



BUTTS COUNTY
GEORGIA

Employee Benefits Guide

2025 — 2026





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Welcome!

At Butts County, our employees remain our most important asset. We understand that benefits matter and recognize that exceptional benefits start with choice. For this reason, we offer a competitive benefits package with comprehensive options so that you can choose what best suits you and your family's needs.

In this booklet, you will find important information about your benefits with the intent of this document being to provide a general overview of your benefits and serve as a valuable resource throughout the year.

We're grateful to have you here and appreciate you making Butts County your employer of choice.

Board of Commissioners



Mike Wilson
District 1 Commissioner



Jeremiah Hosford
District 2 Commissioner



Joe Brown
District 3 Commissioner



J. Keith Douglas
District 4 Commissioner



Russ Crumbley
District 5 Commissioner

Eligibility

Full-time Employees working a minimum of 30 hours per week and BOC Elected Officials are eligible for benefits on the first of the month, following or coinciding with 30 days of employment.

If you elect coverage, you may also enroll your Legally Married Spouse and Dependent Children up to age 26—Dependent Children include natural children, legally adopted children, stepchildren and children for whom you have been appointed guardianship.

All Employer Group Health Plans are required by law to collect and supply to the Centers for Medicare Services the Social Security Number of employees and dependents covered under the plan so please remember to have this available when enrolling.

Changes

Please make your enrollment decisions carefully as you cannot make changes outside of Open Enrollment or your New Hire Eligibility Window without a Qualified Life Event due to Section 125 of the IRS Code.

Examples of Qualified Life Events include but are not limited to: Marriage, Divorce, Birth or Adoption of a Child, Loss of Coverage, Gain of Coverage, etc.

Note: If you have a Qualified Life Event during the year, you must notify Human Resources within 30 days of the event or you will have to wait until Open Enrollment to process your change. Please contact Human Resources at 407.442.3165.

Enroll Online

Simply follow the instructions below to confirm your new benefit elections:



- Go to: buttscounty.zevobenefits.com
 - If this is your first time logging into this enrollment platform, click “Get Started Now” and follow the prompts to access your enrollment.
 - If you have logged into this system previously, click “Log In” at the top right of your screen, then enter your email and the password you created.

Questions? MSI Benefits Group is here to help!

Call MSI at 770.425.1231 or 1.800.580.1629, Monday through Friday, from 8:00am to 5:00pm.



Log In

Welcome to our benefits portal

If this is your first time, click the “Get Started Now” button below and we will walk you through the process.

If you have logged in previously, click the “Your Portal” button at the top right of your screen to begin.

If you forgot the email address you used or your password, click the “Log In” button in the top right corner of your screen. Then, click the “Forgot the email address you used?” or “Forgot your password?” link.

Get Started Now



Health Plan Summary

| In-Network Benefits — Meritain (Aetna Network) | |
|---|---|
| Deductible (Individual / Family) | \$3,500 / \$7,000 |
| Out-of-Pocket Maximum (Individual / Family) | \$8,000 / \$16,000 |
| Coinsurance (You Pay) | 20% |
| Preventive Care (Annual Physical, Wellness Visit, etc.) | Covered 100% |
| Primary Care Physician Office Visit | \$40 |
| Specialist Office Visit | \$80 |
| Teladoc Visit | Covered 100% |
| Urgent Care Visit | \$100 |
| Emergency Room | \$350 |
| Hospitalization (Inpatient and Outpatient) | 20% Coinsurance after Deductible, up to Out-of-Pocket Maximum |
| Prescription Drug Coverage | |
| Tier 1 — Generic Drugs Select Pharmacy | \$5 |
| Tier 1 — Generic Drugs Non-Select Pharmacy | \$20 |
| Tier 2 — Preferred Brand | \$45 |
| Tier 3 — Non-Preferred Brand | \$80 |
| Mail Order Rx Drugs (90-Day Supply) | 3x the associated retail copay |

Out-of-Network benefits available at higher deductibles, copays and coinsurance—See Summary Plan Document for further information.

Cost Per Pay Check (2x per month)

Meritain Health[®]
an **aetna** company

| Tier of Coverage | Employee Cost |
|--------------------------|---------------|
| Employee Only | \$16.50 |
| Employee + One Dependent | \$145.53 |
| Employee + Family | \$248.63 |

Meritain—Aetna POS II Network

Butts County is pleased to partner with Meritain to administer your Health Plan, utilizing the Aetna POS II Network.

As the Administrator, Meritain works closely with the Pharmacy Benefits Manager and oversees the following:

- Processing of Medical/Rx Enrollment
- Medical Claims Processing
- Issuing of Medical/Rx Member ID Cards

Once you receive your Member ID Card, we encourage you to register on the Meritain Member Portal at account.meritain.com—Here you can view your Member ID Cards, check claims status and more!

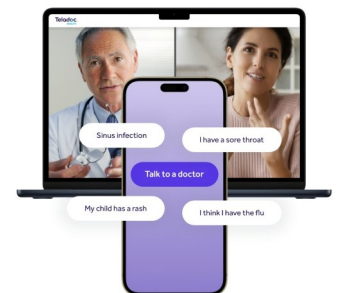
Find an In-Network Medical Provider

- 1) Visit www.aetna.com/docfind/custom/mymeritain
- 2) Key in the type of provider or provider name, specialty, procedure or condition under **Who or what are you looking for?** and the desired geographical area under **Where?**. Click **Search**.
- 3) Choose **Aetna Choice® POS II (Open Access)** under **Select a Plan**.

When you need affordable care, you've got Teladoc!

Stretch your healthcare dollars by connecting with Teladoc for non-emergency illnesses.

With Teladoc, you can speak with a U.S. board certified doctor 24/7 by phone or video.



Receive Affordable Care for:

- Sinus infection
- Flu
- Cough
- Sore throat
- Rash
- Pink eye
- Allergy
- Upset stomach
- Nausea and more

Set up your Teladoc account in 4 easy steps:

Download the app to talk to a doctor anytime, anywhere!

- 1) Download the app
- 2) Set up your account
- 3) Enter basic contact information
- 4) Create your account



Teladoc.com



1-800-DOC-CONSULT (362-2667)

VeracityRx — Who We Are

While ProCare Rx is the Pharmacy Benefits Manager that is responsible for processing your Pharmacy Claims, **VeracityRx serves as the Pharmacy Program Manager**, handling ALL service functions related to your Pharmacy benefits, including Specialty and International Pharmacy medications fulfillment.

As you probably know, prescription drug costs are unpredictable and increasing year-after-year. With this in mind, we are excited to partner with VeracityRx to bring you the best Prescription Coverage available at an affordable cost.

Frequently Asked Questions

Where can I fill my prescription?

You can visit any pharmacy, but you will pay a higher Copay at Non-Select Pharmacies:

Non-Select Pharmacies: CVS, Rite-Aid, Target and Walgreens.

Select Pharmacies: All Pharmacies excluding Non-Select Pharmacies (locally owned, Walmart, Publix, etc.)

Note: Specialty Meds will be covered only in cooperation with the VeracityRx Specialty Programs below.

Can I get a 90-day supply?

Yes, you can obtain a 90-day supply of your maintenance medication at any Select Pharmacy (90-day supply is not covered if filled at a Non-select Pharmacy).

Specialty—Covered Only through VeracityRx Programs

VeracityRx is here to save you money! They will work with Foundations via their **Manufacturer Assistance Program** or their Canadian partner pharmacy through their **Personal Importation Program**.

Take Action to Secure Your Med at Little to No Cost to You!

- **Complete your Enrollment Form** at www.veracity-rx.com.
- **A VeracityRx Team Member will contact you** to discuss their Programs.
- As part of the approval process, **personal information (i.e. tax returns) is required by the Foundations for approval for the Manufacturer Assistance Program.**
- **Processing and shipping of your Specialty meds from Canada through the Personal Importation Program can take up to 30 days** (you will continue to be able to fill your medications while you wait).

Common Specialty Meds:

| | |
|----------|-----------|
| Cosentyx | Jardiance |
| Dupixent | Otezla |
| Enbrel | Ozempic |
| Eliquis | Stelara |
| Entresto | Skyrizi |
| Humira | Trulicity |

Contact Information

From finding a Select Pharmacy or discussing the status of a Prior Authorization,
VeracityRx's team is ready to help!

Call to speak with a Representative: **888.388.8228**

OR

Access the Member Portal at: www.veracity.procarerx.com/account/login



Flexible Spending Accounts (FSA)

Butts County offers two FSA options administered through Interactive Medical Systems (IMS).

The FSA plan year is from January 1 to December 31 with Open Enrollment in the Fall.

The amount set aside is not taxed and is automatically deducted from your paycheck and deposited into your FSA(s). To participate, you must re-elect the dollar amount to be deducted each plan year.

Health Care FSA

This account allows you to set aside money on a pre-tax basis for eligible medical, dental and vision expenses that generate out-of-pocket costs.

IRS Max Contribution: \$3,300

Examples of common expenses that qualify for reimbursement are listed below.

Note: Your Full Health Care FSA Contribution amount is available for use on the first day coverage is effective.

Dependent Care FSA

This account allows you to set aside money on a pre-tax basis for day care centers, preschool, and after school care for eligible children and dependent adults.

Max Contribution if single married filing jointly: \$5K

Max Contribution if married filing separately: \$2,500

To qualify, Dependents must be:

- Under the age of 13, or
- Physically or mentally incapable of self-care and spend at least eight hours/day in your household

Note: Reimbursement is available only for the amount that has been deducted from your paycheck.

Important Rules for your Health Care FSA— estimate your expenses carefully

You will be allowed to carry over up to \$660 of your account balance (unused funds) into the next year. The IRS requires that any unused portion of your account balance above \$660 be forfeited.

If you are enrolled in an FSA and would like to continue that election, you must re-enroll every year. Be sure to retain documentation from the provider should substantiation of your claim be required.

Examples of Eligible Health Care FSA Expenses

| | |
|------------------------------------|-------------------------|
| Ambulance | Hearing Aids / Exams |
| Chiropractic Care | Injections and Vaccines |
| Dental / Orthodontia | LASIK Surgery |
| Diagnostic Tests / Screenings | Mental Health Care |
| Doctor and Office Visit Fees | Nursing Services |
| Drug / Alcohol Addiction Treatment | Optometry Fees |
| Experimental Medical Treatment | Prescription Drugs |
| Eyeglasses / Contacts | Wheelchairs |

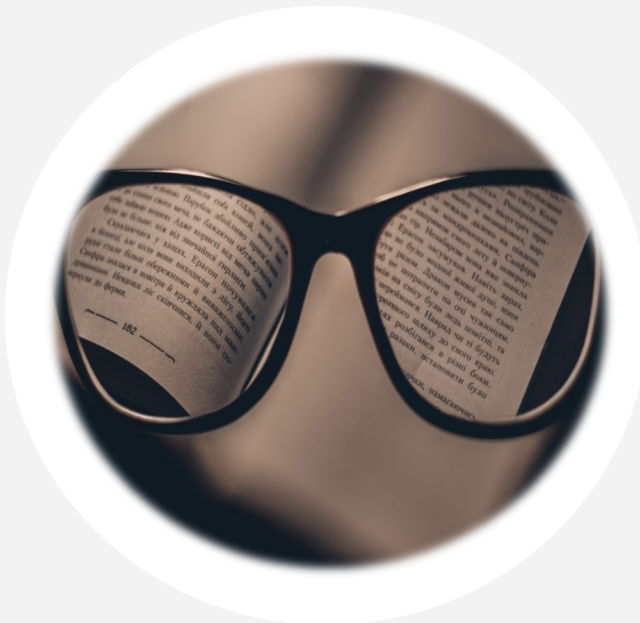


Dental Benefits

| In-Network — PDP Plus PPO Network | Low Plan | High Plan |
|--|--------------|--------------|
| Deductible | | |
| Individual / Family | \$50 / \$150 | \$50 / \$150 |
| Annual Benefit Maximums | | |
| Per Covered Member | \$750 | \$1,000 |
| Coverage | | |
| Preventive Coverage (Cleanings, X-rays, etc.) | Covered 100% | Covered 100% |
| Basic Restorative Coverage (Fillings, Extractions, etc.) | Covered 60% | Covered 80% |
| Major Restorative Coverage (Crowns, Dentures, etc.) | Not Covered | Covered 50% |
| Orthodontia (Child up to age 19) | | |
| Benefit | Not Covered | Covered 50% |
| Lifetime Maximum (per Person) | Not Covered | \$1,000 |
| Cost Per Pay Check (2x per Month) | | |
| Employee Only | \$8.37 | \$15.25 |
| Employee + One Dependent | \$14.18 | \$29.74 |
| Family | \$29.44 | \$53.58 |



NOTE: Be sure to get your two FREE Dental Cleanings!



NOTE: You don't need an ID card!

Tell your Vision provider that you have MetLife's VSP Choice Network and they'll find you in their system.



Vision Benefits

| In-Network Benefits —VSP Choice Network | |
|--|------------------------|
| Frequencies | 12 / 12 / 24 |
| Routine Eye Exam | \$10 Copay |
| Lenses | \$20 Copay |
| Contact Lenses | |
| Elective | \$130 Allowance |
| Medically Necessary | Covered 100% |
| Frames | \$130 Allowance |
| Cost Per Pay Check (2x per Month) | |
| Employee Only | \$3.17 |
| Employee + Spouse | \$6.18 |
| Employee + Child(ren) | \$5.38 |
| Family | \$8.87 |

Basic Life and AD&D

Butts County pays 100% of the cost of this benefit for all benefits eligible employees.

Basic Life and AD&D provides financial support to your designated beneficiaries in the event of an untimely passing of a covered participant.

| Benefit Amount | |
|---------------------------|---|
| Employee | 1x your Annual Salary, up to \$50,000 |
| Spouse | \$5,000 |
| Child(ren) (up to age 26) | \$2,500 |
| Reductions | Your benefits will be reduced by 35% at age 65. |

Voluntary Life and AD&D

You can purchase additional life insurance protection on top of the Basic Life and AD&D provided by the County.

| Benefit Amount | |
|---------------------------|--|
| Employee | \$10,000 increments to \$500,000, not to exceed 5x your Annual Salary |
| Spouse | \$5,000 increments to \$250,000, not to exceed 100% of Employee amount |
| Child(ren) (up to age 26) | \$5,000 increments to \$10,000 (Employee coverage required) |
| Reductions | Your benefits will be reduced by 35% at age 65. |

Guaranteed Issue Amount (no medical questions required—for New Hires Only)

| | |
|---------------------------|-----------|
| Employee | \$150,000 |
| Spouse | \$75,000 |
| Child(ren) (up to age 26) | \$10,000 |

Note: Spouse rates are based on spouse's age.



Important!

There are options to continue your Life and AD&D plans if you terminate employment—see HR if you're interested in more information about the portability and conversion policy.

Voluntary Short-term Disability

Butts County offers Voluntary Short-term Disability Insurance to all eligible full-time employees. This benefit is designed to pay you an income if you cannot work as the result of an illness or accident that occurs off the job.



| | |
|---------------------------------|--|
| Elimination Period | 14 days for accident, 14 days for sickness |
| Maximum Benefit Duration | 13 weeks |
| Benefit | 66.67% of your weekly earnings, up to a maximum of \$1,000 per week |
| Pre-existing Condition | Benefits will not be paid for any condition diagnosed within the three months before your coverage effective date for the first twelve months of coverage. |

Note: No medical questions required—for New Hires Only

Example of an STD Claim: your annual salary is \$50,000 (\$962 weekly)

- New York Life will send you a weekly benefit check in the amount of \$641 (66.67% of \$962) until your doctor releases you back to work or until you reach the 13 weeks maximum duration.

Voluntary Long-term Disability

Butts County provides you the opportunity to purchase Long-term Disability for partial income protection if you must remain out of work due to an extended illness or injury.

| | |
|---------------------------------|--|
| Elimination Period | 90 days |
| Maximum Benefit Duration | Social Security Normal Retirement Age |
| Benefit | 60% of your monthly earnings, maximum of \$6,000 per month |
| Pre-existing Condition | Benefits will not be paid for any condition diagnosed within the three months before your coverage effective date for the first twelve months of coverage. |

Note: No medical questions required—for New Hires Only



Example of an LTD Claim: your annual salary is \$50,000 (\$4,166 monthly)

- New York Life will send you a monthly benefit check in the amount of \$2,500 (60% of \$4,166) until your doctor releases you back to work or until you reach Social Security Normal Retirement Age.

Employee Assistance Program (EAP)

Need support for personal and/or work-related problems? Your EAP through New York Life's ComPsych EAP Service is here to help!

ComPsych EAP is provided at no cost to you and is entirely confidential. You, your spouse, your dependent children and anyone else that lives in your household (even if they are not a blood relative) can speak licensed counselors 24/7 via phone, online, mobile app or in person for a range of concerns (**3 in-person sessions per issue**) that can affect both your mental and emotional health, including:

| | |
|---|--|
| Depression, Grief, Loss and Emotional Well-being | Stress or Anxiety With Work or Family |
| Family, Marital and Other Relationship Issues | Identity Theft and Fraud Resolution |
| Life Improvement and Goal Setting | Financial and Legal Concerns |
| Addictions, such as: Alcohol and Drug Abuse | Work-Life Balance |

Contact Info:

Phone: 800.344.9752

Website: guidanceresources.com

Web ID: NYLGBS



Accident



MetLife's Accident Insurance will pay you to help off-set unexpected costs incurred as the result of a covered accident.

Plan Features:

- **\$50 Health Screening benefit per member per year**
- 24-hour coverage
- Guaranteed Coverage with no Medical Questions
- No Limit on the number of claims
- Supplements and Pays regardless of other coverage
- Benefits available for Spouse/Dependent Children

Cash Benefits Paid for:

- Fractures
- Dislocations
- Burns
- Concussion
- Ambulance rides
- Emergency care

Critical Illness (CI)



MetLife's CI pays lump-sum benefits when you or a covered dependent are diagnosed with a covered condition.

Plan Features:

- **\$50 Health Screening benefit per member per year**
- Re-occurring Benefit payment if re-diagnosed 12 months or more after initial diagnosis
- Children Automatically Covered at 50% benefit

Examples of Conditions:

- Heart Attack and Stroke
- Coronary Artery Bypass Surgery
- End Stage Kidney Failure
- Cancer*

Benefit Options Available:

| | |
|-------------------|-------------------------|
| Employee | \$10,000 or \$20,000 |
| Spouse | 100% of Employee amount |
| Child(ren) | 50% of Employee amount |

* You can elect a plan that includes Cancer coverage or a plan that does not include Cancer coverage for a lower rate.

Permanent Life with Long-term Care



Permanent Life with Long-Term Care through CHUBB lasts a lifetime and contains a death benefit that can be taken early and doubled or even tripled to supplement the cost of Long-term Care. Your cost of coverage will never increase and your benefit will never decrease. You can also receive benefit payments after just ten years covered.

Benefit Options Available:

| | |
|-------------------|---|
| Employee | \$50,000 (additional coverage available with Health Questions required) |
| Spouse | \$25,000 (additional coverage available with Health Questions required) |
| Child(ren) | \$25,000 |

Additional Benefits:

- Accelerated Death Benefit
- Long-term Care with Restoration up to 50% of death benefit
- Long-term care with Extension of benefit up to 75 months

Continuation of Coverage Rights Under COBRA

Introduction

You are receiving this notice because you have recently become eligible for the Butts County health plan. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage.

For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child"

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice **in writing** to: **Butts County, Human Resources Department, 625 West Third St., Jackson, GA 30233.**

Continuation of Coverage Rights Under COBRA

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website).

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

Information about the plan and COBRA continuation coverage can be obtained on request from:

**Butts County
Human Resources Department
625 West Third St.
Jackson, GA 30233**

CONTACTS

Butts County

HR Director

Sharon Robinson

Tel: 470.442.3165

srobinson@buttscounty.com

Medical

Meritain

Tel: 888.324.5789

meritain.com

Virtual Care

Teladoc

Tel: 800.362.2667

teladoc.com

Prescription Drugs

VeracityRx

Tel: 888.388.8228

veracity-rx.com

FSA

Interactive Medical Systems

Tel: 800.426.8739

ims-tpa.com

Dental / Vision

MetLife

Dental Tel: 800.942.0854

Vision Tel: 800.438.6388

metlife.com

Life and AD&D / Disability

New York Life

Tel: 888.842.4462

guidanceresources.com

Web ID: NYLGBS

EAP

New York Life / ComPsych

Tel: 800.344.9752

mynylgbs.com

Accident / Critical Illness

MetLife

Tel: 800.638.5433

metlife.com

Permanent Life

Chubb

Tel: 855.241.9891

chubb.com

To view copies of all certificates of coverage and Plan documents go to: www.msibg.com
then click on 'Client Portal' at the top right of the page and enter the login below:

Username: ButtsCoEE

Password: Benefits123



Presented to you by MSI Benefits Group

MSI Benefits Group
245 TownPark Drive, Suite 100
Kennesaw, GA 30144
Tel: 770-425-1231 / 800-580-1629
Fax: 770-425-4722 / 800-580-2675
www.msibg.com