



# 2025 EMPLOYEE VOLUNTARY BENEFITS GUIDE



# CHOOSE THE BEST BENEFITS FOR YOU AND YOUR FAMILY

Welcome to your Employee Benefits Handbook. This guide is your summary of the Voluntary Benefit options available to eligible employees of South Georgia Medical Center. Each benefit is designed to protect the physical, emotional and financial health and well-being of you and your family.

While the handbook is an important component in the benefit communication process, your dedicated Taylor Insurance Services client services team continues to provide comprehensive employee services to assist you in understanding, enrolling and utilizing your benefits.

Please review the plans contained in this handbook to understand how they work for you and your eligible dependents. Your participation is voluntary and the benefit plans have been designed to complement the South Georgia Medical Center health insurance plans.

The information in this Benefits Guide is presented for illustrative purposes and is based on information provided in the Summary Plan Descriptions of the benefits. The text contained in this guide was taken from various summary plan descriptions, compliance notices 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 guide and 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 the guide, please contact HR.



# TABLE OF CONTENTS

Eligibility .....	5
How to Enroll .....	6
Enhanced Benefits .....	8
GAP Insurance .....	9
Life Insurance.....	10
Accident Insurance.....	12
Critical Illness Insurance .....	13
Cancer Insurance.....	14
My Benefits .....	15
Contact Information .....	16



## WHO IS ELIGIBLE?

If you are an active, full-time employee working at least 20-hours per week and classified as benefit eligible, you may cover yourself and eligible dependents, including your legal spouse and dependents (children) under the enhanced benefit plans and vision plans. Children are generally covered up to the date on which he or she turns age 26, however, some states may provide additional coverage. Natural and legally adopted children, children placed with you for adoption, or any other children for whom you or your spouse is named legal guardian, according to a letter of guardianship, all qualify as legal dependents. This includes those mentally or physically handicapped dependent on you for support regardless of age.

## WHEN TO ENROLL

Annual open enrollment takes place from 10/30/2024 – 11/13/2024 and the benefits you choose during open enrollment will be effective on 01/01/25. All new hires have a 30-day waiting period and benefits are effective on the first of the month after the waiting period is complete.

## HOW TO MAKE CHANGES

Unless you experience a life-changing qualifying event, you **cannot** make changes to your benefits until the next open enrollment period. Qualifying events include occurrences like:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in residence
- Change in employment status or a change in coverage under another employer-sponsored plan.

# HOW TO ENROLL

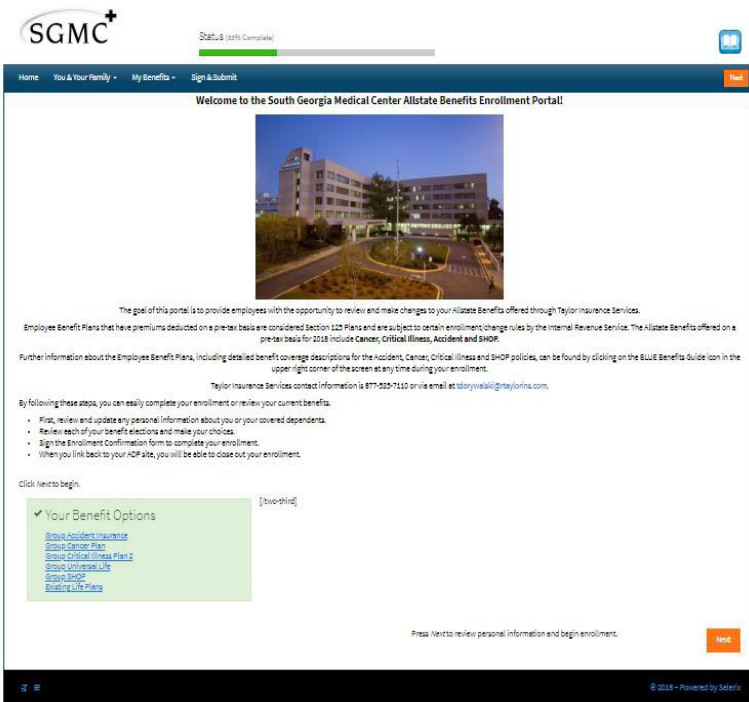
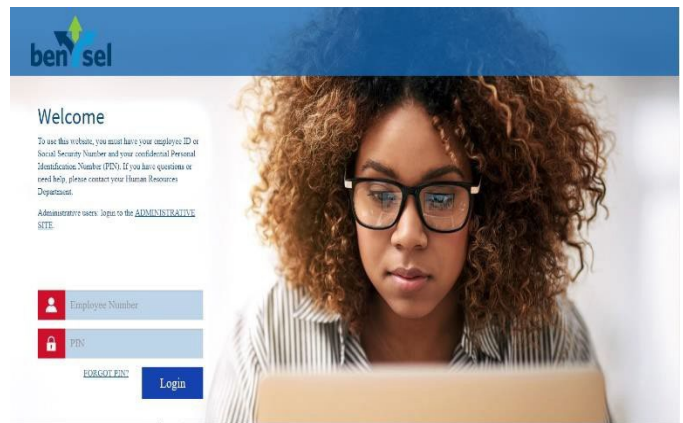
The first step to enrolling in your benefits is to review this Benefits Summary. Once you have a thorough understanding of your options, your enrollment specialist at Taylor Insurance Services will be contacting you to assist you in making your elections. You also have the option of enrolling online at <https://awd.benselect.com/enroll>. Once you make your selections, you will not be able to change them until the next open enrollment period unless you have a qualified change in status. You will need to have the Name, Social Security Number, and Date of Birth for anyone you wish to enroll.

If at any time, you want to review an electronic version of this guide, simply click on the icon in the upper righthand corner of your screen.



## STEP 1: LOG-IN

Your User ID is your Employee ID Number and your password is the last 4 digits of your Employee ID Number and your full birth year. For example, if your Employee ID Number is 123456 and your birth year is 1970, your password is 34561970.



## STEP 2: CONFIRM EMPLOYEE INFORMATION

The Welcome screen displays the information below. Simply click the Next button in the on the bottom of your screen to move forward.

Reviewing your personal information is the first step in the enrollment process. This step consists of three screens: *Personal Information*, *Dependents*, and *Employment*. The “You and Your Family” menu provides independent access to these screens, as well as to the Life Events options. To proceed through all of these screens concurrently, click the **Next** button at the bottom of each screen.

### STEP 3: REVIEWING PERSONAL INFO

1. Click **Next** to continue.
2. Correct any information that may be incorrect, or add any missing information.
3. Click **Next** to continue. Dependents that are pre-loaded into the system display on the *Dependents* screen. You may change any information for a dependent; simply click the dependent's name in the list, and then change the information (such as full-time student status or SSN).
4. Click the **+** sign to add a new dependent.
5. Enter the dependent's information. Information that is required depends upon the case setup.
6. Click **Save**. The *Dependents* screen is updated with the newly added dependent.
7. Repeat steps 4 through 6 until all employee dependents are added.
8. Click **Next** to continue and the presentation for the first benefit plan enrollment.

The screenshot shows the SGMC Personal Information form. At the top, the SGMC logo is on the left, and 'Status (100% Complete)' is on the right. Below the logo, there are navigation links: 'Home', 'You & Your Family', 'My Benefits', and 'Sign & Submit'. A 'Back' button is in the top right corner. The main heading is 'Personal Information'. A blue banner below the heading contains the text: 'Please review your personal information to ensure it is correct and complete. Please correct any errors and click the Next button when you are finished. Optional items are in italics.' The form is divided into two sections: 'Personal Info' and 'Contact Info'. The 'Personal Info' section includes fields for Name (First: Martin, Last: McFly, Suffix: ), Date of Birth (10/21/1968), SSN (\*\*\*-\*\*-4321), and Gender (Male selected, Female unselected). The 'Contact Info' section includes fields for Address (Country: USA, Street: 123 Main Street, Street (cont.): ), City (Hill Valley, State: GA, Zip: 31802), Home Phone ((228) 555-1183), Mobile Phone, and Email (martin.mcfly@sgmc.org). A 'Back' button is at the bottom left, and a 'Next' button is at the bottom right. The footer of the page reads '© 2018 - Powered by Stellarix'.

### STEP 4: ENROLLING IN YOUR BENEFIT PLANS

1. The plan options available to the enrolling employee are displayed. If the employee wishes to apply for coverage, select the desired option and then click **Enroll**.
2. If you do not want plan coverage, select the option **Decline** and the option will be locked. To enroll in this benefit after initially declining, click **Unlock**, and then proceed with the selections.
3. Select the dependents to be covered in this plan if you select ES, EC or Family coverage.
4. Repeat this process for all benefit plans in the system.
5. For the ancillary benefits (Whole Life, Accident, Cancer, Critical Illness, and SHOP):
  - Whole Life:
    - Check if you are Non-Tobacco or Tobacco;
    - Select your benefit amount;
    - Click "I wish to APPLY for this coverage" or "I wish to DECLINE coverage".
    - Click **Next**;
    - If you enrolled, add your beneficiaries on the next screen. To add a name, click **+** and then add the person's information.
  - Accident Insurance
    - The system will pre-populate your options based on dependents entered into the system;
    - Choose which benefit level you wish to enroll in;

- Click “I wish to APPLY for this coverage” or “I wish to DECLINE coverage”;
- Click **Next**;
- If you enrolled, add your beneficiaries on the next screen. To add a name, click **+** and then add the person’s information.
- Critical Illness Insurance
  - The system will pre-populate your options based on dependents entered into the system;
  - Choose which benefit level you wish to enroll in;
  - Click “I wish to APPLY for this coverage” or “I wish to DECLINE coverage”;
  - Click **Next**;
  - If you enrolled, add your beneficiaries on the next screen. To add a name, click **+** and then add the person’s information.
- Cancer Insurance
  - The system will pre-populate your options based on dependents entered into the system;
  - There is only one package option for cancer Insurance, Package A;
  - Click “I wish to APPLY for this coverage” or “I wish to DECLINE coverage”;
  - Click **Next**;
  - If you enrolled, add your beneficiaries on the next screen. To add a name, click **+** and then add the person’s information.

## STEP 5: SIGNING AND SUBMITTING FORMS

The last step of the enrollment process is for the employee to sign any necessary forms, and submit the enrollment application. The forms to be signed depend upon the benefits selected during enrollment. Enrolling should show all benefit plans as completed, and the Status of the employee’s enrollment should display as “Ready to sign/submit”.

Before you complete the enrollment application by signing the forms, please review the selections made, and ensure that all information, including benefit plan and costs associated with the plan, are correct. To make any changes, click the name of the benefit plan. Once you are satisfied with all selections, click **Next** to begin the signature process.

Your signature is accepted by typing in your PIN number and clicking **Sign Form**. Cancer Insurance and Universal Life Insurance may require you to answer underwriting questions.

Once you are done with all of the forms, the system will ask you to complete the enrollment by signing the Benefit Confirmation and Deduction Authorization form using the same PIN.

The screenshot displays the 'My Benefits' page in the SGMC+ system. The status is 'Ready to sign/submit'. The page lists several benefit plans with their respective costs and enrollment status:

Benefit Plan	Status	Cost
Group Accident Insurance	Ready to sign/submit	\$0.00
Group Cancer Plan	Ready to sign/submit	\$0.00
Group Critical Illness Plan 2	Ready to sign/submit	\$0.00
Group Universal Life	Ready to sign/submit	\$0.00
Group SHOP	Ready to sign/submit	\$0.00
Existing Life Plans	Ready to sign/submit	\$0.00
<b>Total Cost Per Pay Period</b>		<b>\$0.00</b>

The page also includes a 'Review' button for each plan and a 'Next' button at the bottom right.

## **STEP 6: BENEFIT CONFIRMATION EMAIL**

You will receive a benefit confirmation email detailing your elections once you close your enrollment. Please contact Taylor Insurance Services with any questions during your enrollment process.



## ENHANCED BENEFITS

Are you in good hands? You can be! As a leading provider of employee benefits, Allstate Benefits is committed to delivering superior products and services with cutting-edge technology, exceptional customer service and compassionate claims administration.

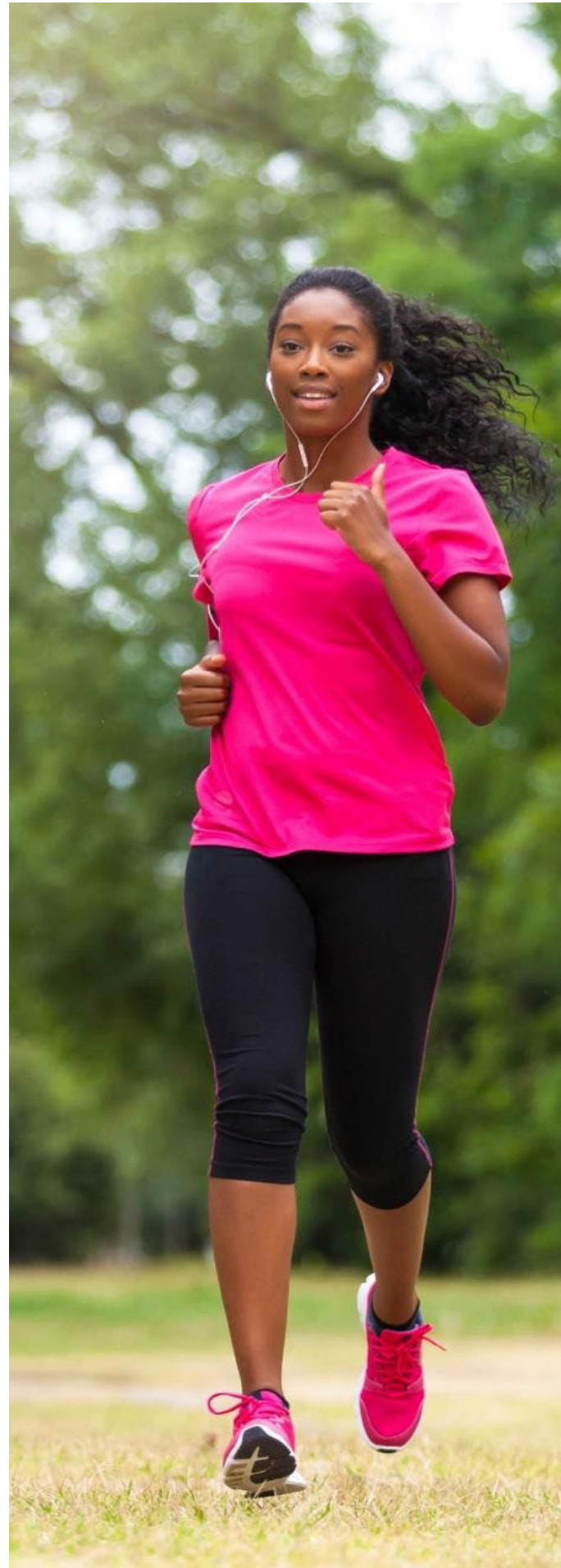
The Enhanced Benefit options through Allstate Benefits provide a comprehensive benefits solution that complements the core medical benefits offered to you as an employee of South Georgia Medical Center.

## GUARANTEED ISSUE

**Guaranteed Issue** is a valuable feature for new employees or if an existing employee gets married and wants to add his/her spouse as a dependent. **Guaranteed Issue** means that there are no medical questions that need to be answered to qualify for this coverage. However, if you do not enroll during these time frames and decide to enroll in the future, you may be asked medical questions to determine if you qualify for this coverage. Pre-existing terms apply in all instances to coverages being issued.

The following voluntary insurance products offered by Allstate are **Guaranteed Issue** for all new employees or newly added dependents for an employee.

- GAP Insurance**
- Whole Life Insurance**
- Accident Insurance**
- Critical Illness Insurance**
- Cancer Insurance**

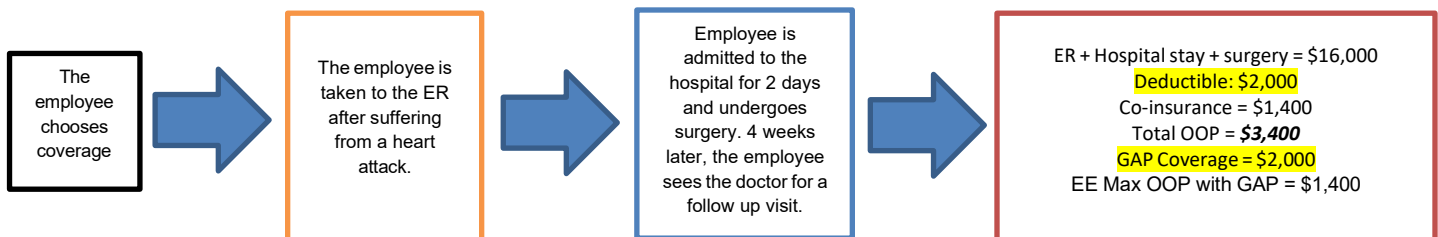


# GAP INSURANCE

GAP coverage is meant to complement existing major medical insurance by filling the gaps between what an employee's current major medical coverage will pay and what they owe out of their own pocket. Gaps in health insurance coverage may put employees in a financial hardship, or worse, leave them functionally uninsured as they now have insurance that they cannot afford to use.

The plan covers in-patient and out-patient events that are covered by your major medical plan in force for the employer. In other words, if it is a claim payable under your major medical plan, it is payable under the GAP plan.

Below is an example of how benefits might be paid.



## No pre-existing conditions!

- **Must be enrolled in SGMC Health Insurance to participate in GAP Insurance**
- Covers 100% for in-patient and 50% for out-patient charges
- Office Visits, Prescriptions and Durable Medical Devices are not covered by GAP
- Benefits can be paid directly to employee or to a provider
- Covers dependents up to age 26
- Deductibles are based on a calendar year
- COBRA eligible

**Benefit Amounts:** \$2,000 In-patient Benefit; \$1,000 Out-patient Benefit

*To enroll in GAP Insurance, please select the desired coverage tier on the Employee portal.*

Bi-Weekly Rates	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Under Age 40	\$13.14	\$23.68	\$29.04	\$39.56
Ages 40 - 49	\$17.82	\$32.06	\$32.79	\$47.03
Ages 50 & Above	\$30.02	\$54.02	\$48.62	\$72.80



# WHOLE LIFE INSURANCE



Life is unpredictable. Let Allstate Benefits help your employees prepare for the unexpected with Group Whole Life Insurance. Our Whole Life Insurance can help provide financial security for life and its uncertainties. Give your employees peace-of-mind and confidence, knowing their loved ones are protected with Whole Life coverage.

## Group Whole Life Plan Design

The coverage offers fully guaranteed premiums payable to age 95, death benefits and cash value that can be used along the way. Allstate Benefits Whole Life coverage provides a lump sum death benefit during life changing events such as the death of a wage earner. Our Group Whole Life policy offers coverage amounts from a minimum of \$5,000 to a maximum of \$250,000. During initial enrollment, the employee can choose who to cover and how to cover them.

## Employee and Dependent Eligibility

Employees can choose to participate and how much coverage to purchase, subject to the underwriting offer. Group Whole Life coverage may be available to the employee, his or her

spouse and dependent children. Coverage for spouse and children may be limited to a percentage of the employee's face amount in some states.

To be eligible for coverage, the

- Employee (ages 18 - 80) must be actively at work and meet the employer's minimum guidelines for benefit eligibility.
- Working Spouse (ages 18 - 80) must be actively at work at least 20 hours per week for the last 3 months and earning W-2 taxable income.
- Non-working Spouse (ages 18 - 80) does not work at least 20 hours per week for the last 3 months and is not earning W-2 taxable income.
- Child must be a dependent child under the age of 26 and either a full-time student or actively at work.



**Guaranteed Issue (GI)** - the amount of coverage available without answers to full health questions or evidence of insurability when enrolling in the benefit.

Insured Person	Issue Ages	Maximum Death Benefit
Employee	18-70	\$150,000
Working Spouse	18-70	\$75,000
Non-working Spouse	18-70	\$10,000
Child	0-18	\$20,000

## RIDER BENEFITS

**Accelerated Death Benefit for Terminal Illness or Condition (Included)** - an advance of the death benefit, up to 75% of the certificate face amount, when certified terminally ill.

**Payor Waiver of Premium for Total Disability (Included)** - we waive premiums when we receive proof that the employee/payor is totally disabled for at least 6 months.

**Accidental Death Benefit (Included)** - an additional death benefit is paid if death occurs from accidental bodily injury.

**Accelerated Death Benefit for Long Term Care with Restoration of Benefits (Included)** - a monthly advance of up to 4% of the death benefit for up to 25 full months while receiving qualified.

**Children's Term (Optional)** - level term insurance for each covered dependent child under age 26. Not available if dependent child is covered under a separate certificate.

**Spouse 20 Year Term (Optional)** – 20-year level term insurance. Not available if spouse is covered under a separate certificate.

# ACCIDENT INSURANCE



Accident insurance from Allstate Benefits pays cash benefits to the insured for a covered accident or injury and can help pay expenses such as copays, deductibles and treatment. Accident coverage can help pick up where other insurance leaves off.

BASE ACCIDENT BENEFITS		Option 1	Option 2
Accidental Death	Insured Employee	\$40,000	\$60,000
	Spouse, if covered	\$20,000	\$30,000
	Child(ren), if covered	\$10,000	\$15,000
Common Carrier Accidental Death	Insured Employee	\$200,000	\$300,000
	Spouse, if covered	\$100,000	\$150,000
	Child(ren), if covered	\$50,000	\$75,000
Dismemberment	Insured Employee	\$40,000	\$60,000
	Spouse, if covered	\$20,000	\$30,000
	Child(ren), if covered	\$10,000	\$15,000
Dislocation or Fracture	Insured Employee	\$4,000	\$6,000
	Spouse, if covered	\$2,000	\$3,000
	Child(ren), if covered	\$1,000	\$1,500
Initial Hospitalization Confinement		\$1,000	\$1,500
Hospital Confinement (per day)		\$200	\$300
Intensive Care (per day)		\$400	\$600
Ambulance	Regular	\$200	\$300
	Air	\$600	\$900
Medical Expenses		\$500	\$750
Outpatient Physicians Treatment		\$50.00	\$75.00
<b>BENEFIT ENHANCEMENT RIDER BENEFITS</b>			
Hospital Admission Benefit		\$1,000	\$1,000
Lacerations Benefit		\$100	\$100
Burns Benefit	less than 15% of body	\$200	\$200
	15% or more of body	\$1,000	\$1,000
Skin Graft Benefit (% of Burns)		50%	50%
Brain Injury Diagnosis Benefit		\$300	\$300
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) Benefit		\$100	\$100
Paralysis Benefit	Paraplegia	\$15,000	\$15,000
	Quadriplegia	\$30,000	\$30,000
Open Abdominal or Thoracic Surgery Benefit		\$2,000	\$2,000
Tendon, Ligament, Rotator Cuff or	Surgery	\$1,000	\$1,000
Knee Cartilage Surgery Benefit	Exploratory	\$300	\$300
Ruptured Disc Surgery Benefit		\$1,000	\$1,000
Eye Surgery Benefit		\$200	\$200
General Anesthesia Benefit		\$200	\$200
Blood and Plasma Benefit		\$600	\$600
Appliance Benefit		\$250	\$250
Medical Supplies Benefit		\$10	\$10
Medicine Benefit		\$10	\$10
Prosthesis Benefit	1 device	\$1,000	\$1,000
	2 or more devices	\$2,000	\$2,000
Physical Therapy Benefit (per day)		\$60	\$60
Rehabilitation Unit Benefit (per day)		\$200	\$200
Non-local Transportation Benefit (per trip)		\$800	\$800
Family Member Lodging Benefit (per day)		\$200	\$200
Post-Accident Transportation Benefit		\$400	\$400
Accident Follow-Up Treatment Benefit (per day)		\$100	\$100

PLAN DESIGN	EE	EE + SP	EE + CH	FAM
Package A   Bi-Weekly Premiums	\$9.46	\$17.94	\$19.32	\$23.32
Package B   Bi-Weekly Premiums	\$12.54	\$24.10	\$26.16	\$31.88

# CRITICAL ILLNESS INSURANCE



Take control of your financial risk when diagnosed with a covered critical illness through Critical illness insurance from Allstate Benefits. The benefit pays to the insured for a covered injury in addition to any other insurance benefits and can help pay expenses such as copays, deductibles and treatment. *Dependents receive 50% of basic benefit amount.* Please note that the wellness benefit included in the Cancer and Critical Illness can only be enrolled for one benefit. ***If you choose both plans, this benefit will be included in the Critical Illness only!***

INITIAL CRITICAL ILLNESS BENEFITS	OPTION 1	OPTION 2	OPTION 3
Heart Attack (100%)	\$10,000	\$20,000	\$30,000
Stroke (100%)	\$10,000	\$20,000	\$30,000
Coronary Artery Bypass Surgery (25%)	\$2,500	\$5,000	\$7,500
Major Organ Transplant (100%)	\$10,000	\$20,000	\$30,000
End Stage Renal Failure (100%)	\$10,000	\$20,000	\$30,000
Waiver of Premium (employee only)	Yes	Yes	Yes
CANCER CRITICAL ILLNESS BENEFITS			
Invasive Cancer (100%)	\$10,000	\$20,000	\$30,000
Carcinoma in Situ (25%)	\$2,500	\$5,000	\$7,500
SUPPLEMENTAL CRITICAL ILLNESS BENEFITS			
Benign Brain Tumor (100%)	\$10,000	\$20,000	\$30,000
Coma (100%)	\$10,000	\$20,000	\$30,000
Complete Blindness (100%)	\$10,000	\$20,000	\$30,000
Complete Loss of Hearing (100%)	\$10,000	\$20,000	\$30,000
Paralysis (100%)	\$10,000	\$20,000	\$30,000
Occupational HIV (100%)	\$10,000	\$20,000	\$30,000
Advanced Alzheimer's Disease (100%)	\$10,000	\$20,000	\$30,000
Advanced Parkinson's Disease (100%)	\$10,000	\$20,000	\$30,000
ADDITIONAL BENEFITS			
Second Event Initial Critical Illness Benefit	Yes	Yes	Yes
Second Event Cancer Critical Illness Benefit	Yes	Yes	Yes
Wellness Benefit (per year)	\$100	\$100	\$100
Skin Cancer Rider	\$250	\$250	\$250
Pre-Existing Condition Limitation Applies	Yes	Yes	Yes

Attained Age	Bi-Weekly NON-TOBACCO						Bi-Weekly TOBACCO					
	Plan 1 - 10,000		Plan 2 - 20,000		Plan 3 - 30,000		Plan 1 - 10,000		Plan 2 - 20,000		Plan 3 - 30,000	
	E + CH	FAMILY	E + CH	FAMILY	E + CH	FAMILY	E + CH	FAMILY	E + CH	FAMILY	E + CH	FAMILY
18-29	4.30	7.76	6.06	10.36	7.78	12.96	5.00	8.78	7.42	12.42	9.84	16.04
30-39	6.52	11.14	10.34	16.84	14.14	22.58	8.28	13.76	13.84	22.10	19.42	30.48
40-49	10.74	17.56	18.56	29.28	26.36	41.02	15.10	24.12	27.30	42.38	39.46	60.68
50-59	17.32	27.58	31.44	48.76	45.54	69.94	25.48	39.84	47.78	73.24	70.04	106.68
60-64	23.08	36.30	42.74	65.80	62.38	95.30	34.22	53.02	65.02	99.24	95.84	145.46
65+	35.86	55.64	67.96	103.80	100.01	151.92	53.00	81.38	102.26	155.24	151.48	229.10

# CANCER INSURANCE



Cancer insurance from Allstate Benefits pays cash benefits to cover expenses associated with the diagnosis of cancer. Please note that the wellness benefit included in the Cancer and Critical Illness can only be enrolled for one benefit. **If you choose both plans, this benefit will be included in the Critical Illness only!**

BENEFITS	Silver	Gold	Platinum
Cancer Initial Diagnosis (one-time benefit)	\$10,000	\$20,000	\$20,000
Wellness (yearly)	\$100	\$100	\$100
<b>HOSPITAL RELATED BENEFITS</b>			
Continuous Hospital Confinement (daily)	\$200	\$200	\$200
Government or Charity Hospital (daily)	\$200	\$200	\$200
Private Duty Nursing Services (daily)	\$200	\$200	\$200
Extended Care Facility (daily)	\$200	\$200	\$200
At Home Nursing (daily)	\$200	\$200	\$200
Freestanding Hospice Care Center (daily) or Hospice Care Team (per visit)	\$200	\$200	\$200
<b>RADIATION, CHEMOTHERAPY &amp; RELATED BENEFITS</b>			
Radiation/Chemotherapy for Cancer (every 12 months)	\$10,000	\$10,000	\$10,000
Blood, Plasma, and Platelets (every 12 months)	\$10,000	\$10,000	\$10,000
Hematological Drugs (yearly)	\$200	\$200	\$200
Medical Imaging (yearly)	\$500	\$500	\$500
<b>SURGERY AND RELATED BENEFITS</b>			
Surgery (maximum, depending on surgery)	\$3,000	\$3,000	\$3,000
Anesthesia (% of Surgery Benefit)	25%	25%	25%
Ambulatory Surgical Center (daily)	\$500	\$500	\$500
Second Opinion	\$400	\$400	\$400
Bone Marrow or Stem Cell Transplant			
Autologous	\$1,000	\$1,000	\$1,000
Non-autologous	\$2,500	\$2,500	\$2,500
Non-autologous for Leukemia	\$5,000	\$5,000	\$5,000
<b>MISCELLANEOUS BENEFITS</b>			
Inpatient Drugs and Medicine (daily)	\$25	\$25	\$25
Physician's Attendance (daily)	\$50	\$50	\$50
Ambulance (per confinement)	\$100	\$100	\$100
Non-Local Transportation (per trip or mile)	\$0.40/Mile	\$0.40/Mile	\$0.40/Mile
Outpatient Lodging (daily, \$2,000 max/12 months)	\$50	\$50	\$50
Family Member Lodging (daily) and Transportation (per trip or mile)	\$50	\$50	\$50
Physical or Speech Therapy (daily)	\$50	\$50	\$50
New or Experimental Treatment (every 12 months)	\$5,000	\$5,000	\$5,000
Prosthesis (per amputation)	\$2,000	\$2,000	\$2,000
Hair Prosthesis (every 2 years)	\$25	\$25	\$25
Nonsurgical External Breast Prosthesis	\$50	\$50	\$50
Anti-Nausea Benefit (yearly)	\$200	\$200	\$200
Intensive Care Confinement (daily)	\$0	\$0	\$600
Step-Down Confinement (daily)	\$0	\$0	\$300

<b>BI-WEEKLY PREMIUMS</b>			
Coverage Tier	Silver	Gold	Platinum
Employee Only	\$14.34	\$18.82	\$20.24
Employee + Spouse	\$22.62	\$30.04	\$32.68
Employee + Child(ren)	\$20.34	\$27.02	\$29.22
Family	\$28.60	\$38.22	\$41.64

# MyBenefits

**Accessing your benefit information has never been easier.** MyBenefits gives you anytime access to your coverage information, claims and more. Optimized for mobile devices, submitting claims is as easy as taking a picture of your documents and submitting them through MyBenefits. Innovative online capabilities at your fingertips include:

**Online Access 24/7** – Access your claim and benefits information anytime, day or night!

**Fast File** – Complete claim submissions online for quick processing.

**Express Claims Process** – Have your Wellness or Outpatient Physician's Treatment benefit claim processed within 48 hours (supporting documentation required) by filing through our Express option. Elect to have your claim benefit payment directly deposited into your checking account.

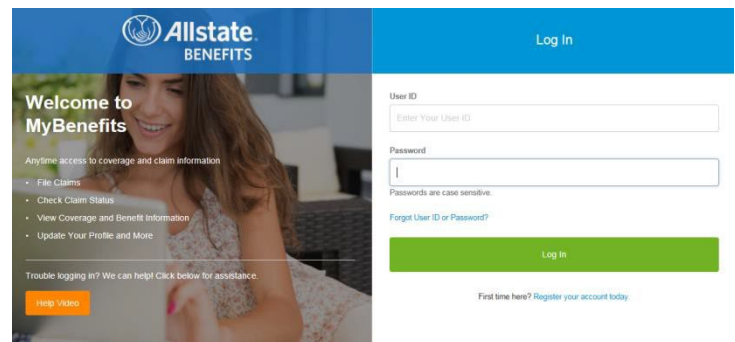
**Coverage Information** – Print or view policy information, coverage details or certificates on existing coverage.

Also review other product options available.

**Help Center** – Provides anytime access to the Forms Library, Upload Center contact information and recent account activity.

**Message Center** – Alerts you of claims status updates and other important information.

**Mobile Friendly** – Use your mobile device to upload pictures and PDF's of claim forms and supporting documents.



## How to Get Access

- Go online to [www.allstateatwork.com/mybenefits](http://www.allstateatwork.com/mybenefits)
- Sign up for access using the secure online registration process. Create a User ID and Password.
- Be prepared to provide your SSN, zip code, and birthdate.
- Need help registering? Just click on “Need Help” in the menu to the right.
- For your protection, we will ask you two questions for User ID retrieval and password reset.
- Once registered, full access to all benefits and website is available day or night, 24/7, it's that simple!



For questions, please contact  
the Allstate Benefits  
Customer Care Center at  
**1-800-521-3535**



## CONTACT INFORMATION

Coverage	Vendor / Contact	Email/Website	Phone Number
General Benefits Questions	Taylor Insurance Todd Tillman	ttillman@rtaylorins.com	229-460-4059
Human Resources	Maribrook Cain	maribrook.cain@sgmc.org	229-259-4712
Enhanced Benefits	Allstate Benefits	www.allstateatwork.com/mybenefits	800-521-3535



*The information in this Benefits Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions, compliance notices 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 guide and 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 the guide, please contact HR.*