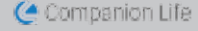



CONTACTS

Carriers	Phone	Website
Companion Life 	800-753-0404	www.companionlife.com
Colonial 	800-325-4368	www.coloniallife.com
HRI Dental	800-727-1444	www.hri-dho.com
Avesis Vision	800-828-9341	www.avesis.com

Servicing Agent



270-753-4199

www.McConnellInsurance.com



CARLISLE

COUNTY SCHOOLS

BENEFITS GUIDE



ACCIDENT 1.0

Colonial Life – 3 plan designs for you to choose from.

All include \$50 annual wellness benefit per covered person, per calendar year.

Accident Plan Benefits and Premiums (please review brochure for more details)

Benefits	Basic	Preferred	Premier
Accident Treatment - ER or Dr. Office	\$75.00	\$125.00	\$125.00
Follow Up Visits	\$50/2	\$50/3	\$50/4
Accidental Death - EE	\$40,000.00	\$50,000.00	\$75,000.00
Accident Death - Spouse	\$40,000.00	\$50,000.00	\$75,000.00
Accident Death - Child	\$8,000.00	\$10,000.00	\$15,000.00
Air Ambulance	\$1,200.00	\$2,000.00	\$2,000.00
Ground Ambulance	\$120.00	\$200.00	\$200.00
Appliances	\$75.00	\$100.00	\$100.00
Blood/Plasma/Platelets	\$300.00	\$300.00	\$300.00
Burns	\$1,000-\$12,000	\$1,000-\$12,000	\$1,000-\$12,000
Burns - Skin Graft	50% of burn benefit	50% of burn benefit	50% of burn benefit
Coma	\$7,500.00	\$10,000.00	\$12,500.00
Concussion	\$60.00	\$60.00	\$60.00
Dislocation	\$90-\$3,600	\$110-\$4,400	\$120-\$4,800
Emergency Dental Work - Crown	\$200.00	\$300.00	\$300.00
Emergency Dental Work - Extraction	\$50.00	\$75.00	\$100.00
Eye Injury	\$200.00	\$300.00	\$300.00
Fractures	\$90-\$4,500	\$110-\$5,500	\$120-\$6,000
Hospital Admission	\$750.00	\$1,250.00	\$1,500.00
Hospital Confinement	\$175.00	\$250.00	\$275.00
ICU Admission	\$1,500.00	\$2,500.00	\$3,000.00
ICU Confinement	\$350.00	\$500.00	\$550.00
Knee Cartilage - Torn	\$500.00	\$500.00	\$550.00
Laceration	\$30-\$500	\$30-\$500	\$30-\$500
Lodging per day	\$100.00	\$125.00	\$150.00
Medical Imaging	\$100.00	\$150.00	\$200.00
Prosthetic Device - One	\$500.00	\$500.00	\$750.00
Prosthetic Device - Two or more	\$1,000.00	\$1,000.00	\$1,500.00
Rehabilitation Unit Per Day	\$100.00	\$100.00	\$150.00
Ruptured Disc	\$500.00	\$500.00	\$750.00
Surgery	\$1,000.00	\$1,500.00	\$1,500.00
Surgery - Hernia	\$100.00	\$150.00	\$150.00
Surgery - Exploratory	\$150.00	\$200.00	\$200.00
Tendon/Lig./Rotator Cuff - One	\$500.00	\$500.00	\$750.00
Tendon/Lig./Rotator Cuff - Two or more	\$1,000.00	\$1,000.00	\$1,500.00
Physical Therapy	\$25 up to 10 visits	\$25 up to 10 visits	\$25 up to 10 visits
Transportation	\$400.00	\$500.00	\$600.00
X-Ray Benefit	\$20.00	\$30.00	\$40.00
Worldwide Coverage	YES	YES	YES
Health Screening Benefit – 30 day wait	\$50.00	\$50.00	\$50.00

Monthly Premium	Basic	Preferred	Premier
Employee Only	\$16.59	\$21.15	\$26.51
Employee & Spouse	\$22.93	\$28.97	\$36.32
Employee & Child(ren)	\$25.21	\$32.67	\$39.70
Employee & Family	\$31.56	\$40.48	\$49.50

CANCER ASSIST

4 plan designs for you to choose from. 2 most popular options shown below.

Cancer Plan Benefits and Premiums (please review brochure for more details)

Benefits	Level 2	Level 3
Cancer Screening & 2nd Invasive Screening (Benefit is per covered person, per year after 30 days)	\$100.00	\$100.00
Air Ambulance (2 per confinement)	\$2,000.00	\$2,000.00
Ground Ambulance (2 per confinement)	\$250.00	\$250.00
Anesthesia	25%	25%
Anesthesia - Local	\$30.00	\$40.00
Anti-nausea Meds	\$40.00	\$50.00
Anti-nausea Meds - monthly max	\$160.00	\$200.00
Blood/Plasma/Platelets -per day (\$10,000 max per year)	\$150.00	\$175.00
Bone Marrow or Stem Cell Transplant (2 per lifetime)	\$4,000.00	\$7,000.00
Bone Marrow or Stem Cell Donation	\$500.00	\$750.00
Companion Transportation - per mile	\$0.50	\$0.50
Companion Transportation - round trip max	\$1,000.00	\$1,200.00
Egg Extraction, Harvesting or Sperm Collection	\$700.00	\$1,000.00
Egg Extraction, Harvesting or Sperm Storage	\$200.00	\$350.00
Experimental Treatment - per day (\$12,500/\$15,000 lifetime max)	\$250.00	\$300.00
Family Care - per day (Annual Max of \$2,000)	\$40.00	\$50.00
Hair/External Breast/Voice Box	\$200.00	\$350.00
Home Health Care - per day	\$75.00	\$100.00
Hospice - per day (\$1000 initial, \$15,000 lifetime max)	\$50.00	\$50.00
Hospital Confinement 1-30	\$150.00	\$250.00
Hospital Confinement 31+	\$300.00	\$500.00
Lodging – 70 days maximum per year	\$50 per day	\$75 per day
Medical Imaging Studies - per study (2 max per year)	\$125.00	\$175.00
Outpatient Surgical - per day (3 outpatient surgical benefits per year)	\$200.00	\$300.00
Private F/T Nursing - per day	\$75.00	\$125.00
Prosthesis - per device (\$3,000/\$4,000 Lifetime Max)	\$1,500.00	\$2,000.00
Radiation/Chemotherapy per week	\$500.00	\$750.00
Reconstructive Surgery per unit	\$40.00	\$60.00
Reconstructive Surgery per site	\$2,500.00	\$3,000.00
Second Opinion (1 per lifetime)	\$200.00	\$300.00
Skilled Nursing Care Facility	\$100.00	\$100.00
Skin Cancer (1 per lifetime)	\$300.00	\$400.00
Supportive Care Drugs - per day	\$100.00	\$150.00
Supportive Care Drugs - per year	\$800.00	\$1,200.00
Surgical Procedures - per unit	\$50.00	\$60.00
Surgical Procedures - per procedure	\$3,000.00	\$5,000.00
Transportation - per mile	\$0.50	\$0.50
Transportation round trip max	\$1,000.00	\$1,200.00
Bone Marrow Donor Screening & Cancer Vaccine (1 per lifetime)	\$50.00	\$50.00
Waiver of Premium	YES	YES

Monthly Premium	Level 2	Level 3
Employee Only	\$21.65	\$26.65
Employee & Spouse	\$33.85	\$44.40
Employee & Child(ren)	\$21.95	\$27.10
Employee & Family	\$34.15	\$44.85

CRITICAL ILLNESS 1.0

Colonial Life - Includes benefits for Heart Attack, Stroke, Kidney Failure, Major Organ Failure, Occupational HIV, Occupational Hepatitis B,C, or D, Permanent Paralysis due to a Covered Accident, Blindness, and Coma. Critical Illness Plan Benefits and Premiums (please review brochure for more details)

Benefits	Critical Illness 1.0
Heart Attack	100%
Stroke	100%
Major Organ Failure	100%
End Stage Renal (Kidney) Failure	100%
Perm. Paralysis due to a Covered Accident	100%
Coma	100%
Blindness	100%
Occupational Infectious HIV	100%
Occupational Infectious Hepatitis B, C, or D	100%
Coronary Artery Bypass Graft Surgery	25%
Subsequent Diagnosis	YES 3x Face Amount
Simplified Issue Amount	\$30,000.00
Minimum Issue Amount	\$5,000.00
Maximum Issue Amount	\$75,000.00
Spouse Coverage	YES - Additional Cost
Spouse Benefit	50% Face Amount
Dependent Coverage	YES - Incl. with EE
Dependent Benefit	25% Face Amount
Seperate Rates for Tobacco Users	YES
Premium Structure	Age Banded

Premiums - Non Tobacco	\$10,000 Benefit	Premiums - Non Tobacco	\$10,000 Benefit
17-24 EE (w or w/o children)	\$2.40	45-49 EE (w or w/o children)	\$10.90
17-24 EE & Spouse	\$3.60	45-49 EE & Spouse	\$16.70
17-24 EE Family	\$3.60	45-49 EE Family	\$16.70
25-29 EE (w or w/o children)	\$3.10	50-54 EE (w or w/o children)	\$14.50
25-29 EE & Spouse	\$4.80	50-54EE & Spouse	\$22.30
25-29 EE Family	\$4.80	50-54 EE Family	\$22.30
30-34 EE (w or w/o children)	\$3.90	55-59 EE (w or w/o children)	\$18.40
30-34 EE & Spouse	\$6.10	55-59 EE & Spouse	\$28.20
30-34 EE Family	\$6.10	55-59 EE Family	\$28.20
35-39 EE (w or w/o children)	\$6.30	60-64 EE (w or w/o children)	\$23.30
35-39 EE & Spouse	\$9.70	60-64 EE & Spouse	\$35.80
35-39 EE Family	\$9.70	60-64 EE Family	\$35.80
40-44 EE (w or w/o children)	\$7.90	65-70 EE (w or w/o children)	\$26.70
40-44 EE & Spouse	\$12.10	65-70 EE & Spouse	\$41.00
40-44 EE Family	\$12.10	65-70 EE Family	\$41.00

VOLUNTARY SHORT TERM DISABILITY AND LONG TERM DISABILITY

Benefit Description	Short Term Disability	Long Term Disability
Gross Benefit Amount	60% of earnings	60% of earnings
Guaranteed Issue Amount	Up to \$1,000 per week	Up to \$5,000 per month
Elimination (Waiting) Period	7 days accident & illness	90 days
Maxium Duration of Benefit	13 weeks	to SSNRA (Social Security Normal Retirement Age)
Offsetting for other income/PTO	No Offset	Standard Offset
Continuity of Coverage	Yes	Yes
Pre-Existing Condition	3/6	3/12

Sample Monthly Rates

Employees Monthly Gross Salary	Short Term Weekly Benefit	Short Term Monthly Premium	Long Term Monthly Benefit	Long Term Monthly Premium	Total Disability MonthlyPremium
\$500.00	\$70.00	\$3.92	\$300.00	\$1.95	\$5.87
\$1,000.00	\$140.00	\$7.84	\$600.00	\$3.90	\$11.74
\$1,500.00	\$210.00	\$11.76	\$900.00	\$5.85	\$17.61
\$2,000.00	\$280.00	\$15.68	\$1,200.00	\$7.80	\$23.48
\$2,500.00	\$350.00	\$19.60	\$1,500.00	\$9.75	\$29.35
\$3,000.00	\$420.00	\$23.52	\$1,800.00	\$11.70	\$35.22
\$3,500.00	\$490.00	\$27.44	\$2,100.00	\$13.65	\$41.09
\$4,000.00	\$560.00	\$31.36	\$2,400.00	\$15.60	\$46.96
\$4,500.00	\$630.00	\$35.28	\$2,700.00	\$17.55	\$52.83
\$5,000.00	\$700.00	\$39.20	\$3,000.00	\$19.50	\$58.70
\$5,500.00	\$770.00	\$43.12	\$3,300.00	\$21.45	\$64.57
\$6,000.00	\$840.00	\$47.04	\$3,600.00	\$23.40	\$70.44
\$6,500.00	\$900.00	\$50.40	\$3,900.00	\$25.35	\$75.75
\$7,000.00	\$970.00	\$54.32	\$4,200.00	\$27.30	\$81.62

WHOLE LIFE INSURANCE WITH LONG TERM CARE BENEFITS

We are now able to offer a permanent life insurance policy that will also pay benefits for Long Term Care for employees and spouses. Contact our office or speak with your benefit counselor during Open Enrollment for more information and to obtain a quote.

VOLUNTARY GROUP TERM LIFE COVERAGE

Maximum Benefit

Employees	\$500,000 or 7 times annual earnings, whichever is less
Spouses	\$150,000 (not to exceed 50% of employee coverage)
Child(ren)	\$10,000 (not to exceed 50% of employee coverage)

Guaranteed Issue (GI) Maximum Benefit

Employees	\$200,000 not to exceed 7 times annual earnings
Spouses	\$50,000 (not to exceed 50% of employee coverage)
Child(ren)	\$10,000 (not to exceed 50% of employee coverage)

Coverage Amount	\$10,000	\$50,000	\$100,000	\$150,000	\$180,000
Age 29 & Under	\$0.60	\$3.00	\$6.00	\$9.00	\$10.80
Age 30 - 34	\$0.70	\$2.80	\$5.60	\$11.20	\$22.40
Age 35 - 39	\$1.00	\$4.00	\$8.00	\$16.00	\$32.00
Age 40 - 44	\$1.60	\$6.40	\$12.80	\$25.60	\$51.20
Age 45 - 49	\$2.30	\$9.20	\$18.40	\$36.80	\$73.60
Age 50 - 54	\$4.10	\$16.40	\$32.80	\$65.60	\$131.20
Age 55 - 59	\$6.30	\$25.20	\$50.40	\$100.80	\$201.60
Age 60 - 64	\$6.50	\$26.00	\$52.00	\$104.00	\$208.00
Age 65 - 69	\$11.90	\$47.60	\$95.20	\$190.40	\$380.80

Spouse Monthly Premium Example

Coverage Amount	\$10,000	\$20,000	\$25,000	\$30,000	\$35,000
Age 29 & Under	\$0.60	\$1.20	\$1.50	\$1.80	\$2.10
Age 30 - 34	\$0.70	\$1.40	\$1.75	\$2.10	\$2.45
Age 35 - 39	\$1.00	\$2.00	\$2.50	\$3.00	\$3.50
Age 40 - 44	\$1.60	\$3.20	\$4.00	\$4.80	\$5.60
Age 45 - 49	\$2.30	\$4.60	\$5.75	\$6.90	\$8.05
Age 50 - 54	\$4.10	\$8.20	\$10.25	\$12.30	\$14.35
Age 55 - 59	\$6.30	\$12.60	\$15.75	\$18.90	\$22.05
Age 60 - 64	\$6.50	\$13.00	\$16.25	\$19.50	\$22.75
Age 65 - 69	\$11.90	\$23.80	\$29.75	\$35.70	\$41.65

Child(ren) Monthly Premium

Benefit Amount	\$2.00 per month
Age 14 days to 6 mo.	\$200.00
Age 6 mo. to 26	\$10,000.00

Voluntary Life benefit amounts will reduce to 65% of the original amount at age 65, to 50% at age 70, to 35% at age 75, to 20% at age 80. Benefits terminate at retirement. Guaranteed Issue is not available for employees over the age of 70.

AVESIS VISION COVERAGE

Vision	Frequency	Plan	Non-network Rembursement
Exam	Once every 12 months	\$10 copay	Up to \$45
Eyeglass Lenses	Once every 12 months	\$10 copay	
Standard Plastic Lenses			
• Single Vision Lenses (pair)			Up to \$40
• Bifocal Lenses (pair)			Up to \$80
• Standard Lenticular			Up to \$80
• Trifocal Lenses (pair)			Up to \$80
Lens Options		Up to 20% off retail	
Eyeglasses Frames	Once every 24 months	\$50 wholesale allowance	Up to \$50
Contact Lenses	Once every 12 months		
(in lieu of frame and lens benefits)			
• Contact Lenses (Elective)		\$130 allowance	Up to \$130
• Contact Lenses (Non-Elective)		Covered in full	Up to \$250
LASIK Surgery		\$150 allowance	Up to \$150

Monthly Premium	Premium Rates
Employee Only	\$6.95
Employee + Spouse	\$12.16
Employee + Child(ren)	\$13.21
Employee + Family	\$18.08

DENTAL OPTIONS

For all employees of Carlisle County School District, Employee Only dental coverage will be provided as a district paid benefit beginning 7-1-15. All employees will be covered under Plan 2. Employees may elected to voluntarily upgrade to Plan 3, which is a more comprehensive plan, and may add dependent coverage for spouses and children to both plan deisgns. The premium rates shown below are after factoring the board contributions for coverage.

Dental	Plan 2	Plan 3
Annual Maximum Benefit	\$1000	\$1000
Diagnostic Services/Preventative Services	Covered at 100%	Covered at 100%
Fillings	Covered at 50%	Covered at 80%
Oral Surgery - Simple Extractions	Covered at 50%	Covered at 80%
Root Canal Therapy/Endodontics	Not Covered	Covered at 80%
Crowns, Periodontics, Removable Prosthodontics, Fixed Bridgework, Oral Surgery, Adjunctive Services	Not Covered	Covered at 50%
Orthodontics - Dependents to age 19	Not Covered	Covered at 50%
Orthodontic Lifetime Max	Not Applicable	\$1000

Monthly Premium	Plan 2	Plan 3
Employee Only	No cost	\$10.43
Employee + Spouse	\$15.50	\$46.95
Employee + Child(ren)	\$18.50	\$53.22
Employee + Family	\$34.50	\$85.85