

Carroll County Public Schools

Flexible Benefits Guide

Carroll County Public Schools
125 North Court Street
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Together - It's Possible!

Carroll County Public Schools

Flexible Benefits Program



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This guide is only a brief summary of the plans sponsored by Carroll County Public Schools. The formal plan documents shall determine actual benefits and plan provisions. Please refer questions to the appropriate insurance company or the Department of Human Resources.

Benefits Overview

Who is eligible for coverage?

Most employees working more than 20 hours per week as a contracted employee are eligible for coverage. Cafeteria workers (contractual), temporary (contingent or hourly) and substitute employees are not eligible.

Dependents are eligible as follows:

- Legal spouse
- Children up to the end of the calendar year in which they turn age 26

Children can include natural born children, step-children or adopted children regardless of marital status, student status, parent support, residence, or employment status of the child. Also included are children who are living in the employee's home under a custody order or guardianship arrangement, including grandchildren. Documentation for each dependent's eligibility will be required upon enrollment.

Extended coverage may also be available for mentally or physically incapacitated children beyond age 26 if the child is unable to work. Please contact the Department of Human Resources for more information.

When does my coverage take effect?

Your coverage effective date is the first of the month following your date of hire.

What level of coverage can I elect?

The following levels of coverage are available for medical, dental, and vision coverage:

- Individual
- Parent + 1 Child
- Employee + Spouse
- Family

You may elect a different level of coverage for each benefit.

Can I waive coverage?

You may waive coverage for medical, dental, vision, and/or flexible spending accounts. You may waive supplemental life insurance benefits for yourself and dependents. You may waive long term disability insurance benefits for yourself. If you waive long term disability or supplemental life insurance when you are initially eligible, you will be required to complete a medical questionnaire and be approved by the insurance company if you decide to elect coverage later. The supplemental life insurance will allow you to make changes for specific lifestyle events (see page 14).

Benefits Overview

How much will benefits cost?

CCPS provides medical/prescription coverage with a contribution required by the employee at each level of coverage based on a percentage of the premium. CCPS provides individual dental coverage at no cost. The employee pays for the additional cost of any dependents for dental. The employee pays the full cost for vision. Basic life insurance is provided at no cost to the employee. Coverage for supplemental life insurance and long term disability is paid by the employee. Some employees have the LTD premium paid by CCPS for specific bargaining groups. Please refer to page 14 of this booklet for more information.

Can I make changes to my benefits after enrollment?

The Carroll County Public Schools Flexible Benefits Program (medical, dental, vision, and flexible spending accounts) is an IRS Section 125 plan. This means you make elections each year and pay for your benefits on a pre-tax basis. You will be given the chance to make changes during Open Enrollment. These changes take effect January 1 following the open enrollment period and remain in effect until December 31. You may not change your election until the next Open Enrollment unless you have a family lifestyle change:

- Marriage
- Legal Separation/Divorce
- Birth or Adoption of a child
- Death of a dependent
- Change in child's insurance/open enrollment
- Change in spouse's insurance/open enrollment

You have 30 days from the date of this event to submit changes. Except for the birth/adoption of a child, your changes take effect the first of the month following the lifestyle event. For the birth of a child, the changes are effective on the baby's date of birth. For adoption of a child, the changes take effect on the date the child is placed in your custody (pending completion of the legal adoption).

The life insurance and long term disability plans are not part of the Flexible Benefits Program and changes can be made at any time. The employee premium deductions for these benefits are taken on a post-tax basis.

Medical Benefits

Medical benefits are administered by Aetna. Medical Plan Costs for 2020:

Per Pay Period Cost Over 12 Months	Aetna Choice II® Point-of-Service Plan	Aetna Open Choice® PPO Plan	Aetna Health Fund® High Deductible PPO Plan
Individual	\$59.19	\$59.19	\$18.62
Parent + 1 Child	\$87.92	\$87.92	\$27.67
Employee + Spouse	\$116.72	\$116.72	\$35.31
Family	\$151.14	\$151.14	\$45.7

All employees are eligible for the Aetna Choice II® Point-of-Service Plan.

The Aetna Open Choice® PPO Plan is a grandfathered plan available only to a specific group of employees as of January 1, 1997. For detailed benefit information on this plan, you may contact the Department of Human Resources or reference the Summary of Benefits & Coverage online at www.carrollk12.org.

Employees represented by A&S, AFSCME, CASE, and Food Services bargaining units, and non-union ATSP and Cabinet employees are eligible for the additional medical plan, Aetna Health Fund® High Deductible PPO Plan. This plan offers a high deductible health plan and a health savings account.

The Aetna medical programs include many services at discounted prices for plan participants. These include discounts for:

- ❖ Vision Care
- ❖ Fitness Memberships/Equipment
- ❖ Hearing Aids
- ❖ Natural Products and Services
- ❖ Oral Health Care Products
- ❖ Weight Management Programs
- ❖ Mayo Clinic Bookstore

Information is available from the Department of Human Resources or online at www.aetna.com. You must create an account in Aetna Navigator on Aetna's website after enrollment in the plan to view the discount programs. You can use Aetna's website to view your claims, request ID cards, change your primary care physician, print temporary ID cards prior to receiving your new cards, and view the available discount programs

Medical Benefits - Aetna Choice II® Point-of-Service Plan

The **Aetna Choice II® Point-of-Service Plan** offers two levels of benefits - Preferred and Non-Preferred. Preferred care is obtained when you visit a network provider. No referrals are required. The Non-Preferred level of benefits is available if you self-refer to a physician of your choice. This provides a lower benefit level but still offers the freedom to choose your own provider. You choose the level of benefits - Preferred or Non-Preferred - each time you seek care.

The POS Plan includes the following wellness benefits:

- ❖ Routine physical exam for adults - one exam every 12 months
- ❖ Well child exams - unlimited visits to age 2; one exam every 12 months age 2+
- ❖ Routine gynecological exam - one exam every 12 months
- ❖ Routine mammogram - one baseline mammogram age 35-39; one mammogram per year age 40+
- ❖ Routine eye exam - one exam every 24 months (Discount program available for lenses, frames, contacts, etc.)
- ❖ Routine hearing exam – one exam every 24 months

The benefits of the POS plan are highlighted below:

	Preferred (Care provided by a participating network provider)	Non-Preferred (Care provided by a non-participating provider)
Calendar Year Deductible	None	\$250 Individual \$500 Family
Inpatient Per Confinement Deductible	\$100 (waived for newborns and if readmitted within 10 days of discharge)	\$200 (waived for newborns and if readmitted within 10 days of discharge)
Out-of-Pocket Maximum	\$1,000 Individual \$2,000 Family	\$2,000 Individual \$4,000 Family
Out-of-Pocket Maximum includes the calendar year deductible. Once this maximum is met, covered expenses are paid at 100% for the remainder of the calendar year. (Excludes copays and per confinement deductibles.)		
Office Visits (including Mental Health/Substance Abuse Outpatient Care)	100% after \$10 copay	75% after deductible
Hospital (including Mental Health/Substance Abuse Inpatient Care)	90% after \$100 per confinement deductible	75% after deductible and \$200 per confinement deductible
All Other Services	90%	75%

Medical Benefits - Aetna Choice II® Point-of-Service Plan

The prescription drug benefit offered in the POS plan provides members two ways to obtain prescriptions: at the retail pharmacy and at the more cost effective mail order pharmacy.

Retail prescriptions can be filled for a 30 day supply. The cost for a generic drug is \$10 per prescription. The cost for a brand name drug is \$25. If the cost of the drug is less than the applicable copay, you will pay only the cost of the drug. The brand name copay will apply even if no generic drug is available.

Maintenance prescriptions can be filled for the same \$10 or \$25 copay but for a *90 day supply*. You may use either a CVS Pharmacy (under the maintenance choice program) or the Aetna Home Pharmacy (mail order pharmacy). This saves you money and offers the convenience of requesting refills over the phone, via the internet, or with the simple refill order slip provided with your first prescription. With maintenance drugs, you receive a 90 day supply for only \$10 or \$25 - this would require three prescriptions at the retail pharmacy for \$30 or \$75.

For members who are taking specialty drugs (injectable therapy, IV therapy and biotechnology drugs prescribed for self-injection or administration in the physician's office), the plan requires that you utilize the Aetna Specialty Pharmacy through Aetna Pharmacy Management. This specialized pharmacy provides clinical evaluation, management of medication use, compliance monitoring (to ensure you are taking your medication), instruction by nurses, and side-effect management support. The drug is shipped either to the patient or the physician (depending on the administration of the drug). The cost is the same as utilizing the mail order pharmacy for a 90 day supply.

Prescription Drug Benefits	
Generic Drugs	\$10 copay
Brand Name Drugs	\$25 copay
Retail Pharmacy	30 day supply
Maintenance Drugs [Aetna Home Pharmacy Mail Order, CVS Store, or Specialty Pharmacy]	90 day supply

Medical Benefits - Aetna Health Fund® High Deductible PPO Plan

The **Aetna Health Fund® High Deductible PPO Plan** has two components – a high deductible health plan and a health savings account. This health insurance program follows established rules determined under section 223(a) of the Internal Revenue Code. The administration of this plan is handled by Aetna Life Insurance Company (“Aetna”) and the plan must comply with all IRS rules and regulations.

In accordance with IRS regulations, the plan provisions change each year. The deductible and out-of-pocket maximum of the medical plan, and the contribution limits for the Health Savings Account may vary each year.

All expenses go towards the plan deductible. When meeting your deductible, you have the choice to pay for expenses out-of-pocket or use the funds in your Health Savings Account to pay for these expenses. Once the deductible is met, the plan pays a percentage, depending on the Preferred or Non-Preferred benefit level, and you pay a small share called coinsurance. Once the deductible and coinsurance amounts are met, you reach the out-of-pocket maximum and the plan will pay 100%.

Preventive care is covered at 100% with the deductible waived up to a combined \$500 per person maximum each calendar year. The types of care include:

- ❖ Routine Physical Exam
- ❖ Routine Ob/Gyn Exam
- ❖ Routine Lab and X-ray (routine lab tests, mammograms, etc.)
- ❖ Routine Eye Exam
- ❖ Routine Hearing Screening

The medical plan benefits are shown below.

Aetna Health Fund® PPO Medical Plan—2020	Preferred Care	Non-Preferred Care
Calendar Year Deductible	\$1,400 for Individual Coverage \$2,800 for Family* Coverage	
Coinsurance Limit	\$1,000 Individual Coverage \$2,000 Family* Coverage	\$2,000 Individual Coverage \$4,000 Family* Coverage
Out-of-Pocket Maximum	\$2,400 Individual Coverage \$4,800 Family* Coverage	\$3,400 Individual Coverage \$6,800 Family* Coverage
Out-of-Pocket Maximum includes the calendar year deductible, the coinsurance limit, and the prescription drug copayments. Once this maximum is met, covered expenses are paid at 100% for the remainder of the calendar year.		
Office Visits	90% after deductible	75% after deductible
Hospital	90% after deductible	75% after deductible
All Other Services	90% after deductible	75% after deductible
Preventive Care Services	100%, deductible waived	
Preventive Care Maximum	\$500 per calendar year per person	

*Family coverage applies to the Parent + 1 Child, Employee/Spouse and Family coverage levels. The deductible, coinsurance limit, and out-of-pocket maximum are combined amounts that apply to the entire “family”. These can be met by one person or a combination of covered members.

Medical Benefits - Aetna Health Fund® High Deductible PPO Plan

The Aetna Health Fund® PPO Plan includes an integrated prescription drug benefit. All prescription drug expenses are applied towards meeting the medical plan deductible. Once the deductible is met, the copayments indicated apply. The copayments paid during the year also apply towards the meeting the out-of-pocket maximum. Once the out-of-pocket maximum is met for the year, then all covered medical and prescription drug expenses are paid at 100%.

The prescription drug benefit offers employees and family members two ways to obtain prescriptions: at the retail pharmacy and at the more cost effective mail order pharmacy. Whether you are meeting your deductible or paying only the copay, you can use your HSA debit card to pay for your prescriptions.

Retail prescriptions can be filled for a 30 day supply. The cost for a generic drug is \$10 per prescription. The cost for a brand name drug is \$25. If the cost of the drug is less than the applicable copay, you will pay only the cost of the drug. The brand name copay will apply even if no generic drug is available.

Maintenance prescriptions can be filled for the same \$10 or \$25 copay but for a *90 day supply*. You may use either a CVS Pharmacy (under the maintenance choice program) or the Aetna Home Pharmacy (mail order pharmacy). This saves you money and offers the convenience of requesting refills over the phone, via the internet, or with the simple refill order slip provided with your first prescription. With maintenance drugs, you receive a 90 day supply for only \$10 or \$25 - this would require three prescriptions at the retail pharmacy for \$30 or \$75.

For members who are taking specialty drugs (injectable therapy, IV therapy and biotechnology drugs prescribed for self-injection or administration in the physician's office), the plan requires that you utilize the Aetna Specialty Pharmacy through Aetna Pharmacy Management. This specialized pharmacy provides clinical evaluation, management of medication use, compliance monitoring (to ensure you are taking your medication), instruction by nurses, and side-effect management support. The drug is shipped either to the patient or the physician (depending on the administration of the drug). The cost is the same as utilizing the mail order pharmacy for a 90 day supply.

Prescription Drug Benefits (after medical plan deductible)	
Generic Drugs	\$10 copay
Brand Name Drugs	\$25 copay
Retail Pharmacy	30 day supply
Maintenance Drugs [Aetna Home Pharmacy Mail Order, CVS Store, or Specialty Pharmacy]	90 day supply

The health savings account component of the Aetna Health Fund® Plan allows you to put money in the account on a pre-tax basis to pay for out-of-pocket healthcare expenses. Here are some features of this account:

Medical Benefits - Aetna Health Fund® High Deductible PPO Plan

- ✓ The account belongs to you. Once you set-up the account, the money deposited is yours to keep, even if you leave Carroll County Public Schools.
- ✓ CCPS contributes an amount to your account equal to 35% of the deductible. This money is also yours to keep even if you leave CCPS.
- ✓ Contributions are made on a tax-free basis. Reimbursements for qualified expenses are also tax-free. Dependent children may be covered under your medical plan; however, their out-of-pocket expenses are only qualified expenses for the health savings account if they meet the IRS definition of a tax dependent. You may not use HSA monies for the out-of-pocket expenses of a dependent for which you do not include as a dependent on your income tax return!
- ✓ The funds rollover from year to year. Unlike a Flexible Spending Account, there is no cap on carryover funds from year to year.
- ✓ You can change the amount of your contribution at any time.
- ✓ The money deposited earns interest on a tax-free basis.
- ✓ With a minimum balance of \$2,000 in your HSA, you can utilize the investment services of PayFlex. This investment manager offers fixed income funds, asset allocation funds, and equity mutual funds.
- ✓ Upon retirement or termination, you can use these funds to pay for qualified health care expenses—including retiree health insurance premiums!

When money is deposited into your account, you can decide with each health care expense whether to use these funds to pay the deductible or out-of-pocket expenses under your medical plan (and even dental or vision plans) or pay for the expenses on your own and save this money for later. You access these funds by using a debit card issued to you when you enroll, or you can request checks for the account.

CCPS will contribute an amount to your HSA equal to 35% of the annual deductible each year. It will be deposited at the time of enrollment or with the first pay in January each year if you remain enrolled in the plan. You may contribute to this account with your own money on a semi-monthly basis, but it is not required. The IRS limits the maximum amount you and CCPS may contribute to the HSA:

2020 IRS Maximums \$3,550 for Individual Coverage
 \$7,100 for Family Coverage (Parent + 1 Child, Employee/Spouse, Family)

If you are age 55-64, the IRS allows you to make catch-up contributions to the plan of \$1,000 annually for 2020.

Employees who are age 65+ and enroll for Medicare Part A or Part B—you may continue in the Aetna Health Fund® PPO Plan but may not make any contributions to the HSA.

Dental Benefits

Dental benefits are administered by CIGNA. Dental Plan Costs for 2020:

Per Pay Period Cost Over 12 Months	Traditional Dental plan
Individual	\$0.00
Parent + 1 Child	\$12.00
Employee + Spouse	\$22.35
Family	\$38.17
Team Employee + Spouse	\$0.00
Team Family	\$7.91

Team = both spouses are benefit eligible employees of CCPS.

Traditional Dental Plan

This plan offers you the opportunity to see the dentist of your choice. Coverage is provided for two exams and cleanings per year at 100% with no deductible. Other services are paid at a specific percentage after a \$50 deductible for an individual, up to a maximum of \$150 for the family. Each family member can receive up to \$2,000 in benefit payments per calendar year. The plan also covers orthodontia for all members (adults and children). The benefit is payable at 50% up to a \$2,500 lifetime maximum benefit payments per person.

While the plan offers two levels of benefits, the coverage is the same whether you use a network provider or out-of-network provider. A network provider has agreed to bill the insurance at the time of service and only ask you to pay the amount you will owe. The network providers are contracted by CIGNA and agree to accept a negotiated fee lower than the reasonable & customary fee. For non-network providers, you will be reimbursed based on the reasonable & customary fee, which the dentist may or may not accept. The out-of-network provider may or may not be willing to file the claim for you or may ask you to pay for services upfront.

Traditional Dental	In-Network	Out-of-Network
Calendar Year Deductible	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Preventive Services	100% deductible waived	100% deductible waived
Basic Services (fillings, root canals, periodontics, oral surgery)	80% after deductible	80% after deductible
Major Services (bridges, crowns, dentures, implants)	50% after deductible	50% after deductible
Orthodontics (all members)	50% deductible waived	50% deductible waived
Calendar Year Maximum	\$2,000 per person	
Orthodontia Lifetime Maximum	\$2,500 per person	

Vision Benefits

The **Voluntary Vision Plan** is administered by United Healthcare Vision (known to CCPS employees and providers formerly as Spectera). UHC Vision offers an extensive network of providers in chains such as My Eye Doctor, Sterling Optical, Optical Solution, Opti-Care, America's Best, BJ's Club, Wal-Mart/Sam's Club, and Allegheny Optical, as well as some independent providers.

Vision plan costs for 2020 are:

Per Pay Period Cost Over 12 Months	Voluntary Vision Plan
Individual	\$2.29
Parent + 1 Child	\$4.58
Employee + Spouse	\$4.66
Family	\$6.76

Below are the benefits of the Voluntary Vision plan:

Benefit	In Network (Member Pays)	Out-of-Network (Plan Pays)
Eye Exam	\$10 copay	Up to \$40
Frames	\$10 copay	Up to \$45
Lenses:	\$0 copay Up to \$130 allowance;	
▪ Single	\$10 copay	Up to \$40
▪ Bifocal	\$10 copay	Up to \$140
▪ Trifocal	\$10 copay	Up to \$160
▪ Standard Progressive	\$70 copay for standard lenses \$110 copay for deluxe lenses \$150 copay for premium lenses \$250 copay for platinum lenses	Based on bifocal or trifocal allowance
Scratch Resistant Coating	Included	N/A
Tint	\$14-16 copay	N/A
UV Coating	\$16 copay	N/A
Contact Lenses*:		
▪ Medically Necessary	\$10 copay	Up to \$210
▪ Formulary Selection Contacts	\$10 copay up to 6 boxes from the allowed selection	Up to \$150
▪ Non-Formulary Selection Contacts	Up to \$150 allowance for non-formulary selection contacts	Up to \$150
Benefit Period	Every 12 months Covers one pair of glasses or one contact lens benefit per period	

*excludes contact lens fitting fee

Benefit period every 12 months is enhanced for children up to age 13: covers two exams and two pair of glasses (if the prescription changes 0.5 diopter or greater).

Flexible Spending Account Benefits

Flexible Spending Accounts are pre-tax accounts you establish to reimburse yourself for out-of-pocket health care expenses or dependent care (day care) expense. These plans are administered by Flexible Benefits Administrators (FBA). There are two types of accounts:

- Healthcare Flexible Spending Account—for out-of-pocket expenses you and your family members have for medical, prescription drug, dental and vision care that are not covered by insurance. Limited to \$2,700 per year.
- Dependent Care Flexible Spending Account - for day care expenses paid for your dependents so that you may work. Limited to \$5,000 per year.

You may elect to establish either or both types of these accounts; however, you cannot transfer monies between the two accounts. You contribute money to these accounts on a pre-tax basis, thus lowering your taxable income. Once you incur eligible expenses, you can either use the debit card provided to you by FBA or submit expenses to FBA directly for reimbursement. Once enrolled in the FSA, the employee will automatically receive a debit card in the mail and can request an additional card if needed for a dependent. If claims are submitted manually, the reimbursement is issued either by check or direct deposit (you must provide FBA with your banking information via your online account).

The Dependent Care Spending Account allows you to pay for day care expenses for dependents under age 13 or a dependent of any age that is mentally or physically unable to care for himself/herself and you claim as a dependent on your income tax return. You will be reimbursed for care that has been provided at the time the claim is processed (pre-payments cannot be processed until care has been provided). The IRS allows you to receive payments from your Dependent Care FSA based on the amount of money you have in your account. This account is used in place of the IRS childcare tax credit on your income tax return.

The Health Care Spending Account allows you to be reimbursed for out-of-pocket health care expenses that are not covered by any medical, prescription drug, dental or vision plan. This includes some over-the-counter health care supplies and drugs. You may access the money in your account up to your full elected amount once you have made your first semi-monthly contribution. Please note: the IRS requires that over-the-counter medications be submitted manually with a doctor's prescription. Therefore, you cannot use your debit card for pre-payment of these expenses.

You are required to keep track of your expenses and any documentation for reimbursements that qualify under the FSA. If you are audited by the IRS, they may request verification of your submitted expenses. If the expense is considered ineligible, you may owe taxes on the money paid under your FSA.

The IRS allows you to carryover up to \$500 balance remaining on your health care account from one plan year to the next. You are still limited to a maximum election of \$2,700 per year.

Basic and Supplemental Life Insurance

Basic Life Insurance provides protection for your family in the event of your death. Coverage is provided through CIGNA. Your coverage takes effect on your date of hire. Basic life insurance equal to 1.5 times your salary is provided to you at no cost. The premium for any life insurance amount provided by CCPS over \$50,000 is taxable income to you. You have the option to limit your basic life insurance to \$50,000. It is only the premium CCPS pays, not the benefit that is taxable. You can see the taxable premium amount in the system when you are enrolling – it is displayed as imputed income. This will be added to your W-2 each year.

Supplemental Life Insurance may be purchased through after-tax payroll deductions as follows:

Employee

- \$20,000
- \$40,000
- \$60,000
- \$80,000
- \$100,000

Spouse

- \$10,000
- \$20,000
- \$30,000
- \$40,000
- \$50,000

Child(ren)

- \$5,000

- ***Your spouse and child(ren) can only have supplemental life insurance coverage if you elect supplemental life insurance for yourself.***
- ***The spouse benefit is limited to 50% of your own supplemental life benefit.***

The 2020 supplemental life insurance costs are:

Employee Supplemental Life					
Age	\$20,000	\$40,000	\$60,000	\$80,000	\$100,000
<30	\$0.37	\$0.74	\$1.11	\$1.48	\$1.85
30-34	\$0.37	\$0.74	\$1.11	\$1.48	\$1.85
35-39	\$0.54	\$1.08	\$1.62	\$2.16	\$2.70
40-44	\$0.80	\$1.78	\$2.67	\$3.56	\$4.45
45-49	\$1.52	\$3.04	\$4.56	\$6.08	\$7.60
50-54	\$2.58	\$5.16	\$7.74	\$10.32	\$12.90
55-59	\$4.20	\$8.40	\$12.60	\$16.80	\$21.00
60-64	\$5.48	\$10.96	\$16.44	\$21.92	\$27.40
65-69	\$9.56	\$19.12	\$28.68	\$38.24	\$47.80
70+	\$21.13	\$42.26	\$63.39	\$84.52	\$105.65

Basic and Supplemental Life Insurance

Spouse Supplemental Life					
Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
<30	\$0.25	\$0.50	\$0.75	\$1.00	\$1.25
30-34	\$0.29	\$0.58	\$0.87	\$1.16	\$1.45
35-39	\$0.35	\$0.70	\$1.05	\$1.40	\$1.75
40-44	\$0.55	\$1.09	\$1.64	\$2.18	\$2.73
45-49	\$0.93	\$1.86	\$2.79	\$3.72	\$4.65
50-54	\$1.54	\$3.08	\$4.62	\$6.16	\$7.70
55-59	\$2.41	\$4.82	\$7.23	\$9.64	\$12.05
60-64	\$3.77	\$7.54	\$11.31	\$15.08	\$18.85
65+	\$6.60	\$13.19	\$19.79	\$26.38	\$32.98

The cost is based on your age or your spouse's age at the time of enrollment. You and/or your spouse will move to the next age bracket on January 1 following the date you reach the next age bracket.

Child Supplemental Life		
Eligible Dependent	Benefit	Cost
Age 14 days to 26 years	\$5,000 per child	\$0.07 per employee

Reminder: If you waive coverage for supplemental life when initially eligible, you can only elect it by completing a medical questionnaire and being approved by the insurance company unless you do so within 31 days of the following lifestyle events:

- Marriage
- Divorce/Legal Separation
- Birth/Adoption of a Child
- Death of Dependent
- Commencement/Termination of Spouse's Employment
- Change in Employment from Full-Time to Part-Time (by you or your spouse)

Long Term Disability Insurance

Long Term Disability benefits are offered to all employees. Coverage is provided through CIGNA. Your coverage is effective on your date of hire.

Benefits are provided at 60% of your gross salary. The maximum benefit per month is \$12,000. Benefits begin after 90 calendar days or the end of your paid leave, whichever is later. Your benefit is offset by certain other income such as pension and Social Security benefit. If the offsets result in the elimination of the benefit, the minimum benefit payable is \$100 per month.

The disability benefits are payable based on the following schedule:

61 or younger	To age 65, or 3 years 6 months, if longer.
62	3 years 6 months
63	3 years
64	2 years 6 months
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69	1 year

The 2020 LTD costs are:

AFSCME Employees (custodial/maintenance staff)	Annual Salary ÷ 24 = Semi-Monthly Salary Semi-Monthly Salary ÷ 100 x \$0.39 = Pay Period Cost
A&S/ATSP/Cabinet Employees	No Cost – CCPS pays premium
All Other Employees	Annual Salary ÷ 24 = Semi-Monthly Salary Semi-Monthly Salary ÷ 100 x \$0.14 = Pay Period Cost

Reminder: If you waive coverage for long term disability when initially eligible, you can only elect it by completing a medical questionnaire and being approved by the insurance company.

Enrollment Instructions

You will be enrolling using the Benefit Portal with Bswift. You must wait until your date of hire or date of increase of FTE to be active in the CCPS benefits system.

You can access the Benefit Portal by going to the Technology Services Portal and choosing the **Benefit Management** application listed. If you are logged into a CCPS computer, it will automatically launch (you won't need to login into the Bswift system) and you can begin your enrollment.

To enroll from a non-CCPS computer, you must have your CCPS username and password. Go to:

www.ccps.bswift.com

Enter your CCPS username and the last four digits of your SSN as the initial password. You will then be asked to change your password.

The online enrollment gives you the option of using the "Ask Emma" feature with or without audio to help you select your plans. You can also choose to skip this additional assistance.

Here are some important reminders:

- Be sure to provide primary care physician code from the Aetna directory for each family member for the Aetna POS Plan medical (if applicable).
- Complete the enrollment even if you are waiving all coverage! You are provided basic life insurance at no cost and you need to provide a beneficiary for this benefit.
- All elections are pending until they are accepted in the system by the Department of Human Resources.
- If you are enrolling any dependents for coverage, you will be asked to provide verification of each dependent's eligibility for coverage. This request will be mailed to your home at the end of the month your coverage takes effect. If you fail to provide the documentation requested, your dependents will be terminated.

You must complete enrollment within 30 days of employment. Remember, the insurance companies will not receive your information until you make your elections.