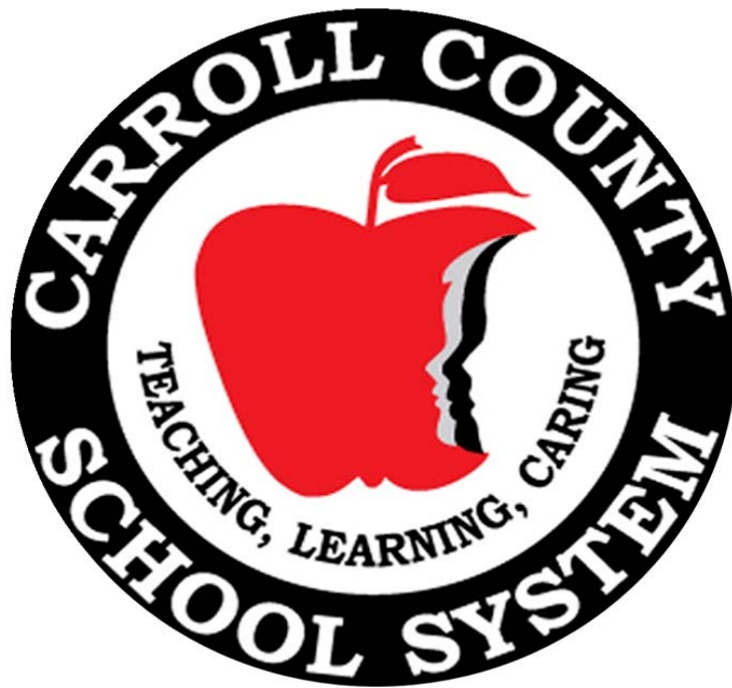


CARROLL COUNTY SCHOOLS



Open Enrollment Benefit Guide 2015

Please review this Benefit Guide very carefully before making your benefit elections for the 2015 Plan Year.

INTRODUCTION



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 27 at 12:01 a.m. and ends on Friday, November 14 at 5:00 p.m. This is your opportunity to add, delete, or make changes to your medical, dental, vision, cancer, life and disability coverage, as well as Flexible Spending Account elections. Elections made during Open Enrollment will be effective January 1, 2015 through December 31, 2015.

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

Sabrina Hall
Insurance Specialist

Melissa Lively
Insurance/Payroll 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:

Monday, October 27 from 2:30 – 5:00 pm

Thursday, October 30 from 2:30 – 5:00 pm

Tuesday, November 4 from 2:30 – 5:00 pm



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 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
Your Monthly Premium				
Employee Only	\$34.75		\$24.63	
Employee + Spouse/Child(ren)	\$125.55		\$78.60	
Deductible (<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>)
Annual Benefit Maximum	\$1,500	\$1,500	\$750	\$750
Maximum Rollover	Yes		No	
Rollover Threshold	\$700		n/a	
Rollover Amount	\$350		n/a	
Rollover Account Limit	\$1,250		n/a	
Lifetime Orthodontia Maximum	\$1,500		n/a	
Preventive Care <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%
Basic Care <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%
Major Care <i>Bridge and Dentures; Inlays, Onlays, Veneers*; Single Crowns</i>	50%	50%	0%	0%
Orthodontia	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**
 - 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
Your Monthly Premium		
Employee Only		\$7.02
Employee + Spouse/Child(ren)		\$17.28
Frequency		
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
Lenses		
Single	Included	Reimbursed up to \$40
Bifocal	Included	Reimbursed up to \$60
Trifocal	Included	Reimbursed up to \$80
Lenticular	Included	Reimbursed up to \$80
Frames	Included	Reimbursed up to \$45
Contact Lenses <i>(in lieu of lenses and frames)</i>		
Elective	Included	Reimbursed up to \$105*
Necessary	Included**	Reimbursed up to \$210
Annual Deductible		
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 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.

Disability (OneAmerica)

Eligibility

You are eligible for disability coverage if you are an active employee working 50 percent or more, however, late enrollees (employees that did not enroll during the initial enrollment period when benefits were first offered), or employees desiring to make a change to their current plan must complete an Evidence of Insurability for approval.

Since everyone's needs are different, these plans offer flexibility for you to choose a benefit option that fits your income replacement needs and budget.

Employee Options

Plan	Monthly Benefit	Elimination Period	Duration
Option 1 STD/LTD	40%	14/90 days	SSFRA
Option 2 STD/LTD	50%	14/90 days	SSFRA
Option 3 STD/LTD	66.67%	14/90 days	SSFRA
Option 4 LTD	50%	90 days	2 years to age 70
Option 5 LTD	40%	90 days	SSFRA
Option 6 LTD	50%	90 days	SSFRA
Option 7 LTD	66.67%	90 day	SSFRA

SSFRA= Social Security Full Retirement Age

One Lump Sum Disability Coverage

If you become permanently and totally disabled and unable to work for two years or more, a single payment can be made to help meet your additional expenses for immediate needs. You are able to pick the benefit amount that suits your budget and needs.

Rates are based on plan choice and monthly salary. Contact Sabrina Hall at 770-832-3568 or sabrina.hall@carrollcountyschools.com for rates, application and Evidence of Insurability.

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:

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

Calculate your Monthly Premium:

- Determine the amount of Supplemental Life Coverage you wish to elect. \$ _____
- Enter the rate from the table above. \$ _____
- Enter the amount of insurance in thousands of dollars \$ _____
- 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?
Spouse policy 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.
Child term rider 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.
Child policy 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
<p>* 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).</p>	

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) Basic (200)		
Employee Only	\$18.22	\$24.21
Family	\$31.42	\$43.41
(e) Enhanced (300)		
Employee Only	\$26.47	\$32.46
Family	\$47.03	\$59.02
(p) Premier (400)		
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

FLEXIBLE SPENDING

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 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 is also tax free.

Use it or Lose It!

Dependent Care FSA (Grace Period Applies)

Dependent care FSA expenses from **January 1, 2014** through **March 16, 2015** may be submitted for payment with 2014 funds. Additionally, claims for expenses incurred from **January 1, 2015** through **March 16, 2015** may be submitted **until June 16, 2015** for payment with 2014 funds.

Healthcare FSA (NO Grace Period)

Healthcare FSA expense incurred from **January 1 through December 31, 2014** may be submitted until **March 31, 2015** using 2014 funds. Any 2014 remaining in this account **up to \$500** will roll over for use in 2015. **Any funds in excess of \$500 will be forfeited.**

Filing a Claim 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. 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 2015 plan year maximum for the Healthcare FSA is \$2500 and the Dependent Care FSA is \$5,000.

For a complete list of eligible FSA expenses, please visit www.americompbenefits.com.