

# 2016 Open Enrollment Benefits Guide



2016 Open Enrollment Benefits  
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Welcome to Carroll County Schools

The Carroll County Board of Education provides a comprehensive benefits package for all eligible employees. This benefits package complements the excellent financial compensation offered at Carroll County Schools, and provides additional support to employees as they work to accomplish the school system’s vision, mission and goals. Benefits include medical, dental, vision, life and disability insurance coverage, among others, along with flexible spending accounts and tax sheltered annuities.

This Benefits Guide is designed to give you the information and details you need to better understand your benefit choices. It is also designed to be used in conjunction with the Georgia Department of Community Health’s State Health Benefit Plan New Employee Decision Guide. We encourage you to become familiar with these resources and make choices that work to your best advantage. Of course, with choices come responsibility and planning. Please contact me for clarification and answers to any questions you have. You have 30 days from date of hire to complete your benefit election process.

I look forward to working with you.

**Sabrina Hall**  
*Benefits Specialist*  
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## Important Reminders

### The Plan Year for all Carroll County Schools Benefits is January 1 – December 31 each year.

Insurance benefits become effective on the first day of the calendar month (provided you are at work on the first business day of that month), after you have completed one full calendar month of service.

Benefits can only be changed during Open Enrollment and/or when a “qualifying event” occurs.

Qualifying events may allow you to enroll, change rate tier, or discontinue the insurance **in which you are currently enrolled outside the Open Enrollment period**, if applicable to the event or benefit. **You have 31 days from a qualifying event to sign forms and make benefit changes.**

**For health, dental, vision and life insurance plans, a dependent child may be covered to age 26.**

### Examples of qualifying events include:

- Acquisition of coverage under a new spouse’s group plan
- Acquisition of dependent by marriage, birth, or adoption
- Acquisition of coverage under your spouse’s new employment
- Loss of eligible dependents
- Loss of benefit coverage because of spouse’s job termination

Remember that you have 31 days following the qualifying event to file a request for change of coverage. If you miss the “window of opportunity,” you must wait until Open Enrollment to make your change(s). Make your selections carefully.

## Important Benefits Information

### A Brief Summary of Insurance Plans

- **State Health Benefit Plan** is offering several new plans to provide you with greater freedom of choice:
  - BlueCross Blue Shield: Gold HRA, Silver HRA, Bronze HRA and HMO
  - United Healthcare: HDHP with HSA and HMO
  - Kaiser Permanente: HMO
- **Guardian** provides our dental plan. Please review the dental benefit summary and payroll deductions on page 7.
- **Guardian** provides our vision coverage. Please review the benefit summary and payroll deductions for the vision plan on pages 8-9.
- **Flexible Spending Accounts**: You can choose one or both of the account options below. For further information, go online to [www.americompbenefits.com](http://www.americompbenefits.com), then select Carroll County Schools to retrieve a booklet and claim forms.
  - *Medical Expense Account*: You may contribute a maximum of \$2,550 per 12 month period (January 1, 2016 – December 31, 2016) to the medical account. AmeriComp offers Direct Deposit for your reimbursement check into your personal checking account. You will be sent a debit card to use for purchases made on your medical expense account. A monthly maintenance fee of \$1.50 will be applied.
  - *Dependent Daycare*: You may contribute a maximum of \$5,000 per 12 month period (January 1, 2016 – December 31, 2016) to the daycare amount. You may use Direct Deposit for these checks also.
  - *New IRS Provision*: Employees can now roll forward up to \$500 from their prior year Medical Expense Account balance into their new plan year account. This change does not affect your Dependent Daycare Account.
- **OneAmerica** is our disability insurance carrier. See pages 10-11 for more information.
- **Guardian** administers our Life Insurance coverage. The Board of Education provides a policy of \$16,750 on all teachers and \$13,400 on all classified staff. You are able to purchase additional life insurance from \$10,000 to \$50,000 under the optional plan. You may also purchase up to \$500,000 under the Supplemental Plan. See pages 12-13 for more information.
- **Guardian** provides Voluntary Cancer, Accident, and Critical Illness coverage. Please review on pages 15-18.



## Health Coverage

SHBP has announced the vendors and plan designs for the 2016 Plan Year. Vendors include Blue Cross Blue Shield of Georgia, UnitedHealthcare, and Kaiser Permanente.



Blue Cross Blue Shield of Georgia will offer HRA options as well as an HMO.



UnitedHealthcare®

UnitedHealthcare will offer an HMO and a HDHP.



KAISER PERMANENTE®

Kaiser Permanente will offer an HMO.

### First Things First...

All employees must enroll or decline State Health Benefit Plan, health insurance. Register and enroll online at [www.mySHBPga.adp.com](http://www.mySHBPga.adp.com). If you are unable to log in and complete your New Hire Enrollment process, please contact Sabrina Hall at [sabrina.hall@carrollcountyschools.com](mailto:sabrina.hall@carrollcountyschools.com) for further instructions. Once you complete the enrollment process, you will print and save a copy of your online enrollment confirmation page.

### SHBP Enrollment Portal and Call Center

Access the SHBP Enrollment Portal at [mySHBPga.adp.com](http://mySHBPga.adp.com) 24 hours a day/7 days a week  
(Use registration code SHBP-GA)

#### SHBP Member Services Call Center

Monday-Friday  
8:30 a.m-5:00 p.m., ET  
1-800-610-1863

## Monthly Premiums

Health Insurance	You	You + Child(ren)	You + Spouse	You + Family
Blue Cross Blue Shield – HRA Gold	\$158.79	\$288.01	\$390.23	\$519.43
Blue Cross Blue Shield – HRA Silver	\$105.33	\$197.12	\$277.96	\$369.74
Blue Cross Blue Shield – HRA Bronze	\$66.28	\$130.74	\$195.96	\$260.40
Blue Cross Blue Shield – HMO	\$130.58	\$240.05	\$330.99	\$440.44
Kaiser Permanente – HMO	\$140.02	\$256.10	\$350.81	\$466.86
UnitedHealthcare – HMO	\$170.68	\$308.22	\$415.20	\$552.71
UnitedHealthcare – HDHP	\$57.46	\$115.75	\$177.45	\$235.72

\*Excludes \$80 tobacco surcharge, if applicable.

TRICARE Supplement	You	You + Child(ren)	You + Spouse	You + Family
Must be enrolled in TRICARE to be eligible for TRICARE Supplement.	\$60.50	\$119.50	\$119.50	\$160.50

## Blue Cross Blue Shield of Georgia

BCBSGA HRA	Gold Plan		Silver Plan		Bronze Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b>						
You	\$1,500	\$3,000	\$2,000	\$4,000	\$2,500	\$5,000
You + Child(ren)/ Spouse	\$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
<b>Out-of-Pocket Maximum</b>						
You	\$4,000	\$8,000	\$5,000	\$10,000	\$6,000	\$12,000
You + Child(ren)/ Spouse	\$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
Co-insurance (Plan Pays)	85%	60%	80%	60%	75%	60%
<b>Base HRA Contribution</b>						
You	\$400		\$200		\$100	
You + Child(ren)/ Spouse	\$600		\$300		\$150	
You + Family	\$800		\$400		\$200	
<b>Medical</b>						
Primary Care Physician	Co-insurance after deductible		Co-insurance after deductible		Co-insurance after deductible	
Specialist	Co-insurance after deductible		Co-insurance after deductible		Co-insurance after deductible	
Emergency Room	Co-insurance after deductible		Co-insurance after deductible		Co-insurance after deductible	
Preventive Care	100%	No coverage	100%	No coverage	100%	No coverage
<b>Pharmacy Benefits</b>						
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	

BCBSGA HMO	In-Network
<b>Deductible</b>	
You	\$1,300
You + Child(ren)/ Spouse	\$1,950
You + Family	\$2,600
<b>Out-of-Pocket Maximum</b>	
You	\$4,000
You + Child(ren)/ Spouse	\$6,500
You + Family	\$9,000
Co-insurance (Plan Pays)	80%
<b>Medical</b>	
Primary Care Physician	\$35 Co-pay
Specialist	\$45 Co-pay
Emergency Room	\$150 Co-pay
Preventive Care	100%
<b>Pharmacy Benefits</b>	
Tier 1	\$20 Co-pay
Tier 2	\$50 Co-pay
Tier 3	\$90 Co-pay

### HRA Plan Features

- If you choose an HRA plan option, there will no longer be co-payments for medical and pharmacy expenses. Instead, you pay the applicable deductible and/or co-insurance.
- HRA credits must be used for medical and pharmacy benefits and will reduce the deductible and out-of-pocket maximum.
- The HRA option pays 100% of covered services provided by in-network providers that are properly coded as “preventive care” within the meaning of the Affordable Care Act (ACA).
- You must meet separate in and out-of-network deductibles.
- You must meet separate in and out-of-network out-of-pocket maximums.
- After you meet your annual deductible, you pay a percentage of the cost of your covered expenses, called co-insurance.

### BCBSGA/UHC HMO Plan Features

- There are co-payments with this plan for certain services, such as an office visit.
- The HMO option pays 100% of covered services provided by in-network providers that are properly coded as “preventive care” within the meaning of the Affordable Care Act (ACA).
- Certain services are subject to a deductible and co-insurance, such as diagnostic services.
- You do not have to obtain a referral to see a Specialist (SPC); however, we encourage you to select a Primary Care Physician (PCP) to help coordinate your care.

## UnitedHealthcare

UHC	HDHP		HMO
	In-Network	Out-of-Network	In-Network
<b>Deductible</b>			
You	\$3,500	\$7,000	\$1,300
You + Child(ren)/ Spouse	\$7,000	\$14,000	\$1,950
You + Family	\$7,000	\$14,000	\$2,600
<b>Out-of-Pocket Maximum</b>			
You	\$6,450	\$12,900	\$4,000
You + Child(ren)/ Spouse	\$12,900	\$25,800	\$6,500
You + Family	\$12,900	\$25,800	\$9,000
Co-insurance (Plan Pays)	70%	50%	80%
<b>Medical</b>			
Primary Care Physician	Co-insurance after deductible		\$35 Co-pay
Specialist	Co-insurance after deductible		\$45 Co-pay
Emergency Room	Co-insurance after deductible		\$150 Co-pay
Preventive Care	100%	No coverage	100%
<b>Pharmacy Benefits</b>			
Tier 1	Co-insurance after deductible		\$20 Co-pay
Tier 2	Co-insurance after deductible		\$50 Co-pay
Tier 3	Co-insurance after deductible		\$90 Co-pay

### HDHP Plan Features

- You must meet separate in-network and out-of-network deductibles and out-of-pocket maximums.
- The HDHP option pays 100% of covered services provided by in-network providers that are properly coded as “preventive care” within the meaning of the Affordable Care Act (ACA).
- You pay co-insurance after meeting the ENTIRE deductible for all covered medical and pharmacy expenses until the out-of-pocket maximum is met.

### BCBSGA/UHC HMO Plan Features

- There are co-payments with this plan for certain services, such as an office visit.
- The HMO option pays 100% of covered services provided by in-network providers that are properly coded as “preventive care” within the meaning of the Affordable Care Act (ACA).
- Certain services are subject to a deductible and co-insurance, such as diagnostic services.
- You do not have to obtain a referral to see a Specialist (SPC); however we encourage you to select a Primary Care Physician (PCP) to help coordinate your care.

## Kaiser Permanente

KP HMO	In-Network
<b>Deductible</b>	
You	None
You + Child(ren)/ Spouse	None
You + Family	None
<b>Out-of-Pocket Maximum</b>	
You	\$6,350
You + Child(ren)/ Spouse	\$12,700
You + Family	\$12,700
Co-insurance (Plan Pays)	100%
<b>Medical</b>	
Primary Care Physician	\$35 Co-pay
Specialist	\$45 Co-pay
Emergency Room	\$150 Co-pay
Preventive Care	100%
<b>Pharmacy Benefits</b>	
Tier 1	\$20 Co-pay
Tier 2	\$50 Co-pay
Tier 3	\$80 Co-pay

### Kaiser Plan Features

- This is a co-payment only option.
- The HMO option pays 100% of covered services provided by in-network providers that are properly coded as “preventive care” within the meaning of the Affordable Care Act (ACA).
- There are no deductibles or co-insurance.
- The medical and pharmacy out-of-pocket maximums are combined.

## To enroll in other benefit options (Dental, Vision, Life, Disability, and FSA):



### How to Enroll by Phone

You may enroll by telephone through The Enrollment Center, Monday through Thursday, 8:30 am - 6:00 pm and Friday, 8:30 am - 5:00 pm EST. To speak with a trained Enrollment Specialist, please call **1-866-688-9727**.

### How to Enroll Online

**On-Line Enrollment 24 hour Access: Your enrollment is confidential and secure.**

1. Go to <https://home.eease.com> (including the "www" will direct you to the wrong website)
2. Enter Company Identifier: **ccboe**
3. **Enter your personal User ID which is the first initial of your first name + the first initial of your last name + the last four digits of your social security number. Example: Tina Smith, SSN: 123-45-6789 = ts6789**
4. Enter your password: **Benefits2016**
5. You will be asked to select a new password after your initial login. Please keep this information in a secure location for future access.
6. You may "elect" or "decline" coverage by clicking the appropriate box. Some coverages may require you to input a specific dollar amount (for example, Voluntary Life and Flexible Spending Accounts) or select one of several options.
7. Click Continue or Previous buttons to move between screens.
8. After completing all of the benefit sections click "submit to administrator" or click "Make More Changes" if you would like to make a change in your elections.
9. Upon submitting your enrollment form, you will receive a Confirmation Page. You may choose to print a copy of this page for your records.
10. To complete a saved enrollment or make changes to an existing enrollment, simply use your personal ID and password to log in.



## 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 (Group # 451751)

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		\$36.49		\$25.86
Employee + Spouse/Child(ren)		\$131.83		\$82.53
<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 (Guardian)

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.guardiananytime.com](http://www.guardiananytime.com):**
  - Select “Find a Provider” then “Find a Vision Provider.”
  - Select “Davis Vision” under “Select a Vision Plan.”
  - 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 877-393-7363:** You may also find a network provider by contacting customer service.

Once you’ve chosen a network provider, call them to schedule your appointment. Let your provider know you have Guardian Vision coverage, and give your primary insured’s unique identification 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 \$130 retail frame allowance with 20% additional discount on balance.
- **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 \$130 allowance is applied toward the fitting/evaluation fees and purchase of contact lenses outside the covered selection (materials copay does not apply) with 15% discount on balance.
  - *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 \$48
Bifocal	Included	Reimbursed up to \$67
Trifocal	Included	Reimbursed up to \$86
Lenticular	Included	Reimbursed up to \$126
<b>Frames</b>	Included \$130	Reimbursed up to \$48
<b>Contact Lenses</b> <i>(in lieu of lenses and frames)</i>		
Elective	Included \$130	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 up to 25% 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.guardiananytime.com](http://www.guardiananytime.com) or call 877-393-7363.

### Important to Remember:

Your \$130 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 \$100 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.



## Voluntary Disability (OneAmerica)

### Eligibility

You are eligible for disability coverage if you are an active employee working a minimum of 30 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.

During your initial eligibility period, coverage is available to you without answering any medical questions or providing evidence of insurability. After the initial eligibility period, you can apply only during an annual enrollment period.

### Education Benefit

If you are disabled and receiving a Monthly Benefit under this policy, you may also be eligible to receive \$200 per month up to a combined maximum of \$1,000 per month for each for each child who qualifies as an Eligible Student under this benefit. Education Expense Benefits are paid in addition to the Employee's Monthly Benefit as defined in the contract.

### Elimination Period

The Elimination Period a period of calendar days of disability before benefits may become payable under the contract. Please contact Sabrina Hall at 770-832-3568 for claim forms or additional information.

Disability Summary of Benefits

	Benefit Percentage	Maximum Covered Monthly Earnings	Maximum Monthly Benefit	Elimination Period	Maximum Benefit Duration	Pre-Existing Condition Period
<b>Option 1 - STD/LTD</b>	40%	\$15,000.00	\$6,000	14 / 90 days	SSFRA	3/12
<b>Option 2 - STD/LTD</b>	50%	\$12,000.00	\$6,000	14 / 90 days	SSFRA	3/12
<b>Option 3 - STD/LTD</b>	66.67%	\$8,999.55	\$6,000	14 / 90 days	SSFRA	3/12
<b>Option 4 - LTD</b>	50%	\$12,000.00	\$6,000	90 days	2 years to age 70 (see schedule)	3/12
<b>Option 5 - LTD</b>	40%	\$15,000.00	\$6,000	90 days	SSFRA (see schedule)	3/12
<b>Option 6 - LTD</b>	50%	\$12,000.00	\$6,000	90 days	SSFRA (see schedule)	3/12
<b>Option 7 - LTD</b>	66.67%	\$8,999.55	\$6,000	90 day	SSFRA (see schedule)	3/12

Monthly Premium Rates per \$100 of Covered Monthly Earnings (Based on Age as of 1/1)

Age Brackets	Opt 1 S/LTD	Opt 2 S/LTD	Opt 3 S/LTD	Opt 4 LTD	Opt 5 LTD	Opt 6 LTD	Opt 7 LTD
<b>0 - 19</b>	\$1.19	\$1.43	\$1.92	\$.06	\$.12	\$.15	\$.23
<b>20 - 24</b>	\$1.19	\$1.43	\$1.92	\$.06	\$.12	\$.15	\$.23
<b>25 - 29</b>	\$1.19	\$1.43	\$1.92	\$.06	\$.12	\$.15	\$.23
<b>30 - 34</b>	\$1.21	\$1.46	\$1.98	\$.12	\$.23	\$.28	\$.43
<b>35 - 39</b>	\$1.00	\$1.20	\$1.67	\$.15	\$.32	\$.38	\$.60
<b>40 - 44</b>	\$1.00	\$1.20	\$1.73	\$.20	\$.48	\$.58	\$.90
<b>45 - 49</b>	\$1.20	\$1.44	\$2.10	\$.25	\$.64	\$.77	\$1.21
<b>50 - 54</b>	\$1.39	\$1.68	\$2.50	\$.33	\$.81	\$.97	\$1.57
<b>55 - 59</b>	\$1.62	\$1.95	\$2.91	\$.43	\$.99	\$1.19	\$1.90
<b>60 - 64</b>	\$1.82	\$2.19	\$3.24	\$.99	\$1.07	\$1.29	\$2.05
<b>65 - 69</b>	\$1.82	\$2.19	\$3.24	\$.99	\$1.07	\$1.29	\$2.05
<b>70 - 74</b>	\$1.82	\$2.19	\$3.24	\$.99	\$1.07	\$1.29	\$2.05
<b>75 +</b>	\$1.82	\$2.19	\$3.24	\$.99	\$1.07	\$1.29	\$2.05

*About Premiums: The premiums shown above may vary slightly due to rounding; actual premiums will be calculated by American United Life Insurance Company® (AUL), and may increase upon reaching certain age brackets, according to contract terms, and are subject to change.*

## One Lump Sum Disability Coverage (OneAmerica)



### Benefits offered under One Lump Sum Plan 1:

- 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
- Flexible coverage options - you pick the benefit amount that suits your budget and needs
- Guaranteed issue amounts of coverage - no medical underwriting necessary for eligible employees and certain amounts of coverage
- Doesn't reduce with other income benefits, such as Social Security Disability Insurance or other disability products
- Waiver of premium
- Survivor benefit
- No restrictions on how you spend your money

One Lump Sum Coverage Design		
Elimination Period	Benefit Eligibility Period	Pre-Existing Condition Period
90 days	24 months	3/12

Voluntary Lump Sum Disability - Monthly Payroll Deductions									
	0-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
<b>\$10,000</b>	\$0.40	\$0.60	\$0.90	\$1.40	\$2.00	\$3.00	\$4.30	\$6.00	\$11.70
<b>\$11,000</b>	\$0.44	\$0.66	\$0.99	\$1.54	\$2.20	\$3.30	\$4.73	\$6.60	\$12.87
<b>\$12,000</b>	\$0.48	\$0.72	\$1.08	\$1.68	\$2.40	\$3.60	\$5.16	\$7.20	\$14.04
<b>\$13,000</b>	\$0.52	\$0.78	\$1.17	\$1.82	\$2.60	\$3.90	\$5.59	\$7.80	\$15.21
<b>\$14,000</b>	\$0.56	\$0.84	\$1.26	\$1.96	\$2.80	\$4.20	\$6.02	\$8.40	\$16.38
<b>\$15,000</b>	\$0.60	\$0.90	\$1.35	\$2.10	\$3.00	\$4.50	\$6.45	\$9.00	\$17.55
<b>\$16,000</b>	\$0.64	\$0.96	\$1.44	\$2.24	\$3.20	\$4.80	\$6.88	\$9.60	\$18.72
<b>\$17,000</b>	\$0.68	\$1.02	\$1.53	\$2.38	\$3.40	\$5.10	\$7.31	\$10.20	\$19.89
<b>\$18,000</b>	\$0.72	\$1.08	\$1.62	\$2.52	\$3.60	\$5.40	\$7.74	\$10.80	\$21.06
<b>\$19,000</b>	\$0.76	\$1.14	\$1.71	\$2.66	\$3.80	\$5.70	\$8.17	\$11.40	\$22.23
<b>\$20,000</b>	\$0.80	\$1.20	\$1.80	\$2.80	\$4.00	\$6.00	\$8.60	\$12.00	\$23.40
<b>\$21,000</b>	\$0.84	\$1.26	\$1.89	\$2.94	\$4.20	\$6.30	\$9.03	\$12.60	\$24.57
<b>\$22,000</b>	\$0.88	\$1.32	\$1.98	\$3.08	\$4.40	\$6.60	\$9.46	\$13.20	\$25.74
<b>\$23,000</b>	\$0.92	\$1.38	\$2.07	\$3.22	\$4.60	\$6.90	\$9.89	\$13.80	\$26.91
<b>\$24,000</b>	\$0.96	\$1.44	\$2.16	\$3.36	\$4.80	\$7.20	\$10.32	\$14.40	\$28.08
<b>\$25,000</b>	\$1.00	\$1.50	\$2.25	\$3.50	\$5.00	\$7.50	\$10.75	\$15.00	\$29.25
<b>\$26,000</b>	\$1.04	\$1.56	\$2.34	\$3.64	\$5.20	\$7.80	\$11.18	\$15.60	\$30.42
<b>\$27,000</b>	\$1.08	\$1.62	\$2.43	\$3.78	\$5.40	\$8.10	\$11.61	\$16.20	\$31.59
<b>\$28,000</b>	\$1.12	\$1.68	\$2.52	\$3.92	\$5.60	\$8.40	\$12.04	\$16.80	\$32.76
<b>\$29,000</b>	\$1.16	\$1.74	\$2.61	\$4.06	\$5.80	\$8.70	\$12.47	\$17.40	\$33.93
<b>\$30,000</b>	\$1.20	\$1.80	\$2.70	\$4.20	\$6.00	\$9.00	\$12.90	\$18.00	\$35.10



## Basic Life and AD&D (Guardian)

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 80% 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

<b>Assistant Principals, Teachers, Clerical and Administrative Employees</b>	\$16,750
<b>All Other Eligible Employees</b>	\$13,400
<b>Minimum Basic Life Benefit</b>	\$13,400
<b>Maximum Basic Life Benefit</b>	\$67,000
<b>Accelerated Benefit Option</b>	Up to 80% of your Basic Life amount not to exceed \$33,500
<b>Benefit Reduction Schedule</b>	65% at age 65; 50% at age 70

## Optional Life (Guardian)

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.

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

<b>Benefit Amount</b>	An amount elected by you in \$10,000 increments
<b>Maximum Benefit</b>	\$50,000
<b>Accelerated Death Benefit</b>	Up to 80% of employee amount, not to exceed \$25,000
<b>Benefit Reduction Schedule</b>	Spouse coverage ends at age 70
<b>Optional Life Monthly Rates</b>	
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
<b>Dependent Life Rates</b>	
Child – \$5,000	\$1.00
Spouse – \$10,000	\$4.00

## Supplemental Life Monthly Rates

At the time of initial enrollment, eligible employees can enroll in the Supplemental 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 at adjusted rates.

**Supplemental Employee Life** (in increments of \$10,000, up to \$500,000; Guaranteed Issue: \$250,000):

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

**Supplemental Dependent Life** (in increments of \$10,000; Guaranteed Issue: \$25,000):

- 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 (Based on Employee Age)	
<b>Under age 25</b>	\$0.08
<b>25-29</b>	\$0.08
<b>30-34</b>	\$0.12
<b>35-39</b>	\$0.14
<b>40-44</b>	\$0.17
<b>45-49</b>	\$0.25
<b>50-54</b>	\$0.45
<b>55-59</b>	\$0.72
<b>60-64</b>	\$1.30
<b>65-69</b>	\$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) \$ \_\_\_\_\_

## 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 check is also tax-free.

### Plan Maximums

The plan year maximum for the Healthcare FSA is \$2,550 and the Dependent Care FSA is \$5,000.

### New IRS Provision – \$500 Rollover

For the past several years, employees have had a 2½ month Grace Period which allowed you to continue to spend any remaining funds you had in your account from the prior year. Beginning with the 2014 plan year, Carroll County Board of Education elected to implement the new IRS provision which allows employees to roll forward up to \$500 from their prior year balance into their new plan year account. You must still be an active employee to continue this benefit.

The important thing to know about this change is that if you have more than \$500 in your flexible medical spending account on December 31, you will forfeit any money above the \$500 unless you have receipts for eligible medical expenses during the plan year. Participants will have until March 31 of the following year to submit any eligible expense for reimbursement from their prior year account balance.

This change does not affect your Dependent Daycare Account. You will continue to have the 2½ month Grace Period for any funds you have in your dependent daycare account at the end of the plan year. This money does not roll forward.



### 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 Claims is Easy!

Submit a completed claim form to AmeriComp Benefits at 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

## Cancer Insurance (Guardian)

Cancer Insurance pays benefits to you based on the treatments you receive related to a covered cancer diagnosis. The benefit payment is paid in addition to your medical insurance plan. Coverage is surprisingly affordable, so enroll today and get covered!

Cancer Insurance Summary of Benefits	
<b>Your Monthly premium</b>	\$20.30
You and Spouse	\$38.14
You and Child(ren)	\$24.13
You, Spouse and Child(ren)	\$41.97
<b>Conditional Issue</b> <i>(the "conditional" means the applicant (employee, spouse or child) can qualify for coverage if he/she responds "No" to the conditional medical question on the enrollment form)</i>	You will be required to answer one medical question as a part of your enrollment.
<b>Pre-Existing Conditions Limitation</b> <i>(a pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs)</i>	3 month look back period, 12 month exclusion period.
<b>Child(ren) Age Limits</b>	Children age birth to 26 years
<b>Initial Diagnosis Benefit</b>	\$2,500
<b>Cancer Screening Benefit</b>	\$75
<b>Features</b>	
Air Ambulance	\$1,500/trip, limit 2 trips per hospital confinement
Ambulance	\$200/trip, limit 2 trips per hospital confinement
Anesthesia	25% of surgery benefit
Anti-Nausea	\$50/day up to \$150 per month
Attending Physician	\$25/day while hospital confined. Limit 75 visits.
Blood/Plasma/Platelets	\$100/day up to \$5,000 per year
Bone Marrow/Stem Cell	Bone Marrow: \$7,500 Stem Cell: \$1,500
Experimental Treatment	50% benefit for 2nd transplant. \$1,000 benefit if a donor
Extended Care Facility/Skilled Nursing care	\$100/day up to \$1,000/month
Government or Charity Hospital	\$100/day up to 90 days per year
Home Health Care	\$300 per day in lieu of all other benefits
Hormone Therapy	\$50/visit up to 30 visits per year
Hospice	\$25/treatment up to 12 treatments per year
	\$50/day up to 100 days/lifetime
Hospital Confinement	\$300/day for first 30 days; \$600/day thereafter per confinement
ICU Confinement	\$400/day for first 30 days; \$600/day thereafter per confinement
Immunotherapy	\$500 per month, \$2500 lifetime max
Inpatient Special Nursing	\$100/day up to 30 days per year
Medical Imaging	\$100/image up to 2 per year
Outpatient/family member lodging <i>(must be more than 50 miles from your home)</i>	\$75/day, up to 90 days per year
Outpatient or Ambulatory Surgical Center	\$250/day, 3 days per procedure
Physical or Speech Therapy	\$25/visit up to 4 visits per month, \$400 lifetime max
Prosthetic	Surgically Implanted: \$2,000/device, \$4,000 lifetime max Non-Surgically: \$200/device, \$400 lifetime max
Radiation Therapy or Chemotherapy	Schedule amounts up to a \$4,000 benefit year
Reconstructive Surgery	Breast TRAM Flap \$2,000 Breast reconstruction \$500 Breast Symmetry \$250 Facial reconstruction \$500
Second Surgical Opinion	\$200/surgery procedure
Skin Cancer	Biopsy Only: \$100 Reconstructive Surgery: \$250 Excision of a skin cancer: \$375 Excision of a skin cancer with flap or graft: \$600
Surgical Benefit	Schedule amount up to \$4,125



## Accident Insurance (Guardian)

Accident Insurance can help you with your medical deductibles and co-pays, and cover household expenses like groceries, mortgage payments and childcare, which can begin to pile up if you have to take some time off from work due to an injury.

Accident Insurance Summary of Benefits	
<b>Your Monthly premium</b>	\$15.89
You and Spouse	\$25.99
You and Child(ren)	\$24.42
You, Spouse and Child(ren)	\$36.27
<b>Accident Coverage Type</b>	Off Job
<b>Benefit Amount(s)</b>	Employee \$25,000 / Spouse \$12,500 / Child \$5,000
<b>Catastrophic Loss</b>	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D
<b>Common Carrier</b>	200% of AD&D benefit
<b>Common Disaster</b>	200% of Spouse AD&D benefit
<b>Dismemberment</b> ( <i>hand, foot, sight</i> )	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
<b>Dismemberment</b> ( <i>thumb/index finger same hand, 4 fingers same hand, all toes same foot</i> )	25% of AD&D benefit
<b>Seatbelts and Airbags</b>	Seatbelts: \$10,000 & Airbags: \$15,000
<b>Reasonable Accommodation to Home or Vehicle</b>	\$2,500
<b>Child(ren) Age Limits</b>	Children age birth to 26 years
<b>Features</b>	
Accident Emergency Room Treatment	\$175
Accident Follow-Up Visit (Doctor)	\$50 up to 6 treatments
Air Ambulance	\$1,000
Ambulance	\$150
Appliance ( <i>wheelchair, leg or back brace, crutches, walker, walking boot that extends above the ankle or brace for the neck</i> )	\$125
Blood/Plasma/Platelets	\$300
Burns (2nd Degree/3rd Degree)	9 sq inches to 18 sq inches: \$0/\$2,000 18 sq inches to 35 sq inches: \$1,000/\$4,000 Over 35 sq inches: \$3,000/\$12,000
Burn – Skin Graft	50% of burn benefit
Chiropractic Visits	\$25 per visit (up to 6 visits)
Coma	\$10,000
Concussions	\$75
Dislocations	Schedule up to \$4,400
Diagnostic Exam (Major)	\$150
Emergency Dental Work	\$300/Crown, \$75/Extraction
Epidural pain management	\$100, 2 times per accident
Eye Injury	\$300
Family Care	\$20/day up to 30 days
Fracture	Schedule up to \$5,500
Hospital Admission	\$1,000
Hospital Confinement	\$225/day (up to 1 year)
Hospital ICU Admission	\$2,000
Hospital ICU Confinement	\$450/day (up to 15 days)
Initial Physician's office/Urgent Care Facility Treatment	\$75
Joint Replacement (hip/knee/shoulder)	\$2,500/\$1,250/\$1,250
Knee Cartilage	\$500
Laceration	Schedule up to \$400
Lodging ( <i>hospital must be more than 50 miles from insured's residence</i> )	\$125/day, up to 30 days for companion hotel stay
Occupational or Physical Therapy	\$25/day up to 10 days
Prosthetic Device/Artificial Limb	1: \$500 / 2 or more: \$1,000
Rehabilitation Unit Confinement	\$150/day up to 15 days
Ruptured Disc With Surgical Repair	\$500
Surgery	Schedule up to \$1,250
Surgery – Exploratory or Arthroscopic	\$250
Tendon/Ligament/Rotator Cuff	1: \$500 / 2 or more: \$1,000
X - Ray	\$30

## Critical Illness (Guardian)

It takes a lot to beat a serious illness. Unfortunately, it can also cost a lot. When you or a family member suffers a serious illness like a stroke or heart attack, Critical Illness Insurance can help with expenses that medical insurance doesn't cover like deductibles or out of pocket costs, or services like experimental treatment. Critical Illness supplements your medical and your disability income insurance. The lump sum benefit is paid when you need it most, upon diagnosis, so you can rest assured that you will have funds to offset upcoming out of pocket costs, and that you'll have the flexibility to elect treatments with less worry about the cost. Review your options and enroll today!

Employee may choose a lump sum benefit of \$5,000 to \$50,000 in \$5,000 increments.		
Conditions		
Vascular	1st OCCURRENCE	2nd OCCURRENCE
Heart Attack	100%	50%
Stroke	100%	50%
Heart Failure	100%	50%
Arteriosclerosis	30%	0%
Other		
Organ Failure	100%	50%
Kidney Failure	100%	50%
Additional Conditions	1st OCCURRENCE ONLY	
Addison's Disease	30%	
ALS (Lou Gehrig's Disease)	100%	
Alzheimer's Disease	50%	
Coma	100%	
Huntington's Disease	30%	
Loss of Hearing	100%	
Loss of Sight	100%	
Loss of Speech	100%	
Multiple Sclerosis	30%	
Parkinson's Disease	100%	
Permanent Paralysis	50% for 1 limb, 100% for 2 limbs	
Severe Burns	100%	
Spouse Benefit	May choose a lump sum benefit of \$2,500 to \$50,000 in \$2,500 increments up to 50% of the employee's lump sum benefit.	
Child Benefit <i>(children age Birth to 26 years)</i>	25% of employee's lump sum benefit	
Benefit Reductions <i>(benefits reduce by certain percentage as an employee ages)</i>	50% at age 70	
Guarantee Issue <i>(the 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period)</i>	<ul style="list-style-type: none"> <li>• Guarantee Issue up to: Less than age 70 \$20,000</li> <li>• For a spouse: Less than age 70 \$10,000</li> <li>• For a child: All Amounts</li> </ul> <p><i>Health questions are required if the elected amount exceeds the Guarantee Issue, as well as for all applicants age 70+ regardless of elected amount.</i></p>	
Portability <i>(allows you to take your Critical Illness coverage with you if you terminate employment)</i>	Included	
Pre-Existing Condition Limitation <i>(a pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs)</i>	3 months prior, 12 months after	

## Critical Illness (Guardian)

MONTHLY PREMIUM							
Employee							
Benefit Amounts		<30	30-39	40-49	50-59	60-69	70+
Non-Tobacco	\$5,000	\$1.85	\$2.40	\$4.40	\$8.05	\$12.85	\$30.75
	\$10,000	\$3.70	\$4.80	\$8.80	\$16.10	\$25.70	\$61.50
	\$15,000	\$5.55	\$7.20	\$13.20	\$24.15	\$38.55	\$92.25
	\$20,000	\$7.40	\$9.60	\$17.60	\$32.20	\$51.40	\$123.00
	\$25,000	\$9.25	\$12.00	\$22.00	\$40.25	\$64.25	\$153.75
	\$30,000	\$11.10	\$14.40	\$26.40	\$48.30	\$77.10	\$184.50
	\$35,000	\$12.95	\$16.80	\$30.80	\$56.35	\$89.95	\$215.25
	\$40,000	\$14.80	\$19.20	\$35.20	\$64.40	\$102.80	\$246.00
	\$45,000	\$16.65	\$21.60	\$39.60	\$72.45	\$115.65	\$276.75
	\$50,000	\$18.50	\$24.00	\$44.00	\$80.50	\$128.50	\$307.50
Tobacco	\$5,000	\$2.50	\$3.70	\$7.75	\$14.85	\$23.75	\$54.40
	\$10,000	\$5.00	\$7.40	\$15.50	\$29.70	\$47.50	\$108.80
	\$15,000	\$7.50	\$11.10	\$23.25	\$44.55	\$71.25	\$163.20
	\$20,000	\$10.00	\$14.80	\$31.00	\$59.40	\$95.00	\$217.60
	\$25,000	\$12.50	\$18.50	\$38.75	\$74.25	\$118.75	\$272.00
	\$30,000	\$15.00	\$22.20	\$46.50	\$89.10	\$142.50	\$326.40
	\$35,000	\$17.50	\$25.90	\$54.25	\$103.95	\$166.25	\$380.80
	\$40,000	\$20.00	\$29.60	\$62.00	\$118.80	\$190.00	\$435.20
	\$45,000	\$22.50	\$33.30	\$69.75	\$133.65	\$213.75	\$489.60
	\$50,000	\$25.00	\$37.00	\$77.50	\$148.50	\$237.50	\$544.00
Spouse							
Benefit Amounts		<30	30-39	40-49	50-59	60-69	70+
Non-Tobacco	\$2,500	\$0.93	\$1.20	\$2.20	\$4.03	\$6.43	\$15.38
	\$5,000	\$1.85	\$2.40	\$4.40	\$8.05	\$12.85	\$30.75
	\$7,500	\$2.78	\$3.60	\$6.60	\$12.07	\$19.27	\$46.13
	\$10,000	\$3.70	\$4.80	\$8.80	\$16.10	\$25.70	\$61.50
	\$12,500	\$4.63	\$6.00	\$11.00	\$20.13	\$32.13	\$76.88
	\$15,000	\$5.55	\$7.20	\$13.20	\$24.15	\$38.55	\$92.25
	\$17,500	\$6.47	\$8.40	\$15.40	\$28.17	\$44.97	\$107.63
	\$20,000	\$7.40	\$9.60	\$17.60	\$32.20	\$51.40	\$123.00
	\$22,500	\$8.32	\$10.80	\$19.80	\$36.22	\$57.83	\$138.38
	\$25,000	\$9.25	\$12.00	\$22.00	\$40.25	\$64.25	\$153.75
Tobacco	\$2,500	\$1.25	\$1.85	\$3.88	\$7.43	\$11.88	\$27.20
	\$5,000	\$2.50	\$3.70	\$7.75	\$14.85	\$23.75	\$54.40
	\$7,500	\$3.75	\$5.55	\$11.63	\$22.27	\$35.63	\$81.60
	\$10,000	\$5.00	\$7.40	\$15.50	\$29.70	\$47.50	\$108.80
	\$12,500	\$6.25	\$9.25	\$19.38	\$37.13	\$59.38	\$136.00
	\$15,000	\$7.50	\$11.10	\$23.25	\$44.55	\$71.25	\$163.20
	\$17,500	\$8.75	\$12.95	\$27.13	\$51.97	\$83.13	\$190.40
	\$20,000	\$10.00	\$14.80	\$31.00	\$59.40	\$95.00	\$217.60
	\$22,500	\$11.25	\$16.65	\$34.88	\$66.82	\$106.88	\$244.80
	\$25,000	\$12.50	\$18.50	\$38.75	\$74.25	\$118.75	\$272.00

## Important Contact Information

### Medical

#### SHBP Call Center

1-800-610-1863

[www.dch.georgia.gov/shbp](http://www.dch.georgia.gov/shbp)

[www.myshbpga.adp.com](http://www.myshbpga.adp.com)

#### Blue Cross Blue Shield

1-855-641-4862

[www.bcbsga.com/shbp](http://www.bcbsga.com/shbp)

#### UnitedHealthcare

1-888-364-6352

[www.welcometouhc.com/shbp](http://www.welcometouhc.com/shbp)

#### Kaiser Permanente

1-855-512-5997

[www.my.kp.org/shbp](http://www.my.kp.org/shbp)

#### Wellness - Healthways

1-888-616-6411

[www.BeWellSHBP.com](http://www.BeWellSHBP.com)

#### Pharmacy - Express Scripts

1-877-841-5227

[www.express-scripts.com/GeorgiaSHBP](http://www.express-scripts.com/GeorgiaSHBP)

#### Centers for Medicare & Medicaid (CMS)

1-800-633-4227 (TTY 877-486-2048)

[www.medicare.gov](http://www.medicare.gov)

#### PeachCare for Kids

1-877-427-3224

[www.peachcare.org](http://www.peachcare.org)

#### TRICARE Supplement

1-866-637-9911

[www.asicorporation.com](http://www.asicorporation.com)

### Enrollment

#### Benefits Service Center

1-866-481-4920

<https://home.eease.com>

Company Identifier: ccboe

Password: Benefits2016

### Dental, Vision, Life Insurance

#### Guardian

Group #: 451751

1-800-541-7846

[www.guardiananytime.com](http://www.guardiananytime.com)

### Flexible Spending Account

#### AmeriComp Benefits, Inc.

1-800-868-0196

[www.americompbenefits.com](http://www.americompbenefits.com)

### Disability

#### OneAmerica

1-877-285-3863

[www.oneamerica.com](http://www.oneamerica.com)

### Critical Illness, Accident, Cancer

#### Guardian

Group #: 451751

1-800-541-7846

[www.guardiananytime.com](http://www.guardiananytime.com)

### Tax Sheltered Annuities 403(b) and 457(b) Retirement Plans

Carroll County Schools offer 403(b) plans as well as 457(b) plans to all full time employees through tax sheltered payroll deduction. The following is a list of approved vendors for our system. You may also visit [www.myretirementmanager.com](http://www.myretirementmanager.com) to view your account, request loans/hardship withdrawals or transfer funds from one approved vendor to another.

#### AIG/VALIC

##### Offers 403(b) and 457(b)

Attn: Cliff England

7300 Windy Ridge Pkwy, Suite 1100 N  
Atlanta, GA 30339

678-231-7677

#### Primerica/VanKampen

##### Offers 403(b)

Attn: Larry Lyle

522 Newnan Street

Carrollton, GA 30117

770-832-1615

#### Garrett-Robinson Financial

##### Offers 403(b)

Attn: Joe Garrett or Clay Robinson

112 Cedar Street

Carrollton, GA 30117

770-834-7211

#### ValuTeachers

##### Offers 403(b) and 457(b)

Attn: Pam Haynes

19 Jefferson Street

Newnan, GA 30263

770-853-2531

#### My Financial Services/ING

##### Offers 403(b) and 457(b)

Attn: Alan Martinez

133 West Wilson Street

Villa Rica, GA 30180

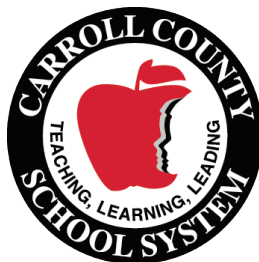
770-456-2725



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Please note that this guide is a general summary of your benefits. For specific details, you may refer to each carrier's summary plan description. Every effort has been made to ensure that this booklet accurately represents the benefits. However, if there are any discrepancies between the terms in this booklet and the terms in the plan document, the plan document will prevail.