



Benefits at a Glance

2022 - 2023

Products Offered

- Medical • Prescription Drug Program • Dental • Vision • Basic Life and AD&D • Voluntary Life and AD&D • STD • LTD • ACG Retirement Plan • Annual Leave • Sick Leave • Bereavement Leave • County Holidays •

Medical - Cigna	OAP High \$1,000	OAP Mid \$2,000	OAP Low \$3,000
	In-Network	In-Network	In-Network
Coinsurance (Member pays)	0%	0%	0%
Calendar Year Deductible			
- Individual	\$1,000	\$2,000	\$3,000
- Family	\$2,000	\$4,000	\$6,000
Out-of-Pocket Maximum <i>(Includes Deductible and Copays)</i>			
- Individual	\$7,900	\$7,900	\$7,900
- Family	\$15,800	\$15,800	\$15,800
Office Visit			
- Primary*	\$30 Copay	\$30 Copay	\$30 Copay
- Chiropractic, Speech, and Occupational Therapy	\$30 Copay	\$30 Copay	\$30 Copay
- Specialist	\$60 Copay	\$60 Copay	\$60 Copay
Preventive Visits	100% Covered	100% Covered	100% Covered
Inpatient Services	Deductible	Deductible	Deductible
Outpatient Services	Deductible	Deductible	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
Telemedicine (MDLIVE)	\$0 Copay	\$0 Copay	\$0 Copay
Lifetime Maximum Benefits	Unlimited	Unlimited	Unlimited
Prescription Drugs			
Retail (30 Day Supply)	OAP High \$1,000	OAP Mid \$2,000	OAP Low \$3,000
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)	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.

ACCG Retirement Plan

Defined Contribution: 3% mandatory contribution from employee matched by County.

Additional voluntary contribution of 2% will be matched by County at 4%. Vested after 5 years. Retirement Age: 65.

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.

Dental – Cigna	Base Plan In-Network
Annual Deductible	
Individual	\$50
Family	\$150
Preventive Services	
Oral examinations, x-rays, dental prophylaxis, fluoride treatments	0%
Basic	
Simple extractions, fillings, etc.	20%
Major	
Crowns, inlays, onlays, root canal, full dentures, etc.	50%
Annual Plan Maximum	\$1,000

Employee Rates (Semi-Monthly)	
Employee	\$16.38
Employee + 1	\$32.23
Family	\$48.11

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

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.

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

Exams/Lenses/Frames/Contact Lenses 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	\$5,000 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
Reduction Schedule	65% @ 70 40% @ 75 25% @ 80

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	

Basic Life and AD&D – Cigna	
Term Life and AD&D Coverage:	\$50,000
Reduction Schedule:	65% @ 70 40% @ 75 25% @ 80

Coverage provided at no cost to all full-time employees.

Contact Information



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