

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 39110
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SABC
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601-856-9933
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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), HAS PUT TOGETHER 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
- BOTH IN AND OUT OF NETWORK COVERAGE FOR DENTAL AND LIMITED OUT OF NETWORK FOR VISION
- A 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. THE FIRST MONTH'S PREMIUM WILL BE DEDUCTED IMMEDIATELY. FUTURE PREMIUMS WILL BE DEDUCTED AROUND THE 20TH OF EACH MONTH FOR THE NEXT MONTHS COVERAGE.

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 the next months coverage.

Mississippi Public Retiree Dental Option

Delta Dental gives you something to smile about

As the nation's leading dental carrier, Delta Dental makes it easy to protect smiles with a network of quality dentists in the Mississippi area.¹ Plus, flexible plan options and personalized customer service resources² ensure that enrollees can finally prioritize their oral health needs.

Cost savings made simple

With options like **Delta Dental's D&P Maximum Waiver**[®], costs for diagnostic and preventive dental services like routine cleanings, x-rays and exams don't count against plan year maximums. That means enrollees have more dollars for other dental services.

Value-added features beyond dental care

Being your trusted health partner is about more than just dental health — Delta Dental cares about enrollees' overall well-being. That's why this pool has access to preferred pricing on hearing aid and LASIK services through Amplifon Hearing Health Care and QualSight.³ Through these partnerships, enrollees can benefit from 62% average savings off retail hearing aids through Amplifon⁴ and 40-50% savings off the national average price of traditional LASIK.⁵

Plan benefits:

| | |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Deductible per calendar year | \$50 per person / \$150 per family Waived for D&P services |
| Annual maximum per calendar year | \$1,250 per person D&P services do not count toward annual maximum |
| Waiting periods | None |
| Monthly rates⁶ (guaranteed if implemented by 12/31/2020) | Enrollee only: \$37.15 Enrollee + 1 dependent: \$77.34 Enrollee + 2 or more dependents: \$121.54 |

| Benefits and covered services | Delta Dental PPO Dentist | Non-Delta Dental Dentist |
|-----------------------------------------------|---------------------------------|---------------------------------|
| Diagnostic & Preventive Services | 100% | 100% |
| Space Maintainers | 100% | 100% |
| Basic Restorative | 80% | 80% |
| Oral Surgery | 50% | 50% |
| Simple Extractions | 50% | 50% |
| Endodontics | 50% | 50% |
| Surgical and Non-Surgical Periodontics | 50% | 50% |
| Major Restorative | 50% | 50% |
| Prostodontics — Fixed & removable | 50% | 50% |
| Denture Repair and Relining | 80% | 80% |
| Implants | 50% | 50% |

¹ Based on 2017 market share dynamics. Source: IBIS Associates, Inc. 2017 Group Dental Market Profile Report

² All groups have access to Delta Dental's online billing and eligibility tools.

³ Vision corrective services and hearing health care services are not insured benefits. Delta Dental makes the Vision Corrective Services program available to enrollees to provide access to the preferred pricing for LASIK surgery. Delta Dental makes the hearing health care services program available to enrollees to provide access to the preferred pricing for hearing aids and other hearing health services.

⁴ Amplifon Hearing Health Care utilization database, January through December 2018. Discounts or savings may vary by manufacturer, provider and technology level of the hearing aid device.

⁵ Refractive Quarterly Update, Market Scope LLC, November 2018. Discounts or savings may vary by provider.

⁶ Quoted monthly rates are for Mississippi Schools Pool Plan ID: E-PPO-A-DM2LH2.



Keep Smiling

Delta Dental PPO™

Save with PPO

Visit a dentist in the PPO¹ network to maximize your savings.² These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.³ Find a PPO dentist at deltadentalins.com.

Set up an online account

Get information about your plan anytime, anywhere by signing up for an online account at deltadentalins.com. This useful service, available once your coverage kicks in, lets you check benefits and eligibility information, find a network dentist and more.

Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or Social Security number. If your family members

are covered under your plan, they will need your information. Prefer to take a paper or electronic ID card with you? Simply log in to your account, where you can view or print your card with the click of a button.

Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim, and we'll handle the rest.

Understand transition of care

Did you start on a dental treatment plan before your PPO coverage kicked in? Generally, multi-stage procedures are only covered under your current plan if treatment began after your plan's effective date of coverage.⁴ You can find this date by logging in to your online account.

Newly covered?

Visit deltadentalins.com/welcome.

Save with a PPO dentist



¹ In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

² You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

³ You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

⁴ Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. If you are currently undergoing active orthodontic treatment, you may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

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!

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.

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

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. <i>Includes dilation when professionally indicated.</i> |
| 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 | <p>Covered in Full Frames: Any Fashion or Designer level frame from Davis Vision's Collection² (retail value, up to \$160).</p> <p>OR, Frame Allowance: \$130 toward any frame from provider plus 20% off any balance.¹ No copay required.</p> <p>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.</p> |
| Contact Lens Evaluation, Fitting & Follow Up Care | 12 months | \$0 | <p>Davis Vision Collection Contacts: Covered in full.</p> <p>Standard, Soft Contacts: 15% discount¹</p> <p>Specialty Contacts³: 15% discount¹</p> |
| Contact Lenses (in lieu of eyeglasses) | 12 months | \$0 | <p>Covered in Full Contacts: From Davis Vision's Collection², up to: Planned Replacement Two boxes/multi-packs* Disposable Four boxes/multi-packs*</p> <p>OR, Contact Lens Allowance: \$130 allowance toward any contacts from provider's supply plus 15% off balance.¹ No copay required.</p> <p>OR, Visually Required Contacts: Covered in full with prior approval.</p> <p><small>*Number of contact lens boxes may vary based on manufacturer's packaging.</small></p> |

Potential savings on optional frames, lens types and coatings!

| | 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:

ID #:
 Name:
 Affiliation:

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 locations⁷.

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.

⁶Additional 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.

⁷Enhanced 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 | | Home Phone () | | Sex M <input type="checkbox"/> F <input type="checkbox"/> |
| City | State | ZIP Code | Phone () | Effective Date |

Previous Public Employer _____

Have you had Dental coverage in the last 30 Days Yes No If yes carrier name _____

I would like (CHECK ALL THAT APPLY): DENTAL VISION Email Address: _____

Please check coverage type for each dependent you list below.

| First | MI | Last | Coverage | Sex | Birth Date |
|---------|----|------|-----------------------------------------------------------------|-------------------------------------------------------|------------|
| Spouse: | | | <input type="checkbox"/> Dental <input type="checkbox"/> Vision | M <input type="checkbox"/> F <input type="checkbox"/> | / / |
| Child: | | | <input type="checkbox"/> Dental <input type="checkbox"/> Vision | M <input type="checkbox"/> F <input type="checkbox"/> | / / |
| Child: | | | <input type="checkbox"/> Dental <input type="checkbox"/> Vision | M <input type="checkbox"/> F <input type="checkbox"/> | / / |

| DELTA DENTAL | | | VISION | | |
|-----------------------------|----------|--------------------------|-----------------|---------|--------------------------|
| Enrollee Only | \$37.15 | <input type="checkbox"/> | Enrollee Only | \$11.05 | <input type="checkbox"/> |
| Enrollee + One Dependent | \$77.34 | <input type="checkbox"/> | Enrollee + Plus | \$18.07 | <input type="checkbox"/> |
| Family (spouse, child(ren)) | \$121.54 | <input type="checkbox"/> | Family | \$27.25 | <input type="checkbox"/> |

**You must send this application with information below to establish the bank draft to
SABC RETIREE • PO BOX 2449 • MADISON, MS 39130**

I _____, authorize Southern Administrators and Benefits Consultants, Inc. (SABC) or their agent MWG, to initiate monthly electronic debits to my account listed below. This authority shall remain in effect unless SABC receives a new form from me or I terminate the coverage.

Name(s) on Account: _____
 Address: _____
 Financial Institution Name; _____
 Financial Institution City and State: _____
 Financial Institution Account Number: _____
 Financial Institution Routing/Transit Number (9 digits) _____
 Account Type: Checking Savings

SIGNATURE: _____ **DATE:** _____

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