

**Stephens County Hospital
Employee Health Plan**

Your Benefits

For 2023



Toccoa, Georgia

Are you ready to make your enrollment benefit decisions for 2023?

Stephens County Hospital is committed to the health of their employees by continuing to offer exceptional and affordable benefits. Your benefits for the upcoming plan year are geared towards providing you and your family members with comprehensive coverage. For the 2023 plan year we are happy to announce that there will be no medical premium increases. This guide summarizes the health and welfare benefits offered to eligible employees as of January 1, 2023. Be sure to save this benefit guide for reference throughout the year.

Currahee Advantage Network

The Primary Network for this Plan is Stephens County Hospital. If a medical service can be performed at SCH, all covered members (employees, spouses and children) must have these services performed at Stephens County Hospital or the service is NOT COVERED. For hospital services available at Stephen County Hospital but rendered at an in-network Health Partners provider, services will only be considered at the in-network level of benefits if pre-approved by Core Management Resources. The provider network for physician utilization will continue to be Health Partners. The complete Provider Directory Search Tool is located here: <https://www.healthpartnersnetwork.com/provider-search/>.

You will receive the highest level of benefits when you seek care at Stephens County Hospital or a Stephens County Hospital Physician. Benefits for services received from our facility or physicians will increase from 80% to 90% coinsurance.

When traveling outside of the primary network for business or vacation, PHCS is your statewide and nationwide network of preferred providers.

– DISCLAIMER –

This guide is for informational purposes only. Any discrepancies between the information contained herein and the Plan Document shall be superseded by the plan's official documents.

BENEFITS LINGO

Here are some terms and definitions that will help you understand your coverage.

COBRA: The Consolidated Omnibus Budget Reconciliation Act allows you and/or covered dependents to extend health, dental and/or vision coverage beyond the date on which eligibility would normally end. You pay the full premiums plus a 2% administrative fee for this extended coverage.

Coinsurance: The cost of a health or dental expense that is shared between you and the plan after you pay your deductible.

Copayment: A set dollar amount you pay toward an expense, such as an office visit or prescription drug. The remaining cost is covered by the plan.

Deductible: The amount of money you must pay toward health, prescription drug or dental expenses for each family member each year before health, drug or dental benefits are reimbursable in most cases. After you have paid your deductible, future expenses are covered at the coinsurance or copayment amount. Copayments do not count toward the deductible. You can submit claims for reimbursement of deductible, coinsurance and copayment amounts through a Health Care Spending Account (FSA).

Generic Medications: Drugs that are manufactured, distributed and available under a chemical name without patent protection. A generic drug must have the same active ingredient as its brand name counterpart. Generic drugs typically cost less than brand name drugs.

Network: A group of doctors, hospitals and other healthcare providers contracted to provide services to covered members.

Non-Preferred or Non-Formulary Drugs: Brand name medications that are not on the Preferred List because there are less expensive and effective alternatives available. Non-Preferred medications require a higher copayment.

Out-of-pocket Maximum: Generally, the most you will have to spend each plan year for each covered family member is the annual deductible, and the copayments and coinsurance. Once you've met the out-of-pocket maximum on yourself or a covered dependent, the plan pays 100% of most remaining expenses for you or the dependent for the rest of that plan year.

UNDERSTANDING YOUR BENEFITS

2023 Open Enrollment

Benefit Eligibility

All regular, full-time employees who work 30 or more hours per week are eligible for benefits on the first of the month following 30 days of full-time employment. It is very important to maintain an average of 30 hours per week in order to remain eligible for continuation of benefits.

Dependent Eligibility

If you are eligible to participate in the benefits offered by Stephens County Hospital, your eligible dependents may also participate. For most benefits plans, dependents include:

- Your legal spouse
- Your children up to age 26
- Your children covered by the plan who are over the age of 26 and who are/were physically or mentally incapacitated on the date they turn 26.

Enrollment Period

You can enroll in benefits upon hire, during open enrollment and within 30 days of a qualifying event. Annual enrollment will typically be held in November of each year and election changes will be effective on January 1st of each year.

Changing Your Coverage

When you enroll in the employee benefits program, you will have an option to make premium payments with pre-tax dollars through the Section 125 Plan. Please note that unless you opt out of the Section 125, you and/or your dependents cannot be terminated from the benefits plan for any reason other than a qualifying event or until the beginning of the next plan year.

Qualifying Event

You can make changes to your coverage during the plan year, within 30 days of a Qualifying Event. The following is a list of Qualifying Events:

- Marriage, divorce or legal separation
- Death of spouse or other dependent
- Birth or adoption of a child
- A spouse loses coverage under another employer group medical plan
- A spouse becomes eligible for coverage under another employer group medical health plan
- A dependent's eligibility status changes due to age
- You or your spouse are covered under a group health plan and experience a change in work hours
- Relocation into or outside of your plan's service area

Network FAQ's

- Would my services from a non-Stephens County Hospital OB/GYN physician be covered?
Yes, your services would be covered. Just chose a provider from the plan's primary network, Health Partners Network- <https://www.healthpartnersnetwork.com/>.
- Would my emergency room visit at another hospital be covered?
Yes, emergency room services performed at another hospital will be covered. See the Schedule of Benefits for coverage details.
- If my doctor requests that I have additional scans or testing, can I schedule it at any facility?
For these services to be covered they would have to be performed at SCH, so long as these services are offered at SCH. For example, if you are seeing your gastroenterologist in Gainesville and they request that you have a HIDA Scan, you must have that scan at SCH or the expense is not covered. If you are seeing a neurologist in Atlanta and they request an MRI, that MRI must be performed at SCH or it is not covered.

2023 Medical Benefit Choices

Premiums – Per Pay Period

| Coverage | Plan 1 |
|-----------------------|-----------------------------|
| | (\$750/ \$1,500 Deductible) |
| Employee | \$62.63 |
| Employee & Spouse | \$208.35 |
| Employee & Child(ren) | \$181.31 |
| Employee & Family | \$253.42 |



Currahee Advantage Medical Schedule of Benefits (2023 Plan Year)

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|------------------------------|-----------------------|
| Plan Name | Currahee Advantage Plan I: 100925A | | |
| Network | SCH | Health Partners/ PHCS | |
| Prescription (Rx) | \$5/\$25/\$50/20% for any drug that costs more than \$120 per 30-day supply | | |
| Note: Services where plan deductible applies are noted with a caret (^) | | | |
| | Stephens County Hospital & Physicians | IN-NETWORK | OUT-OF-NETWORK |
| Calendar Year Deductible | \$750.00 | \$1,500 | \$3,000 |
| Family Deductible | \$2,250.00 | \$4,500 | \$9,000 |
| Lifetime Maximum Benefit | Unlimited | | |
| Coinsurance after Deductible | 90% | 80% | 50% |
| Individual Out of Pocket Max | \$3,000 | \$3,750 | UNLIMITED |
| Family Out of Pocket Max | \$9,000 | \$11,250 | UNLIMITED |
| ***Primary Network for Hospital Utilization: The primary Network for hospital utilization is Stephens County Hospital. SCH MUST BE USED if the service is available at the facility. It is important to understand that if a service can be done at SCH, then that is the only option, or the services will NOT BE COVERED . | | | |
| Covered Medical Expenses | Stephens County Hospital & Physicians | IN-NETWORK | OUT-OF-NETWORK |
| Advanced Radiological Imaging | 100% (including Radiologist charges) | 80 %^ | 50 %^ |
| Allergy Services | 90% after \$25 Copay 90% 90% | 80% after \$25 Copay | 50%^ |
| Office Visit | | 80% | 50%^ |
| Injections | | 80% | 50%^ |
| Serum | | | |
| Ambulance | 90% after SCH Deductible^ | | |
| Ambulatory Surgical Center | 90%^ | 80%^ | 50%^ |
| Anesthesia | 90%^ | 80%^ | 50%^ |
| Birthing Center | 90%^ | 80%^ | 50%^ |
| Chiropractic Care <i>Max of 50 visits per calendar year</i> | 50%^ | | |
| Clinical Trials (Patient Cost) | Covered, See specific services | | |
| Durable Medical Equipment | N/A | 80% ^ | 50% ^ |
| Home Health Care <i>Max 1 Visit per day</i> | 100% | | |
| Hospice Care | 100% 100% 100% | | 50%^ |
| Inpatient | | | 50%^ |
| Outpatient | | | 50%^ |
| Family Bereavement Counseling | | | |
| Hospital | 90%^ See Specific Services | 80%^ | 50%^ |
| Inpatient Treatment | | See Specific Services | See Specific Services |
| Outpatient Treatment | | | |
| Additional Per Admission Deductible | \$300 (waived if admitted to SCH) | | |
| Precertification Required- \$150 penalty plus 40% reduction in coinsurance for non-compliance. | | | |
| Mental Health Services | 90%^ 90% after \$25 Copay | 80%^ 80% after \$25 Copay | 50%^ |
| Inpatient | | | 50%^ |
| Outpatient | | | |

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------|
| Newborn Care | 90% [^] | 80% [^] | 50% [^] |
| Outpatient Diagnostic X-Ray & Lab | 100% (including Radiologist charges for imaging) | 80% [^] | 50% [^] |
| Outpatient Dialysis | 90% [^] | 80% [^] | 50% [^] |
| Outpatient Emergency Services- Emergency & non-emergency treatment | \$100 ER Copay, then 90% after deductible | | |
| Special Conditions | \$100 Copay waived if admitted | | |
| Physician Services- Office Visit | 90% after \$25 Copay | 80% after \$25 Copay | 50% [^] |
| Lab & X-ray | 100% (including Radiologist charges for imaging) | 80% | 50% [^] |
| All other services | 90% | 80% | 50% [^] |
| Pregnancy Expenses (Employee & Spouse only) | See specific services | | |
| Routine/Preventive Care All Services (excludes immunizations) (excludes tobacco cessation products) (excludes Rx contraceptives) | 100% | | 50% [^] |
| Immunizations- 18 & under | 100% | 100% | 50% [^] |
| Immunizations- 19 & over | SCH- 100% Stephens County Physicians- 100% | Not covered | Not covered |
| Tobacco Cessation Products | SCH- 100% Stephens County Physicians- No coverage | Not covered | Not covered |
| Rx Contraceptives | SCH- 100%, Cost-sharing may apply to brand-name drugs that have a generic equivalent. Stephens County Physicians- 100%, Cost-sharing may apply to brand-name drugs that have a generic equivalent. | 100%, Cost-sharing may apply to brand-name drugs that have a generic equivalent. | Not covered |
| Private Duty Nursing <i>Inpatient only</i> | 90% [^] | 80% [^] | 50% [^] |
| Prosthetics, Orthotics, Supplies & Surgical Dressings <i>Foot orthotics limited to \$250</i> | 90% [^] | 80% [^] | 50% [^] |
| Second Surgical Opinions | See Physician Services | | |
| Skilled Nursing Facility <i>30 days per Calendar year</i> | 90% [^] | 80% [^] | 50% [^] |
| Substance Use Disorders Inpatient Treatment | 90% [^] | 80% [^] | 50% [^] |
| Outpatient Treatment | 90% after \$25 Copay | 80% after \$25 Copay | 50% [^] |
| Surgery | 90% [^] | 80% [^] | 50% [^] |
| Temporomandibular Joint Disorder (TMJ)- <i>\$1,000 lifetime maximum limit for appliances and procedures.</i> | 50% [^] | | |
| Therapy- Cardiac Rehab Therapy | 90% [^] | 80% [^] | 50% [^] |
| Chemotherapy | 90% [^] | 80% [^] | 50% [^] |
| Radiation Therapy | 90% [^] | 80% [^] | 50% [^] |
| Respiration Therapy | 90% [^] | 80% [^] | 50% [^] |
| Rehabilitative- Occupational Therapy | 90% [^] | 80% [^] | 50% [^] |
| Physical Therapy | 90% [^] | 80% [^] | 50% [^] |
| Speech Therapy | 90% [^] | 80% [^] | 50% [^] |

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Habilitative- Applied Behavior Analysis (ABA) Therapy- <i>(Max benefit limit- \$10,000/ year. Coverage up to age 6)</i> Occupational Therapy Physical Therapy Speech Therapy | 90% [^] 90% [^] 90% [^] 90% [^] | 80% [^] 80% [^] 80% [^] 80% [^] | 50% [^] 50% [^] 50% [^] 50% [^] |
| Transplants Recipient Expenses Donor Expenses <i>(Max donor benefit limit of \$20,000)</i> | 90% [^] 90% [^] | 80% [^] 80% [^] | 50% [^] 50% [^] |
| Urgent Care | 90% after \$25 Copay 100%- Labs, x-rays (including Radiologist charges for imaging) 90%- Surgery | 80% after \$25 Copay 80%- Labs, x-rays & Surgery | 50% [^] |
| Work Well Office Visit | \$25 Office Visit Copay, then covered at 100% | | |
| All Other Covered Services | 90% [^] | 80% [^] | 50% [^] |
| Prescriptions Co-pays | RETAIL PHARMACY (SCH Pharmacy Only) | | |
| Generic | \$5 | | |
| Preferred | \$25 | | |
| Non-Preferred | \$50 | | |
| Specialty Drugs | 20% for any drug that costs more than \$120 per 30-day supply | | |
| Preventive | No copay is required for most drugs that fall under the Affordable Care Act. Cost-sharing may apply to brand name Rx contraceptives that have a generic equivalent. | | |
| *For Prescription Drugs not purchased at the Stephens County Hospital pharmacy – covered at 80% subject to the Benefit Year deductible of \$1,500. Submit the itemized receipts to: Core Management Resources at P. O. Box 90, Macon, GA 310202 for processing. Routine/Preventive immunizations for participants 19 and over, tobacco cessation products and Rx contraceptives are covered only when dispensed by the Stephens County Hospital pharmacy. | | | |

Vision Benefits |



Your vision coverage is offered through EyeMed for the 2023 plan year. Please review your plan summaries or policy for out-of-network coverage information and full plan details.

| Vision EyeMed | | Cost | Frequency |
|-------------------------------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| Eye Exam | | \$10 Copay | Once every 12 months |
| Choice of: | Contacts | Standard Contact Lens Fit & Follow-up: \$40 Contact Lenses: <ul style="list-style-type: none"> Conventional- \$0 Copay, \$130 allowance, 15% off balance over \$130 Disposable- \$0 Copay, \$130 allowance, plus balance over \$130 Medically Necessary- \$0 Copay, Paid in Full | Once every 12 months |
| | Glasses | Frames: \$0 Copay, \$130 allowance, 20% off balance over \$130 Standard Plastic Lenses: <ul style="list-style-type: none"> Single Vision, Bifocal, Trifocal, Lenticular- \$25 Copay Standard Progressive Lens- \$80 Copay Premium Progressive Lens- \$110-\$200 Copay Tier 1- \$110 Copay Tier 2- \$120 Copay Tier 3- \$135 Copay Tier 4- \$200 Copay | Frames- Once every 24 months Lenses- Once every 12 months |
| Vision Rates (Bi-Weekly/ 26 Pay Periods) | | | |
| Employee Only | | \$2.64 | |
| Employee + Spouse | | \$5.01 | |
| Employee + Child(ren) | | \$5.27 | |
| Family | | \$7.74 | |

Group Dental Insurance

Help protect your oral health with regular dental exams and procedures.

This summary of benefits and coverage shows how you and The Standard would share the cost for covered dental care services. NOTE: This is only a summary; for detailed information on coverage, please consult your certificate of coverage.

Plan 1: Dental Plan Summary

Effective Date: 1/1/2023

| Plan Benefit | |
|------------------------|-------------------------------|
| Type 1 (Preventive) | 100% |
| Type 2 (Basic) | 80% |
| Type 3 (Major) | 50% |
| Waiting Period | None |
| Deductible | \$50/Calendar Year Type 2 & 3 |
| | Waived Type 1 |
| | 3 Family Maximum |
| Maximum (per person) | \$1,500 per calendar year |
| Allowance | 90% usual and customary |
| Annual Eye Exam | None |
| Annual Open Enrollment | Included |

Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

| Type 1 | Type 2 | Type 3 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> Routine Exam (2 per benefit period) Bitewing X-rays (1 per benefit period) Periapical X-rays Cleaning (2 per benefit period) Fluoride for Children 15 and under (1 per benefit period) | <ul style="list-style-type: none"> Full Mouth/Panoramic X-rays (1 in 2 years) Sealants (age 15 and under) Space Maintainers Fillings for Cavities Restorative Composites Simple Extractions Anesthesia | <ul style="list-style-type: none"> Onlays Crowns (1 in 5 years per tooth) Crown Repair Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Denture Repair Implants Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years) Complex Extractions |

| Bi-Weekly Rates | |
|------------------------|---------|
| Employee Only (EE) | \$17.13 |
| EE + Spouse | \$29.98 |
| EE + Children | \$31.96 |
| EE + Spouse & Children | \$46.25 |

Dental Network Information

Employees and dependents have access to an extensive nationwide network of member dentists. The cost-saving benefits of visiting a network member provider are automatically available to all employees and dependents who are covered by any of The Standard's dental plans and who live in areas where the nationwide network is available. To find member dentists in your area, visit <http://www.standard.com/services> and click on "Find a Dentist".

PROTECT YOURSELF WITH LIFE & DISABILITY BENEFITS



Life Benefits

Stephens County Hospital provides eligible employees with a Basic Life and Accidental Death and Dismemberment benefits through The Standard at no cost to you.

Basic Life and Accidental Death & Dismemberment (AD&D) Employer Paid

- Benefit amount: \$40,000/ \$40,000 (AD&D)
- Please be advised that should you reach age 65, your coverage will reduce by 33%. Should you reach age 70, your coverage will reduce by 67%.
- Amount of life insurance for dependents are as follows: Spouse- \$10,000
Children: Live birth to 19 or to 26 (if a full-time student): \$5,000.

Voluntary Life and Accidental Death & Dismemberment (AD&D)

Employees can elect Voluntary Life and AD&D for the employee, spouse and eligible dependent children. The cost is based on the amount you purchase and your age at the time of your purchase. Employee Paid

| Employee Coverage | Spouse Coverage | Child Coverage |
|------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------------|
| Increments of \$1,000 up to a max of \$500,000 | Increments of \$1,000 up to a max of \$250,000, not to exceed 100% of the employee election | Increments of \$1,000 up to a max of \$10,000 |

Please be advised that should you reach age 65, your coverage will be reduced by 33%. Should you reach age 70, your coverage will reduce by 67%. Guaranteed benefit amounts are available.

Disability Benefits

Short and Long-Term Disability insurance provides partial income replacement in the event of a covered illness or accident that occurs outside of work.

Short Term Disability

Employee Paid

- Benefits kick in once you have been out of the office due to your disability for 14 days.
- Weekly benefits checks will be 60% of your weekly earnings to a maximum of \$1,500 a week.
- You can receive weekly benefits checks for up to 11 weeks if you continue to be out of work.

Long Term Disability

Benefits kick in once you have been out of the office due to your disability for 90 days.

Basic Long-Term Disability is Employer Paid

- Base benefit of 60% of your eligible earnings, up to a maximum benefit of \$500 per month.
- Plan minimum per month is \$100.

Voluntary Long-Term Disability is Employee Paid

- Monthly benefits checks will be 60% of your eligible earnings to a max of \$7,400 per month.
- You can receive weekly benefits checks for up to retirement/ social security age.



You can't predict when or where an accident will strike. But you can make sure you have a safety net of financial protection to help if an accidental injury occurs.

- **Accident Insurance** helps offset unexpected medical expenses, such as emergency room fees, deductibles and co-payments that can result from a fracture, dislocation or other covered accidental injury.

Hopefully, you and your family will never face cancer. If you do, a financial safety net can help you and your loved ones focus on what matters most — recovery.

- **Cancer Insurance** helps offset the out-of-pocket medical and indirect, non-medical expenses related to cancer that most medical plans don't cover. This coverage also provides a benefit for specified cancer-screening tests.

If you're diagnosed with a covered critical illness, group critical illness can help you with your expenses so you can concentrate on what's most important- your treatment, care and recovery.

- **Critical Illness Insurance** supplements your major medical coverage by providing a lump-sum benefit you can use to pay the direct and indirect costs related to a covered critical illness.



403(B) Plan

Frequently Asked Questions

How much can I contribute to my 403(b) plan?

Up to \$19,500 in 2022 for participants under age 50 and \$26,000 for participants age 50 and over.

What is the minimum that I can contribute?

The minimum contribution is \$15 or 2% of gross pay per pay period.

May I stop contributing to my 403(b) account?

Yes. You are permitted to stop contributing at any time by notifying HR in writing.

What is the difference between an annuity and a mutual fund?

An annuity is an insurance company contract that can be used for accumulating assets for retirement. Fixed annuities guarantee your principal and a fixed rate of return and are generally considered conservative and stable. Many have found that mutual fund companies offer more choices, potentially higher returns and lower fees.

Who controls the investments in my 403(b) account?

You do. Your employer sends your contributions to the vendor that you select, and these contributions are invested in the funds you designate. You may change your allocation of future contributions at any time.

When can I withdraw money from my 403(b) account?

The Hospital's 403(b) plan is designed to be a long-range planning tool. Hardship withdrawals are not allowed. You can begin withdrawing money from your account without penalty at age 59 ½, even if you are still working. Participants may also be eligible to receive an early distribution in case of termination of employment, death or disability.



Paid Time Off

Regular full-time and part-time employees are eligible to accrue Paid Time Off (PTO) benefits based on the following schedule:

| Length of Employment | Hourly Accrual Factor | Maximum Per Pay Period | Maximum Allowance |
|--------------------------------------------------|-----------------------|------------------------|-------------------|
| 1 st Day- 60 th Month | 0.0808 | 6.46 | 240 |
| 61 st Month- 120 th Month | 0.0962 | 7.69 | 240 |
| 121 st Month- 180 th Month | 0.1077 | 8.62 | 240 |
| 181 st Month- 240 th month | 0.1192 | 9.54 | 240 |
| Greater than 240 Months | 0.1308 | 10.46 | 240 |

Paid Time Off Benefits accrue based on total productive hours multiplied by the benefit accrual rate. Total productive hours include regular work hours, educational hours, PTO hours and certain miscellaneous hours such as bereavement, jury duty hours and witness duty hours.

Paid Time Off benefits accrue from the time of employment. Employees not completing the initial probationary period will be required to repay any paid time off benefit received as earnings. Employees who terminate will be paid for all accrued Paid Time Off hours earned but not taken.



Contact information

Core Management Resources

Member Services: Monday thru Friday, 8:00 a.m. to 5:00 p.m. ET
Medical Claims Website: www.corehealthbenefits.com
Phone: 1-888-741-2673

Provider Network – Health Partners

Website: <https://www.healthpartnersnetwork.com/provider-search/>
Phone: 770-219-6645

Out of area Network- PHCS

Website: <https://www.multiplan.com/webcenter/portal/ProviderSearch>
Phone: 1-800-922-4362

EyeMed

Customer Care Center: Mon- Sat: 7:30 am to 11 pm EST, Sun: 11 am to 8 pm EST
Phone: 1-866-939-3633
Website: www.eyemed.com

The Standard

Phone number for Life insurance: 1-800-628-8600
Short-Term Disability: 1-800-368-2859
Long-Term Disability: 1-800-3681135
Dental Eligibility: 1-877-490-9991
Dental Claims: 1-800-547-9515
Website: www.thestandard.com

Colonial Life

41 Park of Commerce Way Ste. 108, Savannah, GA 31405
Phone: 912-443-0181
Fax: 912-443-0370
www.coloniallife.com

Additional Contact Information

Peach Care for Kids

www.peachcare.org/
1-877-427-3224

Social Security Administration

www.ssa.gov
1-800-772-1213

Centers for Medicare & Medicaid Services (CMS)

www.medicare.gov
Help Line
24 hours a day/7 days per week
800-633-4227
TTY 877-486-2048



CORE MANAGEMENT RESOURCES

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