

Agenda

- 2021 Open Enrollment Updates
- Medical Plans
- Dental Plans
- Vision Plan
- Life, AD&D and Disability Insurance
- Open Enrollment
- Next Steps

2021 Open Enrollment Updates

What's New for 2021

Benefit Updates

- No benefit changes for 2021
- Anthem premiums for the HSA, HMO and POS plans are increasing by 1.4%
- Kaiser HMO premiums are increasing by 2.5%
- EyeMed Vision PPO Plan premiums are decreasing by 13.4%
- No change to dental, life and AD&D premiums

Tobacco Attestation and Wellness Credit

- If you enroll in medical coverage for 2021, you must complete the Tobacco-Use Attestation by October 9 to avoid a \$50 monthly tobaccouse surcharge
- Due to the COVID-19 pandemic, all eligible active employees will automatically earn the \$240 annual wellness credit for 2021

Active Enrollment for 2021

- Must enroll if you want medical, dental and/or vision coverage in 2021
- Enroll online: Employee Self Service (ESS) system
- If you do not enroll, you'll default into the Kaiser HMO Plan for employees and currently enrolled family members; no coverage for dental/vision



Health Premium Changes for 2021

MEDICAL

- Anthem HSA, HMO and POS Plan premiums are increasing by 1.4%
- Kaiser HMO Plan premiums are increasing by 2.5%

DENTAL

- Aetna Dental HMO Plan premiums are not changing
- Aetna Dental PPO Plan premiums are not changing

VISION

• EyeMed Vision PPO Plan premiums are decreasing by 13.4%

LIFE, AD&D AND DISABILITY INSURANCE

MetLife premiums are not changing

The Board of Commissioners approved the health premiums for medical, dental and vision for the plan year beginning January 1, 2021.



Virtual Open Enrollment Meeting Dates

Date	Time
Monday, September 14	10 a.m. and 2 p.m.
Tuesday, September 15	10 a.m. and 2 p.m.
Wednesday, September 16	10 a.m. and 2 p.m.
Thursday, September 17	10 a.m. and 2 p.m.
Friday, September 18	10 a.m. and 2 p.m.

Register for a session at https://bit.ly/3iXqZcC



Medical Plans

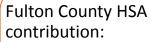
Comparing Medical Plan Features

Plan Features	Anthem HSA Plan	Anthem POS Plan	Anthem HMO Plan	Kaiser HMO Plan
Employee contributions	Mid-range	Highest	Lower	Lowest
Fulton County contribution toward Health Savings Account (HSA)	Yes	No	No	No
Out-of-network coverage	Yes	Yes	No	No
Deductible	Yes	Yes	No	No
Share costs through copays	No	Yes	Yes	Yes
Share costs through coinsurance	Yes	Yes	No	No
Option to use Grady Health System providers (no deductibles, copays or coinsurance)	Yes; covered 100% after deductible	Yes	Yes	No
Can contribute to Fulton County Health Care Flexible Spending Account (FSA)	Can contribute only to a Limited Purpose Health Care FSA	Yes	Yes	Yes

How the Anthem HSA Plan Works

Start here!

No charge to you for in-network preventive care



Single: \$750Family: \$1,500Optional employeeHSA contribution

HSA Contributions

Your Annual Deductible Responsibility

You pay 100% of first-dollar charges up to annual deductible. Use HSA money to cover these expenses.

Once you meet the deductible, you pay 10% of the cost for most covered in-network services. Use HSA money to cover these expenses.

Coinsurance

Annual Out-of-Pocket Maximum

Plan pays 100% of covered charges after you reach the annual out-of-pocket maximum.

Use Anthem's online Care and Cost Finder tool to model your potential costs



Benefits of a Health Savings Account (HSA)

- Use the HSA to pay deductibles, copays and coinsurance for medical, prescription drug, dental, vision and hearing expenses for yourself and your enrolled dependents
- Fulton County contributes to your account

Single: \$750Family: \$1,500

You can make additional contributions* up to:

Single: \$2,850Family: \$5,700

 You can contribute an additional \$1,000 if you will be age 55 or older in 2021



^{*}In 2021, the IRS limits for total annual HSA contributions will be \$3,600 for single coverage and \$7,200 for family coverage.

How the HSA Works

- You contribute tax-free to the HSA up to a certain amount each year. The County will contribute to the account, too.
- Use money in your HSA to pay for unreimbursed health care costs, such as doctor visits and prescription drugs.
 - You will get a debit card by mail to pay for eligible expenses.
- After HSA money runs out, you will have to pay the cost out of pocket until you meet the annual deductible.
- Money left in your HSA at year-end can be carried over to the next year. If you leave County employment or change health plans, remaining HSA money can be taken with you.
 - The HSA is in your name and it's your account.
- HSA money can be used for qualified medical expenses until money runs out.
- If you do not elect a qualified high-deductible health plan for 2021 or you move to Medicare, you can still use your HSA money to pay for copays and qualified medical expenses. However, you won't be able to make contributions to your HSA unless you continue to participate in an HSA-compatible plan.



How the Anthem Point of Service (POS) Plan Works

A POS plan is a medical plan that combines the features of HMO and PPO plans:

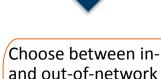
- Health Maintenance Organization (HMO): A medical plan that requires you to see only in-network providers in order to receive benefits, except in an emergency
- Preferred Provider Organization (PPO): A medical plan that lets you choose in-network or out-of-network providers; if you go in-network, you pay less for care



How the Anthem POS Plan Works

Start here!

No charge to you for in-network preventive care



providers each time you need care.

If you go in-network, you pay copays (e.g., doctor's office visit, urgent care visit).

Copays are separate from, and don't count toward, the annual

deductible.

Pay Your Copays

Your Annual Deductible Responsibility

Some services are covered through coinsurance after you meet the annual deductible (e.g., outpatient treatment and hospital services).

Once you meet the annual deductible, you pay 20% of the cost for most in-network services until you reach the annual out-of-pocket maximum.

Coinsurance

Annual Out-of-Pocket Maximum

The plan pays 100% of covered charges once you reach the annual out-of-pocket maximum.

Your copays, deductible and coinsurance are included in the outof-pocket maximum.



What Is a Health Maintenance Organization (HMO)?

An HMO is a medical plan that:

- Requires you to see only in-network providers to receive benefits;
 there are no out-of-network benefits except in an emergency
- Typically has lower out-of-pocket costs and moderate copays for services
- May require you to choose a primary care physician (PCP) to coordinate your care and refer you to specialists as needed



How the Anthem HMO Plan Works

Start here!

No charge to you for in-network preventive care. No PCP referrals needed!



You must see Anthem providers; otherwise, no benefits paid except for emergencies.

See Anthem Providers

Pay Your Copays

You pay applicable copays for services (e.g., doctor's office visit, urgent care visit, hospital visit). Plan pays 100% of covered charges after the applicable copay.

Plan pays 100% of covered charges once you reach the annual out-of-pocket maximum.

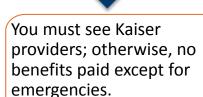
Annual Out-of-Pocket Maximum



How the Kaiser HMO Plan Works

Start here!

No charge to you for in-network preventive care



Additionally, you must select a primary care physician who will manage your care.

See Kaiser Providers

Pay Your Copays

You pay applicable copays for services (e.g., doctor's office visit, urgent care visit, hospital visit). Plan pays 100% of charges after the applicable copay.

Plan pays 100% of covered charges once you reach the annual out-of-pocket maximum.

Annual Out-of-Pocket Maximum



Comparing Medical Plans

		Anther	m HSA	Anthe	m POS	Anthem HMO	Kaiser HMO		
		In- Network	Out-of- Network	In- Network	Out-of- Network	In-Network Only	In-Network Only		
County-Prov HSA Contrib		Single: \$750 EE +1 / Family: \$1,500		Not available		Not available		Not available	Not available
	Single	\$1,500	\$3,000	\$500	\$1,000				
Annual Deductible	EE + 1	\$3,000	\$6,000	\$750	\$1,500	No deductible	No deductible		
	Family	\$3,000	\$6,000	\$1,000	\$2,000				
Out-of-	Single	\$3,000	\$6,000	\$2,000	\$4,000	\$6,450	\$6,450		
Pocket	EE + 1	\$6,000	\$12,000	\$3,000	\$6,000	¢12.000	¢12.000		
Maximum	Family	\$6,000	\$12,000	\$4,000	\$8,000	\$12,900	\$12,900		

If you are enrolled in the Anthem POS or HMO Plan and use Grady Health System providers, no deductibles, copays or coinsurance payments are required. If you are enrolled in the Anthem HSA Plan and use Grady Health System providers, services will be covered at 100% *after you have met the deductible*.



Comparing Medical Plans

	Anthem HSA Anthem P		m POS	Anthem HMO	Kaiser HMO	
	In- Network	Out-of- Network	In- Network	Out-of- Network	In-Network Only	In-Network Only
Preventive Care	100% covered, no deductible	40% after deductible	100% covered, no deductible	40% after deductible	100% covered	100% covered
Office Visit	10% after deductible	40% after deductible	PCP: \$30 Specialist: \$50	40% after deductible	PCP: \$25 Specialist: \$40	PCP: \$25 Specialist: \$40
Emergency Room (waived if admitted)	10% after deductible	10% after deductible	\$200 copay	\$200 copay	\$150 copay	\$150 copay
Urgent Care	10% after deductible	40% after deductible	\$50 copay	40% after deductible	\$50 copay (designated facilities)	\$50 copay (designated facilities)
Inpatient Hospital	10% after deductible	40% after deductible	20% after deductible	40% after deductible	\$250 copay	\$250 copay
Outpatient Hospital	10% after deductible	40% after deductible	20% after deductible	40% after deductible	\$150 copay	\$150 copay

If you are enrolled in the Anthem POS or HMO Plan and use Grady Health System providers, no deductibles, copays or coinsurance payments are required. If you are enrolled in the Anthem HSA Plan and use Grady Health System providers, services will be covered at 100% *after you have met the deductible*.

Comparing Prescription Drug Coverage

- Generic: Drugs that are marketed under their chemical names and are comparable to brand-name drugs in form, strength, quality and intended use
- Preferred Brand: Brand-name drugs that are preferred based on safety, efficacy and cost
- Non-Preferred Brand: Brand-name drugs for which generic or preferred brand alternatives are available
- Specialty Brand: Drugs that require special dosing or administration, are typically prescribed by a specialist, and are more expensive than most medications

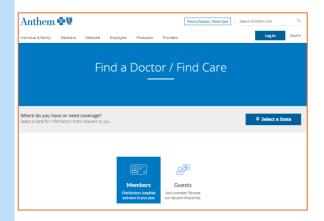


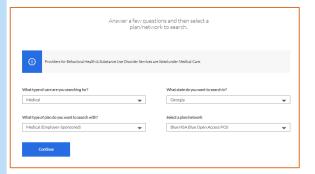
Comparing Prescription Drug Coverage

	Anther	m HSA Anthem POS		Anthem HMO	Kaiser HMO	
	In- Network	Out-of- Network	ln- Network	Out-of- Network	In-Network Only	In-Network Only
Retail (up to a 30-day	supply)					
Generic	10% after deductible	40% after deductible	\$10 copay	40% after deductible	\$10 copay	\$10 copay
Preferred Brand	10% after deductible	40% after deductible	\$35 copay	40% after deductible	\$30 copay	\$30 copay
Non-Preferred Brand	10% after deductible	40% after deductible	\$60 copay	40% after deductible	\$50 copay	\$50 copay
Specialty	10% after deductible	40% after deductible	\$100 copay	40% after deductible	\$75 copay	\$75 copay
Mail Order (31- to 90-	day supply)					
Generic	10% after deductible		\$20 copay		\$20 copay	\$20 copay
Preferred Brand	10% after deductible	N/A	\$60 copay	N/A	\$60 copay	\$60 copay
Non-Preferred Brand	10% after deductible		\$100 copay		\$100 copay	\$100 copay

How to Locate an Anthem Network Doctor

- Go to anthem.com/find-doctor
- To search as a member: Use your member ID card number or log in with a username and password
 - Once you're logged in, the search will automatically include doctors and other providers in your plan
 - Enter the search categories based on what you need and click **Search**
- To search as a guest: Select Guests
 - Select the best answers from each drop-down menu
 - Select a plan/network (Blue Open Access HMO, Blue Open Access POS, or Blue HSA Open Access POS) and click Continue
 - Select the best answers for the next set of fields and click **Search**







Telehealth

- Telehealth providers are U.S.-based, board-certified doctors who you can connect with in minutes via video chat, using your smartphone, tablet or computer
- Anthem and Kaiser provide on-demand 24/7 access to costeffective, quality care through a national network of licensed doctors, including pediatricians
- Alternative to using the ER and urgent care centers for minor illnesses/conditions
- Same cost as a PCP visit/office visit



Benefits of Using Grady Healthcare

- Anthem and healthcare provider Grady Health System together offer you access to high-quality health services at no cost to you.*
 - Inpatient services, including hospitalizations and inpatient testing
 - Outpatient services, including doctor visits and outpatient treatment
 - Neighborhood health centers for visits to Grady's neighborhood clinics
- Grady is one of the largest public hospital systems in the Southeast and is a world-renowned teaching hospital.
 - Staffed with doctors from Emory University and Morehouse Schools of Medicine—two of the most prestigious medical teaching institutions in the U.S.



^{*}If you enroll in the Anthem HSA Plan and use Grady Health System providers, services will be covered at 100% after you meet the deductible.

2021 Medical Premiums

Eligible employees enrolled in a Fulton County medical plan will receive a \$20 monthly premium reduction in 2021. On each pay stub, you'll see a \$10 wellness credit deduction from your biweekly premium rate, below.

	Biweekly County Cost	Biweekly Employee Cost	Cost Share Percentage	
			County	Employee
Anthem HSA Plan				
Employee	\$268.55	\$67.14	80%	20%
Employee + 1	\$513.34	\$128.34	80%	20%
Family	\$669.24	\$167.31	80%	20%
Anthem POS Plan				
Employee	\$321.35	\$107.12	75%	25%
Employee + 1	\$593.10	\$197.70	75%	25%
Family	\$804.78	\$268.26	75%	25%
Anthem HMO Plan				
Employee	\$300.89	\$75.22	80%	20%
Employee + 1	\$555.33	\$138.83	80%	20%
Family	\$753.54	\$178.38	80%	20%
Kaiser HMO Plan				
Employee	\$226.37	\$56.59	80%	20%
Employee + 1	\$432.73	\$108.18	80%	20%
Family	\$564.14	\$141.04	80%	20%

Tobacco-Use Attestation

- All eligible active employees who enroll in medical coverage for 2021 must complete the *Tobacco-Use Attestation* online in ESS by October 9 to avoid a \$50 monthly tobacco-use surcharge.
- Employees who don't complete the Tobacco-Use Attestation during Open Enrollment will be assessed the monthly surcharge via payroll deduction, effective January 1, 2021.
- If you are a tobacco user and pledge during Open Enrollment to complete a tobacco-cessation program, you must complete the program through your medical provider (Anthem or Kaiser) by May 29, 2021 to avoid the \$50 monthly tobacco-use surcharge.
 - You will receive the cessation-program details by mail from your medical provider.
- If you are a tobacco user and do not pledge by October 9, 2020 to enroll in a tobacco-cessation program, you will be assessed the \$50 monthly tobacco-use surcharge effective the first paycheck in January 2021.



Dental Plans

Aetna Dental Plan Options

AETNA DENTAL HMO (DMO) PLAN

- Requires you to see in-network dentists; no out-of-network benefits paid except for emergencies
- You must select a primary dentist during Open Enrollment

AETNA DENTAL PPO (DPPO) PLAN

- Choose in- or out-of-network providers
 - If you go in-network, you do not need to complete a claim form
 - If you go out-of-network, you are responsible for paying the difference in cost if your dentist charges more than Aetna's preapproved network fees; you may be required to pay the entire cost at the time of treatment and submit a claim for reimbursement

Aetna does not cover dentists' charges for personal protective equipment (PPE) resulting from the COVID-19 crisis. You will be responsible for any PPE charges.



Comparison – Aetna Dental HMO Plan vs. Aetna Dental PPO Plan

Plan Features	Aetna Dental HMO Plan	Aetna Dental PPO Plan
Employee monthly contributions	Lowest	Highest
Benefits paid out-of-network	No	Yes
Size of the provider network	Smaller	Larger
Must use primary dentist for care and referrals	Yes	No
Deductible	No	Yes



Comparing the Dental Plans

Plan Features	Aetna Dental HMO Plan	Aetna Dental PPO Plan
Deductible	None	Single: \$50 Family: Up to \$150
Preventive Services	100% covered	100%* covered
Basic Services	100% covered	15%*
Major Services	40%	50%*
Annual Benefit Maximum	None	\$1,500 per person
Orthodontia Services	\$1,500 copay; two years of treatment plus two years of follow-up	Deductible: \$50 per person Lifetime maximum: \$1,500 per person



^{*}Out-of-network services will be covered based on the reasonable and customary charge, which is the normal amount charged by most dental providers in your geographic region, as determined by Aetna. If you go out-of-network for care, you will be responsible for your coinsurance, plus any amount over the reasonable and customary charge.

2021 Dental Premiums

	Biweekly County Cost	Biweekly Employee Cost	Cost Share Percentage	
			County	Employee
Aetna Dental P	PO Plan			
Employee	\$12.98	\$4.33	75%	25%
Employee + 1	\$26.62	\$8.87	75%	25%
Family	\$34.91	\$11.64	75%	25%
Aetna Dental H	IMO Plan			
Employee	\$6.37	\$2.12	75%	25%
Employee + 1	\$12.42	\$4.14	75%	25%
Family	\$20.38	\$6.79	75%	25%



Vision Plan

EyeMed Vision PPO Plan

- Vision Preferred Provider Organization (PPO) through EyeMed
- Choose in-network or out-of-network providers; if you go in-network, you pay less for care
- If you go out-of-network, you will be required to pay the entire cost at the time of treatment and submit a claim for reimbursement



EyeMed Vision PPO Plan Benefits

Vision Benefits	What's Covered			
Examination	Once every	12 months		
Lenses	Once every	12 months		
Frames	Once every 12 months			
Provider Services	In-Network	Out-of-Network		
Examination	Plan pays 100%, up to \$50	Up to \$50 allowance		
Eyeglass Lenses and Frames	Up to \$200 allowance	Up to \$100 allowance		
Contact Lenses (in lieu of glasses)	Up to \$200 allowance (or 100% if medically necessary)	Up to \$160 allowance (or up to \$200 if medically necessary)		



2021 Vision Premiums

	Biweekly County Cost	Biweekly Employee Cost	Cost Share	Percentage
			County	Employee
EyeMed Vision PPO Plan				
Employee, Employee + 1, Family	\$3.62	\$2.62	58%	42%



Life, AD&D and Disability Insurance

Life, AD&D and Disability Insurance

- Insurance policies available through MetLife:
 - Basic Life Insurance
 - Supplemental Life Insurance
 - Dependent Spouse and Child Life Insurance
 - Basic Accidental Death and Dismemberment (AD&D) Insurance
 - Long Term Disability Insurance
- Evidence of insurability required when enrolling 31 days or more:
 - After becoming eligible for coverage
 - After Open Enrollment
 - After you have a qualifying event
- Dependent child coverage is **not** subject to evidence of insurability



Fulton County Life, AD&D and Disability Insurance

Basic Life Insurance

Fulton County provides you with \$50,000 of Basic Term Life Insurance coverage

Supplemental Life Insurance

As a Fulton County employee, you can increase your coverage under Supplemental Life Insurance, up to a maximum of \$300,000

Dependent Spouse and Child Life Insurance

You can cover your dependents up to \$10,000 each; children are covered until age 26

Basic Accidental Death and Dismemberment (AD&D)
Insurance

Fulton County provides you with \$50,000 of AD&D coverage

Long Term Disability
Insurance

Fulton County provides you with 60% of your basic monthly earnings in Long Term Disability Insurance coverage, to a monthly maximum of \$5,000



2021 Life and AD&D Insurance Premiums

	Biweekly Employee Cost
Basic Life and AD&D (\$50,000)	\$0.79
Dependent Spouse and Child Life (\$10,000)	\$0.54

Optional Employee Supplemental Life Insurance	Total Biweekly Premium
\$25,000	\$3.75
\$50,000	\$7.50
\$75,000	\$11.25
\$100,000	\$15.00
\$125,000	\$18.75
\$150,000	\$22.50
\$175,000	\$26.25
\$200,000	\$30.00
\$225,000	\$33.75
\$250,000	\$37.50
\$275,000	\$41.25
\$300,000	\$45.00



Open Enrollment

Open Enrollment

- If you want medical, dental and vision coverage that is effective January 1, 2021, you must enroll online through Employee Self Service (ESS).
- All employees enrolled in a medical plan must complete the Tobacco-Use Attestation online by October 9, 2020 to avoid the \$50 monthly tobacco-use surcharge.
- If you don't enroll by October 9, 2020, you and your current dependents will be defaulted to medical coverage in the Kaiser HMO Plan for 2021 with no coverage for dental and vision.
 - If you currently waive medical coverage but are enrolled in the dental and vision plans, you will need to enroll through ESS to keep these plans.
 - If you currently waive medical, dental and vision coverage, you will continue to have no coverage if you do not complete enrollment.

2021 Open Enrollment: September 21 – October 9, 2020



Employee Self Service (ESS) Enrollment

- Online enrollment through ESS is required.
- You must know your 10-digit Employee ID number to access ESS.
 - You can obtain your Employee ID number when you log in to Kronos.
 - You can also request your Employee ID number from your Department HR Liaison.
 - For assistance with password reset, contact the Information Technology Department Help Desk at 404-612-7334 or email technical.support@fultoncountyga.gov.

Log in to ESS today!
https://ess.fultoncountyga.gov/webapp/ESSAPROD/ESS



Next Steps

Next Steps

- Watch your work email for Fulco News announcements.
- Visit the For Employees Facebook page
- Visit the Benefits page on Employee Central: <u>employeecentral.co.fulton.ga.us/Benefits/SitePages/2019%20Ope</u> n%20Enrollment.aspx
- Visit the Open Enrollment page on the County's website



