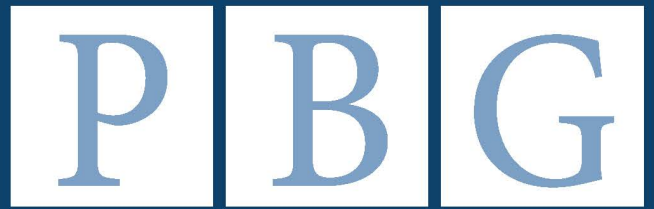


GROWTH TECH  
HEALTH WORK  
TOOLS  
Happiness  
Satisfaction  
Experience  
Strategy  
Opportunity  
BENEFITS  
EMPLOYEE  
EXPERIENCE  
EMPLOYER  
WORKERS  
Engagement  
WORKPLACE



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- Medical
- Dental
- Vision
- Voluntary Term Life and AD&D
- Short Term Disability
- Long Term Disability
- Permanent Life Insurance

**PLAN YEAR 2025**



[partnersbenefit.com](https://partnersbenefit.com)

## MEDICAL

Semi-Monthly Contributions	Traditional Plan A		High Deductible w/ HSA Plan B		Affordable Health Care Plan C	
	Rates	Discounted Rates	Rates	Discounted Rates	Rates	Discounted Rates
EE	\$119.06	\$96.72	\$81.57	\$67.65	\$55.43	\$46.19
EE+ SP	\$216.57	\$182.85	\$148.22	\$125.77		
EE + CH	\$168.15	\$140.12	\$133.01	\$114.83	\$132.72	\$110.60
Family	\$239.90	\$196.34	\$181.14	\$151.31		
Annual Southwell HSA Contribution	None	None	\$500 for EE; \$600 for EE+ SP; \$600 for EE+CH; \$600 for Fam		None	
	Domestic Network	UHC Choice Plus	Domestic Network	UHC Choice Plus	Domestic Network	UHC Choice Plus

### In-Network Coverage (Ind. = Individual)

Calendar Year Deductible (Ded)	Ind.: \$1000 Family: \$3,000	Ind.: \$2,500 Family: \$4,500	Ind.: \$3,625 Family: \$7,250	Ind.: \$5,125 Family: \$8,750	Ind.: \$5,250 Family: \$10,750	Ind.: \$7,250 Family: \$12,750
Out of Pocket Maximum (includes deductibles, coins, copays, and RX)	Ind.: \$9,200 Family: \$18,400  Medical expenses are covered at 100%. after satisfying the medical OOP of \$6,000 individual or \$13,700 Fam	Ind.: \$9,200 Family: \$18,400  Medical expenses are covered at 100%. after satisfying the medical OOP of \$8,000 individual or \$15,700 Fam	Ind.: \$4,375 Family: \$7,500  Medical expenses are covered at 100%. after satisfying the medical DED of \$3,625 individual or \$7,250 Fam	Ind.: \$6,375 Family: \$9,500  Medical expenses are covered at 80%. after satisfying the medical DED of \$5,125 individual or \$8,750 Fam	Ind.: \$9,200 Family: \$18,400  Medical expenses are covered at 100%. after satisfying the medical OOP of \$7,600 individual or \$14,200 Fam	Ind.: \$9,200 Family: \$18,400  Medical expenses are covered at 100%. after satisfying the medical OOP of \$8,700 individual or \$16,200 Fam
Co-Insurance (Coins.) after Ded.	You pay 25%	You pay 35%	You pay 0%	You pay 20%	You pay 40%	You pay 40%
Office Co-pay						
Primary Care Specialist	\$35 co-pay \$50 co-pay	\$45 co-pay \$55 co-pay	Ded. + 0%	Ded. + 20%	Ded. + 40% \$50 co-pay (2 visits), Ded + 40%	Ded + 40% \$50 co-pay (2 visits), Ded + 40%
Maternity Services	Ded. + 25%	Ded. + 35%	Ded. + 0%	Ded. + 20%	Ded. + 40%	Ded. + 40%
<b>Hospital Outpatient / Inpatient Services</b>						
In Network	Ded. + 25%	Ded. + 35%	Ded. + 0%	Ded. + 20%	Ded. + 40%	Ded. + 40%
<b>Emergency Room Services:</b> Life threatening or serious accidental injury						
Emergent ER	Ded. + 25%	Ded. + 35%	Ded. + 0%	Ded. + 20%	Ded. + 40%	Ded. + 40%

**Preventative Care Covered Services payable at 100%.**

### Out-of-Network Coverage: ER Coverage ONLY. No other benefit coverage.

Prescription Drug Benefit	You pay 25% (Acute & Maintenance Medications are Covered)	You pay 25% (Acute & Maintenance Medications are Covered)	OOP Maximum + 0%	OOP Maximum + 0%	You pay 40% (Acute & Maintenance Medications are Covered)	You pay 40% (Acute & Maintenance Medications are Covered)
Southwell EE Pharmacy						
ESI Wrap Network	(NOTE: ONLY Acute Medications)	(NOTE: ONLY Acute Medications)			(NOTE: ONLY Acute Medications)	(NOTE: ONLY Acute Medications)

## DENTAL: METLIFE

### Annual Deductible (does not apply to preventive services)

Individual	\$50 per covered person
Family	3 Deductibles per family maximum (\$150)

### Type A: Preventive Services

(Routine Oral Exam, Routine Cleaning, X-Rays (Full-mouth/Panoramic), Sealants & Fluoride, Space Maintainers)	100%
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### Type B: Basic Services

(Simple & Complex Extractions, Restorations, Anesthesia, Endodontics (surgical/nonsurgical), Periodontics (nonsurgical))	80% of UCR after Deductible
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### Type C: Major Services

(Denture Repair, Onlays, Crowns, Crown Repair, Implants, Periodontics (surgical), Prosthodontics (bridges, dentures))	50% of UCR after Deductible
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**Calendar Year Plan Maximum:** \$1,750 per person

**Orthodontic Services** (child through age 18): 50%

**Orthodontia Lifetime Maximum:** \$1,000

In-Network: Negotiated Fee

Out-of-network: 90% R&C

### Semi-Monthly Contributions

Employee	\$19.28
Employee + Spouse	\$36.83
Employee + Child(ren)	\$43.49
Employee + Family	\$61.00

## VOLUNTARY TERM LIFE/AD&D: Sun Life

Employee Guaranteed Issue(GI): \$300,000(Initial Offering)

Spouse Guarantee Issue(GI): \$50,000 (Initial Offering)

<b>Employee</b>	Increments of \$10,000 up to \$500,000
<b>Spouse</b>	Increments of \$5,000 to a maximum of \$100,000 but not to exceed 100% of employee life amount
<b>Child</b>	Under 15 days: \$1,000 15 days old to 26 years old: \$10,000

Employees will be able to increase their VTL benefits for Employee & Spouse each year by 2 increments (\$10K-\$20K for EE and \$5K for SP) not to exceed GI

NO Age Reductions

Policies are Convertible & Portable

## LONG TERM DISABILITY: Sun Life

Monthly Benefit: 60%

Maximum Monthly Benefit:

Class 1: \$15,000; Class 2: \$10,000; Class 3: \$7,500

Benefit Waiting Period: 180 days for accident and sickness

Maximum Benefit Period To SSNRA

Pre-existing: 3/12 (NO EOI)

## VISION: METLIFE

### Frequency

Exam and Lenses	12 Months
Frames	12 Months

### In-Network

<b>Exam</b>	\$10 co-pay
Retinal imaging	Up to \$39 co-pay
Standard Contact	Up to \$60 co-pay max
Lens fit & Follow up	
Eyeglass Frames	\$150 Allowance then 20% off remaining balance
Single lenses	\$25 co-pay
Bifocal lenses	\$25 co-pay
Trifocal lenses	\$25 co-pay

### Contact Lenses

(Elective)	\$150 Allowance
Conventional	15% off the remaining balance
Disposable	No additional Discount

**Second Pair:** This means you can get 2 pairs of prescription glasses or a pair of glasses and an allowance towards contact lenses or double your contact lenses allowance. Every 12 months!

### Semi-Monthly Contributions

Employee	\$ 4.78
Employee + Spouse	\$10.41
Employee + Child(ren)	\$ 9.74
Employee + Family	\$15.38

## BASIC LIFE/AD&D: CIGNA/New York

2.5 times their annual salary in life up to the maximum of \$400,000

Dependent Life: \$0.57 per pay period for \$5,000 OR \$1.14 per pay period for \$10,000 on spouse and all dependent children below the age of 26.

## SHORT TERM DISABILITY: Sun Life

Weekly Benefit Percentage 60%

Maximum Weekly Benefit \$3,000

Maximum Benefit Period 180 days (includes elimination period)

Benefit Begins 15<sup>th</sup> day for accident & sickness

Pre-existing: None

**Dependent Children can be covered on Dental, and Vision coverage up until the age of 26, regardless of student status. Voluntary Term Life will not allow married children to be covered.**

## QUALIFYING EVENT

A qualifying event is a change in an employee's personal life that may impact their eligibility or dependents eligibility for benefits. As defined by Southwell plan document, employees experiencing a qualifying event are eligible to make changes in their elected benefits within a specified time period. When experiencing a qualifying event, employees have 30 days from the date of the event to submit a change to their elected benefits. Any changes made must be consistent with the qualifying event experienced. Examples of a qualifying event are marriage, divorce, birth or adoption of a child, spouse gaining or losing coverage through their employer. You must notify the Southwell Benefit Representatives within 30 days of the date of your qualifying event. If you do not, you will not be able to make any benefit changes until the next open enrollment period.

## PERMANENT LIFE: CINCINNATI LIFE INSURANCE

Cincinnati Life Insurance: helps provide financial protection by promising to pay a benefit in the event of a covered employee's death or covered family member's death. Employees who want to supplement their group life insurance benefits may purchase additional coverage with this 20 Year Term, 20 Year Term Return of Premium or Whole Life coverage. This coverage is portable which means you can take it with you if you leave employment and the rates and benefits stay the same. This coverage is guaranteed issue the initial time it is offered to eligible employees. **OPEN ENROLLMENT for this Spring 2025.**

## CONTACT INFORMATION

### Partners Benefit Group

Skip Hill

### Customer Service Representatives:

Julie Bullington & Shirley Robinson  
1476 Carpenter Rd, Tifton GA 31793

Ph: 229.388.8804

Fax: 229.382.1222

[julie.bullington@tiftregional.com](mailto:julie.bullington@tiftregional.com)

[srobinson@partnersbenefit.com](mailto:srobinson@partnersbenefit.com)

### General Employee Benefits Questions:

Angie Barber, Benefits Specialist, 229-353-6808

[Angie.Barber@mysouthwell.com](mailto:Angie.Barber@mysouthwell.com)

Valeria Creel, Benefits, Comp & HR Operations Director,  
229-353-7706

[Valeria.creel@tiftregional.com](mailto:Valeria.creel@tiftregional.com)

### Medical: UMR

Customer Service: 800.207.3172

[www.umar.com](http://www.umar.com)

### Dental & Vision: MetLife

Customer Service: 800.275.4638

### Short & Long-Term Disability, Voluntary Life & AD&D: Sun Life

Customer Service: 800.247.6875

[www.sunlife.com](http://www.sunlife.com)

### Permanent Life: Cincinnati Life Insurance

Customer Service 800.783.4479

[www.cinfin.com](http://www.cinfin.com)

### Consolidated Admin Services: (FLEX & H.S.A): 501-941-5956

**FLEXIBLE SPENDING ACCT:** FSA's provide you with an important tax advantage that can help you pay health care expenses on a pre-tax basis. The maximum contribution per calendar year is \$3,200 for medical, \$5,000 for Childcare.

**HEALTH SAVINGS ACCT:** HSA's provide you with an important tax advantage that can help you pay health care, dental and vision expenses on a pre-tax basis. This account is available only to those employees enrolled in a high deductible health plan. For 2025, this amount is \$4,300 for individual and \$8,550 for family coverage. Individuals age 55 or older may be eligible to make a catch-up contribution of \$1,000.

## HOW TO FIND AN IN-NETWORK PROVIDER

**For MEDICAL:** There is a Domestic Southwell provider list available on Mednet. Look up the United Healthcare Choice Plus Providers by following the below instructions. Go to [WWW.UMR.COM](http://WWW.UMR.COM). Click 'Find a Provider'. Scroll and click "U". You will need to click on the 'UnitedHealthcare Choice Plus Network'. If you are in need of a Behavioral health provider, select the 'Behavioral health directory', for all other providers click 'View Providers'. You will have the option to change the location or search by the provider, service, or condition.

**For DENTAL:** Go to [WWW.METLIFE.COM](http://WWW.METLIFE.COM). Under 'I want to find a MetLife,' click on 'Dentist.' You need to enter City + State or Zip. Then choose your dental network 'PDP Plus.' Click 'Submit.' Under 'Modify Your Search,' you have the option to narrow your search by Specialty and choose within a miles radius.

**For VISION:** Go to <https://www.metlife.com/insurance/vision-insurance/ppo/> Click on 'How can I find a participating MetLife Vision Provider?' and then click 'locate a participating MetLife Vision Provider'. You need to enter City + State or Zip. Click 'Submit.' Under 'Refine Your Search,' you have the option to narrow your search by select frame, language, provider type, etc.

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer and carriers. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.