MISSISSIPPI PUBLIC RETIREES DENTAL AND VISION OPTION

OFFERED BY: SOUTHERN ADMINISTRATORS AND BENEFIT CONSULTANTS, INC.

SOUTHERN ADMINISTRATORS AND BENEFITS CONSULTANTS, INC.
PO BOX 2449*MADISON, MS 39130
601-856-9933 WWW.SABCFLEX.COM

SABC
PO BOX 2449
MADISON, MS 39130
601-856-9933
WWW.SABCFLEX.COM

DELTA DENTAL
800-521-2651
WWW.DELTADENTALINS.COM

DAVIS VISION
800-999-5431
WWW.DAVISVISION.COM

MORGAN WHITE GROUP
PO BOX 14067
JACKSON, MS 39236
888-859-3795

Southern Administrators and Benefit Consultants Inc. (SABC) is offering a dental and vision plan for retired public employees, which gives each retiree and their dependents an affordable choice. These plans offer:

- No limits on how long you can keep the coverage
- Two dental options to choose from

A. **In network coverage only**
This option provides great benefits at a lower cost. You can choose from any of Delta Dental's large list of network providers, and eliminate balance billing

B. **Dual choice plan (In and out of network coverage)**
This option allows both in and out of network coverage, so you can go to the dentist of your choice. *Keep in mind if you do not go to a network dentist, you may be billed for services that exceed usual and customary charges.*

- Great vision plan with Davis Vision's large network of providers

- You can enroll your spouse and/or dependent children (under the age of 26).

Your premiums will be auto-drafted from your checking or savings account each month. The Morgan White Group will administer the billing and auto-draft.

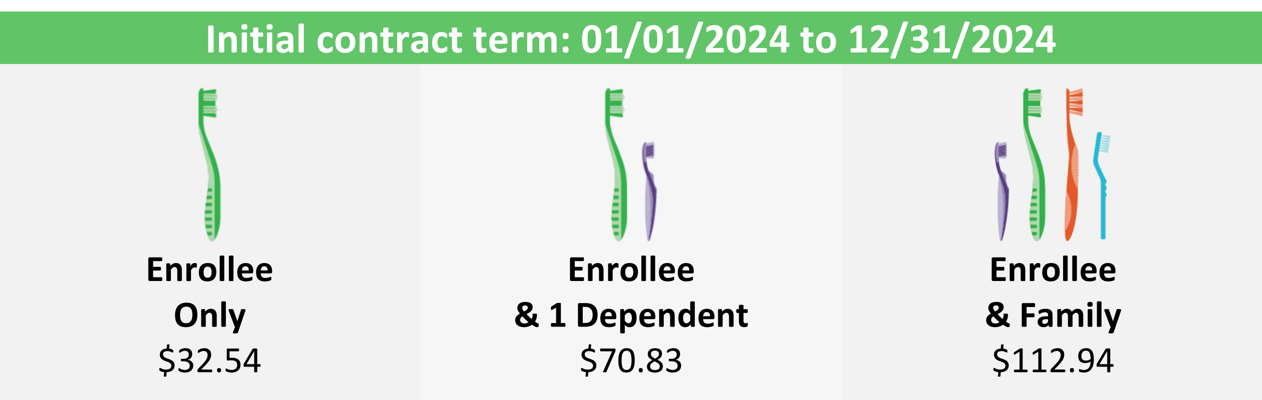
Therefore, you will have to complete the bank draft authorization to sign up for coverage. You may sign up by completing the included application or by going online to www.sabcflex.com/retirees. If you have any questions, please feel free to contact us at 601-856-9933.

Important: Your first payment will be deducted immediately from your account. Future deductions will occur around the 20th of the month, for next month's coverage.

Group: Mississippi Public Retiree Dental Option

Plan: IN NETWORK COVERAGE ONLY

Full Contract term: 01/01/2024 to 12/31/2024



Initial contract term: 01/01/2024 to 12/31/2024		
Enrollee Only	**Enrollee & 1 Dependent**	**Enrollee & Family**
$32.54	$70.83	$112.94

The above rates are not valid unless accompanied by the provisions in the attached pages.

TO LOCATE A NETWORK DENTIST NEAR YOU, GO TO: DELTADENTALINS.COM AND SELECT *FIND A DENTIST OR CLICK HERE:* ***FIND A DENTIST***

Coinsurances	PPO Network	Premier Network	Non-Delta Dental
Diagnostic and preventive services[1, 2] Exams, X-Rays, Prophylaxis, Fluoride, Space Maintainers, Consultation	100%	100%	100%
Basic services Minor Restorative, Stainless Steel Crowns, Denture Repair/Reline/Rebase, Palliative Treatment	80%	80%	80%
Major services Endodontics, Periodontics Surgical, Periodontics Non-Surgical, Periodontal Maintenance, Extractions, Surgical Extractions, Other Oral Surgery, IV sedation & Anesthesia, Major Restorative, Prosthodontics Removable, Prosthodontics Fixed, Implants Surgical, Implants Non-Surgical	50%	50%	50%
Orthodontic services	Not Covered	Not Covered	Not Covered
Additional services Sealants, Temporomandibular joint dysfunction (TMJ)	Not Covered	Not Covered	Not Covered

Deductibles	PPO Network	Premier Network	Non-Delta Dental
Annual deductible Per individual/family per calendar year	$50/$150	$50/$150	$50/$150
Orthodontic deductible Per individual per lifetime	Not Covered	Not Covered	Not Covered

Maximums	PPO Network	Premier Network	Non-Delta Dental
Annual maximum Per individual per calendar year	$1,250	$1,250	$1,250
Orthodontic maximum Per individual per lifetime	Not Covered	Not Covered	Not Covered

[1] Annual deductible is waived for diagnostic & preventive services.
[2] Annual maximum is waived for diagnostic & preventive services.

IN NETWORK COVERAGE ONLY

Assumptions and guidelines

Maximum Contract Allowance

With this policy you are required to see a Contracted dentist which are paid directly by Delta Dental and by agreement cannot bill the enrollee more than their contracted fee. There are no benefits if you go to a non-contracted provider.

Reimbursement is based on the PPO contracted fees for PPO dentists, the Premier contracted fees for Premier dentists and the PPO contracted fees for non-Delta Dental dentists.

Benefit payments for services rendered by non-contracted dentists are sent directly to the enrollee. It is the enrollee's responsibility to pay the non-contracted dentist.

Fully Insured Non-Retention Contract

Any profit or loss remaining at the end of the contract period will be absorbed by Delta Dental. The client assumes no liability in a loss situation.

Rate Guarantee

Rates are valid if purchased by the proposed effective date of 1/1/2024. Delta Dental recommends 90 days advance notice for implementation.

Limitations and Exclusions

The proposed plan designs are based on the current limitations and exclusions, processing policies, and contract specifications.

Single Dental Carrier

It is assumed that Delta Dental is to be the only dental carrier and that all primary enrollees (and their dependent enrollees) will be covered under our plan(s).

Additional Benefits for Pregnancy

Pregnant enrollees are eligible for a benefit enhancement consisting of one additional oral evaluation and either one additional prophylaxis or one periodontal scaling/root planing procedure.

IN NETWORK COVERAGE ONLY

Missing Teeth

Restorative treatment and replacement of teeth extracted prior to the effective date are covered benefits.

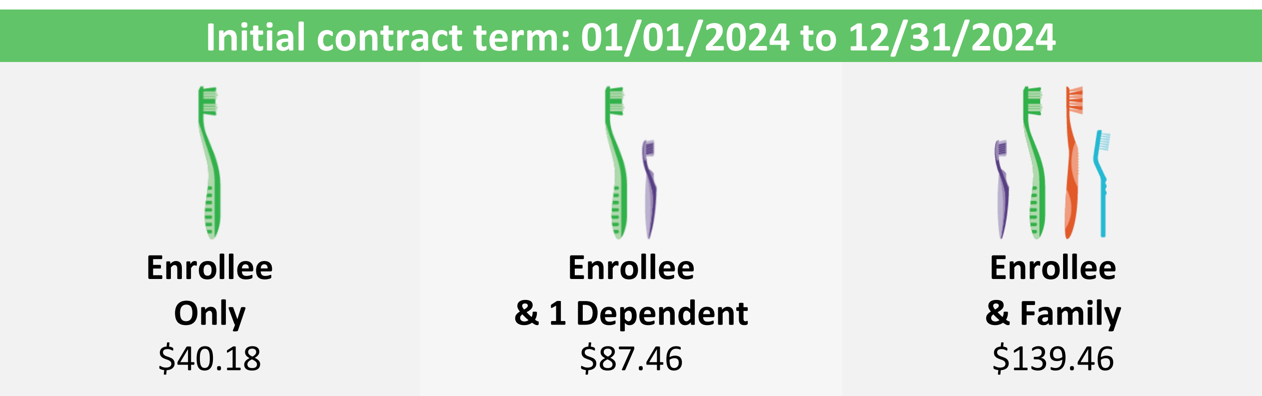
Posterior Composites

Posterior Composites covered.

Group: Mississippi Public Retiree Dental Option

Plan: Delta Dental Dual Choice (In or out of Network Coverage ™

Full Contract term: 01/01/2024 to 12/31/2024



Initial contract term: 01/01/2024 to 12/31/2024		
Enrollee Only	**Enrollee & 1 Dependent**	**Enrollee & Family**
$40.18	$87.46	$139.46

The above rates are not valid unless accompanied by the provisions in the attached pages.

Coinsurances	PPO Network	Premier Network	Non-Delta Dental
Diagnostic and preventive services[1, 2] Exams, X-Rays, Prophylaxis, Fluoride, Space Maintainers, Consultation	100%	100%	100%
Basic services Minor Restorative, Stainless Steel Crowns, Denture Repair/Reline/Rebase, Palliative Treatment	80%	80%	80%
Major services Endodontics, Periodontics Surgical, Periodontics Non-Surgical, Periodontal Maintenance, Extractions, Surgical Extractions, Other Oral Surgery, IV sedation & Anesthesia, Major Restorative, Prosthodontics Removable, Prosthodontics Fixed, Implants Surgical, Implants Non-Surgical	50%	50%	50%
Orthodontic services	Not Covered	Not Covered	Not Covered
Additional services Sealants, Temporomandibular joint dysfunction (TMJ)	Not Covered	Not Covered	Not Covered

Deductibles	PPO Network	Premier Network	Non-Delta Dental
Annual deductible Per individual/family per calendar year	$50/$150	$50/$150	$50/$150
Orthodontic deductible Per individual per lifetime	Not Covered	Not Covered	Not Covered

Maximums	PPO Network	Premier Network	Non-Delta Dental
Annual maximum Per individual per calendar year	$1,250	$1,250	$1,250
Orthodontic maximum Per individual per lifetime	Not Covered	Not Covered	Not Covered

[1] Annual deductible is waived for diagnostic & preventive services.
[2] Annual maximum is waived for diagnostic & preventive services.

Assumptions and guidelines

Maximum Contract Allowance

Contracted dentists are paid directly by Delta Dental and by agreement cannot bill the enrollee more than their contracted fee. Non-contracted dentists may not always accept Delta Dental's program allowance as payment in full. The enrollee is responsible for paying up to the non-contracted dentist's submitted charge.

Reimbursement is based on the PPO contracted fees for PPO dentists, the Premier contracted fees for Premier dentists and the 80th Percentile for non-Delta Dental dentists.

Benefit payments for services rendered by non-contracted dentists are sent directly to the enrollee. It is the enrollee's responsibility to pay the non-contracted dentist.

Fully Insured Non-Retention Contract

Any profit or loss remaining at the end of the contract period will be absorbed by Delta Dental. The client assumes no liability in a loss situation.

Rate Guarantee

Rates are valid if purchased by the proposed effective date of 1/1/2024. Delta Dental recommends 90 days advance notice for implementation.

Limitations and Exclusions

The proposed plan designs are based on the current limitations and exclusions, processing policies, and contract specifications.

Deductibles and Maximums

Deductible and maximum amounts for in network and out-of-network are inclusive of each other and not in addition to.

Single Dental Carrier

It is assumed that Delta Dental is to be the only dental carrier and that all primary enrollees (and their dependent enrollees) will be covered under our plan(s).

Additional Benefits for Pregnancy

Pregnant enrollees are eligible for a benefit enhancement consisting of one additional oral evaluation and either one additional prophylaxis or one periodontal scaling/root planing procedure.

Missing Teeth

Restorative treatment and replacement of teeth extracted prior to the effective date are covered benefits.

Posterior Composites

Posterior Composites covered.

Welcome to Davis Vision!

We are pleased to provide you with information on your vision benefit to help you care for your vision and eye health - a key part of overall health and wellness!

RATES:
Participant: $11.05
Plus One: $18.07
Family: $27.25

Using your benefits is easy! Just log on to our Member site at davisvision.com and click "Find a Provider," or call us at 1.800.999.5431.

Make an appointment. Tell your provider your vision insurance uses Davis Vision through the Morgan White Group. Provide your member ID number, name and date of birth, and do the same for your covered dependents seeking vision services. Your provider will take care of the rest!

Benefits Association Designer Plan Benefits

Benefit	Frequency Once every -	In-network Copay	In-network Coverage
Eye Examination	12 months	$15	Covered in full. *Includes dilation when professionally indicated.*
Retinal Imaging	12 months	$39	
Spectacle Lenses	12 months	$25	Clear plastic lenses in any single vision, bifocal, trifocal or lenticular prescription. (See below for additional lens options and coatings.)
Frame	24 months	$0	**Covered in Full Frames:** Any Fashion or Designer level frame from Davis Vision's Collection[2] (retail value, up to $160). **OR, Frame Allowance:** $130 toward any frame from provider plus 20% off any balance.[1] No copay required. **OR, Visionworks Frame Allowance:** $180 allowance plus 20% off any balance toward any frame from a Visionworks family of store locations.[5] No copay required.
Contact Lens Evaluation, Fitting & Follow Up Care	12 months	$0	**Davis Vision Collection Contacts**: Covered in full. **Standard, Soft Contacts:** 15% discount[1] **Specialty Contacts**[3]: 15% discount[1]
Contact Lenses (in lieu of eyeglasses)	12 months	$0	**Covered in Full Contacts**: From Davis Vision's Collection[2], up to: Planned Replacement: Two boxes/multi-packs* Disposable: Four boxes/multi-packs* **OR, Contact Lens Allowance**: $130 allowance toward any contacts from provider's supply plus 15% off balance.[1] No copay required. **OR, Visually Required Contacts**: Covered in full with prior approval. *Number of contact lens boxes may vary based on manufacturer's packaging.

Potential savings on optional frames, lens types and coatings! Member Price

Item	Member Price
Davis Vision Collection Frames: Fashion | Designer | Premier	$0 | $0 | $25
Tinting of Plastic Lenses	$0
Oversize Lenses	$0
Scratch-Resistant Coating	$0
Ultraviolet Coating	$12
Anti-Reflective Coating: Standard | Premium | Ultra	$35 | $48 | $60
Polycarbonate Lenses	$0[4]-$30
High-Index Lenses	$55
Progressive Lenses: Standard | Premium | Ultra	$50 | $90 | $140
Polarized Lenses	$75
Photosensitive Lenses: Plastic | Glass	$65 | $20
Intermediate-Vision Lenses	$30
Blended Segment Lenses	$20
Scratch Protection Plan: Single Vision | Multifocal Lenses	$20 | $40

[1] Additional discounts not applicable at Walmart, Sam's Club or Costco locations.
[2] The Davis Vision Collection is available at most participating independent provider locations.
[3] Including, but not limited to toric, multifocal and gas permeable contact lenses.
[4] For dependent children, monocular patients and patients with prescriptions of +/- 6.00 diopters or greater.
[5] Enhanced frame allowance available at all Visionworks Locations nationwide Excludes Maui Jim eyewear.

Please note: Your provider reserves the right to not dispense materials until all applicable member costs, fees and copayments have been collected. Contact lenses: Routine eye examinations do not include professional services for contact lens evaluations. Any applicable fees above the evaluation and fitting allowance are the responsibility of the member. If contact lenses are selected and fitted, they may not be exchanged for eyeglasses. Progressive lenses: If you are unable to adapt to progressive addition lenses you have purchased, conventional bifocals will be supplied at no additional cost; however, your copayment is nonrefundable. May not be combined with other discounts or offers. Please be advised these lens options and copayments apply to in-network benefits.

ID #:
Name:
Affiliation:

www.davisvision.com | 1.800.999.5431
Underwritten by HM Insurance Group Companies

ID #:
Name:
Affiliation:

www.davisvision.com | 1.800.999.5431
Underwritten by HM Insurance Group Companies

Cards may be used as proof of identification to receive vision care benefits. The provider will check with Davis Vision to verify your eligibility. For additional copies of your ID card, visit our Member site at davisvision.com.

Frequently Asked Questions

How can I contact Member Services?

Call 1.800.999.5431 for automated help 24/7. Live help is also available seven days a week: Monday-Friday, 8 a.m.-11 p.m. | Saturday, 9 a.m.-4 p.m. | Sunday, 12 p.m.-4 p.m. (Eastern Time). (TTY services: 1.800.523.2847.)

What frames are in Davis Vision's Collection?

Our Collection offers a selection of fashionable and designer frames, most of which are covered in full. Log on to our member Web site at davisvision.com and take a look!

When will I receive my eyewear?

Your eyewear will be delivered to your network provider generally within five business days of order receipt. Special prescriptions, lens coatings, provider frames or out-of-stock frames may delay the standard turnaround time.

Do I need a claim form?

Claim forms are only required if you visit an out-of-network provider. Claim forms are available on our member Web site.

Can I split my benefits?

You may split your benefits by receiving your eye examination and eyeglasses or contact lenses on different dates or through different provider locations. To maximize your benefit value we recommend that all services be obtained from a network provider.

Can I use an out-of-network provider?

Yes; however, you receive the greatest value by staying in-network. If you go out-of-network, pay the provider at the time of service, then submit a claim to Davis Vision for reimbursement, up to the following amounts: eye exam - $34 | single vision lenses - $17 | bifocal - $30 | trifocal - $43 | lenticular - $60 | frame - $38.25 | elective contacts - $100 | visually required contacts - $225.

Are there any exclusions to the vision benefits?

Your vision plan does not cover medical treatment of eye disease or injury; vision therapy; special lens designs or coatings, other than those described herein; replacement of lost eyewear; non-prescription (plano) lenses; contact lenses and eyeglasses in the same benefit cycle; services not performed by licensed personnel; two pair of eyeglasses in lieu of bifocals. Review your Policy/ Certificate for a full description of your benefits and any exclusions and limitations.

DAVIS VISION EXTRAS!

One Year Breakage Warranty Repair or replacement of your plan covered spectacle lenses, Collection frame or frame from a network retail location where the Collection is not displayed.

Greater Benefits Access a higher frame allowance by visiting a Visionworks family of store locations[7].

Additional Savings At most participating network locations, members may receive up to 20% off additional eyeglasses, sunglasses and items not covered by the benefit and 10% off disposable contact lenses.[6]

Mail Order Contact Lenses Replacement contacts (after initial benefit) through www.DavisVisionContacts.com mail-order service ensures easy, convenient, purchasing online and quick, direct shipping to your door. Log on to our member Web site for details.

Laser Vision Correction Davis Vision provides you and your eligible dependents with the opportunity to receive discounted laser vision correction, often referred to as LASIK. For more information, visit www.davisvision.com.

Low Vision Services Comprehensive low vision evaluation once every five years and low vision aids up to the plan maximum. Covers up to four follow-up visits in five years.

Eye Health & Wellness Log on and learn more about your eyes, health and wellness; common eye conditions that can impair vision; and what you can do to ensure healthy eyes and a healthier life.

For more details... about your vision benefits, patient rights and responsibilities, or more information about Davis Vision, please log on to our member Web site or contact us at 1.800.999.5431.

Davis Vision has made every effort to correctly summarize your vision plan features herein. In the event of a conflict between this information and your organization's contract with Davis Vision, the terms of the contract will prevail. Read your Policy/ Certificate carefully.

[6/] *Additional discounts not applicable at Walmart locations.Discounts are not insurance and are only available from Davis Vision providers and may not be available in all areas.*

[7/] *Enhanced frame allowance available at all Visionworks Locations nationwide Excludes Maui Jim eyewear.*

Davis Vision coverage is underwritten by HM Life Insurance Company, Pittsburgh, PA, under policy form series HM902-VIS or similar, in all states except New York. In New York, coverage is underwritten by HM Life Insurance Company of New York, New York, NY, under policy form series HM 902-VIS or similar. The coverage or service requested may not be available in all states and is subject to individual state approval.

Local Participating Provider Listing

MISSISSIPPI PUBLIC RETIREE
Dental and Vision Application

Please complete the following information:

Social Security No.	Last Name	First	MI	Date of Birth / /
Home Address		Phone ( )		Sex M ☐ F ☐
City	State / ZIP Code	Email Address		Effective Date
Previous Public Employer				
I would like (check all that apply) Dental ☐ Vision ☐				

PLEASE CHECK COVERAGE TYPE FOR EACH DEPENDENT YOU LIST BELOW

First MI Last	Coverage.	Sex	Birth Date
Spouse:	☐ Dental ☐ Vision	M ☐ F ☐	/ /
Child:	☐ Dental ☐ Vision	M ☐ F ☐	/ /
Child:	☐ Dental ☐ Vision	M ☐ F ☐	/ /

PLEASE CHECK YOUR CHOICE(S)	**DELTA DENTAL** ☐ ***In Network Only Plan**	**DELTA DENTAL** ☐ **In or out of Network Plan**	**DAVIS VISION**	
Monthly Rates	Delta Dental		**Davis Vision**	
Employee Only	$32.54 ☐	$40.18 ☐	**Employee Only**	$11.05 ☐
Employee + 1 Dependent	$70.83 ☐	$87.46 ☐	**Employee + 1 Dependent**	$18.07 ☐
Employee + Family	$112.94 ☐	$139.46 ☐	**Employee + Family**	$27.25 ☐

By my signature below, I authorize Southern Administrators and Benefit Consultants, Inc. (SABC) or their agent MWG, to initiate monthly electronic debits to my account listed below. The authority remains in effect unless SABC receives a new form from me or I terminate the coverage.

Name on account: ____

Financial Institution Name: ____

Financial Institution City and State:____________________________________

Financial Institution Routing/Transit Number (9 digits)_________________________________

Financial Institution Account Number: ____

Account Type Checking ☐ Savings ☐

Signature: ____ **Date:** _______________

MAIL THIS APPLICATION TO: SABC RETIREE* PO BOX 2449*MADISON, MS 39130