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Partners Benefit Group
INSURANCE. EXPERIENCE. SERVICE.



McIntosh County Schools Employee Benefit Guide

- Dental
- Vision
- Basic Term Life and AD&D
- Voluntary Term Life
- Permanent Life Insurance
- Short Term Disability
- Long Term Disability
- Flexible Spending Account



PLAN YEAR 2021



DENTAL: SUNLIFE

	Basic Plan	Enhanced Plan
Annual Deductible	\$100 Individual	\$25 Individual
	In-Network: Negotiated Fee Out-of-Network: 90% R&C	In-Network: Negotiated Fee Out-of-network: 90% R&C
Type A: Preventive Services	90% Routine Oral Exam, Cleaning, Bitewings, Fluoride (age <19), Space Maintainers, and Sealants (age<16)	100% Routine Oral Exam, Cleaning, Bitewings, Fluoride (age<19), Space Maintainers, and Sealants (age<16)
Type B: Basic Services	60% after deductible Simple Extractions, Amalgam/Composite Restorations, Simple Extractions, and Full Mouth X-Rays	80% after deductible Simple Extractions, Amalgam/Composite Restorations, Oral Surgery Extractions, General Anesthesia and Full Mouth X-Rays
Type C: Major Services	40% after deductible Inlays/Onlays, Bridges, Dentures, Endodontics, Periodontics, Complex Oral Surgery, General Anesthesia, Crowns, and Implants	50% after deductible Inlays/Onlays, Bridges, Dentures, Endodontics, Periodontics, Crowns, and Implants
Orthodontia <i>(Dependent Child Only Coverage: up to 26 years of age)</i>	Not Covered	50% up to \$1000 Lifetime Max
Annual Plan Maximum	\$1,200 (Type B & C Services)	\$1,200 (Type B & C Services)
Monthly Contributions		
Employee	\$18.56	Employee Only \$35.80
Employee + Spouse	\$34.16	Employee + Spouse \$68.75
Employee + Child(ren)	\$52.32	Employee+ Children \$79.40
Employee + Family	\$52.32	Family \$112.50

VISION: SUNLIFE (VSP)

Frequency		Eyeglasses:	Up to \$130 toward frames + 20% off balance. (see complete summary)
Exam and Lenses	12 Months	Frames covered <u>every other</u> plan year	
Frames	24 Months		
Exam	\$10 co-pay	Lenses: Standard	\$25 co-pay
Contact Lens Fit/Evaluation		Lenses (Single, Bifocal, Trifocal and Lenticular)	
	Up to \$60 co-pay		
Retinal Screening	\$39 co-pay	Progressive Lenses:	
		Standard Progressive \$55 copay, Premium Progressive \$95-105 co-pay, and Custom Progressive \$150-175 co-pay	
Monthly Contributions		Contact lenses: in lieu of frames and spectacle lenses	
Employee	\$6.10	Elective Contact Lenses (Disposable)	Up to \$130 allowance
Employee + Spouse	\$12.20		
Employee + Child(ren)	\$13.05		
Employee + Family	\$19.05	Additional Glasses/Sunglasses	20% off additional glasses/sunglasses from same VSP doctor on same day as your exam

The above vision benefits are with an In-Network Provider. Out-of-Network Reimbursement Information can be located on the SunLife complete benefit summary for Vision.

VOLUNTARY TERM LIFE/AD&D: SUNLIFE

Employee: Increments of \$10,000 up to the lesser of 5 times annual salary or \$500,000
Guarantee issue (at initial offering): \$200,000 or 5 times annual salary

No Age Reductions. Policies are Convertible and Portable.

Spouse: Increments of \$5,000 to a maximum of \$100,000, not to exceed 100% of employee amount

Guarantee issue (at initial offering): \$50,000

Age Reduction: No Age Reductions

Child: Birth to 26 yoa: \$10,000

Unmarried Dependent Children are covered up to 26 years of age, regardless of student status for Dental, Vision and Voluntary Term Life.

BASIC LIFE/AD&D: SUNLIFE

The Basic Life coverage is paid by your employer.

Term Life/AD&D Coverage: \$10,000

(All Benefit Eligible Employees)

Health Care Flexible Spending Account:

Provides a way to save money on your health care expenses. You may contribute to the account on a pre-tax basis to use the money to pay for eligible health care expenses during the year.

Annual Maximum: \$2,750 or \$229.16 monthly

Annual Minimum: \$300 or \$25.00 monthly

SHORT TERM DISABILITY: SUNLIFE

Maximum Weekly Benefit \$1,875

Weekly Benefit Percentage 60%

Benefit Begins 15th day for accident
15th day for sickness

Maximum Benefit Period: 11 Weeks

Pre-Ex: 3/6

LONG TERM DISABILITY: SUNLIFE

Monthly Benefit 60%

Maximum Monthly Benefit \$7,500

Benefit Waiting Period 90 Days

Maximum Benefit Period To Social Security Normal Retirement Age

Pre-Ex: 3/12

Dependent Care Flex Spending Account:

This account provides a way for you to save money on dependent care expenses. You may contribute to the account on a pre-tax basis and use the money if you have a qualified dependent and pay for eligible dependent care expenses.

Annual Maximum: \$5,000 or \$416.67 monthly

Annual Minimum: \$300 or \$25.00 monthly

PERMANENT LIFE INSURANCE: CINCINNATI LIFE INSURANCE COMPANY

Cincinnati Life Insurance: helps provide financial protection by promising to pay a benefit in the event of a covered employee's death or covered family member's death. Employees who want to supplement their group life insurance benefits may purchase additional coverage with this 10 or 20 Year Term, 20 Year Term Return of Premium or Whole Life.

Whole Life

- Enroll without health questions (first time offered to you)
- Coverage for employee, spouse, children and grandchildren (based on age)
- Builds cash value
- Portable: continues after leaving your job, at the same rate for the life of the policy

Term and ROP Coverage

- Enroll without health questions (first time offered to you) up to \$100K (based on age)
- Coverage for employee, spouse and children
- Portable: continues after leaving your job, at the same rate for the life of the policy

Return of Premium (ROP) Term policies returns the base premiums at the end of the 20 years or you can choose a reduced paid up policy at the end of the 20 years that will last until you turn 100.

A **Qualifying Event** is a change in an employee's personal life that may impact their eligibility or dependents eligibility for benefits. As defined by McIntosh County Schools plan document, employees experiencing a qualifying event are eligible to make changes in their elected benefits within a specified time period. Examples of a qualifying event are marriage, divorce, birth or adoption of a child, spouse gaining or losing coverage through their employer. When experiencing a qualifying event, employees have 30 days from the date of the event to submit a change to their elected benefits. If the 30-day time period has passed, employees must wait until annual open enrollment which is held usually in October/November with those changes taking effect as of January 1st. Any changes made must be consistent with the qualifying event experienced.

IMPORTANT: You must notify Robbin Mullis or Partners Benefit Group, within 30 days of the date of your qualifying event. If you do not, you will not be able to make any benefit changes until the next open enrollment period.

CONTACT INFORMATION

Partners Benefit Group

Karen Willis & Skip Hill

Customer Service:

Layton Fillion & Abbie Williams
Ph: 229.388.8804 (Main Number)
229.238.3137 (Layton's Direct Number)
Toll Free: 888.386.5773
Fax: 229.382.1222

lfillion@partnersbenefit.com
awilliams@partnersbenefit.com

General Human Resource Questions:

Robbin S Mullis
Ph: 912.437.8832
rmullis@mcintosh.k12.ga.us

Dental: SUNLIFE

Customer Service 800.442.7742
www.sunlife.com/us

Vision: VSP

Customer Service 800.877.7195
www.vsp.com

Basic Life and AD&D, Short- and Long-Term Disability and Voluntary Term Life: SUNLIFE

Customer Service 800.247.6875
www.sunlife.com/us

Flexible Spending Account:

Consolidated Admin Services (CAS)

Customer Service 877.941.5956
www.consolidatedadmin.com

HOW TO FIND AN IN-NETWORK PROVIDER

For DENTAL: Go to WWW.SUNLIFE.COM/US. Under "CLIENT SUPPORT" click on 'FIND A DENTIST'. Select Option 3- 'SunLife Dental Network'. You need to enter City + State, Zip, or County/State. In the drop-down box, you can choose within a mile's radius. You also have the option to type the Provider's Name. You have the option to choose a certain specialty and/or language as well. Once you have chosen your options, click 'Search Now' and your list of providers will come up.

For VISION: Go to WWW.VSP.COM and click on find a provider. You will then enter the zip code, office address or the doctor's name. Click "Search." A list of providers will be shown. You also have the option to call VSP at 1-800-877-7195 to find an in-network provider for your vision plan.

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer and carriers. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.