

Medical – Allied	Silver HDHP In-Network	Gold In-Network	Platinum In-Network
Coinsurance (Member pays)	20%	30%	20%
Calendar Year Deductible			
- Individual	\$4,000	\$2,000	\$750
- Family	\$8,000	\$4,000	\$1,500
Out-of-Pocket Maximum (Deductible included)			
- Individual	\$6,350	\$6,350	\$5,000
- Family	\$12,700	\$12,700	\$10,000
Office Visit			
- Primary	20% after Ded.	\$45 Copay	\$30 Copay
- Specialist	20% after Ded.	\$80 Copay	\$60 Copay
Preventive Visits	100% Covered	100% Covered	100% Covered
Inpatient Services	20% after Ded.	30% after Ded.	20% after Ded.
Outpatient Services	20% after Ded.	30% after Ded.	20% after Ded.
Emergency Room Services (Waived if admitted)	20% after Ded.	\$400 Copay	\$250 Copay
Urgent Care	20% after Ded.	\$45 Copay	\$30 Copay
Lifetime Maximum Benefits	Unlimited	Unlimited	Unlimited

Prescription Coverage – SmithRx (30 Day Supply)	In-Network	In-Network	In-Network
Deductible	Subject to Medical Deductible	N/A	N/A
Tier 1	\$10 Copay after Ded.	\$10 Copay	\$10 Copay
Tier 2	\$35 Copay after Ded.	\$35 Copay	\$35 Copay
Tier 3	\$60 Copay after Ded.	\$60 Copay	\$60 Copay
Tier 4	Contact Maxor+	N/A	N/A

Employee Rates - PHCS Network (Per Pay Period)			
Employee	\$22.00	\$46.50	\$87.00
Employee + Spouse	\$242.50	\$280.00	\$355.00
Employee + Child(ren)	\$187.50	\$225.00	\$290.00
Family	\$326.50	\$400.00	\$501.50

Employee Rates - Cigna Network (Per Pay Period)			
Employee	\$47.00	\$71.50	\$112.00
Employee + Spouse	\$292.50	\$330.00	\$405.00
Employee + Child(ren)	\$237.50	\$275.00	\$340.00
Family	\$376.50	\$450.00	\$551.50

Employee Assistance Program (EAP) – BHS (Employer Paid)

CARROLL is excited to offer an enhanced Employee Assistance Program (EAP) to you and members of your household. Examples of services provided by the EAP include financial counseling, professional help with drug/alcohol dependence and grief counseling. Services provided are completely confidential and available 24 hours a day, 7 days a week.

Health Savings Account (HSA) – Benefit Resource

Carroll is contributing \$250 for those enrolled in employee only coverage and \$500 for employees covering dependents. Must be enrolled in the High Deductible Health Plan to be eligible for Health Savings Account.

IRS Annual Contribution Maximums:

Individual	\$3,850
Family	\$7,750

ID Theft Coverage* – Aura

New employer paid benefit. You can purchase additional coverage directly through Aura website for family members.

Legal Shield – LegalShield

This plan provides assistance with a variety of legal services at the monthly rate of \$23.75.

Critical Illness Coverage* – The Standard

Critical Illness Insurance will pay the insured a lump sum benefit upon diagnosis of cancer, heart attack, stroke, end stage renal failure, major organ transplant, as well as other covered illnesses.

Accident Coverage* – The Standard

Accident Coverage is a guaranteed issue benefit that works to provide a predetermined benefit based on the injury incurred from a covered accident. This plan also includes a hospital admission benefit.

Hospital Indemnity – The Standard

Hospital Indemnity Coverage can help cover unexpected out-of-pocket expenses such as copays, deductibles, and out-of-network charges, as well as everyday living expenses. Benefit is paid directly to you for hospital stays regardless of your treatment costs or other insurance coverage you might have.

**If your spouse is also a benefits-eligible employee at Carroll, then you may not be eligible to purchase spousal coverage for critical illness, accident, voluntary life benefits. Please refer to plan documents for details.*

Telemedicine – FlexCare (Employer Paid)

Telemedicine is an affordable plan that gives you and your family 24/7/365 access to U.S. Board Certified Physicians who can consult, diagnose, and if needed prescribe medication over the phone or via video technology for many common and acute illnesses.

Once you are registered you will have access to: \$0 consult fee telemedicine, including access to behavioral health providers, as well as \$0 consult fee for telepsine.

This is an Employer Paid benefit available to all employees regardless of medical coverage status.

This summary reflects in-network benefits only. Refer to your plan documents for out-of-network coverage.

This document is intended as a convenient summary of the major points of benefit plans. This document does not cover all provisions, limitations and exclusions. The official plan documents, policies and certificates of insurance govern in all cases and are available for your inspection at any time.

Dental – The Standard	High PPO In-Network	Low PPO In-Network
Annual Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Preventive Services	100%	100%
Basic Services	90%	80%
Major Services	60%	50%
Orthodontic Services	Up to Age 19	N/A
Orthodontia Lifetime Maximum	\$2,000	N/A
Annual Plan Maximum	\$2,000	\$1,000
Out-of-Network Reimbursement	90th%	90th%

Employee Rates (Per Pay Period)		
Employee	\$15.41	\$1.30
Employee + Spouse	\$37.25	\$8.77
Employee + Child(ren)	\$33.60	\$6.83
Family	\$57.94	\$13.56

Vision – The Standard	In-Network	Out-of-Network Reimbursement
Exam	\$10 Copay	Up to \$35
Lenses		
Single Vision	\$10 Copay	Up to \$25
Bifocal	\$10 Copay	Up to \$40
Trifocal	\$10 Copay	Up to \$55
Lenticular	20% Discount	Not Covered
Progressive (Standard)	\$65 + \$10 Copay	N/A
Frames	\$150 Allowance	Up to \$75
Contact Lenses		
Conventional/Disposable	\$150 Allowance	Up to \$120
Medically Necessary	Covered 100%	Up to \$200
Frequency of Services		
Exam/Lenses/Frames/Contact Lenses	12/12/24/12 Months	

Employee Rates (Per Pay Period)		
Employee	\$3.37	
Employee + Spouse	\$6.41	
Employee + Child(ren)	\$6.77	
Family	\$9.93	

Basic Life and AD&D – The Standard (Employer Paid)	
Life Benefit Amount	
Executives:	\$150,000
Senior Level Managers/Directors:	\$50,000
Full-Time Employees:	\$25,000
AD&D Benefit Amount	Same as life

Voluntary Life and AD&D * – The Standard	
Employee	Increments of \$10,000 up to \$750,000
Guarantee Issue	\$250,000
Spouse	Increments of \$5,000 up to 100% of EE up to \$250,000
Guarantee Issue	\$50,000
Child(ren)	Flat \$10,000
Guarantee Issue	\$10,000

Short Term Disability – The Standard	
Base (Employer Paid)	
Benefit Percentage	60%
Maximum Weekly Benefit	\$1,000
Maximum Benefit Duration	180 Days
Elimination Period	7 Days for accident/illness

Buy-up (Employee Paid)	
Benefit Percentage	60%
Maximum Weekly Benefit	\$2,500
Maximum Benefit Duration	180 Days
Elimination Period	7 Days for accident/illness

Long Term Disability (LTD) – The Standard (Employer Paid)	
Executives	
Benefit Percentage	60%
Maximum Monthly Benefit	\$15,000
Maximum Benefit Duration	Details on plan summary
Elimination Period	180 Days
Senior Level Managers/Directors	
Benefit Percentage	60%
Maximum Monthly Benefit	\$10,000
Maximum Benefit Duration	Details on plan summary
Elimination Period	180 Days
Full-Time Employees	
Benefit Percentage	60%
Maximum Monthly Benefit	\$10,000
Maximum Benefit Duration	Details on plan summary
Elimination Period	180 Days

Contact Information

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Medical Claims – Allied
 1.800.288.2078
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Legal Shield – Legal Shield
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Identity Theft Protection – Aura
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