

There is a 60-Day waiting period from 1st of month after hired. Example: If hired July 1st, waiting period begins July 1st, making insurance effective Sept. 1st. If hired after the 1st, waiting period begins the following month. Example: If hire date is July 3rd, waiting period begins Aug. 1st, making insurance effective Oct. 1st.

Employee costs shown in this document are per bi-weekly pay period. There are 26 pay periods in a year, these deductions are over 24 pay periods (there are 2 pay periods per year with no benefit deductions).

Morgan County offers an opt-out benefit of \$2,500 if employee has medical coverage elsewhere. This benefit is divided over 26 pay periods and carries the same 60-day waiting period as outlined above.

Employee Benefits At A Glance July 1, 2020-June 30, 2021

MEDICAL Cigna	OAP High \$1,000		OAP Mid \$2,000		OAP Low \$3,000	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Coinsurance (Member pays)	0%	20%	0%	20%	0%	30%
Calendar Year Deductible						
- Individual	\$1,000	\$2,000	\$2,000	\$4,000	\$3,000	\$6,000
- Family	\$2,000	\$4,000	\$4,000	\$8,000	\$6,000	\$12,000
Out-of-Pocket Maximum (Includes deductible and copays)						
- Individual	\$7,900	\$15,800	\$7,900	\$15,800	\$7,900	\$15,800
- Family	\$15,800	\$31,600	\$15,800	\$31,600	\$15,800	\$31,600
Office Visit						
- Primary	\$30 Copay	20% after Deductible	\$30 Copay	20% after Deductible	\$30 Copay	30% after Deductible
- Specialist	\$60 Copay	20% after Deductible	\$60 Copay	20% after Deductible	\$60 Copay	30% after Deductible
Preventive Visits	100% Covered	20% after Deductible	100% Covered	20% after Deductible	100% Covered	30% after Deductible
Inpatient Services	Deductible	20% after Deductible	Deductible	20% after Deductible	Deductible	30% after Deductible
Outpatient Services	Deductible	20% after Deductible	Deductible	20% after Deductible	Deductible	30% after Deductible
Emergency Room Services	\$200 Copay (waived if admitted)		\$200 Copay (waived if admitted)		\$200 Copay (waived if admitted)	
Urgent Care	\$75 Copay	\$75 Copay	\$75 Copay	\$75 Copay	\$75 Copay	\$75 Copay
Lifetime Maximum Benefits	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Prescription Drugs Retail (30 Day Supply)						
Tier 1	\$15 Copay		\$15 Copay		\$15 Copay	
Tier 2	\$30 Copay		\$30 Copay		\$30 Copay	
Tier 3	\$60 Copay		\$60 Copay		\$60 Copay	
Mail Order (90 Day Supply)	3x Retail copay for applicable tier		3x Retail copay for applicable tier		3x Retail copay for applicable tier	
Employee Rates (Semi-Monthly)						
Employee	\$30.42		\$9.48		\$5.00	
Employee +1	\$244.01		\$206.10		\$179.61	
Family	\$299.33		\$257.86		\$228.88	

Additional Full-Time Benefits

\$50,000 Basic Term Life and AD&D Coverage provided at no cost to all full-time employees.

ACCG Retirement Plan

Defined Contribution - 3% mandatory contribution from employee matched by County. Additional voluntary contribution up to 2% will be matched by County at 4%. Vested after 5 years. Retirement Age - 65.

County Holidays

- New Year's Day
- MLK, Jr. Day
- Good Friday
- Memorial Day
- Independence Day
- Labor Day
- Veterans Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Eve
- Christmas Day

Annual Leave

3.33 hours per month first year
 6.67 hours per month beginning 2nd year - 7th
 10.00 hours per month beginning 8th year - 19th
 13.33 hours per month beginning 20+
 Maximum Allowable Accumulation: Unused annual leave not exceeding 240 hours may be carried into the next calendar year.

Sick Leave

8 hours per month = 12 days per year
 Maximum Allowable Accumulation: Unused sick leave not exceeding 480 hours may be carried into the next calendar year.

Bereavement Leave

Three (3) days per year for death of an immediate family member.

Dental – Cigna

Annual Deductible	In-Network	
Individual	\$50	
Family	\$150	
Preventive Services	100%	
Oral examinations, x-rays, dental prophylaxis, fluoride treatments	100%	
Basic	80%	
Simple extractions, fillings, etc.	80%	
Major	50%	
Crowns, Inlays, Onlays, Root Canal, Full Dentures, etc.	50%	
Annual Plan Maximum	\$1,000	
Employee Rates (Semi-Monthly)		
Employee	\$16.22	
Employee + 1	\$31.91	
Family	\$47.64	

Vision – Cigna

	In-Network	Out-of-Network
Exam	\$10 Copay	Reimbursement up to \$45
Eyeglasses		
Single	\$20 Copay	Reimbursement up to \$32
Bifocal	\$20 Copay	Reimbursement up to \$55
Trifocal	\$20 Copay	Reimbursement up to \$65
Frames	\$20 Copay + \$130 Allowance	Reimbursement up to \$71
Contact Lenses	\$130 Allowance	Reimbursement up to \$105
Frequency	12 / 12 / 24 / 12	
Employee Rates (Semi-Monthly)		
Employee	\$2.86	
Employee + 1	\$5.47	
Family	\$8.90	

Voluntary Life and AD&D – Cigna

Employee	\$1,000 Increments to a maximum of 5x earnings or \$300,000
Guarantee Issue	\$150,000
Spouse	\$5000 Increments to a maximum of 100% of EE amount up to \$150,000
Guarantee Issue	\$25,000
Child	Increments of \$2,500, maximum \$10,000
Benefit reduces	55% @ 70 70% @ 75 80% @ 80 85% @ 85 90% @ 90

Base Plan

In-Network
\$50
\$150
100%
80%
50%
\$1,000

Short Term Disability (STD) – Cigna

Weekly Benefit Percentage	60%
Maximum Weekly Benefit	\$1,000
Benefit Waiting Period	14 Days
Maximum Benefit Period	11 Weeks
100% Employee Paid	

Long Term Disability (LTD) – Cigna

Monthly Benefit Percentage	60%
Maximum Monthly Benefit	\$6,000
Benefit Waiting Period	90 Days
Maximum Benefit Period	SSNRA

Contains a 3 month Survivor Benefit
 100% Employee Paid

Basic Life and AD&D – Cigna

Term Life and AD&D Coverage: \$50,000
 Benefit reduces 35% @ 65 | 60% @ 70 | 75% @ 75

