



## Employee Benefits At A Glance 2021-2022

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
<b>Coinsurance (Member pays)</b>	0%	20%	0%	20%	0%	30%
<b>Calendar Year Deductible</b>						
- 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
<b>Out-of-Pocket Maximum</b> <i>(Includes Deductible and Copays)</i>						
- 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
<b>Office Visit</b>						
- Primary*	\$30 Copay	20% after Deductible	\$30 Copay	20% after Deductible	\$30 Copay	30% after Deductible
- Chiropractic, Speech, and Occupational Therapy	\$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
<b>Preventive Visits</b>	100% Covered	20% after Deductible	100% Covered	20% after Deductible	100% Covered	30% after Deductible
<b>Inpatient Services</b>	Deductible	20% after Deductible	Deductible	20% after Deductible	Deductible	30% after Deductible
<b>Outpatient Services</b>	Deductible	20% after Deductible	Deductible	20% after Deductible	Deductible	30% after Deductible
<b>Emergency Room Services</b>	\$200 Copay (waived if admitted)		\$200 Copay (waived if admitted)		\$200 Copay (waived if admitted)	
<b>Urgent Care</b>	\$75 Copay	\$75 Copay	\$75 Copay	\$75 Copay	\$75 Copay	\$75 Copay
<b>Telemedicine (MDLIVE)</b>	\$0 Copay	N/A	\$0 Copay	N/A	\$0 Copay	N/A
<b>Lifetime Maximum Benefits</b>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>Prescription Drugs</b>	OAP High \$1,000		OAP Mid \$2,000		OAP Low \$3,000	
<b>Retail (30 Day Supply)</b>						
Tier 1	\$15 Copay		\$15 Copay		\$15 Copay	
Tier 2	\$30 Copay		\$30 Copay		\$30 Copay	
Tier 3	\$60 Copay		\$60 Copay		\$60 Copay	
<b>Mail Order (90 Day Supply)</b>	3x Retail Copay for applicable tier		3x Retail Copay for applicable tier		3x Retail Copay for applicable tier	
<b>Employee Rates (Semi-Monthly)</b>	OAP High \$1,000		OAP Mid \$2,000		OAP Low \$3,000	
Employee	\$30.42		\$9.48		\$5.00	
Employee +1	\$244.01		\$206.10		\$179.61	
Family	\$299.33		\$257.86		\$228.88	

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.

This document is intended as a convenient summary of the major points of your 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 – Cigna		Base Plan In-Network
<b>Annual Deductible</b>		
Individual		\$50
Family		\$150
<b>Preventive Services</b>		
Oral examinations, x-rays, dental prophylaxis, fluoride treatments		0%
<b>Basic</b>		
Simple extractions, fillings, etc.		20%
<b>Major</b>		
Crowns, inlays, onlays, root canal, full dentures, etc.		50%
<b>Annual Plan Maximum</b>		\$1,000
<b>Employee Rates (Semi-Monthly)</b>		
Employee		\$16.38
Employee + 1		\$32.23
Family		\$48.11

Vision – Cigna	In-Network	Out-of-Network
<b>Exam</b>	\$10 Copay	Reimbursement up to \$45
<b>Eyeglasses</b>		
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
<b>Contact Lenses</b>	\$130 Allowance	Reimbursement up to \$105
<b>Frequency</b>		
Exams/Lenses/Frames/Contact Lenses		12 / 12 / 24 / 12
<b>Employee Rates (Semi-Monthly)</b>		
Employee		\$2.86
Employee + 1		\$5.47
Family		\$8.90

### Voluntary Life and AD&D – Cigna

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

### Short Term Disability (STD) – Cigna

<b>Weekly Benefit Percentage</b>	60%
<b>Maximum Weekly Benefit</b>	\$1,000
<b>Benefit Waiting Period</b>	14 Days
<b>Maximum Benefit Period</b>	11 Weeks

100% Employee Paid

### Long Term Disability (LTD) – Cigna

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

Contains a 3 month Survivor Benefit

100% Employee Paid

### Basic Life and AD&D – Cigna

<b>Term Life and AD&amp;D Coverage:</b>	\$50,000
<b>Reduction Schedule:</b>	35% @ 65   60% @ 70   75% @ 70

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.

### 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.

### County Holidays (11 Days)

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