

Eligibility

As a regular, full-time employee of a participating MAG school, you are eligible to take part in the benefit programs offered in this guide. You may also elect coverage for your dependents including:

- Your legal spouse
- Your children who are:
 - Less than age 26
 - 26 years or older who are incapable of self-sustaining employment by reason of mental or physical handicap and is supported primarily by you. Proof of their condition must be submitted.

Each year during open enrollment you have the opportunity to enroll in or make changes to your benefit elections. If you do not submit an enrollment or change form indicating your changes, your current benefit elections will remain in effect from year to year unless you experience a qualifying event. Please see Section 125 & Benefit Election Changes for more details.

Special Point of Interest

This guide highlights your benefits. It is not a summary plan description (SPD). Official plan and insurance documents actually govern your rights and benefits including covered expenses, exclusions, and limitations. Please refer to the individual SPDs which are available on the MAG Benefits website. If any discrepancy exists between this guide and the official documents, the official documents will prevail.

Section 125 – Benefit Election Changes

Under Section 125 of the Internal Revenue Service (IRS) code, you are allowed to pay for certain group insurance premiums with tax-free dollars. This means your premium deductions are taken before federal income and Social Security taxes are calculated, saving you up to 23% or more, depending on your tax bracket.

You must make your benefit elections carefully including the choice to waive coverage. Your pretax elections will remain in effect until the next annual open enrollment period unless you experience an IRS-approved qualifying change in status.

Qualifying change in status events include, but are not limited to:

- Marriage or divorce
- Death of spouse or other dependent
- Birth, adoption or legal guardianship of a child
- Loss of or access to other group medical coverage
- You become Medicare entitled
- You or your spouse experience a change in work hours that affects benefit eligibility
- Relocation into or outside of your plan's service area

The IRS requires that any changes in your elections be consistent with your qualifying status change. If you have a qualified status change, you must notify Human Resources and submit the appropriate documentation within 30 days of the change. If you do not do so within 30 days, you must wait until the next open enrollment period to make changes to your benefit elections. You will be asked to provide proof of the qualifying status change.

Benefit Administrator	Traci Gagnon	678-474-9967 – office 770-912-1993 – cell	http://montessori-mag.org/Benefits - website magbenefits@gmail.com - email
Medical	Aetna	888-802-3862	www.aetna.com
Dental	Aetna	888-802-3862	www.aetna.com
Vision	EyeMed	866-939-3633	www.eyemedvisioncare.com
North Western Benefit Corporation of Georgia	Carolyn Vann Benefit Service Specialist	404-846-3587	Carolyn.vann@nm.com



Medical Benefits at a Glance

Aetna

MAG offers you the choice of 4 plans through Aetna. The chart below is a brief list of various plans and their major features. As a plan member you have access to many consumer education tools and value-added programs designed to help manage the medical care for you and your covered dependents 24 hours a day, 7 days a week. You can log on to the Aetna website at www.aetna.com and take a virtual tour of the site or set up your profile so you may view and manage your medical claims.

Each plan provides in and out-of-network benefits In-network care pays a higher percentage of charges. Out-of-network providers and facilities may bill you for amounts exceeding the plan's payment schedule for which you will have to pay. You may also need to file claims for reimbursement for out-of-network services. Please visit www.aetna.com to locate the most up-to-date provider directory.

This chart is a summary of your benefits. If there is a discrepancy between the chart and official plan documents, the plan documents will prevail

	GA OAMC 1500 100/70		GA OAMC 1500 80/60	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible • Individual • Family	\$1,500 \$3,000	\$3,000 \$6,000	\$1,500 \$3,000	\$3,000 \$6,000
Coinsurance	0%	30%	20%	40%
Out-of-Pocket Maximum* • Individual • Family	\$3,500 \$7,000	\$10,000 \$20,000	\$4,000 \$8,000	\$12,000 \$24,000
Office Visit • Primary Care Physician • Specialist • Preventive Services	\$ 25 Copay \$50 Copay No Charge	30% after deductible 30% after deductible 30% after deductible	\$25 Copay \$50 Copay No Charge	40% after deductible 40% after deductible 30% after deductible
Inpatient Hospital Services	Deductible	30% after deductible	20% after deductible	40% after deductible
Outpatient Surgery	Deductible	30% after deductible	20% after deductible	40% after deductible
Urgent Care	\$75copay	30% after deductible	\$75 copay	40% after deductible
Emergency Room (waived if admitted)	\$300 copay	\$300 copay	\$200copay	\$200copay
Prescription Drugs Retail (30 day supply) • Preferred Generic Drug • Preferred Brand Drug	\$10 copay \$50 Copay	\$10 copay \$50 Copay	\$10 copay \$50 Copay	\$10 copay \$50 Copay
• Non-Preferred generic, brand and specialty drug	40% coinsurance to \$600 maximum copay	40% coinsurance to \$600 maximum copay	40% coinsurance to \$600 maximum copay	40% coinsurance to \$600 maximum copay
• Preferred specialty drug	30% coinsurance to \$300 maximum copay	30% coinsurance to \$300 maximum copay	30% coinsurance to \$300 maximum copay	30% coinsurance to \$300 maximum copay
Mail Order (90day supply) • Preferred Generic Drug • Preferred Brand Drug	\$25 copay \$125 Copay	Not covered	\$25 copay \$125 Copay	Not covered
• Non-Preferred generic, brand and specialty drug	40% coinsurance to \$1,500 maximum copay		40% coinsurance to \$1,500 maximum copay	
• Preferred specialty drug	30% coinsurance to \$750 maximum copay		30% coinsurance to \$750 maximum copay	
Monthly Premium				
Employee	\$492.00		\$469.00	
Employee & Spouse	\$1,095.00		\$1,044.00	
Employee & Child(ren)	\$921.00		\$878.00	
Family	\$1,438.00		\$1,371.00	



Medical Benefits at a Glance (cont.)

Aetna

	GA OAMC 3000 100/70		GA OAMC 6350 100/70	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible				
• Individual	\$3,000	\$6,000	\$6,350	\$12,000
• Family	\$6,000	\$12,000	\$12,700	\$24,000
Coinsurance	0%	30%	0%	30%
Out-of-Pocket Maximum*				
• Individual	\$5,000	\$15,000	\$6,350	\$20,000
• Family	\$10,000	\$30,000	\$12,700	\$40,000
Office Visit				
• Primary Care Physician	\$30 Copay	30% after deductible	\$25 Copay	30% after deductible
• Specialist	\$60 Copay	30% after deductible	\$75 Copay	30% after deductible
• Preventive Services	No Charge	30% after deductible	No Charge	30% after deductible
Inpatient Hospital Services	Deductible	30% after deductible	Deductible	30% after deductible
Outpatient Surgery	Deductible	30% after deductible	Deductible	30% after deductible
Urgent Care	\$75 copay	30% after deductible	Deductible	30% after deductible
Emergency Room (waived if admitted)	\$300 copay	\$300 copay	Deductible	30% after deductible
Prescription Drugs				
Retail (30 day supply)				
• Preferred Generic Drug	\$20 copay	\$20 copay	Deductible	Deductible
• Preferred Brand Drug	\$75 Copay	\$75 Copay	Deductible	Deductible
• Non-Preferred generic, brand and specialty drug	40% coinsurance to \$600 maximum copay	40% coinsurance to \$600 maximum copay	Deductible then 0% coinsurance to a \$600 maximum copay	Deductible then 0% coinsurance to a \$600 maximum copay
• Preferred specialty drug	30% coinsurance to \$300 maximum copay	30% coinsurance to \$300 maximum copay	Deductible then 0% coinsurance to a \$300 maximum copay	Deductible then 0% coinsurance to a \$300 maximum copay
Mail Order (90day supply)				
• Preferred Generic Drug	\$50 copay	Not covered	Deductible	Not covered
• Preferred Brand Drug	\$187.50 Copay		Deductible	
• Non-Preferred generic, brand and specialty drug	40% coinsurance to \$1,500 maximum copay		Deductible then 0% coinsurance to a \$600 maximum copay	
• Preferred specialty drug	30% coinsurance to \$750 maximum copay		Deductible then 0% coinsurance to a \$300 maximum copay	
Monthly Premium				
Employee	\$408.00		\$310.00	
Employee & Spouse	\$908.00		\$690.00	
Employee & Child(ren)	\$764.00		\$581.00	
Family	\$1,192.00		\$907.00	

*Copays apply towards the Annual Out-of-Pocket Maximum

Special Note: Applicable cost share plus difference applies for brand when generic available. No charge for preferred generic FDA-approved women's contraceptives in-network.

Pre-certification and step therapy required with 90 day Transition of Care



Dental Benefit At A Glance

MAG offers a dental plan through Aetna. Participants have a choice between the Basic Plan and the Enhanced Plan. You may use any provider you choose. If you receive treatment from a dental network provider, they cannot balance bill you any charge above usual, reasonable & customary allowance. Benefits are payable as follows:

- Participants should submit information to Aetna for expenses over \$350 to receive pre-determination of benefits prior to having treatment.
- Employees must enroll for dental coverage when they are first eligible to avoid being considered a late entrant. There is a reduction in benefit paid the first 12 months of the policy for late entrants.
- The PPO MAX plan has a Waiting Period. You must be an enrolled member of the PPO MAX plan for 12 months before becoming eligible for coverage of any Type C Major Services. The waiting period does not apply to the DMO.

During the year you are free to switch between plans each month. Simply contact member services by the 15th of the month to make your change effective by the first day of the following month. You and your family must be enrolled in the same plan.

	DMO	PPO Max
Deductible		
• Individual	None	\$75
• Family	None	\$225
Annual benefit Maximum	None	\$1,000
Services		
• Type A Preventive	See Schedule	100%
• Type B Basic	See Schedule	80%
• Type C Major	See Schedule	50%
Office Visit Copay	\$10 copay	None
Orthodontia (Child only)		
• Copay	\$2,400	Not covered
• Lifetime Max	None	Not covered
Network Coverage		
Out-of-Network	Not covered	Negotiated Fee Schedule
Monthly Premium		
Employee		\$29.10
Employee & Spouse		\$57.60
Employee & Child(ren)		\$68.00
Family		\$96.10

Vision Benefit At A Glance

MAG provides a vision plan through EyeMed Vision Care. Benefits are available both for in-network and non-network providers. Please refer to your benefit summary for a more comprehensive listing of in and out-of-network benefits.

	In-Network	Out-of-Network reimbursement
Vision Exam	\$10 copay	Up to \$35
Frames (in lieu of contact lenses)	\$120 allowance, 20% off balance over \$120	Up to \$48
Lenses		
• Single Vision	\$25 Copay	Up to \$25
• Bifocal	\$25 Copay	Up to \$40
• Trifocal	\$25 Copay	Up to \$60
Contact Lenses (in lieu with frames)	\$135 allowance	Up to \$95
Fit and Follow Up		
• Standard	Up to \$40	Not covered
• Premium	10% off retail	Not covered
Frequency		
• Exam		Once every 12 months
• Frames		Once every 24 months
• Lenses		Once every 12 months
Monthly Premium		
Employee		\$5.44
Employee & Spouse		\$10.32
Employee & Child(ren)		\$10.84
Family		\$15.96

Group Paid Basic Life

Individuals who participate in MAG group medical insurance are eligible for basic life insurance through Sun Life of Canada. This is offered at no cost to the participant and is paid for by the employer. Please see your Benefits Administrator for more details.

