

2016-2017 BENEFIT RATES

Medical Insurance – TRS-ActiveCare

Premiums Include Employer Contribution of \$225.00, per eligible employee.

<u>TRS-ActiveCare HD-1</u>	<u>Monthly Rate</u>
Employee Only	\$116.00
Employee and Spouse	\$689.00
Employee and Children	\$390.00
Family	\$1,006.00

<u>TRS-ActiveCare Select</u>	<u>Monthly Rate</u>
Employee Only	\$259.00
Employee and Spouse	\$922.00
Employee and Children	\$554.00
Family	\$1,136.00

<u>TRS-ActiveCare 2</u>	<u>Monthly Rate</u>
Employee Only	\$420.00
Employee and Spouse	\$1,327.00
Employee and Children	\$817.00
Family	\$1,372.00

Medical Gap Insurance - Benefit Connect

\$1,500 Inpatient and \$1,500 Outpatient

<u>Age</u>	<u>Under 40</u>	<u>40-49</u>	<u>50 & Above</u>
Employee Only	\$26.89	\$35.41	\$74.37
Employee + Spouse	\$49.44	\$65.05	\$136.65
Employee + Child	\$64.64	\$69.58	\$128.15
Family	\$86.57	\$98.44	\$188.80

Telemedicine - TelaDoc

Avoid Costly Dr. Visits for Medicines, No consult fee - Family included in one price

	<u>Monthly Rate</u>
Employee/Family	\$8.00

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Group Base and Voluntary Term Life Insurance – Lincoln Financial

\$25,000 policy is provided by Atlanta ISD to eligible employees, at no cost.

Voluntary Term and AD&D

- Available in \$10,000 units up to 5 x Salary. Maximum employee coverage \$500,000 (guarantee \$200,000)
- Spouse coverage available in \$5,000 increments up to 5 x employees salary, not to exceed 50% of employees amount. Maximum coverage \$250,000 (newly eligible spouses \$20,000 guarantee.)
- Children – Birth to 14 Days: \$0, 14 Days to 6 Months: \$500, 6 Months to 19: \$10,000
- Accident and Dismemberment and Death – Benefit amount equal to the life amount.

Permanent Life Insurance – Texas Life

Permanent Life to Age 121. Express Issue (no medical) for coverage up to \$150K for Ages 17-49 and \$75K for Age 50-65

Employees may select Voluntary Term and/or Permanent Life Insurance. Premiums are calculated in the enrollment system

Please enroll online at www.in-roll.com for additional information.

Dental -The Standard - Low and High Plan

Low Plan : \$1,000 Max Per Year, - Type 1 & 2 Only

High Plan : \$1,000 Max Per Year - Type 1, 2, 3 and Child Orthodontia

	Low Plan Rate	High Plan Rate
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Employee Only	\$23.70	\$33.05
Employee and Spouse	\$46.80	\$65.69
Employee & Children	\$59.70	\$86.30
Family	\$82.79	\$118.93

Vision Insurance – Superior

\$0 Eye Exam Co-pay, \$0 Materials Co-Pay. Exam, Lenses, Frames, and Contact Lenses every 12 months.

<u>Tier Option</u>	<u>Monthly Rate</u>
Employee Only	\$10.84
Employee and Spouse	\$17.32
Employee and One	\$18.85
Family	\$29.22

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Disability Short & Long Term- Lincoln Financial Group

Short Term

Maximum Benefit - 60% of Weekly Salary up to \$1,000 per week.

Maximum Benefit Duration - 24 weeks

Elimination Period - 15 days for accident & 15 days for illness

Pre-Existing Condition - Not eligible if had treatment for condition in past 3 months unless covered on plan for 12 months.

Long Term

Maximum Benefit - 60% of Weekly Salary up to \$8,000 per month.

Maximum Benefit Duration- Later of Age 65 or Social Security Normal Retirement Age

Elimination Period - 180 days - number of days you must be disabled prior to collecting benefits

Pre-Existing Condition - Not eligible if had treatment for condition in past 3 months unless covered on plan for 12 months.

Attained Age:	Rates per \$100 of coverage:	Sample Rate for \$100 in weekly benefit
0-24	\$0.1180	\$11.80
25-29	\$0.1130	\$11.30
30-34	\$0.1000	\$10.00
35-39	\$0.0710	\$7.10
40-44	\$0.0510	\$5.10
45-49	\$0.0550	\$5.50
50-54	\$0.0600	\$6.00
55-59	\$0.0640	\$6.40
60-64	\$0.0710	\$7.10
65+	\$0.0770	\$7.70

Attained Age:	Rates per \$1,000 of coverage:	Sample Rate for \$1,000 in monthly benefit
0-24	\$0.0007	\$0.70
25-29	\$0.0006	\$0.60
30-34	\$0.0008	\$0.80
35-39	\$0.0010	\$1.00
40-44	\$0.0021	\$2.10
45-49	\$0.0031	\$3.10
50-54	\$0.0041	\$4.10
55-59	\$0.0048	\$4.80
60-64	\$0.0048	\$4.80
65+	\$0.0045	\$4.50

Accident Insurance - AllState

24 Hour Coverage - Includes \$50 Outpatient Physician Benefit

\$50 - 2 visits per year, per covered person - (for any reason)

Employee Only	\$ 17.99
Employee and Spouse	\$ 33.86
Employee and Children	\$ 36.84
Family	\$ 44.89

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Cancer Insurance – Colonial Life

Two Options Available. Level 2 Option includes \$50 Annual Wellness and \$5,000 Initial Diagnosis, ICU, Dreaded Disease and more benefits. The Level 4 Option includes \$100 Annual Wellness and \$5,000 Initial Diagnosis, ICU, Dreaded Disease and more benefits.

<u>Coverage</u>	<u>Level 2 - Monthly Rate</u>	<u>Level 4 - Monthly Rate</u>
Employee Only	\$16.65	\$29.85
Family	\$27.70	\$49.55

Critical Illness Insurance - Allstate

OPTION 1	Non Tobacco		Tobacco	
\$10,000	Employee, and/or Employee and Child	Employee & Spouse and/or Family	Employee, and/or Employee and Child	Employee & Spouse and/or Family
Issue Age				
18-29	\$2.74	\$4.73	\$3.54	\$5.93
30-39	\$4.83	\$7.87	\$6.84	\$10.88
40-49	\$8.13	\$12.81	\$13.27	\$20.53
50-59	\$14.46	\$22.32	\$22.97	\$35.08
60-63	\$24.42	\$37.26	\$39.87	\$60.44
64+	\$34.22	\$51.95	\$56.74	\$85.74

OPTION 2	Non Tobacco		Tobacco	
\$20,000	Employee, and/or Employee and Child	Employee & Spouse and/or Family	Employee, and/or Employee and Child	Employee & Spouse and/or Family
Issue Age				
18-29	\$4.23	\$6.97	\$5.84	\$9.38
30-39	\$8.42	\$13.25	\$12.43	\$19.27
40-49	\$15.02	\$23.15	\$25.30	\$38.57
50-59	\$27.69	\$42.15	\$44.68	\$67.65
60-63	\$47.60	\$72.02	\$78.50	\$118.37
64+	\$67.18	\$101.40	\$112.23	\$168.97

Identity Protection- LifeLock

Coverage	Benefit Elite	Advantage
Employee	\$8.49	\$16.99
Employee + Spouse	\$16.98	\$33.98
Employee + Children	\$14.86	\$25.49
Employee + Family	\$23.36	\$42.48