

Laurens County Cares Employee Health Plan

Your 2024-2025 Benefits



Laurens County
G E O R G I A

INTRODUCTION

Laurens County BOC is committed to transforming your care by offering exceptional and affordable benefits. Your Health and Welfare benefits for the 2024-2025 plan year are geared towards providing you and your family members with outstanding healthcare coverage. This guide summarizes the health and welfare benefits offered to eligible employees as of September 1, 2024. Be sure to save this benefits guide for reference throughout the year.



Network

MEDICAL-

The Primary Network for this Plan is First Health Network. The complete Provider Directory Search Tool is located here: <https://providerlocator.firsthealth.com/LocateProvider/>.

You will receive the highest level of benefits when you seek care at an In-Network hospital or facility.

DENTAL-

There is no primary network for dental. You may use the dental provider of your choice.

VISION-

There is no primary network for vision. You may use the vision provider of your choice.

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 Any discrepancies between the information contained herein and the Plan Document shall be superseded by the plan's official documents.



"Quality, value and accessibility -
your national choice for PPO
network solutions"

Sign up or log in

Learn about Products

I am a Customer

I am a Provider

At First Health and Cofinity we value

- Network quality and stability
- Service excellence
- Operational and administrative ease
- Flexibility



We welcome **First Choice of the Midwest** to our organization to increase access to quality health care that is affordable.

- Learn more about the acquisition

Stay informed about coronavirus (COVID-19)

Visit our COVID-19 page for resources to help you stay informed during the coronavirus pandemic.

- Resources for Providers
- Resources for Clients

Registered users can also find this information on our secure portal. Simply log in and select the COVID-19 Resources option in your My Functions menu.

Providers - Let us know if you provide telemedicine services

If you're offering telemedicine services as an additional way to connect with patients, let us know so we can add that information to our system. Log in, then select "Demographic Update" from the My Functions menu. You'll find questions about Telemedicine on the form. Be sure to attach a list of your telemedicine locations when you submit the request.

First Health®, one of the largest national PPO networks, and Cofinity®, a leading regional network, offer quality at an affordable price. We serve a wide range of payers, including:

- Third party administrators
- Carriers
- Employers

Locate a provider
or
Create a directory



News & Events

Kaiser Permanente Insurance Company
to access the First Health network effective January 1,
2021

11/8/2020 10:36:53 PM

Data Security

Originally published in the March 2018 client
newsletter

9/22/2018 7:00:22 AM

Best practice reminder

Originally published in the April 2018 client newsletter

9/22/2018 7:00:22 AM

https://providerlocator.firsthealth.com/home/index#



"Quality, value and accessibility -
your national choice for PPO
network solutions"

Sign up or log in

Learn about Products

I am a Customer

I am a Provider

Locate a Provider

Home - Network selection

English | Español

Tell us what network you would like to search :

Network Options

* Network type

First Health network

Cofinity network

Client specific network

Enter Client Code Required

Clients that require a specific log-in received a log-in code. Enter your code in the box to get your client-specific provider search.

Due to the impact of the COVID-19 pandemic, many provider offices may need to adjust their office hours or redirect patients to other offices. Some providers may also offer telemedicine visits as an option instead of an in-office visit. Members should always contact the provider's office in advance to confirm availability.

By clicking on the Start now button you agree to the [\[1\] terms of use](#)

Start now

* indicates required field

Questions? [Contact Us](#)

How to use this tool [User manual](#)

Read Information [Important information for users who live in Illinois, Louisiana, Massachusetts, New Jersey and Texas](#)

Learn about Products | I am a Customer | I am a Provider

Locate a Provider

Home - Network selection - Search criteria

English | Español

Type of provider

What type of provider are you looking for?

Provider type: Physician Hospital Urgent care center Lab and radiology All providers

Accepting new patients

Search by

Do you want to search by ZIP or state?

Select ZIP or state: Search by ZIP code Search by state

ZIP code: 31921
Type / to search from your saved info

DUBLIN, GA 31021
 Dublin, Georgia 31021
 EAST DUBLIN, GA 31021

[+] Show more options

Clear criteria Clear form

* indicates required field Manage personal info

within: 10 miles Adjust slider to increase or decrease distance Distance: Minimum 5 miles Maximum 100 miles

ow more options link to search by provider, specialty, condition or focus.

Search now

Locate a Provider

Home - Network selection - Search criteria - Search results

English | Español

New search

209 Matches

First Health network

- Your Criteria
- Compare list
- Refine location
- Refine your results

Primary care physicians only (37)

Hospital accreditation status (0)

Board certified physicians only (129)

Essential community provider (ECP)

Other ECP - Registry

Specialty Type

Gender

All (209)

Male (171)

Female (38)

Search results

Showing 1 - 20 results

Report treatment information

Sort by: Distance

Compare side by side Add to my list

Souza, John William

1006-1 Hillcrest Pkwy, DUBLIN, GA 31021 [0.99 miles](#)

478-272-8140
 Specialty Type : Family Medicine, Surgery, General
 Primary Care Provider: No

More Details

Clark, Kara

17 Erin Office Park DUBLIN, GA 31021 [0.00 miles](#)

478-272-8000
 Specialty Type : Optometry
 Primary Care Provider: No

More Details

Lawrence III, James David

1006-1 Hillcrest Pkwy, DUBLIN, GA 31021 [0.00 miles](#)

478-272-8140
 Specialty Type : General Practice
 Primary Care Provider: Yes

Compare side by side Add to my list

Back To Top

Laurens County
Direct Contract List

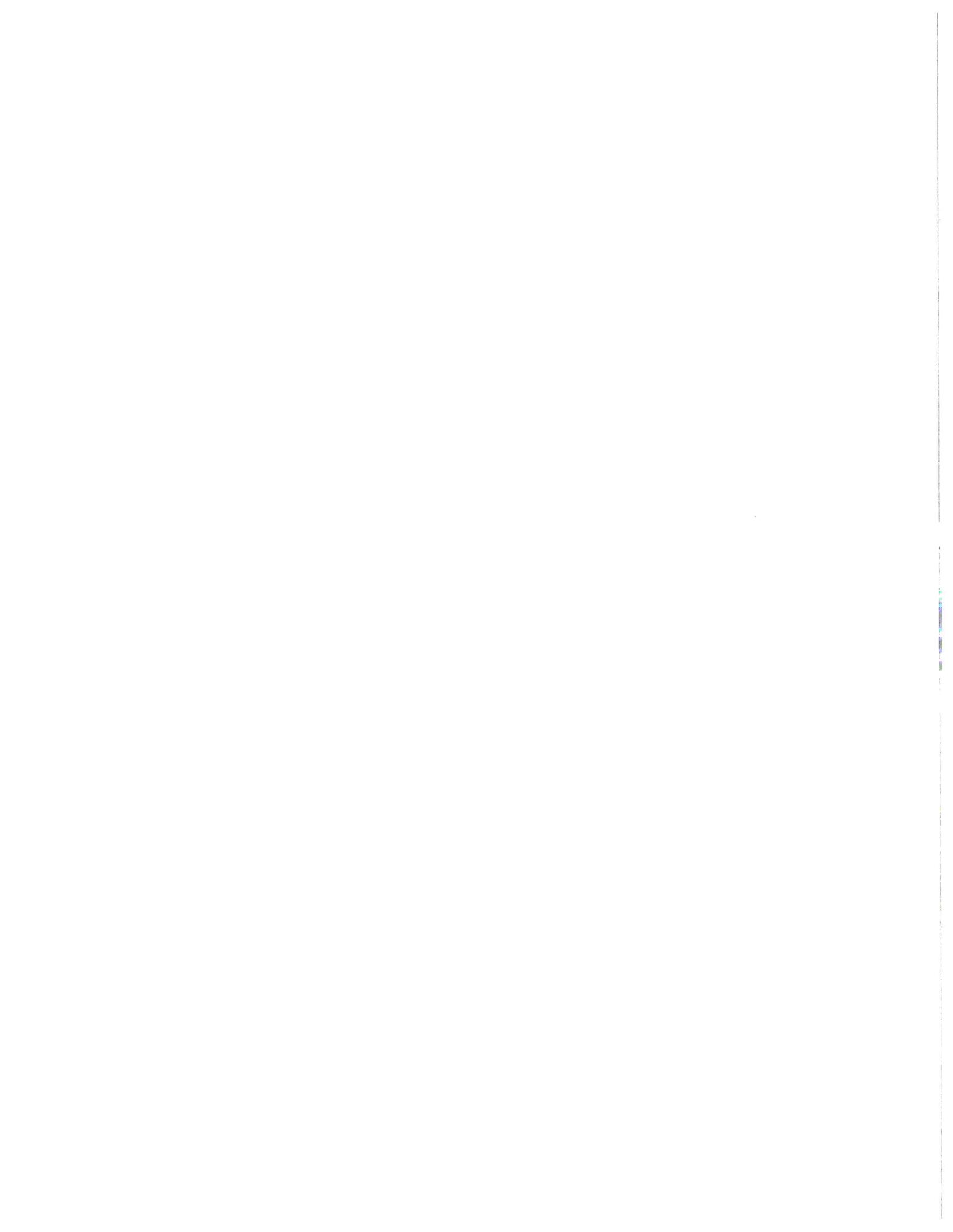
HCA facilities Nationwide

Medical Center

Med1st

Rehab Advantage & Sports Medicine

Middle Georgia Oral & Maxillofacial Surgery will
accept Laurens County employees – ask for Felicia



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

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.

As an added benefit, any Employee terminating employment, either voluntarily or involuntarily, is eligible to extend their medical insurance for thirty (30) days after the date that their insurance would normally terminate. The employee must contact Human Resources within seven days upon giving notice of separation in order to elect this extended period of eligibility. The Employee will be responsible for the employee portion of their payroll premiums, either by way of their last paycheck or cashier's check.

Dependent Eligibility

If you are eligible to participate in the benefits offered by Laurens County, 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 31 days of a qualifying event. Annual enrollment will typically be held August 1st through August 31st of each year and election changes will be effective on September 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 Plan. Please note that unless you opt out of The Plan, 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 31 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

2024- 2025 Medical Benefit Premiums

Premiums – Per Pay Period

Coverage	(\$500/ \$1,500 Deductible)
Single Coverage	\$48.46
Family Coverage	\$135.69



Laurens County Cares Employee Health Plan
Quick Reference Summary
\$500 80%/60% OV: \$25/\$30 Rx: \$5/\$45/\$80/25%
Preferred Provider Organization (PPO)



Schedule of Benefits

Deductibles, Coinsurance and Maximums	In-Network Benefit	Out-of-Network Benefit
Calendar Year Deductible – Individual – Family	\$500 \$1,500	\$500 \$1,500
Coinsurance	Plan pays 80% after deductible	Plan pays 60% after deductible
Lifetime Maximum	Unlimited	Unlimited
Out-of-Pocket Calendar Year Maximum – Individual – Family	\$3,000 \$9,000	\$3,000 \$9,000

All benefits are subject to the calendar year deductible, except those with in-network copayments, unless otherwise noted. All calendar year benefit visit maximums are combined between in-network and out-of-network. In addition to copayments, members are responsible for deductibles and any applicable coinsurance. Members are also responsible for all costs over the plan maximums. Some services may require pre-certification before services are covered by the Plan.

When using out-of-network providers, members are responsible for any difference between the Maximum Allowed Amount and the amount the provider actually charges, as well as any copayments, deductibles and/or applicable coinsurance.

*Deductibles and out-of-pocket maximums are added separately for in-network and out-of-network services. One family member may reach his or her Individual deductible and be eligible for coverage on health care expenses before other family members. Each family member's deductible amount also applies to the Family deductible and out-of-pocket maximum. Not everyone has to meet his or her deductible and out-of-pocket maximum for the family to meet theirs. When the Family deductible is met, all family members can access coverage for health care expenses. The medical and pharmacy copayments, deductible(s), and coinsurance on this plan will apply toward the out-of-pocket maximums. The following do not apply to out-of-pocket maximums: non-covered items, plan premiums, any balance billing due to Out-of-Network services, or any fourth quarter deductible amounts carried over from previous benefit period.

Covered Services	In-Network Benefit **** Member Pays ****	Out-of-Network Benefit **** Member Pays ****
Preventive Care and Services Preventive Care Services are those that meet the requirements of federal and state law, including certain screenings, immunizations, and physician visits.		
<ul style="list-style-type: none"> Well-child care, immunizations, vaccines Annual adult health examinations and physicals Annual gynecology examination and mammograms Annual prostate screening 	Member pays 0% (not subject to deductible)	Member pays 30% after deductible (deductible waived through age 5)
Primary Care Physician (PCP) Services Services performed AND billed in a physician's office		
<ul style="list-style-type: none"> Teladoc Visit Teladoc.com or call 1-800-TELADOC (835-2362) 	\$20 Copay	
<ul style="list-style-type: none"> Office Visit (including laboratory analysis performed <u>inside or outside</u> of the office. X-rays performed in the office.) 	\$25 Copay	Member pays deductible then 40%
<ul style="list-style-type: none"> Specialist Office Visit (including laboratory analysis performed <u>inside or outside</u> of the office. X-rays performed in the office.) 	\$30 Copay	Member pays deductible then 40%
<ul style="list-style-type: none"> Surgery in a physician's office (surgery & administration of general anesthesia) 	Member pays deductible then 20%	Member pays deductible then 40%
<ul style="list-style-type: none"> Allergy Services (Office visits, testing and the administration of allergy injections) Allergy injection Serum 	\$25 PCP or \$30 Specialist copay Member pays 0% (Not subject to deductible)	Member pays deductible then 40% Member pays deductible then 40%
<ul style="list-style-type: none"> Nutritional Counseling (4 visits per Benefit period) Nutritional Counseling for Diabetes (UNLIMITED) Nutritional Counseling for Eating Disorders (UNLIMITED) 	\$25 Copay	Member pays deductible then 40%
<ul style="list-style-type: none"> Maternity physician services (prenatal, delivery, postpartum) 	Member pays deductible then 20%	Member pays deductible then 40%
Retail Health Clinic - (located in some pharmacies)	\$25 Copay	Member pays deductible then 40%

<ul style="list-style-type: none"> Immunizations Periodic health examinations 		
Emergency Room Services		
<ul style="list-style-type: none"> True Emergency use of the ER 	\$100 Copay (waived if admitted)	\$100 Copay (waived if admitted)
<ul style="list-style-type: none"> Non-Emergency use of the ER 	\$500 Copay <ul style="list-style-type: none"> ER Doctor charge- 20% after deductible and copay Other Facility charges (inc. diagnostic x-ray and labs, medical supplies, MRI's, CAT scans) 	\$500 Copay <ul style="list-style-type: none"> ER Doctor charge- 20% after deductible and copay Other Facility charges (inc. diagnostic x-ray and labs, medical supplies, MRI's, CAT scans)
Inpatient Hospital Services		
<ul style="list-style-type: none"> Daily room, board and general nursing care at semi-private room rate; ICU/CCU; other medically necessary hospital charges such as diagnostic x-ray and lab services; newborn nursery care 	Member pays deductible then 20%	Member pays deductible then 40%
<ul style="list-style-type: none"> Physician services (anesthesiologist, radiologist, pathologist) 		
Outpatient Services		
<ul style="list-style-type: none"> Surgery facility / hospital charges 	Member pays deductible then 20%	Member pays deductible then 40%
<ul style="list-style-type: none"> Diagnostic X-ray and lab services 	Member pays deductible then 20%	Member pays deductible then 40%
<ul style="list-style-type: none"> Physician services (anesthesiologist, radiologist, pathologist) 	Member pays deductible then 20%	Member pays deductible then 40%
<ul style="list-style-type: none"> Outpatient Dialysis Treatment: (In-Network and Out of Network)-100% of the lesser of (i) the Usual, Customary, and Reasonable Outpatient Dialysis Charge as defined in "Outpatient Dialysis Treatment" Section in the Plan Document, (ii) the maximum allowable charge after all applicable deductibles and cost-sharing; and (iii) such charge as is negotiated between the Plan Administrator and the provider of Outpatient Dialysis Treatment. 	Member pays deductible then 20% of Usual, Customary and Reasonable Charge	Member pays deductible then 40% of Usual and Customary Charge
Covered Services	In-Network Benefit	Out-of-Network Benefit
Therapy Services		
<p>Calendar year maximums are combined between in-network and out-of-network</p> <p>Notes: The limits for physical, occupational, and speech therapy will not apply if you get that care as part of the Hospice Care or the Inpatient Facility Services benefit. When physical, occupational, or speech therapy is rendered in the home, the Home Care Visit limit will apply instead of the Therapy Services limits listed above.</p> <p>Therapy visit limits do not apply to autism services.</p> <p>**See SPD for details on Early Intervention Services</p>		
<ul style="list-style-type: none"> Speech therapy (20 visit benefit period max) 	\$25 Copay	Member pays deductible then 40%
<ul style="list-style-type: none"> Physical therapy and Occupational therapy (20 visit benefits period maximum combined) 		
<ul style="list-style-type: none"> Chiropractic Care/ Manipulation Therapy (20 visit benefit period max) 		
<ul style="list-style-type: none"> Other Therapy Services: Radiation therapy, chemotherapy, cardiac rehabilitation (there is no Cardiac Rehabilitation visit max on this plan; authorization required) and respiratory/ pulmonary therapy 	Member pays deductible then 20%	Member pays deductible then 40%
Mental Health / Substance Abuse		
*Services must be authorized by calling 1-888-741-2673		
<ul style="list-style-type: none"> Inpatient mental health AND substance abuse services* (facility and physician fee) 	Member pays deductible then 20%	Member pays deductible then 40%
<ul style="list-style-type: none"> Partial Hospitalization Program (PHP) & Intensive Outpatient Program (IOP)* (facility and physician fee) 	Member pays 0%, No Copayment, No Deductible or Coinsurance	Member pays deductible then 30%
<ul style="list-style-type: none"> Office mental health and substance abuse services (physician fee) 	\$25 Copay	Member pays deductible then 40%

<ul style="list-style-type: none"> Professional Outpatient mental health and substance abuse services (physician fee) 	Member pays deductible then 20%	Member pays deductible then 40%
Other Services Calendar year maximums are combined between in-network and out-of-network		
<ul style="list-style-type: none"> Urgent Care Center 	\$25 Copay	Member pays deductible then 40%
<ul style="list-style-type: none"> Skilled Nursing Facility (60-day benefit period max) 	Member pays deductible then 20%	Member pays deductible then 40%
<ul style="list-style-type: none"> Home Health Care (120-day benefit period max) 	\$25 Copay	Member pays deductible then 40%
<ul style="list-style-type: none"> Hospice Care (Inpatient and Outpatient services covered under the hospice treatment program) 	Member pays 0%, No Copayment, No Deductible or Coinsurance	Member pays 0%, No Copayment, No Deductible or Coinsurance
<ul style="list-style-type: none"> Ambulance- Air & Ground (covered when medically necessary) 	Member pays 0%, No Copayment, No Deductible or Coinsurance	Member pays 0%, No Copayment, No Deductible or Coinsurance *Out-of-Network Providers may also bill you for any charges that exceed the Plan's Maximum Allowed Amount.
<ul style="list-style-type: none"> Durable Medical Equipment (DME) *Wigs needed after Cancer Treatment Benefit Max- One (1) per benefits period. *Hearing Aids covered for Members 18 years and under. Max benefits is limited to \$3,000 per hearing aid per hearing impaired ear every 48 months, in and out of network combined. 	Member pays deductible then 20%	Member pays deductible then 40%
PRESCRIPTION CO-PAYS Deductible- \$75 (Individual) \$150 (Family)	RETAIL PHARMACY (30-day supply only)	MAIL ORDER (90-day supply)
Generic	\$5	\$5
Preferred	\$45	\$90
Non-Preferred	\$80	\$240
Specialty Drug Co-pay	25% (\$400 max)	N/A
<p>This Schedule of Benefits is part of your Certificate of Insurance but does not replace it. Many words are defined elsewhere in the Certificate, and other limitations or exclusions may be listed in other sections of your Certificate. Reading this Schedule by itself could give you an inaccurate impression of the terms of your coverage. This Schedule must be read with the rest of your Certificate.</p> <ul style="list-style-type: none"> Prior authorization may be required for specific services. Payment to Out-of-Network providers is based on the Out-of-Network Rate (ONR). Preventative Services must qualify as such as specified in your contract and the PPACA in order to be exempt from applicable deductibles. Physician services are limited to one Copay per Member, per provider, per date of service and per place of service. 		



CVS Caremark® Mail Service Pharmacy

We deliver savings and convenience



Save on medication you take regularly (like medication for high blood pressure or diabetes) by getting 90-day supplies from CVS Caremark Mail Service Pharmacy.

90-day supplies save you time and money

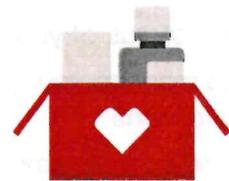
A 90-day supply typically costs less than three 30-day supplies. Plus, there's no need to run to the pharmacy each month. We deliver your 90-day supplies by mail to your home, office and even your vacation spot.

Get worry-free shipping with every delivery

You get the medication you need, when you need it – with no-cost shipping. Your prescription is filled by a licensed pharmacist and checked for quality. Our packages are discreet, secure and hold up in any weather.

Avoid missing a dose with refill reminders

Need a reminder? We'll send you a text message 10 days before every refill. Download our mobile app to manage your prescriptions on your own time.

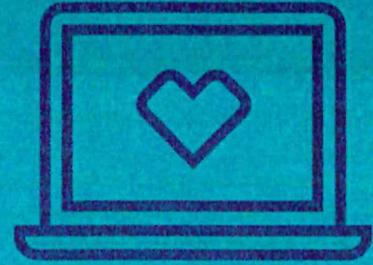


90-day supplies typically cost less than 30-day supplies.

For savings opportunities and personalized support, visit Caremark.com (after your benefits begin)



Register at Caremark.com



When you register at **Caremark.com**, you'll get access to tools and resources that make managing your pharmacy benefits easier and more convenient.

There are three easy ways to register:

- Go to Caremark.com, click the "Register Now" button, and follow the instructions
- Download the CVS Caremark mobile app and create an account
- Call the number on the back of your prescription ID card and a representative will get you started with a personalized registration email or text

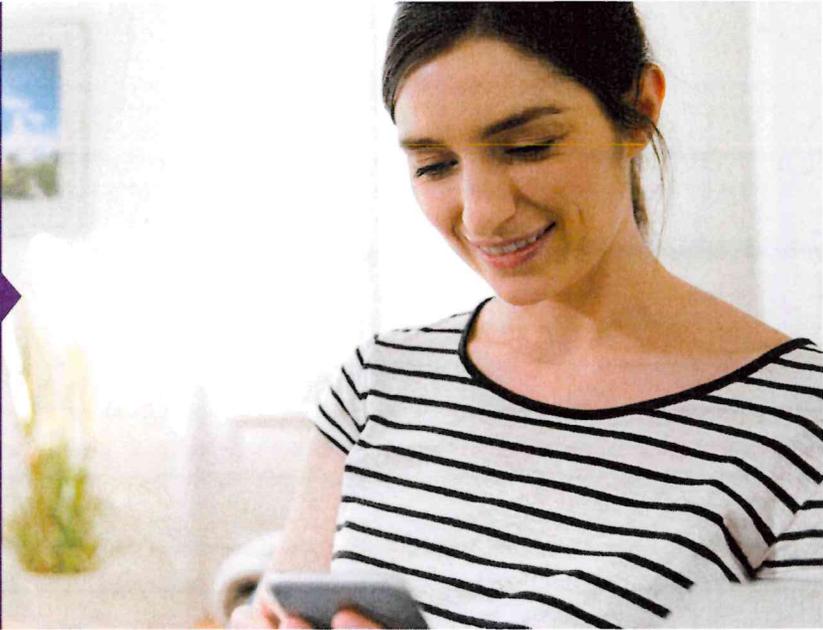
Once you've registered, you can:

- Refill your prescriptions
- Check the status of your order
- View and manage your profile information, including shipping addresses, payment methods, and notifications
- Set up and update family access
- Review your coverage and track annual spending
- Locate network pharmacies near you
- Check medication costs and find opportunities to save money

Use your Caremark.com login and password to manage your pharmacy benefits anywhere, anytime with the CVS Caremark mobile app.

Visit [Caremark.com/GetStarted](https://www.caremark.com/GetStarted) and register today or download the CVS Caremark mobile app





Welcome to Teladoc: Do not wait, please create your account today.

We have added Teladoc to your benefits so you can access doctors by phone or video 24/7 from wherever you are.



Our U.S.-licensed doctors help with conditions like the flu, bronchitis, rashes, sinus infections, and more



Talk to a doctor from wherever you are—day or night



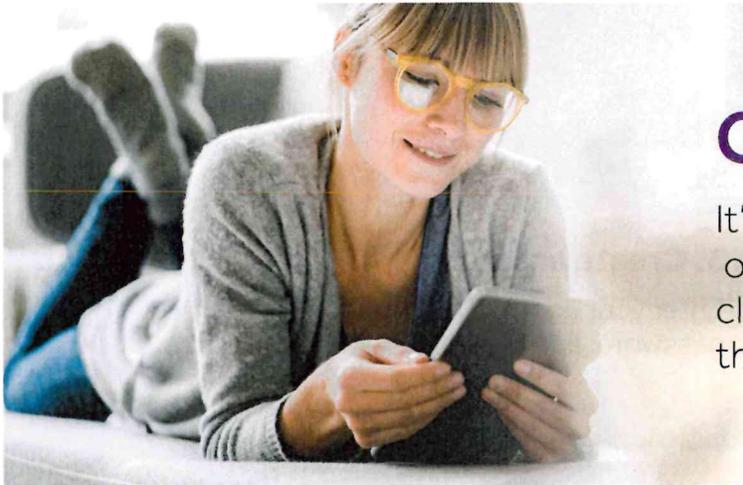
Skip the trip to the ER or urgent care

Feel better when you need to for \$20/visit

Call 1-800-TELADOC (835-2362) | Visit [Teladoc.com](https://www.teladoc.com)

Download the app



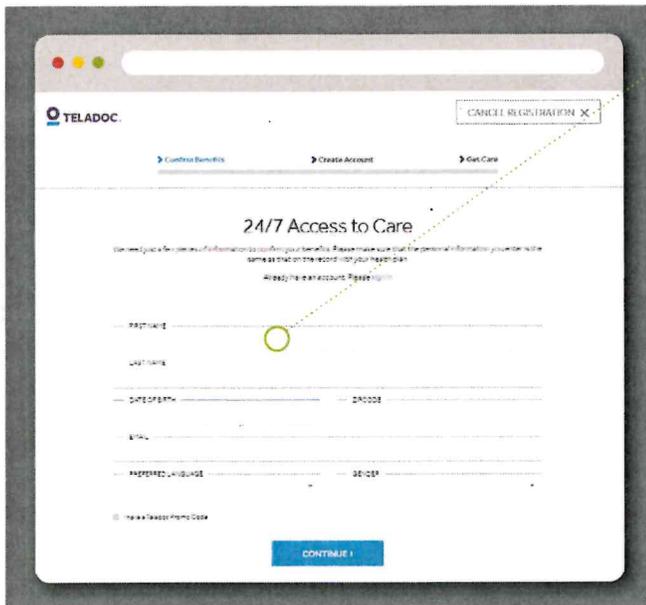


Get started with Teladoc

It's quick and easy to set up your account online. Simply visit the Teladoc® website, click **"Get started now,"** and then follow the instructions below.

1. Confirm benefits

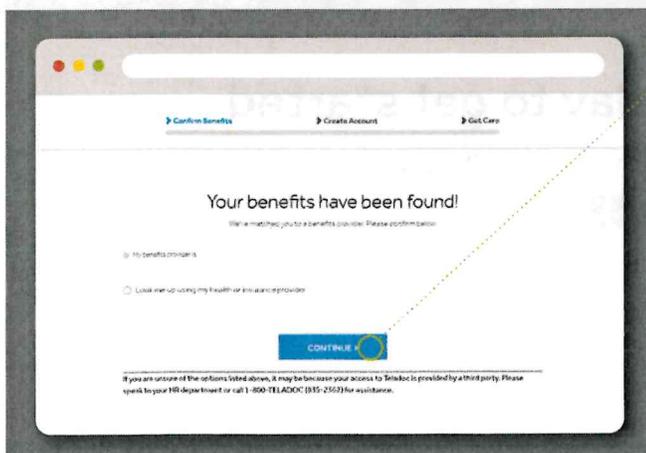
Provide some information about yourself to confirm your eligibility.



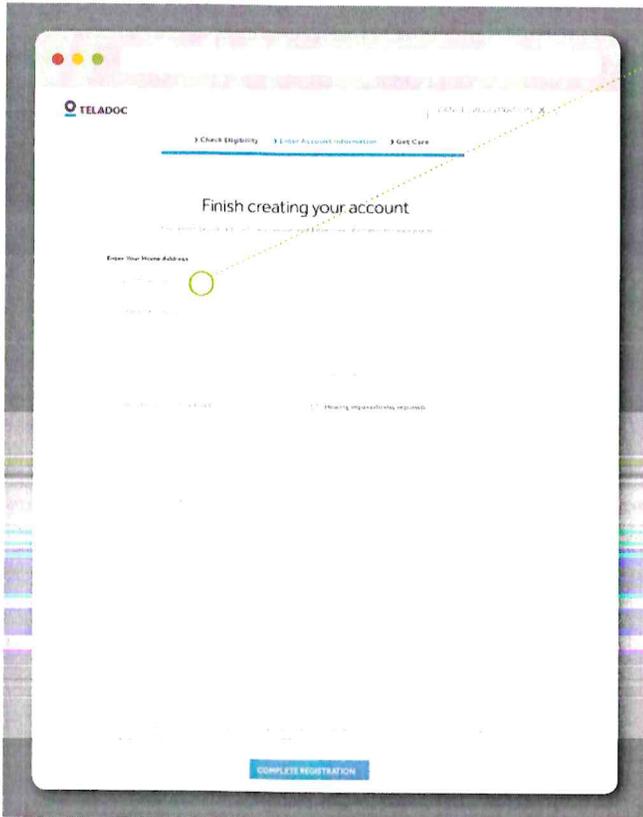
The screenshot shows the '24/7 Access to Care' registration page. At the top, there are navigation links for 'Confirm Benefits', 'Create Account', and 'Get Care'. A 'CANCEL REGISTRATION X' button is in the top right. The main heading is '24/7 Access to Care'. Below it, there is a note: 'We need just a few pieces of information to confirm your benefits. Please make sure that the personal information you enter here is the same as that on the record for your health plan. Already have an account? Register.' The form fields include: 'FIRST NAME', 'LAST NAME', 'DATE OF BIRTH' (with a 'DOB CODE' dropdown), 'EMAIL', 'PREFERRED LANGUAGE' (with a 'LANG CODE' dropdown), and 'My Account Privacy Data'. A 'CONTINUE 1' button is at the bottom.

2. Benefit confirmation

We'll confirm that we found your benefits. Click "CONTINUE" and finish creating your account.



The screenshot shows the 'Your benefits have been found!' confirmation page. At the top, there are navigation links for 'Confirm Benefits', 'Create Account', and 'Get Care'. The main heading is 'Your benefits have been found!'. Below it, there is a note: 'We've matched you to a benefits provider. Please confirm below.' There are two radio button options: 'No benefits provider' and 'Look me up using my health or insurance provider'. A 'CONTINUE 2' button is at the bottom. At the very bottom, there is a small disclaimer: 'If you are unsure of the options listed above, it may be because your access to Teladoc is provided by a third party. Please speak to your HR department or call 1-800-TELADOC (315-2523) for assistance.'



3. Create account

Enter your contact information, username, password, and security questions.

Set up your account today to get started

Visit [Teladoc.com](https://www.teladoc.com) | Download the app





Laurens County BOC Teladoc member

Frequently Asked Questions

What is Teladoc?

Teladoc is a healthcare service that offers convenient, confidential access to quality doctors 24/7, anytime, anywhere.

By scheduling a visit with one of our U.S. board-certified and licensed medical doctors, you can be diagnosed, treated, and prescribed medication if necessary.

What can I use Teladoc for?

Teladoc can help you with everyday, non-emergency healthcare issues, including sinus problems, allergies, flu symptoms, and much more. Skip the waiting room and the trip to the ER. We're here to help you feel better, faster, and get you back to living your life.

Does Teladoc replace my doctor?

No. Teladoc doesn't replace your primary care doctor. Teladoc should be used for non-emergency illnesses when it is not convenient to get to the doctor or it is outside of regular office hours.

How do I set up my account?

Download the Teladoc app, visit the website, or call the number below to set up your account.

Do I need to have my insurance information available?

No. Teladoc is a separate benefit, and your insurance information is not required to have a visit.

How do I pay for the visit?

You can pay with your credit card, prepaid debit card, or by PayPal.

Is there a time limit when talking to the doctor? And am I charged more for taking longer?

There is no time limit for visits, and there is no extra charge for longer doctor visits.

How do I access Teladoc?

The service can be accessed by app, web, or phone, and visits are available by phone or video.

If the Teladoc doctor recommends that I see my primary care doctor or a specialist, do I still have to pay the Teladoc visit fee?

Just like any doctor appointment, there is a fee for the consulting doctor's time. The portion of the fee that you will pay varies based on your benefit plan structure.

Can my family use Teladoc? Any employee or their dependent that is enrolled in the LCBOC medical plan can use Teladoc.

Dependents over 18 years old must call our service center to request a visit. For dependents under 18 years old, the primary account holder must request a visit on their behalf through the app, website, or by phone.

How much does it cost? The cost of Teladoc is a \$20 copay per visit.

Please refer to your welcome letter, or call 1-800-Teladoc if you wish to confirm pricing prior to requesting a visit.

Who are the Teladoc doctors?

Teladoc doctors are U.S. board-certified internists, family doctors, and pediatricians. They average 20 years of experience and are licensed to practice in your state.

Can Teladoc physicians prescribe medications?

Yes, when medically appropriate, doctors can prescribe medications. If a prescription is not required, the doctor may provide the member with instructions for managing symptoms or following up with their primary care doctor.

Can my primary care doctor get a record of my Teladoc visit?

With your consent, we'll send an electronic copy of your Teladoc visit to your primary care doctor.

Can I use Teladoc while traveling?

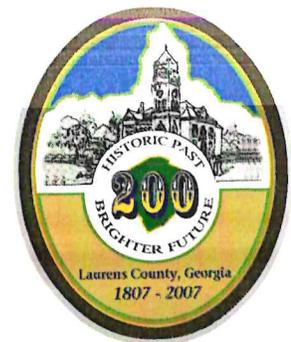
Teladoc is available in all 50 states, so you can use the service while traveling within the United States. Some restrictions may apply.

Who should I contact if I have questions or encounter an issue?

We aim to make your experience with us as seamless as possible. If you have any further questions or encounter an issue, please visit our website at Teladoc.com or call our member services team at 1-800-TELADOC (835-2362)

Does Teladoc offer any other services?

Your plan does offer additional services. Please log in to your account to see what else is available to you.



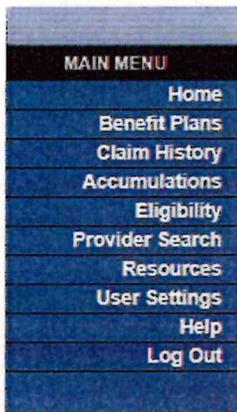
Download the app to talk to a doctor for \$20

Download the app  

Teladoc.com | 1-800-TELADOC (835-2362)

Quick Start to using Corelink

- www.corehealthbenefits.com/ Click on the upper righthand side of the page where it says "Corelink/Claims Login". This will bring you to the login page.
- To login for the first time, use your SS# (no spaces/dashes) as the User ID and your 8-digit DOB (no spaces/dashes) as the password. Once you login it will prompt you to change that information and setup your account.
- The home page will have a list of your most recent claims, your current accumulations and a member summary. You are able to click "View Detailed Accumulation Info" to get more info. More options on this page include viewing more claims, and detailed member information.
- On the left you will see your Main Menu:



- The Benefit Plan section will allow you to view your Plan Documents. You can choose from the "Summary Doc", which brings up the Schedule of Benefits, or the "Detailed Doc", which brings up the complete Summary Plan Description.
- The Claims History lists all of your claims from most recent to oldest. You can also select "Claim Search" at the top of that page to search specific dates or claims numbers. By clicking on the claim number, it will pull up the Explanation of Benefits and allow you to print if needed.
- The Accumulations page will show you everything you have accumulated for the selected year, toward your deductible. Out of pocket, etc. You have the option to select a family member as well to view their accumulations, however you will notice if you select a family member over age 17 and we do not have a Privacy form on file granting you access to their info then you will get an "Age Restriction" notice and you will not be able to see their claims or accumulations. You can also view "All Family Members" to get a total that your whole family has met.
- The Eligibility selection will allow you to view your information such as your effective date of coverage and any Plans that you are enrolled in.
- Provider Search will pull up the hyperlink to your Network's web portal so that you can do a search for an in-network provider based on your demographics.
- Resources will allow you to view any forms, documents or links that might be helpful. For ex. You can print off a pharmacy reimbursement form, view the detailed member guide for Corelink, etc.
- User Settings will allow you to change your profile preferences such as your password, email address and secret questions. You will not be able to change your user ID once it is submitted. Also, you are not able to update your address, marital status or phone number on Corelink. To change those options, you will have to go through your HR department.
- Help takes you to a detailed breakdown of any issues you may have while on the portal. We recommend that you call us at Core to help walk you through any questions that you may have.



CORE
MANAGEMENT
RESOURCES

CORE MANAGEMENT RESOURCES

515 Mulberry Street, Suite 300, Macon, GA 31201 • Phone: 478.741.3521 • Fax: 478.745.1843
www.corehealthbenefits.com

2024- 2025 Dental Benefits

Dental Premiums – Per Pay Period

Coverage	(\$50/ \$150 Deductible)
Single Coverage	\$1.77
Family Coverage	\$4.82



**Laurens County Cares
Dental Schedule of Benefits
Effective September 1, 2024**

Dental Coverage

Calendar Year Benefits Maximum	\$1,000	
Calendar Year Deductible: <i>Individual-</i>	\$50	
Family- The first three members of an enrolled family to satisfy their deductible will satisfy the Deductible for the entire family.	\$150	
Orthodontic Services Lifetime Maximum Benefits per member under age 19	\$1,500	
Benefit Highlights	Plan Pays	You Pay
Type 1- Preventive & Diagnostic Oral Evaluation Prophylaxis: Routine Cleanings Dental X-Rays Topical Fluoride Diagnostic Casts Pulp Vitality Testing Sealants Space Maintainers	100% No Deductible	No Charge
Type 2- Basic Fillings Simple Extractions Oral Surgery Palliative Emergency Treatment Apicoectomy Occlusal Guards Impactions Endodontics Gingivectomy and Gingivoplasty Osseous Surgery Vestibuloplasty Periodontic Services Periodontal Prophylaxis	80% After Deductible	20% After Deductible
Type 3- Major Inlays and Onlays Crowns Dentures (Full and Partial) Bridges (Fixed & Removable) Denture Rebase or Reline Repair of Fixed Bridges Repair of Removable Dentures Re-cement Crowns and Bridges	50% After Deductible	50% After Deductible
Type 4- Orthodontic	50%	50%

Coverage for Dependent Children under the age of 19	No Deductible	No Deductible
Lifetime Benefits Maximum: \$1,500		
Benefit Plan Provisions:		
Calendar Year Benefits Maximum	The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit-specific Maximums may also apply.	
Calendar Year Deductible	This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefit-specific deductibles may also apply.	
Special Requirements	For new dental plans (non-replacement), Type 3 Services will not be covered for the first 12 months. For any LATE entrants to the program, Type 3 and 4 Services will not be covered for the first 12 months.	
Pretreatment Review	Pretreatment review is available on a voluntary basis when dental work in excess of \$350 is proposed.	
Alternate Benefit Provision	Provision when more than one covered Dental Service could provide suitable treatment based on common dental standards, Core will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses.	
Timely Filing	Out of network claims submitted to Core after 365 days from date of service will be denied	
Benefit Plan Provisions:		
Missing Tooth Limitation	For teeth missing prior to coverage through Core, the amount payable is 50% of the amount otherwise payable until covered for 12 months; thereafter, considered a Class III expense.	
Oral Evaluations	2 per calendar year	
X-rays (routine) Bitewings:	2 bitewings, Twice per calendar year	
X-rays (non-routine)	Radiographs, full mouth X-rays or panoramic X-rays (not more than once in any period of 36 consecutive months). It also includes not more than two supplementary bitewing X-rays twice per calendar year and other dental X-rays as required in connection with the diagnosis of a specific condition requiring treatment.	
Diagnostic Casts	Payable only in conjunction with orthodontic workup. Pulp Vitality Testing- one per calendar year.	
Cleanings	2 per calendar year, including periodontal maintenance procedures following active therapy.	
Fluoride Application	2 per calendar year for children under age 15.	
Sealants (per tooth)	For permanent teeth (limited to covered dependent children between the ages of 6 and 18 years old, once per tooth every 36 months).	
Space Maintainers	Services to maintain existing space from the premature loss or extraction of deciduous teeth (primary or baby teeth) by means of a fixed or removable appliance designed to prevent adjacent and opposing teeth from moving. Adjustments are covered if required because of relative change in the condition of the mouth.	
Bridges (Fixed & Removable)	Fixed and Removable EXCEPT THAT: the initial installation shall be limited to replacement of one or more natural teeth extracted while the member is covered under this Plan, and; the replacement or addition of teeth is required to replace one or more additional natural teeth extracted while covered under this Plan and after the existing denture or bridge was installed; or if the existing denture or bridge cannot be made serviceable.	
Denture and Bridge Repairs	Reviewed if more than once.	
Denture Relines, Rebases and Adjustments	Covered if more than 6 months after installation.	
SEE DENTAL SPD FOR DETAILED EXCLUSIONS		

2024- 2025 Vision Benefits

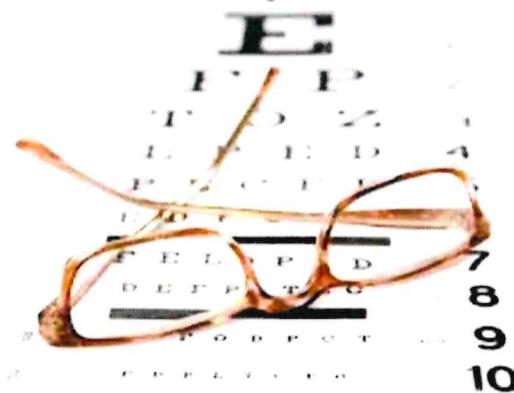
The Laurens County Vision Plan is a self-insured/county funded plan. This means that there is no network requirement and members are not restricted to utilizing specific vision facilities. You may choose your own vision providers.

The Comprehensive Vision Expense Benefit Plan provides coverage for the following types of vision expenses:

1. Eye exams by an ophthalmologist or doctor
2. Lenses and contacts
3. Frames Benefits are payable in accordance with any applicable co-payment amounts, deductible amounts, and benefit percentages listed in the Vision Schedule of Benefits or Plan Payment Provisions.

Eye examinations must be performed by an ophthalmologist or doctor. An optometrist or optician must furnish your lenses and frames. An optician is a person whose services include preparing and ordering ophthalmic lenses based on a prescription and furnishing eyeglass frames.

An optometrist is a doctor who is licensed to practice optometry. An optician is a person whose services include the preparation or ordering of ophthalmic lenses based on a prescription. The optician must be legally qualified to perform these services in the jurisdiction in which the services are rendered. Neither the optician nor the optometrist may be related to the participant by blood or marriage.



Vision Premiums – Per Pay Period

Single Coverage	\$3.92
Employee + Spouse	\$7.45
Employee + Children	\$7.85
Family Coverage	\$11.53

The following Services will be covered up to the maximum allowance when obtained from a licensed optometrist or optician. When obtaining these Services, you will be required to pay a Co-payment at the time of service. The amount of Co-payment is as noted in the chart below.

COVERED SERVICE	FREQUENCY OF SERVICE	CO-PAYMENT	MAXIMUM ALLOWANCE
Routine Vision Examination	Once every 12 months	\$10	Up to \$65
Eyeglass Frames	Once every 24 months [†]	\$10	Up to \$150
Eyeglass Lenses	Once every 12 months [†]		
<ul style="list-style-type: none"> • Single Vision 		\$10 [‡]	Up to \$40
<ul style="list-style-type: none"> • Bifocal 		\$10 [‡]	Up to \$60
<ul style="list-style-type: none"> • Trifocal 		\$10 [‡]	Up to \$80
<ul style="list-style-type: none"> • Progressive 		\$10 [‡]	Up to \$90
Contact Lenses	Once every 12 months [†]		
<ul style="list-style-type: none"> • Elective (Conventional or Disposable) 		\$0 [‡]	Up to \$150 [§]

Benefits are available every twelve (12) or twenty-four (24) months (depending on the benefit frequency), based on the last date of service)

Optional Lens Extras, like scratch resistant coating and UV protection, are covered only up to the Maximum Allowance for that lens type.

Medically necessary contact lenses require pre-certification with Core Health Services (CHS).

[†] You are eligible to select only one lens option, Eyeglass Lenses and/or Eyeglass Frames, or Contact Lenses. If you select more than one of these Services, only the higher Allowance will be reimbursed.

[‡] If you purchase Eyeglass Lenses and Eyeglass Frames at the same time from your Provider, only one Co-payment will apply to those Eyeglass Lenses and Eyeglass Frames together.

[§] The Contact Lens allowance includes the contact lens evaluation and fitting. For example, if the fitting/evaluation fee is \$30, you will have \$120 towards the purchase of contact lenses.

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 – First Health Network

Website: <https://providerlocator.firsthealth.com/LocateProvider/>
Phone: 1-800-226-5116

The Standard

Phone number for Life insurance: 1-800-628-8600
Short-Term Disability: 1-800-368-2859
Long-Term Disability: 1-800-3681135
Website: www.thestandard.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
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RESOURCES

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<p>Agendas & Minutes</p> <p>Boards & Commissions</p> <ul style="list-style-type: none"> Board of Equalization Board of Registrars Solid Waste Management Board 	<p>County Ordinances</p> <p>Commissioners</p> <ul style="list-style-type: none"> District 1 District 2 District 3 District 4 District 5 	<p>Departments A - F</p> <ul style="list-style-type: none"> Administration Airport Animal Control Chamber of Commerce Clerk of Courts Code Enforcement Collection Centers Coroner Department of Family & Children Services District Attorney's Office Emergency 911 Center Emergency Management Emergency Medical Services (EMS) Extension Service Finance Fire Department 	<p>Departments G - Z</p> <ul style="list-style-type: none"> Georgia Department of Labor Human Resources Juvenile Court Landfill Laurens County Schools Magistrate Court Probate Court Public Works Recreation Department Senior Center Sheriff Superior Court Tax Assessor Tax Commissioner Victims Assistance 	<p>Election Results</p> <p>E-Verify</p> <p>History</p>
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Human Resources is committed to establishing a system of employment that will provide a fair, equitable, and productive work environment. Our goal is to recruit qualified individuals, retain valuable employees, maintain compliance with employment laws and government regulations, provide a safe and healthy work environment, and provide resources for administering benefits, policies, and procedures.

Responsibilities

Human Resources works to provide effective service and vital information to employees, retirees, and the public with compassion, dignity, and respect in a fair and equitable manner. Serving as a central source, our goal is to foster an environment for employees to succeed, develop, and enhance their careers with equal opportunity for all.

Physical Address [View Map](#)

117 East Jackson Street
Dublin, GA 31021

Directions

Mailing Address

PO Box 2011
Dublin, GA 31040



LAURENS COUNTY
GEORGIA

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Employment Opportunities

Laurens County Board of Commissioners is an Equal Opportunity and Drug Free Workplace employer. Pre-employment requirements are background checks on criminal history, driver's license history and a post offer, pre-employment drug screen. [Download our application \(PDF\)](#) or obtain one at the Administrative Complex located at: 117 East Jackson Street, Suite B, Dublin, GA 31040

All Resumes must be accompanied by a County Application, Motor Vehicle Consent, Drug and Alcohol Testing Consent and GCIC Criminal History Consent.

Benefits

- 10 Paid Holidays
- Life Insurance
- 457(b) Deferred Compensation Plan and ROTH
- Long Term Disability
- Defined Benefit Pension Plan
- Short Term Disability
- Dental Insurance
- Sick Leave-Accrued
- Direct Deposit
- Vacation Leave-Accrued
- Health Insurance
- Vision

Related Documents

- [2022-23 Benefits Booklet](#)
- [2022-23 Summary of Plan Description](#)
- [Rx Mail Order Form](#)
- [LAURENS COUNTY PERSONNEL POLICY](#)
- [Employment Application \(PDF\)](#)
- [Drug and Alcohol Testing Consent](#)
- [Background Consent GCIC](#)
- [MVR CONSENT](#)





Group Basic Life and Accidental Death and Dismemberment Insurance

Group Basic Life insurance from Standard Insurance Company helps provide financial protection by promising to pay a benefit in the event of an eligible member's covered death. Basic Accidental Death and Dismemberment (AD&D) insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident.

The cost of this insurance is paid by Laurens County Board of Commissioners.

Eligibility

Definition of a Member	You are a member if you are an active employee of Laurens County Board of Commissioners and regularly working at least 30 hours each week. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
Class Definition	Class 2 - All other members, other than Directors, Chief Appraiser, Chief Deputy, Supervisors, Commissioners, Administrator, Attorney and Finance Officers
Eligibility Waiting Period	You are eligible on the first of the month that follows the date you become a member.

Benefits

Basic Life Coverage Amount	Your Basic Life coverage amount is \$15,000.
Basic AD&D Coverage Amount	For a covered accidental loss of life, your Basic AD&D coverage amount is equal to your Basic Life coverage amount. For other covered losses, a percentage of this benefit will be payable.
Life Age Reductions	Basic Life and AD&D insurance coverage amount reduces to 65 percent at age 65, to 50 percent at age 70 and to 35 percent at age 75.

Other Basic Life Features and Services

- Accelerated Benefit
- Life Services Toolkit
- Portability of Insurance Provision
- Repatriation Benefit
- Right to Convert Provision
- Standard Secure Access account payment option
- Travel Assistance
- Waiver of Premium

Other Basic AD&D Features

- Air Bag Benefit
- Family Benefits Package
- Seat Belt Benefit

This information is only a brief description of the group Basic Life/AD&D insurance policy sponsored by Laurens County Board of Commissioners. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reductions in benefits, exclusions and when The Standard and Laurens County Board of Commissioners may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of coverage, contact your human resources representative.

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 13270 D GA 107774 G2 (0.20)



Group Short Term Disability Insurance

Protect your income and those who depend on it.

This coverage replaces a portion of your income when you can't work because of a qualifying disability. Even if you're healthy now, it's important to protect yourself and the people who count on your income. This insurance can help you pay the bills when you're unable to work.



This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Benefits for a qualifying disability that is not work-related

? About This Coverage

See the Important Details section for more information, including requirements, exclusions and definitions.

What Your Benefit Provides

This is the benefit you'd receive if you were to suffer a qualifying disability. Eligible earnings are your weekly insured predisability earnings, as defined by the group policy. Your benefit amount will be reduced by deductible income; see the Important Details section for a list of deductible income sources.

60% of your eligible earnings, up to a maximum benefit of **\$500** per week. Plan minimum **\$50** per week.

Benefit Waiting Period

If you suffer a qualifying disability, your benefit waiting period is the length of time you must be continuously disabled before you can begin receiving your weekly benefit.

14 days for accidental injury
14 days for physical disease, pregnancy or mental disorder

Extended Benefit Waiting Period

This applies if you do not apply for this coverage within 31 days of becoming eligible, were eligible for coverage under a prior plan for more than 31 days but were not insured, or if your insurance ends because you failed to pay your premium and is later reinstated.

60 days for any qualifying disability caused by physical disease, pregnancy or mental disorder occurring during the first 12 months of coverage.

How Long Your Benefits Last

This is the maximum length of time you could be eligible to receive a weekly disability benefit.

180 days

☰ Additional Features

Your coverage comes with some added features:

Return to Work Incentive

Your disability benefit will not be reduced by any work earnings you receive until the combined amount of the benefit, earnings and other sources of income exceeds 100 percent of your predisability earnings.

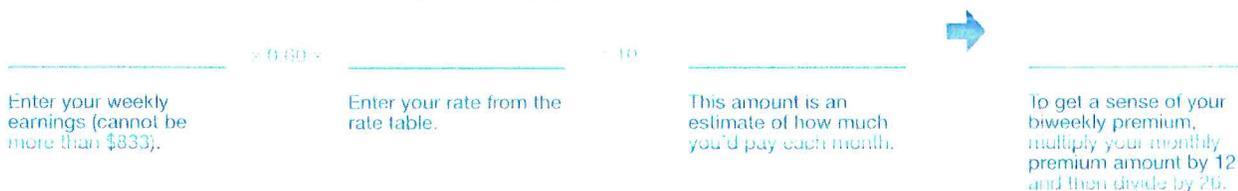
Help with Returning to Work

If a worksite modification would enable you to return to work, we can help your employer make approved modifications by covering some or all of the cost.

💰 How Much Your Coverage Costs

Because this insurance is offered through Laurens County Board of Commissioners, you'll have access to competitive group rates that may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck. How much your premium costs depends on a number of factors, such as your age and benefit amount.

Use this formula to calculate your premium payment:



Your Age (as of September 1)	Rate per \$10 of weekly benefit
<30	\$0.59
30-34	\$0.64
35-39	\$0.47
40-44	\$0.42
45-49	\$0.48
50-54	\$0.55
55-59	\$0.75
60+	\$0.92

Not being able to work also means not being able to earn a paycheck.

As you consider Short Term Disability insurance, think about the expenses you would need to cover if you were to become disabled:

- Mortgage or rent
- Utilities
- Groceries
- Medical bills
- Car insurance
- Childcare costs

To estimate your insurance needs, you'll need to consider your unique circumstances.

Use our online calculator at www.standard.com/disability/needs.

Important Details

Here's where you'll find the nitty-gritty details about the plan.

Eligibility Requirements

To be eligible for coverage, you must be:

- A regular employee of Laurens County Board of Commissioners
- Actively working at least 30 hours per week
- A citizen or resident of the United States or Canada

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

Employee Coverage Effective Date

To become insured, you must:

- Meet the eligibility requirements listed above
- Serve an eligibility waiting period*
- Apply for coverage and agree to pay premiums
- Be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your human resources representative or plan administrator for more information regarding the requirements that must be satisfied for your insurance to become effective.

*Defined as first of the month that follows the date you become a member

Definition of Disability

You will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder:

- You are unable to perform with reasonable continuity the material duties of your own occupation, and
- You suffer a loss of at least 20 percent in your predisability earnings when working in your own occupation.

You are not considered disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.

Exclusions

Subject to state variations, you are not covered for a disability caused or contributed to by any of the following:

- Your committing or attempting to commit an assault or

felony, or your active participation in a violent disorder or riot

- An intentionally self-inflicted injury, while sane or insane
- War or any act of war (declared or undeclared, and any substantial armed conflict between organized forces of a military nature)
- The loss of your professional or occupational license or certification
- An activity arising out of or in the course of any employment for wage or profit

Limitations

Short Term Disability benefits are not payable for any period when you are:

- Not under the ongoing care of a physician in the appropriate specialty, as determined by The Standard
- Not participating in good faith in a plan, program or course of medical treatment or vocational training or education approved by The Standard, unless your disability prevents you from participating
- Confined for any reason in a penal or correctional institution
- Able to work and earn at least 20 percent of your predisability earnings in your own occupation but you elect not to
- Eligible to receive benefits for your disability under a workers' compensation law or similar law

When Your Benefits End

Your Short Term Disability benefits end automatically on the date any of the following occur:

- You are no longer disabled
- Your maximum benefit period ends
- Long term disability benefits become payable to you under a Long Term Disability plan
- Benefits become payable under any other disability insurance plan under which you become insured through employment during a period of temporary recovery
- You fail to provide proof of continued disability and entitlement to benefits
- You pass away

Deductible Income

Your benefits will be reduced if you have deductible

Group Short Term Disability Insurance

income, which is income you receive or are eligible to receive while receiving Short Term Disability benefits. Deductible income includes:

- Sick pay, annual or personal leave pay, severance pay or other forms of salary continuation (including donated amounts) paid
- Amounts under unemployment compensation law
- Amounts because of your disability from any other group insurance
- Any retirement or disability benefits received from your employer's retirement plan which are not attributable to your contributions
- Amounts under any state disability income benefit law or similar law
- Earnings from work activity while you are disabled, plus the earnings you could receive if you work as much as your disability allows
- Earnings or compensation included in your predisability earnings which you receive or are eligible to receive while Short Term Disability benefits are payable
- Amounts due from or on behalf of a third party because of your disability, whether by judgment, settlement or other method
- Any amount you receive by compromise, settlement or other method as a result of a claim for any of the above

When Your Insurance Ends

Your insurance ends automatically when any of the following occur:

- The date the last period ends for which a premium was paid
- The date your employment terminates
- The date the group policy (or your employer's coverage under the group policy) terminates
- The date you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances)
- The date Laurens County Board of Commissioners ends participation in the group policy

Group Insurance Certificate

If coverage becomes effective and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

About Standard Insurance Company

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at www.standard.com.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

GP399-STD, GP899-STD, GP309-STD, GP209-STD, GP399/ASSOC, GP399-STD/TRUST

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 12503-D-GA-167774 (8/20)



Group Long Term Disability Insurance

Protect your income when you're coping with a long-lasting disability.

This coverage is designed to replace a portion of your income when you're disabled for an extended period of time due to a qualifying disability and help you get back to work when you're ready. Long Term Disability insurance benefits can help you pay your bills and safeguard your savings when you're unable to work. Whether you're out for a few months or several years, this benefit can help you protect your income — and those who depend on it.



This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Benefits for a qualifying disability that occurs on or off the job

? About This Coverage

See the Important Details section for more information, including requirements, exclusions and definitions.

What Your Benefit Provides

This is the amount per month you would receive if you were to suffer a qualifying disability. Eligible earnings are your monthly insured predisability earnings, as defined by the group policy. Your monthly benefit will be reduced by deductible income. Please see the Important Details section for a list of deductible income sources.

60% of your eligible earnings, up to a maximum benefit of **\$5,000** per month.

Plan minimum per month: **\$100** or **10** percent of the LTD benefit.

Benefit Waiting Period

If you suffer a qualifying disability, your benefit waiting period is the length of time you must be continuously disabled before you can begin receiving your monthly benefit.

180 days

How Long Your Benefits Last

This is the maximum length of time you could be eligible to receive disability benefits for a continuous disability.

Until your Social Security Normal Retirement Age (SSNRA)

Depending on your age at the time of disability, your benefits may be subject to a different schedule. Refer to the "Maximum Benefit Period" table in the Important Details section for specifics.

☰ Additional Features

Your coverage comes with some added features:

Help with Returning to Work

This plan provides incentives to help you get back to work. For instance, you'll get help paying for some of the expenses associated with participating in an approved rehabilitation plan.

If a worksite modification would enable you to return to work, the coverage can help your employer make approved modifications.

You may also be eligible to receive an additional benefit of 10 percent of your predisability earnings for participating in an approved rehabilitation plan, subject to the plan maximum.

Survivors Benefit

If you die while receiving benefits, your survivor may be eligible to receive a one-time additional payment.

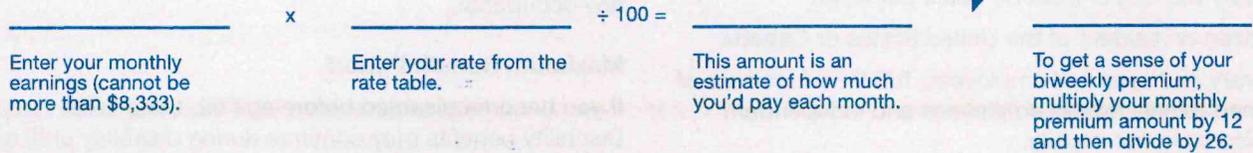
Support When You Need It

You'll have access to an Employee Assistance Program, a valuable confidential counseling resource if you're experiencing personal or work-related issues. This service is provided through an arrangement with a service provider who is not affiliated with The Standard.

How Much Your Coverage Costs

Because this insurance is offered through Laurens County Board of Commissioners, you'll have access to competitive group rates that may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck. How much your premium costs depends on a number of factors, such as your age and benefit amount.

Use this formula to calculate your premium payment:



Your Age (as of September 1)	Rate %
<25	0.09
25-29	0.12
30-34	0.20
35-39	0.34
40-44	0.52
45-49	0.79
50-54	0.78
55-59	0.83
60-64	0.95
65+	0.99

As you consider Long Term Disability insurance, evaluate what makes sense for you.

Getting by without a paycheck isn't easy, especially for an extended period of time. Make sure you have enough financial protection to help you cover your housing costs, utilities and other bills.

To estimate your insurance needs, you'll need to consider your unique circumstances.

Use our online calculator at www.standard.com/disability/needs.

Important Details

Here's where you'll find the nitty-gritty details about the plan.

Eligibility Requirements

To be eligible for coverage, you must be:

- A regular employee of Laurens County Board of Commissioners
- Actively working at least 30 hours per week
- A citizen or resident of the United States or Canada

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

Employee Coverage Effective Date

To become insured, you must:

- Meet the eligibility requirements listed above
- Serve an eligibility waiting period*
- Apply for coverage and agree to pay premiums
- Be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

All late applications (applying 31 days after becoming eligible), requests for coverage increases and reinstatements are subject to medical underwriting approval. Employees eligible but not insured under the prior long term disability insurance plan are also subject to medical underwriting approval. Please contact your human resources representative or plan administrator for more information regarding the requirements that must be satisfied for your insurance to become effective.

*Defined as first of the month that follows the date you become a member

Definition of Disability

For the benefit waiting period and the first 24 months that Long Term Disability benefits are payable, you will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder:

- You are unable to perform with reasonable continuity the material duties of your own occupation, and
- You suffer a loss of at least 20 percent of your predisability earnings when working in your own occupation.

You are not considered disabled merely because your right to perform your own occupation is restricted, including a

restriction or loss of license.

After the own occupation period of disability, you will be considered disabled if, as a result of a physical disease, injury, pregnancy or mental disorder, you are unable to perform with reasonable continuity the material duties of any occupation.

Maximum Benefit Period

If you become disabled before age 62, Long Term Disability benefits may continue during disability until age 65 or to the Social Security Normal Retirement Age (SSNRA) or 3 years 6 months, whichever is longer. If you become disabled at age 62 or older, the benefit duration is determined by the age when disability begins:

Age	Maximum Benefit Period
62	To SSNRA, or 3 years 6 months, whichever is longer
63	To SSNRA, or 3 years, whichever is longer
64	To SSNRA, or 2 years 6 months, whichever is longer
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69+	1 year

Exclusions

Subject to state variations, you are not covered for a disability caused or contributed to by any of the following:

- Your committing or attempting to commit an assault or felony, or your active participation in a violent disorder or riot
- An intentionally self-inflicted injury, while sane or insane
- War or any act of war (declared or undeclared, and any substantial armed conflict between organized forces of a military nature)
- The loss of your professional or occupational license or certification
- A preexisting condition or the medical or surgical treatment of a preexisting condition unless on the date you become disabled, you have been continuously insured under the group policy for the exclusion period and you have been actively at work for at least one full day after the end of the exclusion period

Preexisting Condition Provision

A preexisting condition is a mental or physical condition whether or not diagnosed or misdiagnosed during the 90-

day period just before your insurance becomes effective:

- For which you or a reasonably prudent person would have consulted a physician or other licensed medical professional; received medical treatment, services or advice; undergone diagnostic procedures, including self-administered procedures; or taken prescribed drugs or medications
- Which, as a result of any medical examination, including routine examination, was discovered or suspected

Exclusion Period: 12 months

Limitations

Long Term Disability benefits are not payable for any period when you are:

- Not under the ongoing care of a physician in the appropriate specialty, as determined by The Standard
- Not participating in good faith in a plan, program or course of medical treatment or vocational training or education approved by The Standard, unless your disability prevents you from participating
- Confined for any reason in a penal or correctional institution
- Able to work and earn at least 20 percent of your indexed predisability earnings, but you elect not to work. During the first 24 months after the end of the benefit waiting period, the responsibility to work is limited to work in your own occupation; thereafter, the responsibility to work includes work in any occupation.

In addition, the length of time you can receive Long Term Disability payments will be limited if:

- You reside outside of the United States or Canada
- Your disability is caused or contributed to by mental disorders, substance abuse or the environment, chronic fatigue conditions, chronic pain conditions, carpal tunnel or repetitive motion syndrome or temporomandibular joint disorder or craniomandibular joint disorder

When Your Benefits End

Your Long Term Disability benefits end automatically on the date any of the following occur:

- You are no longer disabled
- Your maximum benefit period ends
- Benefits become payable under any other disability insurance plan under which you become insured through employment during a period of temporary recovery
- You fail to provide proof of continued disability and entitlement to benefits
- You pass away

Deductible Income

Your benefits will be reduced if you have deductible income, which is income you receive or are eligible to receive while receiving Long Term Disability benefits. Deductible income includes:

- Sick pay, annual or personal leave pay, severance pay or other forms of salary continuation (including donated amounts) paid to you by your employer that exceeds 100 percent of your indexed predisability earnings when added to your LTD benefit
- Benefits under any workers' compensation law or similar law
- Amounts under unemployment compensation law
- Social Security disability or retirement benefits, including benefits for your spouse and children
- Amounts because of your disability from any other group insurance
- Any retirement or disability benefits you received from your employer's retirement plan which are not attributable to your contributions
- Benefits under any state disability income benefit law or similar law
- Earnings from work activity while you are disabled, plus the earnings you could receive if you work as much as your disability allows
- Earnings or compensation included in your predisability earnings which you receive or are eligible to receive while Long Term Disability benefits are payable
- Amounts due from or on behalf of a third party because of your disability, whether by judgment, settlement or other method
- Any amount you receive by compromise, settlement or other method as a result of a claim for any of the above

When Your Insurance Ends

Your insurance ends automatically when any of the following occur:

- The date the last period ends for which a premium was paid
- The date your employment terminates
- The date the group policy terminates
- The date you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances)
- The date Laurens County Board of Commissioners ends participation in the group policy

Group Insurance Certificate

If coverage becomes effective and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

About Standard Insurance Company

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at www.standard.com.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

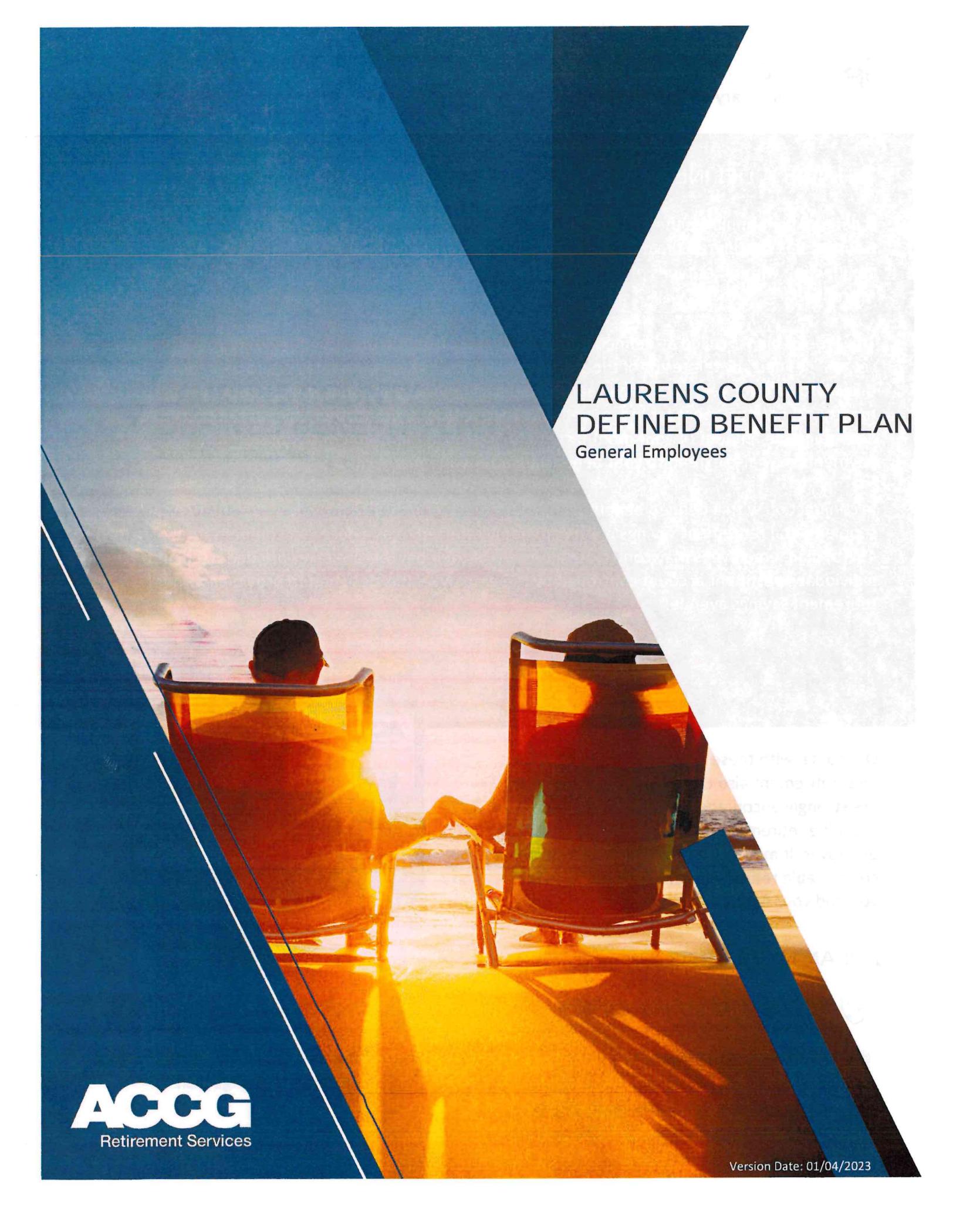
GP190-LTD/S399, GP399-LTD/TRUST, GP899-LTD,
GP209-LTD, GP608-LTD, GP190-LTD/ASSOC/S399,
GP190-LTD/TRUST/S399, GP491-LTD/TRUST/S399

Standard Insurance Company
1100 SW Sixth Avenue
Portland, OR 97201

www.standard.com

SI 12501-D-GA-167774 (8/20)

6628870-5/5897



LAURENS COUNTY
DEFINED BENEFIT PLAN
General Employees



DEFINED BENEFIT PLAN

Summary of Plan Provisions

WHAT IS A DEFINED BENEFIT PLAN?

A defined benefit plan is the most popular type of primary plan offered by local governments in Georgia. It is considered the most traditional type of retirement plan, and may be used alone or in conjunction with other types of plans and Social Security to provide income for participants at retirement.

This type of plan is called a “defined benefit” plan because the retirement benefits you will receive are set, or “defined” by the terms of the plan. Typically, the benefit amount is based on a formula that takes into account your salary and years of service in the organization. The plan provides a fixed monthly benefit payment for life, or you may choose from several other payment options that will determine the amount of your monthly benefit. Based on the payment options offered and selected, payments may also extend to your beneficiary after your death.

In conjunction with a defined benefit plan, your employer may also provide a secondary or supplemental retirement savings plan. Commonly referred to as a deferred compensation plan, or 457(b) plan, employees may contribute a portion of their pay, before taxes are deducted, into an individual investment account controlled by the employee. It is designed to provide another retirement savings avenue.

Of course, with these opportunities to save for your retirement also comes responsibility. You are strongly encouraged to take full advantage of available retirement plans provided by your employer. It may mean the difference between a comfortable retirement and a meager one for you and your family.



PLAN HIGHLIGHTS



Benefits in addition to Social Security



Lifetime monthly benefits



Optional types of benefit payments for more effective retirement planning



Death benefits may be available



Can be used in conjunction with a retirement savings plan



LAURENS COUNTY DEFINED BENEFIT PLAN For General Employees

WHEN CAN I BECOME A PARTICIPANT IN THE PLAN?

Eligible General Employees, as defined by the plan, who work at least 35 hours per week, become a participant in the plan on January 1 following 3 Years of service.

WHEN WILL I BE VESTED IN MY BENEFIT?

Plan participants have a vested benefit after 5 years of Vesting Service. Vesting Service is years, months, and days of service, as adopted by the county.

WHEN CAN I RETIRE?

Your Normal Retirement Date is the date you are eligible to receive full benefits under the plan. This is the later of age 65 with 5 years of Vesting Service, or the later of age 62 with 20 years of Vesting Service, whichever comes first.



HOW MUCH WILL I RECEIVE IF I RETIRE ON OR AFTER MY NORMAL RETIREMENT DATE?

The following benefit formula is used to calculate the monthly benefit payable at your Normal Retirement Date:

0.5% of Final Average Compensation up to \$6,600
 Plus 1% of Final Average Compensation above \$6,600
 Plus \$18
 The total is multiplied by years of Credited Service

Example: \$40,000 Final Average Compensation
 and 20 years of Credited Service

0.005 multiplied by the first \$6,600:	\$33
0.01 multiplied by the \$33,400 (amt. over \$6,600):	\$334
Plus a flat dollar amount of \$18:	\$18
Total	\$385

Multiplied by 20 years of Credited Service $\$385 \times 20 = \$7,700$ annual benefit or \$642 per month

Final Average Compensation - The average of your compensation received during the 60 highest paid consecutive months out of the last 120 months prior to termination of employment with the county.

Years of Credited Service – Years, months, and days of service, as determined by the county, used to calculate your benefit.



IS THERE AN EARLY RETIREMENT OPTION?

Unreduced:

You may be eligible to retire without any reductions at the later of age 62 or 20 years of Vesting Service.

Reduced:

You may be eligible to retire on a reduced basis at the later of age 59.5 or 10 years of Vesting Service. This benefit will be actuarially reduced because you will receive the benefit over a longer period of time. The reduction factors range from approximately 10% for 1 year early retirement to approximately 40% for 5 years early retirement.

Example: Monthly benefit of \$642 payable at normal retirement
 1 year early – the benefit is approximately \$578 per month (10% reduction)
 3 years early – the benefit is approximately \$471 per month (27% reduction)
 5 years early – the benefit is approximately \$385 per month (40% reduction)

▶ WHAT HAPPENS IF I TERMINATE EMPLOYMENT BEFORE I'M ELIGIBLE FOR RETIREMENT?

If you terminate employment prior to your Early Retirement Date or Normal Retirement Date and you are vested, you will receive either: (1) your monthly benefit when you reach your Normal Retirement Date; or (2) a one-time lump sum voluntary benefit if the value of your benefit is less than \$10,000. You will receive an automatic lump sum benefit if the value is less than \$1,000. With the lump sum benefit, no additional benefit will be paid from the plan.

▶ HOW DO I ACCESS MY PENSION INFORMATION?

To review your account, visit www.ACCGRetirement.org and select "Access your Pension Account" on the homepage, or go to mypension.accgretirement.org.

When you log in for the first time, you will need to register for the site (click on "Site Registration") using basic identification information to:

- Establish a username and password
- Update contact information
- Set up your personalized Security Questions

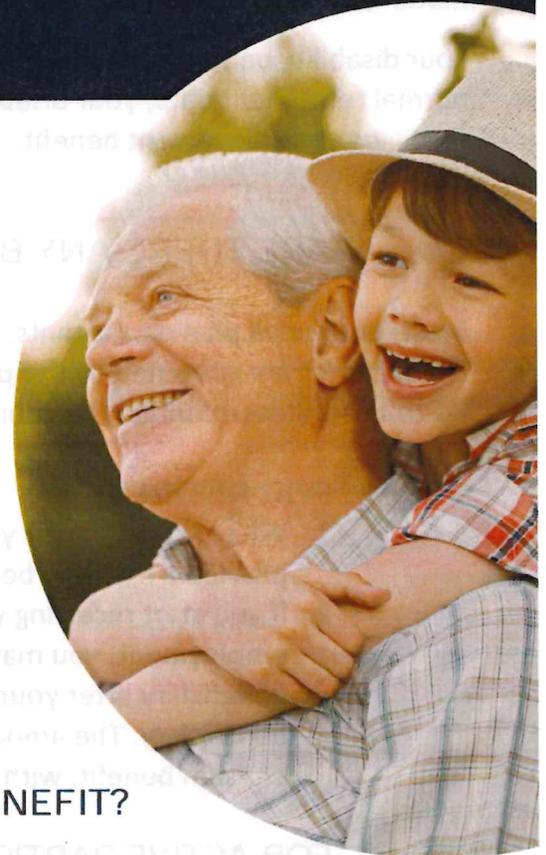
▶ WHO DO I CONTACT TO APPLY FOR A BENEFIT?

RETIREMENT

Approximately two months prior to your retirement, contact your Human Resources Department and complete the proper paperwork. The Jurisdiction will forward the completed forms to ACCG Retirement Services for processing.

DEATH BENEFIT

Your Human Resources Department should be notified of the death of any active or former employee. If there is a death claim, the Jurisdiction will assist the beneficiary in completing the forms, which will be sent to ACCG Retirement Services for processing.





ARE THERE ANY DISABILITY BENEFITS?

Prior to applying for disability from the plan, you must receive the Social Security Disability Award Letter (“Award Letter”), which declares you totally and permanently disabled. You may be eligible to receive a disability benefit from the plan if, on the date specified in the Award Letter, you are an active employee and have at least 10 years of Vesting Service with the county. The plan administrator may require you to submit evidence of continued eligibility for disability pension at any time.

If you qualify for disability, your first check is payable the effective date of the first Social Security Disability monthly benefit, or the first of the month following your termination date.

Your disability benefit is calculated the same way as your retirement benefit. When you reach your normal retirement date, your disability benefit from the plan will terminate, and you will start receiving your retirement benefit.



ARE THERE ANY BENEFITS FOR MY BENEFICIARIES?

Most, but not all plan participants, will be able to provide some level of benefits for their beneficiaries. Beneficiaries are governed by the plan. It is very important to keep your beneficiary designation up-to-date. Please contact the county when you need to change your beneficiary.



FOR RETIREES

1. When you apply for your retirement, you may elect a form of benefit payment that will provide a monthly benefit to your beneficiary after your death.
2. If you start receiving your retirement benefit immediately after terminating employment, you may qualify for the lump sum death benefit that is payable to your beneficiary after your death. This is not a life insurance policy and may be taxable to your beneficiary. The amount of death benefit is equal to a multiple of 50 times your monthly pension benefit, with a maximum benefit of \$15,000.



FOR ACTIVE PARTICIPANTS

If you die while still employed by the county, in most cases there is a death benefit equal to 50 times your monthly benefit projected to normal retirement date, with a maximum benefit of \$50,000.



FOR TERMINATED PARTICIPANTS

If you are vested in your benefit when you terminate employment from the county, and die prior to receiving your retirement benefit from the plan, your beneficiary will receive a lump sum benefit equal to 50 times your monthly pension benefit projected to normal retirement date, with a maximum benefit of \$50,000.

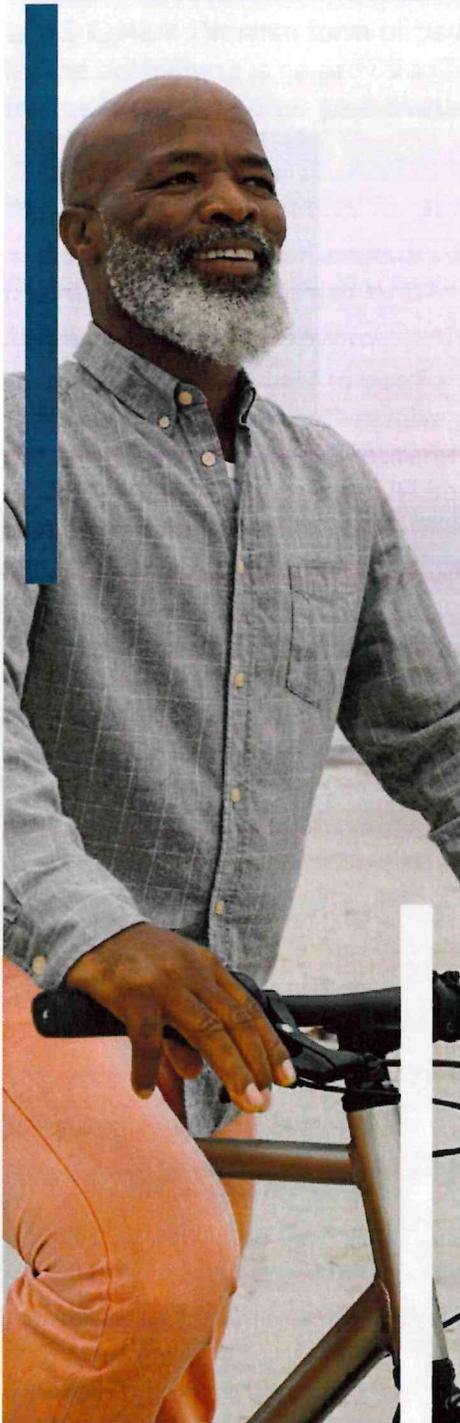


FOR DISABLED PARTICIPANTS

If you are receiving a disability benefit from the plan, and die prior to your normal retirement date, your beneficiary will receive a lump sum payment equal to 50 times your monthly disability benefit, with a maximum benefit of \$50,000.

▶ WHEN I RETIRE, WHAT PAYMENT OPTIONS ARE AVAILABLE?

Selecting a payment option is key to your retirement planning. When you begin to seriously consider retirement, please log into your Pension Account at www.ACCGRetirement.org and run an estimate to review what you may receive as of the date you are considering for retirement. You will be asked at that time to provide the date of birth of your survivor beneficiary, if applicable. This is required to calculate all the various options available. These calculations will help you choose the option that best suits your needs at retirement. Please contact your Regional Client Manager if you have questions about your retirement options. You can locate your Regional Client Manager by visiting our website at ACCGRetirement.org and select the "Participants" tab and select the "Find your Representative" option.



OPTION #1: LIFE ONLY (Normal form of payment)

Paid for your lifetime only. There is no provision for paying monthly benefits to a survivor beneficiary after your death.

OPTION #2: TEN YEAR CERTAIN AND LIFE

Paid for your lifetime, but also guaranteed for at least ten years. If you die before the end of the certain period, the remainder of the payments for the certain period will be paid to your beneficiary.

OPTION #3: JOINT AND SURVIVOR

You will receive a monthly benefit paid to you for your lifetime. Upon your death, your survivor beneficiary will receive an amount in accordance with the option you chose at retirement. However, if your survivor beneficiary dies before you, there will be no additional monthly payments after your death.

- 100% Joint and Survivor – The survivor beneficiary will receive the same amount you had been receiving
- 75% Joint and Survivor – The survivor beneficiary will receive three-quarters of the amount you had been receiving
- 66⅔% Joint and Survivor – The survivor beneficiary will receive two-thirds the amount you had been receiving
- 50% Joint and Survivor – The survivor beneficiary will receive one-half the amount you had been receiving

OPTION #4: JOINT AND SURVIVOR WITH POP-UP

The same as Option #3, except: If your survivor beneficiary dies before you, your monthly benefit will increase to the Option #1, Life Only. This level of benefit payment will be paid for the remainder of your lifetime.

OPTION #5: LUMP SUM

One-time lump sum benefit based on the current value of your benefit, if is less than \$10,000.



HOW DO I OBTAIN ADDITIONAL INFORMATION?

If you have any questions, please call ACCG Retirement Services at (770) 952-5225 or (800) 736-7166, or e-mail ClientServices@accg.org.

The information in this summary is intended only as a general outline of the plan and not a complete description. For an exact statement of your rights, you must refer to the ACCG Defined Benefit Plan Document on which your plan is based. All issues arising in the administration of the plan will be addressed by the plan trustees consistent with the plan and Trust Agreement.

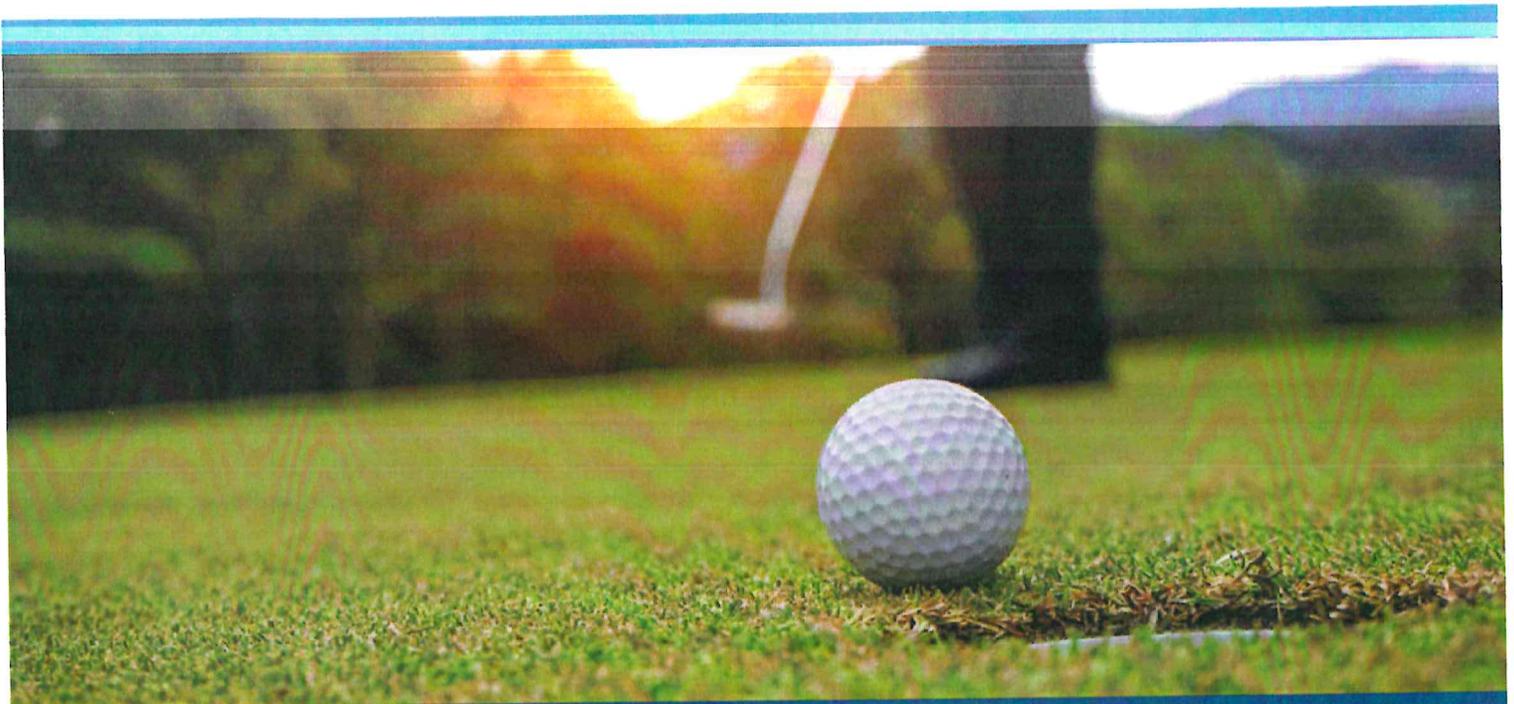
ACCG Retirement Services is the retirement services division of ACCG, Georgia's county association. More than 150 jurisdictions and local government employees in Georgia trust their retirement services needs to ACCG Retirement Services.

ACCGRetirement.org

Questions:

Contact ACCG Retirement Services at
ClientServices@accg.org or (770) 952-5225 / (800) 736-7166
Regional Client Manager

Trey Johnson
(470) 571-4579
tjohnson@accg.org



Prepared for:
Laurens County



What would you most like to do when you retire?

A retirement planning guide developed
in partnership with ACCG Retirement Services



Welcome to ACCG Retirement Services! We look forward to assisting you in reaching your financial goals with your retirement account through the ACCG Retirement Services participant website. You will be able to log into your account once the first contribution has been made. Please be sure that you provide a valid email address and phone number on the enrollment form provided. This information is required to register.

You will be prompted to "Register to access your account" and you will go through a series of required steps and will be asked to confirm the registration at the end of the set up. You will receive an email confirming your account has been successfully set up.

To begin your account registration, please go to our secure participant website at www.ACCGRetirement.org and select "Access your Account" then select "Register to access your account".

Please be sure that you are using Google Chrome, Microsoft Edge, or Firefox.

Access your Account 
(Log in to your 401(a) and/or 457(b) account)

Login ID

Password

Log In

Register to access your account

Follow the prompts accordingly. If you have any questions regarding account access or require further information regarding your retirement account with ACCG Retirement Services, please contact us at ClientServices@accg.org or 1-800-736-7166.

Sincerely,

ACCG Retirement Services
Client Services

191 Peachtree Street
Suite 700
Atlanta, GA 30303
p 770.952.5225
t 800.736.7166
f 770.563.9356

ACCGretirement.org

Retirement Services.

How to set up access and register to your 401(a) /457(b) account

Go to the ACCG Retirement Services website and choose "Register"

Open an internet browser and go to www.accgretirement.org
Click on the "Access your Account" button on the homepage

Access your Account



(Log in to your 401(a) and/or 457(b) account)

Click the link that says "Register to access your account."

Welcome
Log in to your account

Login ID

Password

Log In

Register to access your account

[Forgot Login ID](#) [Forgot Password](#) [Español](#) [Plan Sponsor/Advisor Login](#)

[BROWSER REQUIREMENTS](#) [CONTACT US](#)

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For illustrative purposes only

*These instructions are only for those who have never set up a username and password to access their account.

Enter your information

The next screen will ask for some basic information about you and your benefits plan. Fill out as much as you can to help the system identify you. Then click **Continue**.

Note: You must enter at least one email address or phone number.

Let's get started

Tell us a little about yourself and your plan. [Help](#)

Personal Information

We need this information to identify you and your account. Use your legal name, not a nickname.

First Name

Last Name

Social Security Number

Confirm Social Security Number

Date of Birth

Contact Information

Please provide at least one way for us to contact you.

Home Phone Number

Mobile Phone Number

Personal Email Address

Workplace Information

If your employer has provided you with this information, enter it below.

Work Phone Number

Work Email Address

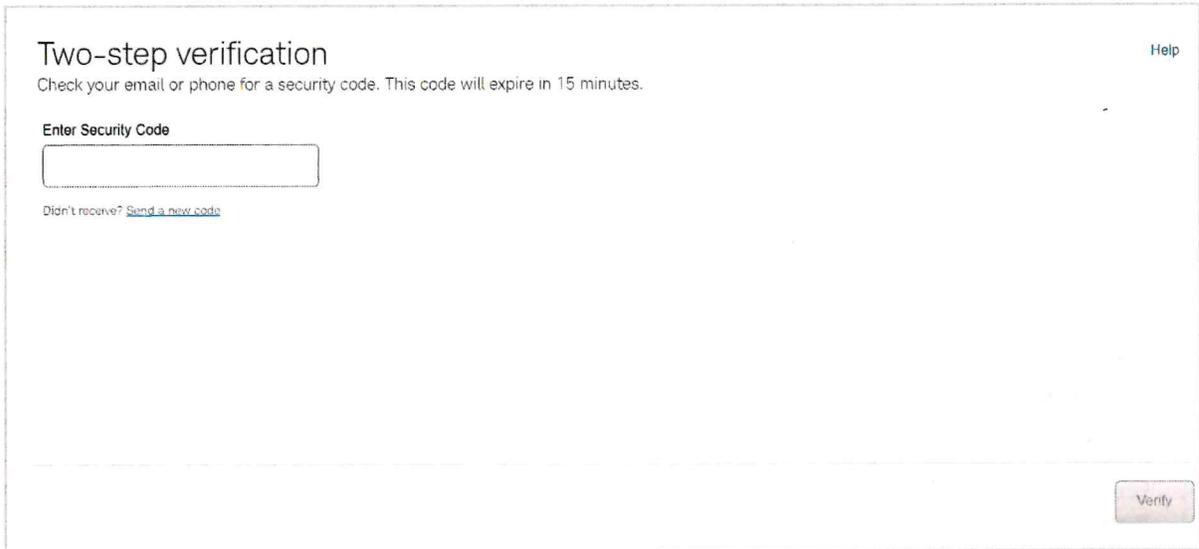
Employee ID

For illustrative purposes only

Verify your identity

After submitting the form, you should receive a security code via email or text message. Enter the security code and then click **Verify**.

Note: It may take a few minutes for the code to arrive. If you do not receive a code, you can select the option to **Send a new code**.



The screenshot shows a web form titled "Two-step verification". In the top right corner, there is a "Help" link. Below the title, a message states: "Check your email or phone for a security code. This code will expire in 15 minutes." The form contains a label "Enter Security Code" above a text input field. Below the input field, there is a link that says "Didn't receive? [Send a new code](#)". At the bottom right of the form, there is a "Verify" button.

For illustrative purposes only

Create login credentials and security questions

Next, you'll need to set up your account. Follow the instructions on screen to create a Login ID, password, and security questions. Then click **Continue**.

Welcome, Jennifer Help

Create a Login ID and password to complete registration.

Login ID

Confirm Login ID
Password
Confirm Password
Security Question 1

Select security question

Security Answer 1

Security Question 2

Select security question

Security Answer 2

Security Question 3

Select security question

Security Answer 3

[Continue](#)

For illustrative purposes only

Log in to finish setting up your account

If your registration is successful, you will see the message below. You can now return to the login page and log in to continue setting up your account.

Registration Confirmation

✔ Your registration is complete. To access your account, [log in](#) using your new credentials

[Return to Login](#)

For illustrative purposes only

***** Please be sure to verify or update your mailing address and email address. This will insure that you will receive any notices we send out regarding your account*****

191 Peachtree Street NE, Suite 700, Atlanta, GA 30303
770.952.5225 | 800.736.7166
clientservices@accg.org

Opt-In for Paper Statements:

1) At the top of the page, go to My Profile.

 MY PROFILE | LOG OUT

2) Select Delivery Preferences from menu:

Delivery Preferences

3) Click on Paper:

Statements Last day of consent
Receive account statements showing your current balance, vested amount, and other information.

4) Click on Save:

Save

5) Read the disclosure and click on I agree and consent:

[Close x](#)

By submitting your consent for email delivery, you are agreeing to receive electronic communications at the email address(es) on file about activity in your account. If you do not select a paper delivery method, you will receive these notifications by email only. You must have a valid email address on file to receive these notifications. To update your email address, select "Email Address" from the menu and follow the instructions to update and validate your address. You also understand that information provided via email is summarized. To review details about activity in your account, you must have access to the Internet and a computer or mobile device capable of viewing your account information online.

I agree and consent

6) Click OK:

Your delivery preferences have been updated.

OK

***** Please be sure to verify or update your mailing address and email address. This will insure that you will receive any notices we send out regarding your account*****



What would you most like to do when you retire?

457(b) Deferred Compensation

Summary of Plan Provisions

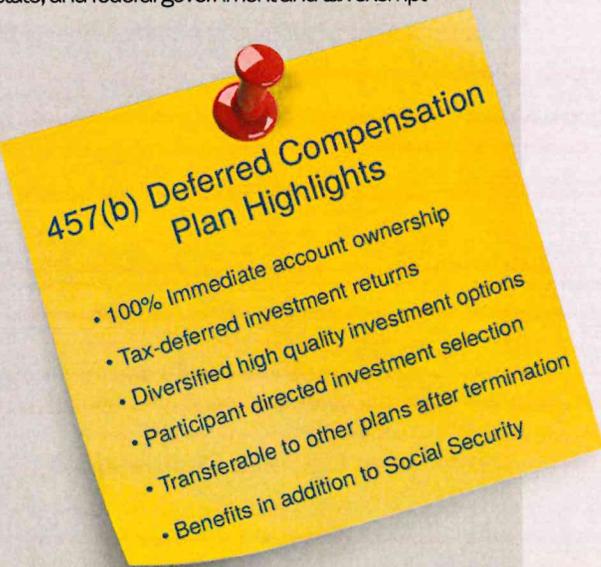
What is a Deferred Compensation Plan?

457(b) deferred compensation plans are available to local, state, and federal government and tax exempt organizations. They are termed “deferred compensation” plans because they offer you the opportunity to “defer” or postpone some of your current compensation and receive it, with earnings, in the future. Each pay period, your employer deposits your selected amount of deferred compensation into your ACCG Retirement Services 457(b) account which is then invested in funds selected by you.

At separation from employment or retirement, your 457 (b) funds, plus earnings, are available to you. When used for retirement, the tax liability may be much less because your overall income may be lower than when you were working.

Local governments use these plans either as a primary or secondary type of retirement plan. When used as a primary retirement plan, employers sometimes make contributions to the plan to supplement employee deferrals. However, such plans are often established as a secondary plan used to supplement other types of plans, and virtually all of the contributions into the plan come from employee deferrals. There are more local government employees participating in a 457(b) plan than any other type of retirement plan.

Participating in your 457(b) deferred compensation plan is one of the best ways to build assets for use during your retirement years. Because all of the earnings grow tax-deferred, they increase in value much faster than if you were required to pay federal and state income taxes each year on those investment returns. Depending on whether your 457(b) plan is your primary or secondary plan, and in combination with your investment success, it can often provide retirement benefits up to 35% of your final, pre-retirement earnings.



457(b) Deferred Compensation Plan Highlights

- 100% Immediate account ownership
- Tax-deferred investment returns
- Diversified high quality investment options
- Participant directed investment selection
- Transferable to other plans after termination
- Benefits in addition to Social Security



457(b) Plan Provisions

Am I eligible to participate, and if so, when can I enroll?

Generally all full-time and part-time employees are eligible to participate in the Plan. You can enroll on the first pay period of any month under a 457(b) plan. Please be aware that once you complete the documentation necessary to begin participation, it may take several pay periods for your contribution to be deducted from your pay and invested in your desired investment choices.

Contact either your Regional Client Manager or your payroll department to confirm eligibility and get started in the plan.

How much can I contribute?

Regular Contributions

You can contribute 100% of your pay up to a maximum of \$20,500 in 2022. Future years may be adjusted for inflation.

Age 50 Catch-Up Contributions

In the year you become age 50 and for all years thereafter, you can increase your contribution by a specified amount over and above the regular contribution limit. In 2022, the amount is an additional \$6,500 maximum.

Three Year Catch-Up Contributions

If you are three years or less from retirement, you may be able to further increase your contributions by the three year catch-up contribution amount. This can only be used if you have not contributed the maximum amount in previous years. However, you cannot use it in combination with the age 50 catch-up contribution. Please contact your ACCG Retirement Services Regional Client Manager to help you determine if you are eligible to make a three year catch-up contribution and the maximum amount you may contribute.

Employer Contributions

Some employers have the 457(b) account as the employee's primary retirement account and make contributions into the account. Both the employer and employee contributions added together must not be more than the IRS limits for the year.

Contribution Example:

Susan Jones is 49 on January 1, 2021. She plans to retire at a normal retirement age of 65. She wants to put as much as possible into her 457(b) account until she retires.

How much can she put in annually?

In 2022, she can put in the maximum regular contribution of \$20,500. Ms. Jones will reach age 50 during 2022; therefore she would be eligible to begin making the age 50 catch-up contribution in addition to the Regular Contribution for a total of \$ 27,000 in 2022. In 2023 and later, she can contribute at least \$27,000 annually and may be more in future years if the IRS increases the limits to keep up with inflation. Three years before retirement, at age 62, Ms. Jones can determine if she is eligible for the three year catch-up contribution. Assuming she has contributed the maximum since age 48, she will have to look at her contributions prior to age 48 to determine if she had previously contributed the maximum allowable amount and to calculate the previously unused contribution amount.

How and when do I become vested in my account?

“Vesting” refers to your “ownership” of the funds in your 457(b) account. From the moment money goes into your account, you are 100% vested in both the contributions and investment earnings. This applies even to contributions your employer puts into your 457(b) account.

Can I get money out when I am still working?

Yes, but only under very limited circumstances such as a severe unforeseen financial emergency. Your 457(b) account is designed for your use after retirement. IRS sets guidelines for determining if you qualify for an unforeseen emergency distribution.

After I terminate employment, when can I withdraw money from my account?

With a 457(b) Plan, unlike many other retirement plans, you have complete access to all of your money without an “early withdrawal” penalty. While ACCG Retirement Services would strongly encourage you to keep your money in some type of retirement plan, you can withdraw your funds at any time after termination, for any reason. Please remember that if you withdraw your money, you will be required to pay federal and state income taxes on it. Any money you withdraw will have a mandatory 20% deducted for federal income taxes but this may not be enough to pay your actual taxes. You have the option of:

- leaving your money in the ACCG Retirement Services 457(b) Plan to continue to grow;
- withdrawing all of your money in one lump sum;
- transferring or “rolling” your money to an IRA or other eligible retirement plan;
- receiving regular withdrawals for either a specified amount or a specified period of time.

For a complete description of your withdrawal payment options, please contact your ACCG Retirement Services Regional Client Manager.

If I die and I have money in my account, what will happen to it?

Upon your death your account balance will be paid to your beneficiary (or beneficiaries if you specified more than one). We would strongly encourage any beneficiary entitled to receive money to contact your ACCG Retirement Services Regional Client Manager for a complete description of his or her options.

How are my account funds protected?

Your contributions and investment earnings are held in a trust at the Charles Schwab Bank exclusively for the benefit of all plan participants. Your employer cannot gain access to your funds and no creditors can gain access to your funds. All transactions are permanently recorded in ACCG Retirement Services recordkeeping system and can be recalled at any time for review or discussion with you.

For a copy of the Plan document, please contact your employers Human Resources Department

*Your account balance is subject to market fluctuations.

Frequently Asked Questions

Who Can I Contact if I Have Questions

On your ACCG Retirement Services quarterly statement, your local Regional Client Manager is listed with their phone number. If you want to contact the main office in Atlanta with questions other than investment guidance, please call ACCG Retirement Services Client Services at 800.736.7166.

What costs or fees am I charged for my account?

Your annual administrative fee amount will be capped once your account balance reaches \$25,000; you will incur no additional administrative fees on an annual basis, regardless of how much your balance grows. You can potentially save on investment fees from your other retirement accounts by rolling over your balances into your ACCG Retirement Services 457(b) account. Each participant's plan expenses and fees are unique to them and it is based on the participant's aggregated account balance(s).

What investment options do I have?

ACCG Retirement Services has a line up of 19 tax-deferred investments. Your employer may choose to include Target Date, Target Risk, Core Index, and Single Asset Options. The funds are diversified to help you decide what savings method is best for you.

Who selects and tracks the performance of investment options?

As part of the turnkey plan administration solution offered by ACCG Retirement Services, the ACCG Defined Contribution Board of Trustees (the "DC Board") assumes the fiduciary responsibility for the fund lineup it recommends to plan sponsors. The DC Board maintains an Investment Policy Statement which details the qualitative and quantitative criteria it uses to monitor and recommend the fund lineup. The DC Board meets quarterly to review the investment lineup and, as needed, adds, removes or replaces available investment options.

How do I access my account?

Account information can be accessed online at ACCGRetirement.org. You will need to use the log in information on the Welcome Letter provided along with this Summary. You can log in once the first contribution has been made. Once you have accessed your account online you can:

- view investment performance and balances
- change or realign investment elections and fund balances
- view and download quarterly statements
- change your address, email address and password

How often can I change investment choices, and is there a charge each time I change?

You can change investment choices or realign fund balances as often as you like. ACCG Retirement Services will not impose a charge. Some funds, however, may charge a redemption fee, so please review the information provided on-line. ACCG Retirement Services would encourage you to establish an asset allocation strategy and maintain it for a period of time.

Will I receive a quarterly benefit statement?

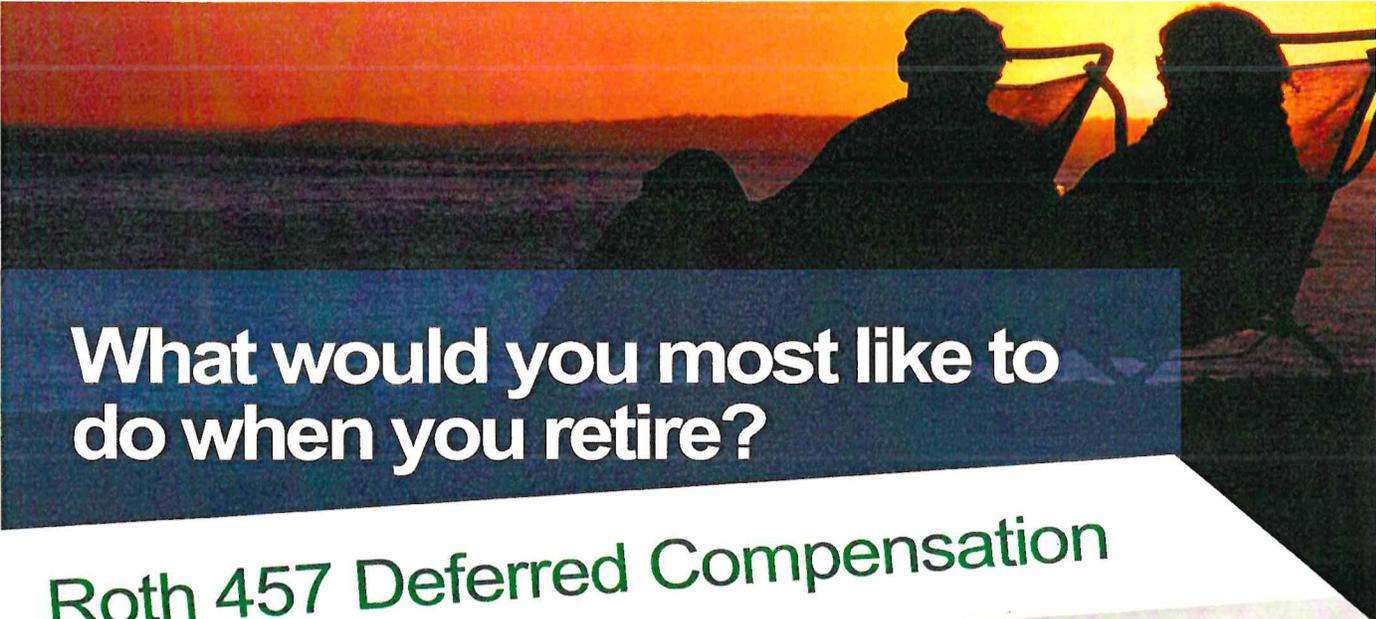
You will receive a comprehensive benefit statement as soon as possible after the close of each quarter. The statement shows your account balance, any contributions and earnings or losses credited to your account during the reporting period, and recent performance of each of the plan's investment options. A more detailed statement is available online. Notify ACCG Retirement Services when you change your address so you are sure to receive your statement.



ACCGRetirement.org
(770) 952-5225
(800) 736-7166

ACCG Retirement Services is the retirement services division of ACCG, Georgia's county association. More than 150 jurisdictions and local government employees in Georgia trust their retirement services needs to ACCG Retirement Services.

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What would you most like to do when you retire?

Roth 457 Deferred Compensation

Summary of Plan Provisions

What is a Roth Contribution Account under a 457 Deferred Compensation Plan?

A Roth Contribution Account under a 457 Deferred Compensation Plan holds after-tax contribution plus earnings in an account for you under the Plan. It allows you to make after-tax contributions to the 457 Plan and under certain circumstances, to receive the accumulated earnings tax-free.

Deciding if you should designate any of your 457 Plan contributions as Roth 457 contributions can be complicated since many factors are involved. One of the primary factors in making this decision may be the difference in your income tax rate today versus what will apply at your retirement. In most cases, your tax bracket is lower when retired than when you are working. If your tax rate will be lower at retirement, pre-tax deferrals may be advantageous because you would be saving taxes at a high rate and paying them back at a low rate. However, tax rates can and do change. Your personal financial situation may also change, resulting in higher income and tax rates at retirement.

Other important factors to consider are the anticipated rates of return for your accounts and the expected number of years of compounding until you will begin receiving distributions. The higher the rate of return and the longer you have until retirement, the more attractive a Roth 457 contribution could be. You could be paying a relatively small tax cost today to forgo paying taxes on a larger balance in the future. Conversely, if you are close to retirement, assuming low rates of return, in a high tax bracket and expect to be in a lower tax bracket at retirement, Roth 457 contributions may be less attractive. It is important that you consult with your tax advisor to determine the effect making Roth 457 contributions would have on your tax situation .

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Will I receive a quarterly benefit statement?

You will receive a comprehensive benefit statement as soon as possible after the close of each quarter. The statement shows your account balance, any contributions and earnings or losses credited to your account during the reporting period, and recent performance of each of the plan's investment options. A more detailed statement is available online. Notify ACCG Retirement Services when you change your address so you are sure to receive your statement.

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Program Funds and Returns

As of: June 30, 2022

401(a) & 457(b) Retirement Programs

Security Name	Ticker Symbol	Morningstar Category	Return YTD	Tot Ret 3 Mo	Tot Ret 12 Mo	Return 3 Yr*	Return 5 Yr*	Return 10 Yr*	Expense Ratio
Asset Allocation Funds									
American Funds 2010 Trgt Date Retire R4	RDATX	Target Date 2000-2010	-9.98	-6.96	-6.92	3.71	4.27	5.53	0.63
American Funds 2015 Trgt Date Retire R4	RDBTX	Target Date 2015	-11.32	-7.87	-8.01	3.86	4.51	6.07	0.64
American Funds 2020 Trgt Date Retire R4	RDCTX	Target Date 2020	-12.14	-8.48	-8.75	4.03	4.84	6.72	0.65
American Funds 2025 Trgt Date Retire R4	RDDTX	Target Date 2025	-13.89	-9.49	-10.32	4.68	5.53	7.79	0.66
American Funds 2030 Trgt Date Retire R4	RDETX	Target Date 2030	-15.83	-10.91	-11.94	5.09	6.15	8.56	0.68
American Funds 2035 Trgt Date Retire R4	RDFTX	Target Date 2035	-18.17	-12.66	-13.91	5.95	7.01	9.22	0.70
American Funds 2040 Trgt Date Retire R4	RDGTX	Target Date 2040	-19.84	-13.90	-15.51	6.11	7.23	9.43	0.71
American Funds 2045 Trgt Date Retire R4	RDHTX	Target Date 2045	-20.55	-14.40	-16.22	6.06	7.26	9.49	0.72
American Funds 2050 Trgt Date Retire R4	RDITX	Target Date 2050	-21.31	-14.84	-17.03	5.88	7.21	9.48	0.72
American Funds 2055 Trgt Date Retire R4	RDJTX	Target Date 2055	-21.85	-15.17	-17.70	5.61	7.04	9.38	0.73
American Funds 2060 Trgt Date Retire R4	RDKTX	Target Date 2060+	-22.07	-15.30	-17.94	5.51	6.98	NA	0.73
BlackRock 20/80 Target Allocation A	BACPX	Allocation - 15% to 30% Equity	-13.26	-8.26	-11.88	1.09	2.46	4.38	0.65
BlackRock 40/60 Target Allocation A	BAMPX	Allocation - 30% to 50% Equity	-14.17	-9.98	-11.96	3.55	4.42	6.24	0.65
BlackRock 60/40 Target Allocation A	BAGPX	Allocation - 50% to 70% Equity	-16.22	-11.93	-13.40	5.03	5.69	7.61	0.64
BlackRock 80/20 Target Allocation A	BAAPX	Allocation - 70% to 85% Equity	-17.43	-13.58	-14.14	6.63	6.99	8.92	0.67
Core/Index Funds									
Columbia Small Cap Index A	NMSAX	Small Blend	-19.17	-14.22	-17.26	6.80	6.71	10.74	0.45
Federated Mid-Cap Index Svc	FMDCX	Mid-Cap Blend	-19.86	-15.56	-14.88	6.41	6.52	10.41	0.57
Schwab International Index	SWISX	Foreign Large Blend	-19.15	-13.24	-17.41	1.30	2.33	5.41	0.06
Schwab® S&P 500 Index	SWPPX	Large Blend	-19.96	-16.11	-10.64	10.58	11.28	12.89	0.02
Vanguard Total Bond Market Index Adm	VBTLX	Intermediate-Term Bond	-10.42	-4.71	-10.40	-0.94	0.84	1.49	0.05
Reliance Trust Stable Value Fund	NA	Stable Value	0.84	0.48	1.52	1.66	1.87	1.75	1.27
Category Average Expense Ratio:									0.40
Total Average Expense Ratio:									0.60

* Annualized

Performance and ACCG Retirement Services Fee Disclosure

The performance data given represents past performance and should not be considered indicative of future results. Principal value and investment return will fluctuate, so that an investor's shares, when redeemed, may be worth more or less than the original investment. Performance and expense statistics for each fund change over time. The funds are not FDIC-insured, may lose value and are not guaranteed by a bank or other financial institution. Performance figures are based on the total return for each investment. Total return reflects all actual ongoing fund expenses and assumes reinvestment of dividends and capital gains. Each participant's plan expenses and fees are unique to them and it is based on the participant's aggregated account balance(s). A maximum of 0.4375% of asset value quarterly (1.75% of asset value annually), are not reflected and if included would reduce the performance accordingly. Individual participant expenses and fees could be lower than the maximum depending on the account balance(s) of the participant. Expenses and fees are based on the following tier system to determine the overall expenses and fees: 1.75% of first \$5,000, 1.50% of next \$5,000, .20% of next \$15,000, and 0.00% over \$25,000. There is also a \$20 annual participant fee and \$50 annual inactive participant fee assessed quarterly.

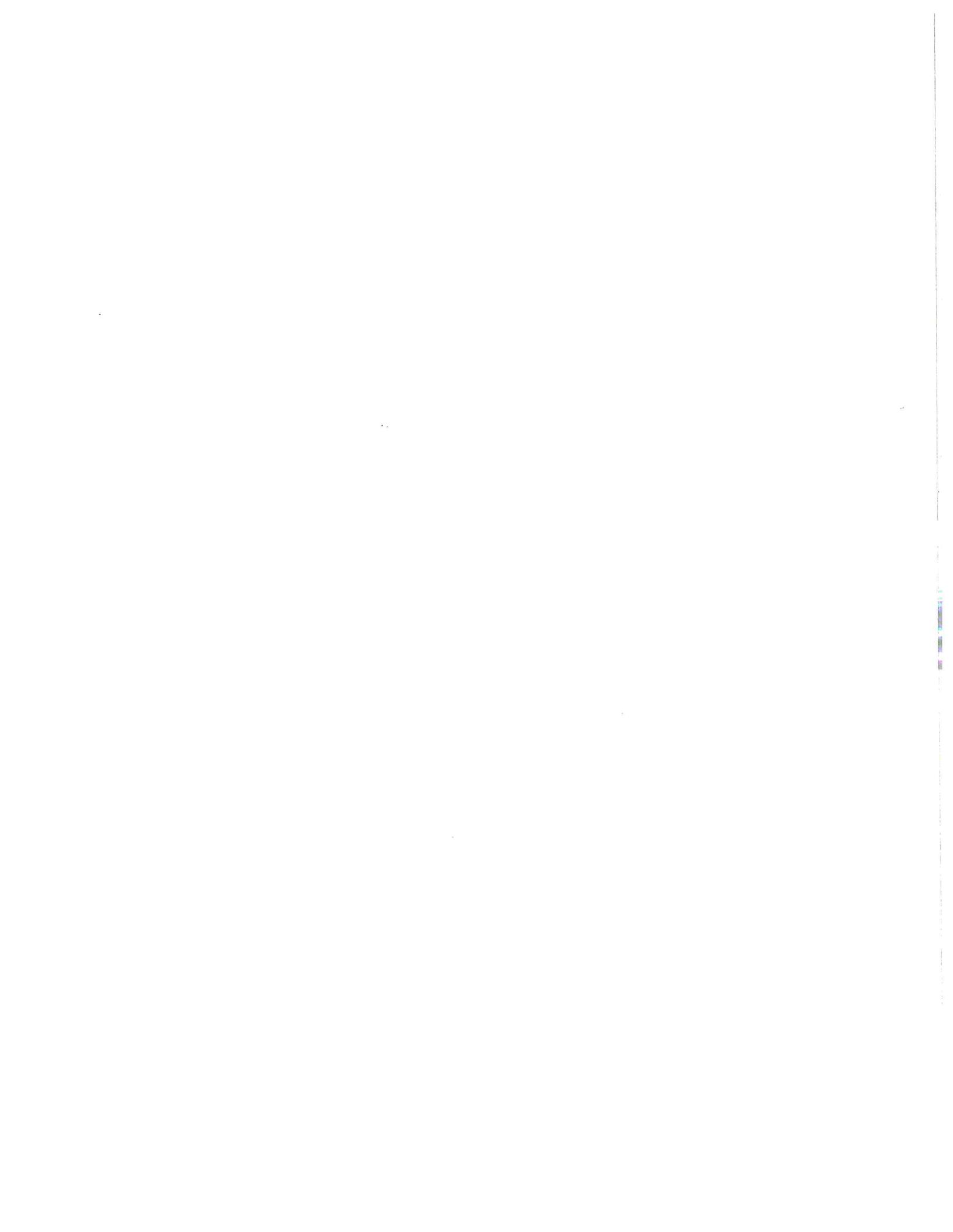
ACCG

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Roth 457 Plan Provisions

Frequently Asked Questions

How much can I contribute to my Roth 457 account?

Roth 457 contributions, combined with pre-tax 457 contributions, can be made up to 457 IRS Plan limits. Participants choose how to allocate their contributions in whole percentages between pre-tax 457 and Roth 457 contributions. For example, a participant could split a 15% total 457 contribution by putting 9% in pre-tax and designating 6% as Roth. Participants may change how they split their 457 contributions at any time, but once a 457 contribution is made, it cannot be re-classified.

2022 457(b) Plan Contribution Limits	
Regular Deferrals	\$20,500
Age 50 And Over (\$6,500)	\$27,000
Retirement Catch-Up	Up to \$41,000

Are Roth 457 contributions eligible for my 401(a) plan match?

Yes, Roth 457 contributions are eligible for determining the amount of the matching 401(a) Plan contributions based on the decision made by your employer.

How are Roth 457 contributions shown in my account?

Roth contributions are held in a separate subaccount within your ACCG Retirement Services retirement account, as required by law. Although separately recorded, they will be included in your Quarterly statements and in all the summaries and totals. There are no additional Plan fees related to the creation of the Roth subaccount.

How are my Roth 457 contributions invested?

You will have the ability to elect investments and realign balances for your Roth 457 subaccount that can be different than your pre-tax 457 subaccount. If, however, you do not make different investment elections for your Roth 457 subaccount, your investment elections currently being used for your pre-tax 457 contributions and balances will also apply to your Roth 457 contributions and balances.

Comparison of Roth contributions vs pre-tax contributions

Roth 457 contributions are deducted from your pay on an after-tax basis while regular pre-tax 457 contributions are deducted from your pay on a pre-tax basis. That is, your pre-tax 457 contributions are not considered taxable income for the purposes of federal and Georgia State income taxes for the year the contributions are made while Roth 457 contributions are subject to federal and Georgia State income taxes for the year the contributions were made.

Earnings from both the Roth 457 subaccount and the pre-tax 457 subaccount accumulate tax deferred, but when a Roth 457 distribution is **qualified**, it is not subject to federal or Georgia State income taxes while all pre-tax 457 distributions are subject to federal and Georgia State income taxes for the year in which the distribution is made. The availability of income tax-free distributions is what makes the Roth 457 feature attractive. The primary disadvantage of Roth 457 contributions is that they do not reduce current income taxes.

What is a *Qualified* distribution?

When a Roth 457 distribution is available, it must meet two requirements to be considered **qualified**. The first is that the distribution must be made after attainment of age 59½, death or disability. The second is that your first Roth 457 contribution must have been made to the Plan at least five years before the distribution. The qualifying period starts at the beginning of the year the first Roth 457 contribution is made and is met on the fifth anniversary of that date. For example, a participant made his or her first Roth 457 contribution on September 15, 2022. The first tax year would start on January 1, 2022. The five-year requirement would be met on January 1, 2027.

If the distribution is **not qualified**, the portion attributed to the **Roth 457 contributions** is not subject to applicable income taxes since it was already taxed when it was made. The **earnings** portion of the distribution would be taxable on a pro-rata basis. For example, if 25% of the Roth account value was due to **earnings**, 25% of any distribution would be considered taxable.

Rules regarding distributions

Roth 457 contributions and pre-tax 457 contributions are subject to the same Plan distribution rules requiring termination of employment. Required Minimum Distributions (RMDs) apply to both pre-tax and Roth subaccounts but the participant may choose to take the distributions from either or both sources. **Unforeseen Emergency withdrawals, however, are not allowed to be withdrawn from your Roth 457 subaccount.**

Comparison of Roth 457 contributions vs Roth IRA's

Advantages of Roth 457 Contributions

You can contribute much more to the 457 Plan than to a Roth IRA and your eligibility to contribute to your Roth 457 account is not limited by your income or your tax-filing status, as it may be with a Roth IRA. Roth distributions from the 457 Plan are not subject to the 10% early distribution penalty tax whereas distributions from Roth IRAs may be subject to the penalty tax. The 457 Plan also provides low-cost investment options and low administrative fees compared to many IRA products. Finally, contributing to the 457 Plan is convenient and easy through payroll deduction.

Disadvantages of Roth 457 Contributions

Roth IRAs do not restrict when you can take distributions whereas Roth balances in the 457 Plan are subject to the Plan's distribution rules. Nonqualified distributions from Roth IRAs are received from tax-free basis first. Non-qualified distributions from the 457 Plan are taxed on a less favorable pro-rata (or proportional) basis. Roth 457 balances are subject to lifetime RMD rules whereas Roth IRA balances are not. Roth IRA investment options can be very broad and are not limited to the Plan's investment options, but are usually available only through retail pricing.

Who is the beneficiary of my Roth account?

The beneficiary designation on file with ACCG Retirement Services or your employer also applies to the Roth 457 subaccount. Separate designations for the Roth 457 subaccount and the pre-tax subaccount are not allowed under the Plan. Distributions to beneficiaries retain the same income tax treatment as if the participant had received the distribution. The five-year holding requirement applies for a Roth 457 distribution to be considered qualified even in the case of death.

ACCG nor its ACCG Retirement Services representatives may offer tax or legal advice. You may want to consult with your own counsel before making any decisions about contributing to the new Roth 457 option.

Information provided by ACCG is for educational purposes only and is not intended as investment advice.