



Your life.  
Your health.  
Your choices.



# 2017-2018 Benefits Summary

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## Take Time. Take Action.

Open enrollment begins  
**Saturday, October 21, 2017, and ends**  
**Tuesday, October 31, 2017**

For more information and to enroll visit [www.paycom.com](http://www.paycom.com)





## What's New In Benefits?

CIS of Atlanta will now cover **80%** of the costs for Medical and Dental (previously 75%)

<b>Medical</b>	<ul style="list-style-type: none"> <li>• <b>4% rate decrease</b> over current (In-Network) plan</li> <li>• <b>23% cost savings</b> to employee (with CIS now covering 80% of costs)</li> <li>• Out-of-pocket <b>increased</b> from \$1.5k/\$3k to \$3k/\$6k</li> <li>• Out of Network option now available</li> </ul>
<b>Dental</b>	<ul style="list-style-type: none"> <li>• <b>3% rate increase</b> over current plan</li> <li>• <b>17% cost savings</b> to employee (with CIS now covering 80% of costs)</li> <li>• Added adult orthodontia</li> </ul>
<b>Medical Bridge</b>	<ul style="list-style-type: none"> <li>• Now offering a \$2k and \$3k option to help offset out-of-pocket costs noted above</li> </ul>
<b>Life Insurance</b>	<ul style="list-style-type: none"> <li>• Employer paid life insurance increased from \$50k to \$75k (effective July 1<sup>st</sup>)</li> </ul>

## Benefits Costs Summary

Employee Monthly Cost							
Election	Kaiser		MetLife	EyeMed	Colonial		Lincoln
	Medical (Platinum)	NEW Medical (Gold)	Dental	Vision	NEW Medical Bridge (\$2,000)	NEW Medical Bridge (\$3,000)	Life/STD/LTD
Employee	104.77	118.18	7.37	-	-	-	-
Employee and Spouse	209.54	236.36	14.64	1.18	6.25	8.59	Varies
Employee and Child(ren)	193.83	218.63	17.23	1.31	2.56	3.41	Varies
Family	298.60	336.81	26.83	2.54	8.81	12.00	Varies

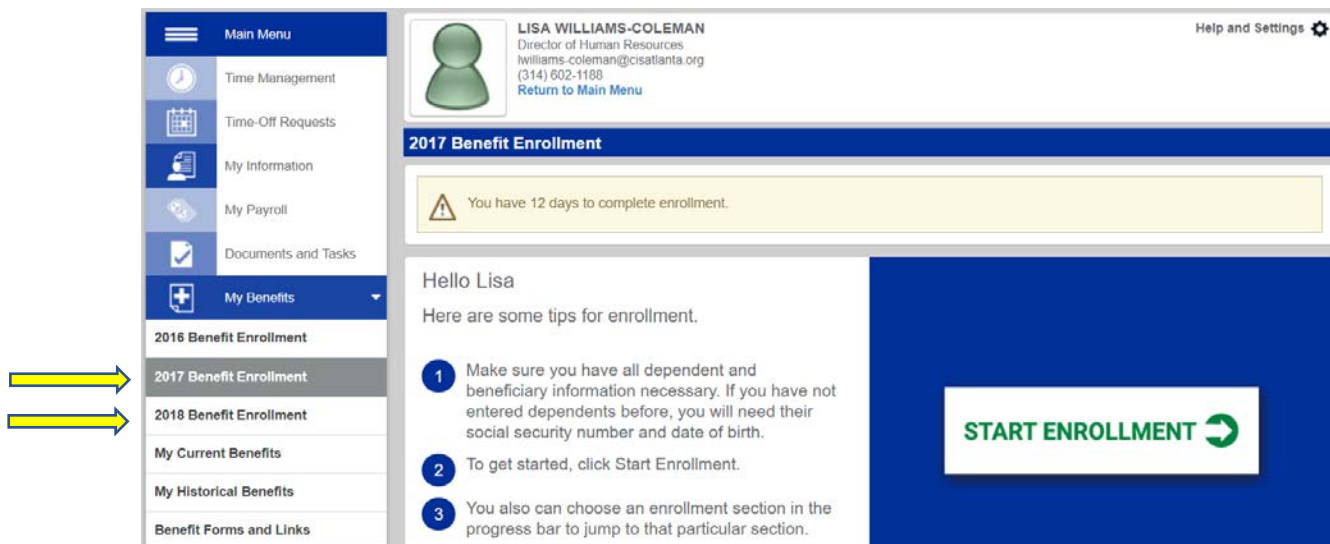
Employee Per Pay Period Cost (24 pay periods*)							
Election	Kaiser		MetLife	EyeMed	Colonial		Lincoln
	Medical (Platinum)	Medical (Gold)	Dental	Vision	Medical Bridge (\$2,000)	Medical Bridge (\$3,000)	Life/STD/LTD
Employee	52.39	59.09	3.68	-	-	-	-
Employee and Spouse	104.77	118.18	7.32	0.59	3.12	4.29	Varies
Employee and Child(ren)	96.91	109.32	8.62	0.66	1.28	1.71	Varies
Family	149.30	168.40	13.41	1.27	4.41	6.00	Varies

\* For 2 pay periods there will be no deductions

Note: CIS of Atlanta will continue to cover 100% of the costs for 1) Vision, 2) Medical Bridge, 3) Basic Term Life insurance, Dependent Life, Short-Term Disability and Long-Term Disability for the **employee only**.

# How to Enroll

1. Login to [www.paycom.com](http://www.paycom.com)
2. Once you log into the Employee Self Service. Note this is the same home page you input your time sheet hours.
3. During open enrollment, if you're eligible to enroll in benefits, you'll see the Benefit Enrollment option in the My Benefits section. Click on it to begin.
4. Click on 2017 benefits (denoted with yellow arrow below).
5. FSA – If you currently participate in FSA, you will notice your current biweekly payroll deduction election dollar amount on the right side. FSA is based on a calendar year and your current election will end on 12/31/17.
  - To enroll for 2018 FSA for Childcare or Medical, click on the “2018 Benefit Enrollment” on the left-hand side (after completing the 2017 enrollment).
  - 2018 FSA elections will not begin until 01/01/2018.
6. Click on the “2017 Benefit Enrollment” on the left-hand side.
7. Click on “Start Enrollment”.
8. Review Contact Information and add dependents & beneficiaries including adding social security numbers.
9. When selecting benefits, make sure to select a benefit plan prior to selecting a coverage level.



The screenshot displays the Paycom Employee Self Service interface. On the left, a navigation menu lists various options, with '2017 Benefit Enrollment' highlighted and indicated by a yellow arrow. The main content area features a user profile for Lisa Williams-Coleman, a '2017 Benefit Enrollment' header, and a yellow warning box stating 'You have 12 days to complete enrollment.' Below this, a 'Hello Lisa' message is followed by enrollment tips. A prominent blue button with the text 'START ENROLLMENT' and a green arrow is located on the right side of the page.

# MEDICAL



**KAISER PERMANENTE**  
**KP Plans - PLATINUM**

**KP/0/0/20/S4**

**FEATURES**

<b>DEDUCTIBLE (Individual/Family)</b>	Not Applicable
<b>OUT-OF-POCKET MAXIMUM (Individual/Family) Applies to all services</b>	\$3,000/\$6,000
<b>MAXIMUM BENEFIT WHILE COVERED <sup>1</sup></b>	Unlimited
<b>COINSURANCE (after deductible)</b>	0%
<b>OFFICE SERVICES</b>	
Primary Care	\$20
Specialty Care	\$40
Mental Health/Chemical Dependency	\$20
Chiropractic Care (spinal manipulation only; 20 visits per calendar year)	\$40
Vision Exam	\$20
Laboratory Services	\$0
Radiology Services	\$0
High Tech Radiology Services (MRI, CT, PET, others)	\$100
Preventive Services	\$0
<b>EMERGENCY SERVICES</b>	
Emergency Room (per visit; copay waived if admitted)	\$350
Ambulance (per trip)	\$350
Urgent Care (per visit)	\$40
<b>OUTPATIENT SERVICES</b>	
Laboratory Services	\$20
Radiology Services	\$50
High Tech Radiology Services (MRI, CT, PET, others)	\$200
Outpatient Hospital or Surgical Facility	\$250
Physician and Other Professional	\$0
<b>INPATIENT SERVICES</b>	
Hospital (facility)	\$500 per day
Physician and Other Professional	\$0
Mental Health/Chemical Dependency	\$500 per day
<b>PHARMACY SERVICES <sup>2</sup></b>	
Tier 1 Generic Drugs	\$5 KP/\$15 Affiliated
Tier 2 Generic Drugs	\$15 KP/\$25 Affiliated
Prescription Drug Deductible	N/A
Tier 3 Preferred Brand Drugs	\$30 KP/\$40 Affiliated
Tier 4 Non-Preferred Drugs	\$50 KP/\$60 Affiliated
Tier 5 Specialty Drugs	20% KP/20% Affiliated
Mail Order <sup>3</sup>	\$10/\$30/\$60/\$100/20%

**KP and HDHP plans are also available on the SHOP (with the exception of Platinum KP 0/0/20/S4).**

- 1 Some benefits may have limitations.
- 2 Refills must be obtained at a Kaiser Permanente Pharmacy or through Mail Order.
- 3 Available 90 day supply at Kaiser Permanente Pharmacy.

Coverage is provided by Kaiser Foundation Health Plan of Georgia, Inc.

This is a summary description and is not intended to replace the *Group Agreement, Group Policy, and/or Evidence of Coverage*, which contain the complete provisions of this coverage. Some benefits may have specific limitations and/or exclusions.



**Kaiser Foundation Health Plan of Georgia, Inc.**  
 Nine Piedmont Center  
 3495 Piedmont Road, N.E.  
 Atlanta, GA 30305-1736



60496510-A 07/16  
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**KAISER PERMANENTE**  
**Multi-Choice Plans - GOLD MC/1500/0/20/S4**

FEATURES	Select Providers	PHCS PPO Providers	Non-participating Providers
<b>DEDUCTIBLE (Individual/Family)</b>	\$1,500/\$3,000	\$2,500/\$5,000	\$3,500/\$7,000
<b>OUT-OF-POCKET MAXIMUM (Individual/Family)</b>	\$6,000/\$12,000	\$7,000/\$14,000	\$14,000/\$28,000
<b>MAXIMUM BENEFIT WHILE COVERED<sup>1</sup></b>	Unlimited	Unlimited	Unlimited
<b>COINSURANCE (after deductible)</b>	0%	20%	40%
<b>OFFICE SERVICES</b>			
Primary Care	\$20	\$40	40%
Specialty Care	\$40	\$60	40%
Mental Health/Chemical Dependency	\$20	\$40	40%
Chiropractic Care (spinal manipulation only; 20 visits per calendar year)	\$40	\$60	40%
Vision Exam	\$20	\$40	40%
Laboratory Services	\$0	20%	40%
Radiology Services	\$0	20%	40%
High Tech Radiology Services (MRI, CT, PET, others)	\$120	20%	40%
Preventive Services	\$0	\$0	40%
<b>EMERGENCY SERVICES</b>			
Emergency Room (per visit; copay waived if admitted)	\$350	\$350	\$350
Ambulance (per trip)	\$350	\$350	\$350
Urgent Care (per visit)	\$40	\$80	\$120
<b>OUTPATIENT SERVICES</b>			
Laboratory Services	\$20	20%	40%
Radiology Services	\$50	20%	40%
High Tech Radiology Services (MRI, CT, PET, others)	\$240	20%	40%
Outpatient Hospital or Surgical Facility	\$500	20%	40%
Physician and Other Professional	\$0	20%	40%
<b>INPATIENT SERVICES</b>			
Hospital (facility)	0%	20%	40%
Physician and Other Professional	\$0	20%	40%
Mental Health/Chemical Dependency	0%	20%	40%
<b>PHARMACY SERVICES</b>			
Tier 1 Generic Drugs	\$5	\$15	40%
Tier 2 Generic Drugs	\$15	\$25	40%
Prescription Drug Deductible	N/A	N/A	Medical deductible applies
Tier 3 Preferred Brand Drugs	\$30	\$50	40%
Tier 4 Non-Preferred Drugs	\$50	\$80	40%
Tier 5 Specialty Drugs	20%	30%	N/A
Mail Order <sup>2</sup>	\$10/\$30/\$60/\$100/20%	\$45/\$75/\$150/\$240/30%	N/A

**Multi-Choice is not available on the SHOP.**

1 Some benefits may have limitations.

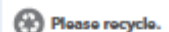
2 Available 90 day supply at Kaiser Permanente Pharmacy.

In-network coverage is provided by Kaiser Foundation Health Plan of Georgia, Inc. Out-of-network coverage is underwritten by Kaiser Permanente Insurance Company (KPIC). Provider options and benefit levels are described in the *Evidence of Coverage*.

This is a summary description and is not intended to replace the *Group Agreement, Group Policy, and/or Evidence of Coverage*, which contain the complete provisions of this coverage. Some benefits may have specific limitations and/or exclusions.



Kaiser Foundation Health Plan of Georgia, Inc.  
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 Atlanta, GA 30305-1736



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# DENTAL

# Dental Benefits

Savings, flexibility and service. For healthier smiles.



**MetLife**

**Overview of Benefits for: COMMUNITIES IN SCHOOLS OF ATLANTA, INC.**

**Date Prepared: 10-12-2017**

The Preferred Dentist Program was designed to help you get the dental care you need and help lower your costs. You get benefits for a wide range of covered services — both in and out of the network. The goal is to deliver affordable protection for a healthier smile and a healthier you.

Coverage Type	In-Network: % of Negotiated Fee	Out-of-Network: % of R&C Fee <sup>1</sup>
Type A	100%	100%
Type B	80%	80%
Type C	50%	50%
Orthodontia	50%	50%
<b>Deductible:</b> Individual/Family*	\$50 (Type B & C)	\$50 (Type B & C)
<b>Annual Maximum Benefit:</b> Per Individual	\$1500	\$1500
<b>Orthodontia Lifetime Maximum:</b> Per Individual	\$1000	\$1000
Ortho applies to Child and Adult		

## Understanding Your Dental Benefits Plan

With the MetLife Preferred Dentist Program you can visit the dentist of your choice – an “in-network” dentist (a participating MetLife dentist) or an “out-of-network” dentist.

- Plan benefits for in-network services are based on the percentage of the Negotiated fee –the fee that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefit maximums. Negotiated fees are subject to change.
- Plan benefits for out-of-network services are based on a percentage of the Reasonable and Customary (R&C) charge. If you choose a dentist who does not participate in the network, your out-of-pocket expenses may be more, since you will be responsible for paying any difference between the dentist's fee and your plan's payment for the approved service. Please refer to the Selected Covered Services and Frequency Limitations page of this document for details regarding how R&C charges are defined under this plan.

**Take advantage of online self-service capabilities with MyBenefits.**

- Check the status of your claims
- Locate a participating dentist
- Access MetLife's Oral Health Library
- Elect to view your Explanation of Benefits online

If you are not already registered, just go to [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) and follow the easy registration instructions.

Certain plan benefits are based on a percentage of the negotiated fee. This is the amount that participating dentists have agreed to accept as payment in full. If your plan benefits are based on a percentage of the Reasonable and Customary (R&C) charges, your out-of-pocket expenses may be more, since you will be responsible for paying any difference between the dentist's fee and your plan's payment for the approved service.

\* If you are enrolled for dependent coverage, a maximum family deductible may apply.



## Selected Covered Services and Frequency Limitations\*

Type A	
• Oral Examinations	1 in 6 months.
• Cleanings	1 in 6 months.
• Fluoride	Children to age 14 / 1 in 12 months.
• Bitewing X-rays	Adult - 1 in 12 months / Children - 1 in 12 months.
• Space Maintainers	For dependent children to age 14. Limited to 1 per lifetime per area.
• Emergency Palliative Treatment	
Type B	
• Full Mouth X-rays	1 in 60 months.
• Periodontal Maintenance	4 in 1 year less the number of teeth cleanings.
• Periodontal Root Planing & Scaling	1 per quadrant in any 24 months period.
• Periodontal Surgery	1 in 36 months.
• Sealants (1st & 2nd permanent molars)	1 per tooth in 60 months of a dependent child up to 14 <sup>th</sup> birthday.
• Amalgam & Composite Fillings	1 per surface in 24 months.
• Simple Extractions	
• Root Canal	One per tooth per Lifetime.
Type C	
• Crowns	1 in 10 years.
• Dentures	1 in 10 years.
• Bridges	1 in 10 years.
• Surgical Extractions	
• Deep Sedation/General Anesthesia	each 15 minutes
• Repairs (Crowns)	1 in 12 months.
• Implants	1 in 10 years.
Orthodontia	
<ul style="list-style-type: none"> <li>• All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia.</li> <li>• Payments are on a repetitive basis.</li> <li>• 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the Plan Summary.</li> <li>• Orthodontic benefits end at cancellation of coverage.</li> </ul>	

The service categories and plan limitations shown in this document represent an overview of your plan benefits, but are not a complete description of the plan. Before making any purchase or enrollment decision you should review the certificate of insurance which is available through MetLife or your employer. In the event of a conflict between this overview and your certificate of insurance, your certificate of insurance governs. Like most group dental insurance policies, MetLife group policies contain certain exclusions, limitations and waiting periods and terms for keeping them in force. The certificate of insurance sets forth all plan terms and provisions, including all exclusions and limitations.

**\*Alternate Benefits:** Your dental plan provides that if there are two or more professionally acceptable dental treatment alternatives for a dental condition, your plan bases reimbursement, and the associated procedure charge, on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pretreatment estimate of benefits prior to receiving

# VISION



# Communities in Schools

## Additional discounts

**40% OFF**

Complete pair of prescription eyeglasses

**20% OFF**

Non-prescription sunglasses

**20% OFF**

Remaining balance beyond plan coverage

These discounts are not insured benefits and are for in-network providers only.

## Take a sneak peek before enrolling

- You're on the **Insight Network**

For a complete list of in-network providers near you, use our Enhanced Provider Locator on [eyemed.com](http://eyemed.com) or call 1-866-804-0982

- For LASIK providers, call 1-877-5LASER6

## SUMMARY OF BENEFITS

Vision Care Services	In-Network Member Cost	Out of Network Reimbursement
<b>Exam With Dilation as Necessary</b>	\$10 Copay	Up to \$40
<b>Retinal Imaging</b>	Up to \$39	N/A
<b>Frames</b>	\$0 Copay; \$130 allowance, 20% off balance over \$130	Up to \$91
<b>Standard Plastic Lenses</b>		
Single Vision	\$25 Copay	Up to \$30
Bifocal	\$25 Copay	Up to \$50
Trifocal	\$25 Copay	Up to \$70
Lenticular	\$25 Copay	Up to \$70
Standard Progressive Lens	\$90 Copay	Up to \$50
Premium Progressive Lens <sup>A</sup>	\$110 Copay - \$135 Copay	Up to \$50
Tier 1	\$110 Copay	Up to \$50
Tier 2	\$120 Copay	Up to \$50
Tier 3	\$135 Copay	Up to \$50
Tier 4	\$90 Copay, 20% off charge less \$120 Allowance	Up to \$50
<b>Lens Options</b> (paid by the member and added to the base price of the lens)		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate - age 19 and over	\$40	N/A
Standard Polycarbonate - under age 19	\$40	N/A
Standard Anti-Reflective Coating	\$45	N/A
Premium Anti-Reflective Coating <sup>A</sup>	\$57 - \$68	N/A
Tier 1	\$57	N/A
Tier 2	\$68	N/A
Tier 3	20% off Retail Price	N/A
Photochromic/Transitions	\$75	N/A
Polarized	20% off retail price	N/A
Other Add-Ons and Services	20% off retail price	N/A
<b>Contact Lens Fit and Follow-up</b> (Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed.)		
Standard Contact Lens Fit & Follow-Up:	Up to \$40	N/A
Premium Contact Lens Fit & Follow-Up:	10% off retail price	N/A
<b>Contact Lenses</b> (Contact Lens allowance includes materials only)		
Conventional	\$0 copay, \$130 allowance, 15% off balance over \$130	Up to \$130
Disposable	\$0 copay, \$130 allowance, plus balance over \$130	Up to \$130
Medically Necessary	\$0 copay, Paid-In-Full	Up to \$210
<b>Laser Vision Correction</b>		
LASIK or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
<b>Hearing Care</b>		
Hearing Health Care from Amplifon Hearing Network	40% off hearing exams and low price guarantee on discounted hearing aids	
<b>Frequency</b>		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 24 months	

QL-0000012890

<sup>A</sup> Premium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Benefits are not provided from services or materials arising from: 1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures; 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear; 4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; 5) Plano (non-prescription) lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals; 8) Services or materials provided by any other group benefit plan providing vision care 9) Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order. 10) Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive lens not covered-fund as a Bifocal lens. Standard Progressive lens covered-fund Premium Progressive as a Standard. Benefit allowance provides no remaining balance for future use within the same benefit year. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered.

Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. Fidelity Security Life Policy number VC-19/VC-20, form number M-9083. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.



# Get more and see more with EyeMed



### CHOOSE A DOC

EyeMed members choose from the right mix of thousands of providers—independent eye doctors, your favorite retail stores and everything in between. Find your ideal fit at [eyemed.com](http://eyemed.com) or the EyeMed Members App.



### CREATE AN ACCOUNT

Get special offers with an account on [eyemed.com](http://eyemed.com). Enter your email, choose a password and sign up for emailed savings. Log in 24/7 to view your benefit details or health and wellness information.



### MOBILIZE YOUR BENEFITS

The EyeMed Members App makes your benefits easy to understand—and even easier to use. Find an eye doctor near you, schedule an appointment and manage your vision benefits.

on eye exams and glasses for EyeMed members\*

Learn more about enrolling in EyeMed vision benefits at [enroll.eyemed.com](http://enroll.eyemed.com) and see more of the good stuff

\*Based on a sample transaction on the Insight network with a covered exam and eyewear benefits



# MEDICAL BRIDGE

## Health Screening Benefit

\$50 per screening test.

Maximum of 1 screening test per covered person per calendar year.

This benefit helps you pay for part of the expense of tests you may normally have each year.

Stress test on a bicycle or treadmill	CEA (blood test for colon cancer)
Fasting blood glucose test	Chest x-ray
Blood test for triglycerides	Colonoscopy
Serum cholesterol test to determine level of HDL and LDL	Flexible sigmoidoscopy
Bone marrow testing	Hemoccult stool analysis
Carotid doppler	Mammography
Electrocardiogram (EKG, ECG)	Pap smear
Echocardiogram (ECHO)	PSA (blood test for prostate cancer)
Skin cancer biopsy	Serum protein electrophoresis (blood test for myeloma)
Breast ultrasound	Thermography
CA 15-3 (blood test for breast cancer)	ThinPrep pap test
CA 125 (blood test for ovarian cancer)	Virtual colonoscopy

For cost and complete details, see your Colonial Life benefits counselor. Applicable to certificate number GMB1.0- C-GA. Coverage may vary by state and may not be available in all states. This is not an insurance contract and only the actual certificate provisions will control.

**Colonial Life**  
1200 Colonial Life Boulevard  
Columbia, South Carolina 29210  
coloniallife.com

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Colonial Life and *Making benefits count* are registered service marks of Colonial Life & Accident Insurance Company.



## If you got sick or hurt, could you cover all of your medical expenses?

Even if you have coverage that helps with most of the expenses, you may still have to deal with deductibles, co-payments and co-insurance. Not to mention all the other bills you're already paying each month—mortgage, groceries, electricity and gasoline. That money has to come from somewhere, too.

Colonial Life's Group Limited Benefit Insurance plan offers added financial protection for those out-of-pocket costs related to an accident or sickness.

## What benefits are included?

A **\$ 3,000** **First Day Hospital Confinement Benefit** can help pay for the costs associated with a hospital stay.

**Maximum of 1 benefit per calendar year per covered person.**

An **Outpatient Surgical Procedure Benefit** can help cover the costs associated with a covered surgical procedure.

**Maximum of \$ 1,500** per covered person per calendar year for Tiers 1 and 2 combined.

### Tier 1 Outpatient Surgical Procedure Benefit \$ 500

#### Breast

Axillary node dissection  
Breast capsulotomy  
Breast reconstruction  
Lumpectomy

#### Cardiac

Pacemaker insertion

#### Digestive

Colonoscopy  
Fistulotomy  
Hemorrhoidectomy (external)  
Lysis of adhesions

#### Skin

Laparoscopic hernia repair  
Skin grafting

#### Ear/Nose/Throat/Mouth

Adenoidectomy  
Removal of oral lesions  
Myringotomy  
Tonsillectomy  
Tracheostomy

#### Gynecological

Dilation & Curettage (D&C)  
Endometrial ablation  
Lysis of adhesions

#### Liver

Paracentesis

#### Musculoskeletal System

Carpal/cubital repair or release  
Dislocation (closed reduction treatment) other than a finger or toe  
Foot surgery (bunionectomy, exostectomy, arthroplasty, hammertoe repair)  
Fracture (closed reduction treatment) other than a rib, finger or toe  
Removal of orthopedic hardware  
Removal of tendon lesion

**Tier 2 Outpatient Surgical Procedure Benefit \$ 1,000**

<p><b>Breast</b> Breast reduction</p> <p><b>Cardiac</b> Angioplasty Cardiac catheterization</p> <p><b>Digestive</b> Exploratory laparoscopy Laparoscopic appendectomy Laparoscopic cholecystectomy</p> <p><b>Ear/Nose/Throat/Mouth</b> Ethmoidectomy Mastoidectomy</p>	<p><b>Ear/Nose/Throat/Mouth, cont.</b> Septoplasty Stapedectomy Tympanoplasty Tympanotomy</p> <p><b>Eye</b> Cataract surgery Corneal surgery (penetrating keratoplasty) Glaucoma surgery (trabeculectomy) Vitrectomy</p> <p><b>Gynecological</b> Myomectomy</p>	<p><b>Musculoskeletal System</b> Arthroscopic knee surgery w/ meniscectomy (knee cartilage repair) Arthroscopic shoulder surgery Clavicle resection Dislocations (ORIF - open reduction with internal fixation) Fracture (ORIF - open reduction with internal fixation) Removal or implantation of cartilage Tendon/ligament repair</p> <p><b>Thyroid</b> Excision of a mass</p>
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The surgeries listed above are only a sampling of the surgeries that may be covered. Surgeries must be performed by a doctor in a hospital or ambulatory surgical center. For complete details and definitions, please refer to your certificate.

**How are benefits paid?**

- 1 Benefits are paid directly to you, unless you specify otherwise.
- 1 Your benefits are paid regardless of any other coverage you may have.

Think about it. One plan could offer you even more financial protection. That's Colonial Life, *making benefits count*.

**EXCLUSIONS**

We will not pay benefits for losses which are caused by: accidents or sicknesses that occur while the certificate is not in force, alcoholism, drug addiction, dental procedures, elective procedures, cosmetic surgery, felonies or illegal occupations, pregnancy of a dependent child, psychiatric or psychological conditions, suicide, intentional injuries, war, armed forces service or giving birth within the first 9 months after the certificate effective date. We will not pay benefits for hospital confinement of a newborn who is neither injured nor sick. We will not pay benefits for loss during the first 12 months after the effective date due to a pre-existing condition which means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken prescription medication within the 12 months before the certificate effective date.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to certificate number GMB1.0- C-GA. Coverage may vary by state and may not be available in all states. This is not an insurance contract and only the actual certificate provisions will control.

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Columbia, South Carolina 29210  
coloniallife.com

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## If you got sick or hurt, could you cover all of your medical expenses?

Even if you have coverage that helps with most of the expenses, you may still have to deal with deductibles, co-payments and co-insurance. Not to mention all the other bills you're already paying each month—mortgage, groceries, electricity and gasoline. That money has to come from somewhere, too.

Colonial Life's Group Limited Benefit Insurance plan offers added financial protection for those out-of-pocket costs related to an accident or sickness.

## What benefits are included?

A **\$ 2,000** **First Day Hospital Confinement Benefit** can help pay for the costs associated with a hospital stay.

**Maximum of 1 benefit per calendar year per covered person.**

An **Outpatient Surgical Procedure Benefit** can help cover the costs associated with a covered surgical procedure.

**Maximum of \$ 1,500 per covered person per calendar year for Tiers 1 and 2 combined.**

### Tier 1 Outpatient Surgical Procedure Benefit \$ 500

#### Breast

Axillary node dissection  
Breast capsulotomy  
Breast reconstruction  
Lumpectomy

#### Cardiac

Pacemaker insertion

#### Digestive

Colonoscopy  
Fistulotomy  
Hemorrhoidectomy (external)  
Lysis of adhesions

#### Skin

Laparoscopic hernia repair  
Skin grafting

#### Ear/Nose/Throat/Mouth

Adenoidectomy  
Removal of oral lesions  
Myringotomy  
Tonsillectomy  
Tracheostomy

#### Gynecological

Dilation & Curettage (D&C)  
Endometrial ablation  
Lysis of adhesions

#### Liver

Paracentesis

#### Musculoskeletal System

Carpal/cubital repair or release  
Dislocation (closed reduction treatment) other than a finger or toe  
Foot surgery (bunionectomy, exostectomy, arthroplasty, hammertoe repair)  
Fracture (closed reduction treatment) other than a rib, finger or toe  
Removal of orthopedic hardware  
Removal of tendon lesion

## Tier 2 Outpatient Surgical Procedure Benefit \$ 1,000

<p><b>Breast</b> Breast reduction</p> <p><b>Cardiac</b> Angioplasty Cardiac catheterization</p> <p><b>Digestive</b> Exploratory laparoscopy Laparoscopic appendectomy Laparoscopic cholecystectomy</p> <p><b>Ear/Nose/Throat/Mouth</b> Ethmoidectomy Mastoidectomy</p>	<p><b>Ear/Nose/Throat/Mouth, cont.</b> Septoplasty Stapedectomy Tympanoplasty Tympanotomy</p> <p><b>Eye</b> Cataract surgery Corneal surgery (penetrating keratoplasty) Glaucoma surgery (trabeculectomy) Vitrectomy</p> <p><b>Gynecological</b> Myomectomy</p>	<p><b>Musculoskeletal System</b> Arthroscopic knee surgery w/ meniscectomy (knee cartilage repair) Arthroscopic shoulder surgery Clavicle resection Dislocations (ORIF - open reduction with internal fixation) Fracture (ORIF - open reduction with internal fixation) Removal or implantation of cartilage Tendon/ligament repair</p> <p><b>Thyroid</b> Excision of a mass</p>
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The surgeries listed above are only a sampling of the surgeries that may be covered. Surgeries must be performed by a doctor in a hospital or ambulatory surgical center. For complete details and definitions, please refer to your certificate.

## How are benefits paid?

- 1 Benefits are paid directly to you, unless you specify otherwise.
- 1 Your benefits are paid regardless of any other coverage you may have.

Think about it. One plan could offer you even more financial protection. That's Colonial Life, *making benefits count*.

### EXCLUSIONS

We will not pay benefits for losses which are caused by: accidents or sicknesses that occur while the certificate is not in force, alcoholism, drug addiction, dental procedures, elective procedures, cosmetic surgery, felonies or illegal occupations, pregnancy of a dependent child, psychiatric or psychological conditions, suicide, intentional injuries, war, armed forces service or giving birth within the first 9 months after the certificate effective date. We will not pay benefits for hospital confinement of a newborn who is neither injured nor sick. We will not pay benefits for loss during the first 12 months after the effective date due to a pre-existing condition which means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken prescription medication within the 12 months before the certificate effective date.

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# Have we got news for you!

You will have the opportunity to speak with a Colonial Life Benefits Counselor to discuss the following benefits:

- Group Medical Bridge:** Provides a lump-sum benefit of \$2,000 (Option 1) or \$3,000 (Option 2) for a covered hospital confinement and a covered outpatient surgery benefit of \$500 for Tier I surgeries and \$1,000 Tier II surgeries with a calendar year max of \$1,500. This benefit helps to offset the gaps caused by copayments and deductibles not covered by most major medical plans. A \$50 Health Screening benefit for each insured is also included. This coverage can be pre-taxed so actual cost may be less.

*Great News....CIS will pay 100% of the Employee only cost and 80% of the Dependent cost (if elected) for all employees who elect medical insurance with CIS. Employees choice between two plan options.*

Semi-Monthly (24) rates		Option 1
<b>Group Medical Bridge</b>		
<b>\$2,000 Hospital Confinement</b> <b>\$500/\$1,000 Out-Patient Surgical Benefit</b> <b>\$50 Health Screening Benefit</b>		
Employee		0.00
Employee + Spouse		3.12
Employee + Child(ren)		1.28
Family		4.41

Semi-Monthly (24) rates		Option 2
<b>Group Medical Bridge</b>		
<b>\$3,000 Hospital Confinement</b> <b>\$500/\$1,000 Out-Patient Surgical Benefit</b> <b>\$50 Health Screening Benefit</b>		
Employee		0.00
Employee + Spouse		4.29
Employee + Child(ren)		1.71
Family		6.00

# **LIFE/SHORT-TERM DISABILITY/LONG-TERM DISABILITY**



Sponsored by: **Communities in Schools of Atlanta, Inc.**

Coverage	Benefit Amount Employee	Benefit Amount Spouse and Dependents
Life	\$75,000	Spouse: \$5,000 Child: 14 days to 6 months: \$100 Child: 6 months to age 19 (to age 23 if full-time student): \$2,500 Newborn Children to age 14 days are not eligible for a benefit
Guarantee Issue	\$75,000	
AD&D	Will Equal the Life Benefit	N/A
Benefit Reduction	Employee	Spouse
Benefits will reduce:	35% at age 65; An additional 25% of original amount at age 70; An additional 15% of original amount at age 75; Benefits terminate at retirement	Benefits terminate at Spouse age 70
Additional Benefits		
See Understanding Your Benefits Page:	Accelerated Death Benefit Seatbelt Benefit – Air Bag Benefit - Common Carrier Benefit Conversion	
Enrolling for Coverage	Employee	Spouse or Dependent
Eligibility:	All employees in an eligible class.	Effective date of coverage will be delayed if Spouse or dependent is in a period of limited activity on policy issue date.

(Please see other side)

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## Understanding Your Benefits

<b>Accelerated Death Benefit</b>	Accelerated Death Benefit provides an option to be paid a portion of your life insurance benefit when diagnosed as terminally ill (as defined in the policy). The death benefit will be reduced by the amount withdrawn. To qualify, you must be covered under this policy for the amount of time defined by the policy.
<b>AD&amp;D</b>	Accidental Death and Dismemberment (AD&D) insurance provides specified benefits for a covered accidental bodily injury that directly causes death or dismemberment (e.g., the loss of a hand, foot, or eye), subject to policy limitations.
<b>Conversion</b>	If you terminate your employment or become ineligible for this coverage, you have the option to convert all or part of the amount of coverage in force to an individual life policy on the date of termination without Evidence of Insurability. Conversion election normally must be made within 31 days of your date of termination.
<b>Guarantee Issue</b>	For timely entrants enrolled within 31 days of becoming eligible, the Guarantee Issue amount is available without providing Evidence of Insurability. Evidence of Insurability will be required for any amounts above this, for late enrollees or increases in insurance, and it will be provided at your own expense.
<b>Seatbelt Benefit – Air Bag Benefit - Common Carrier Benefit</b>	If you die as a result of a covered auto accident while wearing a seat belt or in a vehicle equipped with an airbag, additional benefits are payable up to \$10,000 or 10% of the principal sum, whichever is less. If loss occurs due to an accident while riding as a passenger in a common carrier, benefits will be double the amount that would otherwise apply as outlined in the certificate.
<b>Limited Activity</b>	A period when a Spouse or dependent is confined in a health care facility; or, whether confined or not, is unable to perform the regular and usual activities of a healthy person of the same age and sex.
<b>Term Life</b>	A death benefit is paid to the designated beneficiary upon the death of the insured. Coverage is provided for the time period that you are eligible and premium is paid. There is no cash value associated with this product.

## Additional Benefits

<b>LifeKeys<sup>SM</sup></b>	Online will & testament preparation service, identity theft resources and beneficiary assistance support for all employees and eligible dependents covered under the Group Term Life and/or AD&D policy.
<b>TravelConnect<sup>SM</sup></b>	Travel assistance services for employees and eligible dependents traveling more than 100 miles from home.

**For assistance or additional information Contact Lincoln Financial Group at**

(800) 423-2765; reference ID: **COINS**

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

NOTE: This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Should there be a difference between this summary and the policy, the policy will govern.

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## Group Long-Term Disability Insurance

### SUMMARY OF BENEFITS

Sponsored by: **Communities in Schools of Atlanta, Inc**

Long-term disability is intended to protect your income for a long duration after you have depleted short-term disability or any sick leave your company may offer.

LTD Benefit					
	Monthly Benefit	Maximum Benefit	Maximum Benefit Duration	Own Occupation Period	Elimination Period
<b>Employer Paid Plan</b>	66.67%	\$3,500	Later of Age 65 or Social Security Normal Retirement Age	24 Months	90 Days
<b>Pre-Existing Condition</b>	You may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under this policy until you have been covered under the policy for 12 months				
<b>Waiver of Premium</b>	You will not be required to pay premium during any time of approved total or partial disability.				
<b>Benefit Limitations</b>	Mental Illness: 24 months Substance Abuse: 24 months Specified Illness: No Limit				
Enrolling for Coverage					
<b>Eligibility:</b>	All employees in an eligible class.				

(Please see other side)

## Understanding Your Benefits

<b>Elimination Period</b>	The number of days you must be disabled prior to collecting disability benefits.
<b>Own Occupation</b>	The trade or profession you were employed in prior to your disability as defined by the US DOL Dictionary of Occupational Titles.
<b>Total Disability</b>	Due to an injury or illness, you are unable to perform each of the main duties of your own occupation. Your "own" occupation is covered for a specific period of time. Following this, the definition of total disability becomes the inability to perform any occupation for which you are reasonably suited based on your experience, education, or training.
<b>Partial Disability</b>	Due to an injury or illness, you are unable to perform each of the main duties of your regular occupation on a full-time basis. Partial Disability benefits may be payable if you are earning at least 20% of the income you earned prior to becoming disabled, but not more than 99%. Partial disability benefits allow you to work and earn income from your employer and continue to receive benefits, which may enable you to receive 100% of your income during your time of disability.
<b>Continuation of Disability</b>	If you return to work full-time but become disabled from the same disability within 6 months of returning to work, you will begin receiving benefits again immediately with no new Elimination Period.
<b>Benefit Duration Reduction</b>	Your benefit duration may be reduced if you become disabled after age 65.
<b>Pre-Existing Condition</b>	Any sickness or injury for which you received medical treatment, consultation, care, or services (including diagnostic measures or the taking of prescribed medications) during the specified months prior to your coverage effective date. A disability arising from any such sickness or injury will be covered only if it begins after you have performed your regular occupation on a full-time basis for the specified months following the coverage effective date.
<b>Benefit Exclusions</b>	You will not receive benefits in the following circumstances: <ul style="list-style-type: none"><li>• Your disability is the result of a self-inflicted injury.</li><li>• You are not under the regular care of a doctor when requesting disability benefits.</li><li>• You were involved in a felony commission, act of war, or participation in a riot.</li><li>• You were residing outside of the United States or Canada for more than 12 consecutive months for purposes other than employment with your Employer.</li></ul>
<b>Benefit Reductions</b>	Your benefits may be reduced if you are receiving benefits from any of the following sources: <ul style="list-style-type: none"><li>• Any compulsory benefit act or law (such as state disability plans);</li><li>• Any governmental retirement system earned as a result of working for the current policyholder;</li><li>• Any disability or retirement benefit received under a retirement plan;</li><li>• Any Social Security, or similar plan or act, benefits;</li><li>• Earnings from any form of employment;</li><li>• Workers compensation;</li><li>• Salary continuance or employer contributions to an employer sponsored retirement plan.</li></ul>
<b>Coverage Termination</b>	Coverage will terminate when you terminate employment with this policyholder, or at your retirement.

## Additional Benefits

EmployeeConnect<sup>SM</sup>  
Conversion

Survivor Income Benefit

**See your Schedule of Benefits on your Certificate for more information**

## For assistance or additional information

Contact Lincoln Financial Group at (800) 423-2765 or log on to [www.LincolnFinancial.com](http://www.LincolnFinancial.com)

NOTE: This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Should there be a difference between this summary and the policy, the policy will govern.

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**Group Short-Term Disability Insurance**

**SUMMARY OF BENEFITS**

**Sponsored by:** Communities in Schools of Atlanta, Inc

Short-term disability is intended to protect your income for a short duration in case you become ill or injured.

STD Benefit		Employee		
	Weekly Benefit	Maximum Weekly Benefit	Elimination Period (Accident/Illness)	Maximum Benefit Duration
	60%	\$750	Benefits begin on: 1 <sup>st</sup> day/8 <sup>th</sup> day	13 weeks
<b>Benefit Reductions</b>	Your benefits may be reduced if: <ul style="list-style-type: none"> <li>You are receiving benefits from any compulsory benefit, act, or law, such as a state disability plan.</li> <li>You are receiving sick leave pay from your employer.</li> </ul>			
<b>Additional Benefits</b>				
<b>See your Schedule of Benefits on your Certificate for more information</b>				
<b>Enrolling for Coverage</b>				
<b>Eligibility:</b>	All employees in an eligible class.			

(Please see other side)

## Understanding Your Benefits

<b>Total Disability</b>	Due to an injury or illness, you are unable to perform each of the main duties of your regular occupation.
<b>Partial Disability</b>	Due to an injury or illness, you are unable to perform each of the main duties of your regular occupation on a full-time basis. Partial Disability benefits may be payable if you are earning at least 20% of the income you earned prior to becoming disabled, but not more than 99%. Partial disability benefits allow you to work and earn income from your employer as well as continue to receive benefits, which may enable you to receive 100% of your income during your time of disability.
<b>Continuation of Disability</b>	If you return to work full-time but become disabled from the same disability within 2 weeks of returning to work, you will begin receiving benefits again immediately.
<b>Benefit Exclusions</b>	You will not receive benefits in the following circumstances: <ul style="list-style-type: none"><li>• Your disability is the result of a self-inflicted injury.</li><li>• You are not under the regular care of a doctor when requesting disability benefits.</li><li>• Your disability is covered under a worker's compensation plan and/or is due to a job-related sickness or injury.</li><li>• You are receiving payment under a salary continuance or retirement plan sponsored by the group policyholder.</li></ul>
<b>Benefit Reductions</b>	Your benefits may be reduced if you are receiving benefits from any of the following sources: <ul style="list-style-type: none"><li>• Any governmental retirement system earned as a result of working for the current policyholder;</li><li>• Any disability or retirement benefit received under a retirement plan;</li><li>• Any Social Security, or similar plan or act, benefits;</li><li>• Earnings from any form of employment.</li></ul>
<b>Coverage Termination</b>	This coverage will terminate when you terminate employment with this policyholder, or at your retirement.

## For assistance or additional information

Contact Lincoln Financial Group at (800) 423-2765 or log on to [www.LincolnFinancial.com](http://www.LincolnFinancial.com)

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Communities  
In Schools

Atlanta

# **SUPPLEMENTAL INSURANCE**

# Accident Insurance

Accidents are  
unexpected.  
How you care for  
them shouldn't be.

# To see you and your family through the unexpected...

## ...Colonial Life's Accident Insurance

Accidents happen in places where you and your family spend the most time – at work, in the home or during sports and leisure activities.

### Accident Insurance

Most traditional insurance doesn't cover every medical expense, leaving you to pay out-of-pocket expenses such as deductibles, office visit co-payments, and transportation and lodging costs. Can you afford to pay all the costs related to caring for an accidental injury?

Colonial Life's Accident Insurance is designed to help see you through the different stages of care, this plan provides benefits for initial care and treatment, in addition to the follow-up care you may need.

#### Initial Care

When an accident happens, you don't want to worry about how you will pay for the initial care, especially if you have to go to the emergency room for x-rays or ride in an ambulance.

- Ambulance \$100
- Air Ambulance \$500
- Emergency Room Treatment \$150 per accident
- Initial Doctor's Office Visit \$50 per accident

#### Common Accidental Injuries

Fractures and dislocations are frequent injuries common in both adults and children.

Dislocation (Separated Joint)	Closed Reduction (Non-Surgical)	Open Reduction (Surgical)
Hip	\$2,000	\$4,000
Knee	\$1,000	\$2,000
Ankle – Bone or Bones of the Foot	\$ 800	\$1,600
Collarbone (Sternoclavicular)	\$ 500	\$1,000
Lower Jaw, Shoulder, Elbow, Wrist	\$ 300	\$ 600
Bone or Bones of the Hand	\$ 300	\$ 600
Collarbone (Acromioclavicular and Separation), One Toe or Finger	\$ 100	\$ 200

Fracture (Broken Bone)	Closed Reduction (Non-Surgical)	Open Reduction (Surgical)
Skull, Depressed Skull	\$2,500	\$5,000
Skull, Simple Non-Depressed	\$1,000	\$2,000
Hip, Thigh	\$1,500	\$3,000
Body of Vertebrae, Pelvis, Leg	\$ 800	\$1,600
Bones of Face or Nose	\$ 350	\$ 700
Upper Jaw, Maxilla	\$ 350	\$ 700
Upper Arm between Elbow and Shoulder	\$ 350	\$ 700
Lower Jaw, Mandible, Kneecap, Ankle, Foot	\$ 300	\$ 600
Shoulder Blade, Collarbone, Vertebral Processes	\$ 300	\$ 600
Forearm, Wrist, Hand	\$ 300	\$ 600
Rib	\$ 250	\$ 500
Coccyx	\$ 200	\$ 400
Finger, Toe	\$ 50	\$ 100

Your Colonial Life policy also provides benefits for the following injuries received as a result of a covered accident.

Burn (based on size and degree)	\$750 to \$10,000	Torn Knee Cartilage	\$500
Concussion	\$100	Lacerations (based on size)	\$25 to \$400
Emergency Dental Work	\$50 to \$150	Ruptured Disc	\$400
Eye Injury	\$200	Tendon/Ligament/Rotator Cuff	\$400 to \$600



# Children ages 5 to 14 account for nearly 40 percent of all sports-related injuries treated in hospital emergency departments.

Source: 2009 National Center for Sports Safety



## Surgical Care

If your covered accidental injury is serious enough to require surgical care or a transfusion, your Colonial Life policy provides you benefits.

- Surgery (open abdominal or thoracic) \$1,000
- Blood/Plasma/Platelets \$300

## Transportation/Lodging Assistance

If a covered person must travel more than 100 miles to receive special treatment and confinement in a hospital for injuries received as the result of a covered accident, your Colonial Life policy provides benefits to help with transportation and lodging costs.

- Transportation \$300 per trip up to 3 trips
- Lodging \$100 per night up to 30 days (family member or companion)

## Accident Hospital Care

Traditional health insurance policies may have per admission deductibles and co-payments that must be satisfied prior to covering benefits related to hospital stays. Your Colonial Life policy provides benefits to help with these costs.

- Hospital Admission \$750 per admission per accident
- Hospital Confinement \$200 per day up to 365 days
- Hospital Intensive Care \$400 per day up to 15 days

## Follow-up Care

You may require follow-up care once you are discharged from the emergency room, hospital or doctor's office. You may have to undergo physical therapy, use crutches or a wheelchair or even require the use of an artificial limb.

- Accident Follow-up Treatment \$50 (Limit of one visit, payable after Emergency Treatment or Initial Doctor's Office Visit)
- Appliances \$100 (wheelchair, crutches)
- Physical Therapy \$25 per treatment up to 6 treatments
- Prosthetic Devices \$500 to \$1,000

## Accidental Death and Dismemberment

*Preliminary information indicates that in 2005, accidental injuries remained the fifth leading cause of death.*

Source: Injury Facts, National Safety Council, 2008 edition

For injuries received as the result of a covered accident that lead to an accidental death or dismemberment, this plan provides benefits that can help see you and your family through the loss.

- Loss of Finger/Toe/Hand/Foot/Sight of Eye \$750 to \$15,000

	Accidental Death	Common Carrier
● Named Insured	\$25,000	\$50,000
● Spouse	\$10,000	\$20,000
● Child(ren)	\$ 5,000	\$10,000

*On the job, 3.7 million American workers suffered disabling injuries in 2006. A disabling injury occurs every second.*

Source: Injury Facts, National Safety Council, 2008 edition

*Please refer to the Outline of Coverage contained in this brochure for complete details.*

## Features of Colonial Life's Accident Insurance:

- Family coverage is available for your spouse and children.
- Your benefits are paid directly to you, unless you specify otherwise.
- You're covered worldwide.
- This plan is portable; you can take it with you if you change jobs or retire.
- You are paid benefits regardless of any other insurance you may have.

### Benefit Worksheet

For use by Colonial Life Benefits Counselor

Flexible Benefit

#### Coverage: (check one)

- Employee Only       Spouse Only       One Child Only
- Employee/Spouse       One-Parent Family       Two-Parent Family

**Plan: (check one)**     On and Off -Job Benefits     Off -Job Only Benefits

**Premium Per Pay Period \$** \_\_\_\_\_ *The premium will vary based on benefits selected.*

**Learn more about these and all of the benefits Colonial Life has to offer at [coloniallife.com](http://coloniallife.com).**

*This coverage has exclusions and limitations that may affect benefits payable. Coverage type and benefits vary by state and may not be available in all states. See the Outline of Coverage within for complete details.*

*Applicable to policy form ACCPOL. This brochure is not complete without the corresponding Outline of Coverage form ACCPOL-O, including state variations where applicable.*

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- **Accident Care Insurance:** Helps offset unexpected medical expenses, which can result from a fracture, dislocation, burn, or other covered accidental injury – whenever it occurs ON or OFF the job. This plan provides benefits for initial care and treatment, in addition to follow-up care. Surgical Care, Hospitalization, Transportation and Lodging Assistance, as well as Accidental Death and Dismemberment are among the benefits covered. An optional \$50 Health Screening benefit and a Hospital Confinement due to a covered Sickness benefit is also available. This coverage can be pre-taxed so actual cost may be less.

**Semi-Monthly (24) rates**

<b>Accident Care - ON/OFF Job</b>			
	<b>Plan 1</b>	<b>Health Screening Rider</b>	<b>Sickness Hospital Confinement Rider</b>
<b>Individual</b>	8.38	0.88	2.00
<b>Employee + Spouse</b>	11.13	1.25	4.00
<b>1 Parent Family</b>	14.00	0.88	3.00
<b>2 Parent Family</b>	16.75	1.25	5.00



## How will you pay for what your health insurance won't?

It's true—a serious medical event such as cancer, heart attack or stroke could leave you in a period of financial difficulty. Even if you have major medical coverage, there are typically uncovered expenses to consider, such as deductibles and copayments, travel expenses to and from treatment centers and the loss of wages or salary. If faced with this situation, would you be able to maintain your current way of life?

### Group Critical Care Insurance may help guard you against financial hardship.

This specified disease coverage from Colonial Life & Accident Insurance Company offers the protection you need to concentrate on what is most important—your treatment, care and recovery.

Traditionally, cancer insurance and critical illness insurance are bought separately—but Colonial Life's Group Critical Care plan conveniently combines both into a single policy. You're free to use the benefits however you choose. And coverage may be available for you, your spouse and your eligible dependents.

#### Plan Features:

- A lump sum payment allows you the flexibility to better plan your treatment and care.
- You may adjust the face amount to best meet your personal needs.
- Ongoing benefits for cancer treatment and care.
- May pay multiple times for a covered critical illness.

### What benefits are included?

**Face Amount:** \$ \_\_\_\_\_

**Critical Illness Benefit:** This is a lump sum benefit to assist with the medical and/or non-medical costs associated with the diagnosis of a covered critical illness.

Covered Critical Illness Conditions	
For this critical illness...	We will pay this percentage of the face amount:
Heart Attack (Myocardial Infarction)	100%
Stroke	100%
End Stage Renal (Kidney) Failure	100%
Major Organ Failure	100%
Coma	100%
Permanent Paralysis Due to an Accident	100%
Blindness	100%
Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D	100%
Coronary Artery Bypass Graft Surgery/Disease <sup>1</sup>	25%

<sup>1</sup> Benefit for Coronary Artery Disease applicable in lieu of benefit for Coronary Artery Bypass Graft Surgery when Health Savings Account (HSA) compliant plan is selected.

**Diagnosis of Cancer Benefit:** This is a lump sum benefit to assist with the medical and/or non-medical costs associated with the diagnosis of cancer (internal or invasive).

Covered Cancer Benefits	
For this condition...	We will pay:
Diagnosis of Cancer	100% of the face amount
Diagnosis of Carcinoma in Situ	25% of the face amount
Skin Cancer	\$500 flat amount

**Cancer Treatment and Care Benefit:** \$\_\_\_\_\_ per calendar month for \_\_\_\_\_ months. This benefit assists with the ongoing medical and/or non-medical costs associated with a diagnosis of cancer (internal or invasive) or carcinoma in situ. The benefit is payable when you or a covered family member incurs charges for and receives one or more of the covered treatments or services in a calendar month for your treatment or care of cancer (internal or invasive) or carcinoma in situ:

- Hospice Care
- Confinement
- Chemotherapy
- Radiation
- Surgery

**Cancer Vaccine Benefit: \$50.** We will pay this benefit if you or a covered family member incurs a charge for and receives any cancer vaccine that is FDA approved for the prevention of cancer, while your certificate is in force.

## Can I use the critical illness coverage more than once?

**Yes! This plan includes coverage for subsequent diagnosis of a different critical illness.<sup>2</sup>**

If you receive a benefit for a critical illness, and later you are diagnosed with a *different* critical illness, we will pay the original percentage of the face amount for that particular critical illness.

**Yes! This plan includes coverage for subsequent diagnosis of the same critical illness.<sup>2</sup>**

If you receive a benefit for a critical illness and later you are diagnosed with the *same* critical illness (except those listed below), we will pay 25% of the original face amount. *Critical Illness conditions that do not qualify are: Coronary Artery Bypass Graft Surgery/ Coronary Artery Disease<sup>1</sup> and Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D.*

<sup>1</sup> Benefit for Coronary Artery Disease applicable in lieu of benefit for Coronary Artery Bypass Graft Surgery when Health Savings Account (HSA) compliant plan is selected.

<sup>2</sup> Dates of Diagnoses of a covered critical illness must be separated by at least 180 days.

**EXCLUSIONS AND LIMITATIONS FOR CRITICAL ILLNESS** - We will not pay the Critical Illness Benefit or Benefit Payable Upon Subsequent Diagnosis of a Critical Illness that occurs as a result of a covered person's: accidents or sicknesses occurring while the certificate is not in force; alcoholism or drug addiction; felonies or illegal occupations; intoxicants and narcotics; **psychiatric or psychological conditions**; suicide or injuries which any covered person intentionally does to himself; war or armed conflict; or pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule on the date the covered person is diagnosed with a critical illness.

**EXCLUSIONS AND LIMITATIONS FOR CANCER** - We will not pay the Diagnosis of Cancer Benefit, Diagnosis of Carcinoma in Situ Benefit, the Cancer Treatment and Care Benefit or the Skin Cancer Benefit for a covered person's cancer (internal or invasive), carcinoma in situ or skin cancer that: is diagnosed or treated outside the territorial limits of the United States, its possessions, or the countries of Canada and Mexico; is a pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule on the date the covered person is initially diagnosed as having cancer (internal or invasive), carcinoma in situ or skin cancer. No Pre-existing Condition Limitation will be applied for dependent children who are born or adopted while you are covered under the policy, and who are continuously covered from the date of birth or adoption.

This is not an insurance contract and only the actual certificate provisions will control. Applicable to certificate form GCC1.0-C-GA. Please see your Colonial Life benefits counselor for details.

- Group Critical Care Insurance:** Complements your major medical coverage by providing a lump-sum benefit that you can use to pay the direct and indirect costs related to a covered critical illness or cancer, which can often be expensive and lengthy. You have the choice of benefits from a minimum of \$5,000 up to a maximum benefit payment of \$20,000. Payment for Subsequent Diagnosis of a different Specified Critical Illness and Subsequent Diagnosis for the same specified illness is included. The plan also includes a \$500 per month benefit (payable for up to 12 months) for Cancer Treatment and Care benefit. This benefit can assist with the extended costs associated with ongoing cancer treatment. A \$50 Health Screening Benefit is included and payable for one covered screening per year.

**Semi-Monthly (24) rates**

GROUP CRITICAL CARE 1.0 - NON-HSA COMPLIANT									
FULL CI BENEFITS w/SUBSEQUENT DIAGNOSIS + CANCER BENEFITS with \$500/12 CANCER TREATMENT & CARE BENEFITS + \$50 HEALTH SCREENING									
Non-Tobacco Employee Only					Tobacco Employee Only				
Age	\$5,000	\$10,000	\$15,000	\$20,000	Age	\$5,000	\$10,000	\$15,000	\$20,000
17-29	4.63	5.53	6.43	7.33	17-29	5.62	7.07	8.52	9.97
30-39	5.51	7.28	9.06	10.83	30-39	6.94	9.72	12.49	15.27
40-49	7.41	11.08	14.76	18.43	40-49	9.97	15.77	21.57	27.37
50-59	10.46	17.18	23.91	30.63	50-59	14.82	25.47	36.12	46.77
60-74	14.56	25.38	36.21	47.03	60-74	21.67	39.17	56.67	74.17
Non-Tobacco Employee & Spouse					Tobacco Employee & Spouse				
Age	\$5,000	\$10,000	\$15,000	\$20,000	Age	\$5,000	\$10,000	\$15,000	\$20,000
17-29	8.16	9.51	10.86	12.21	17-29	9.86	12.03	14.21	16.38
30-39	9.46	12.11	14.76	17.41	30-39	11.81	15.93	20.06	24.18
40-49	12.31	17.81	23.31	28.81	40-49	16.38	25.08	33.78	42.48
50-59	17.06	27.31	37.56	47.81	50-59	24.01	40.33	56.66	72.98
60-74	23.31	39.81	56.31	72.81	60-74	34.43	61.18	87.93	114.68
Non-Tobacco 1-Parent Family					Tobacco 1-Parent Family				
Age	\$5,000	\$10,000	\$15,000	\$20,000	Age	\$5,000	\$10,000	\$15,000	\$20,000
17-29	4.88	5.90	6.93	7.95	17-29	5.89	7.49	9.09	10.69
30-39	5.75	7.65	9.55	11.45	30-39	7.19	10.09	12.99	15.89
40-49	7.68	11.50	15.33	19.15	40-49	10.24	16.19	22.14	28.09
50-59	10.73	17.60	24.48	31.35	50-59	15.09	25.89	36.69	47.49
60-74	14.83	25.80	36.78	47.75	60-74	21.94	39.59	57.24	74.89
Non-Tobacco Family					Tobacco Family				
Age	\$5,000	\$10,000	\$15,000	\$20,000	Age	\$5,000	\$10,000	\$15,000	\$20,000
17-29	8.41	9.88	11.36	12.83	17-29	10.10	12.40	14.70	17.00
30-39	9.71	12.48	15.26	18.03	30-39	12.05	16.30	20.55	24.80
40-49	12.58	18.23	23.88	29.53	40-49	16.65	25.50	34.35	43.20
50-59	17.33	27.73	38.13	48.53	50-59	24.28	40.75	57.23	73.70
60-74	23.58	40.23	56.88	73.53	60-74	34.73	61.65	88.58	115.50

## Voluntary Life Insurance with Accidental Death and Dismemberment (AD&D)

### SUMMARY OF BENEFITS

**Sponsored by:** Communities in Schools of Atlanta, Inc

Life Benefit	Employee	Spouse	Dependent
Amount	Choice of \$10,000 increments Not to exceed 5 times your annual salary Employees age 70 and older, maximum benefit is \$50,000	Choice of \$5,000 increments Employee must elect coverage for spouse to be eligible. Not to exceed 50% of employee elected amount.	\$250 Child: 14 days to 6 months \$10,000 Child: 6 months to age 19 (to age 25 if full-time student) Newborn children to age 14 days are not eligible for a benefit Employee must elect coverage for dependents to be eligible.
Minimum Amount	\$10,000	\$5,000	\$10,000
Maximum Amount	\$300,000	\$100,000	\$10,000
Guarantee Issue	\$150,000 under age 70 \$20,000 age 70-74 No Guarantee Issue age 75 and older	\$30,000 if employee is under age 60 No Guarantee Issue if employee is age 60 and older	\$10,000

AD&D Benefit	Employee	Spouse
Amount	Optional coverage can be purchased by you for additional premium. Benefit amount equal to the life amount elected by you. Cost included in the schedule.	Same as employee
Benefit Reduction	Employee	Spouse
Benefits will reduce:	35% at age 65 An additional 25% of original amount at age 70 An additional 15% of original amount at age 75 Benefits terminate at age 80 or retirement, whichever occurs first	35% at employee age 65 Benefits terminate at employee age 70 or retirement, whichever occurs first

#### Additional Benefits

- See Definition: Accelerated Death Benefit
- See Definition: Portability
- See Definition: Conversion
- See Definition: Seat Belt, Airbag, and Common Carrier

Eligibility	Employee	Spouse and Dependents
	All employees in an eligible class. You are able to take advantage of this coverage now without a health examination. You may not be offered this opportunity again, or may be responsible for the cost of required examinations.	Cannot be in a period of limited activity on the day coverage takes effect.

**Employee Monthly Premium  
Life Premium for sample benefit amounts**

Employee and Spouse Premiums are calculated separately.  
Refer to Program Specifications for your maximum benefit amounts.

**Benefits and premium amounts reflect age reductions.**

AGE	Monthly Rate per \$1,000	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
<30	0.0600	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$3.60	\$4.20	\$4.80	\$5.40	\$6.00
30-34	0.0600	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$3.60	\$4.20	\$4.80	\$5.40	\$6.00
35-39	0.0900	\$0.90	\$1.80	\$2.70	\$3.60	\$4.50	\$5.40	\$6.30	\$7.20	\$8.10	\$9.00
40-44	0.1500	\$1.50	\$3.00	\$4.50	\$6.00	\$7.50	\$9.00	\$10.50	\$12.00	\$13.50	\$15.00
45-49	0.2300	\$2.30	\$4.60	\$6.90	\$9.20	\$11.50	\$13.80	\$16.10	\$18.40	\$20.70	\$23.00
50-54	0.4600	\$4.60	\$9.20	\$13.80	\$18.40	\$23.00	\$27.60	\$32.20	\$36.80	\$41.40	\$46.00
55-59	0.7300	\$7.30	\$14.60	\$21.90	\$29.20	\$36.50	\$43.80	\$51.10	\$58.40	\$65.70	\$73.00
60-64	0.8300	\$8.30	\$16.60	\$24.90	\$33.20	\$41.50	\$49.80	\$58.10	\$66.40	\$74.70	\$83.00
<b>65-69</b>	1.4500	<b>\$6,500</b>	<b>\$13,000</b>	<b>\$19,500</b>	<b>\$26,000</b>	<b>\$32,500</b>	<b>\$39,000</b>	<b>\$45,500</b>	<b>\$52,000</b>	<b>\$58,500</b>	<b>\$65,000</b>
		\$9.43	\$18.85	\$28.28	\$37.70	\$47.13	\$56.55	\$65.98	\$75.40	\$84.83	\$94.25
<b>70-74</b>	3.5900	<b>\$4,000</b>	<b>\$8,000</b>	<b>\$12,000</b>	<b>\$16,000</b>	<b>\$20,000</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
		\$14.36	\$28.72	\$43.08	\$57.44	\$71.80	N/A	N/A	N/A	N/A	N/A
<b>75-79</b>	14.0900	<b>\$2,500</b>	<b>\$5,000</b>	<b>\$7,500</b>	<b>\$10,000</b>	<b>\$12,500</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
		\$35.23	\$70.45	\$105.68	\$140.90	\$176.13	N/A	N/A	N/A	N/A	N/A
<b>80+</b>		<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Example:

Use this formula to calculate premium for benefit amounts over \$100,000.

	Age	Monthly Rate Per \$1,000	X	Benefit In \$1,000's	=	Monthly Cost
<b>Example:</b>	<b>35</b>	<b>0.0900</b>	<b>X</b>	<b>150</b>	<b>=</b>	<b>13.50</b>
			<b>X</b>		<b>=</b>	

Dependent Children Rate = \$2.00 monthly

Premium covers all dependent children regardless of the number of children.

**Spouse Monthly Premium  
Life Premium for sample benefit amounts**

Employee and Spouse premiums are calculated separately.  
Spouse premiums will be calculated based on Employee age.  
Refer to Program Specifications for your maximum benefit amounts.

**Benefits and premium amounts reflect age reductions.**

AGE	Monthly Rate per \$1,000	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
<30	0.0600	\$0.30	\$0.60	\$0.90	\$1.20	\$1.50	\$1.80	\$2.10	\$2.40	\$2.70	\$3.00
30-34	0.0600	\$0.30	\$0.60	\$0.90	\$1.20	\$1.50	\$1.80	\$2.10	\$2.40	\$2.70	\$3.00
35-39	0.0900	\$0.45	\$0.90	\$1.35	\$1.80	\$2.25	\$2.70	\$3.15	\$3.60	\$4.05	\$4.50
40-44	0.1500	\$0.75	\$1.50	\$2.25	\$3.00	\$3.75	\$4.50	\$5.25	\$6.00	\$6.75	\$7.50
45-49	0.2300	\$1.15	\$2.30	\$3.45	\$4.60	\$5.75	\$6.90	\$8.05	\$9.20	\$10.35	\$11.50
50-54	0.4600	\$2.30	\$4.60	\$6.90	\$9.20	\$11.50	\$13.80	\$16.10	\$18.40	\$20.70	\$23.00
55-59	0.7300	\$3.65	\$7.30	\$10.95	\$14.60	\$18.25	\$21.90	\$25.55	\$29.20	\$32.85	\$36.50
60-64	0.8300	\$4.15	\$8.30	\$12.45	\$16.60	\$20.75	\$24.90	\$29.05	\$33.20	\$37.35	\$41.50
<b>65-69</b>	1.4500	<b>\$3,250</b>	<b>\$6,500</b>	<b>\$9,750</b>	<b>\$13,000</b>	<b>\$16,250</b>	<b>\$19,500</b>	<b>\$22,750</b>	<b>\$26,000</b>	<b>\$29,250</b>	<b>\$32,500</b>
		\$4.71	\$9.43	\$14.14	\$18.85	\$23.56	\$28.28	\$32.99	\$37.70	\$42.41	\$47.13
<b>70+</b>		<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Example:  
Use this formula to calculate premium for benefit amounts over \$50,000.

	Age	Monthly Rate Per \$1,000	X	Benefit In \$1,000's	=	Monthly Cost
<b>Example:</b>	<b>35</b>	<b>0.0900</b>	<b>X</b>	<b>75</b>	<b>=</b>	<b>6.75</b>
			<b>X</b>		<b>=</b>	

Dependent Children Rate = \$2.00 monthly

Premium covers all dependent children regardless of the number of children.

**Employee Monthly Premium  
Life and Accidental Death and Dismemberment Premium for sample benefit amounts**

Employee and Spouse premiums are calculated separately.  
Refer to Program Specifications for your maximum benefit amounts.  
**Benefits and premium amounts reflect age reductions.**

AGE	Monthly Rate per \$1,000	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
<30	0.0850	\$0.85	\$1.70	\$2.55	\$3.40	\$4.25	\$5.10	\$5.95	\$6.80	\$7.65	\$8.50
30-34	0.0850	\$0.85	\$1.70	\$2.55	\$3.40	\$4.25	\$5.10	\$5.95	\$6.80	\$7.65	\$8.50
35-39	0.1150	\$1.15	\$2.30	\$3.45	\$4.60	\$5.75	\$6.90	\$8.05	\$9.20	\$10.35	\$11.50
40-44	0.1750	\$1.75	\$3.50	\$5.25	\$7.00	\$8.75	\$10.50	\$12.25	\$14.00	\$15.75	\$17.50
45-49	0.2550	\$2.55	\$5.10	\$7.65	\$10.20	\$12.75	\$15.30	\$17.85	\$20.40	\$22.95	\$25.50
50-54	0.4850	\$4.85	\$9.70	\$14.55	\$19.40	\$24.25	\$29.10	\$33.95	\$38.80	\$43.65	\$48.50
55-59	0.7550	\$7.55	\$15.10	\$22.65	\$30.20	\$37.75	\$45.30	\$52.85	\$60.40	\$67.95	\$75.50
60-64	0.8550	\$8.55	\$17.10	\$25.65	\$34.20	\$42.75	\$51.30	\$59.85	\$68.40	\$76.95	\$85.50
<b>65-69</b>	1.4750	<b>\$6,500</b>	<b>\$13,000</b>	<b>\$19,500</b>	<b>\$26,000</b>	<b>\$32,500</b>	<b>\$39,000</b>	<b>\$45,500</b>	<b>\$52,000</b>	<b>\$58,500</b>	<b>\$65,000</b>
		\$9.59	\$19.18	\$28.76	\$38.35	\$47.94	\$57.53	\$67.11	\$76.70	\$86.29	\$95.88
<b>70-74</b>	3.6150	<b>\$4,000</b>	<b>\$8,000</b>	<b>\$12,000</b>	<b>\$16,000</b>	<b>\$20,000</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
		\$14.46	\$28.92	\$43.38	\$57.84	\$72.30	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>75-79</b>	14.1150	<b>\$2,500</b>	<b>\$5,000</b>	<b>\$7,500</b>	<b>\$10,000</b>	<b>\$12,500</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
		\$35.29	\$70.58	\$105.86	\$141.15	\$176.44	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>80+</b>		<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Example:  
Use this formula to calculate premium for benefit amounts over \$100,000.

Age	Monthly Rate Per \$1,000	X	Benefit In \$1,000's	=	Monthly Cost
<b>Example: 35</b>	<b>0.1150</b>	<b>X</b>	<b>150</b>	<b>=</b>	<b>\$17.25</b>
		<b>X</b>		<b>=</b>	

Dependent Children Rate = \$2.00 monthly

Premium covers all dependent children regardless of the number of children.



**Spouse Monthly Premium**  
**Life and Accidental Death and Dismemberment Premium for sample benefit amounts**

Employee and Spouse premiums are calculated separately.  
 Spouse premiums will be calculated based on Employee age.  
 Refer to Program Specifications for your maximum benefit amounts.

**Benefits and premium amounts reflect age reductions.**

AGE	Monthly Rate per \$1,000	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
<30	0.0850	\$0.43	\$0.85	\$1.28	\$1.70	\$2.13	\$2.55	\$2.98	\$3.40	\$3.83	\$4.25
30-34	0.0850	\$0.43	\$0.85	\$1.28	\$1.70	\$2.13	\$2.55	\$2.98	\$3.40	\$3.83	\$4.25
35-39	0.1150	\$0.58	\$1.15	\$1.73	\$2.30	\$2.88	\$3.45	\$4.03	\$4.60	\$5.18	\$5.75
40-44	0.1750	\$0.88	\$1.75	\$2.63	\$3.50	\$4.38	\$5.25	\$6.13	\$7.00	\$7.88	\$8.75
45-49	0.2550	\$1.28	\$2.55	\$3.83	\$5.10	\$6.38	\$7.65	\$8.93	\$10.20	\$11.48	\$12.75
50-54	0.4850	\$2.43	\$4.85	\$7.28	\$9.70	\$12.13	\$14.55	\$16.98	\$19.40	\$21.83	\$24.25
55-59	0.7550	\$3.78	\$7.55	\$11.33	\$15.10	\$18.88	\$22.65	\$26.43	\$30.20	\$33.98	\$37.75
60-64	0.8550	\$4.28	\$8.55	\$12.83	\$17.10	\$21.38	\$25.65	\$29.93	\$34.20	\$38.48	\$42.75
<b>65-69</b>	1.4750	<b>\$3,250</b>	<b>\$6,500</b>	<b>\$9,750</b>	<b>\$13,000</b>	<b>\$16,250</b>	<b>\$19,500</b>	<b>\$22,750</b>	<b>\$26,000</b>	<b>\$29,250</b>	<b>\$32,500</b>
		\$4.79	\$9.59	\$14.38	\$19.18	\$23.97	\$28.76	\$33.56	\$38.35	\$43.14	\$47.94
<b>70+</b>		<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Example:  
 Use this formula to calculate premium for benefit amounts over \$50,000.

	Age	Monthly Rate Per \$1,000	X	Benefit In \$1,000's	=	Monthly Cost
<b>Example:</b>	<b>35</b>	<b>0.1150</b>	<b>X</b>	<b>75</b>	<b>=</b>	<b>\$8.63</b>
			<b>X</b>		<b>=</b>	

Dependent Children Rate = \$2.00 monthly

Premium covers all dependent children regardless of the number of children.

## Definitions

<b>Accelerated Death Benefit</b>	Accelerated Death Benefit provides an option to withdraw a percentage of your life insurance coverage when diagnosed as terminally ill (as defined in the policy). The death benefit will be reduced by the amount withdrawn. To qualify, you have satisfied the Active Work rule and have been covered under this policy for the required amount of time as defined by the policy. Check with your tax advisor or attorney before exercising this option.
<b>AD&amp;D</b>	Accidental Death and Dismemberment (AD&D) insurance provides specified benefits for a covered accidental bodily injury that directly causes dismemberment (e.g., the loss of a hand, foot, or eye). In the event that death occurs from a covered accident, both the life and the AD&D benefit would be payable. This insurance is optional and can be purchased by you and your spouse.
<b>Conversion</b>	If you terminate your employment or become ineligible for this coverage, you have the option to convert all or part of the amount of coverage in force to an individual life policy on the date of termination without Evidence of Insurability. Conversion election must be made within 31 days of your date of termination.
<b>Guarantee Issue</b>	For timely entrants enrolled within 31 days of becoming eligible, the Guarantee Issue amount is available without any Evidence of Insurability requirement. Evidence of Insurability will be required for any amounts above this, for late enrollees or increase in insurance, and it will be provided at your own expense.
<b>Limited Activity</b>	A period when a spouse or dependent is confined in a health care facility; or, whether confined or not, is unable to perform the regular and usual activities of a healthy person of the same age and sex.
<b>Portability</b>	If coverage has been in force for at least 12 months, you may continue coverage for a specified period of time after your employment by paying the required premium. Portability is available if you cease employment for a reason other than total disability or retirement at Social Security Normal Retirement Age. A written application must be made within 31 days of your termination.
<b>Seat Belt, Airbag, and Common Carrier</b>	If you die as a result of a covered auto accident while wearing a seat belt or in a vehicle equipped with an airbag, additional benefits are payable up to \$10,000 or 10% of the principal sum, whichever is less. If loss occurs for you due to an accident while riding as a passenger in a common carrier, benefits will be double the amount that would otherwise apply as outlined in the certificate.
<b>Term Life</b>	Coverage provided to the designated beneficiary upon the death of the insured. Coverage is provided for the time period that you are eligible and premium is paid. There is no cash value associated with this product.
<b>Exclusion: Suicide</b>	Benefits will not be paid if the death results from suicide within 2 years after coverage is effective. May apply if employee contributes toward the premium.

## Additional Benefits

<b>LifeKeys<sup>SM</sup></b>	Online will & testament preparation service, identity theft resources and beneficiary assistance support for all employees and eligible dependents covered under the Group Term Life and/or AD&D policy.
<b>TravelConnect<sup>SM</sup></b>	Travel assistance services for employees and eligible dependents traveling more than 100 miles from home.

### For assistance or additional information

Contact Lincoln Financial Group at (800) 423-2765 or log on to [www.LincolnFinancial.com](http://www.LincolnFinancial.com)

NOTE: This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater details. Should there be a difference between this summary and the contract, the contract will govern.

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# **FLEXIBLE SPENDING ACCOUNTS**

# Consumer Portal Quickstart Guide



Welcome to your **Advantage Benefits Plus** Benefit Accounts Consumer Portal. This one-stop portal gives you 24/7 access to view your benefits information and manage your accounts. It enables you to:

- ◆ *File a claim online* ◆
- ◆ *Upload receipts and track expenses* ◆
- ◆ *View up-to-the-minute account balances* ◆
- ◆ *View your account activity, claims history and payment (reimbursement) history* ◆
- ◆ *Report a lost/stolen Card and request a new one* ◆
- ◆ *Update your personal profile information* ◆
- ◆ *Change your login ID and/or password* ◆
- ◆ *Download plan information, forms and notifications* ◆

## HOW DO I LOG IN?

1. Go to [www.advantagebenefitsplus.com](http://www.advantagebenefitsplus.com).
2. Click the "Login" button in the top right corner.
3. Enter your login ID and password. (If it's your first time logging in, please see below)
  - o Username: Last name plus last 4 of SSN \*example: SMITH1234 (not case sensitive)
  - o Password: Last 4 of your SSN \*example: 1234 (case sensitive)
4. Click **Login**.

## The **Home Page** is easy to navigate

- ✓ Easily access the **Available Balance** and "I Want To" sections from the left-hand navigation area.
- ✓ The **I Want To...** section contains the most frequently used features for the Consumer Portal.
- ✓ In the left-hand column **Available Balance** links to the Account Summary page, where you can see and manage your accounts.
- ✓ The **Message Center** section displays alerts and relevant links that enable you to keep current on your accounts.
- ✓ The **Quick View** section graphically displays some of your key account information.

Logging in from your mobile device? Download our app on iTunes or Google Play! Search ABPlus



# How to Navigate the Consumer Portal

## HOW DO I FILE A CLAIM AND UPLOAD A RECEIPT?

1. On the **Home Page**, you may simply select the “**File a Claim**” under the “I want to...” section which can be located on the left-hand side of the home page.  
**OR** from any page on the portal, expand the “I want to...” section on the right hand side of the screen.
2. The claim filing wizard will walk you through the request including entry of information, payee details and uploading a receipt.
3. For submitting more than one claim, click **Add Another**, from the **Transaction Summary** page.
4. When all claims are entered in the **Transaction Summary**, agree to the terms and conditions click **Submit** to send the claims for processing.
5. The **Claim Confirmation** page displays. You may print the **Claim Confirmation Form** as a record of your submission.

## HOW DO I VIEW CURRENT ACCOUNT BALANCES AND ACTIVITY?

1. For current Account Balance only, on the **Home Page**, see the **Available Balance** section.
2. For all Account Activity, click on the **Available Balance** link from the Home Page to bring you to the Account Summary page. Then you may select the underlined dollar amounts for more detail. For example, click on the amount under “Eligible Amount” to view enrollment detail.

## HOW DO I VIEW MY CDH CLAIMS HISTORY AND STATUS?

1. From the **Home Page**, click on the **Accounts Tab**, and then click on the **Claims** link to see your claims history. You can apply filters from the left-hand side of the screen. You can filter by plan year, account type, claim status or receipt status.
2. By clicking on the line of the claim, you can expand the data to display additional claim details.

## HOW DO I VIEW MY PAYMENT (REIMBURSEMENT) HISTORY?

1. From the **Home Page**, under the **Accounts** tab, click **Payments**. You will see reimbursement payments made to date, including debit card transactions.
2. By clicking on the line of a payment, you can expand the data to display additional details about the transaction.

## HOW DO I REPORT A DEBIT CARD MISSING AND/OR REQUEST A NEW CARD?

1. From the **Home Page**, under the **Profile**, click the **Banking/Cards** link on the left-hand side of the screen.
2. Under the Debit Cards column, click **Report Lost/Stolen** or **Order Replacement** and follow instructions.



## HOW DO I UPDATE MY PERSONAL PROFILE?

1. From the **Home Page**, under the **Profile**, you will find links to update profile information including profile summary details, dependents, and beneficiaries.
2. Click the appropriate link on the Profile screen for your updates: **Update Profile** or **Add/Update Dependent** or **Add Beneficiary**. Some profile changes will require you to answer an additional security question.
3. Complete your changes in the form.
4. Click **Submit**.

## HOW DO I GET MY REIMBURSEMENT FASTER?

The fastest way to get your money is to sign up online for direct deposit to your personal checking account. Before you begin, make sure that your employer is offering direct deposit setup online.

1. From the **Home Page**, under the **Tools & Support** tab, click **Change Payment Method** under the “**How Do I**” section.
2. Select **Reimburse Myself Using Direct Deposit** and click **Change Payment Method**. The **Add Bank Account: Direct Deposit Setup** page displays.
3. Enter your bank account information, and click **Submit**.
4. The **Payment Method Changed** confirmation displays.

## HOW DO I CHANGE MY LOGIN AND/OR PASSWORD

1. From the **Home Page**, click on the **Profile** tab, and click **Login Information** on the left-hand navigation bar.
2. Follow instructions on the screen. (For a new account, the first time you log in, you will be prompted to change the password that was assigned by your plan administrator. Follow the instructions.)
3. Click **Save**.

## HOW DO I VIEW OR ACCESS DOCUMENTS & FORMS?

1. From the **Home Page**, click the **Tools & Support** tab.
2. Click any form or document of your choice.

### ...NOTIFICATIONS?

1. From the **Home Page**, click the **Statements & Notifications** tab.
2. Click any link of your choice. **Receipt Reminders**, **Account Statements**, **Advice of Deposits**, **Denial Letters**, or **Denial Letters with Repayments** are a few options.

### ...PLAN INFORMATION?

1. On the **Home Page**, under the **Accounts** tab, you will be directed to the **Account Summary** page
2. Click onto the applicable account name and the **Plan Rules** will open in a pop-up window.  
**OR** from the **Home Page**, under the **Tools & Support** tab, you may view **Plan Summaries** for basic information. Then click each applicable plan to see the plan details.

# 2018 Plan Specifications Supplement for the Summary Plan Description

## Communities In Schools of Atlanta

**Plan Name:** Communities In Schools of Atlanta Flexible Benefits Plan

**ID Number:** 58-1152807

**Employer Benefits Coordinator:** Lisa Williams-Coleman

**Contract Third Party Administrator:**

Advantage Benefits Plus

17316 N May Ave, Suite A, Edmond OK 73012

Phone: (405) 341-7587 Fax: (405) 341-7588

**Plan Year:** January 1st through December 31st

**Flex Card:** Available

**Medical FSA Grace Period:** Not Elected

**Medical FSA Plan Carryover:** Up to \$500 annually

**Benefits Available Under the Plan:**

- Employee's portion of Employer provided Group Insurance Plans
- Health Flexible Spending Account (Health FSA)
- Dependent Care Flexible Spending Account (DCAP)

**Eligibility Requirements:**

To be eligible for the Plan, employees must:

- 1) Have 30 days of service
- 2) Work a minimum of 30 hours per week

**Annual Minimum / Maximum Salary Deferral:**

\$ 0 / \$ 2,600 Health Flexible Spending Account

\$ 0 / \$ 5,000 Dependent Care Flexible Spending Account



# RETIREMENT

## HIGHLIGHTS OF THE TAX-SHELTERED ANNUITY PLAN FOR EMPLOYEES OF COMMUNITIES IN SCHOOLS OF ATLANTA, INC.

The Board of Directors of Communities In Schools of Atlanta, Inc. (CISA) is pleased to be able to offer the staff this plan, which is designed so that you and the organization share in building your retirement income.

The contributions to the CISA plan can be made by both you and CISA. CISA will make contributions to the plan after you have completed one year of service. You can start your own contributions upon beginning employment.

There are three types of contributions that can be made to the plan:

Employer Basic Contributions – Everyone who is eligible to participate in the plan will receive a basic contribution, probably 1% of your annual salary, regardless of whether you contribute any of your earnings to the plan. Employees with more years of service will receive a slightly larger contribution.

Employer Matching Contribution – Eligible employees will receive a matching contribution of 25% of your contributions up to 6% of your salary.

Employee Deferral Contributions – You may elect to contribute up to \$18,000 (for employees under 50 years of age) in 2017, or up to \$24,000 (for employees 50 years old or older) of your salary in 2017 on a pre-tax basis to the plan.

The Employer Basic Contribution and the Matching Contribution can vary from year to year depending on the organization's budget.

**FOR INFORMATION REGARDING ENROLLMENT, CONTACT THE CISA HUMAN RESOURCES DEPARTMENT AT 404-897-2397.**

# Participating in your plan

## **eEnrollment**

### *Registration*

1. Go to [www.oneamerica.com/enrollment](http://www.oneamerica.com/enrollment)
2. Click on "Register for a new account".
3. Select the "Account Services" link.
4. Complete the step-by-step registration process, which includes:
  - Entry of your plan number and personal information
  - Complete account setup

### *Enrollment*

1. Enter your User ID and Password created during registration. Click Login.
2. Complete the step-by-step enrollment process, which includes:
  - Determine what you will contribute
  - Select your investment options

## **Paper enrollment**

Paper forms are available. Please complete and return them following the instructions given by your plan representative.

## **Consolidating retirement accounts**

You are able to roll over or transfer an existing qualified retirement plan account from a prior employer immediately.

Benefits of account consolidation include:

- One point of contact for your retirement questions
- Reporting of your retirement assets on a single account statement
- One account for allocation and diversification of your retirement portfolio

Considerations include:

- Your prior account's investment options and cost structure
- Possibility of moving your account(s) into an Individual Retirement Account (IRA)

You will have an opportunity to initiate a rollover or transfer of your accounts during the enrollment process. For assistance in initiating a rollover or transfer, call 1-800-249-6269 Monday through Friday from 8 a.m. to 8 p.m. Eastern Time (ET).

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Enroll today

at [www.oneamerica.com/enrollment](http://www.oneamerica.com/enrollment),  
by filling out the enrollment forms or by  
calling **1-800-249-6269**.

# COMPLIANCE NOTICES

## 2017 Annual Health Plan Notices

- **Women's Health and Cancer Rights Act of 1998**

Did you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy – related services, including reconstruction and surgery to achieve symmetry between the breasts, prosthesis, and complications resulting from a mastectomy (including lymphedema). Please call your plan administrator for more information.

- **The Genetic Information Nondiscrimination Act (GINA)**

The Genetic Information Nondiscrimination Act of 2008, also referred to as GINA, is a new federal law that protects Americans from being treated unfairly because of differences in their DNA that may affect their health. The new law prevents discrimination from health insurers and employers. The President signed the act into federal law on May 21, 2008. The parts of the law relating to health insurers will take effect by May 2009, and those relating to employers will take effect by November 2009.

### **Who needs protection from genetic discrimination?**

Everyone should care about the potential for genetic discrimination. Every person has dozens of DNA differences that could increase or decrease his or her chance of getting a disease such as diabetes, heart disease, cancer or Alzheimer's. It's important to remember that these DNA differences don't always mean someone will develop a disease, just that the risk to get the disease may be greater.

More and more tests are being developed to find DNA differences that affect our health. These tests (called genetic tests) will become a routine part of health care in the future. Health care providers will use information about each person's DNA to develop more individualized ways of detecting, treating and preventing disease. But unless this DNA information is protected, it could be used to discriminate against people.

### **Why was the law needed?**

The law was needed to help ease concerns about discrimination that might keep some people from getting genetic tests that could benefit their health. The law also enables people to take part in research studies without fear that their DNA information might be used against them in health insurance or the workplace.

- **Newborn's Act Disclosure**

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay with connection to childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother and her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

- **HIPAA Notice of Privacy Practices**

This rule required health plans to send participants an initial notice of privacy practices and then reminders must be given once every three years. This memo is a reminder that if you would like to see or obtain another copy of the health plan's HIPAA Privacy Notice, please contact your HR Department.

- **Michelle's Law**

## **NOTICE OF EXTENDED COVERAGE TO PARTICIPANTS COVERED UNDER A GROUP HEALTH PLAN**

Federal legislation known as "Michelle's Law" generally extends eligibility for group health benefit plan coverage to a dependent child who is enrolled in an institution of higher education at the beginning of a medically necessary leave of absence if the leave normally would cause the dependent child to lose eligibility for coverage under the plan due to loss of student status. The extension of eligibility protects eligibility of a sick or injured dependent child for up to one year.

The Plan currently permits an employee to continue a child's coverage if that child is enrolled at an accredited institution of learning on a full-time basis, with full-time defined by the accredited institution's registration and/or attendance policies. Michelle's Law requires the Plan to allow extended eligibility in some cases for a dependent child who would lose eligibility for Plan coverage due to loss of full-time student status.

There are two definitions that are important for purposes of determining whether the Michelle's Law extension of eligibility applies to a particular child:

- *Dependent child* means a child of a plan participant who is eligible under the terms of a group health benefit plan based on his or her student status and who was enrolled at a post-secondary educational institution immediately before the first day of a medically necessary leave of absence.
- *Medically necessary leave of absence* means a leave of absence or any other change in enrollment:
  - of a dependent child from a post-secondary educational institution that begins while the child is suffering from a serious illness or injury
  - which is medically necessary
  - and which causes the dependent child to lose student status under the terms of the Plan

For the Michelle's Law extension of eligibility to apply, a dependent child's treating physician must provide written certification of medical necessity (i.e., certification that the dependent child suffers from a serious illness or injury that necessitates the leave of absence or other enrollment change that would otherwise cause loss of eligibility).

If a dependent child qualifies for the Michelle's Law extension of eligibility, the Plan will treat the dependent child as eligible for coverage until the earlier of:

- One year after the first day of the leave of absence
- The date that Plan coverage would otherwise terminate (for reasons other than failure to be a full-time student)

A dependent child on a medically necessary leave of absence is entitled to receive the same Plan benefits as other dependent children covered under the Plan. Further, any change to Plan coverage that occurs during the Michelle's Law extension of eligibility will apply to the dependent child to the same extent as it applies to other dependent children covered under the Plan.

- **Patient Protection Model Disclosure**

Medical plans generally allow the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept new members. For children, a pediatrician can be selected as the primary care provider.

## **Important Notice from Communities In Schools Atlanta About Your Prescription Drug Coverage and Medicare**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Communities In Schools Atlanta and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
  - 2. Communities In Schools Atlanta has determined that the prescription drug coverage offered by the Group Health Plans are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**
- 

### **When Can You Join A Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>th</sup> through December 7<sup>th</sup>.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### **What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current Communities In Schools Atlanta coverage may be affected.

If you do decide to join a Medicare drug plan and drop your current Communities In Schools Atlanta coverage, be aware that you and your dependents may not be able to get this coverage back.

### **When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with Communities In Schools Atlanta and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### **For More Information about This Notice or Your Current Prescription Drug Coverage...**

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Communities In Schools Atlanta changes. You also may request a copy of this notice at any time.

### **For More Information About Your Options Under Medicare Prescription Drug Coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date:	11/01/2017
Name of Entity/Sender:	Communities In Schools Atlanta
Contact--Position/Office:	Lisa Williams-Coleman
Address:	260 Peachtree Street, NW Suite 750 Atlanta, GA 30303
Phone Number:	404-897-2390



## Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of August 10, 2017. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>FLORIDA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: <a href="http://flmedicaidtplrecovery.com/hipp/">http://flmedicaidtplrecovery.com/hipp/</a> Phone: 1-877-357-3268
<b>ALASKA – Medicaid</b>	<b>GEORGIA – Medicaid</b>
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
<b>ARKANSAS – Medicaid</b>	<b>INDIANA – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864
<b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>	<b>IOWA – Medicaid</b>
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="http://Colorado.gov/HCPF/Child-Health-Plan-Plus">Colorado.gov/HCPF/Child-Health-Plan-Plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: <a href="http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> Phone: 1-888-346-9562

<p align="center"><b>KANSAS – Medicaid</b></p> <p>Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a>  Phone: 1-785-296-3512</p>	<p align="center"><b>NEW HAMPSHIRE – Medicaid</b></p> <p>Website:  <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a>  Phone: 603-271-5218</p>
<p align="center"><b>KENTUCKY – Medicaid</b></p> <p>Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a>  Phone: 1-800-635-2570</p>	<p align="center"><b>NEW JERSEY – Medicaid and CHIP</b></p> <p>Medicaid Website:  <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>  Medicaid Phone: 609-631-2392  CHIP Website:  <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>  CHIP Phone: 1-800-701-0710</p>
<p align="center"><b>LOUISIANA – Medicaid</b></p> <p>Website:  <a href="http://dbh.louisiana.gov/index.cfm/subhome/1/n/331">http://dbh.louisiana.gov/index.cfm/subhome/1/n/331</a>  Phone: 1-888-695-2447</p>	<p align="center"><b>NEW YORK – Medicaid</b></p> <p>Website:  <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>  Phone: 1-800-541-2831</p>
<p align="center"><b>MAINE – Medicaid</b></p> <p>Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a>  Phone: 1-800-442-6003  TTY: Maine relay 711</p>	<p align="center"><b>NORTH CAROLINA – Medicaid</b></p> <p>Website: <a href="https://dma.ncdhhs.gov/">https://dma.ncdhhs.gov/</a>  Phone: 919-855-4100</p>
<p align="center"><b>MASSACHUSETTS – Medicaid and CHIP</b></p> <p>Website:  <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a>  Phone: 1-800-862-4840</p>	<p align="center"><b>NORTH DAKOTA – Medicaid</b></p> <p>Website:  <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a>  Phone: 1-844-854-4825</p>
<p align="center"><b>MINNESOTA – Medicaid</b></p> <p>Website: <a href="http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a>  Phone: 1-800-657-3739</p>	<p align="center"><b>OKLAHOMA – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>  Phone: 1-888-365-3742</p>
<p align="center"><b>MISSOURI – Medicaid</b></p> <p>Website:  <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>  Phone: 573-751-2005</p>	<p align="center"><b>OREGON – Medicaid</b></p> <p>Website:  <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>  <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a>  Phone: 1-800-699-9075</p>
<p align="center"><b>MONTANA – Medicaid</b></p> <p>Website:  <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>  Phone: 1-800-694-3084</p>	<p align="center"><b>PENNSYLVANIA – Medicaid</b></p> <p>Website:  <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a>  Phone: 1-800-692-7462</p>
<p align="center"><b>NEBRASKA – Medicaid</b></p> <p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>  Phone: (855) 632-7633  Lincoln: (402) 473-7000  Omaha: (402) 595-1178</p>	<p align="center"><b>RHODE ISLAND – Medicaid</b></p> <p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>  Phone: 855-697-4347</p>
<p align="center"><b>NEVADA – Medicaid</b></p> <p>Medicaid Website: <a href="https://dwss.nv.gov/">https://dwss.nv.gov/</a>  Medicaid Phone: 1-800-992-0900</p>	<p align="center"><b>SOUTH CAROLINA – Medicaid</b></p> <p>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>  Phone: 1-888-549-0820</p>

<b>SOUTH DAKOTA - Medicaid</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a> Phone: 1-800-562-3022 ext. 15473
<b>TEXAS – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>UTAH – Medicaid and CHIP</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669	Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002
<b>VERMONT– Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427	Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531
<b>VIRGINIA – Medicaid and CHIP</b>	
Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2019)



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 1-31-2017)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution –as well as your employee contribution to employer-offered coverage– is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Lisa Williams-Coleman.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Communities In Schools Atlanta		4. Employer Identification Number (EIN) 581152807	
5. Employer address 260 Peachtree Street, NW, Suite 750		6. Employer phone number 404-897-2390	
7. City Atlanta	8. State GA	9. ZIP code 30303	
10. Who can we contact about employee health coverage at this job? Lisa Williams-Coleman			
11. Phone number (if different from above)		12. Email address Lwilliams-coleman@cisatlanta.org	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:  
All full-time employees working 30 hours or more per week

Some employees. Eligible employees are:

- With respect to dependents:

We do offer coverage. Eligible dependents are:  
Legal spouses and children up to age 26

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

**13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

**Yes** (Continue)  
13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? \_\_\_\_\_ (mm/dd/yyyy) (Continue)

**No** (STOP and return this form to employee)

**14. Does the employer offer a health plan that meets the minimum value standard\*?**  
 Yes (Go to question 15)  No (STOP and return form to employee)

**15. For the lowest-cost plan that meets the minimum value standard\* offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ \_\_\_\_\_

b. How often?  Weekly  Every 2 weeks  Twice a month  Monthly  Quarterly  Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

**16. What change will the employer make for the new plan year?** \_\_\_\_\_

Employer won't offer health coverage  
 Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.\* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ \_\_\_\_\_

b. How often?  Weekly  Every 2 weeks  Twice a month  Monthly  Quarterly  Yearly

\* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

## Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends and you fulfill other special enrollment requirements. (These requirements are set out in your Certificate of Coverage)

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

There is an additional enrollment period if an employee or dependent loses eligibility for Children's Health Insurance Program (CHIP), Medicaid or becomes eligible for CHIP for Medicaid premium assistance. The special enrollment allows children or their parents to have 60 days, rather than 30, to request enrollment.

Also, your health plan may not establish rules for eligibility (including continued eligibility) of an individual to enroll under the terms of the plan based on a health status-related factor.

### **Complete If You Are Declining Coverage For Yourself Or Any Dependent:**

If you are declining coverage for yourself or for any of your eligible dependents, you must complete the following information if you want to preserve your rights of Special Enrollment as explained above. If you decline coverage for yourself, the reason is:

- I have other coverage**                       **Another reason**

If you decline coverage for one or more eligible dependents, please give the dependent's name below and indicate the reason coverage is declined.

Name \_\_\_\_\_  Dependent has other coverage                       Another reason

Name \_\_\_\_\_  Dependent has other coverage                       Another reason

Name \_\_\_\_\_  Dependent has other coverage                       Another reason

Name \_\_\_\_\_  Dependent has other coverage                       Another reason

\_\_\_\_\_  
Employee Name – Please Print

\_\_\_\_\_  
Employee Social Security Number

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**



260 Peachtree St NW Ste.750,  
Atlanta, GA 30303

Presented by:  CBIZ Benefits &  
Insurance Services

Disclaimer: This Benefit Guide provides a brief summary of the benefits available under Communities In Schools Atlanta Benefit Program. In the event of any discrepancy (ies) between this summary and any Document, Insurance Contract or Certificate, the Insurance Document(s) will prevail. Communities In Schools Atlanta reserves the right to modify or eliminate these benefits at any time and for any reason.