95	\$26.55	\$20.85	\$12.00

## Disability Monthly Payroll Deductions (continued)

			Plan A: ADEA II Duration of Benefits					Plan B: 2 Year ADEA Duration of Benefits				
Injury/Sickness (days)			7	14	30	60	90	7	14	30	60	90
Annual Earnings	Monthly Earnings	Maximum Monthly Earning										
\$28,800	\$2,400	\$1,600	\$59.84	\$51.04	\$42.40	\$39.36	\$23.68	\$45.12	\$37.28	\$28.32	\$22.24	\$12.80
\$30,600	\$2,550	\$1,700	\$63.58	\$54.23	\$45.05	\$41.82	\$25.16	\$47.94	\$39.61	\$30.09	\$23.63	\$13.60
\$32,400	\$2,700	\$1,800	\$67.32	\$57.42	\$47.70	\$44.28	\$26.64	\$50.76	\$41.94	\$31.86	\$25.02	\$14.40
\$34,200	\$2,850	\$1,900	\$71.06	\$60.61	\$50.35	\$46.74	\$28.12	\$53.58	\$44.27	\$33.63	\$26.41	\$15.20
\$36,000	\$3,000	\$2,000	\$74.80	\$63.80	\$53.00	\$49.20	\$29.60	\$56.40	\$46.60	\$35.40	\$27.80	\$16.00
\$37,800	\$3,150	\$2,100	\$78.54	\$66.99	\$55.65	\$51.66	\$31.08	\$59.22	\$48.93	\$37.17	\$29.19	\$16.80
\$39,600	\$3,300	\$2,200	\$82.28	\$70.18	\$58.30	\$54.12	\$32.56	\$62.04	\$51.26	\$38.94	\$30.58	\$17.60
\$41,400	\$3,450	\$2,300	\$86.02	\$73.37	\$60.95	\$56.58	\$34.04	\$64.86	\$53.59	\$40.71	\$31.97	\$18.40
\$43,200	\$3,600	\$2,400	\$89.76	\$76.56	\$63.60	\$59.04	\$35.52	\$67.68	\$55.92	\$42.48	\$33.36	\$19.20
\$45,000	\$3,750	\$2,500	\$93.50	\$79.75	\$66.25	\$61.50	\$37.00	\$70.50	\$58.25	\$44.25	\$34.75	\$20.00
\$46,800	\$3,900	\$2,600	\$97.24	\$82.94	\$68.90	\$63.96	\$38.48	\$73.32	\$60.58	\$46.02	\$36.14	\$20.80
\$48,600	\$4,050	\$2,700	\$100.98	\$86.13	\$71.55	\$66.42	\$39.96	\$76.14	\$62.91	\$47.79	\$37.53	\$21.60
\$50,400	\$4,200	\$2,800	\$104.72	\$89.32	\$74.20	\$68.88	\$41.44	\$78.96	\$65.24	\$49.56	\$38.92	\$22.40
\$52,200	\$4,350	\$2,900	\$108.46	\$92.51	\$76.85	\$71.34	\$42.92	\$81.78	\$67.57	\$51.33	\$40.31	\$23.20
\$54,000	\$4,500	\$3,000	\$112.20	\$95.70	\$79.50	\$73.80	\$44.40	\$84.60	\$69.90	\$53.10	\$41.70	\$24.00
\$55,800	\$4,650	\$3,100	\$115.94	\$98.89	\$82.15	\$76.26	\$45.88	\$87.42	\$72.23	\$54.87	\$43.09	\$24.80
\$57,600	\$4,800	\$3,200	\$119.68	\$102.08	\$84.80	\$78.72	\$47.36	\$90.24	\$74.56	\$56.64	\$44.48	\$25.60
\$59,400	\$4,950	\$3,300	\$123.42	\$105.27	\$87.45	\$81.18	\$48.84	\$93.06	\$76.89	\$58.41	\$45.87	\$26.40
\$61,200	\$5,100	\$3,400	\$127.16	\$108.46	\$90.10	\$83.64	\$50.32	\$95.88	\$79.22	\$60.18	\$47.26	\$27.20
\$63,000	\$5,250	\$3,500	\$130.90	\$111.65	\$92.75	\$86.10	\$51.80	\$98.70	\$81.55	\$61.95	\$48.65	\$28.00
\$64,800	\$5,400	\$3,600	\$134.64	\$114.84	\$95.40	\$88.56	\$53.28	\$101.52	\$83.88	\$63.72	\$50.04	\$28.80
\$66,600	\$5,550	\$3,700	\$138.38	\$118.03	\$98.05	\$91.02	\$54.76	\$104.34	\$86.21	\$65.49	\$51.43	\$29.60
\$68,400	\$5,700	\$3,800	\$142.12	\$121.22	\$100.70	\$93.48	\$56.24	\$107.16	\$88.54	\$67.26	\$52.82	\$30.40
\$70,200	\$5,850	\$3,900	\$145.86	\$124.41	\$103.35	\$95.94	\$57.72	\$109.98	\$90.87	\$69.03	\$54.21	\$31.20
\$72,000	\$6,000	\$4,000	\$149.60	\$127.60	\$106.00	\$98.40	\$59.20	\$112.80	\$93.20	\$70.80	\$55.60	\$32.00
\$73,800	\$6,150	\$4,100	\$153.34	\$130.79	\$108.65	\$100.86	\$60.68	\$115.62	\$95.53	\$72.57	\$56.99	\$32.80
\$75,600	\$6,300	\$4,200	\$157.08	\$133.98	\$111.30	\$103.32	\$62.16	\$118.44	\$97.86	\$74.34	\$58.38	\$33.60
\$77,400	\$6,450	\$4,300	\$160.82	\$137.17	\$113.95	\$105.78	\$63.64	\$121.26	\$100.19	\$76.11	\$59.77	\$34.40
\$77,400	\$6,450	\$4,300	\$160.82	\$137.17	\$113.95	\$105.78	\$63.64	\$121.26	\$100.19	\$76.11	\$59.77	\$34.40
\$79,200	\$6,600	\$4,400	\$164.56	\$140.36	\$116.60	\$108.24	\$65.12	\$124.08	\$102.52	\$77.88	\$61.16	\$35.20
\$81,000	\$6,750	\$4,500	\$168.30	\$143.55	\$119.25	\$110.70	\$66.60	\$126.90	\$104.85	\$79.65	\$62.55	\$36.00
\$82,800	\$6,900	\$4,600	\$172.04	\$146.74	\$121.90	\$113.16	\$68.08	\$129.72	\$107.18	\$81.42	\$63.94	\$36.80
\$84,600	\$7,050	\$4,700	\$175.78	\$149.93	\$124.55	\$115.62	\$69.56	\$132.54	\$109.51	\$83.19	\$65.33	\$37.60
\$86,400	\$7,200	\$4,800	\$179.52	\$153.12	\$127.20	\$118.08	\$71.04	\$135.36	\$111.84	\$84.96	\$66.72	\$38.40
\$88,200	\$7,350	\$4,900	\$183.26	\$156.61	\$129.85	\$120.54	\$72.52	\$138.18	\$114.17	\$86.73	\$68.11	\$39.20
\$90,000	\$7,500	\$5,000	\$187.00	\$159.50	\$132.50	\$123.00	\$74.00	\$141.00	\$116.50	\$88.50	\$69.50	\$40.00
\$91,800	\$7,650	\$5,100	\$190.74	\$162.69	\$135.15	\$125.46	\$75.48	\$143.82	\$118.83	\$90.27	\$70.89	\$40.80
\$93,600	\$7,800	\$5,200	\$194.48	\$165.88	\$137.80	\$127.92	\$76.96	\$146.64	\$121.16	\$92.04	\$72.28	\$41.60

# LIFE INSURANCE

## Basic Life and AD&D (MetLife)

Carroll County Schools provides all full-time employees with Basic Life and Accidental Death and Dismemberment coverage at **no cost to the employee**. Your Basic Life insurance benefit will be at least \$13,400. Your specific benefit is determined by your job title (see the chart below).

The life insurance also provides what is commonly referred to as an **Accelerated Death Benefit**. If you are diagnosed with a terminal illness with a life expectancy of less than 12 months, you may collect up to 50% of your life insurance prior to your death as an advanced payment. When you die, the amount that you have already received will be deducted from the total amount of life insurance that was in effect.

**To receive the Accelerated Death Benefit, you must provide proof of your terminal illness. You will be required to provide:**

- A completed accelerated benefit claim form;
- A signed Physician's certification that you are terminally ill; and
- An examination by a Physician of MetLife's choice, at MetLife's expense, if MetLife requests it

## Basic Life/AD&D Summary of Benefits

Assistant Principals, Teachers, Clerical and Administrative Employees	\$16,750
All Other Eligible Employees	\$13,400
Minimum Basic Life Benefit	\$13,400
Maximum Basic Life Benefit	\$67,000
Accelerated Benefit Option	Up to 50% of your Basic Life amount not to exceed \$33,500

## Optional Life (MetLife)

Optional Life Insurance provides the opportunity to supplement benefits provided by Carroll County Schools. You may consider purchasing additional life insurance at favorable group rates.

At the time of initial enrollment, eligible employees can enroll in the Optional Life plan up to the guarantee issue amounts without an Evidence of Insurability (EOI) form.

**An Evidence of Insurability form will be required for:**

- Enrollment amounts greater than the guaranteed issue level
- Increase in coverage amount (after initial enrollment period)
- A new enrollment request that was previously declined

The Evidence of Insurability form can be obtained from the Insurance Department. If you leave employment with Carroll County Schools, you can continue your coverage by paying your premium directly with MetLife.

You may also purchase additional Life Insurance for your eligible dependents. Please note that employees who are married cannot be covered as an employee and as a dependent. Dependent child(ren) may only be covered as a dependent under one parent and not both.

## Optional Life Summary of Benefits

Benefit Amount	An amount elected by you in \$10,000 increments
Maximum Benefit	\$50,000
Accelerated Death Benefit	Up to 50% of employee amount, not to exceed \$25,000
Benefit Reduction Schedule	65% at age 65; 50% at age 70
Optional Life Monthly Rates	
Rate per \$1,000	\$0.20
Rate per \$10,000	\$2.00
Rate per \$20,000	\$4.00
Rate per \$30,000	\$6.00
Rate per \$40,000	\$8.00
Rate per \$50,000	\$10.00
Dependent Life Rates	
Child	\$1.00
Spouse	\$4.00
Family	\$5.00

## Supplemental Life Monthly Rates

**Supplemental Employee Life** (in increments of \$10,000, up to the lesser of 5 times Base Annual Earnings or \$500,000):

Monthly Rate per \$1,000 of Coverage	
Under age 25	\$0.06
25-29	\$0.06
30-34	\$0.08
35-39	\$0.10
40-44	\$0.12
45-49	\$0.17
50-54	\$0.25
55-59	\$0.45
60-64	\$0.59
65-69	\$1.06
70+	\$1.70

**Supplemental Dependent Life** (in increments of \$10,000, up to the lesser of 5 times Base Annual Earnings or \$500,000):

- Spouse Maximum Amount: Up to the lesser of 100% of Employee Supplemental amount or \$100,000
- Cost for Child(ren) Coverage: Flat \$5,000 (\$0.75 per unit)

Monthly Rate per \$1,000 of Coverage	
Under age 25	\$0.08
25-29	\$0.11
30-34	\$0.12
35-39	\$0.14
40-44	\$0.17
45-49	\$0.25
50-54	\$0.45
55-59	\$0.72
60-64	\$1.30
65-69	\$2.21



## How to Calculate your Voluntary Life Monthly Rate

To determine your monthly premium, find the appropriate rate in the tables to the left and multiply it by the number of thousands of dollar of insurance you wish to purchase. The following example will help illustrate the calculation.

**Example:** An employee, age 30, wishes to elect \$100,000 of Supplemental Life. The monthly rate would be calculated as such:

1. Determine the amount of Supplemental Life Coverage you wish to elect. \$100,000
2. Enter the rate from the table above. \$0.08
3. Enter the amount of insurance in thousands of dollars \$100
4. Monthly premium (2) x (3) \$8/month

### Calculate your Monthly Premium:

1. Determine the amount of Supplemental Life Coverage you wish to elect. \$ \_\_\_\_\_
2. Enter the rate from the table above. \$ \_\_\_\_\_
3. Enter the amount of insurance in thousands of dollars \$ \_\_\_\_\_
4. Monthly premium (2) x (3) \$ \_\_\_\_\_



## Interest-Sensitive Whole Life Insurance (Unum)

Interest Sensitive Whole Life is permanent life insurance, which provides a death benefit upon the insured's death, or a cash endowment equal to the death benefit upon policy maturity. Unum's Voluntary Interest Sensitive Whole Life insurance provides additional coverage to employees during their prime working years, but more importantly, it's coverage that can follow you into your retirement years. Interest-sensitive whole life insurance is offered to all eligible employees ages 15 to 80 who are actively at work. You decide if it's right for you or your family. To enroll, contact Kathy Tygart at 1-800-263-0401.

### Product Features:

- Contains a reduced paid-up provision, which allows you to use your accumulated cash value to purchase a smaller, paid-up policy with no further premiums due.
- High guarantee issue amounts:
  - Employees ages 15-50: \$75,000
  - Employees ages 51-80: \$40,000
  - Spouses age 15-50: \$25,000
  - Children 14 days-25: \$10,000
- Allows those who apply during initial enrollment the ability to increase the face amount of the policy up to the guarantee issue amount at future enrollments without medical questions.

### Additional Purchase Option

Accidental Death Benefit Rider — Available at initial enrollment to employees and spouses ages 15 to 65, this rider pays an additional death benefit equal to the base policy amount (subject to a \$150,000 maximum) if the policy holder dies before age 70 as the result of a covered accident.

### 3 Reasons to Buy this Coverage:

1. You get affordable rates when you buy this policy through your employer. The premiums do not increase with age and are conveniently deducted from your paycheck.
2. You own the policy so you can keep it even if you leave the company or retire. Unum will bill you directly for the same premium amount.
3. Coverage becomes effective on the first day of the month in which payroll deductions begin.

### Four Features that Add Value:

1. **Accumulates cash value:** Guaranteed at a rate of 4%. You can borrow from the cash value or use it to buy a reduced policy with no more premiums due.
2. **Living Benefit Option Rider:** Included on all policies. You can request an advance, up to 100% of the benefit amount (maximum of \$150,000), if you're diagnosed with a terminal illness limiting life expectancy to 12 months or less.
3. **Adds more coverage that's affordable:** If your employer gives you term life insurance, you have some coverage, but it may not be enough for your needs. You can buy interest sensitive whole life insurance at an affordable premium that is fixed and guaranteed for life.
4. **Requires no physical exam:** During enrollment, you can get this insurance up to a specified amount without taking a health exam. You may be asked a few health questions.

### Interest-Sensitive Whole Life Insurance Summary of Benefits

Who can have it?	What's the benefit amount?	How long can they keep it?
<b>Spouse policy</b> Ages 15 to 80	Minimum policy amount of \$2,000. Actual benefit amount based on coverage amount chosen and age at issue.	Even if you leave your employer, you can keep your spouse's policy and be billed directly at home.
<b>Child term rider</b> With purchase of employee or spouse policy, available to eligible children, stepchildren, legally adopted children and grandchildren (14 days to age 25*) of the primary insured adult.	\$1,000 to \$10,000 — one rider covers all children.	Rider ends when your policy ends or when children turn 25. At that time, children are guaranteed the right to buy an individual whole life policy at 5 times the amount of their rider.
<b>Child policy</b> No employee or spouse purchase needed. Same eligibility and issue ages as child rider.	Policies are individual. Benefit amounts based on age at issue and premium selected.	Your children can keep it, even if you leave your employer.

## Voluntary Accident Insurance (Unum)

### What is Voluntary Accident Insurance?

If you have an accident, will it hurt your bank account too? Unum's voluntary accident insurance gives you something to fall back on. Choose the coverage that's right for you. Your accident insurance plan can provide benefits for covered accidents that occur on and off the job. Accident insurance is offered to all eligible employees ages 17 to 80 who are actively at work. You decide if it's right for you and your family. To enroll, contact Kathy Tygart at 1-800-263-0401.

### Additional Coverage Option:

#### Hospital Confinement for Sickness Rider

You may choose this coverage for an additional premium. This rider pays the insured employee, spouse or child(ren) a daily benefit if he or she is in the hospital for a covered illness. The benefit amount is: \$100 per day for employee/spouse and \$75 for children. The eligible age for employee and spouse is 17 to 67 and 14 days through 24 years for children.

### Voluntary Accident Summary of Benefits

Accidental Death* (Employee/Spouse/ Child)	\$25,000/\$10,000/\$5,000
Ambulance/Air Ambulance	\$100/\$500
Blood, plasma and platelets	\$300
Burns	
2nd degree for 36% or more of body surface	\$750
3rd degree for 35 or more square inches of body surface	\$10,000
Skin Grafts	25% of burn benefit
Catastrophic accident loss of use of sight, hearing, speech, arms or legs	
Employee <65 years	\$100,000
Spouse or child <65 years	\$50,000
Age 65-69	Amount reduced 50%
Age 70+	Amount reduced 75%
Concussion	\$100
Dental work, emergency	\$50 Extraction/\$150 Crown
Doctor's office initial visit	\$50
Emergency room treatment (includes X-rays)	\$150
Eye injury (requires surgery or removal of foreign body)	\$200
Fractures	Open: up to \$5,000/ Closed: up to \$2,500
Hospital admission (per admission)	\$750
Hospital confinement (per day up to 365 days)	\$200
Hospital intensive care unit (per day up to 15 days)	\$400
Loss of both hands, feet, sight of both eyes, or any combination of two or more losses	\$15,000
Loss of one hand, foot or sight in one eye	\$7,500
Loss of two or more fingers, toes or any combination of two or more losses	\$1,500
Loss of one finger or toe	\$750
Physical therapy (6 treatments)	\$25 per treatment
Prosthetic device or artificial limb	\$500 for one / \$1,000 for more than one
Surgery benefit (open abdominal, thoracic)	\$1,000
Transportation (100+ miles up to 3 trips)	\$300
<i>* The accidental death benefit doubles if the insured is injured as a fare-paying passenger on a common carrier. Employee – \$50,000; Spouse – \$20,000; Child – \$10,000. Please note: This is only a summary of benefits. For more detailed information, please refer to your Summary Plan Description (SPD).</i>	



# CANCER INSURANCE

## Cancer Insurance (Allstate)

### What is Cancer Insurance?

Cancer Insurance offers you and you family supplemental insurance protection in the event you or a covered family member is diagnosed with cancer or one of 20 specified diseases. This benefit can help supplement traditional medical insurance, which may only cover a small portion of the non-medical expenses that may arise with a diagnosis of cancer or specified disease. The Cancer coverage can help you be sure the non-medical expenses won't limit your finances.

**You can choose between 3 coverage options:**

Basic coverage, Enhanced coverage, and Premier coverage.

### Monthly Cancer Insurance Rates

	Base Plan	Base Plan + ICR Rider
<b>(b) Basic (200)</b>		
Employee Only	\$18.22	\$24.21
Family	\$31.42	\$43.41
<b>(e) Enhanced (300)</b>		
Employee Only	\$26.47	\$32.46
Family	\$47.03	\$59.02
<b>(p) Premier (400)</b>		
Employee Only	\$32.35	\$38.34
Family	\$58.63	\$70.62

### Cancer Insurance Summary of Benefits

Benefit	Basic (200)	Enhanced (300)	Premier (400)
Hospital Confinement	\$200/day	\$250/day <i>(varies by benefit)</i>	\$300/day <i>(varies by benefit)</i>
Extended Hospital Confinement	\$200/day	\$300/day <i>(varies by benefit)</i>	\$400/day <i>(varies by benefit)</i>
Government of Charity Hospital	\$100/day	\$100/day	\$100/day
Inpatient Drugs and Medicine	\$10/day	\$20/day <i>(varies by benefit)</i>	\$50/day <i>(varies by benefit)</i>
Physician's Attendance	\$30/day	\$40/day <i>(varies by benefit)</i>	\$50/day <i>(varies by benefit)</i>
Ambulance	\$200	\$200	\$200
Private Duty Nursing Services	\$100/day	\$150/day <i>(varies by benefit)</i>	\$200/day <i>(varies by benefit)</i>
Non-Local Transportation	Coach Fare or \$0.40/mi	Coach Fare or \$0.45/mi	Coach Fare or \$0.50/mi
Family Member Transportation	Coach Fare or \$0.40/mi	Coach Fare or \$0.45/mi	Coach Fare or \$0.50/mi
Outpatient Lodging	\$100/day	\$100/day	\$100/day
Family Member Lodging	\$100/day	\$100/day	\$100/day
Hospice Care	\$100/day	\$150/day <i>(varies by benefit)</i>	\$200/day <i>(varies by benefit)</i>
Extended Care Facility	\$100/day	\$100/day	\$100/day
At Home Nursing	\$100/day	\$100/day	\$100/day
Radiation Therapy, Radio-Active Isotopes Therapy, Chemotherapy, and Immunotherapy	\$10,000 <i>(per 12 months)</i>	\$15,000 <i>(per 12 months)</i>	\$20,000 <i>(per 12 months)</i>
Blood, Plasma, and Platelets	\$10,000 <i>(per 12 months)</i>	\$15,000 <i>(per 12 months)</i>	\$20,000 <i>(per 12 months)</i>
New or Experimental Treatment	\$10,000 <i>(per 12 months)</i>	\$10,000 <i>(per 12 months)</i>	\$10,000 <i>(per 12 months)</i>
Inpatient Surgery	\$3,000	\$3,000	\$3,000
Outpatient Surgery	\$4,500	\$4,500	\$4,500
Second Surgical Opinion	\$200	\$250 <i>(varies by benefit)</i>	\$300 <i>(varies by benefit)</i>
Anesthesia	25% of Surgery	25% of Surgery	25% of Surgery
Ambulatory Surgical Center*	\$250/day	\$375/day <i>(varies by benefit)</i>	\$500/day <i>(varies by benefit)</i>
Physical or Speech Therapy*	\$25/day	\$50/day <i>(varies by benefit)</i>	\$75/day <i>(varies by benefit)</i>
Prosthesis	\$2,000 <i>(per amputation)</i>	\$2,000 <i>(per amputation)</i>	\$2,000 <i>(per amputation)</i>
Skin Cancer	\$120	\$120	\$120
Premium Waiver	Yes	Yes	Yes

## Legal and Identity Theft Services (Pre-Paid Legal Services)

You can elect Legal and Identity Theft services for:

- You
- Your spouse/significant other
- Your children under age 21 living at home (or up to age 23, if full-time student, or physically/mentally challenged children of any age)

The cost of these services is discounted for Carroll County Schools employees at a very affordable rate of **\$25.90 per month for both plans and \$12.95 for Identity Theft only per month**. For more information, please contact Sharon Larry at 404-918-4980.

### Legal Services

This service includes assistance with:

- Wills
- Home purchases
- Business
- Leases
- Bills & Debt
- Health/Medical
- Traffic Tickets
- Child Support
- Divorce
- Credit Issues
- Disputes
- Much More!

You don't have to spend hundreds of dollars per hour to get quality legal help! Pre-Paid Legal Services, Inc. will provide you and your covered family members a package of valuable legal services with top quality Law Firms, for pennies a day.

Your legal plan covers everyday life issues, such as:

- Unlimited Legal Consultation and Advice from Attorneys for you and your family
- Letters written and phone calls made on your behalf
- Wills customized for you and your spouse including Power of Attorney and Living Will
- Mortgage Document Assistance when buying, selling, or refinancing a home
- Motor Vehicle/Tickets/Tragic Accident Representation
- Legal Document or Contract review
- Help with Adoption, Separation, and Divorce.
- Trial Defense, IRS Audits
- And much more!



### Identity Theft Services

This service includes assistance with:

- Financial
- Drivers License
- Social Security Number
- Medical
- Criminal

If you do not have a proactive "Identity Theft Plan" in place, it becomes one of those devastating crimes that can literally ruin your life and forces you to have to prove your innocence! Protect yourself and your significant other with the Identity Theft Shield program from Pre-Paid Legal Services, Inc.

Did You Know?

- Over 30,000 Americans have their identities stolen each day!
- You don't have to have good credit for someone to make you responsible for bills and criminal charges!
- Americans will spend 607 hours recovering and up to 10 years for a full recovery!

Let the experts in the field do the work for you including:

- Up-to-date Credit report with detailed analysis, score, and explanation. Improve your Credit!
- Continuous Credit Monitoring: A Key to Prevention!
- Trained experts and Licensed Investigators will take the steps to restore your name and credit for you
- Proactive Searches of local and national databases for criminal and fraudulent activity