

Stephens County Hospital  
Employee Health Plan

# Your Benefits

*For 2024*



Toccoa, Georgia

# Are you ready to make your enrollment benefit decisions for 2024?

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 2024 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, 2024. 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 Any discrepancies between the information contained herein and the Plan Document shall be superseded by the plan's official documents.*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

2024 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 1<sup>st</sup> 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.

# 2024 Medical Benefit Choices

## *Premiums – Per Pay Period*

Coverage	Plan 1
	(\$750/ \$1,500 Deductible)
Employee	\$53.26
Employee & Spouse	\$208.35
Employee & Child(ren)	\$181.31
Employee & Family	\$253.42



## Currahee Advantage Medical Schedule of Benefits (2024 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 <b>MUST BE USED</b> 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 <b>NOT BE COVERED</b> .			
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% <sup>^</sup>	80% <sup>^</sup>	50% <sup>^</sup>
Outpatient Diagnostic X-Ray & Lab	100% (including Radiologist charges for imaging)	80% <sup>^</sup>	50% <sup>^</sup>
Outpatient Dialysis	90% <sup>^</sup>	80% <sup>^</sup>	50% <sup>^</sup>
Outpatient Emergency Services- Emergency & non-emergency treatment Special Conditions	\$100 ER Copay, then 90% after deductible		
	\$100 Copay waived if admitted		
Physician Services- Office Visit Lab & X-ray All other services	90% after \$25 Copay 100% (including Radiologist charges for imaging) 90%	80% after \$25 Copay 80% 80%	50% <sup>^</sup> 50% <sup>^</sup> 50% <sup>^</sup>
Pregnancy Expenses (Employee & Spouse only)	See specific services		
Routine/Preventive Care All Services (excludes immunizations) (excludes tobacco cessation products) (excludes Rx contraceptives)	100%		50% <sup>^</sup>
Immunizations- 18 & under	100%	100%	50% <sup>^</sup>
Immunizations- 19 & over	SCH- 100% <u>Stephens County Physicians</u> - 100%	Not covered	Not covered
Tobacco Cessation Products	SCH- 100% <u>Stephens County Physicians</u> - No coverage	Not covered	Not covered
Rx Contraceptives	SCH- 100%, Cost-sharing may apply to brand-name drugs that have a generic equivalent. <u>Stephens County Physicians</u> - 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% <sup>^</sup>	80% <sup>^</sup>	50% <sup>^</sup>
Prosthetics, Orthotics, Supplies & Surgical Dressings <i>Foot orthotics limited to \$250</i>	90% <sup>^</sup>	80% <sup>^</sup>	50% <sup>^</sup>
Second Surgical Opinions	See Physician Services		
Skilled Nursing Facility <i>30 days per Calendar year</i>	90% <sup>^</sup>	80% <sup>^</sup>	50% <sup>^</sup>
Substance Use Disorders Inpatient Treatment Outpatient Treatment	90% <sup>^</sup> 90% after \$25 Copay	80% <sup>^</sup> 80% after \$25 Copay	50% <sup>^</sup> 50% <sup>^</sup>
Surgery	90% <sup>^</sup>	80% <sup>^</sup>	50% <sup>^</sup>
Temporomandibular Joint Disorder (TMJ)- <i>\$1,000 lifetime maximum limit for appliances and procedures.</i>	50% <sup>^</sup>		
Therapy- Cardiac Rehab Therapy Chemotherapy Radiation Therapy Respiration Therapy	90% <sup>^</sup> 90% <sup>^</sup> 90% <sup>^</sup> 90% <sup>^</sup>	80% <sup>^</sup> 80% <sup>^</sup> 80% <sup>^</sup> 80% <sup>^</sup>	50% <sup>^</sup> 50% <sup>^</sup> 50% <sup>^</sup> 50% <sup>^</sup>
Rehabilitative- Occupational Therapy Physical Therapy Speech Therapy	90% <sup>^</sup> 90% <sup>^</sup> 90% <sup>^</sup>	80% <sup>^</sup> 80% <sup>^</sup> 80% <sup>^</sup>	50% <sup>^</sup> 50% <sup>^</sup> 50% <sup>^</sup>

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% <sup>^</sup> 90% <sup>^</sup> 90% <sup>^</sup> 90% <sup>^</sup>	80% <sup>^</sup> 80% <sup>^</sup> 80% <sup>^</sup> 80% <sup>^</sup>	50% <sup>^</sup> 50% <sup>^</sup> 50% <sup>^</sup> 50% <sup>^</sup>
Transplants Recipient Expenses Donor Expenses <i>(Max donor benefit limit of \$20,000)</i>	90% <sup>^</sup> 90% <sup>^</sup>	80% <sup>^</sup> 80% <sup>^</sup>	50% <sup>^</sup> 50% <sup>^</sup>
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% <sup>^</sup>
Work Well Office Visit	\$25 Office Visit Copay, then covered at 100%		
All Other Covered Services	90% <sup>^</sup>	80% <sup>^</sup>	50% <sup>^</sup>
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 2024 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:	<b>Contacts</b>	Standard Contact Lens Fit & Follow-up: \$40 Contact Lenses: <ul style="list-style-type: none"> <li>Conventional- \$0 Copay, \$130 allowance, 15% off balance over \$130</li> <li>Disposable- \$0 Copay, \$130 allowance, plus balance over \$130</li> <li>Medically Necessary- \$0 Copay, Paid in Full</li> </ul>	Once every 12 months
	<b>Glasses</b>	Frames: \$0 Copay, \$130 allowance, 20% off balance over \$130 Standard Plastic Lenses: <ul style="list-style-type: none"> <li>Single Vision, Bifocal, Trifocal, Lenticular- \$25 Copay</li> <li>Standard Progressive Lens- \$80 Copay</li> <li>Premium Progressive Lens- \$110-\$200 Copay</li> <li>Tier 1- \$110 Copay</li> <li>Tier 2- \$120 Copay</li> <li>Tier 3- \$135 Copay</li> <li>Tier 4- \$200 Copay</li> </ul>	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: 1/1/2024	
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"><li>• Routine Exam (2 per benefit period)</li><li>• Bitewing X-rays (1 per benefit period)</li><li>• Periapical X-rays</li><li>• Cleaning (2 per benefit period)</li><li>• Fluoride for Children 15 and under (1 per benefit period)</li></ul>		<ul style="list-style-type: none"><li>• Full Mouth/Panoramic X-rays (1 in 2 years)</li><li>• Sealants (age 15 and under)</li><li>• Space Maintainers</li><li>• Fillings for Cavities</li><li>• Restorative Composites</li><li>• Simple Extractions</li><li>• Anesthesia</li></ul>	<ul style="list-style-type: none"><li>• Onlays</li><li>• Crowns (1 in 5 years per tooth)</li><li>• Crown Repair</li><li>• Endodontics (nonsurgical)</li><li>• Endodontics (surgical)</li><li>• Periodontics (nonsurgical)</li><li>• Periodontics (surgical)</li><li>• Denture Repair</li><li>• Implants</li><li>• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)</li><li>• Complex Extractions</li></ul>
Bi-Weekly Rates			
Employee Only (EE)		\$18.33	
EE + Spouse		\$32.09	
EE + Children		\$34.19	
EE + Spouse & Children		\$49.48	

### 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 2024 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 <sup>st</sup> Day- 60 <sup>th</sup> Month	0.0808	6.46	240
61 <sup>st</sup> Month- 120 <sup>th</sup> Month	0.0962	7.69	240
121 <sup>st</sup> Month- 180 <sup>th</sup> Month	0.1077	8.62	240
181 <sup>st</sup> Month- 240 <sup>th</sup> 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](http://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](http://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.standard.com](http://www.standard.com)  
All employees (non-participating LTD and part-time eligible employees) have access to The Standard EAP services by calling 888-293-6948 or visiting [www.healthadvocate.com/standard3](http://www.healthadvocate.com/standard3)

## **Colonial Life**

41 Park of Commerce Way Ste. 108, Savannah, GA 31405  
Phone: 912-443-0181  
Fax: 912-443-0370  
[www.coloniallife.com](http://www.coloniallife.com)

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## **Additional Contact Information**

### **Peach Care for Kids**

[www.peachcare.org/](http://www.peachcare.org/)  
1-877-427-3224

### **Social Security Administration**

[www.ssa.gov](http://www.ssa.gov)  
1-800-772-1213

### **Centers for Medicare & Medicaid Services (CMS)**

[www.medicare.gov](http://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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[www.corehealthbenefits.com](http://www.corehealthbenefits.com)